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Children's Services in Fingal:

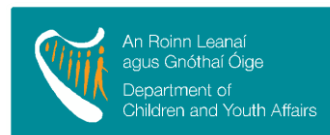
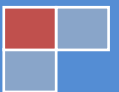
A Profile of the Services provided by Statutory, Community and Voluntary Sector Organisations to Children and Families

Report for Fingal Children's Services
Committee

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Like most, if not all, research activities culminating in a report such as this, the process was a collaborative undertaking carried out over the course of a number of months. While the researcher undertook the field and analytical research and subsequently authored the report, this was in no little way supported and driven by the Information Sub Group of Fingal Children's Services Committee (FCSC) to whom thanks is due. The members of this group are:

- Conor Ryan, Research and Evaluation Officer, Blanchardstown Area Partnership (Chairperson of the Sub Group)
- Peter Foran, Co-ordinator, Fingal Children's Services Committee and Senior Manager, Health Service Executive
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- Tom Crean, Co-ordinator, Schools Completion Programme – Dublin 15
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Finally, it is important to thank all those who completed surveys for the research (211 children's services) and the almost thirty representatives of organisations who took part in the three regional focus groups.

As with all research of this nature, it is the researcher alone who is responsible for the content of the report.

Niall Watters
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Executive Summary

Introduction

The aim of the research was to develop a profile of the services provided by statutory, community and voluntary sector organisations to children and families in County Fingal. Therein the objectives of the research were twofold: firstly, to provide a service mapping exercise and secondly, carry out an audit of relevant statutory, community and voluntary activities including a needs analysis, from the perspective of services, of children and young people.

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

1. Inception meetings with members of Information Sub-group of Fingal Children's Services Committee (FCSC)
2. Secondary, context research on the establishment and role of CSCs
3. Drafting of research tools: for survey of children's services and focus groups of service representatives
4. Development of 'bespoke' database of Fingal's Services for Children, including geographic co-ordinates for mapping
5. Dissemination of survey to services over a number of months (211 responses, rate of response: 25%)
6. Focus groups with representatives of children's services (29 attendees in three locations, 15 in Dublin 15)
7. Mapping of geographic location data of services including addition of missing geographic information on 'bespoke' database
8. Analysis of data drawn from field and secondary research, report write up and review.

Research Findings

Background and Context

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

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

In turn, in its plan FCSC outline the following strategic aims:

- To improve safety from accidental and intentional harm to children in the Fingal area
- That children and young people in Fingal will be part of a positive network of families that receives the integrated supports they need and that they participate in society in Fingal
- All children, young people and families in Fingal to have access to appropriate mental health and early child development services and supports
- Supported in Active Learning - Early School Leaving
- To establish an information system that will support FCSC to carry out a comprehensive service mapping and needs analysis for Fingal.

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

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

Fingal Demographics

Fingal's population of children and young people aged 0 to 17 was 75,795 or 27.7% in 2011. Therein, it is in the 0 to 9 age cohort that Fingal reveals proportions larger than those seen for the State as a whole. At 27.7%, Fingal has the fourth highest proportion of its population in the 0-17 years age range. Fingal, in numerical terms, ranks third for its 0-17 population nationally behind just Cork County and Dublin City.

Figure EX1: Map of Fingal



Four of the five Fingal sub regions used to analyse data in the research (North West Fingal, North East Fingal, Mid Fingal, South West Fingal and South East Fingal)¹ reveal proportions of children aged 5-12 above the national average of 11%. Two of the regions show a proportion of their population in the 13-17 years cohort above the national average, the remaining three are below what is seen nationally.

Parts of Fingal (Mid-Fingal for instance) have a higher under 17 population than nationally while overall, Fingal (North East and South West in particular) shows comparatively significant populations of children 12 and below and of new-borns which suggests an on-going future and increasing need.

¹ The Fingal sub regions are referred to throughout the report and are used to add a comparative aspect to the analysis. North East Fingal includes the towns of Balbriggan, Skerries, Rush and Lusk. North West Fingal includes Balscaddan, Naul, Ballyboghil, Garristown and Oldtown. Mid-Fingal refers to that area around Swords, Donabate, Portrane and Rowlestown. South-West Fingal refers to Dublin 15 including Blanchardstown, Castleknock, Clonsilla, Corduff, Mulhuddart etc. South-East Fingal includes the Airport, Santry, Malahide, Portmarnock, Kinsaley, Baldoye, Sutton and Howth.

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

Survey of Services

The survey revealed that Fingal CSC is relatively unknown by those responding, which perhaps reflects the lack of capacity and legislative footing on the one hand for the CSCs and secondly, the significant diversity in children's services if understood in their broadest terms

The survey identified 11 categories that broadly serve to differentiate service types and their general relationship to the Hardiker model, which is one of the contexts for the research. The table below outlines these broad categories (defined also in the text of the relevant chapter):

Service Types	% of Responses	Hardiker Model
Childcare	48%	level 1
Community Facilities	3%	n/a – level 1
Counselling/Psychotherapy	2%	Level 1-2
Family Support	5%	Level 2-3
Health	3%	Level 1-2
Mainstream education	13%	Level 1 to 2
Non Sport Leisure	3%	n/a – level 1
Other (defined in chapter text)	4%	n/a – level 4
Specialist Support Services	9%	Level 2 – 3
Sport	5%	n/a
Youth	6%	Level 1 – 2

Beyond provision to children, the survey established that approximately 23% of services who responded provide services to families as well or in tandem with children. Nearly one in three of the services provided to families are characterised broadly as family support. The next highest proportion of services to families with children is around parenting (26%). The remainder of the services types are provided Educational guidance (to parents for children), Information, advice and advocacy, Sport and community facilities, and Respite and social contact services (e.g. for parents of children with disabilities).

The report established that generally the services' catchment areas tend to follow the population centres in the county. Thus 35% of those responding to the survey are located in South West Fingal, Dublin 15. This is followed by 18% and 15% of responding services being located in North East and Mid Fingal respectively. The most obvious mismatch of services catchments and population centres seems to be South East Fingal.

61.1% of the responding services provided for children aged 0 to 4. Thus exceeding the 48% who provided preschool or childcare, which suggests other services provided for this age group also. Following this, 46% of services surveyed provide for children and young people aged 5 to 12 and 27% provided for the 13 to 17 age cohort.

The private sector comprised 44% of the responses to the survey which reflects the private childcare providers who responded to the survey. Following this, 22% self-described as community, 18% statutory and 16% voluntary.

In terms of funding, four in ten of the services responding received funding from more than one source. 22% of the respondents were funded through statutory body while 10% were mainstream statutory agencies and funded centrally by the exchequer. In respect of the nearly half of the responses that are childcare/early education and preschool, 22% and 23% received their funding (or income) through fees and the ECCE scheme respectively.

The survey established from the responses the following as the main perceived needs of children and young people aged 17 and under in Fingal:

- Specialist or Tailored Services outside or additional to Mainstream Provision
- Assessment Services
- Affordable/Accessible Development Activities
- Broad Service Area Deficiencies
- Facilities
- Family and Peer Difficulties
- Language Barriers and Supports

- Lack of Integration and Collaboration between services

This later point emerged as an issue in its own right and revealed that over half of services do not have a formal relationship with other services in terms of collaboration and joint working.

Finally, the survey revealed what the responding services saw as the key funding and general challenges that services face:

- Insecurity of funding, fundraising pressures, lack of maintenance and upkeep of physical infrastructure of services, overhead Increases and income decreases
- Contraction of Services for Children with needs, general winding down of services due to decreased funding and the general impact of funding reductions

In addition to funding issues, general challenges cited (although many were indivisible from financial issues reflecting the difficult contemporary reality) were the following:

- New Communities
- Staying in Business/Costs and Overheads
- Children Presenting with Increased Difficulties
- Administration Demands
- Staff Morale
- Volunteers
- Demands on Services/Services Capacity
- Facilities
- Training/Up-skilling
- Collaboration/Communication between Services

Focus Group Research with Representative of Providers

In terms of current provision, the focus group attendees recounted the following key issues:

- Given its population size, Fingal is considered to be under provided for in services terms when compared to other counties and regions in the State.
- Population increases in Fingal have not been matched by a simultaneous increase in services provision.
- There is a considerable contrast evident between the rhetoric of children's services and policy and the practice which recounts a contraction of services.
- Fingal encompasses both urbanised areas such as Dublin 15 and rural areas in North and Mid Fingal in which relatively large towns are located. Provision for both types of geography is required.
- Fingal has along with its population increase, experienced a growth in the ethnic diversity of its population. There is a sense that not enough attention has been paid to this issue in terms of lack of integration and provision for these minority communities.
- There has been a gradual pairing back of services for children and young people over recent years and has led to what are seen as fundamental gaps in services provision which are having detrimental impacts at present and more than likely into the future also.
- There has been retention of children in services that are perhaps not appropriate for them in recent years on the basis of having some sort of provision rather than none; however this has been identified as limiting the chances of such individual being directed toward the appropriate services in some cases.

In terms of future provision, the following issues emerged in the focus groups

- The pairing back of existing services and the prioritisation of chronic over preventative services will lead to greater needs in the future
- There has been an on-going disengagement by young people from services/support and civic life which along with the increasing relationship between joblessness and wellbeing was perceived to pose a considerable problem in the medium term
- Limited community infrastructure and affordability of services was seen to exclude many whose need was likely to increase in the future
- On-going difficulties with limited relationships between services and the lack of stakeholder involvement in collaborative and integrative efforts.

In terms of the needs of children and the response of services, the following four themes were identified in this part of the research:

1. Service types
 - For those at risk of or who have left school early

- Partial coverage of universal youth services and thereafter more intensive youth work supports
 - Limited Juvenile Liaison Officer staff on the ground
 - Tailoring of services for ethnic minority and new communities
 - Limited provision of purpose built facilities for activities and services for children and young people
2. Service issues
- Understaffing of services across the board
 - Issues of support for staff and appropriate knowledge and training to carry out their roles
 - Limited continuum of care in services and limited integration and collaboration
 - Many services had long wait times and alternatives were not affordable for most
 - Limited and reducing 'outreach' type activities for young people
 - Lack of consistency of similar services in different locations
3. Social groups
- Limited paths for participation of young people in services planning
 - Services and interventions for disengaged young people and those at risk or experiencing mental health difficulties
 - Lack of capacity, volunteering, advocacy in communities to represent and articulate needs
 - Literacy levels for many young people
 - Families living in particularly north Fingal at some remove from the support structure of their extended families and hence isolation
 - Lack of alternative pursuits for children and young people beyond traditional sports
 - Lack of support for volunteers and voluntary responses
 - Children being left alone to care for younger sibling whiles parents work or attend services etc.
 - Lack of activities for children in the 8-12 and 16+ age cohorts
4. Geographic areas with service needs
- North Fingal
 - South east Fingal, in which there is located only basic supports and services
 - Swords
 - And parts of Dublin 15

Some of the comments also pointed to the gap between the five national goals, the national children's strategy and what is seen on the ground. In each case, it was felt that the gaps were not narrowing, and for many increasing.

Recommendations

Defining and Engaging with Children's Services

The first implication of the research seems to be how CSCs, including Fingal, seek to define their remit and the services that fall within it. The present research has taken a very broad understanding of children's services, which in turn would seem to be in the spirit and intention of the five national outcomes for children:

Children will be:

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

Extrapolating each of these outcomes to services and/or provision naturally leads to a very broad array of services and activities.

However, as the database and the responses to the survey make clear, children's services under this understanding go well beyond those intended as relevant to the Hardiker Model and the work of the Centre for Effective Services in establishing the CSCs. They include a huge amount of early education and preschool services and a wide range of sports and broad universal services such as schools. While these obviously provide services to children, they may not identify themselves as 'children's services' and moreover they may not fit into the narrow definition sometimes applied to children's services which associates them with those services that mainly seek to support and protect children's welfare.

Thus overall there is a need to define the boundaries of children's services in Fingal and if the broader definition is sought, there would seem to be some work in the future required to further communicate to and engage with universal services and even those that simply involve children and young people.

Database Management

In keeping with the previous implication/recommendation, for effective information on children's services to be managed so as to be accurate and of value, not to mention to substantiate this and subsequent research, the database of children's services ought to be updated, periodically reviewed, managed and be a 'living' database.

A model for this already exists in Fingal through the work of the County Childcare Committee. That information has been made available online in the case of Pobal and the former Fingal Development Board's Data Hub. However, like all work of this nature, the maintenance of database will require a human resource to support and drive the work. There is also the option, following a proper review of data protection regulations, to have a resource developed and updated online. While the present research has identified a large volume of services that work with children in Fingal, it is clear that more are operational in Fingal but has not been identified and should be added to the database into the future. Moreover, like all service or person databases, the contents can change significantly in the space of 12 months or less. All in all, it is suggested that FCSC set about, solely or in partnership with another body (Citizens Information etc.), to manage and upkeep a database of children's services.

Service Co-operation and Integration

One of the rationale in establishing CSCs was for greater integration and joined-up working between community, voluntary, statutory and private services that work with, for and include children. This is not only a regulatory need but also a practical one in terms of moulding services to children based on their needs rather than, as has been more typically the case, being organised according to professions, funding, regions, service type, age cohort, professional discipline and so forth. The present research has identified a general lack of integration between services and moreover a degree of understandable lack of knowledge about what other sectors and services do, how they do it, valuing such inputs or engaging in collaborative fora such as CSCs. This is of course one of the challenges posed for the CSC, but would seem to require a degree of animation and facilitation amongst the very broad and diverse range of services for children not to mention 'buy in' by more established mainstream institutions.

Website

Although not in the remit of the research per se but on the basis of the findings of this study, given the work and focus of the CSC and the Information Sub Group in particular, it would be beneficial for Fingal CSC to have its own dedicated website. Such a website should over time have information dissemination functionality, may contain an interactive version of the children's services database and assist future collaboration and integration of children's services.

Future Research

The present research was the first of its kind to be carried out in Fingal. To the best of current knowledge, no other research piece has sought to marry a broad church of services such as all of those that deal with or include children. The limitations of the research were noted in terms of response rate, possible over concentration of particular service types in the database and so forth. Nevertheless, the present research has established a baseline which should be used to compare future research to, monitor developments and ultimately improve services and outcomes for children.

1. INTRODUCTION

1.1 Background

The Fingal Children's Services Committee (FCSC) was established in December 2009 following a six-month consultation process with Statutory, Community and Voluntary organisations across County Fingal. Children Services Committees are an initiative of the Department of Children and Youth Affairs (DCYA). Fingal was one of six newly established CSCs in 2009, following the original four pilot committees established in 2007.

Each county-based Children's Services Committee is responsible for improving the lives of children and families at local and community level through integrated planning, working and service delivery. In 2011, FCSC launched its three year strategic plan: 'Fingal Children's Services Committee Children and Young Peoples Plan (2011-2013) for County Fingal'. In this plan, Fingal Children's Services Committee has charted an agreed path for the delivery of services to children and young people in Fingal. The plan is based on the 'National Outcomes for Children in Ireland' that envision that all children should be:

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

Added to these, the FCSC places a strong emphasis on prevention and early intervention and thereafter, supporting families in order to support children.

Membership of the Committee is 20 representatives, assembled from 15 statutory and voluntary / community sector organisations that are involved in the management and delivery of services to children and young people across the county of Fingal.

As part of its work - and in order to establish a baseline to inform its decision making - FCSC identified that it required a comprehensive audit, mapping and profile of the wide range of services that are provided across Fingal to children and young people aged 0 to 17 years in County Fingal. This in turn led to the current research.

1.2 Aims of the Profile of Services Research

The aim of this research is to develop a profile of the services provided by statutory, community and voluntary sector organisations to children and families in County Fingal².

Objectives

The primary objectives of the research are twofold, firstly, a service mapping exercise and secondly, carry out an audit of relevant statutory, community and voluntary activities including a needs analysis of the target client group.

Mapping: In terms of this heading, the objective is to complete a mapping exercise highlighting existing services and gaps in provision both geographically and thematically throughout county Fingal for children aged 17 and below.

Audit: The objectives here include completion of an audit of statutory, community and voluntary group/activities in Fingal, including a needs analysis of the target population for the services. This will include questionnaires for service providers and follow up focus groups with services providers.

1.3 Report Overview

The full structure of the report is outlined at the end of the following methodology chapter (section 2.6). However, all in all, the report moves on from providing an overview of its methodology next to chapters that in order examine the following:

- the background and context of Children's Services Committees including Fingal
- the demographic profile of Fingal with a focus on children
- the mapping of children's services
- the audit of services informed by firstly a survey of services and secondly focus groups with providers' representatives
- research conclusions

². While the profile seeks to be as comprehensive as practicable, this should be seen in the context of - when compared to other locations or similar pieces of research - a set and modest budget.

Figure 1.1: Map of Fingal



2. Report Methodology

2.1 Introduction

The methods used in the research reflected the complexity and consequent efforts required in undertaking an audit and mapping of all children's services in Fingal. Given this and the fact that it is the first time this process has been undertaken with the wide range of services, this brief chapter provides an overview of the approach adopted, the various steps undertaken and the outcomes. Its purpose therefore is not only to outline how the report's research was conducted but also to inform for future research among children's services and county wide services more generally.

2.2 Methodology Overview

To begin with, the methodology employed in the research, while not complex in theory, proved to be relatively intricate in practice. It passed through a range of stages, some of which were of considerable duration, in order to arrive at a point where the primary and other data was collected in a structure suitable for analysis and ultimately to inform the resulting report.

The methodology for the research was affected by a number of factors, as follows:

- firstly, the necessary finite time scale for the research and the related budgetary resources available;
- secondly, the relative complexity of sourcing and engaging effectively with the services provided at all levels to children and young people in Fingal, and,
- thirdly, the fact that a database of the wide range of services for children had - prior to this research - not been developed. The key point here is that this research among all services for children and young people (under 18), building on specially constructed database, is unique and the wide range of community, statutory and voluntary services/organisations had never been included as a collective cohort to date. In short, this proved a necessary yet difficult task.

In practice, the methodology used in the research followed a mixed methods approach employing a number of strands simultaneously ranging from secondary research, primary surveys of services, focus groups, database development and cleaning, mapping, data analysis and reporting.

The overall logic of the methodology was to build on a database of services, previously developed in draft form by the FCSC, so as to systematically audit all services. The audit of services by online survey took place on a repeated basis to arrive at the final sample. This was followed by qualitative focus groups. The data generated by these phases informed, through analysis, the final output report and mapping of services which also reflect in its structure the aims and objectives of the research.

2.3 Research Stages

This section briefly outlines each of the main stages the research travelled in order to allow for the production of this final report.

2.3.1 Inception

The inception phase was the staging post for the research. It comprised discussion and information exchanges between the research consultant and the Information Sub-group of FCSC responsible for overseeing group for the research. The two key outputs of this phase was firstly the handover of an early version of the integrated database of children's services in Fingal and secondly, the completion of a shared document outlining in more detail the aims of the research, the proposed structure of the research, time frame, responsibilities and so forth.

This phase therefore identified the relevant providers, personnel, groups and data to be consulted as part of the research; it collected documentation in respect of the previous work of the Children's Services Committee and the range of actual and potential child and family services provision in the County and other areas of relevance to the study.

2.3.2 Secondary Research/Research Tool Drafting

At the title suggests, this phase collected and began the process of reviewing literature and documentation that set the context for the research and which informed the consequential report and its conclusions.

This phase had three aspects: the first reviewed the key secondary information sources on child and family services provision in Fingal. The second reviewed the content, structure and completeness of the database previously developed by the Fingal Information sub group and the third, devised the research tools for use in the primary research detailed below.

Secondary Data

A review of relevant secondary sources of data and literature in respect of Children's Services Committees and the Fingal's CSC took place as part of the research. In addition, the Census profile of Fingal's children and young people in age bands of relevance was reviewed to inform the text body of the report as well as the mapping of its findings. Overall, the secondary data and literature set out in chapter three and four sets a context for the research as well as informing the findings and analysis of data in the report.

Database

The main time input in this phase and for the research overall was the cleaning, treatment, addition/amendment and management of the database of children's services in Fingal.

During the inception phase of the research, it was expected that there may be over 500 such services, thus one of the challenges for the research was to theme similar service types according to a number of key themes. This was achieved based on the previous discussions of the FCSC to categorise services for children according to the following themes:

- Addiction
- Childcare
- Community
- Cultural
- Development
- Disability
- Education
- Religious
- Social Work
- Well-being³

From here, the database was passed over to the commissioned researcher in November 2012. However, before that point, it had been painstakingly developed under a number of thematic service areas (youth, childcare etc.) agreed by the FCSC committee and culled from a range of statutory, community/voluntary body and stand-alone sources. It was put together with the assistance of TUS worker was assisted by staff members of the HSE who provided X and Y geo-coordinates for the later mapping of the data⁴. The database developed at this point, prior to the commissioning of the researcher, through varied data sources including the Dublin 15 Directory of Services, Fingal County Council's community department's listing of community and sporting groups, and numerous service databases held by the HSE on theirs and allied services.

Most of the Children's Services on the 'Raw' databases were accompanied by address and contact details including email addressed, web urls and so forth. Given the mapping objectives of the research, they were also (through the work of the HSE cited above) accompanied by geographic coordinates which identified their exact location in Fingal for mapping purposes. The geo coordinates (X and Y or latitude and longitude identifiers) allowed for the mapping of services by type of service and sub region in Fingal. While most of the Children's Services on the database had 'matched' geo co-ordinates which clearly identified their location, many did not have this information available. The 'unmatched' Children's Services, that is those with no accompanying geographic location identifiers, were those whose address was misspelled or referred to the name of a residence, building without a street address number and so forth⁵.

The database forwarded to the researcher consisted of 23 excel databases as follows (health centres and pharmacies databases are not included below):

No.	MATCHED geo coordinates	NO Matched geo coordinates
1	Childcare	Cultural
2	Community	Religious
3	Cultural	Additional Disability Services
4	Development	Childcare
5	Disability	Education
6	Education	Wellbeing
7	General Practitioners	Addictions
8	Additional Disability Services	
9	Religious	
10	Social Work	
11	Wellbeing	
12	Addictions	
13	Pharmacies	

³ Well-being in this sense encompasses services that deal with one or more facet of mental health.

⁴ The TUS Worker originally worked under the aegis of the Baldoyle and Swords Youth Service and following this the Fingal County Childcare Committee.

⁵ The 'raw' database, that is the version provided to the researcher with addresses and contact details, would have been uploaded to and processed by geo co-ordinate matching software which identified the vast majority of addresses and provided the relevant x and y geo co-ordinates. Where the software could not identify or match the exact location of a service, it did not provide the geographic co-ordinates. As is reported further down in this section, the Researcher undertook this process one by one manually to arrive at the final, complete 'matched' database prior to the mapping of data.

Within these databases, there were differing formats and sequences which were not initially applicable to their merging onto one database. As such it was necessary to knit these together over a number of weeks into one integrated database.

This integrated database included approximately **987** raw cases of children's services across Fingal. This was however before any duplicates, not relevant services (adult only services for example), pharmacy and GP contact details were removed from the integrated database⁶. In the case of GPs, it was decided that they would not be targeted for inclusion in the children's services online survey.

As the central research method to be used was an online survey, the database was assessed as to its usability for this purpose. Thus the quality of contact information on each service contained on the database was key to the online survey method. In practice, it was necessary for each service to have a valid and appropriate (for instance, the correct person within an organisation/service) email addresses on the final database⁷.

The lack of email addresses or the presence of email addresses that were no longer valid would hamper the survey and required a judgement as to how many, with time and budgetary constraints in mind, to forward a freepost/response survey by traditional post and so on.

In the event, following analysis of the database, it was established that there were a significant number of not unexpected difficulties therein. These for the most part revolved around the following:

- A number of services listed were not in Fingal
- Some of the cases listed as a children's service did not provide services to children i.e. adult nursing homes etc.
- Some services had address details but no name for the service or contact details beyond the address.
- Just over one fifth of the valid services - taking the above into consideration in terms of contact details - had no geo coordinates.
- 27 cases on the database listed one contact name for a range of services, for example, a region-based youth worker named for a wide range of local, parish-based youth clubs.
- 16 cases of one email address for a range of services, for example, a community facility housing various and separate services.
- 56 cases where there was a telephone number but no email address.
- There were no email addresses available for Garda services and no indication of the relevant contacts at the local level in respect of children.
- 35 cases which seemed to house a number of stand-alone services (community facilities/centres etc.) for which there were no emails.
- 78 cases had no email and no phone number indicated.
- 12 listings had no email, no phone number and no address listed.

Finally, on the first wave of emails disseminating the survey link to children's services, 137 email addresses 'bounced-back' indicating the email address was no longer in use or not valid in the first place.

As a result, over a three to four week period, work was undertaken to manually identify - including web searches and related listings and documents - the missing contact details for services with an emphasis on identifying the appropriate email address and the current email address where the listed on was out of date.

In addition, through contacts between the Coordinator of FCSC and a youth service member of the committee, a TUS Worker was made available to the research for one half day a week to work on a specially constructed database listing in priority those services without emails but contact numbers, addresses and so on⁸.

Overall, the development of database proved challenging and was quite time consuming in terms of the overall research process. However, it does point to the information requirements of Children's Services Committee's and also will require updating and will act as resource to the committee as a baseline.

⁶ The use of the term 'raw cases' refers to the cases (named children's services) in the database before they were checked for the completeness of their contact information, geographical co-ordinates and their general suitability/relevance (for example, are they a service for children or just adults etc.) to be on the database.

⁷ Given the size of the 'raw' database (987 services/cases), it was decided that online survey would be the most feasible in time and cost terms. In terms of costs, 987 cases of which 25% might respond would cost €679 or indeed more if the response rate were to be larger than 25%.

⁸ The Researcher prepared this special targeted segment of the database and met with the TUS Worker. The Researcher and TUS Worker subsequently communicated weekly around this task, leading to the addition of new and cleaned data on children's services in subsequent waves of the survey's dissemination by email.

Survey Questionnaire Design

The design of the audit, and its survey, was a key aspect of the research project and in practice it involved the researcher, based on the terms of reference and the inception meeting, setting down key themes under which questions for the survey were formulated. This document was then circulated to the Information Sub Group of FCSC. The members of the Sub Groups made suggestions as to additions and amendments over the course of November and December 2012. Following this, the draft survey was 'piloted' by some Children's Services identified by Sub Group members in December 2012 and early January 2013.

In January 2013, based on the analysis of the pilot survey responses, the full survey was finalised for circulation to the full integrated database. The survey was then transferred fully to an online format reachable by embedded link on an email send to Children's Services. The link was as follows: <http://www.niallwattersresearch.ie/surveys.html>

In the event, the questionnaire included both a mix of closed and open-ended questions. The qualitative open-ended questions were strengthened as seen below by a further qualitative field research stage⁹.

2.3.3 Field Research 1: Quantitative Audit (Survey)

This phase of research was based on the culmination of the work undertaken in developing the database and the online survey questionnaire. The substantive phase of the research is essentially the audit of services by means of survey. In all there were seven waves of emails sent to children's services on the database as follows:

1. January 18th 2013, 571 emails
2. February 15th, 2013, 417 emails
3. March 5th, 2013, 600 emails
4. March 15th, 2013, 603 emails
5. March 27th, 2013, 604 emails
6. April 2nd, 2013, 567 emails
7. April 16th, 2013, 526 emails

Many of the services were emailed on all seven occasions in order to optimise responses to the survey.

In addition, there were 89 postal circulations of surveys to services where the appropriate email address and contact person's details were not available. These included the various services provided to children through HSE health centres, local youth clubs and so forth¹⁰.

Furthermore, 66 letters indicating the nature of the research, difficulties with identifying emails and clearly showing the website address for the survey, was posted to services for whom it was not possible to identify, or who did not have, an email address.

The following illustrates the manner by which the completed survey responses came in over the course of its dissemination as new contact detail etc., were added to the database:

- 1 response as at 18/1/13
- 50 responses as at 18/2/13
- 100 responses as at 9/3/13
- 125 response as at 19/3/13
- 150 responses as at 28/3/13
- 175 responses as at 17/4/13
- 200 responses as at 23/4/13

At the time of the present report's write up, there were 211 responses to the survey¹¹.

As the services completed the survey, or indicated that they did not see their service as relevant to the research (i.e. a children's service), they were removed from the working database used to dissemination emails over the various waves.

⁹ A copy of the final Survey Questionnaire is set out in the appendices section.

¹⁰ 89 surveys with stamped addressed envelope were posted to various health service managers across the various disciplines that cater for children across 12 HSE Health Centres located in Fingal.

¹¹ Not all of the 211 response were included in the data analysis for the survey section of this report. Six to seven responses arrived after the analysis of survey responses had been completed.

Response Rate

On the basis of the numbers of services included in the email survey dissemination, together with those surveyed by traditional post, this puts the survey's sampler frame of children's services in Fingal at 846. The 211 responses represent a response rate of 25%. These 211 responses also therefore represent the sample for the research.

This rate of response, given the diverse nature of the survey cohort of children's services (sports, education to specialist intervention services), is satisfactory to serve as a baseline in terms of insights and data¹². However there are of course issues with respect to how representative this response rate is of all children's services in the county. Thus it is important (in parallel with the 'research limitations' section 2.4 below) to make some comments about the composition of the survey responses prior to revealing formally the findings of the survey in chapter six below.

To begin with, approximately 25% of services on the database responded to the survey. However the main limitation here centres on the extent to which the services who responded to the survey are truly representative of all children's services? The responses rate, as will be shown in the chapter six, reflected the concentration of childcare services in the integrated database which in turn led to a high proportion of responses coming from the childcare, early and pre-school education sector more generally. This group therefore were likely to have a specific take on the issue reflecting their services and moreover that cohort of children that they provide services to. The main reason for the inclusion of such a proportion of childcare and preschool services relates in the main to the numbers contained on and the quality of the database held by the County Childcare Committee of such services.

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

Turning to the implications of this, when addressing the findings in Chapter Six mention will be made to the high proportion of childcare and preschool services who make up the survey sample and who in turn comprised a large part of the research population as represented by the 'integrated database'. More detail is provided about this issue and the proportions involved in the relevant chapter (six).

2.3.4 Field Research 2: Qualitative Audit (Focus Groups)

While the first field research phase aforementioned comprised the main quantitative element of the research, essentially the audit of services through online survey, the research process also undertook a qualitative field research aspect. This set out to explore the views, perspectives and insights of (time and budget permissible) a sample of providers on a broadly geographic spread and one also that served to represent the broad range of serve types, and age cohorts, they cater for etc.

At the outset of this part of the research, a theme sheet was devised to structure the focus groups. This allowed for more qualitative, open-ended questions considering issues such as¹³:

- Perceptions of current provision in terms of numbers of places, locations, types of services offered, age range catered for etc.
- Identification of key issues and needs with regards to demographics, socio-economic factors; and future county planning.
- What are the gaps in service provision they are aware of? What demands are not being met?
- What stakeholders should be involved in providing these supports

The organisation of focus groups proved challenging, even given the research experience brought to the process by the consultant and members of the sub-group of FCSC overseeing the research. The difficulty arose due to the very diverse profile of the services included on the database and their location across Fingal. From experience, it was reasonable to assume that inviting services who responded to the survey to (for most of them) an unfamiliar venue across the five sub regions of Fingal (Dublin 15, central Fingal, North East Fingal, North West Fingal and South East Fingal) would lead to limited

¹² It should be noted that through email primarily, but telephone calls also and letters, most services who did not respond to the survey have been afforded a reasonable opportunity to do so.

¹³ A copy of the question schedule used for the focus groups is set out in the appendices section at the end of the report.

attendance on top of considerable time input in arranging such events on the research side. This realisation is based on the numbers of very different services (sports, education, childcare, health, religious, youth, scouts etc.) in each location who responded to the survey and their availability, capacity and willingness to attend a focus group as part of the research.

With this in mind and in view of the time horizon for the research process, it was decided to build on existing networks of service providers, ostensibly through the proxy of an FCSC committee member organisations, to hold focus groups. This method proves more effective, given the diversity of potential participants, as they are members of an existing structure and as such are more likely to attend, and familiar with attendance in that location.

In the event, focus groups were held as follows:

- Dublin 15, two 28/3/13 and 10/4/13, 15 attendees facilitated by Blanchardstown Area Partnership
- Central Fingal (Swords), 17/4/13, 8 attendees facilitated by Swords and Baldoyle Youth Service.
- North Fingal (Balbriggan), 24/4/13, 5 attendees facilitated by Fingal Leader Partnership.

Across the focus groups, the attendance was a diverse range of service providers who worked with difference age cohorts and in different capacities and service areas. The focus groups were put in place to add a rich additional dimension to the findings from the survey.

However, like most aspects of this research and research more generally, there are certain limitations in the representativeness of those who took part in the focus groups. Thus the majority were based in the Dublin 15 area and after that mid Fingal and North Fingal. There were no focus groups held in South East Fingal given the lack of obvious networks with which to build on for the purposes of holding a focus group.

Thus when looking at the outcome and findings of the focus groups (chapter seven), it must be kept in mind that the majority of the contributors provided services for children in Dublin 15, regardless of the fact that this is the most populous of the Fingal sub regions followed in the research. The focus groups were intended to add depth to the findings of the survey, the questions were chosen and that chapter of report written so as to get a broad view. Nevertheless, they cannot on their own be said to be representative and this 'health warning' is important to keep in mind when interpreting the findings.

2.3.5 Collation of Data and Data Analysis

On conclusion of the research process, survey and focus groups, much of the data was analysed and assessed in terms of the key themes of the research, identified in phase one and arising subsequently. In terms of analysis, use was made of basic statistics software to analyse the data from the research and in particular the surveys. Additional analysis was also carried out using the online survey tool, SurveyMonkey. The focus groups were recorded and these were listened to back over for analysis under the themes comprising the questions posed, alongside the notes of the focus group recorded by the researcher.

2.3.6 Mapping

One of the core aims of the research, beyond the audit of children's services, was to map all children's services identified in Fingal. There were a number of steps involved in this process which built on the database development of the services across Fingal.

As noted above, the database provided to the Researcher included geographic co-ordinates for the majority of cases, however, it was necessary to manually explore the database to identify those cases missing this information, what are referred to above as unmatched.

This involved using the address and identifying in as far as possible the location of the children's service. This was undertaken by using the search function for each case on Ordnance Survey Ireland's open mapping site, maps.osi.ie. From here, the X and Y co-ordinates were identified.

However, the maps.osi.ie application only allowed for the identification of coordinates according to one geographic reference system, while the 'matched' cases in the database used different referencing system¹⁴. The manually sourced geographical co-ordinates were therefore converted into same co-ordinate referencing system used for matched cases in the integrated database.

From here, the geo data (geographical co-ordinates) for each of the following thematic areas was uploaded into the GIS Mapping software:

¹⁴ The geo co-ordinates produced by the OSI application were based on the IREN95/Irish Transverse Mercator (ITM) referencing grid, while the matched geo-coordinates on the integrated database were in the format of Traverse Mercator 75/Irish Grid (IG). Thus it was necessary to convert the former ITM co-ordinates into coordinates following their earlier identification using the maps.osi.ie application.

- Addiction
- Childcare
- Community
- Cultural
- Development
- Disability
- Education
- Religious
- Social Work
- Well-being

Following this, the maps were developed using a GIS application with CSO Census data and geo co-ordinates of services for map plotting. The relevant maps are set out in chapter five.

A map was developed under each theme showing the following:

1. The location of the services in Fingal
2. The location of the services in five sub Fingal regions (where relevant)
3. The location of services in Fingal according to population proportions of children and young people

In parallel, additional treatment of the base maps for Fingal indicating the various Electoral Divisions (EDs) took place. This transformed Fingal's EDs into a series of Cartograms, whereby the size of each ED was altered to show its population size in Fingal relative to the population of other EDs. This therefore reflected the 'real life' map of Fingal revealing through mapping the relative location of high proportions of children and young people by ED¹⁵.

2.3.7 Report Write Up

Following the analysis of data, a report was written in draft form and forwarded to the Information Sub Groups of FCSC for comment and feedback. From here the draft report was amended and queries clarified. The final draft report was submitted to the Sub Group, following whose input was taken on board by the Researcher in order to report to reach its public form.

2.4 Research Limitations

As in all research of this nature, the ideal approach would be to undertake a survey of each and every service that works directly and indirectly with children aged 0 to just under 18¹⁶ in Fingal, that is, achieving a 100% response rate.

This is, firstly, statistically unlikely and secondly, one cannot be sure that the database of services - while painstakingly developed, updated and managed over the course of the research - covers each and every such service in Fingal. Moreover, it is also the case that some of the services go across county boundaries and the methodology section above outlines the range of intricacies of services, their relationship to each other and so on. Thus in the present research a mix of methods was used to bolster the spread of the research and its representativeness among.

The primary research instrument, online survey, was delivered to each of the 846 services in the catchment. This therefore represents the sampling frame for the research - in other words, the population from which the sample of responses was derived¹⁷.

Furthermore, based on the proportion of service types that responded, it is hard to say if one or more service types (childcare/pre-school, youth work, social work, and on to community, statutory or voluntary etc.) is over or underrepresented and thus skewing the responses. The answers to this question - unlike national polls which can refer to Census data - is that one does not and cannot know how representative the respondents to the audit and profile research are of all services. That being the case, the present research - in keeping with its aims - represents a good start to developing a baseline with which to compare future profile pieces and also those undertaken in other counties. In this context, it is also the case that 25% response rate may be understating the sample population as a proportion of all services since many who did not respond may no longer be operational, it is of course not possible to know for sure one way or the other¹⁸.

¹⁵ Cartograms are maps in which the sizes of geographic regions such as countries or provinces or EDs in the present case appear in proportion to their population (or some other demographic feature such as income, mortality incidence, consumer trends etc.). See for example <http://www.worldmapper.org/>. Additional information on this process in the present research is provided in the relevant chapter of the report below.

¹⁶ 17 years and 364 days.

¹⁷ A sample frame is 'the listing of all units in the population from which the sample will be selected'. See Bryman, 87: 2004.

¹⁸ It would of course be important to update, manage and sustain the database of children's services to ensure it is as close as possible to the full range of relevant services in Fingal at any one time. This however is of itself a significant task which requires the allocation of appropriate time and/or resources. This will however allow for a degree of certainty with respect to information on services provision for children and will add to the findings of future research.

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

2.5 Report Structure

This report is comprised of seven substantive chapters, including the present one. The series of chapters are structured according to individual themes which reflect one aspect of the research and are planned so as to lead as logical narrative to the report's conclusions, which in turn serve to respond to its aim and objective. The next chapter, chapter three, explores the policy and institutional context of Children's Services Committees. This is followed by a chapter discussing the demographics of Fingal, with a focus on those aged up to 18 (Chapter four). Chapter five reveals the outcome of the mapping process of services based on the full integrated database. The following Chapter six presents the quantitative and qualitative findings from the survey of a sample of children's services. In turn, the next chapter (seven) examines the findings arising out of a series of focus groups with representatives of various services that work with children in Fingal. The final chapter of the report, chapter eight, draws together some of the key findings made throughout its body and relates these to the initial aim and objectives of the research in the form of conclusions and their implications.

3. Background and Context of Children's Services Committees

3.1 Introduction

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

3.2 Services for Children and Young People

Before looking at the specific development of the Children's Services Committees and the related policy context, it is worth delving further back to look at the wider development of services for children in Ireland. In particular, this section examines how such services came to be delivered in contemporary times by a combination of community, voluntary and statutory sector bodies and groups¹⁹.

At the outset, Ireland exhibits a unique, in European terms, social service delivery model or more precisely, landscape. This landscape has evolved to include delivery by voluntary and community organisations, largely funded in recent decades by the State, as well as service delivery directly by the State. Community and voluntary organisations involvement in social and therein children's services has a long history in Ireland, which can be seen as starting in the 19th century, and prior to involvement by the State which is historically a much more recent occurrence.

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

Prior to 1950, the main providers of social services and various forms of charitable support for the deprived and those in need were voluntary agencies. These were normally under the aegis of religious and more than likely Catholic organisations. The role of the religious in the provision of voluntary support took place in the absence of such services provision by the State²⁰. This provision has continued but in a much more dissolved fashion to the present, where there remains a strong religious presence in the management and ownership of primary and secondary education in Ireland and aspects of youth work.

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

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

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

It should be stated that social and public policy development in respect of children and children's services has only been evident over the last two decades: the Task Force on Child Care Services (1980) was only implemented in 1991's Childcare

¹⁹ It is possible to add 'private' to this group of sectors that deliver or provide children's services. The main private sector providers are seen in the childcare/preschool area. There are of course GPs and other medical and allied professions (counselling, psychotherapy etc.) which are can also be private in nature which can deliver services to children.

²⁰ Underpinning this development was the social teaching of the Catholic Church, which was based on the principle of subsidiarity, which maintained that services should be provided at the lowest level of community, ranging upwards from the family and individual, to the church and finally, at the highest level, with State input to social policy and services provision including therefore services for children and young people. This is evident for instance by the fact that the Department of Health did not have a Childcare Division until 1979.

Act. In the main, this legacy has resulted however in the contemporary situation where - in terms of the standards of Ireland's European counterparts - Ireland has comparatively underdeveloped children's services²¹.

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

This has led to in turn to the focus on influential Hardiker model (more of which is set out below) that set out the tenet that children's services should be guided by the following four levels²²:

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

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

1. The principal provider of services is the Health Service Executive (soon to be provided by the Child and Family Agency), which provides services across the four Hardiker levels outlined above, operating under the terms of the core legislation, the Child Care Act, 1991;
2. These are supplemented by specialised projects and services delivered by voluntary and community organisations (Barnardos, for example, runs 40 projects) and there are 107 Family Resource Centres (FRCs) previously supported by the Family Support Agency. The HSE provides funding for the former but does not itemise those receiving funding specifically for children's services;
3. Services delivered by statutory and voluntary organisations working in 'flanking fields', e.g. housing, health and youth services.

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

3.3 Children's Services Committees

Turning to Children's Services Committees (CSCs), the first mention of the CSCs was made in the most recent Social Partnership Agreement, 'Towards 2016'²³. This stated that the National Children's Strategy Implementation Group would establish a Children's Services Committee in each City and County through their respective County/City Development Boards. The Health Service Executive (HSE) would act as chair for the Children's Services Committees in each City and County Development Board area.

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

Initially, four pilot Children's Services Committees were established in South Dublin County Council, Limerick County Council, Donegal County Council and in Dublin City Council. They were comprised of representatives of multiple agencies. At the end of 2012, there will be 30 CSCs in development. By virtue of their makeup, origination in social partnership and reflecting the needs of children, the approach of the CSC is to be through interagency collaboration, joint planning and coordination of services²⁴.

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

²¹ Harvey, 2011:11.

²² Hardiker et al, 1991.

²³ Ten-Year Framework Social Partnership Agreement, 2006-2015, 2006. Government of Ireland/Department of the Taoiseach: Dublin.

²⁴ Given the history and current landscape of children's services, this necessitates the involvement of statutory, community and voluntary sector providers/stakeholders on each respective CSC.

3.4 Policy Background

In the view of the Centre for Effective Services, which supported the development of the CSCs for the Department of Children and Youth Affairs, there were a number of key policy documents that informed the development of the Committees²⁵.

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

The National Children's Strategy

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

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

Finally, there is a National Children's Strategy Implementation Group (NCSIG) which was set up to drive the implementation of the National Children's Strategy. It is a high level group consisting of senior officials from all government departments and state agencies that develop policies or deliver services that affect children and young people. It is chaired by the Department of Children and Youth Affairs.

Towards 2016

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

The Agenda for Children's Services

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

As a way of ensuring a common language of outcomes within children's services, it draws together the various types of outcomes found in contemporary children's policy and presents them as a single list of National Service Outcomes for Children in Ireland²⁶.

The five Outcome areas are that children will be:

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

Programme for Government 2011

The 2011 Programme for Government commits to the implementation of the recommendations of the Ryan Report, the Commission to Inquire into Child Abuse, published in 2009. The Government's response to the Ryan Report was contained in

²⁵ Katie Burke, Stella Owens and Deborah Gbate, 2010. Learning from experience to inform the future: Findings emerging from the initial phase of the Children's Services Committees in Ireland. Centre for Effective Services: Dublin

²⁶ There are now five National Outcomes reduced from Seven Previously. The original seven were that children should be:

1. Healthy, both physically and mentally
2. Supported in active learning
3. Safe from accidental and intentional harm
4. Economically secure
5. Secure in the immediate and wider physical environment
6. Part of positive networks of family, friends, neighbours and the community
7. Included and participating in society

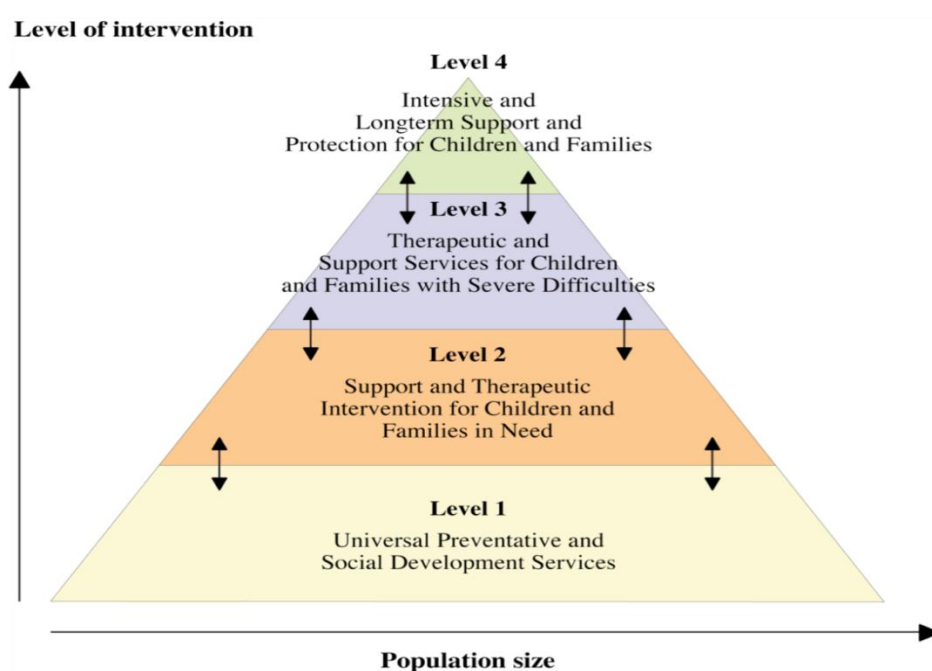
However, in the *National Strategy for Research and Data on Children's Lives 2011-2016* (DCYA 2011), the seven National Service Outcomes for children in Ireland were amalgamated, to produce 5 Outcome areas which were seen as a better fit for the Strategy and have become the main Outcomes overall for the CSCs also.

its *Implementation Plan* (OMCYA, 2009). One of the recommendations of that Report is that the statutory, voluntary and community agencies working with vulnerable children and families need to co-operate more fruitfully to meet children's needs. The development of effective local CSCs is cited therefore as an example of an innovation that has such a potential.

3.5 Children's Services Classification

As noted in the earlier chapter, the aim of the present research is to 'develop a comprehensive profile of the services provided by statutory, community and voluntary sector organisations to children and families in County Fingal'. Therein children in this instance refer to those aged 0 to 17 years inclusive. However, a question was raised in respect to what 'families' in this context might refer to and how it might be defined. In response, it was stated that families in this instance should be seen as referring to those services where a child is integrally involved in the process. This includes family support where children are a central part of the service and its working. It was suggested that it was worthwhile seeking an agreed definition as part of the research. To this end, Hardiker's work was suggested. Moreover, Hardiker's model is that also recommended by the CES in its preparatory document for the Children's Services Committee's strategic plans.

This figure below is a representation of the Hardiker Model which has become widely used in the Ireland the UK over recent years in respect of service of children and families. It is also that which was suggested to CSCs in the development of their respective plans²⁷.



Source: Hardiker et al, 1991.

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

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

²⁷ Page 42, Centre for Effective Services, 2012, Template for CSC's Children's and Young People's Plan, 2012 – 2014. Hardiker et al, 1991.

Thus the above represents those services that can come under the ambit of ‘children’s services’. Moreover, CSCs are asked to consider the following in respect of Children’s Services in their respective City and Counties:

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

3.6 Fingal Children’s Services Committee

FCSC’s Children and Young People’s Plan was completed in 2011 and revised in 2012. It is based on the template devised by the CES. For this plan, Fingal CSC has grouped the ‘National Outcomes for Children in Ireland’ into five summary outcomes:

1. To improve safety from accidental and intentional harm to children in the Fingal area
2. That children and young people in Fingal will be part of a positive network of families that receives the integrated supports they need and that they participate in society in Fingal
3. All children, young people and families in Fingal to have access to appropriate mental health and early child development services and supports
4. Supported in Active Learning - Early School Leaving
5. To establish an information system that will support FCSC to carry out a comprehensive service mapping and needs analysis for Fingal.

The table below provides a summary of the Outcomes above and the Initiatives being followed by the FCSC to reach these outcomes.

Outcomes 1	Initiatives
1: To improve safety from accidental and intentional harm within families in the Fingal area	1.1 Piloting the Differential Response Model (DRM) and development of the Balbriggan Child Welfare and Family Support Sub-Group 1.2 Statutory and Voluntary agencies implementation of revised Children First Guidelines 1.3 Development and Implementation of Interagency Agreement relating to Children and Family Social Services 1.4 Development and implementation of increased interagency focus on domestic violence in Fingal 1.5 Implementation of Garda Juvenile Case Management system in areas of Fingal
2: That children and young people in Fingal will be part of a positive network of families that receives the integrated supports they need & participate in society in Fingal	2.1 Identification of need, capacity development for parents and organisation development 2.2 Increased provision and support for Community based Childcare Service 2.3 Involvement of and consultation with young people
3: All children, young people and families in Fingal to have access to appropriate mental health and early child development services and supports	3.1 Development of mental health services for young people in North Fingal 3.2 Improved speech and language services to children & families through multi-disciplinary and multi-agency co-operation on speech & early language development 3.3 Links with Primary Care
4: All children and young people will be encouraged and supported to remain in schooling appropriate to their needs up until Leaving Certificate age	4.1 Mapping and review of early school leaving programmes
5: Information System	5.1 To establish an information system for Fingal Children’s Services Committee

Source: FCSC Children and Young People’s Plan 2011 - 2013

The present research is linked to Outcome 5 and Initiative 5.1 above.

3.7 Conclusions

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

The chapter then looked, over a number of sub sections, how children’s services have come to be guided by the four level provision model advocated by Hardiker and colleagues. It also revealed how children’s services at present can be subdivided into three areas of provision, namely: HSE; community and voluntary supplementary provision; and, aligned/supporting provision in wider areas.

From here the Chapter examined the establishment and role of CSCs. The policy documents (National Children’s Strategy, Towards 2016 and Agenda for Children’s Services) were briefly explored as well as the Programme for Government in terms of their framework for CSCs. In particular, this part of the chapter focuses on the five national service outcomes established for children that serve to inform and structure the work of CSCs. Finally the chapter reviewed how Fingal CSC plans to implement the five national outcomes in Fingal through various initiatives and where the present research is situated as part of these initiatives or actions.

4. Fingal Demographics

4.1 Introduction

This chapter presents a brief overview of demographics in Fingal. It places a particular emphasis on the age cohorts covered by the CSCs; this is those aged 0 to 17 years. The chapter looks at this cohort secondly. Before that it provides an overview of the County's population, its comparisons with national figures and its distribution throughout Fingal. It undertakes a similar logic in reporting on the age profile of children and young people. The chapter follows this, before its conclusion, with a brief but nevertheless timely overview of deprivation and unemployment across Fingal.

To set the context, the following are some general characteristics of Fingal's socio-economic profile²⁸:

- Fingal has experienced the highest population growth rate of any county in Ireland over the last two decades.
- 6% of the State's population live in Fingal.
- Compared to all counties in the State, Fingal exhibits the second lowest rate of its adult population with primary education only.
- 37.9% of Fingal's adult population has been educated to third level/higher education, however at Electoral Division level in Fingal there are pockets with proportions of adults with third level education at just one third of the Fingal average and one half of the national average.
- The average age in Fingal is 30.5 years, making Fingal the youngest county in Ireland – 27% of the population are aged under 18 years.
- New communities/non-nationals accounted for 18.3% of the population of Fingal in 2011, the national figure was 12%, making Fingal one of the most ethnically diverse counties in Ireland.

²⁸ These bullet pointed statistics are drawn from Census 2011, the most recent Census.

Figure 4.1: Map of Fingal



4.2 Population

The most recent assessment of the population of Fingal was taken at the Census in 2011: the population of Fingal at that time was 273,991. This consisted of 134,488 (49%) males and 139,503 (51%) females.

For purposes of mapping and in keeping with previous pieces of research carried out on Fingal, clusters of electoral divisions (EDs) have been set together to represent distinct sub regions in Fingal²⁹. Their titles and ED makeup are as follows:

Table 4.1: ED composition of Five Fingal Sub Regions

Sub Region Title	EDs Comprising Sub Region
North-West Fingal (NW)	<ol style="list-style-type: none"> 1. Balscadden 2. Hollywood 3. Garristown 4. Ballyboghil 5. Clonmethan
North-East Fingal (NE)	<ol style="list-style-type: none"> 1. Balbriggan Urban 2. Balbriggan Rural 3. Skerries 4. Holmpatrick 5. Rush 6. Lusk
Mid-Fingal (MF)	<ol style="list-style-type: none"> 1. Swords-Lissenhall 2. Donabate 3. Kilsallaghan 4. Swords-Glasmore 5. Swords-Seatown 6. Swords-Village 7. Swords-Forrest
South-West Fingal (SW)	<ol style="list-style-type: none"> 1. Blanchardstown –Abbotstown 2. Blanchardstown-Blakestown 3. Blanchardstown-Coolmine 4. Blanchardstown-Corduff 5. Blanchardstown-Delwood 6. Blanchardstown-Mulhuddart 7. Blanchardstown-Roselawn 8. Blanchardstown-Tyrrelstown 9. Castleknock-Knockmaroon 10. Castleknock-Park 11. Lucan North 12. The Ward
South-East Fingal	<ol style="list-style-type: none"> 1. Malahide-East 2. Malahide-West 3. Kinsaley 4. Portmarnock-North 5. Portmarnock-South 6. Balgriffin 7. Airport 8. Dubber 9. Turnapin 10. Baldoyle 11. Sutton 12. Howth

This Census recording suggests that the population of Fingal has increased by 14.2% since Census 2006: this increase numbers 33,999 persons. The percentage population increase for the state during that period was 8.2% and 7.2% for Dublin County (all four local authorities). Thus Fingal's increase in population is close to double that seen nationally since 2006. It should be noted that we now know that there are an additional 34,000 persons in Fingal beyond the 2006 figures reported in the 2011-2013 Children and Young People's Plan of the FCSC³⁰.

Since Census 1991, Fingal's population has increased by 79.4%. The corresponding measure for the State's population is 30.1% increase, while Dublin's (city and county) population increase by 24.2% since 1991. Fingal therefore exhibits, by some distance, the largest increase in population by a county in Ireland over the past two decades. Fingal's population of 273,911 ranks it as the third most populated local authority area in the State behind Dublin City Council (527,612) and Cork County Council (309,822).

At the level of Fingal's 42 EDs³¹, there is a very significant disparity in population size. The largest ED is Blanchardstown-Blakestown which, with a marked population of 36,057, is the biggest ED population wise in the county and nationally; the

²⁹ The previous piece of research was 'Removing the Boundaries: Building on the Foundation for Social Inclusion in Fingal' (2007) authored by 80:20, Educating for a Better World.

³⁰ This point is returned to below in respect of the population of children and young people aged 0 to just under 18.

³¹ Electoral Divisions (EDs) are a small geographic unit, larger however than Small Areas (SAs), for which statistical data is available nationally. The EDs are used to make up electoral boundaries whether for local or national government constituencies. There are 42 EDs in Fingal. Furthermore, a number of EDs comprise what are referred to as Local Electoral Areas (LEAs) which are the geographic areas that serve as constituencies in local authority elections.

smallest ED is Balscadden with a population of 667. In the case of Blanchardstown-Blakestown, its population as an ED would place as the fourth biggest town in Ireland behind Drogheda, Dundalk, Swords but larger than Bray and Navan³².

The table below outlines the five EDs in Fingal with populations over 10,000 persons. Collectively, these account for a population of nearly 94,000. These EDs also point to Fingal population centres in Dublin 15, Swords and Balbriggan.

Table 4.2: EDs in Fingal with Pop. Over 100,000

ED	Pop. 2011
BLANCHARDSTOWN-BLAKESTOWN	36,057
CASTLEKNOCK-KNOCKMAROON	18,071
BALBRIGGAN RURAL	15,140
SWORDS-FORREST	13,894
BLANCHARDSTOWN-COOLMINE	10,819

As the full table of population at ED level reveals, a further 18 of the 42 EDs recorded a population in 2011 of between 5,000 and 9,999 persons. The population bands of 1. over 10,000, 2. 5,000-10,000, and 3., less than 5,000 are marked on the table by different shades.

Table 4.3: Total population in Fingal EDs 2011 and change from 2006.

ED Name	Total Pop. 2011	Pop. change 2006 -2011	% Pop. Change 2006-2011
BLANCHARDSTOWN-BLAKESTOWN	36057	3769	11.7%
CASTLEKNOCK-KNOCKMAROON	18071	956	5.6%
BALBRIGGAN RURAL	15140	5525	57.5%
SWORDS-FORREST	13894	1451	11.7%
BLANCHARDSTOWN-COOLMINE	10819	45	0.4%
SWORDS-LISSENHALL	9667	595	6.6%
RUSH	9196	916	11.1%
LUSK	8814	1766	25.1%
DONABATE	8733	1133	14.9%
KINSALEY	8475	2949	63.4%
SKERRIES	8333	158	1.9%
HOWTH	8256	60	-0.7%
THE WARD	8241	3060	59.1%
SWORDS-GLASMORE	7748	-51	-0.7%
BALBRIGGAN URBAN	7555	824	12.2%
BALDOYLE	7050	1108	18.6%
MALAHIDE EAST	6879	666	10.7%
SWORDS-SEATOWN	6539	605	10.2%
DUBBER	6359	2612	69.7%
MALAHIDE WEST	6273	2	0.0%
SUTTON	5609	-305	-5.2%
CASTLEKNOCK-PARK	5124	729	16.6%
BLANCHARDSTOWN-DELWOOD	5044	89	1.8%
BLANCHARDSTOWN-ABBOTSTOWN	4870	748	18.1%
PORTMARNOCK NORTH	4118	-470	-10.2%
AIRPORT	4032	2421	150.3%
BLANCHARDSTOWN-MULHUDDART	3866	1081	38.8%
BLANCHARDSTOWN-CORDUFF	3788	-1018	-21.2%
PORTMARNOCK SOUTH	3465	-57	-1.6%
HOLMPATRICK	3224	70	2.2%
SWORDS VILLAGE	2581	67	2.7%
KILLSALLAGHAN	2205	124	6%
BLANCHARDSTOWN-TYRRELSTOWN	2112	553	35.5%
BALGRIFFIN	1966	1055	115.8%
TURNAPIN	1683	-40	-2.3%
BLANCHARDSTOWN-ROSELAWN	1682	-149	-8.1%
GARRISTOWN	1438	256	21.7%
LUCAN NORTH	1358	195	-16.8%
HOLLYWOOD	1259	261	26.2%
BALLYBOGHIL	1011	61	6.4%
CLONMETHAN	790	165	20.9%
BALSCADDEN	667	14	2.1%

This table also illustrates the numerical and percentage increase in population across Fingal's EDs from 2006 to 2011. This shows that 22 of the 42 EDs experienced a population increase of over 10% when the corresponding figure for the State was 8.2% and for Dublin 7%³³.

The EDs which exhibited population increases over 20% for the 2006-2011 period are set out on the table below:

³² Town according to the Census excludes agglomerated urban areas represented by cities such as Dublin, Cork, Galway, Limerick, Waterford etc. Data taken from http://www.cso.ie/en/media/csoie/census/documents/census2011vol1andprofile1/Profile1_Town_and_Country_Entire_doc.pdf

³³ These EDs rate of population increase in marked by yellow-filled cells.

Table 4.4: EDs exhibiting population increase of over 20% since previous Census

ED Name	Total Pop. 2011	Pop. change 2006 -2011	% Pop. Change 2006-2011
AIRPORT	4032	2421	150.30%
BALGRIFFIN	1966	1055	115.80%
DUBBER	6359	2612	69.70%
KINSALEY	8475	2949	63.40%
THE WARD	8241	3060	59.10%
BALBRIGGAN RURAL	15140	5525	57.50%
BLANCHARDSTOWN-MULHUDDART	3866	1081	38.80%
BLANCHARDSTOWN-TYRRELSTOWN	2112	553	35.50%
HOLLYWOOD	1259	261	26.20%
LUSK	8814	1766	25.10%
GARRISTOWN	1438	256	21.70%
CLONMETHAN	790	165	20.90%

Source: CSO, Census 2011

Table 4.5 below details the three most densely populated urban areas in the State, and all are located in Fingal namely Kinsealy, Lusk and Swords.

Table 4.5: Three most Densely Population EDs in the State in 2011

Town	Pop. 2011	Area 2011 (km ²)	Pop. Density
Kinsealy-Drinan (East of Swords)	5,814	1.1	5,101
Lusk	7,022	1.9	3,662
Swords	36,624	10.2	3,615

Source: CSO, Census 2011

Figure 4.2: Map of the names and locations of Fingal's EDs

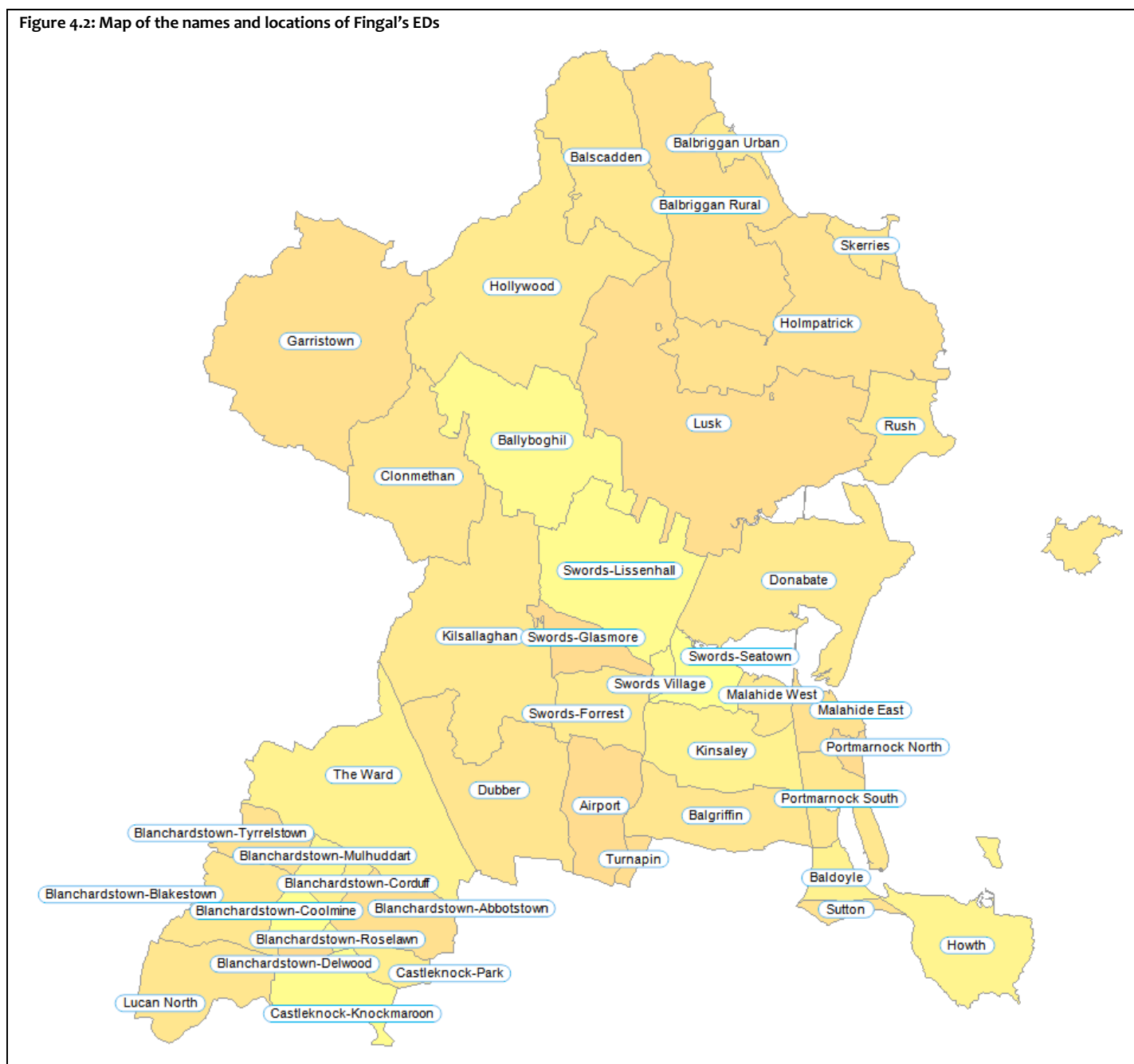
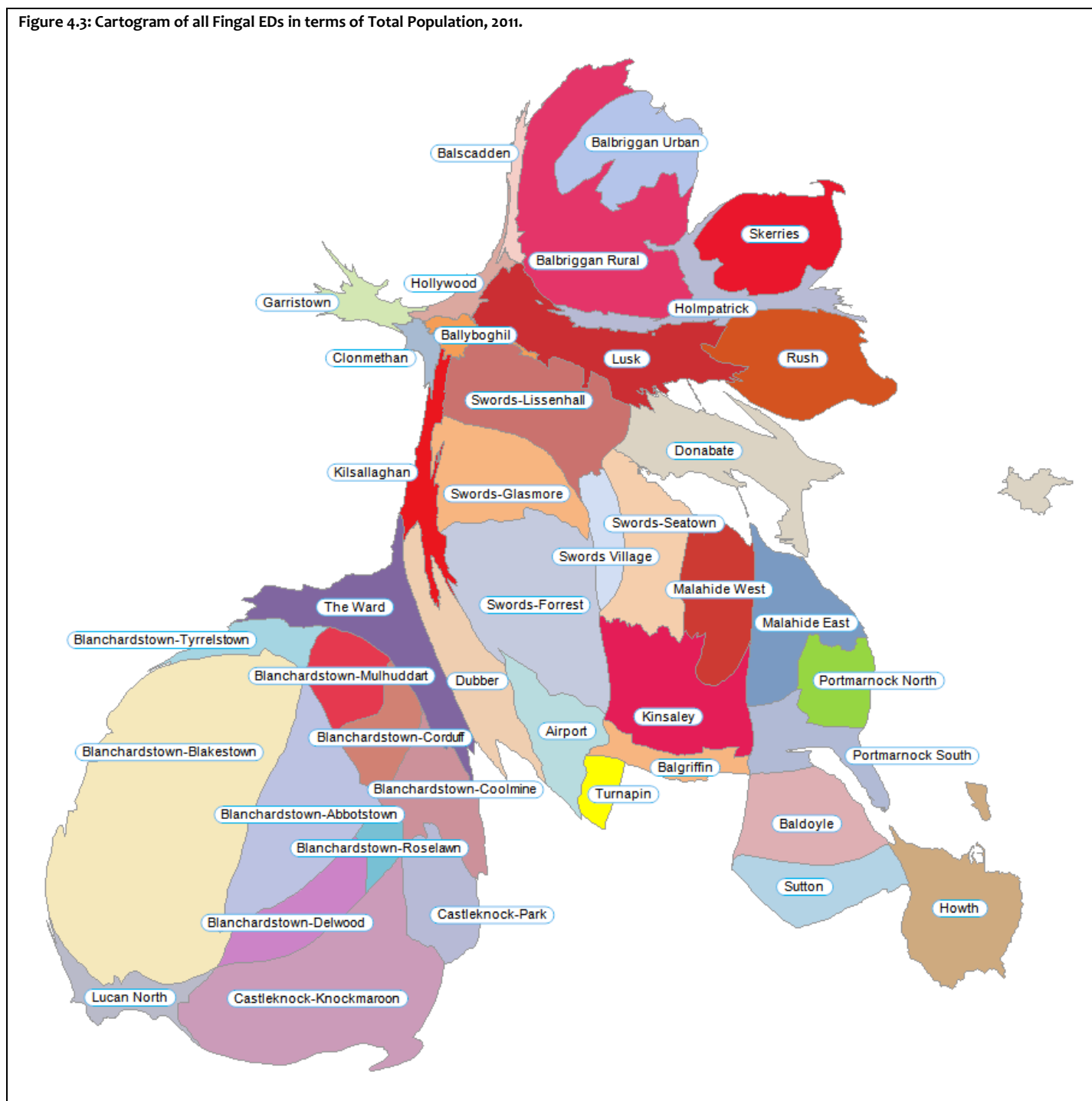


Figure 4.3 below is a specially prepared map referred to as a Cartogram. This Cartogram is developed using a statistical treatment that transforms the ground area of a region or part of a map, in this case Fingal EDs, to a size and shape which better depicts their population as proportion of the total population of depicted on the map, in the case Fingal. In short, each ED's depiction on the map reflects its population size relative to the other EDs in the County³⁴.

The map/cartogram below shows the considerable relative population of EDs in the South West such as in particular Blanchardstown-Blakestown. Additional Cartograms are provided further on in this chapter to illustrate the proportion of children and young people resident in Fingal's EDs as recorded by Census 2011.

³⁴ These cartograms were made with the technique described in Gastner and M. E. J. Newman Diffusion-based method for producing density-equalizing maps. See <http://www.pnas.org/content/101/20/7499.full.pdf>. The Cartograms were developed by transforming the base shape file, in this case the EDs of Fingal, according to their respective population totals as proportion of the total population of Fingal. A specially devised algorithm undertakes the transformation of the ED shape. In the above example, this treats the full population of Fingal, later in the chapter the same approach is used for the following cohorts of children and young people, those aged 0-4 years, 5-12 years, 13-17 years, and 0-17 years.

Figure 4.3: Cartogram of all Fingal EDs in terms of Total Population, 2011.



Returning to the geographic clusters or sub regions (both titles are used in the text of the report), these will serve to create a base line for subsequent population reporting and, particularly, for children and young people aged up and including 17 years of age.

Table 4.6: Population and Pop. change at in Fingal Sub-regions

Area	2011	Actual Change	% Change
North-West Fingal (NW)	5,165	757	17.2%
North-East Fingal (NE)	52,262	9,259	21.5%
Mid-Fingal (MF)	51,367	3,924	8.3%
South-West Fingal (SW)	101,032	9,863	10.8%
South-East Fingal (SE)	64,165	10,001	18.5%

Source: CSO, Census 2011

The table above shows the population makeup of each of the geographic sub regions in Fingal that are used for assessing and analysing provision of services etc. SW Fingal, which is comprised of Dublin 15, exhibits by far the largest population, which is just over 100,000. This is followed by SE Fingal with a population of 64,165. NE Fingal and Mid Fingal reveal

populations of 52,262 and 51,367 respectively. NW Fingal has a much smaller comparative population of 5,165 reflecting its predominantly rural nature containing a limited number of small village centres.

As noted above, the population growth rate nationally from 2006 to 2011 was 7.2% and the corresponding figure for Fingal was 14.2%. As the table above illustrates, three of the five geographic clusters in Fingal showed a population growth rate beyond this. In addition, although the population growth rate in SW Fingal was 9.8%, it nevertheless is based on large base population and the numerical population increase was nevertheless just under 10,000.

Figure 4.4: North West Fingal

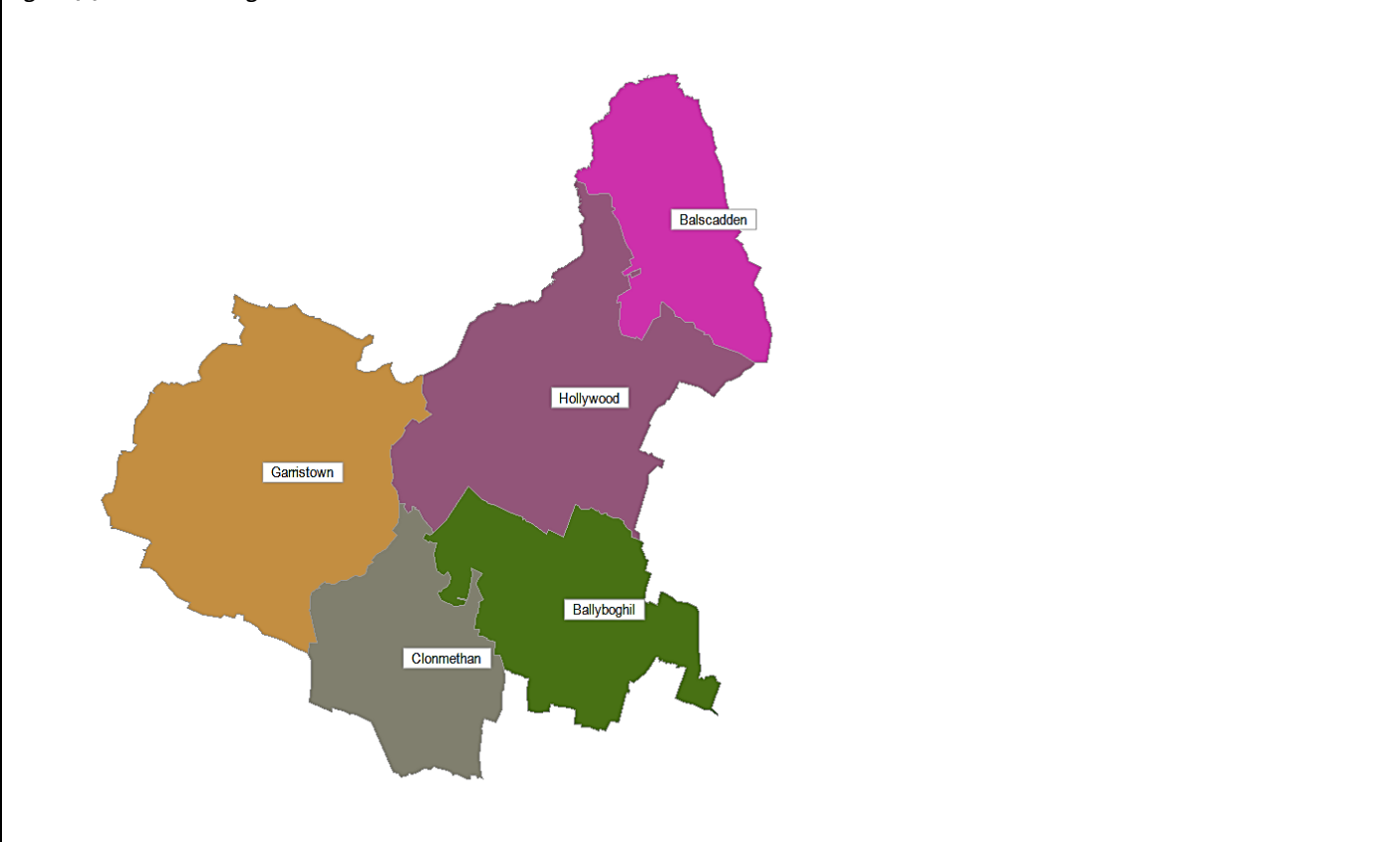


Figure 4.5: North East Fingal

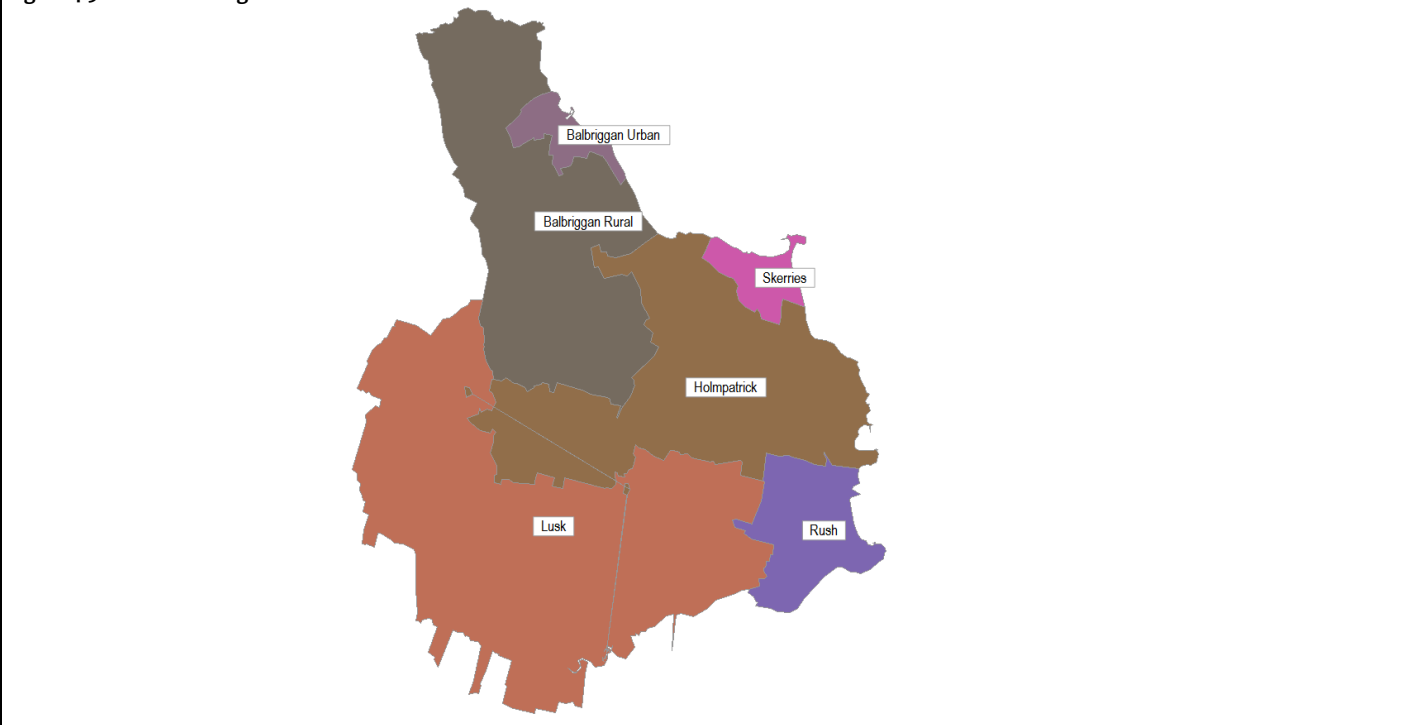


Figure 4.6: Mid Fingal

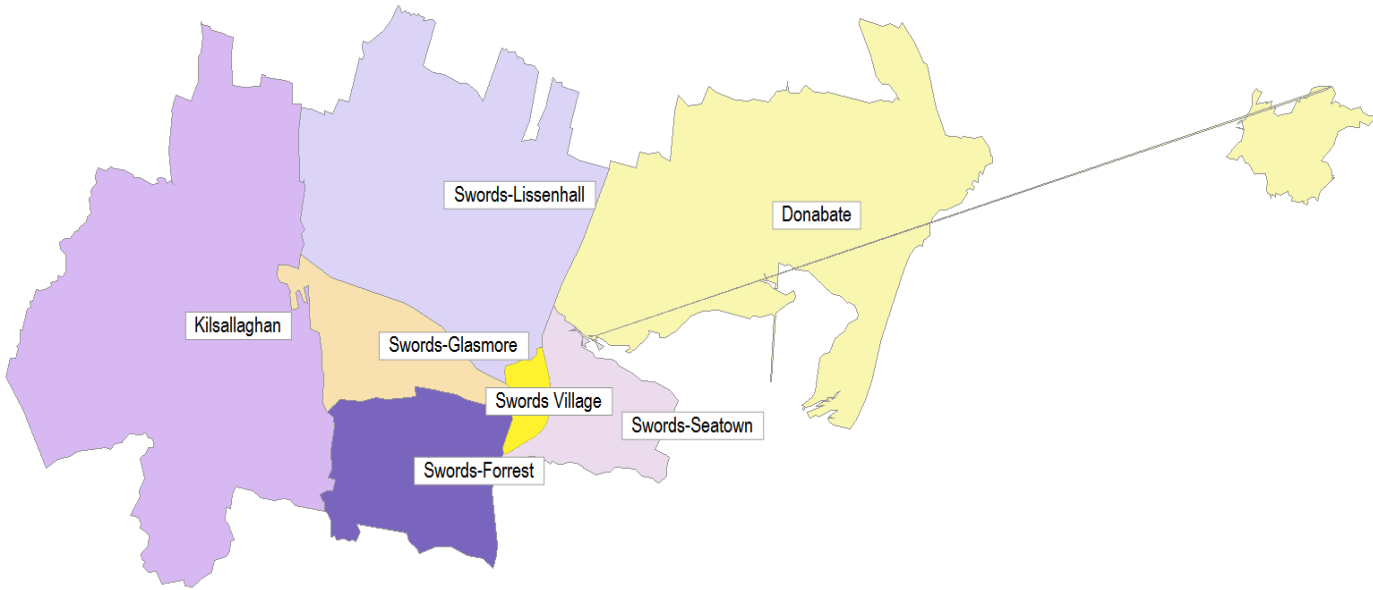


Figure 4.7: South West Fingal

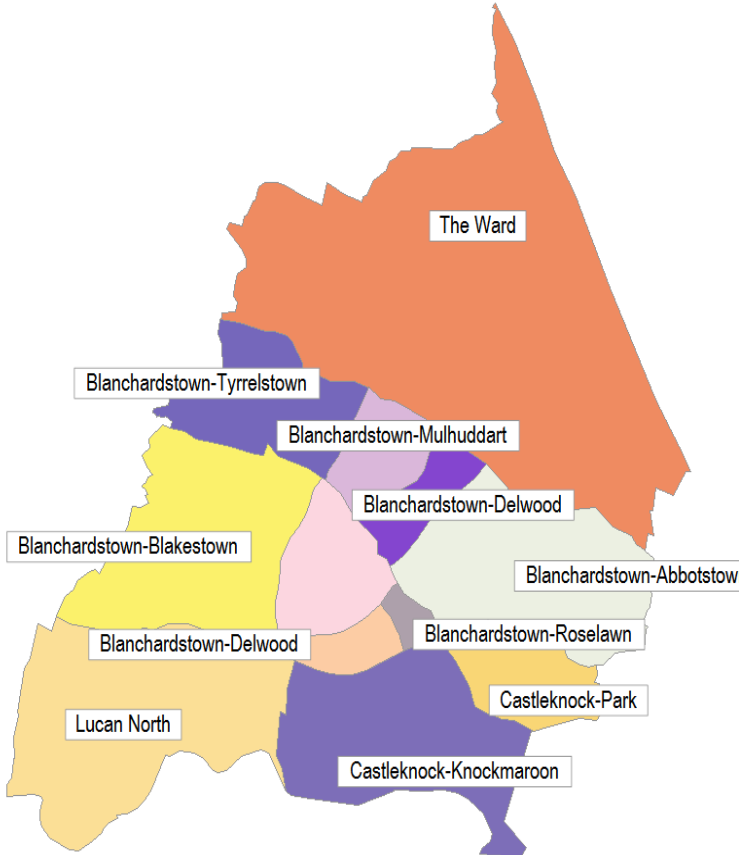
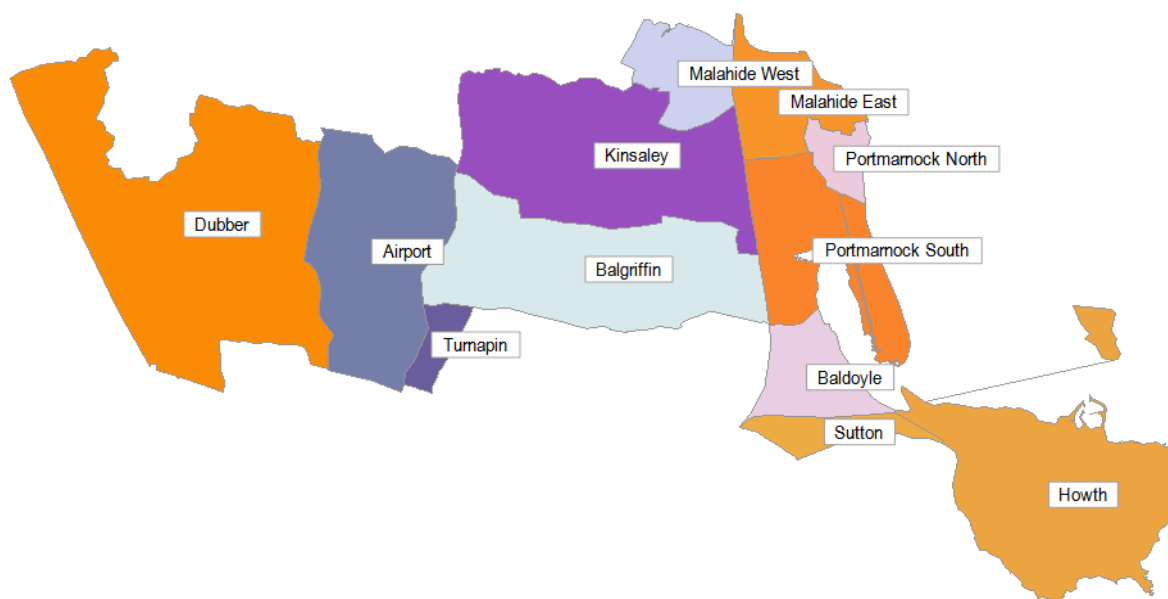


Figure 4.8: South East Fingal



4.3 Children and Young People

From general population statistics, this section focuses on those aged 0 to 17 years in 2011. This section presents the relevant data on Fingal from Census 2011 but also places this in a comparative context with corresponding measures nationally.

Table 4.7: Population of children at year of Age (0-17) in Fingal

Age 2011	Fingal Nos.	Fingal % of Total Pop.	State % of Total Pop.
0	5454	2.0%	1.6%
01	5665	2.1%	1.6%
02	5381	2.0%	1.6%
03	5410	2.0%	1.6%
04	4798	1.8%	1.5%
05	4481	1.6%	1.4%
06	4468	1.6%	1.4%
07	4481	1.6%	1.4%
08	4528	1.7%	1.4%
09	4094	1.5%	1.4%
10	3877	1.4%	1.4%
11	3620	1.3%	1.3%
12	3527	1.3%	1.3%
13	3375	1.2%	1.3%
14	3248	1.2%	1.3%
15	3150	1.1%	1.2%
16	3127	1.1%	1.2%
17	3111	1.1%	1.2%
0-17	75,795	27.7%	25%

Source: CSO, Census 2011

The table first and foremost shows that the overall proportion of Fingal's population aged 0-17 inclusive was 27.7% in 2011. This is over nearly 3% larger than the corresponding national figure for 2011, which was 25%. In addition, as the table suggests, it is in the 0 to 9 age cohort that Fingal reveals proportions larger than those seen for the State as a whole.

Moreover, out of the 41 local authority areas in the State, Fingal has the fourth highest proportion of its population aged 0-17 years at 27.7%, following Meath, Laois and Kildare. However, as Table 4.8 shows, the Fingal proportion of population aged 17 and younger accounts for a significantly larger number of children and young people (75,795) than local authority areas with a higher comparative proportion. In fact, Fingal in numerical terms ranks third nationally behind Cork County and Dublin City.

Table 4.8: Fingal and Top 10 Counties by % aged 0-17 years

County	0-17	% 0-17/total
Meath	53,400	29.0%
Laois	22,932	28.5%
Kildare	59,449	28.3%
Fingal	75,795	27.7%
Cavan	20,194	27.6%
Offaly	21,149	27.6%
Longford	10,593	27.2%
Donegal	43,732	27.1%

Source: CSO, Census 2011

The table below presents a further analysis of Fingal 0-17 population: this time it compares the age cohorts of 0-4, 5-12 and 13-17 years. This shows that in the 0-4 and 5-12 age categories, Fingal's proportionate population is greater in both cases than that seen nationally as at Census 2011. This underlines again that Fingal has a burgeoning child population.

Table 4.9: Fingal and State number and percentage of population aged 0-3, 0-6 and 0-18 years

Age Group	Fingal Total	Fingal Proportion	State Proportion
0-4 years	26,708	9.7%	7.8%
5-12 years	33,076	12.1%	11%
13-17 years	16,011	5.8%	6.3%

Source: CSO, Census 2011

Furthermore, given that the Census is now over two years old, this trend is likely to have continued and suggests that the proportion of Fingal's teenagers will, as the next few years go by, also surpass national averages.

Electoral Divisions - Fingal

Firstly, according to Census 2011, Fingal contains three of the top five EDs with the lowest average age³⁵. These are in first position, The Ward, Second, Blanchardstown-Tyrellstown and in fifth, Blanchardstown-Mulhuddart.

In the case of Fingal alone, table 4.10 shows the proportion of children and young people aged 0-17 years at the ED level. This illustrates that 30 of Fingal's 42 EDs contain a population of 0-17 years above that national average of 25%. Furthermore, the table shows that 12 of the EDs exhibit a proportion of their population aged 17 and under above 30%.

In the case of Blanchardstown-Blakestown (11,699) and Balbriggan-Rural (5,411), along with proportion of the population, the numbers these account for are very significant by comparative measures in the State.

³⁵ <http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/Define.asp?maintable=CD220&PLanguage=0>

Table 4.10: Population and Pop. change at in Fingal Sub-regions

ED Name	Total Pop. 2011 0-17 years.	0-17 as % of Tot. Pop.
Blanchardstown-Tyrrelstown	876	41.5%
Lucan North	492	36.2%
Balbriggan Rural	5,411	35.7%
Blanchardstown-Mulhuddart	1,381	35.7%
The Ward	2,879	34.9%
Blanchardstown-Blakestown	11,699	32.4%
Donabate	2,798	32.0%
Lusk	2,748	31.2%
Balgriffin	611	31.1%
Garristown	438	30.5%
Skerries	2,490	29.9%
Swords-Forrest	3,685	29.3%
Clonmethan	231	29.2%
Blanchardstown-Coolmine	3,123	28.9%
Rush	2,651	28.8%
Swords-Lissenhall	2,769	28.6%
Swords-Glasmore	2,273	28.6%
Ballyboghil	287	28.4%
Balscadden	186	27.9%
Castleknock-Knockmaroon	4,971	27.5%
Balbriggan Urban	2,029	26.9%
Blanchardstown-Corduff	1,011	26.7%
Swords Village	429	26.5%
Dubber	1,662	26.1%
Kilsallaghan	575	26.1%
Hollywood	325	25.8%
Kinsaley	2,182	25.7%
Blanchardstown-Abbotstown	1,230	25.3%
Holmpatrick	799	24.8%
Turnapin	410	24.4%
Malahide-West	1,475	23.5%
Baldoyle	1,576	22.4%
Malahide-East	1,503	21.8%
Howth	1,695	20.5%
Sutton	1,087	19.4%
Blanchardstown-Delwood	963	19.1%
Portmarnock-South	646	18.6%
Portmarnock-North	714	17.3%
Castleknock-Park	854	16.7%
Swords-Seatown	1,872	16.6%
Airport	543	13.5%
Blanchardstown-Roselawn	216	12.8%

Source: CSO, Census 2011

Figure 4.9: Map of all Fingal EDs with Proportion of population aged 0-17 years

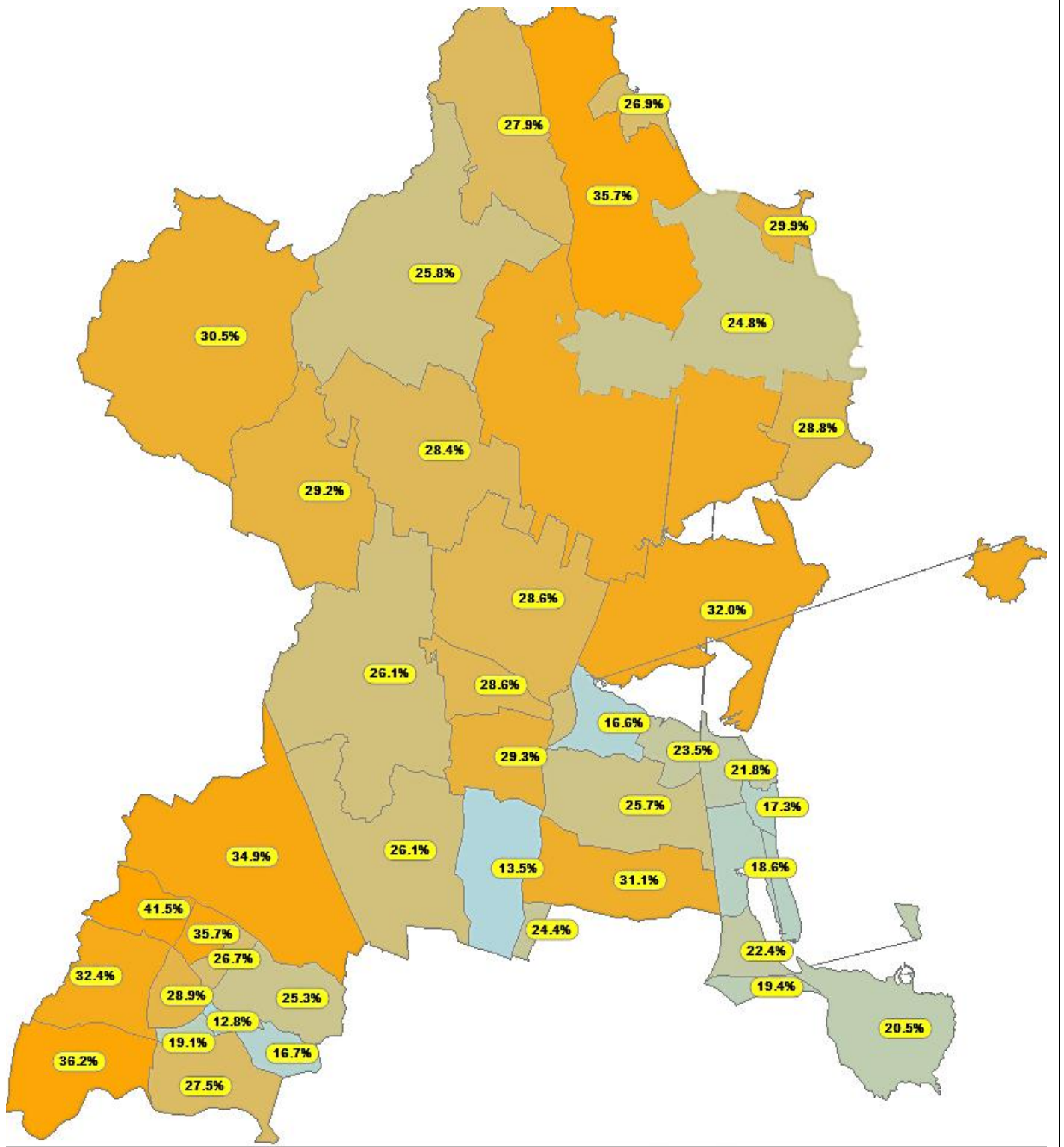
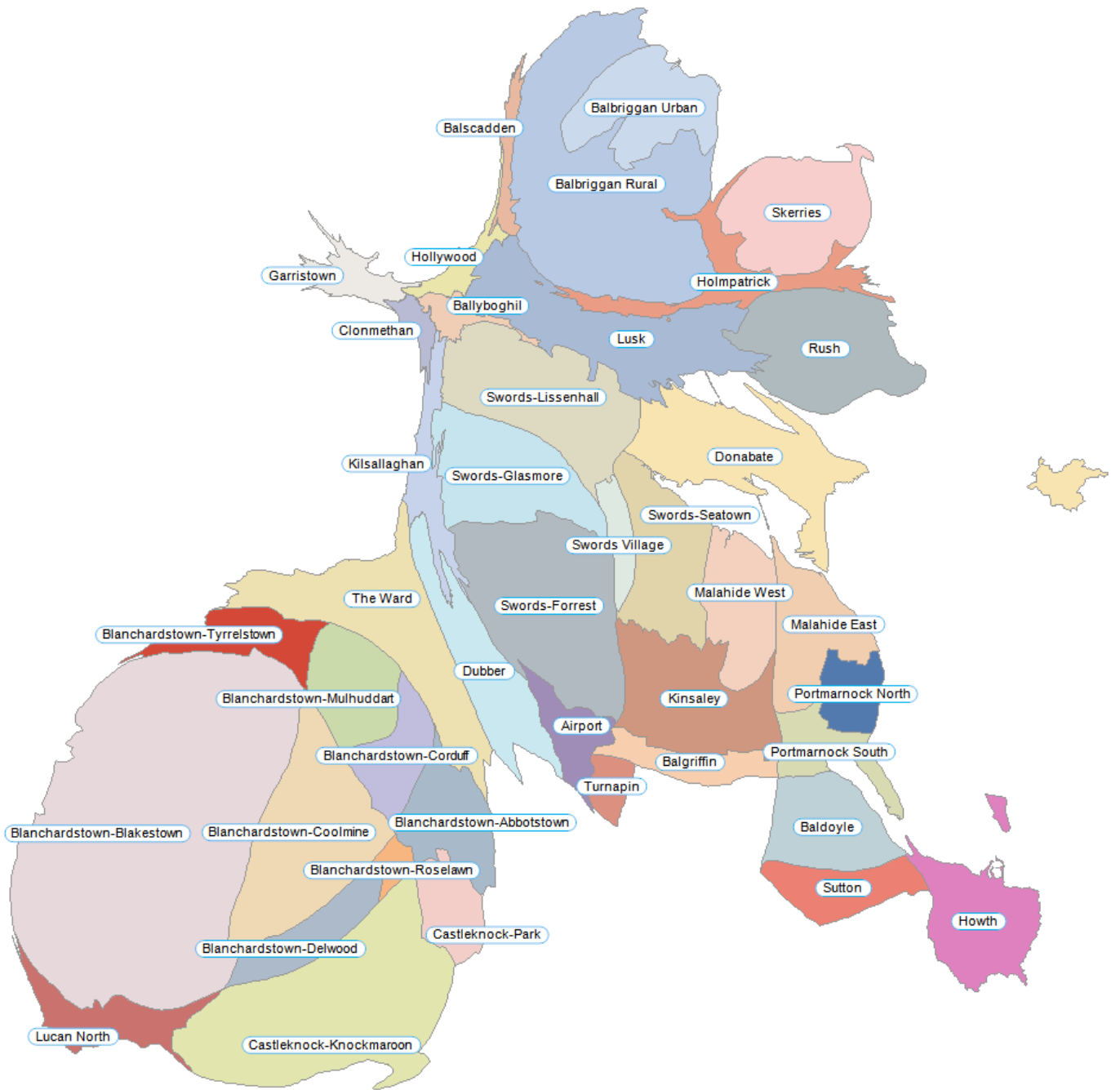


Figure 4.10: Cartogram of all Fingal EDs with Proportion of population aged 0-17 years



Below is the table (followed by maps of EDs in Fingal) showing a breakdown of children and young people aged 0 to 3, 5 to 12 and 13 to 17 respectively across Fingal EDs. This table also shows the difference between the relevant Fingal ED figure and the corresponding national measure for each age band, including - highlighted in yellow text - where Fingal ED proportions for respective age bands are larger than the national corresponding figure:

Table 4.10: Population in Fingal EDs at 0-4, 5-12 and 13-17 age cohorts

EDs	0-4 years %	Difference from Nat. %	5-12 years %	Difference from Nat. %	13-17 years %	Difference from Nat. %
Airport	7.80%	0.00%	4.10%	-6.90%	1.50%	-4.80%
Balbriggan Rural	13.70%	5.90%	16.80%	5.80%	5.20%	-1.10%
Balbriggan Urban	9.10%	1.30%	12.50%	1.50%	5.30%	-1.00%
Baldoyle	8.20%	0.40%	8.80%	-2.20%	5.40%	-0.90%
Balgriffin	13.30%	5.50%	13.40%	1.40%	4.40%	-1.90%
Ballyboghil	6.80%	-1.00%	13.30%	1.30%	8.30%	2.00%
Balscadden	5.70%	-2.10%	13.50%	2.50%	8.70%	2.40%
Blanchardstown-Abbotstown	11.50%	3.70%	10.00%	-1.00%	3.80%	-2.50%
Blanchardstown-Blakestown	12.20%	4.40%	14.60%	3.60%	5.60%	-0.70%
Blanchardstown-Coolmine	9.00%	1.20%	13.00%	2.00%	6.80%	0.50%
Blanchardstown-Corduff	6.40%	-1.40%	12.40%	1.40%	7.80%	1.50%
Blanchardstown-Delwood	7.80%	0.00%	7.60%	-3.40%	3.70%	-2.60%
Blanchardstown-Mulhuddart	12.70%	4.90%	17.10%	6.10%	5.90%	-0.40%
Blanchardstown-Roselawn	3.00%	-4.80%	4.40%	-6.60%	5.50%	-0.80%
Blanchardstown-Tyrrelstown	9.80%	2.00%	20.70%	9.70%	10.90%	4.60%
Castleknock-Knockmaroon	8.90%	1.10%	12.10%	1.10%	6.50%	0.20%
Castleknock-Park	5.10%	-2.70%	6.20%	-4.80%	5.40%	-0.90%
Clonmethan	9.00%	1.20%	12.40%	1.40%	7.80%	1.50%
Donabate	10.40%	2.60%	15.00%	4.00%	6.70%	0.40%
Dubber	13.10%	5.30%	9.60%	-1.40%	3.40%	-2.90%
Garristown	9.00%	1.20%	15.60%	4.50%	5.80%	-0.50%
Hollywood	7.10%	-0.70%	12.70%	1.70%	6.00%	-0.30%
Holmpatrick	5.30%	-2.50%	10.80%	-0.20%	8.70%	2.40%
Howth	5.50%	-2.30%	9.00%	-2.00%	6.00%	-0.30%
Kilsallaghan	5.60%	-2.20%	11.90%	0.90%	8.60%	2.30%
Kinsaley	11.00%	3.20%	9.50%	-1.50%	5.20%	-1.10%
Lucan North	14.00%	6.20%	16.00%	5.00%	6.30%	0.00%
Lusk	13.00%	5.20%	13.40%	2.40%	4.70%	-1.60%
Malahide East	7.10%	-0.70%	9.70%	-1.30%	5.00%	-1.30%
Malahide West	6.00%	-1.80%	10.00%	-1.00%	7.50%	1.20%
Portmarnock North	4.20%	-3.60%	6.50%	-4.50%	6.70%	0.40%
Portmarnock South	6.80%	-1.00%	7.10%	-3.90%	4.80%	-1.50%
Rush	9.40%	1.60%	13.10%	2.10%	6.40%	0.10%
Skerries	9.50%	1.70%	13.30%	1.30%	7.00%	0.70%
Sutton	5.30%	-2.50%	8.70%	-2.30%	5.40%	-0.90%
Swords-Forrest	9.80%	2.00%	11.00%	0.00%	5.80%	-0.50%
Swords-Glasmore	7.80%	0.00%	12.80%	1.80%	8.80%	2.50%
Swords-Lissenhall	11.50%	3.70%	11.90%	0.90%	5.20%	-1.10%
Swords-Seatown	8.90%	1.10%	11.90%	0.90%	7.80%	1.50%
Swords Village	5.80%	-2.00%	6.20%	-4.80%	4.60%	-1.70%
The Ward	15.90%	8.10%	15.40%	4.40%	3.60%	-2.70%
Turnapin	7.20%	-0.60%	9.00%	-2.00%	8.20%	1.90%

Source: CSO, Census 2011

Figure 4.11: Map of all Fingal EDs with Proportion of population aged 0-4 years

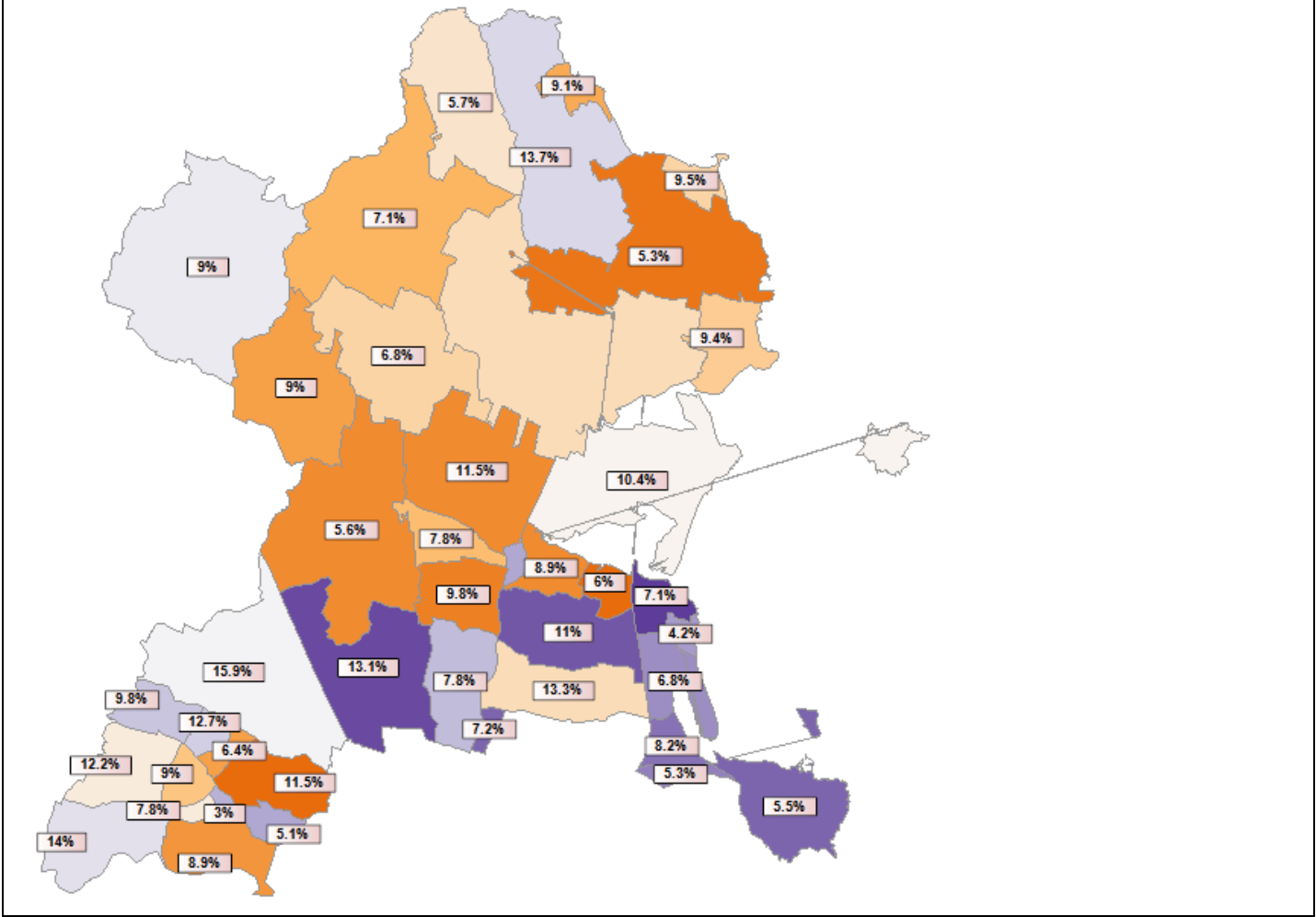


Figure 4.12: Cartogram of all Fingal EDs with Proportion of population aged 0-4 years

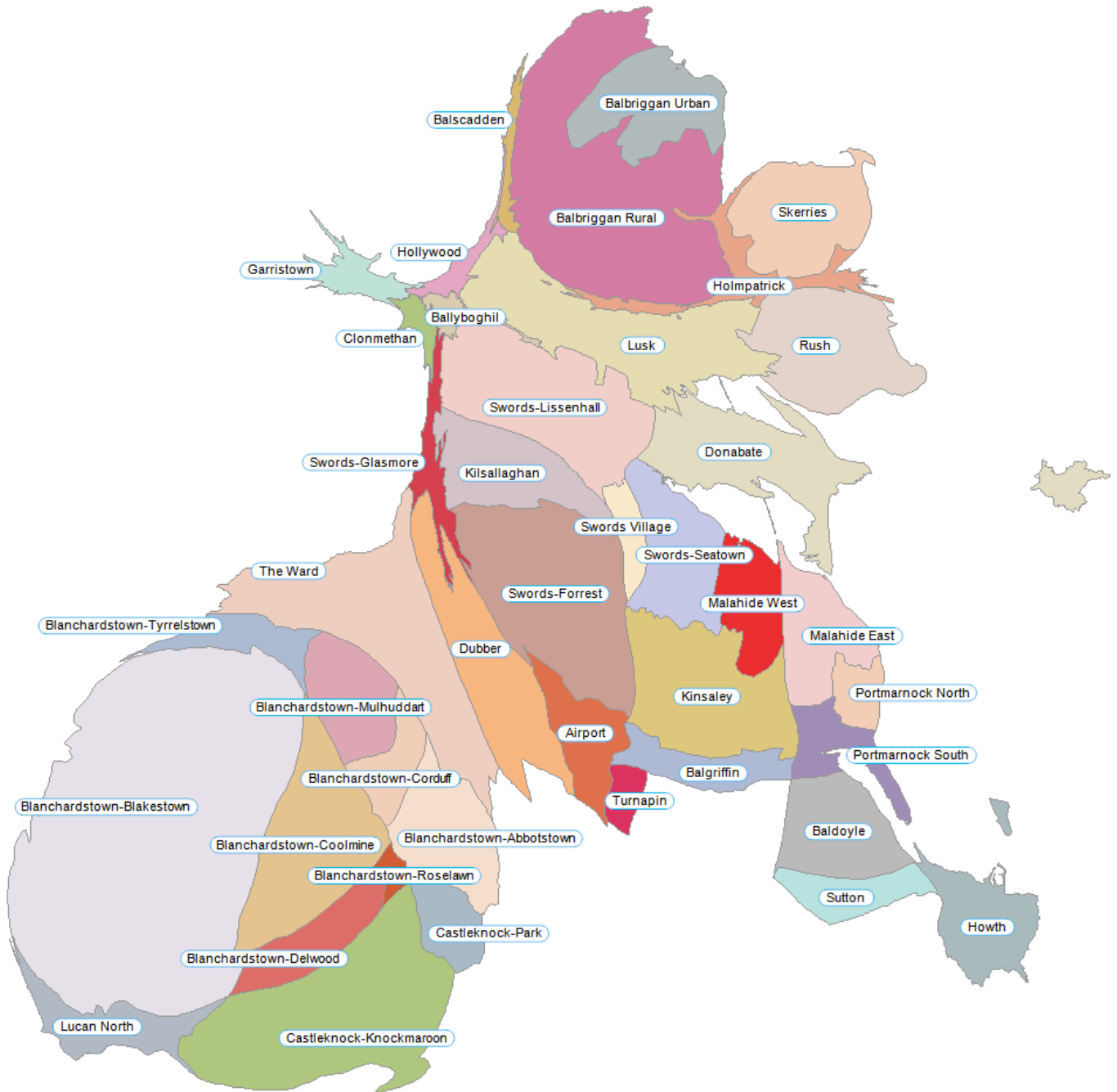


Figure 4.13: Map of all Fingal EDs with Proportion of population aged 5-12 years

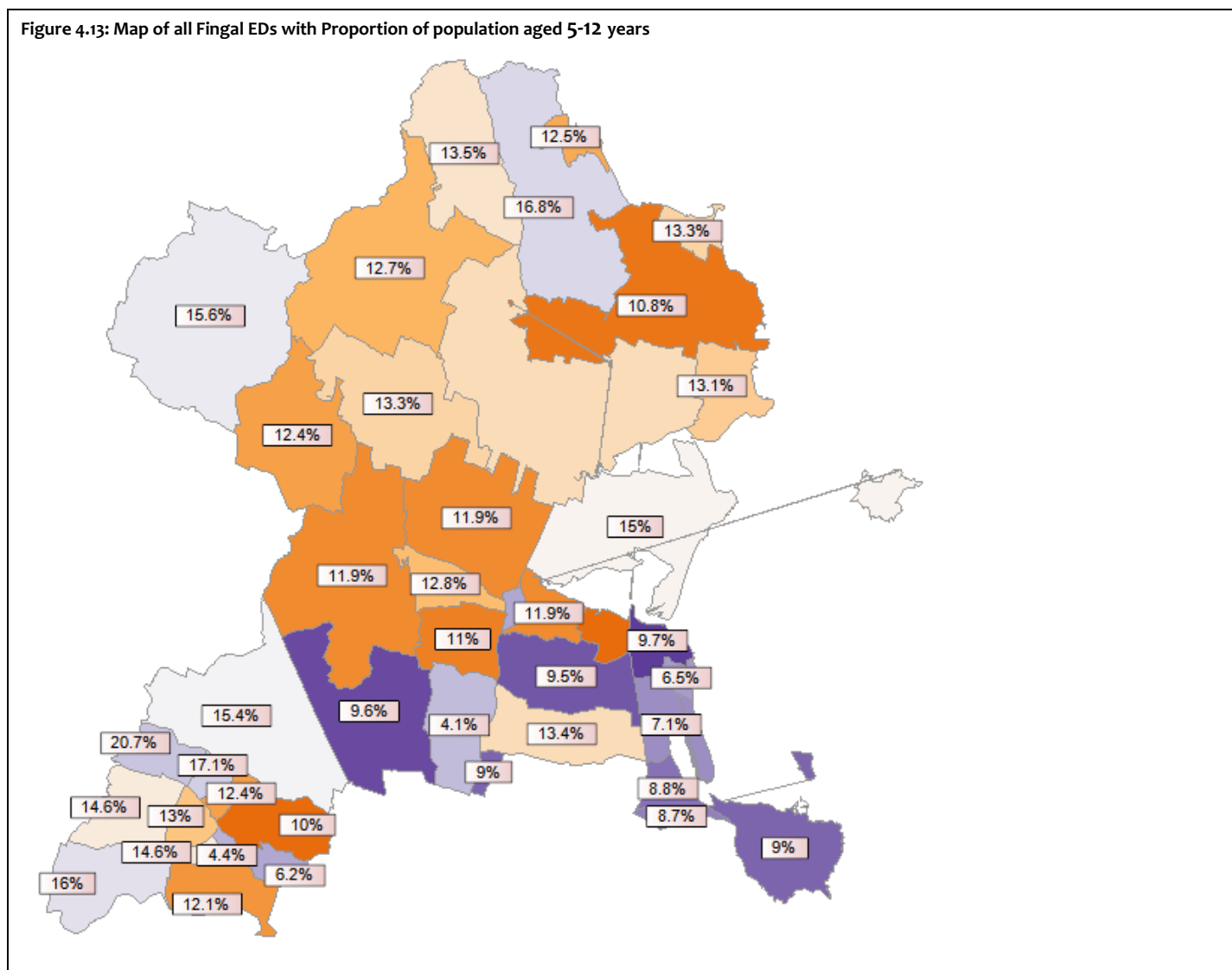


Figure 4.14: Cartogram of all Fingal EDs with Proportion of population aged 5-12 years

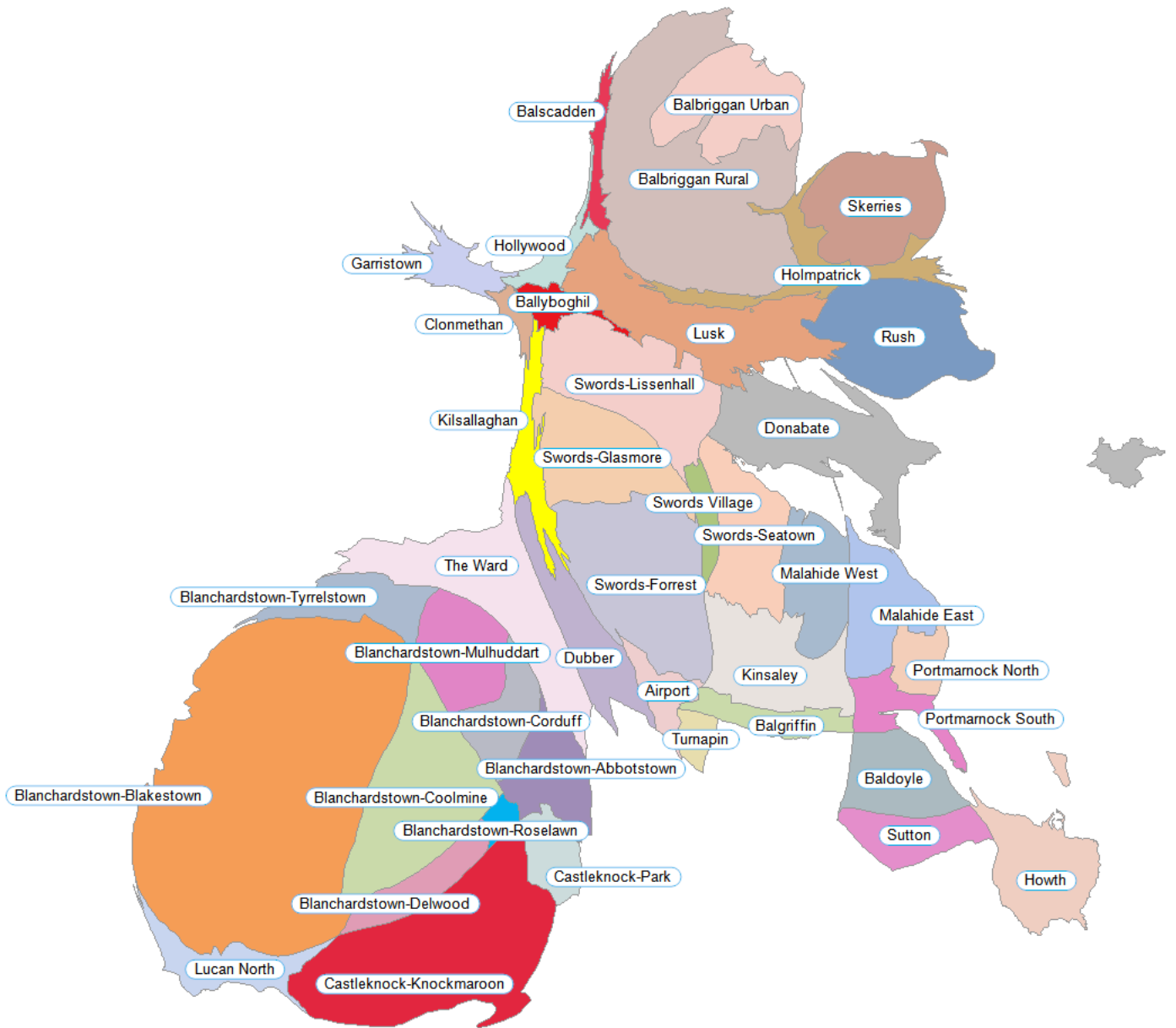


Figure 4.15: Map of all Fingal EDs with Proportion of population aged 13-17 years

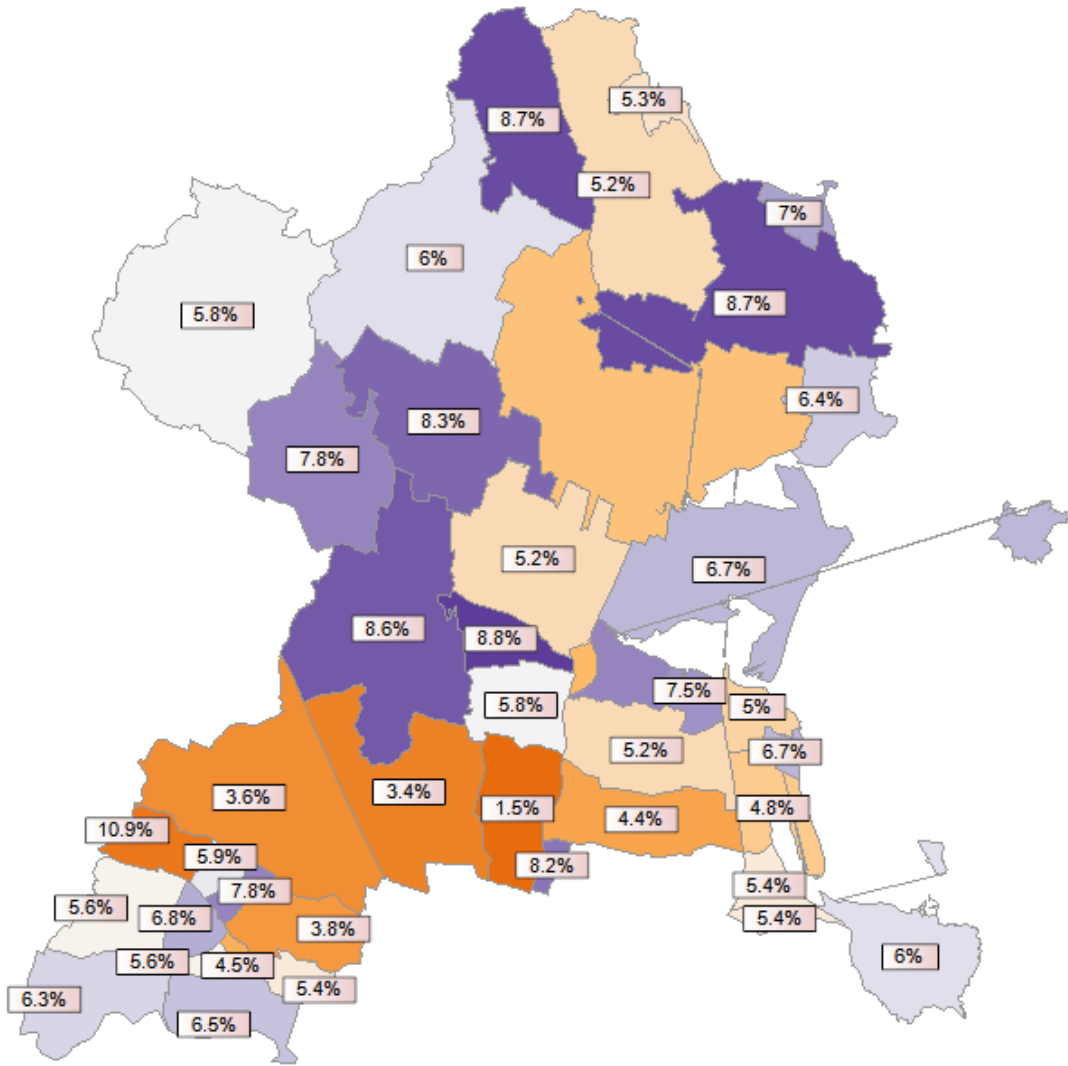
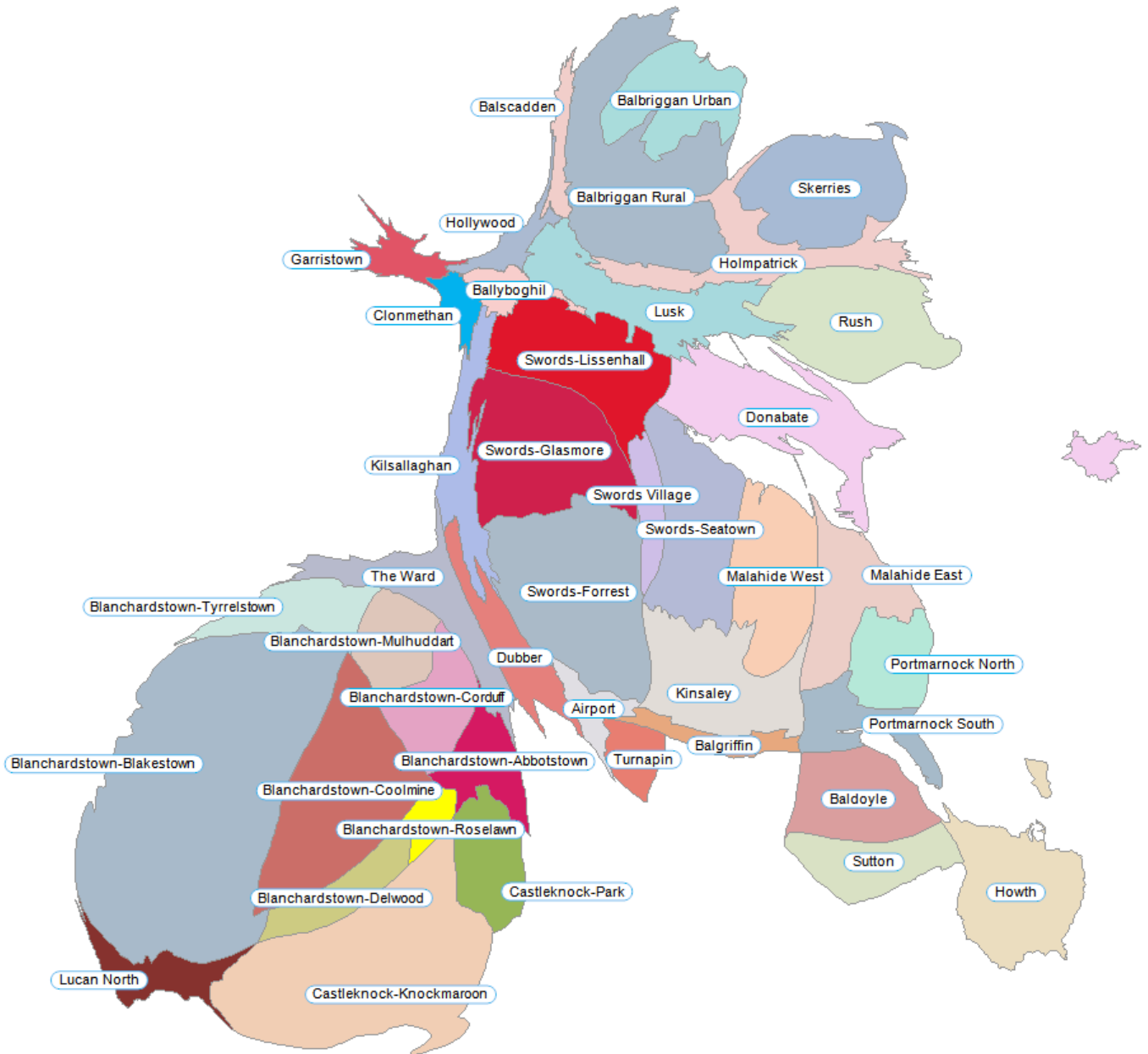


Figure 4.16: Cartogram of all Fingal EDs with Proportion of population aged 13-17 years



The table below presents the child and young person population data for Fingal across the five geographic clusters. With keeping in mind the corresponding national measures, this shows that each of the regional clusters in Fingal exhibits proportions of 0-4s, as expected, above the national level. This is particular marked in NE Fingal, SW Fingal and to a lesser extent in Mid-Fingal.

Four of the five sub regions – the exception being SE Fingal – reveal proportions of children aged 5-12 above the national average of 11%. Two of the regions show a proportion of their population at the 13-17 years cohort above the national average, the remaining three are therefore below what is seen nationally.

Table 4.12: Population Proportions across three cohorts in Fingal Sub-regions

Area	0-4 years %	5-12 years %	13-17 years %
North-West Fingal (NW)	7.6%	13.6%	7.0%
North-East Fingal (NE)	11.0%	14.0%	5.9%
Mid-Fingal (MF)	9.4%	12.0%	6.6%
South-West Fingal (SW)	10.7%	13.2%	5.8%
South-East Fingal (SE)	7.9%	8.8%	5.3%

Note: The proportions for these age groups nationally in 2011 were respectively 7.8%, 11% and 6.3%
Source: Analysed based on CSO Census 2011

In similarity to an earlier conclusion, this shows that parts of Fingal (Mid-Fingal for instance) have a higher under 17 population than nationally while overall, Fingal (NE and SW in particular) shows significant populations of children comparatively 12 and below of new-borns.

Figure 4.17: North West Fingal – Proportion of Population who are Children aged 0-17 years, 2011.

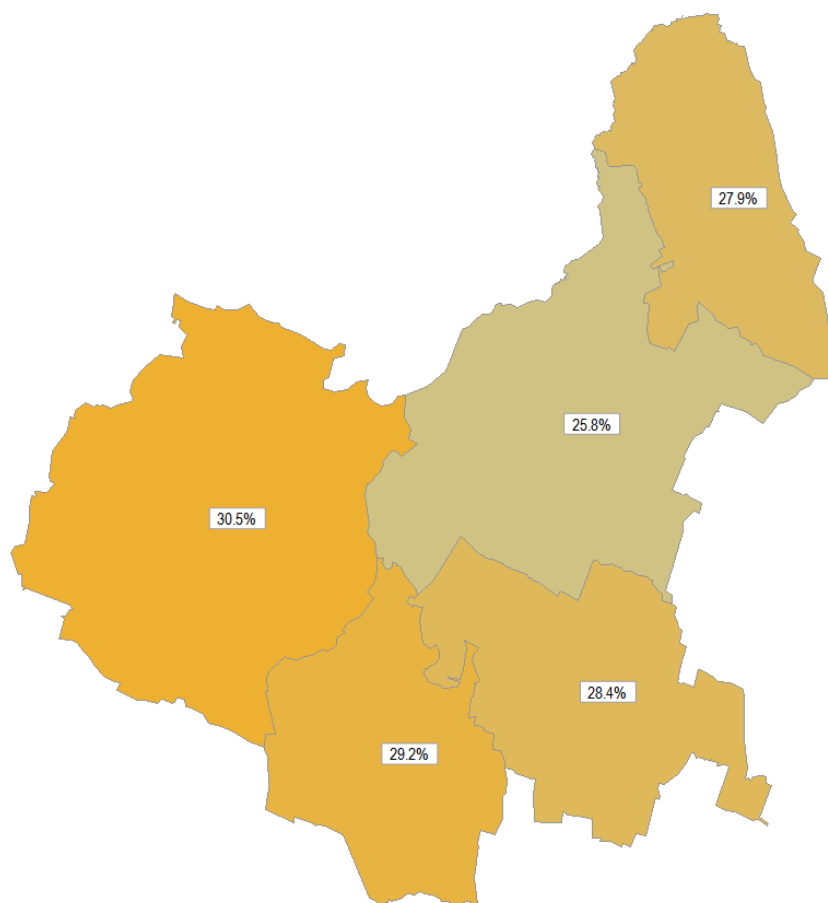


Figure 4.18: North East Fingal – Proportion of Population who are Children aged 0-17 years, 2011.

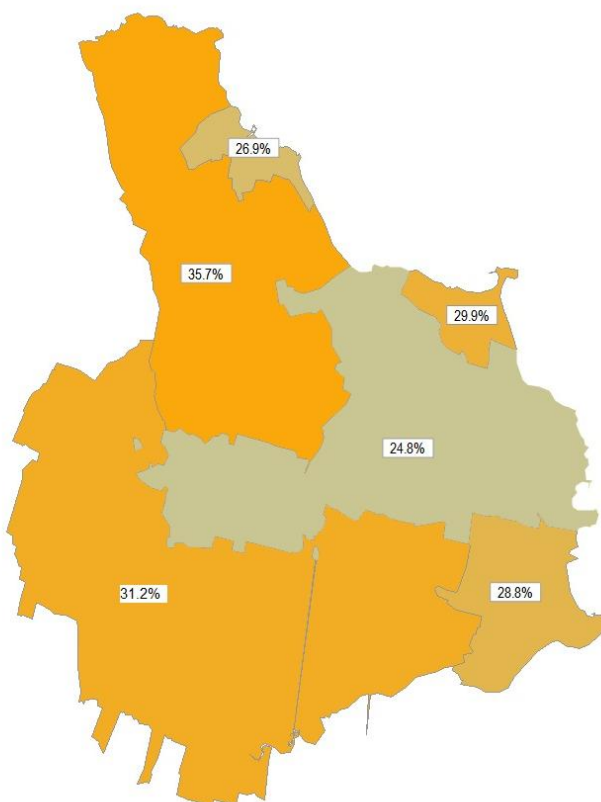


Figure 4.19: Mid Fingal – Proportion of Population who are Children aged 0-17 years, 2011.

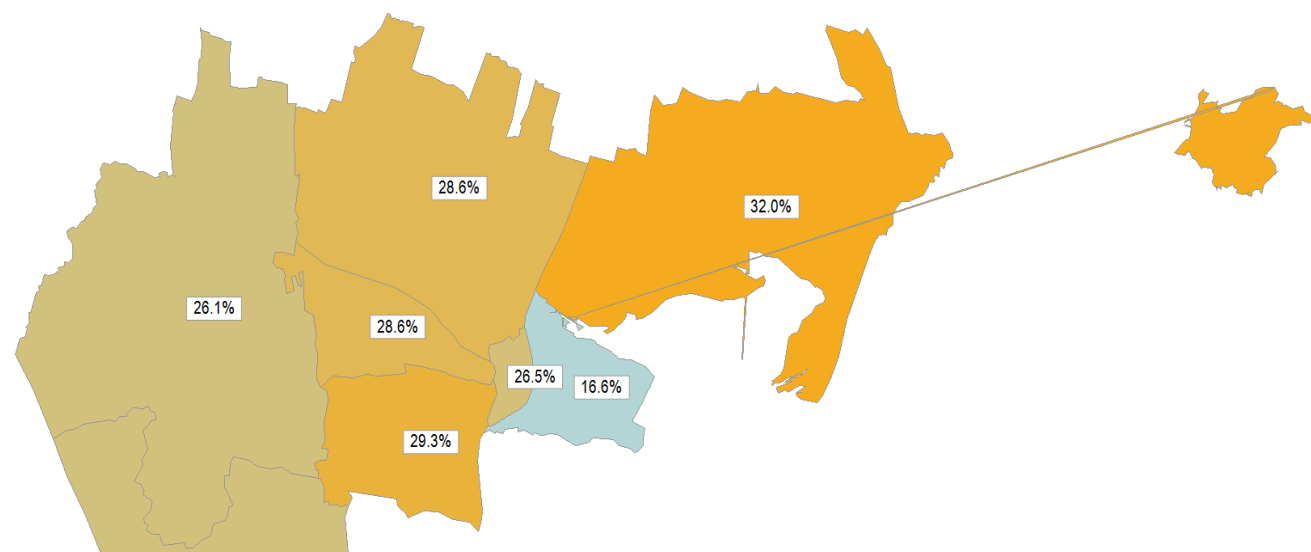


Figure 4.20: South East Fingal – Proportion of Population who are Children aged 0-17 years, 2011.

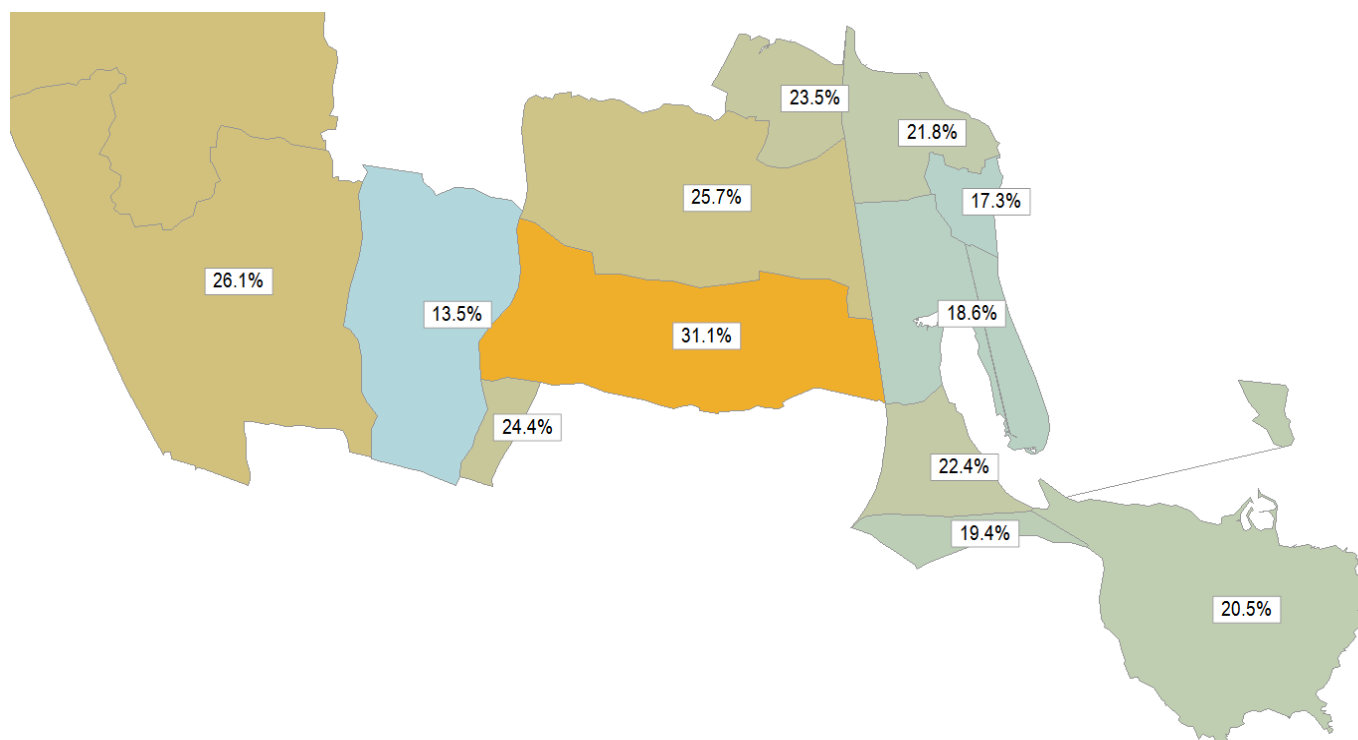
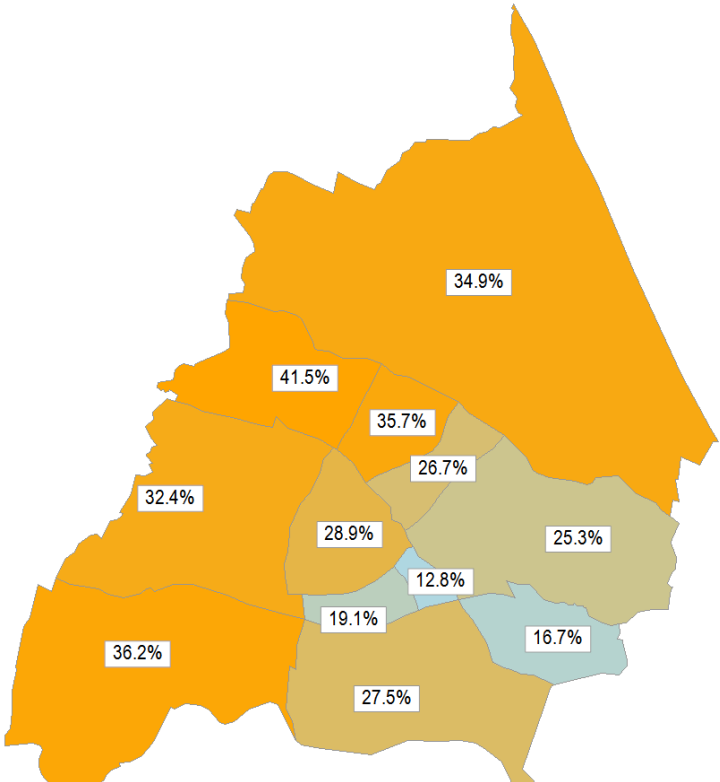


Figure 4.21: South West Fingal – Proportion of Population that is Children aged 0-17 years, 2011.



4.4 Deprivation and Unemployment

While this section and the report more generally has not set out on a wider profile of Fingal or indeed social exclusion in the county, the latter is of importance given the 'social crisis' of the last five years. It is therefore incumbent on the present research to account for this reality and moreover as it emerged pointedly across the field research for this report.

Deprivation

Deprivation in Ireland has been measured using the HP Index, in its various upgrades, since the 1991 Census. It has therefore a relatively long history with which to measure deprivation³⁶.

The relative index score for Fingal changed from 4.86 in 2006 to 5.17 in 2011 or a change of 0.34³⁷.

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

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

³⁶ Inequality and disadvantage remains a feature of life in Ireland today. Haase and Pratschke developed an index that provides a single measurement of the relative affluence and deprivation for an area. The deprivation scores range from -50 to 50 with -50 being extremely deprived and 50 being extremely affluent. The score for the electoral divisions of Fingal, was -1.8 for 2011

Demographic Profile is measured using 5 indicators:

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

Social Class Composition is measured using 5 indicators:

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

Labour Market Situation is measured using four indicators:

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

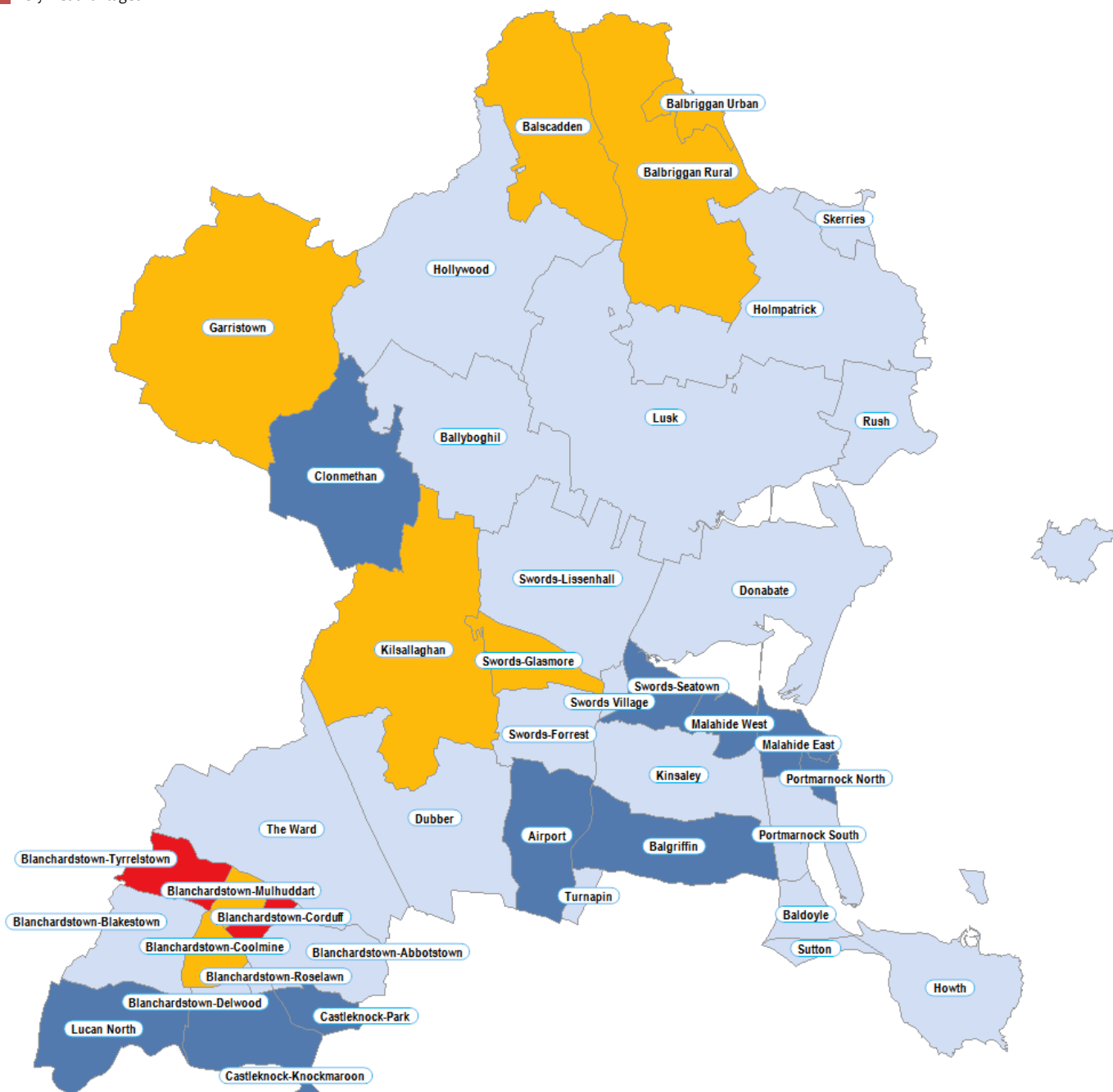
Unemployment is measured either via the Quarterly National Household Survey using the International Labour Office (ILO) methodology or by the Principal Economic Status (PES) methodology, which is applied during each census every five years. Both approaches have their relative merits. For the purposes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

³⁷ See also <http://trutzaase.eu/wp/wp-content/uploads/HP-Index-2011-SA-An-Introduction-02.pdf>

Figure 4.22: Map of Deprivation in Fingal at the ED level

Legend:

- Very Affluent
- Affluent
- Marginally Above Average
- Marginally below Average
- Disadvantaged
- Very Disadvantaged



Source: maps.pobal.ie based on Pobal HP Deprivation Index.³⁸

³⁸ <http://trutzhause.eu/wp/wp-content/uploads/HP-Index-2011-SA-An-Introduction-02.pdf>

Table 4.13: Deprivation and Disadvantage in Fingal Sub-regions and relevant EDs and SAs

Sub Region Title	EDs Comprising Sub Region	No. of Disadvantaged Small Areas
North-West Fingal (NW)	Balscadden	-
	Hollywood	-
	Garristown	-
	Ballyboghil	-
	Clonmethan	-
North-East Fingal (NE)	Balbriggan Urban	7 Disadvantaged SAs
	Balbriggan Rural	3 Disadvantaged SAs, 1 Very Disadvantaged SA
	Skerries	2 Disadvantaged SAs
	Holmpatrick	-
	Rush	3 Disadvantaged SAs
	Lusk	2 Disadvantaged SAs
Mid-Fingal (MF)	Swords-Lissenhall	1 Disadvantaged SA
	Donabate	2 Disadvantaged SAs
	Killsallaghan	1 Disadvantaged SA
	Swords-Glasmore	5 Disadvantaged SAs
	Swords-Seatown	-
	Swords-Village	-
South-West Fingal (SW)	Swords-Forrest	-
	Blanchardstown –Abbotstown	2 Disadvantaged SAs
	Blanchardstown-Blakestown	2 Disadvantaged SAs
	Blanchardstown-Coolmine	8 Disadvantaged SAs, 1 Very Disadvantaged SA
	Blanchardstown-Corduff	1 Disadvantaged SAs, 1 Very Disadvantaged SA
	Blanchardstown-Delwood	-
	Blanchardstown-Mulhuddart	3 Disadvantaged SAs
	Blanchardstown-Roselawn	-
	Blanchardstown-Tyrrelstown	5 Disadvantaged SAs
	Castleknock-Knockmaroon	-
	Castleknock-Park	-
South-East Fingal	Lucan North	-
	The Ward	-
	Malahide-East	-
	Malahide-West	-
	Kinsaley	-
	Portmarnock-North	-
	Portmarnock-South	1 Disadvantaged SA
	Balgriffin	-
	Airport	-
	Dubber	1 Disadvantaged SA
	Turnapin	1 Disadvantaged SA
	Baldoyle	-
	Sutton	-
Howth	1 Disadvantaged SA	

This suggests that most of the EDs in the county are marginally above average. However, in SW, NW, NE and Mid-Fingal there are a number of EDs that are 'Below Average' or Disadvantaged.

Moreover, with the addition of the Small Area (SA) statistics for Census 2011, it is possible to investigate further the presence deprivation below the ED level³⁹. A basic assessment of the SA data which focuses on areas ranging from just 75 to a maximum of 175 houses suggests that many of the EDs, even the more affluent ones, nevertheless contain areas of disadvantage and in some cases extreme disadvantage.

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

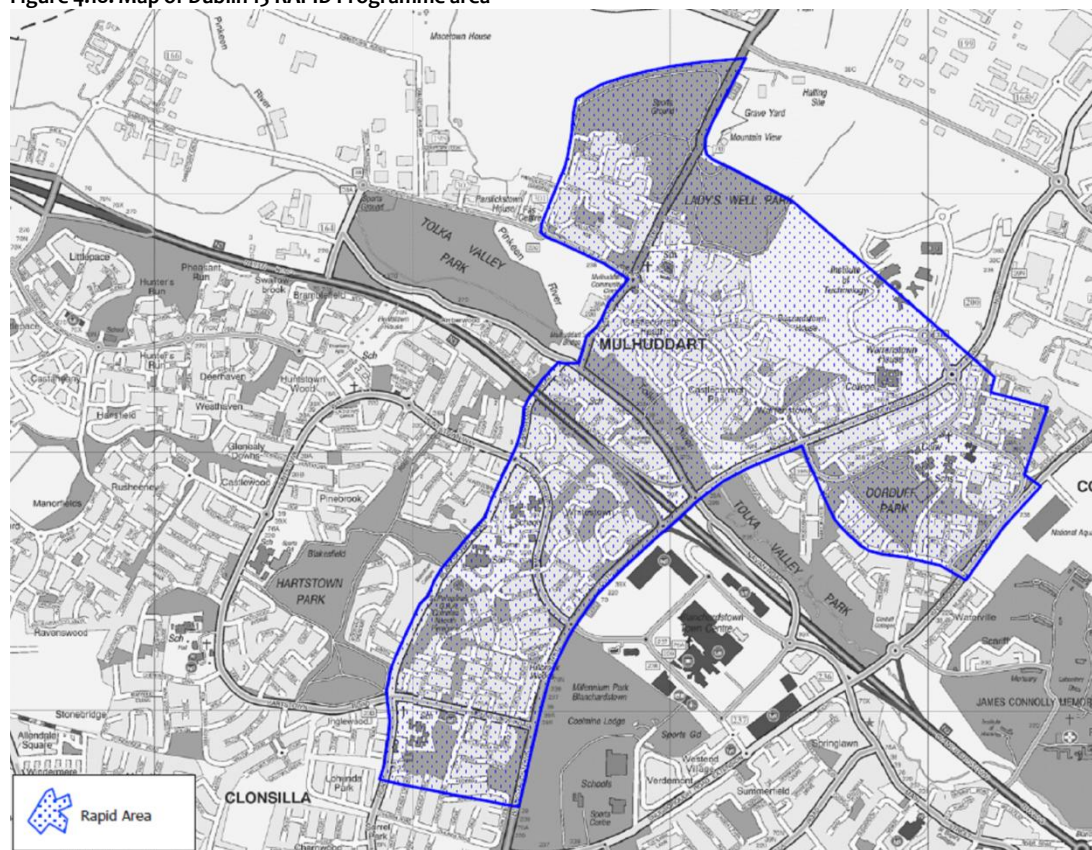
It shows that there are a number of EDs with not only Disadvantaged SAs but also Very Disadvantaged SAs. These include Blanchardstown-Coolmine and Corduff and also Balbriggan Rural. In the case Blakestown-Coolmine, at the ED level of deprivation analysis this is recorded as 'Below Average' which does not therefore account for the SAs therein. Balbriggan Rural on the other hand was recorded as 'Above Average' yet it contains three Disadvantaged SAs and one Very Disadvantaged SA.

³⁹ The enumeration of Census 2011 was organised using Small Areas for the first time Small Areas are a new administrative unit developed by the National Institute for Regional and Spatial Analysis (NIRSA) at the behest of Ordnance Survey Ireland (OSI) and in collaboration with the CSO. There are approximately 19,000 Small Areas containing, on average, between 75 & 150 households. The Small Areas nest within existing Electoral Divisions. Each Census Enumerator was assigned an area averaging 420 dwellings consisting of 3-4 Small Areas.

The contextual point of course is that areas of disadvantage typically impact on children and young people disproportionately to adults⁴⁰. As such, these are the areas that require the greatest level of supports and basic services, and particularly therefore those for children.

Finally, there is a RAPID Programme in Dublin 15. RAPID is an acronym for Revitalising Areas by Planning, Investment and Development and the programme is aimed at large spatial concentrations of deprivation. RAPID aims to ensure priority attention is given to tackling the spatial concentration of poverty and social exclusion within the 51 designated RAPID areas, and in the case of Dublin 15 Mulhuddart/Corduff is the target area, see m

Figure 4.18: Map of Dublin 15 RAPID Programme area



Source: Ryan, 2012: 52.

Unemployment

While the Deprivation Indices takes account of unemployment it also includes a range of other factors such as lone parent status, living in social housing, population decrease, proportion of those whose education was completed at primary, second level and so on. It is therefore intended to be a rounded measure of relative disadvantage and more robust than a focus on joblessness alone.

Unfortunately, the current socio-economic structuring of Irish (and other developed) society means that unemployment is a key contributory factor to the experience of disadvantage. While it may not lead in all cases to disadvantage for a household and the children living in that household, it is nevertheless a good indicator of the likely experience of aspects of economic distress and the related impacts this may have. Furthermore, as noted above, it is a significant context for the period of time in which this research is carried out.

This analysis is based on the most recent Census, while it is not the most up to date measure of unemployment (which is measured most accurately not by the Live Register but by the Quarterly Household Survey), it nevertheless reflects the ongoing levels of unemployment and provides us with the ability to explore unemployment throughout the County in a comparative way.

⁴⁰ See for instance, Harvey, 2008: 29-34.

To begin with, there were in 2011 141,916 persons aged 15 years and over in Fingal's labour force. 84% of this number or 119,276 were at work. The unemployment rate for Fingal was therefore 16% in 2011. The national rate as per Census 2011 was 19%. The unemployment rates in Fingal like elsewhere were higher in 2011 than they were in 1991.

Table 4.14: Male and Female unemployment in Fingal Sub-regions and relevant EDs

Sub Region Title	EDs Comprising Sub Region	Unemployment % Labour Force
North-West Fingal (NW)	Balscadden	18.2
	Hollywood	13.1
	Garristown	18
	Ballyboghil	8.7
	Clonmethan	13.3
North-East Fingal (NE)	Balbriggan Urban	23.4
	Balbriggan Rural	21
	Skerries	16.1
	Holmpatrick	14.1
	Rush	17.1
	Lusk	14.3
Mid-Fingal (MF)	Swords-Lissenhall	14.6
	Donabate	11.9
	Killsallaghan	18.5
	Swords-Glasmore	17.1
	Swords-Seatown	11.9
	Swords-Village	15.7
	Swords-Forrest	12.3
South-West Fingal (SW)	Blanchardstown -Abbotstown	17.7
	Blanchardstown-Blakestown	18.9
	Blanchardstown-Coolmine	28.4
	Blanchardstown-Corduff	29.2
	Blanchardstown-Delwood	15.5
	Blanchardstown-Mulhuddart	27.6
	Blanchardstown-Roselawn	13.6
	Blanchardstown-Tyrrelstown	43.6
	Castleknock-Knockmaroon	12.1
	Castleknock-Park	8.3
	Lucan North	7
	The Ward	16.5
	South-East Fingal	Malahide-East
Malahide-West		10.2
Kinsaley		12.5
Portmarnock-North		9.3
Portmarnock-South		11.1
Balgriffin		10
Airport		12.1
Dubber		6.2
Turnapin		16.8
Baldoyle		13.7
Sutton		12.1
Howth	11.1	

Source: aiomaps.nuim.ie based on Census 2011 - % of population 15 years and over looking for first job or unemployed.

In the table 4.14 above, the EDs whose unemployment is greater than 15% are highlighted. The table illustrates the considerable unemployment levels across the various EDs. It is also evident that the extent of unemployment is unevenly spread across EDs. Some for instance have unemployment rates below 10% and others can be 30% and in one case over 40% for each cohort.

The following are the maps illustrating unemployment at the ED level across the five sub regions in Fingal.

Figure 4.23: NW Fingal – Unemployment at ED level 2011.

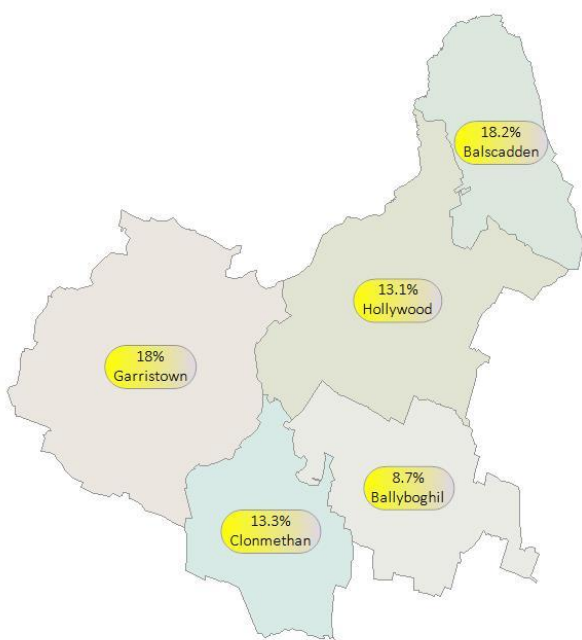


Figure 4.24: NE Fingal – Unemployment at ED level 2011.

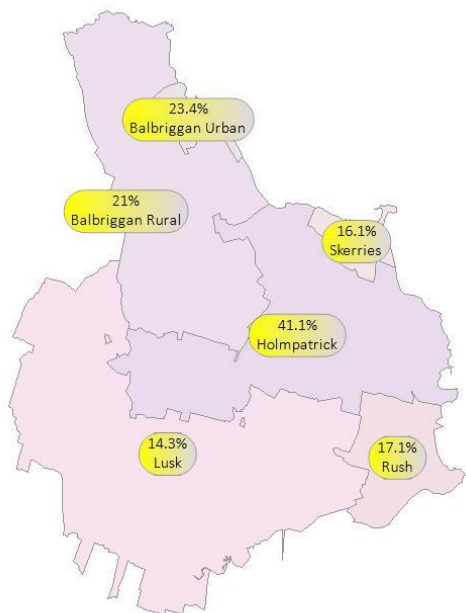


Figure 4.25: Mid Fingal – Unemployment at ED level 2011.

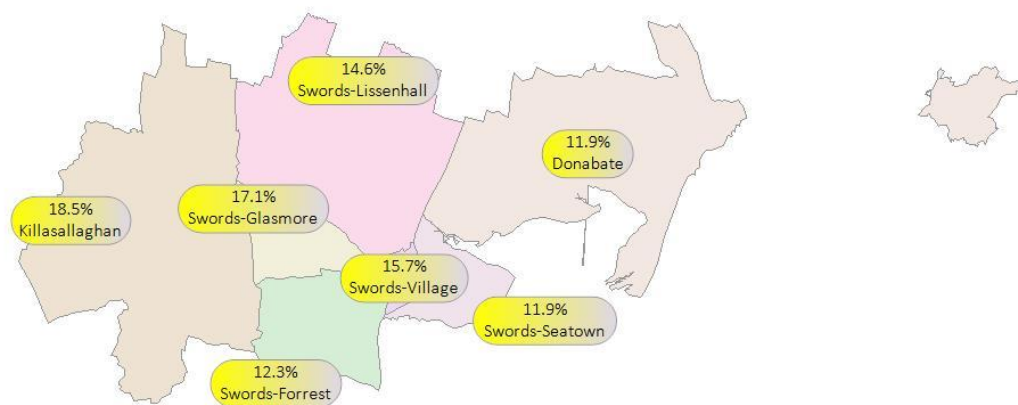


Figure 4.26: SW Fingal – Unemployment at ED level 2011

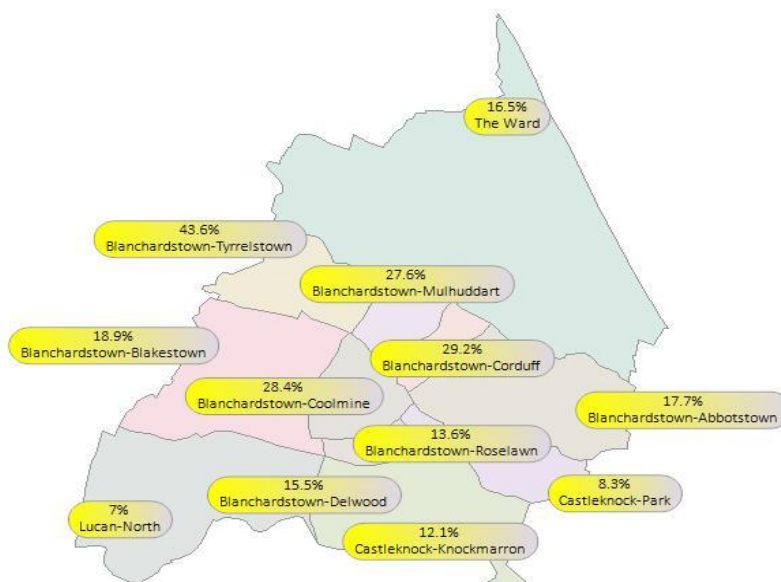
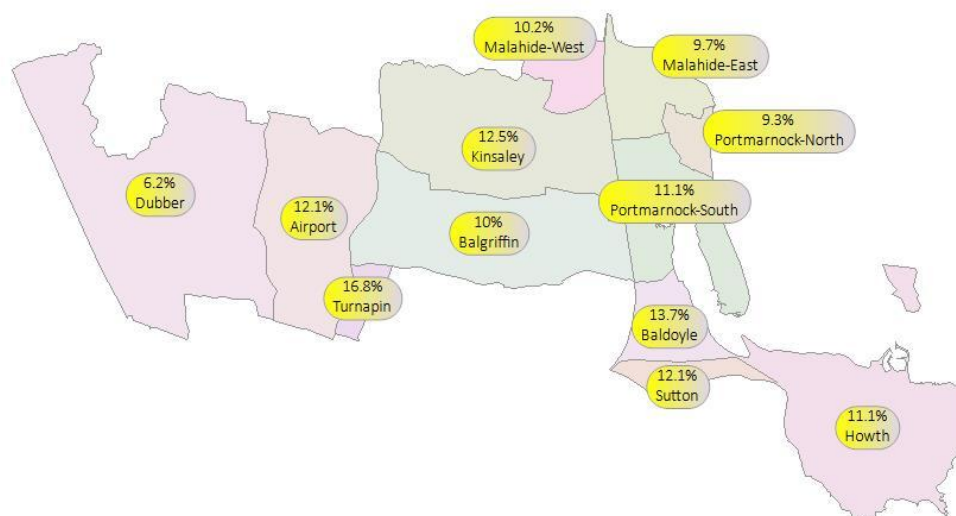


Figure 4.27: SW Fingal – Unemployment at ED level 2011



There are also, as the figures above show, areas across each of the sub regions of Fingal which are more clearly affected by relatively high rates of unemployment. This is most evident in the case of SW Fingal, Mid-Fingal and NE Fingal which are also the areas with the highest rate of population growth and the proportion of their respective populations that are comprised of children and young people.

4.5 Summary & Conclusion

This chapter presented a brief overview of demographics in Fingal. It places a particular emphasis on the age cohorts covered by FCSC; this is those aged 0 to 17 years. It showed the most recent assessment of population in Fingal put this at 273,991. This represents a population increase of 14.2 % since 2006 in an actual increase of numbers 33,999.

Fingal's population has increased by 79.4% over the last two decades, more than twice the rate seen national and three times that for Dublin. Five of the 42 EDs in Fingal have a population over 10,000 persons and collectively, these accounts for a population of nearly 94,000.

Moreover 22 of the 42 EDs in Fingal experiencing a population increase of over 10% since 2006 out stripping the rate of increase seen national and in Dublin. 12 of these EDs experienced population increases of 20% over five years to 2011.

The populations of the five sub regions of Fingal that will structure the mapping of services were the following:

Area	2011	Actual Change	% Change
North-West Fingal (NW)	5,165	757	17.2%
North-East Fingal (NE)	52,262	9,259	21.5%
Mid-Fingal (MF)	51,367	3,924	8.3%
South-West Fingal (SW)	101,032	9,863	10.8%
South-East Fingal (SE)	64,165	10,001	18.5%

In terms of children and young people aged 0 to 17, Fingal's population was 27.7% or 75,795 in 2011. Therein, it is in the 0 to 9 age cohort that Fingal reveals proportions larger than those seen for the State as a whole. Fingal has the fourth highest

proportion of its population aged 0-17 years at 27.7%. Fingal in numerical terms ranks third for its 0-17 population nationally behind Cork County and Dublin City.

Four of the five sub regions – the exception being SE Fingal – reveal proportions of children aged 5-12 above the national average of 11%. Two of the regions show a proportion of their population at the 13-17 years cohort above the national average, the remaining three are therefore below what is seen nationally.

Area	0-4 years % (No.)	5-12 years % (No.)	13-17 years % (No.)
North-West Fingal (NW)	7.6%	13.6%	7.0%
North-East Fingal (NE)	11.0%	14.0%	5.9%
Mid-Fingal (MF)	9.4%	12.0%	6.6%
South-West Fingal (SW)	10.7%	13.2%	5.8%
South-East Fingal (SE)	7.9%	8.8%	5.3%

Parts of Fingal (Mid-Fingal for instance) have a higher under 17 population than nationally while overall, Fingal (NE and SW in particular) shows comparatively significant populations of children 12 and below of new-borns.

The chapter also provides maps indicating the population of 0-17 year olds in each of the EDs with the five regional clusters in Fingal.

Across the EDs in Fingal, there is a marked difference in their respective deprivation scores. While most of the EDs in the county are 'marginally above average'. It was shown that in SW, NW, NE and Mid-Fingal there are a number of EDs that are 'Below Average' or Disadvantaged. The chapter also established that there are a number of EDs with not only Disadvantaged SAs but also Very Disadvantaged SAs. These include Blanchardstown-Coolmine and Corduff and also Balbriggan Rural. Disadvantage typically impacts on children and young people disproportionately to adults. The chapter also showed the considerable male and female unemployment levels across the various EDs and that the extent of unemployment is unevenly spread across EDs. There are also areas across each of the sub regions of Fingal which are more clearly affected by relatively high rates of unemployment. This is most evident in the case of SW Fingal, Mid-Fingal and NE Fingal which are also the areas with the highest rate of population growth and therein the proportion of their respective populations that are children and young people.

As such, these are the areas that require the greatest level of supports and basic services, and particularly therefore those for children. The chapter overall provided a profile of where there are large cohorts of children and young people and also which areas are relatively the most disadvantaged.

5. Mapping of Services

5.1 Introduction

This chapter, as its title suggests, presents a series of maps outlining the location of children's services in Fingal. This chapter therefore makes extensive use of maps and, unlike some of the other chapters in the report, what commentary that is presented is minimal in order to emphasise the mapping's portrayal of services. It should be noted that this chapter maps 947 of the services contained on the integrated database developed for the research whose geographic location could be identified⁴¹.

The chapter is structured according to two strands. The first of which maps services by number of key themes. The second maps services according to their classification as community, voluntary, statutory or private sector services.

The first map of Fingal outlines the various EDs with a shading, light pink to maroon, indicating lower to higher the proportion of population aged 0-17 as at Census 2011.

This is followed by strand one which sets out a series of thematic maps dealing with each of the following categories of children's service areas as used throughout the research^{42 43}:

- Addiction
- Childcare
- Community
- Criminal Justice
- Cultural
- Development
- Disability
- Education
- Religious
- Well-being and Social Work

As each theme is mapped, a brief overview of the service composition of the respective theme is presented. As noted in the methodology chapter above, each of the themes were devised by FCSC so as to allocate services as they were identified in the development of the bespoke database which frames the present research.

The chapter presents full Fingal maps for each theme which are followed with maps in respect of each of the five sub-Fingal regions used in the research. In some cases, just one or more of the sub-region maps are presented where there is a particular concentration of the relevant category of services.

The second strand of mapping in the chapter moves beyond the service categories above to focus on the sectoral or social policy mix of provision. In this instance, the research is interested in mapping the following service sectors:

- Community
- Voluntary
- Statutory
- Private

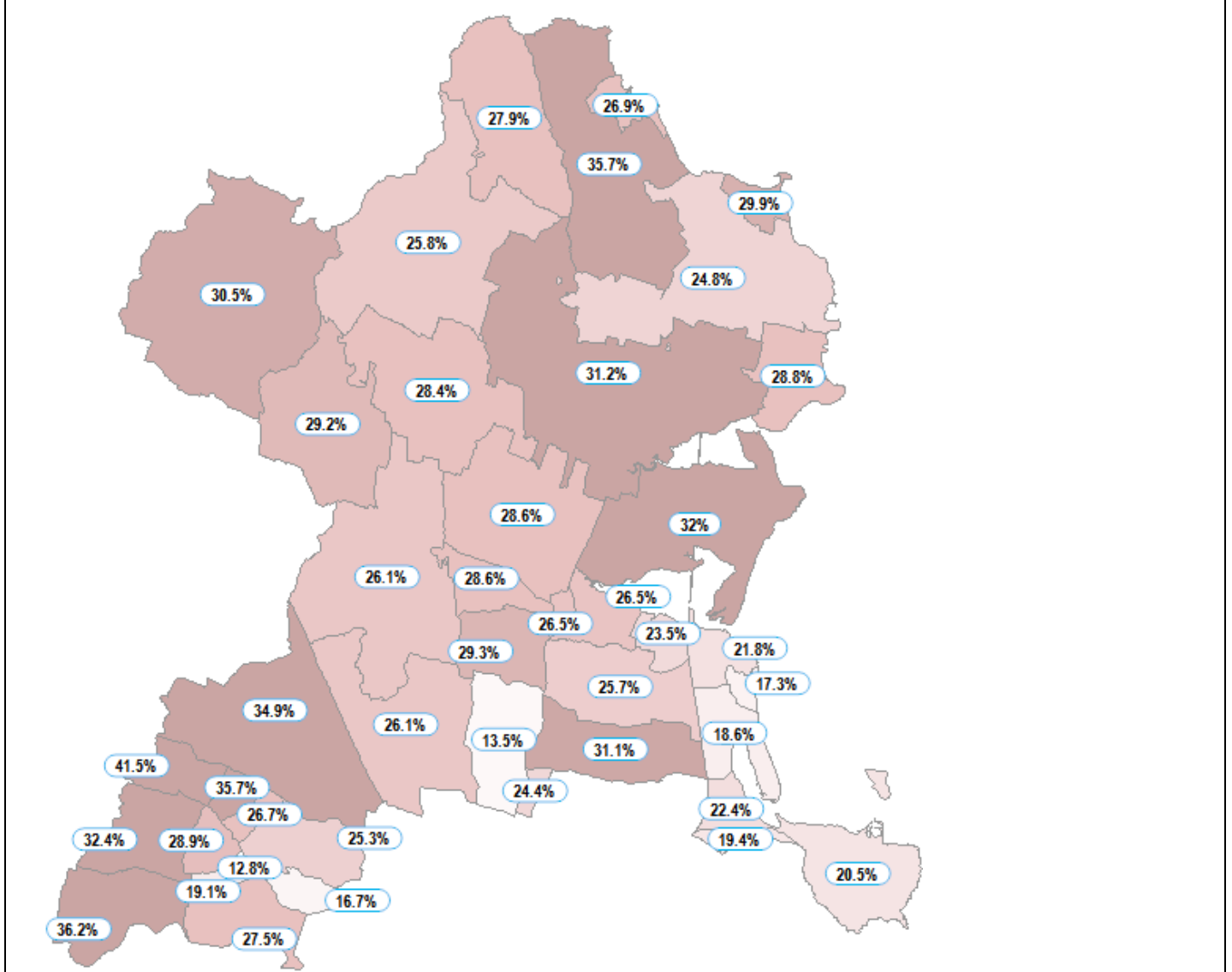
The chapters closes with a brief conclusion.

⁴¹ It should be noted that not all of the services with identified geo-coordinates were located in Fingal. Some make reference to their main office or management structure, which could be located in Dublin City Centre etc. Where these are located some way from Fingal, they are not represented on the maps in this chapter.

⁴² These are listed in alphabetical order.

⁴³ Where there are limited cases of a particular category of children's services just the full Fingal map is provided.

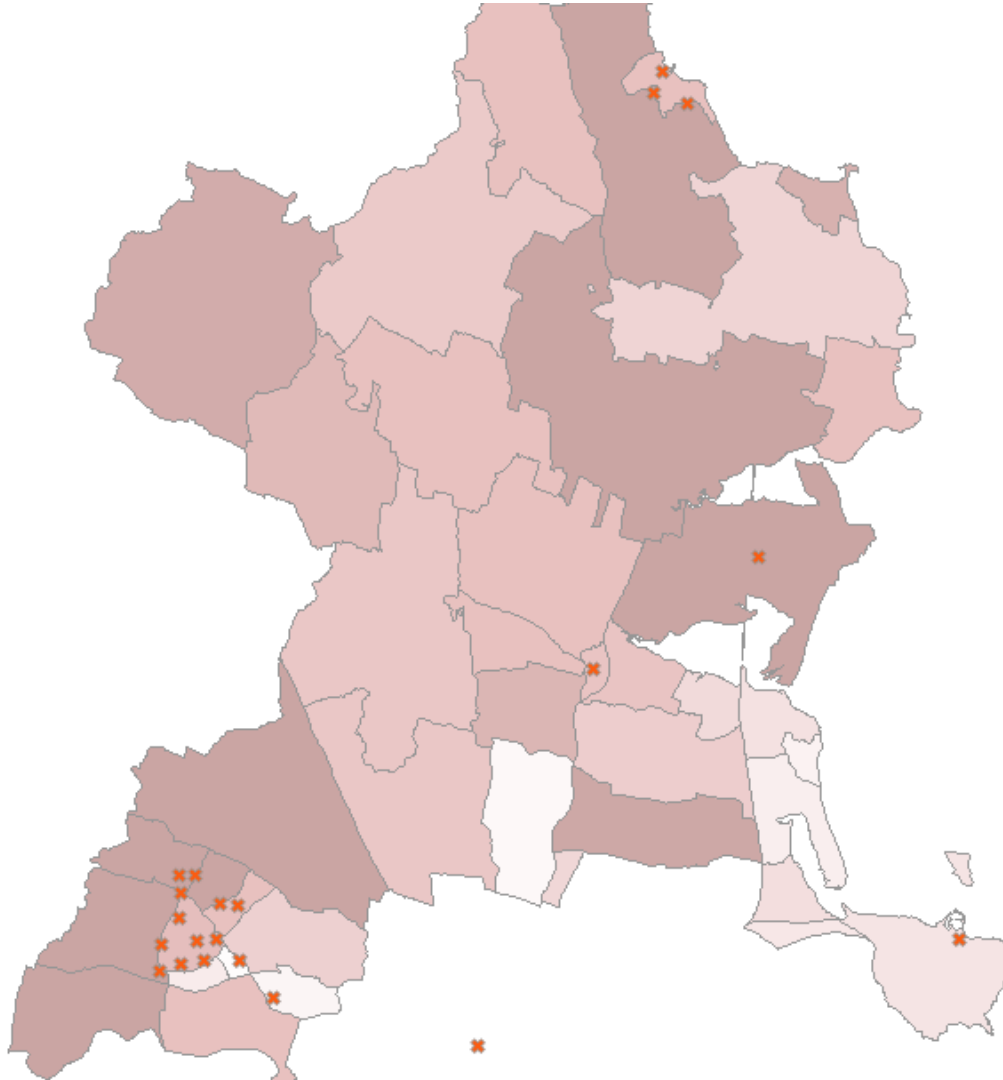
Figure 5.1: Map of Fingal indicated EDs and their proportion of children and young people aged 0 to 17



5.2 Addiction

The services comprising the addiction theme were mainly sourced through the HSE and thereafter, the Local Drugs Task Forces in Fingal - Blanchardstown and North Dublin City and County respectively. The services included vary from community-based treatment, rehabilitation and prevention projects to HSE mainstream services and on to allied services such as those dealing with family support and counselling.

Figure 5.2: Mapping of addiction category of children service in Fingal.



Note: In this and following maps, where one of the mapping points refers to a location outside of Fingal, as the above suggests, this normally represents the headquarters/main office of a particular service that may have parts of Fingal in its catchment area. The prime examples here are HSE services which through their Local Health Offices go across local authority boundaries etc. In addition, in the Fingal sub-regional maps, the services not in the region but close by are left on the map to illustrate proximity or not as the case maybe to the specific sub region which is the subject of the relevant map.

Figure 5.3: Addiction related children's services in North East Fingal

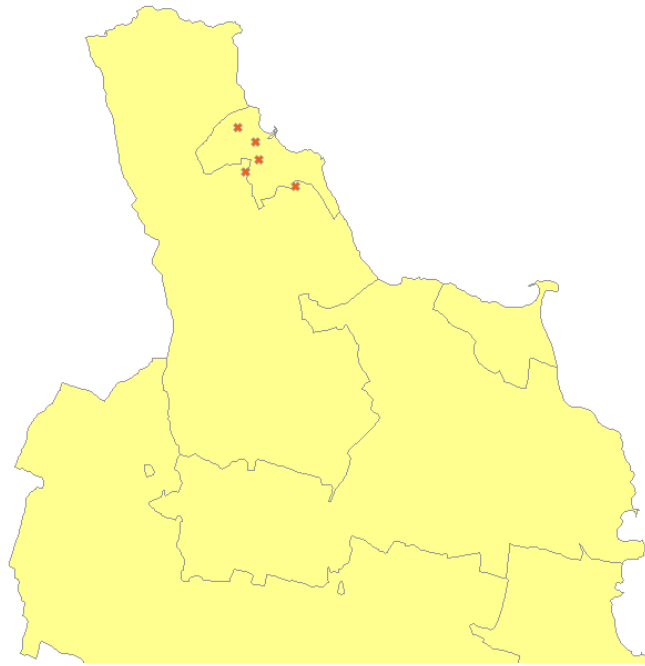
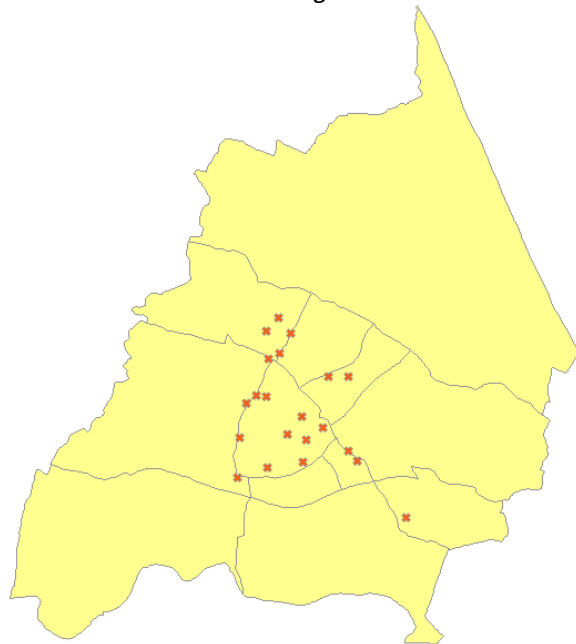


Figure 5.4: Addiction related children's services in South West Fingal



5.3 Childcare

The services under the childcare themed were provided by the Fingal County Childcare Committee, which as noted in the methodology chapter, is mandated through various funding schemes to maintain a thorough and current database of registered childcare and preschool providers. The services included under this theme include therefore preschool services and crèches, mother and toddler groups, Montessori schools, and child-minders. Most of these are private commercial operations however this theme also includes a number of not for profit, community childcare services.

Figure 5.5: Mapping of Childcare category of children services, Co. Fingal.

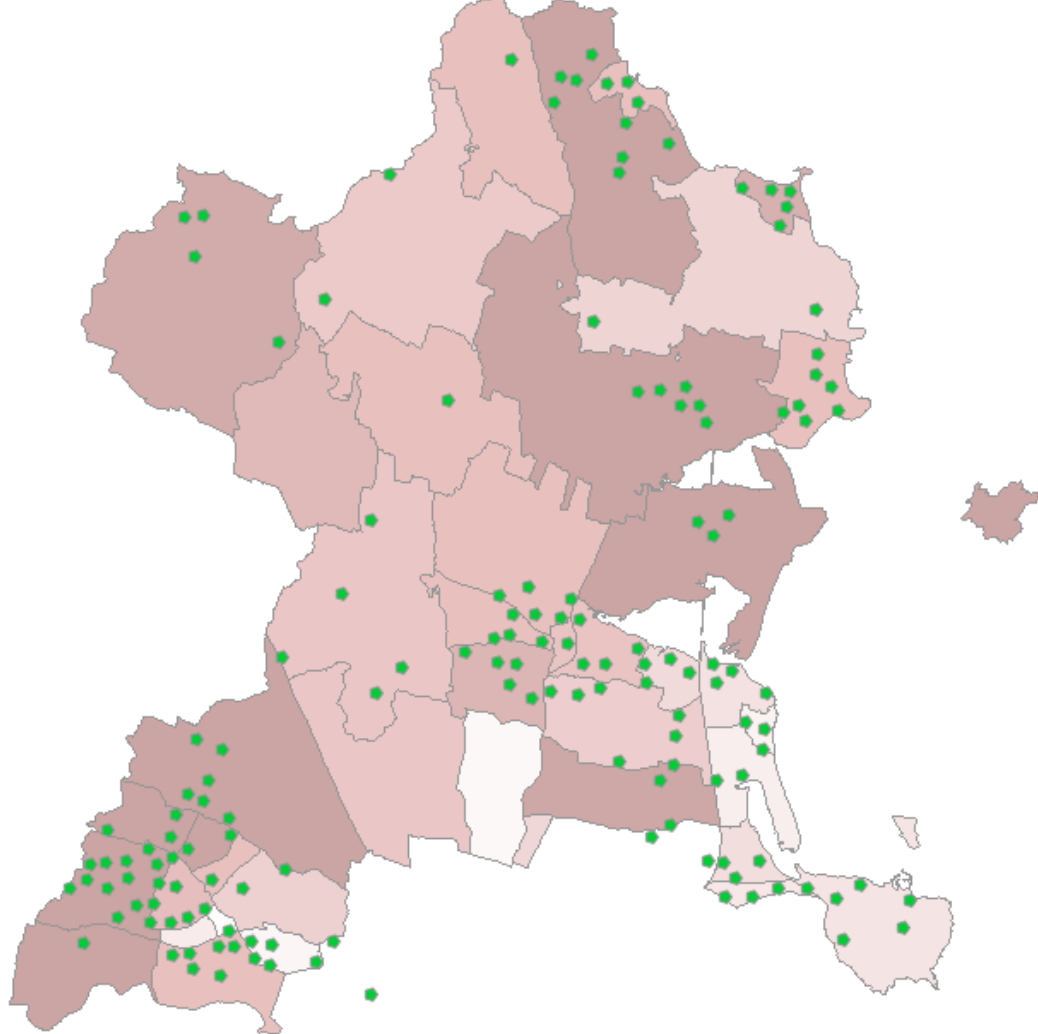


Figure 5.6: Childcare services, North East Fingal.

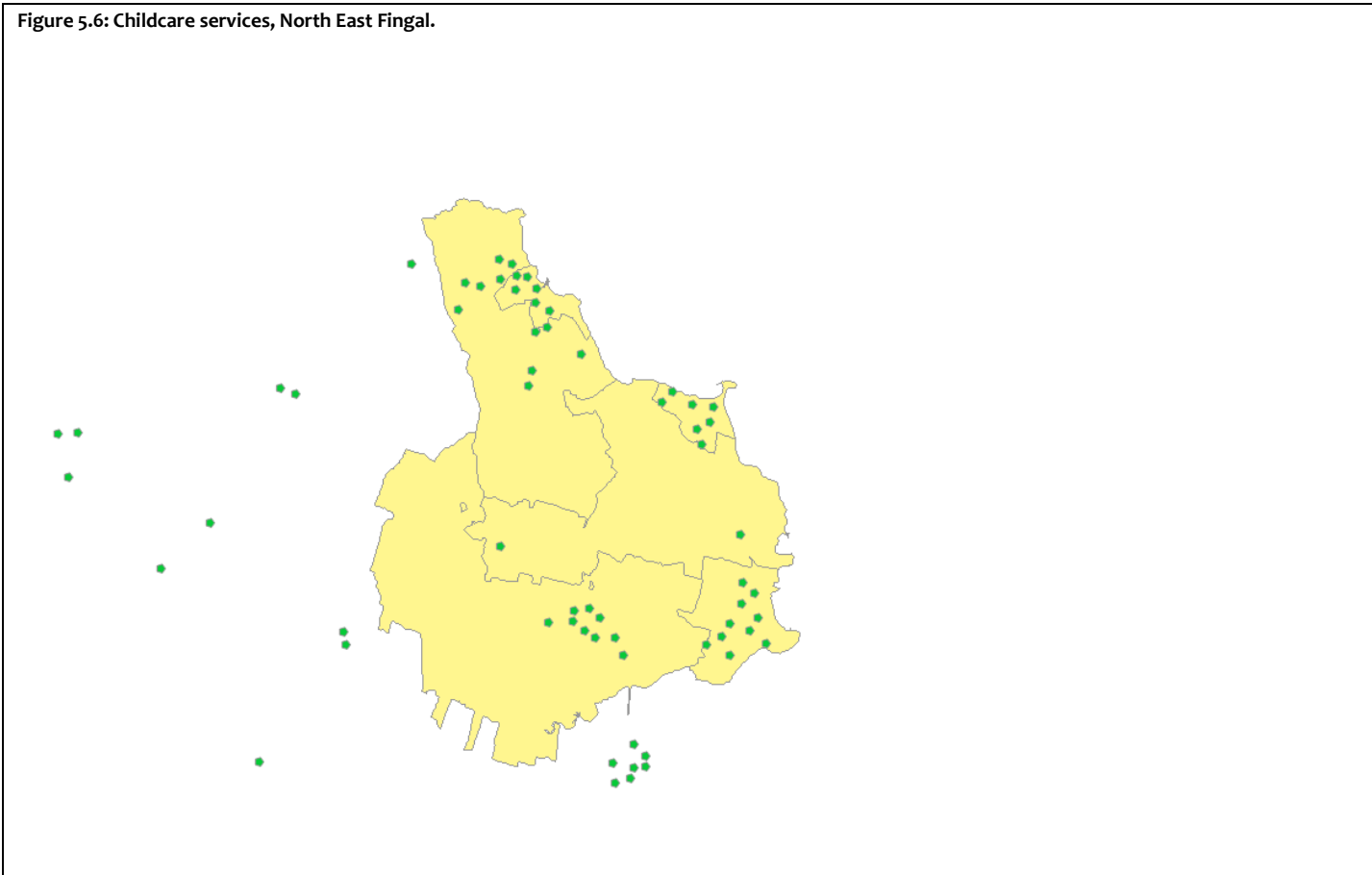


Figure 5.7: Childcare services, South West Fingal.

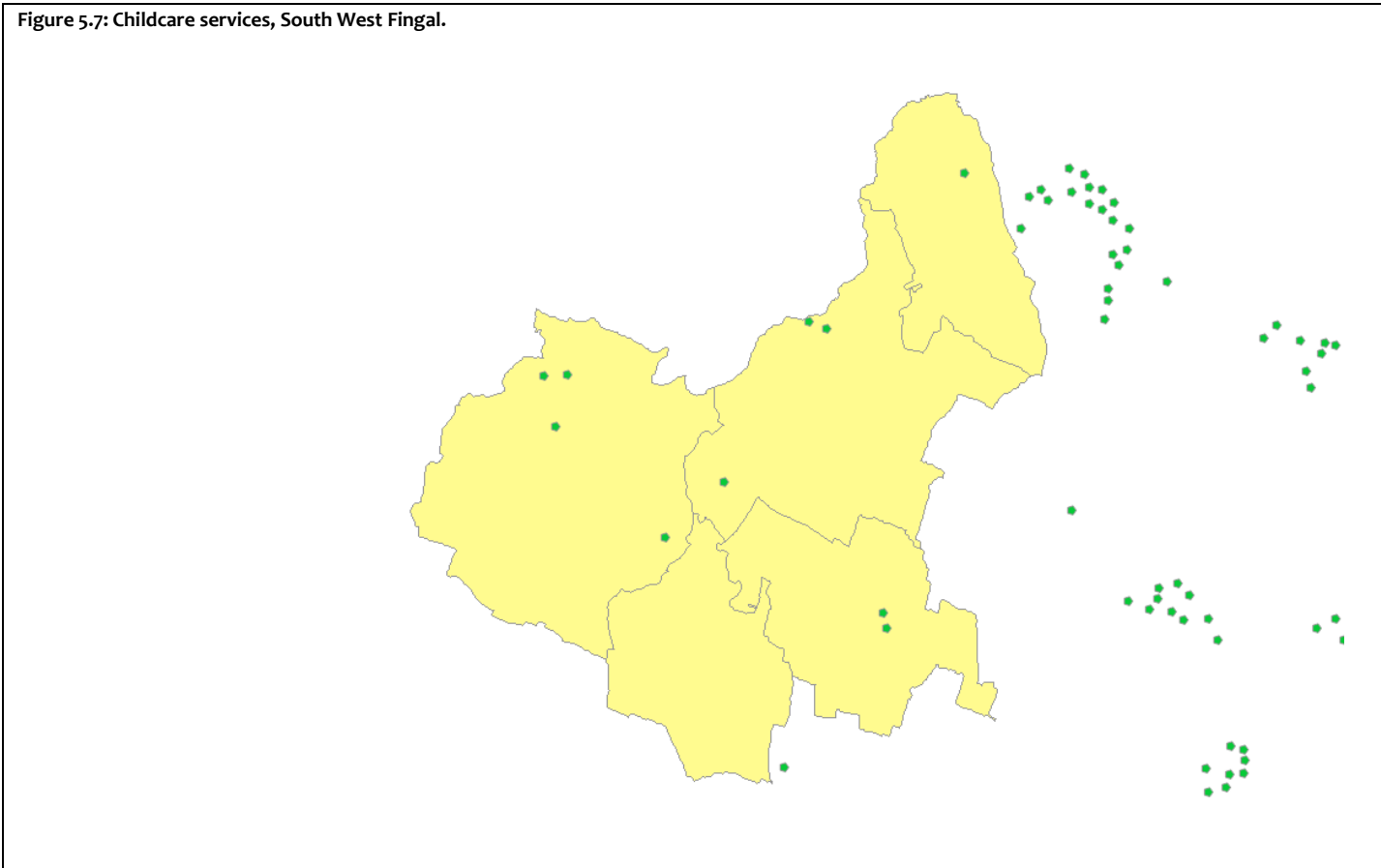


Figure 5.8: Childcare services, Mid-Fingal.

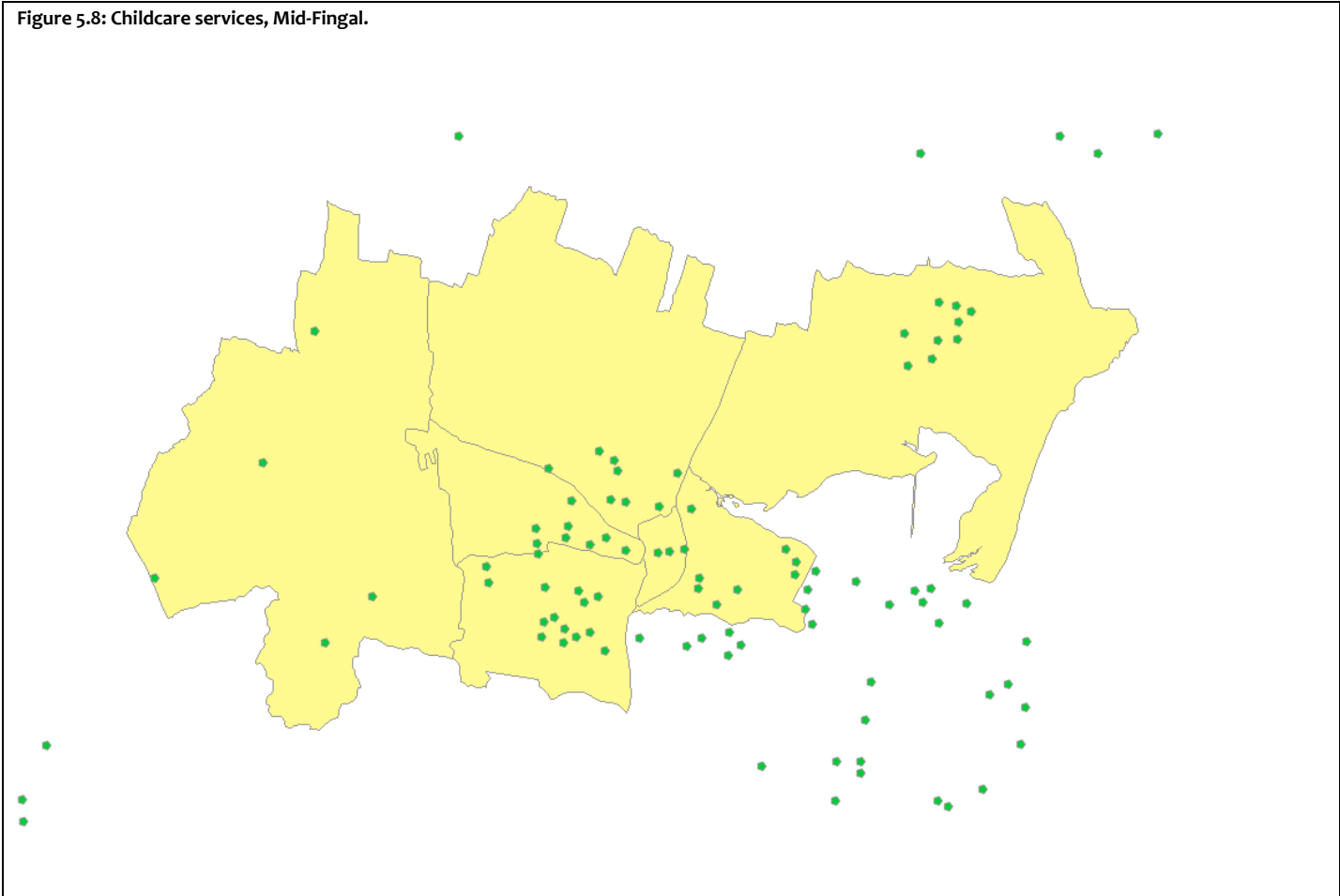


Figure 5.9: Childcare services, South West Fingal.

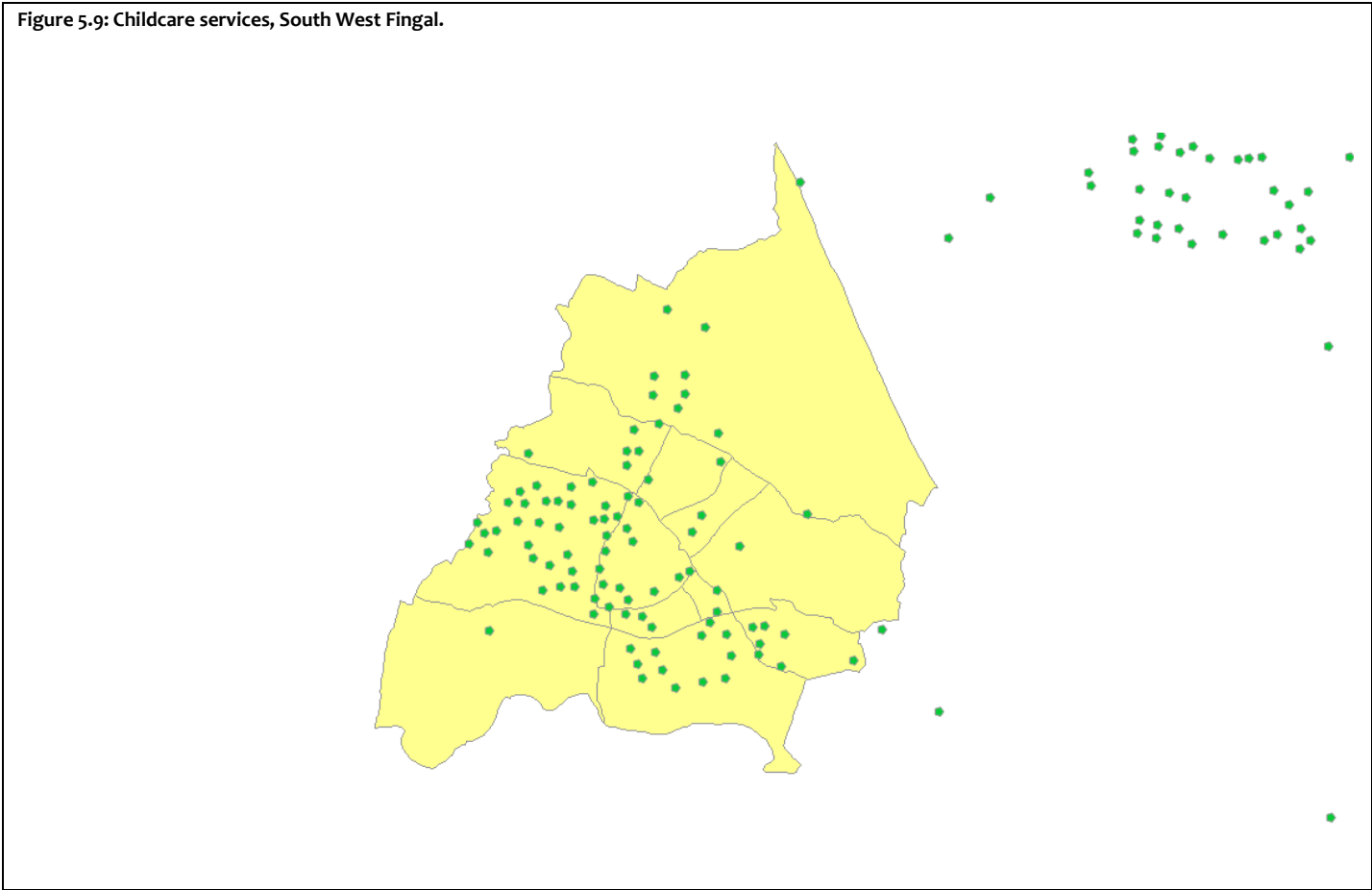
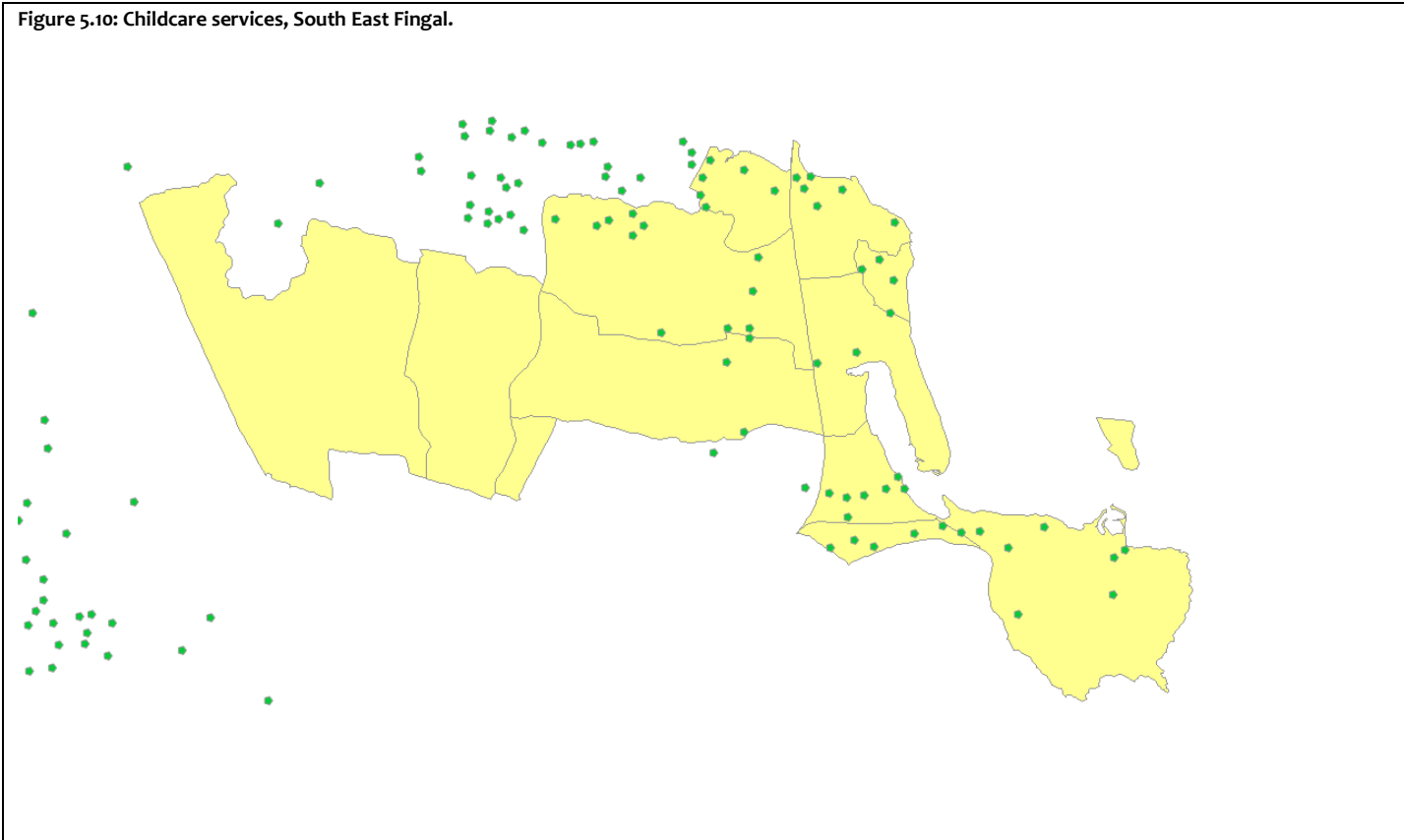


Figure 5.10: Childcare services, South East Fingal.



5.3 Community

The community theme is diverse in its composition as one would expect. It was sourced from the Community Department of Fingal County Council and other agencies in the county (Local Development Companies etc.) with databases of community organisations operating in their respective catchments and not attributable to one or more of the other themes used to categorise services. The theme comprises community centres, halls and facilities, community development groups and organisations, family resource centres, youth clubs and youth services, community education groups for young people and so on.

Figure 5.11: Mapping of Community category of children's services, Co. Fingal.

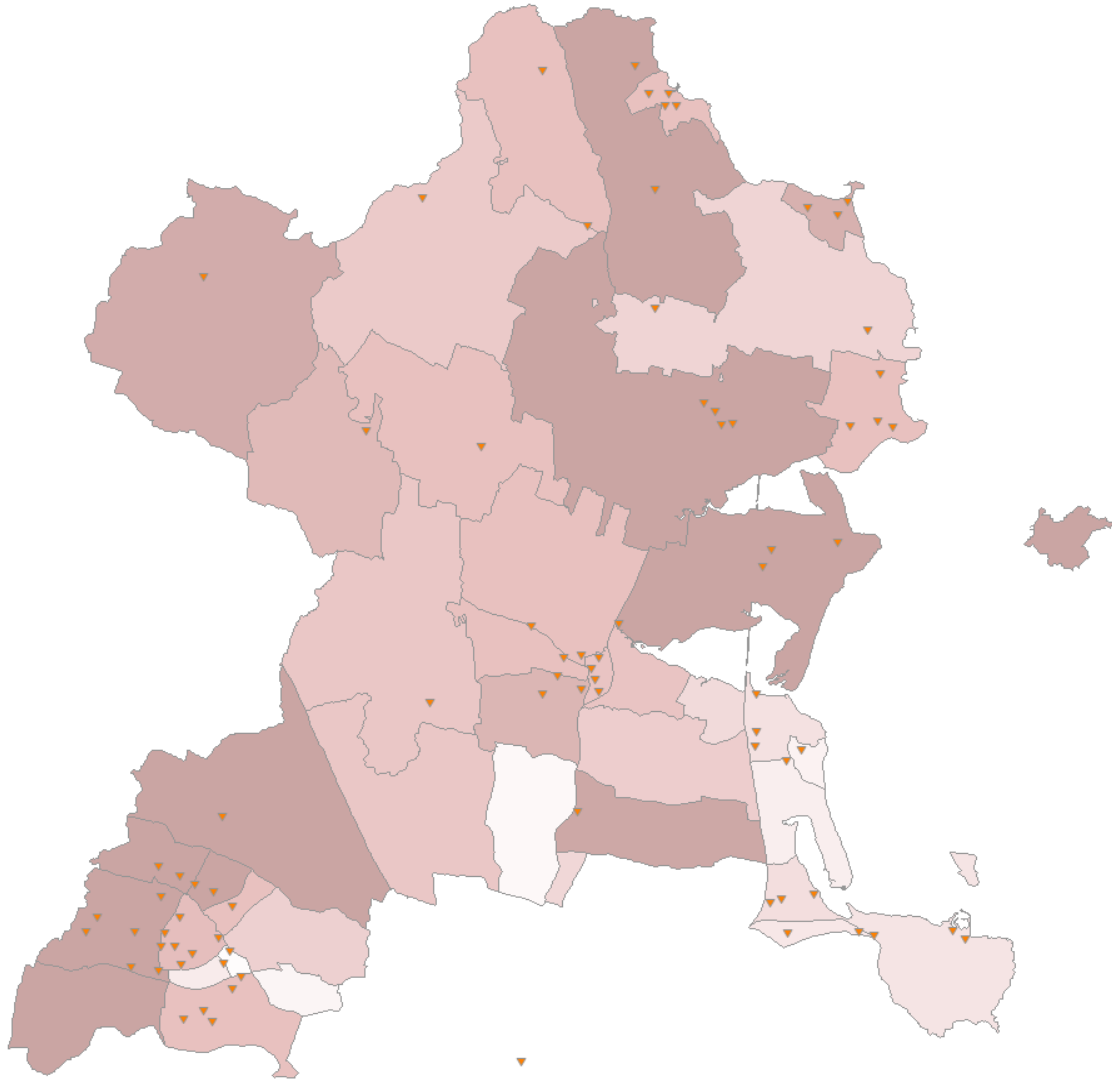


Figure 5.12: Community type services, North East Fingal

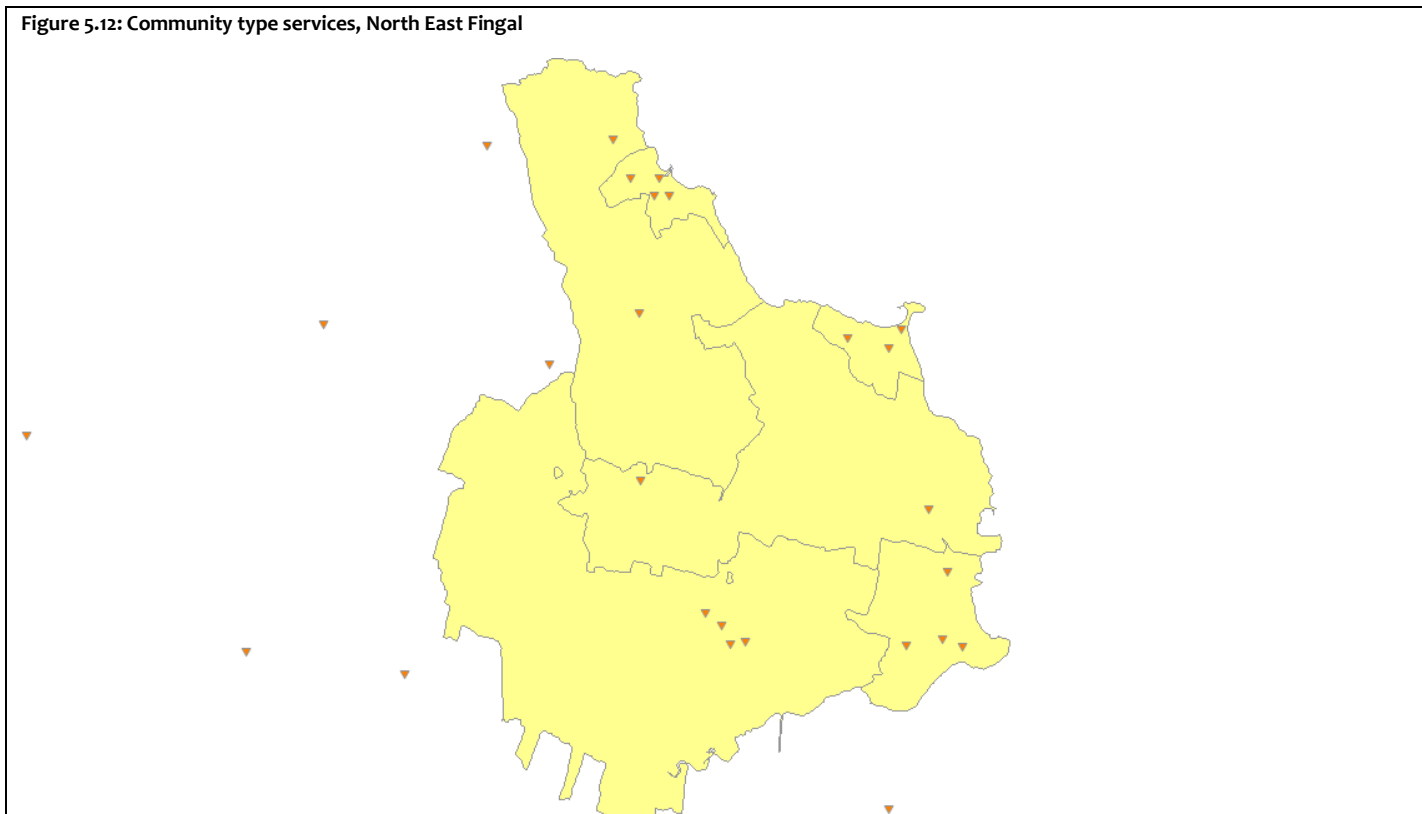


Figure 5.13: Community type services, North West Fingal

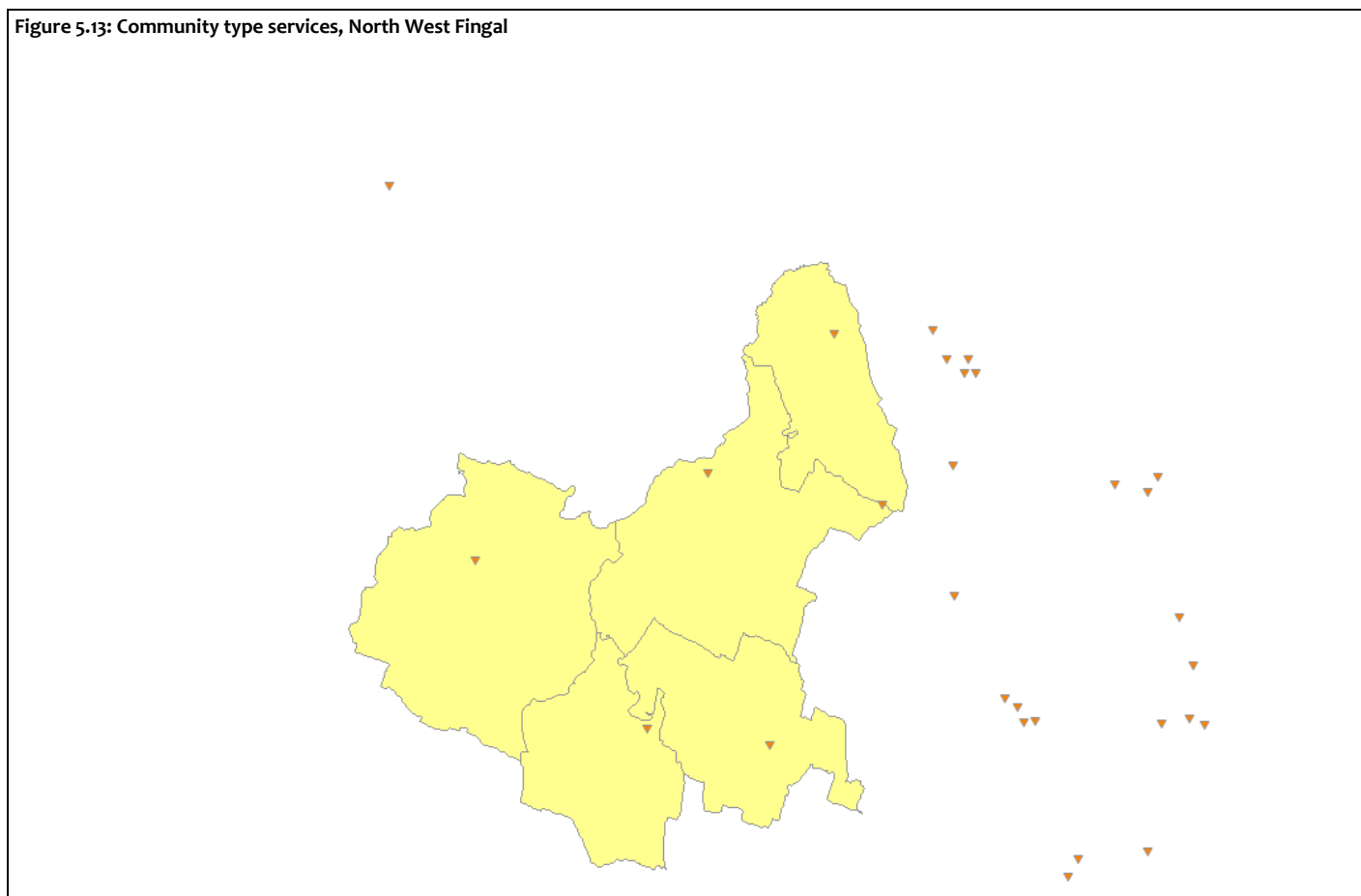


Figure 5.14: Community type services, Mid-Fingal

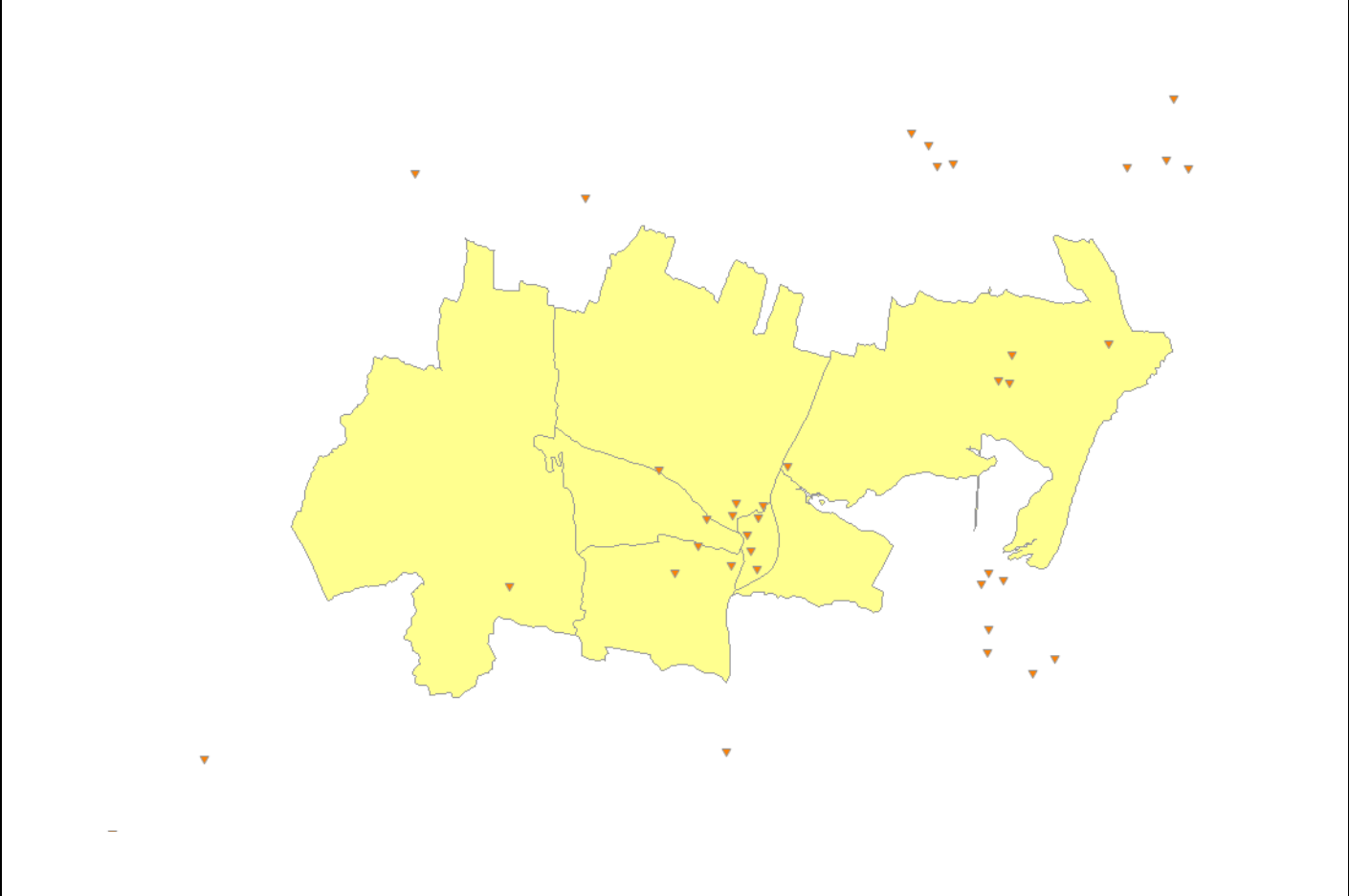


Figure 5.15: Community type services, South West Fingal

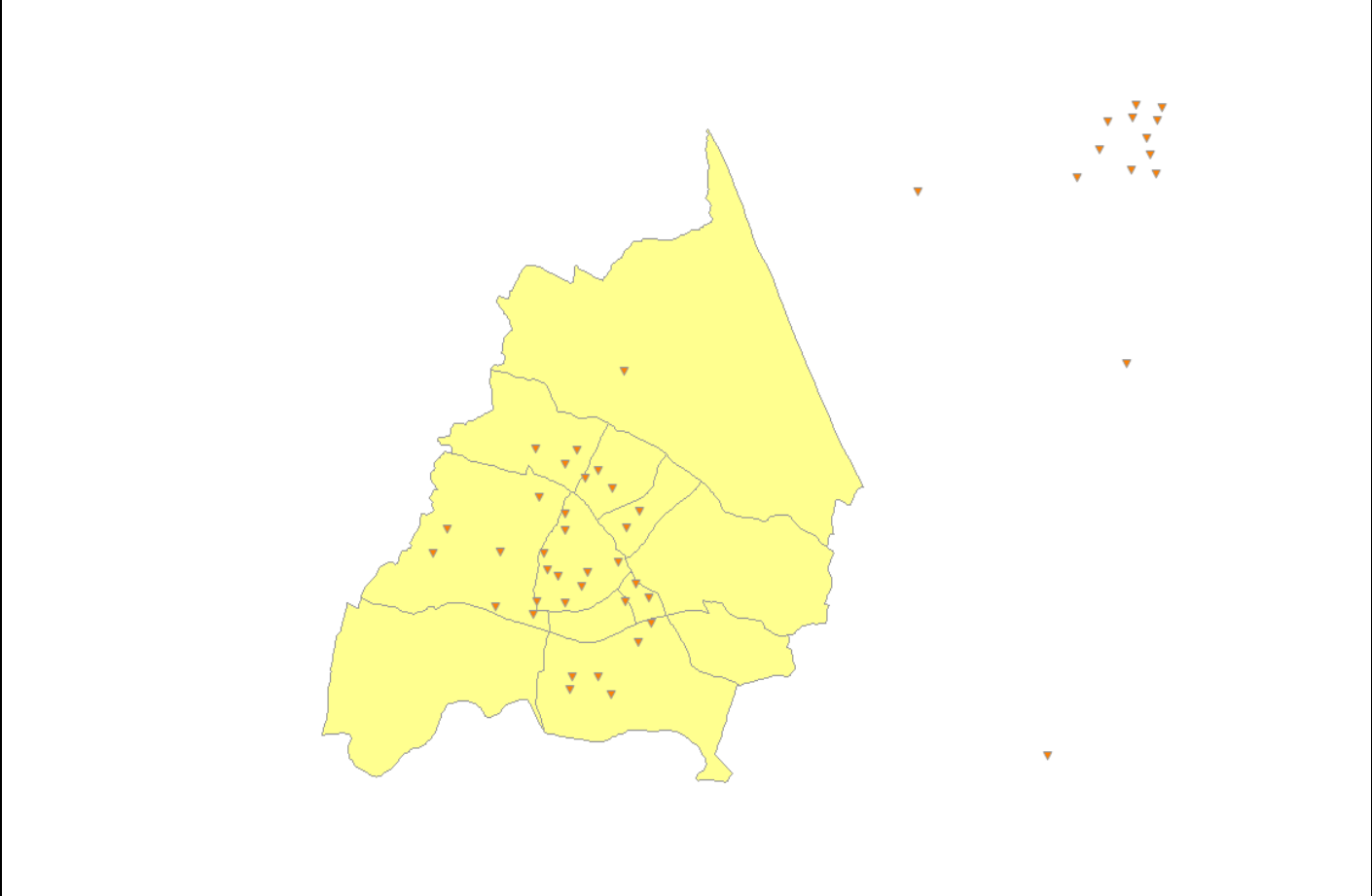
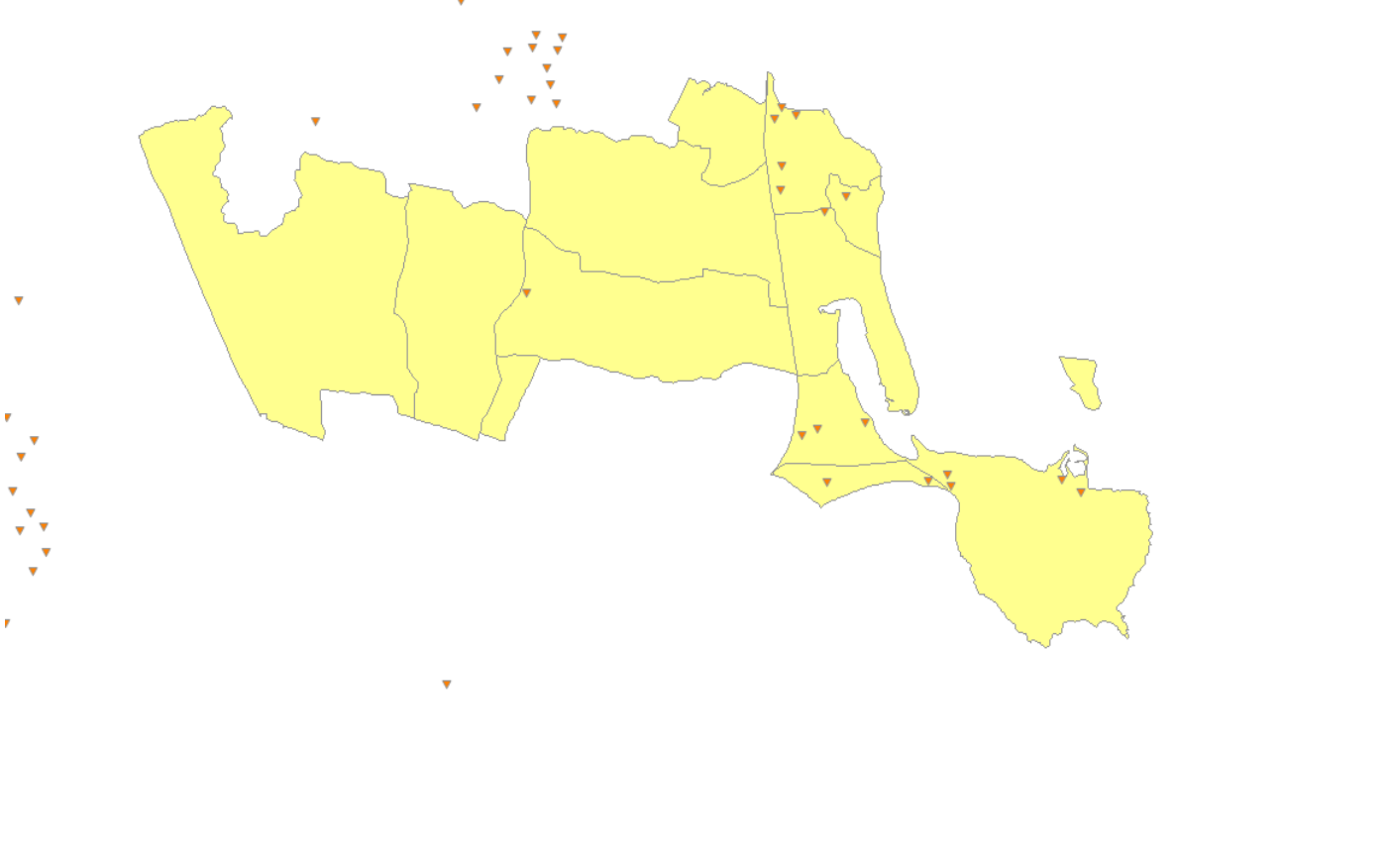


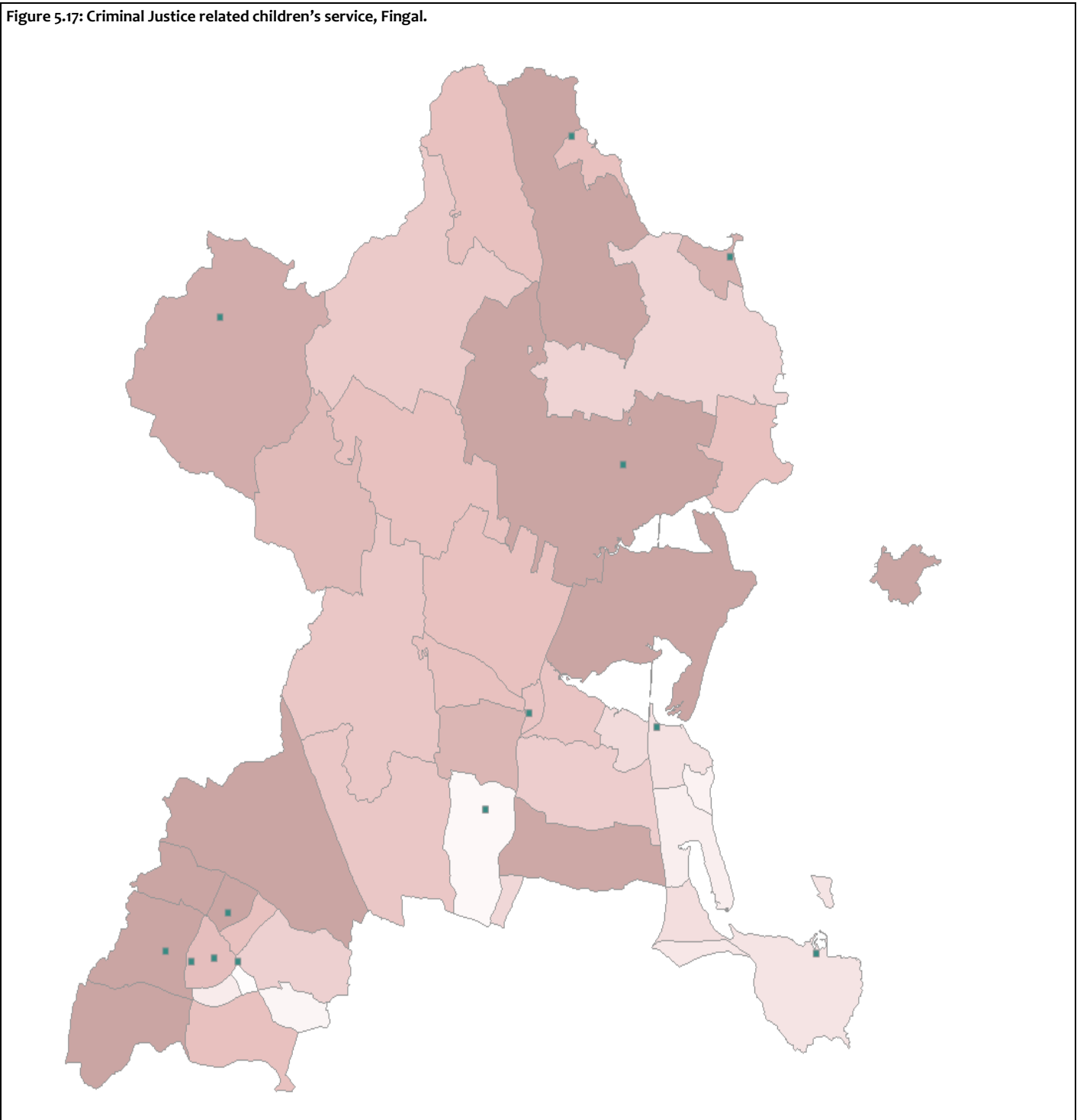
Figure 5.16: Community type services, South East Fingal



5.4 Criminal Justice

This theme refers to Garda services and youth justice projects.

Figure 5.17: Criminal Justice related children’s service, Fingal.



5.5 Cultural

Cultural services takes in a broad myriad of services/groups that are by and large open to children and young people. They range from scouting groups to the wide range of sporting groups in the county (football to fishing to martial arts and so on) and on to arts activities that children and young people can participate in.

Figure 5.18: Cultural category of children's services, Fingal.

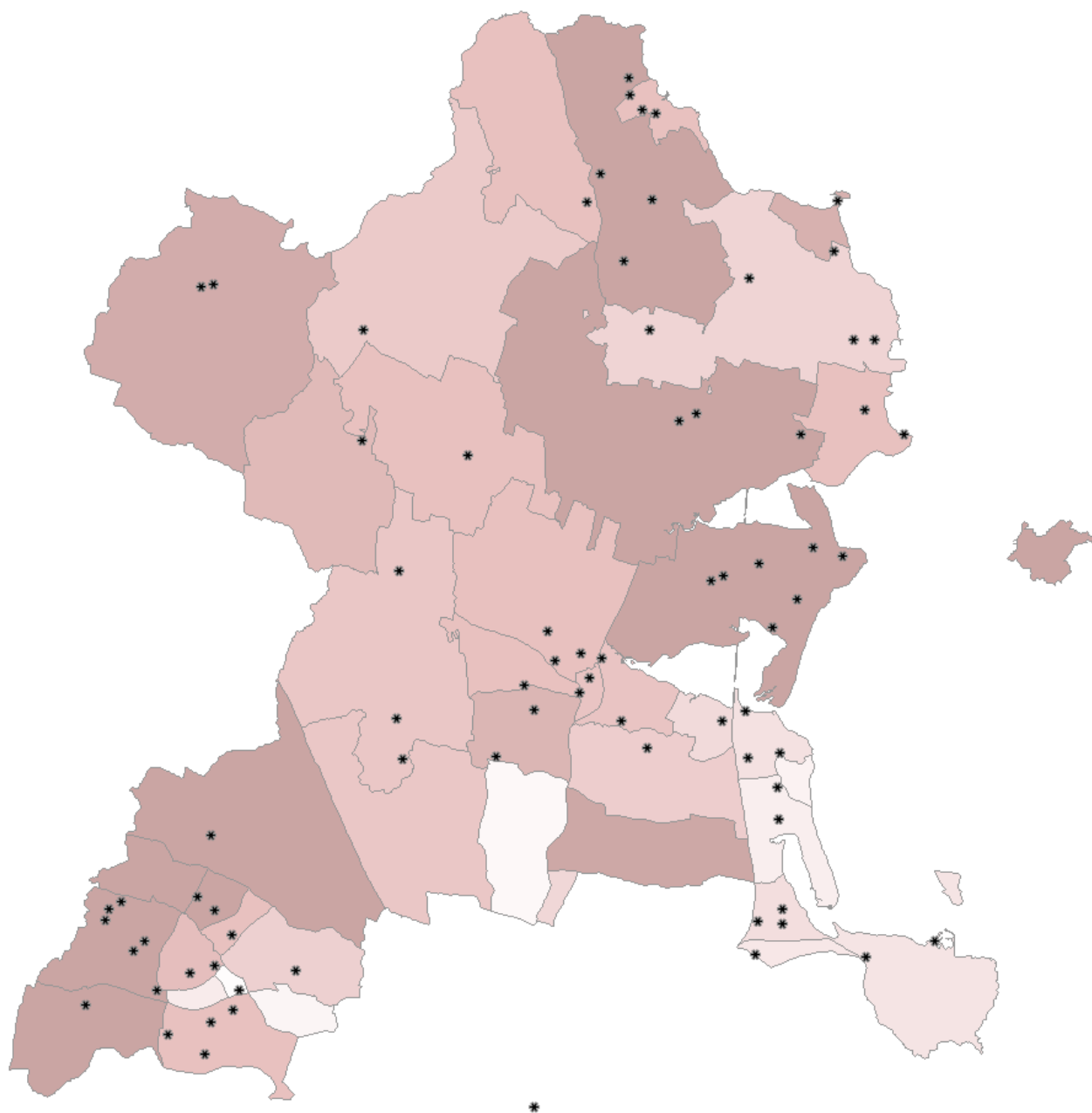


Figure 5.19: Cultural category, North East Fingal

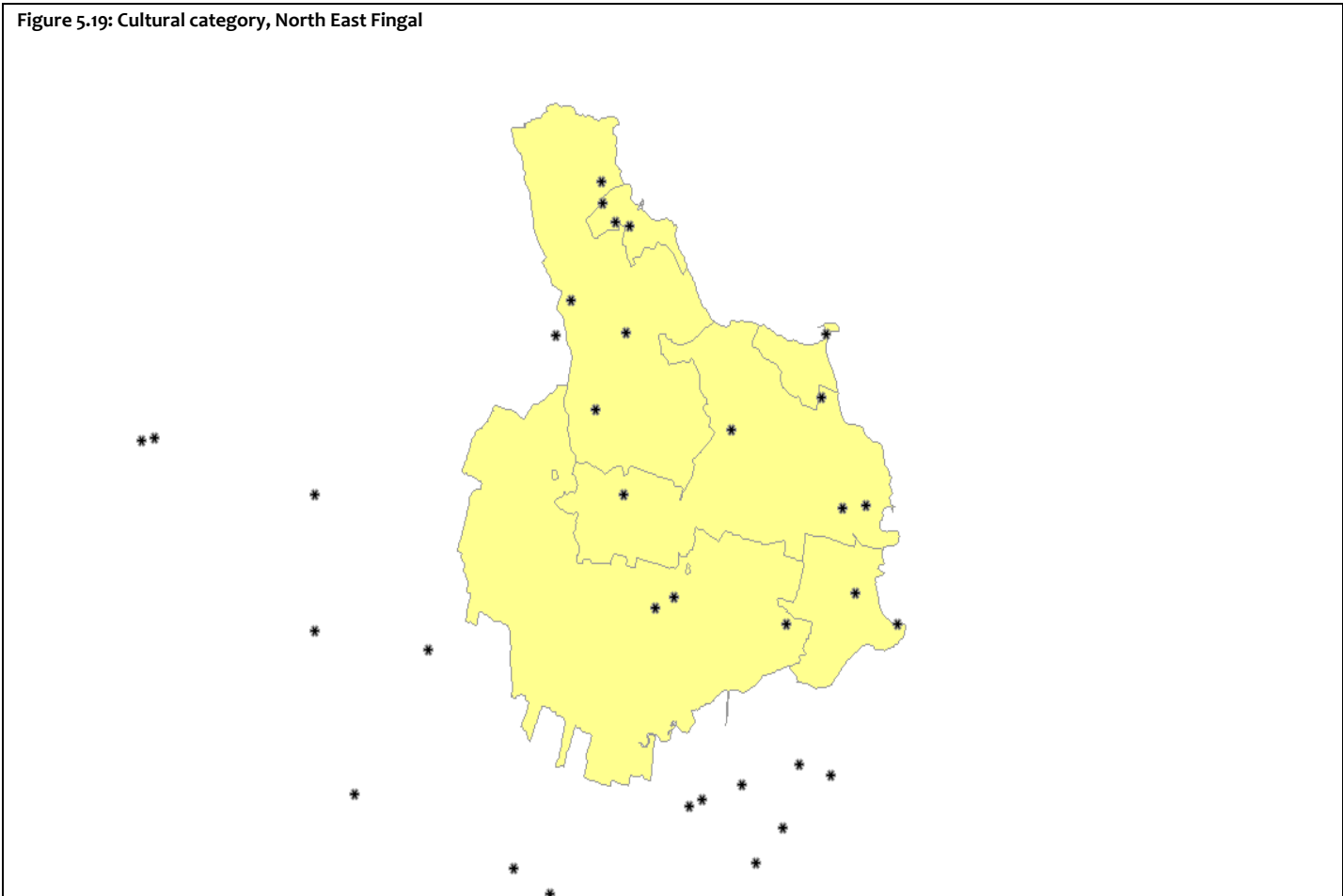


Figure 5.20: Cultural category, North West Fingal

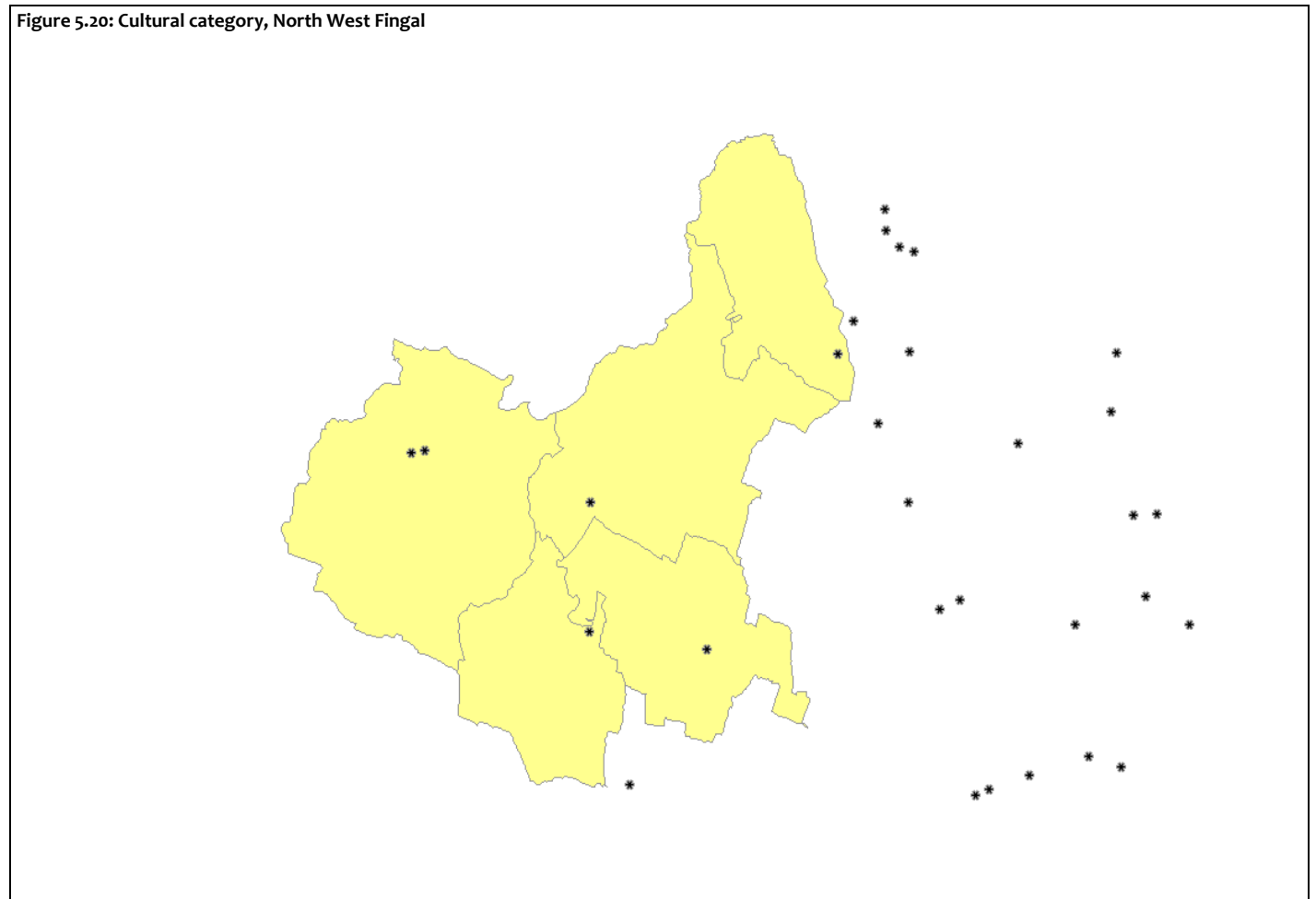


Figure 5.21: Cultural category, Mid-Fingal

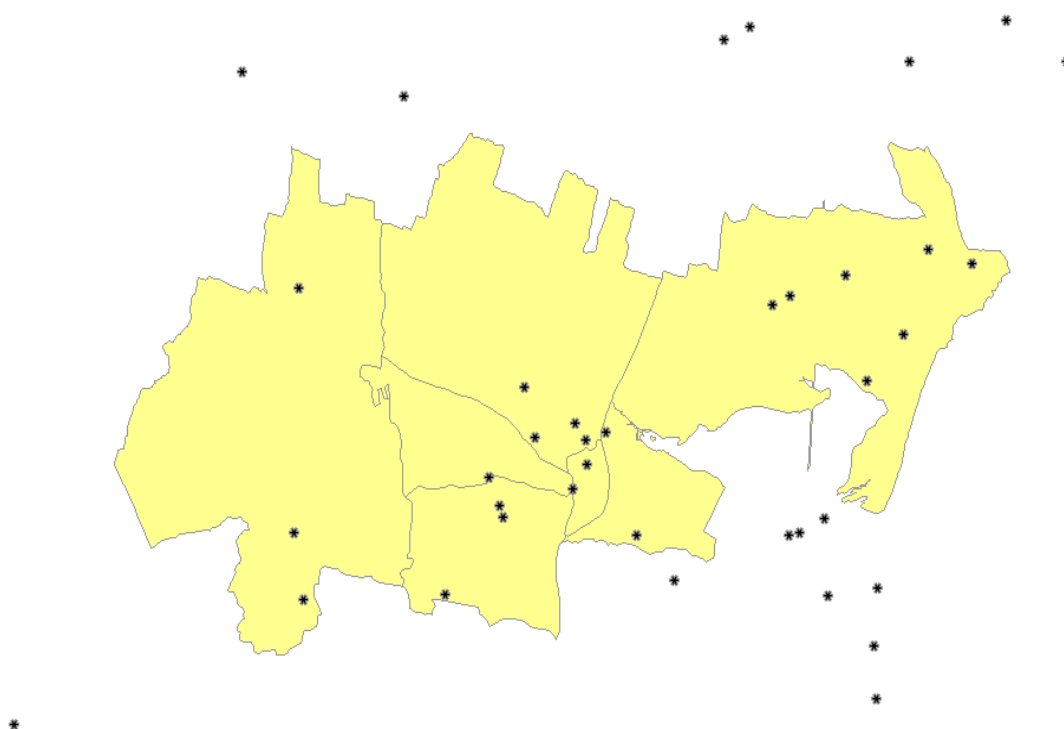


Figure 5.22: Cultural category, South West Fingal

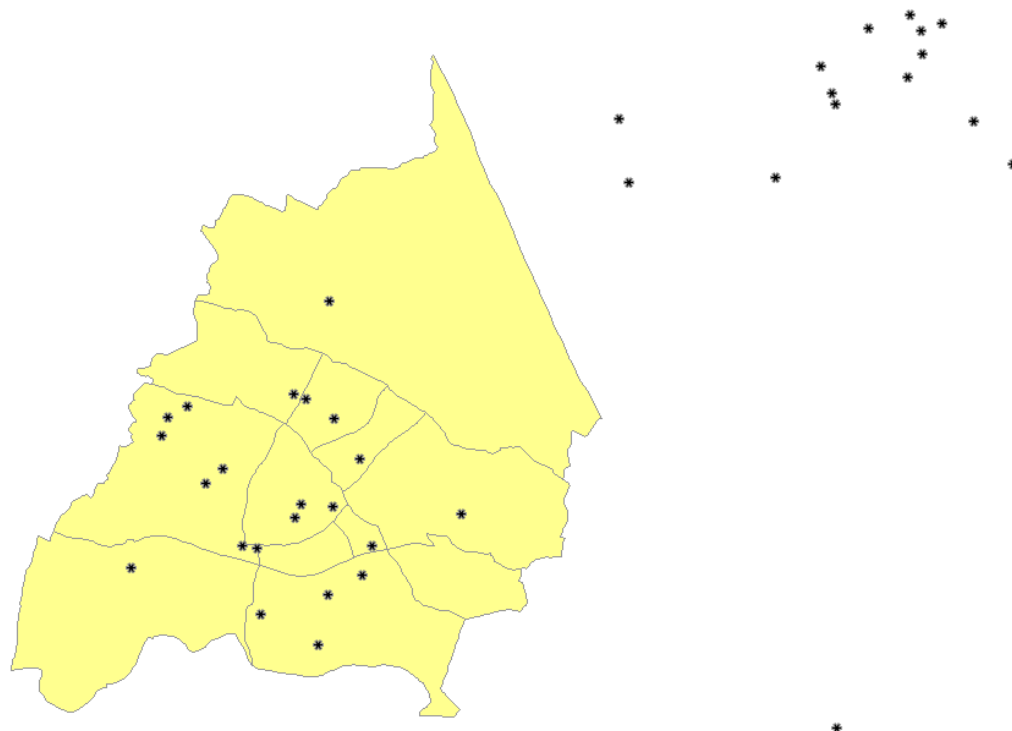
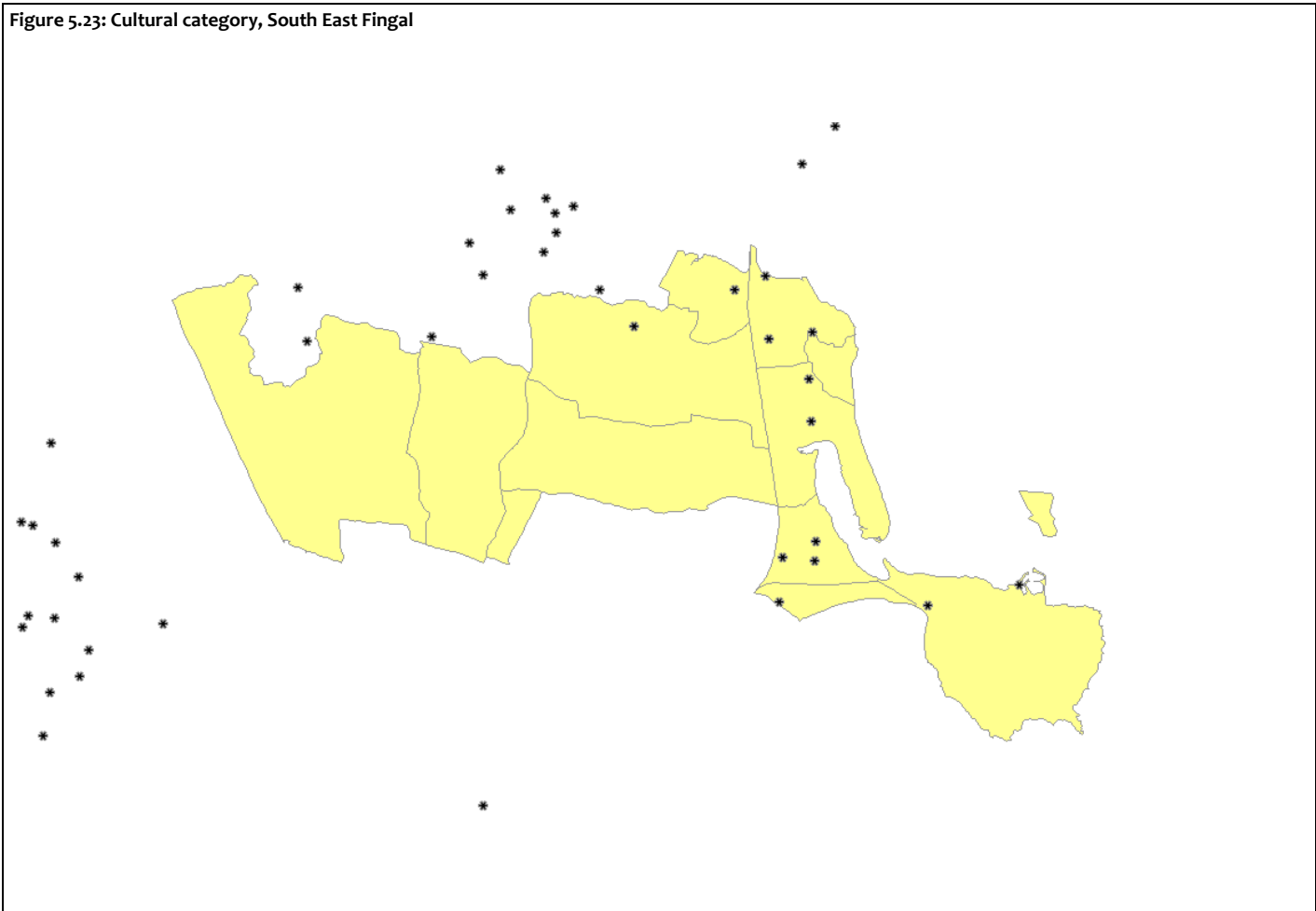


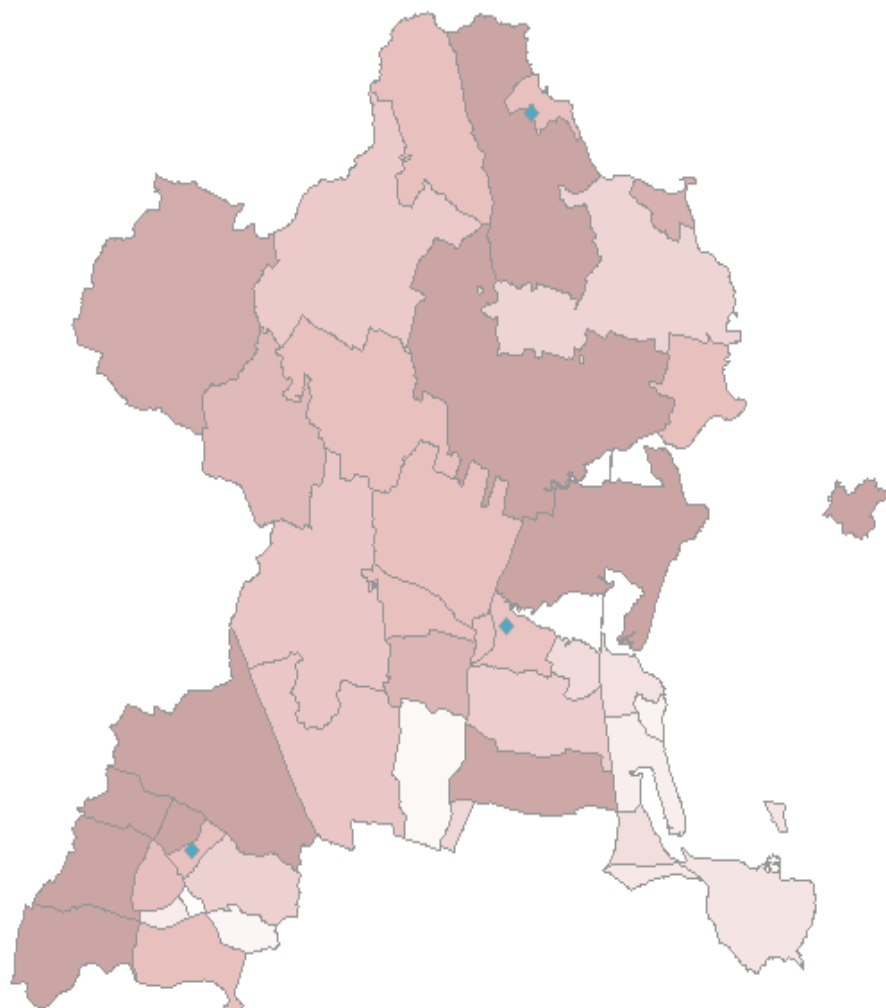
Figure 5.23: Cultural category, South East Fingal



5.6 Development

This theme refers to organisations, such as Area Partnerships/Local Development Companies, whose remit is social, community and economic development in a given catchment.

Figure 5.24: Development category of children's services, Fingal.



5.7 Disability

This theme refers to statutory mainstream/HSE and community/voluntary services that provide various supports for children and their families with disabilities. This includes intellectual/learning and physical disabilities.

Figure 5.25: Disability category of children's services, Fingal.

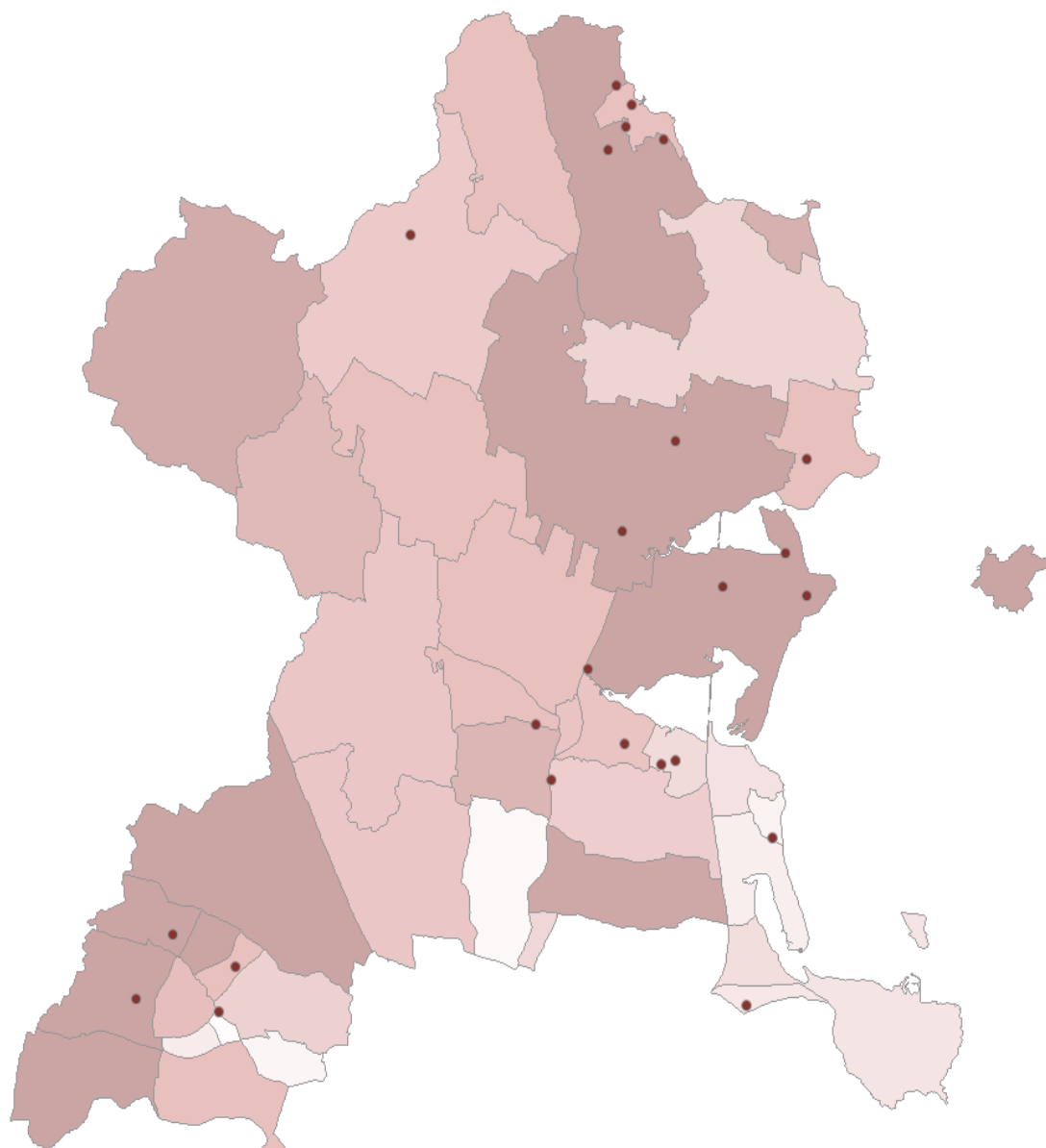


Figure 5.25: Disability category, North East Fingal

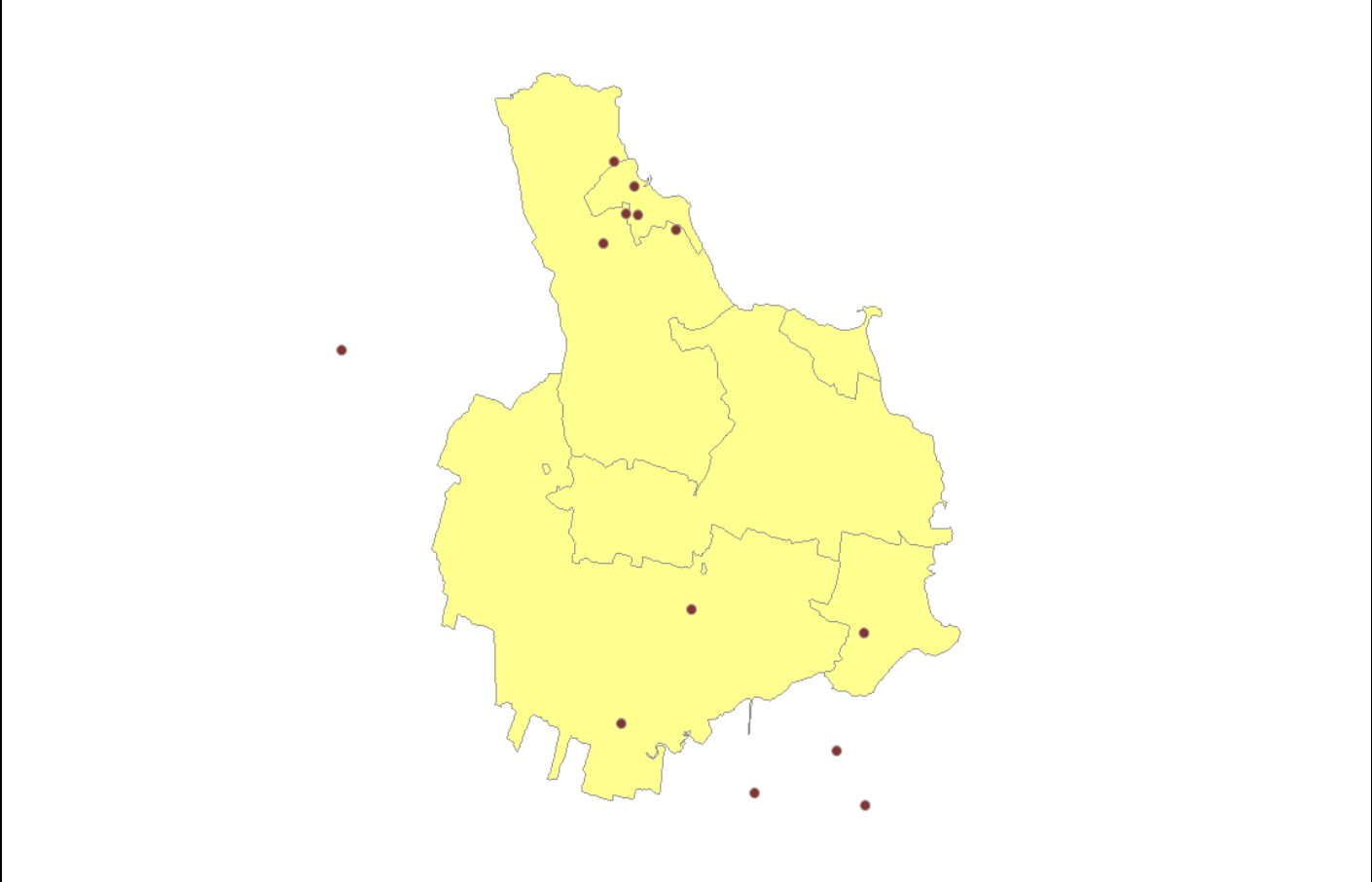


Figure 5.26: Disability category, North West Fingal

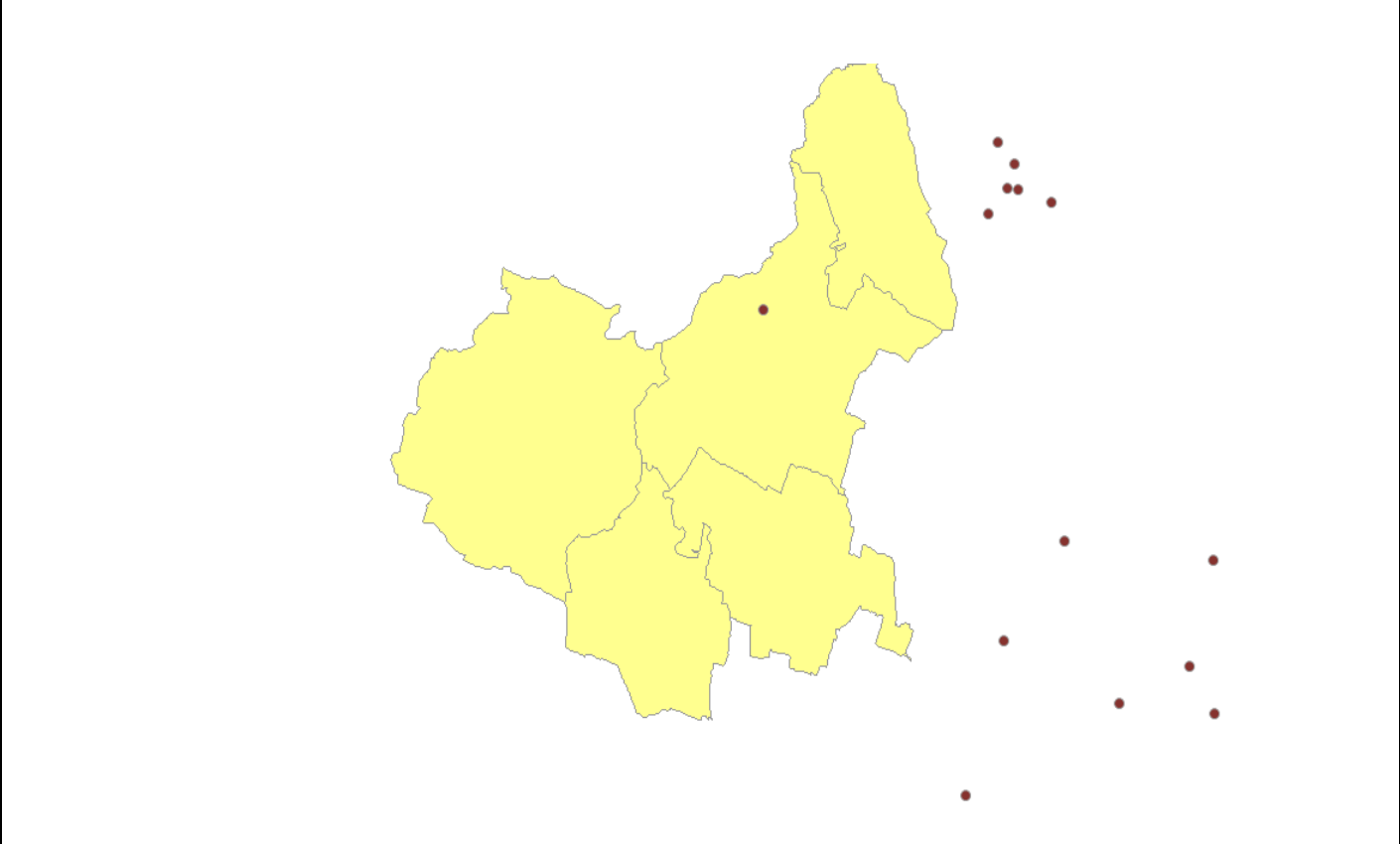


Figure 5.27: Disability category, Mid-Fingal

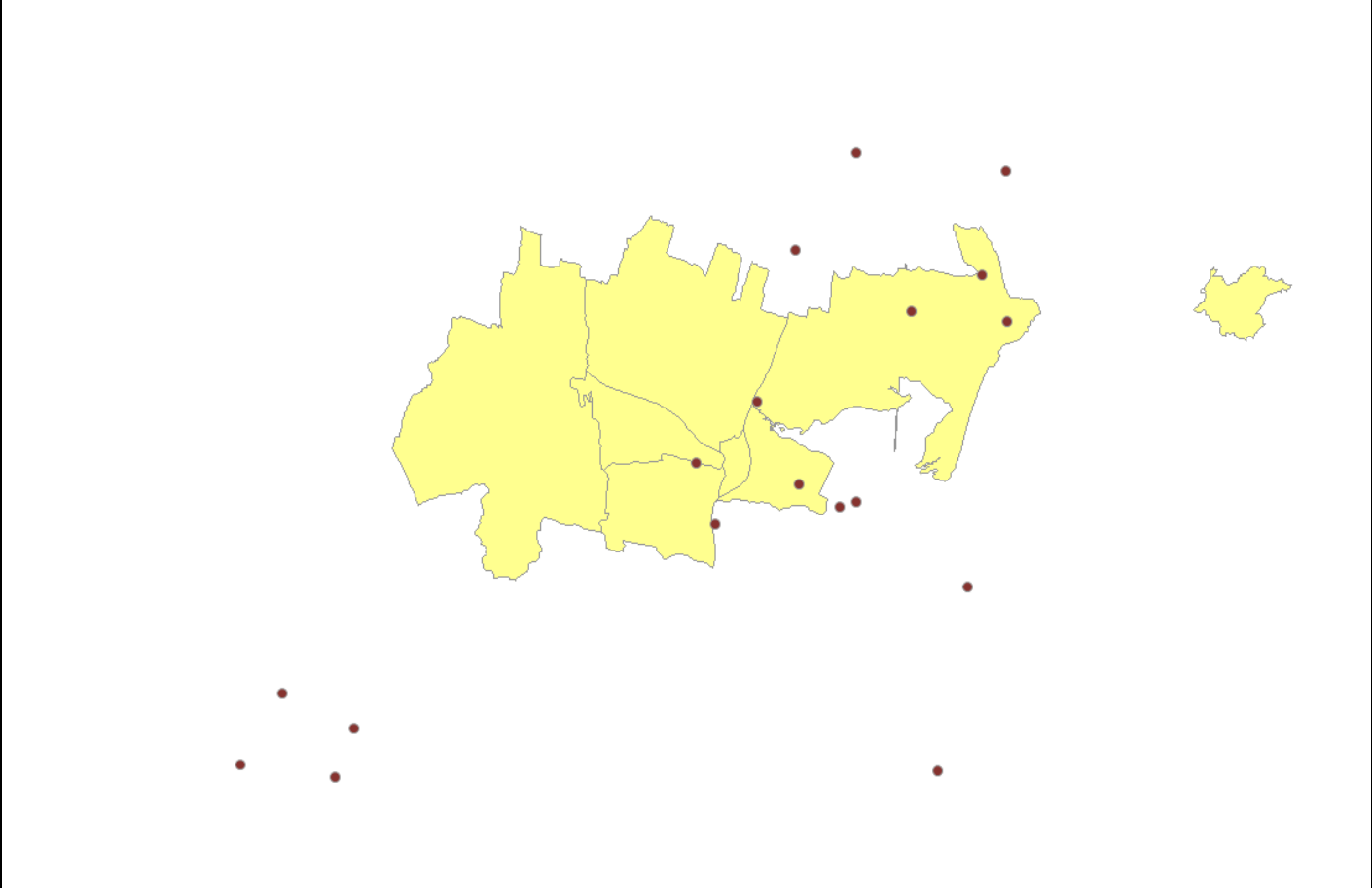


Figure 5.28: Disability category, South West Fingal

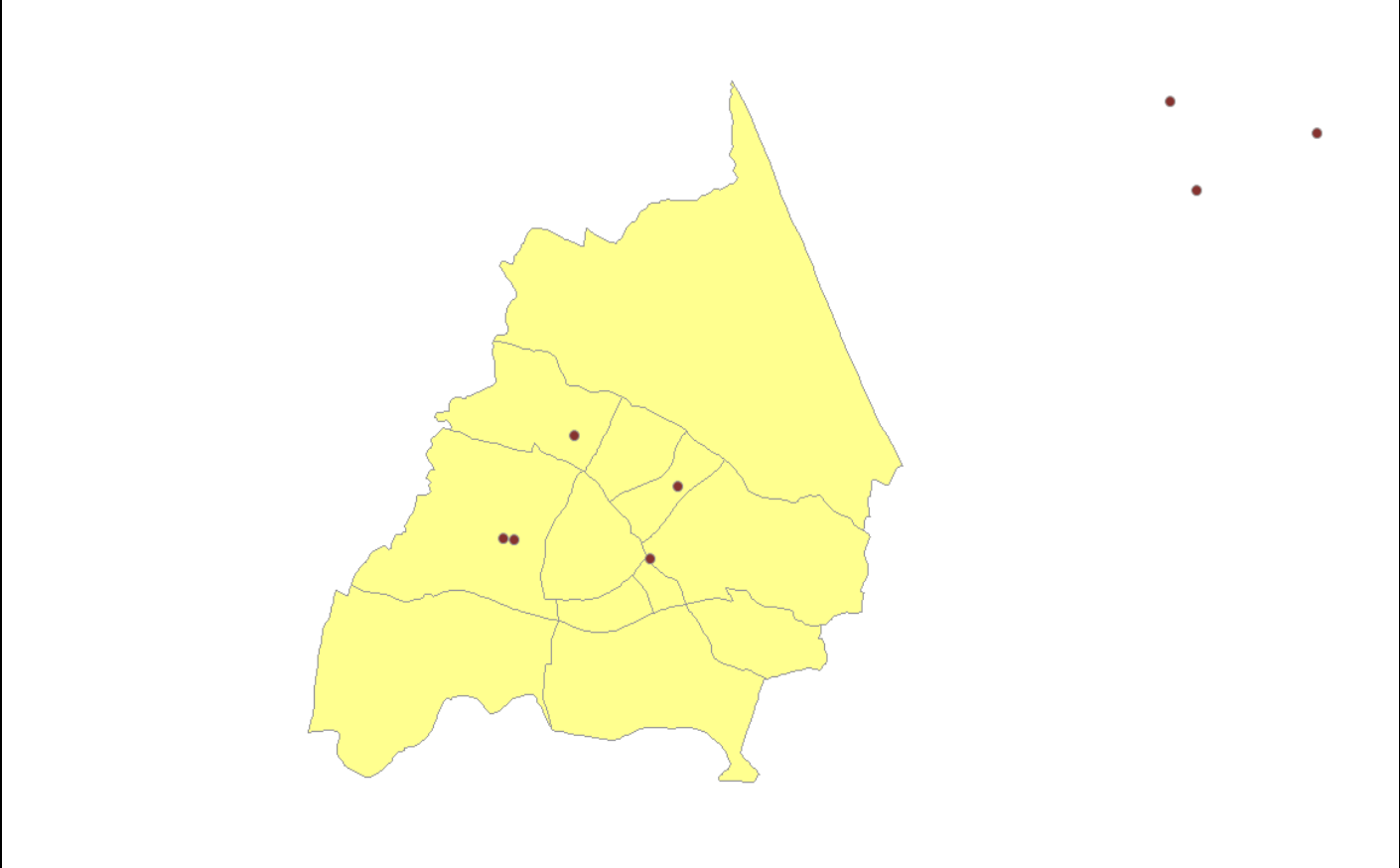
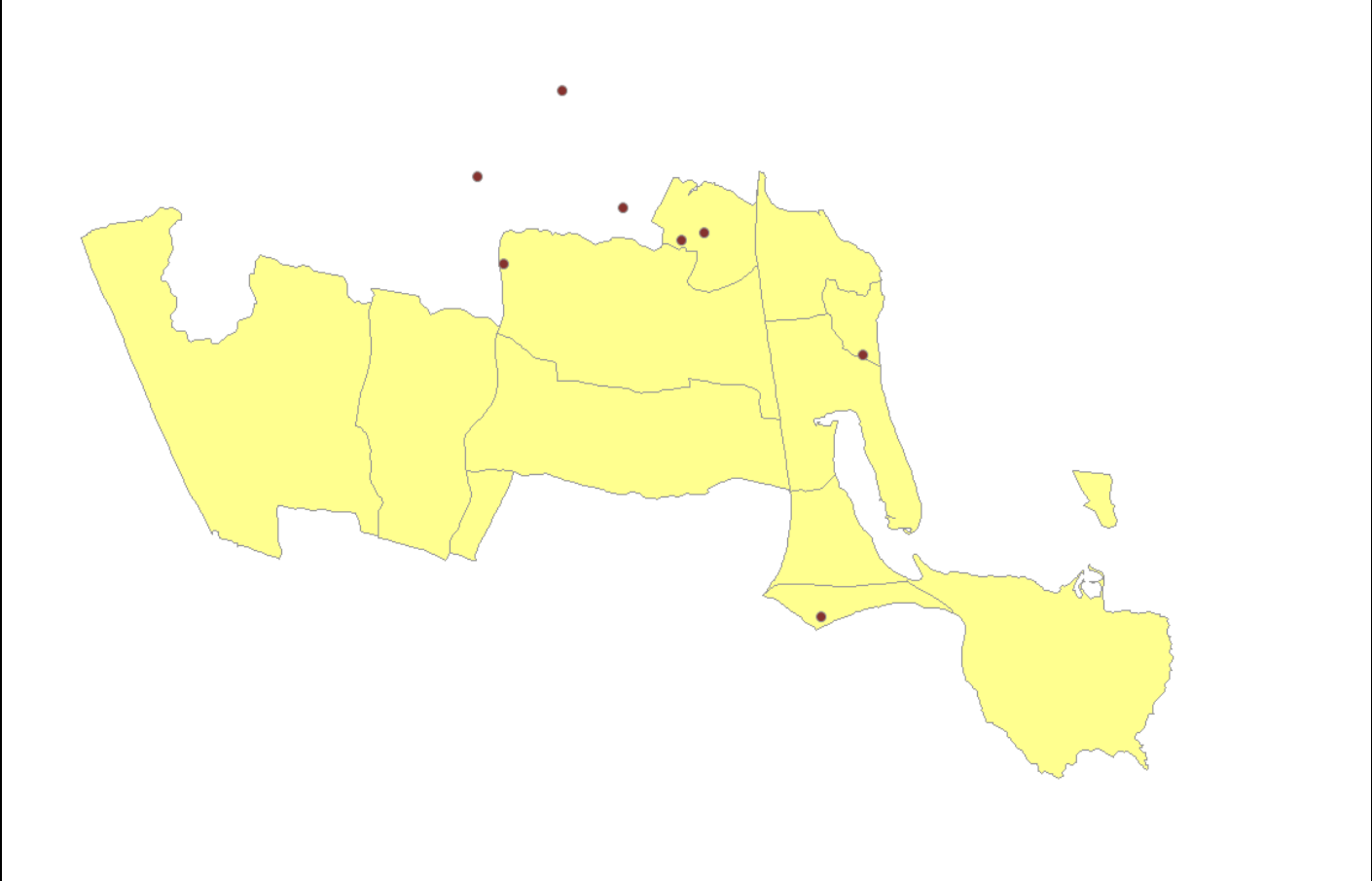


Figure 5.29: Disability category, South East Fingal



5.8 Education

Included under this theme are all primary and second level schools located in Fingal. It also includes a small number of education related projects which seek to retain children in school and some which provide education for those who have left school early such as Youthreach and Community Training Centres.

Figure 5.30: Education category of children's services, Fingal.

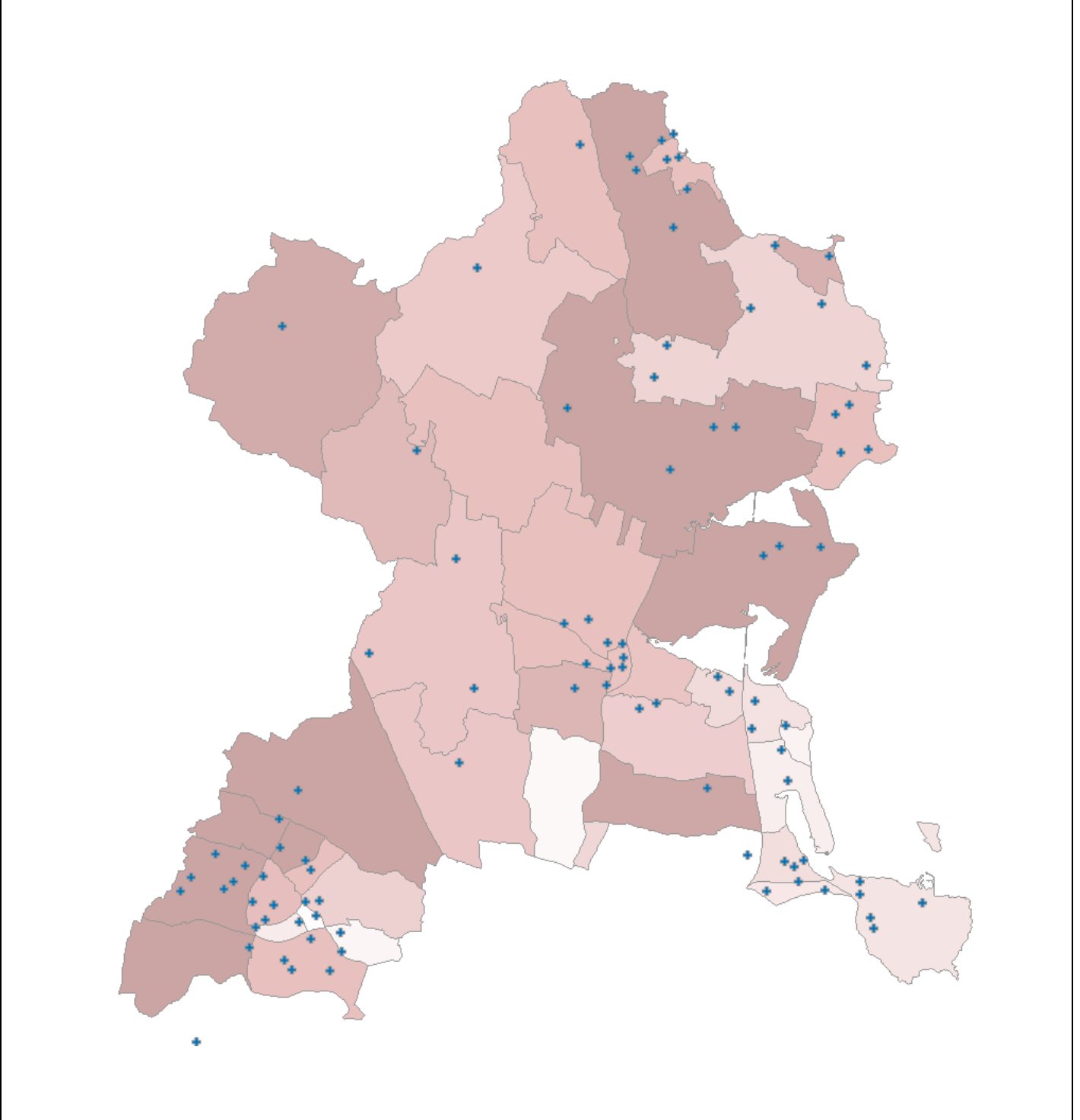


Figure 5.31: Education category, North East Fingal.

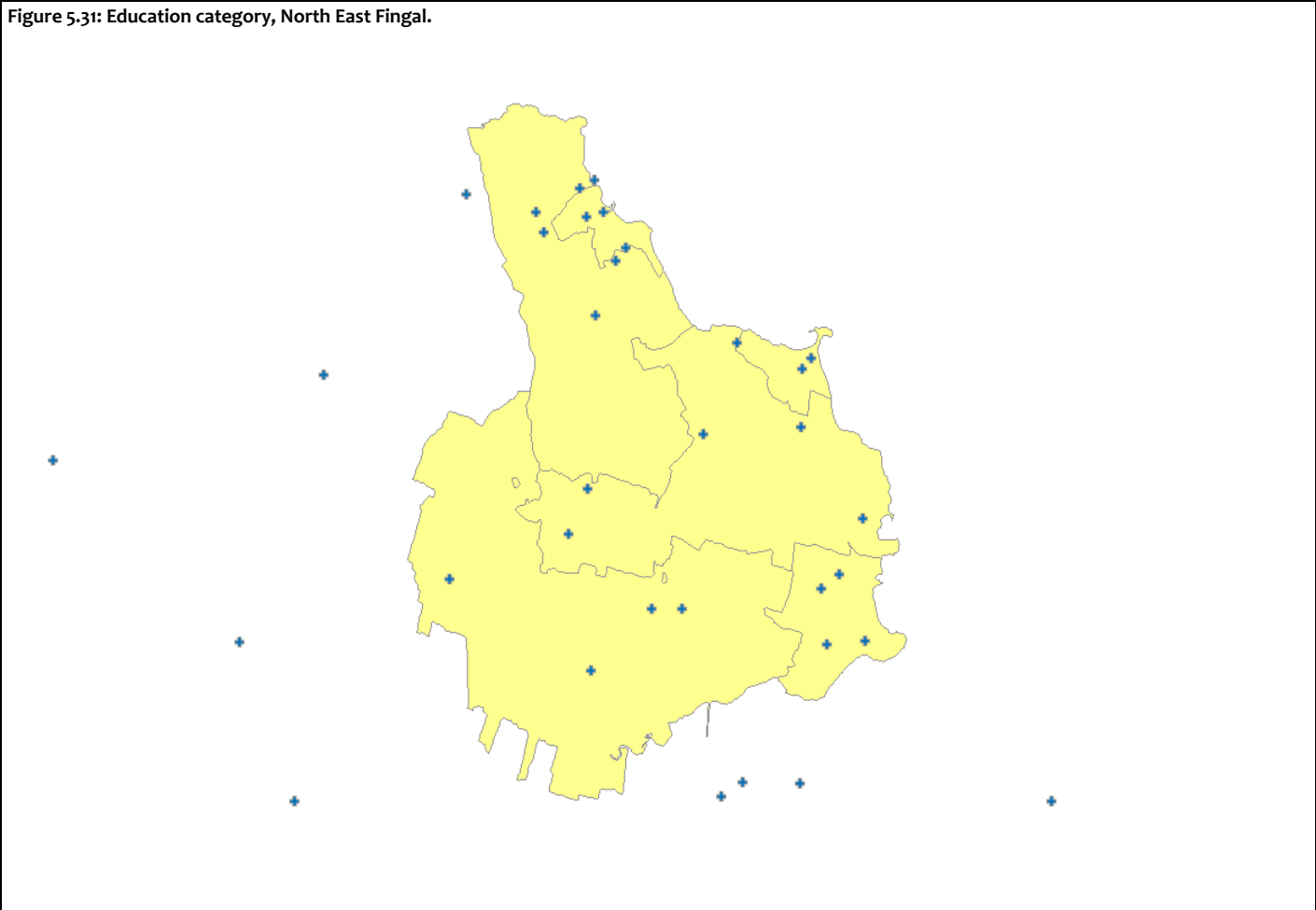


Figure 5.32: Education category, North West Fingal.

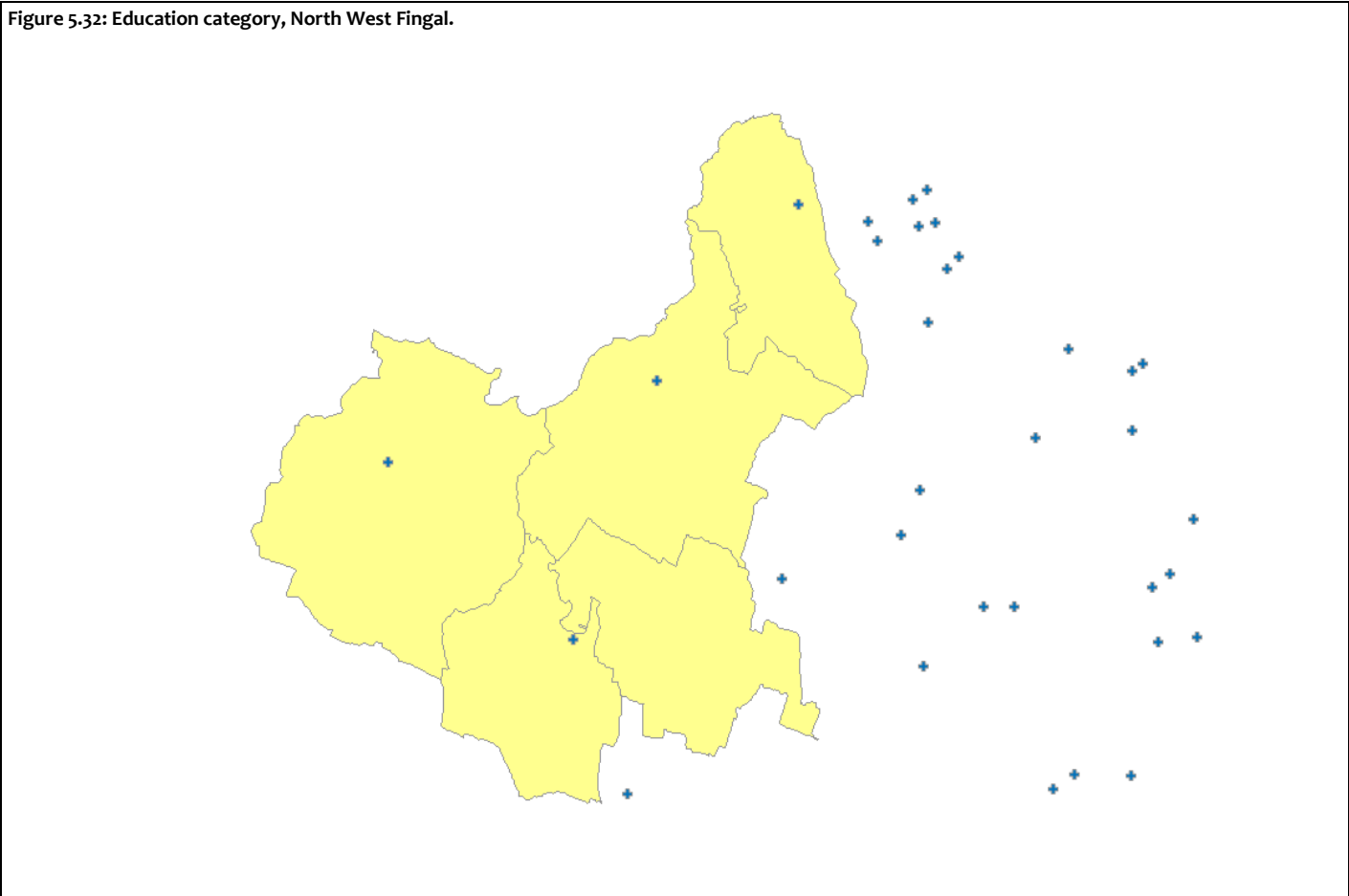


Figure 5.33: Education category, Mid-Fingal

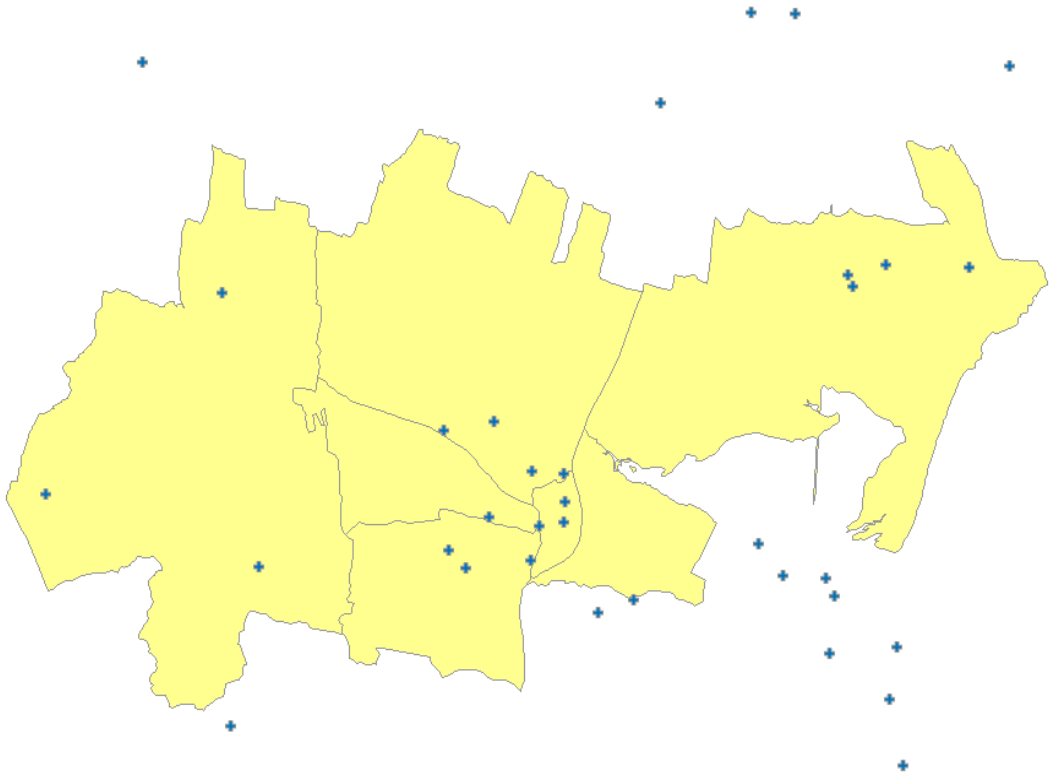


Figure 5.34: Education category, South West Fingal

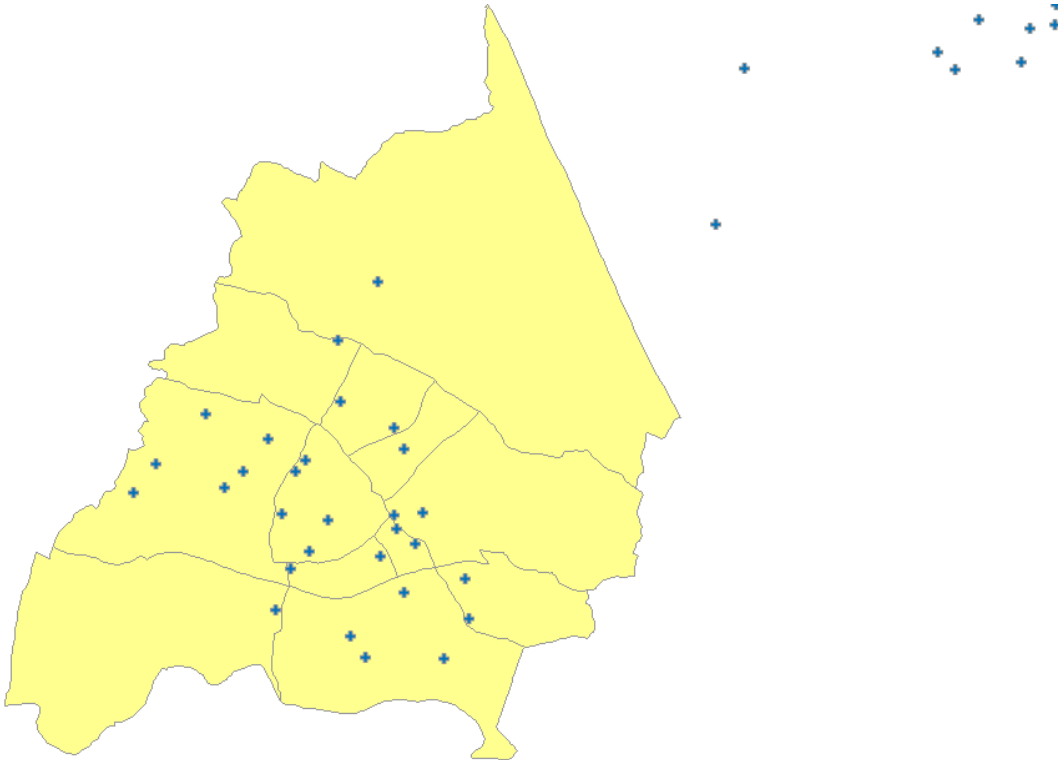
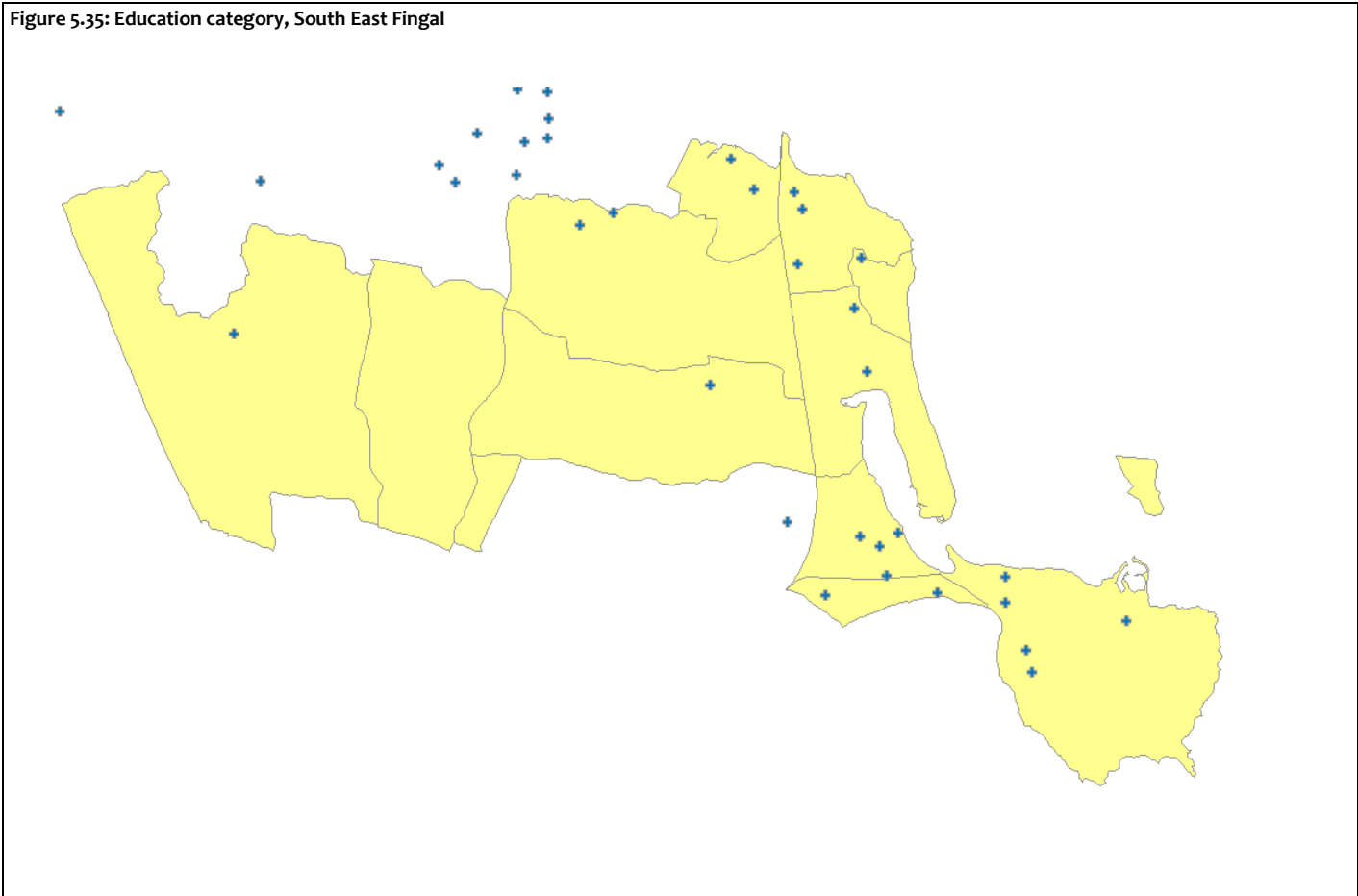


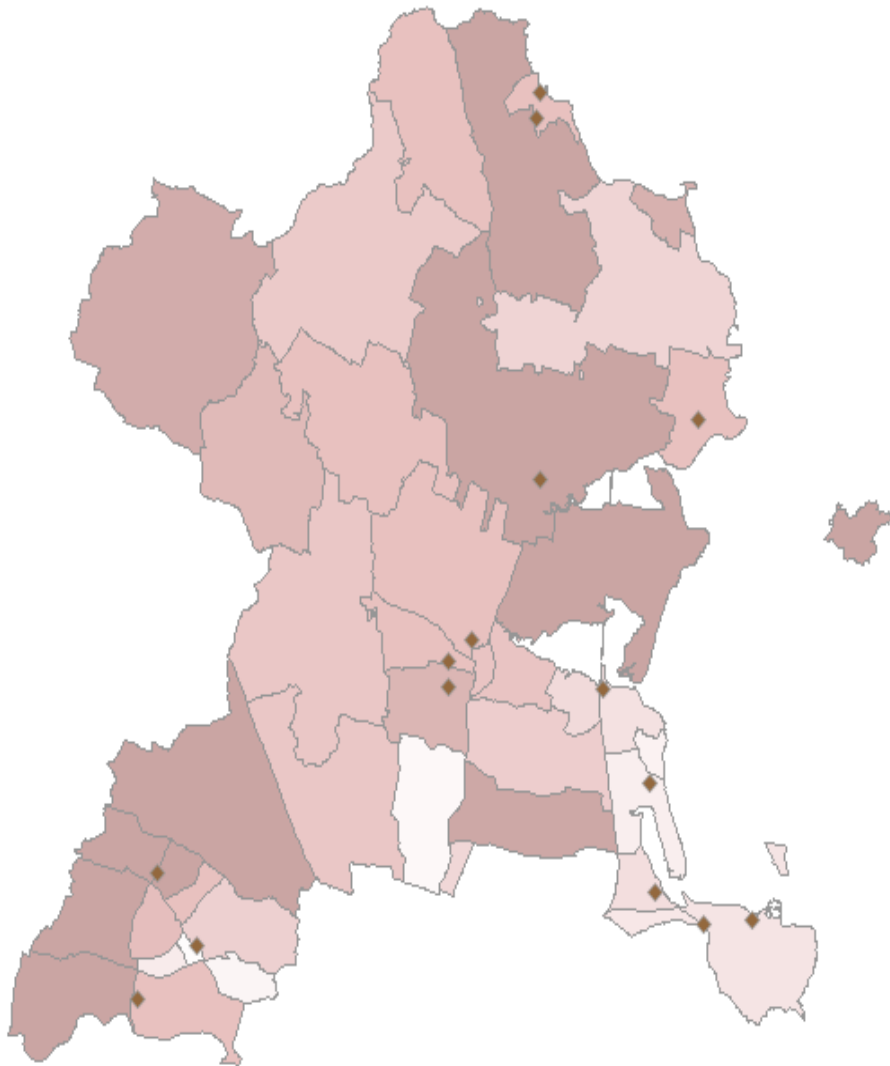
Figure 5.35: Education category, South East Fingal



5.9 Religious

As the title suggest, this set of services are those that operate under the aegis of religious communities, and include their centres such as churches and halls etc.

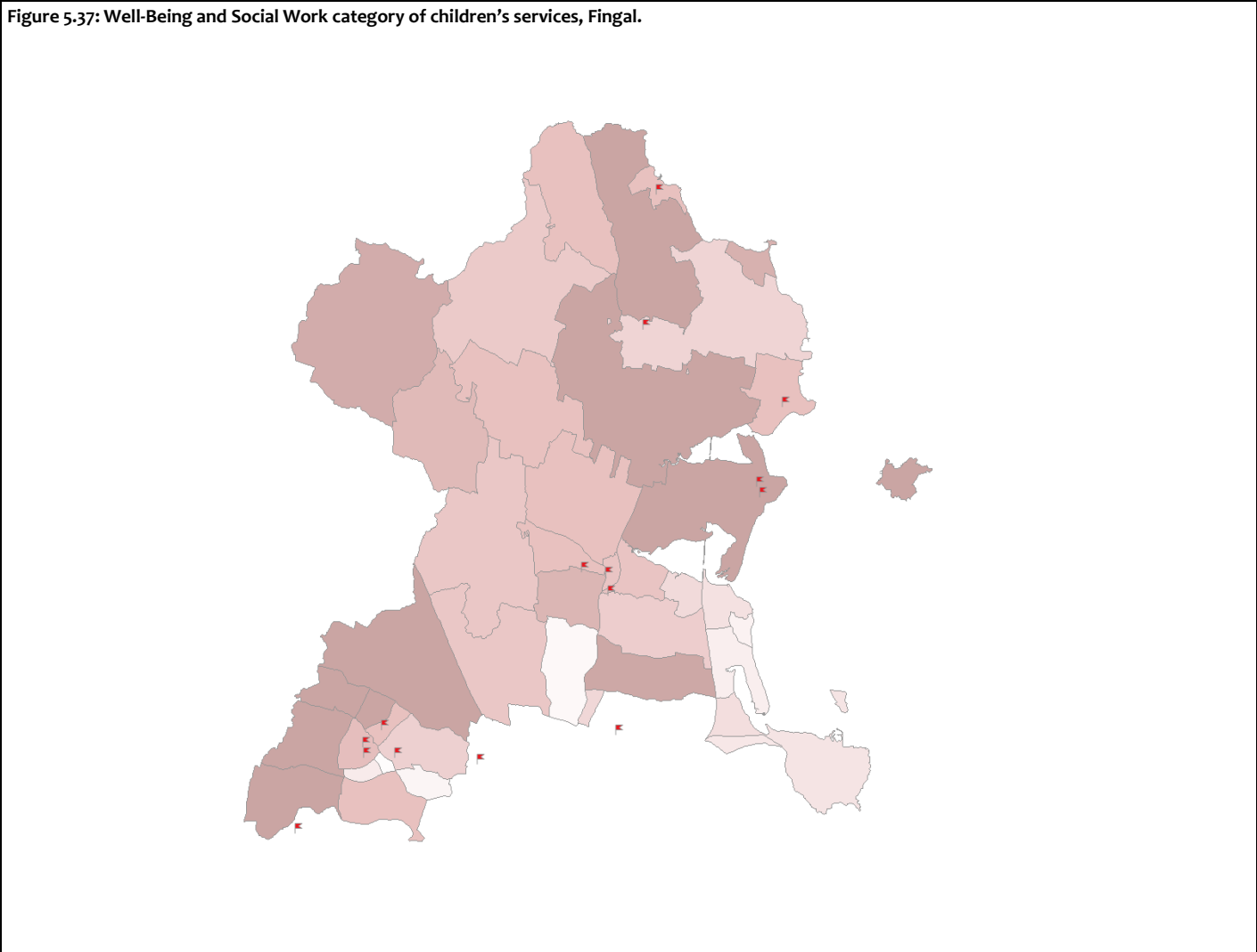
Figure 5.36: Religious category of children's services, Fingal.



5.10 Well-being and Social Work

This theme comprises statutory and community/voluntary services and projects that provide social work, counselling, mental health and related services for children and young people.

Figure 5.37: Well-Being and Social Work category of children's services, Fingal.



5.11 Services by Sector

This part of the chapter explores Children's Services in terms of whether they are delivered by statutory, community and voluntary, or private sector based organisations. The map below (figure 5.38) reveals the spread of these services according to each of the five sub-regions of Fingal which are used throughout the research.

Figure 5.38: Services by Sector, Fingal.

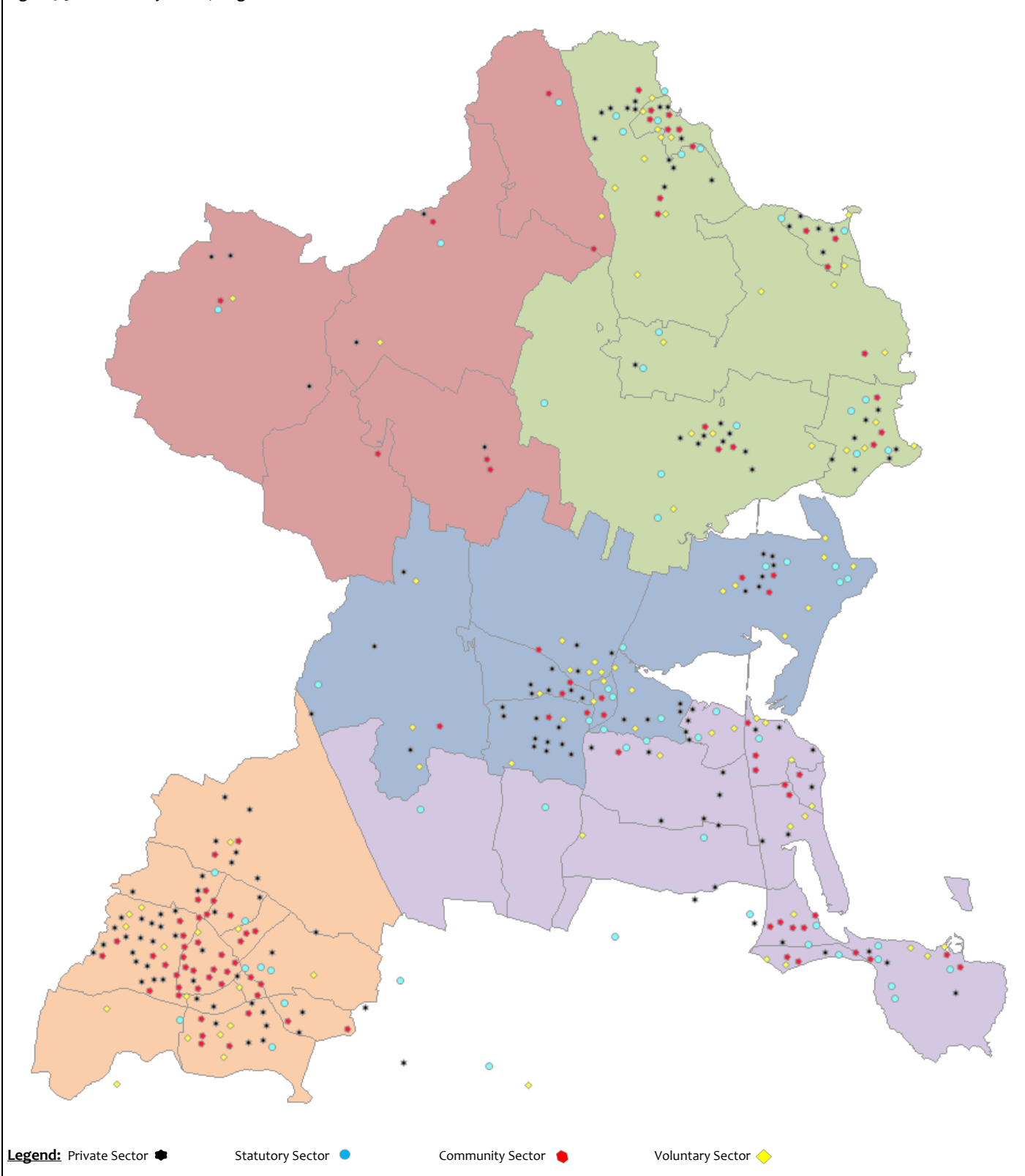


Figure 5.38 therefore shows concentrations of children's services around Dublin 15, Swords, North East and South East Fingal. Additional maps are provided below which show a more accurate picture of the breakdown of services across these

sectors in each of the five sub regions of Fingal. However, derived from the mapping exercise of services the following table (5.1) provides a categorisation of these services by sector and their location in one of Fingal's sub regions.

Table 5.1: Mapped sector categorisation of Children's Services in Fingal

Area	Community & Voluntary Sector No. (%)		Statutory Sector No. (%)	Private Sector No. (%)	Total
	Community	Voluntary			
North East Fingal	87 (40.3%)		48 (22.2%)	81 (37.5%)	216
	42	45			
North West Fingal	16 (41%)		9 (23%)	14 (36%)	39
	9	7			
Mid-Fingal	55 (32.4%)		39 (22.9%)	76 (44.7%)	170
	14	41			
South-West Fingal	174 (48.3%)		59 (16.4%)	127 (35.3%)	360
	100	74			
South-East Fingal	52 (36.4%)		32 (22.4%)	59 (41.3%)	143
	23	29			
TOTAL	384 (41.4%)		187 (20.2%)	357 (38.5%)	928⁴⁴
	188	196			

This table therefore presents the classification of children's services that are mapped in this chapter according to whether they can be considered community, voluntary, statutory or private sector. This analysis refers in part to the social services provision and policy mix seen in Ireland, described in Chapter three, between statutory and non-statutory (normally community and voluntary) services.

As research has shown, it has proved difficult to come to a consensus on how to definitively classify the community and voluntary sector and indeed the statutory sector⁴⁵. In the present context, statutory services refer to those that are provided directly through a public authority such as the HSE, VECs (Education and Training Boards) as well as all schools and/or by whose staff are paid directly by a public authority. Community and Voluntary services are separated into their two related strands: community and voluntary. Community services refers simply to those that are based and focused on one community and are not part of a wider organisation which operates across multiple communities. Voluntary services in this instance refer to those services that are part of a wider non-statutory organisation that operates in numerous communities throughout Fingal, a part of Fingal and in some cases across the Dublin and wider regions. In this case, voluntary services may operate community projects or youth projects in local areas but may also do so in a range of similar communities as part of the overall service delivery of the agency. Private sector here refers almost exclusively to privately owned and operated childcare and preschool services⁴⁶.

From table 5.1, there are some interesting broad findings. Firstly, the mapped database classified by sector reveals that roughly four out of ten children's services are delivered by the community and voluntary sector or the private sector respectively. One in five, or 20% approximately, are delivered by the statutory sector. Overall, this highlights the role of the community/voluntary and private sectors in services for children which in of itself is an important characteristic of the profile of services.

It also follows from the table that across Fingal the community and voluntary sector are responsible for twice the incidence of individually mapped children's services than the statutory sector. However, this comes with a note of caution since it

⁴⁴ This includes all services that had geo-co-ordinates identified on the integrated databases. The total number exceeds the number which comprised the sample frame in the research survey discussed in the following chapter. The main reasons for this were the lack of sufficient contact details - beyond their location - for services to include them in the survey.

⁴⁵ See Watters, 2004 and MacCarthaigh, 2010 for an outline of aspects of this debate in respect of both broad sectors, Community/Voluntary and Statutory respectively.

⁴⁶ When looking at the 'social sectoral' mix of social services, the private sector is not normally included due to its limited presence; however, in the case of children's services although private it is crucial to include the childcare and preschool sector given its size and developmental role with children. It should be noted also that some child and preschool services are community-based and not for profit and are not therefore included under the private sector.

does not take account of the numbers attending, through-put, caseload, waiting lists and so forth of individual services. In other words, some may be small and or others very large comparatively and so on. Nevertheless, the important finding here is the importance of sectors alongside the statutory sector in the delivery of services.

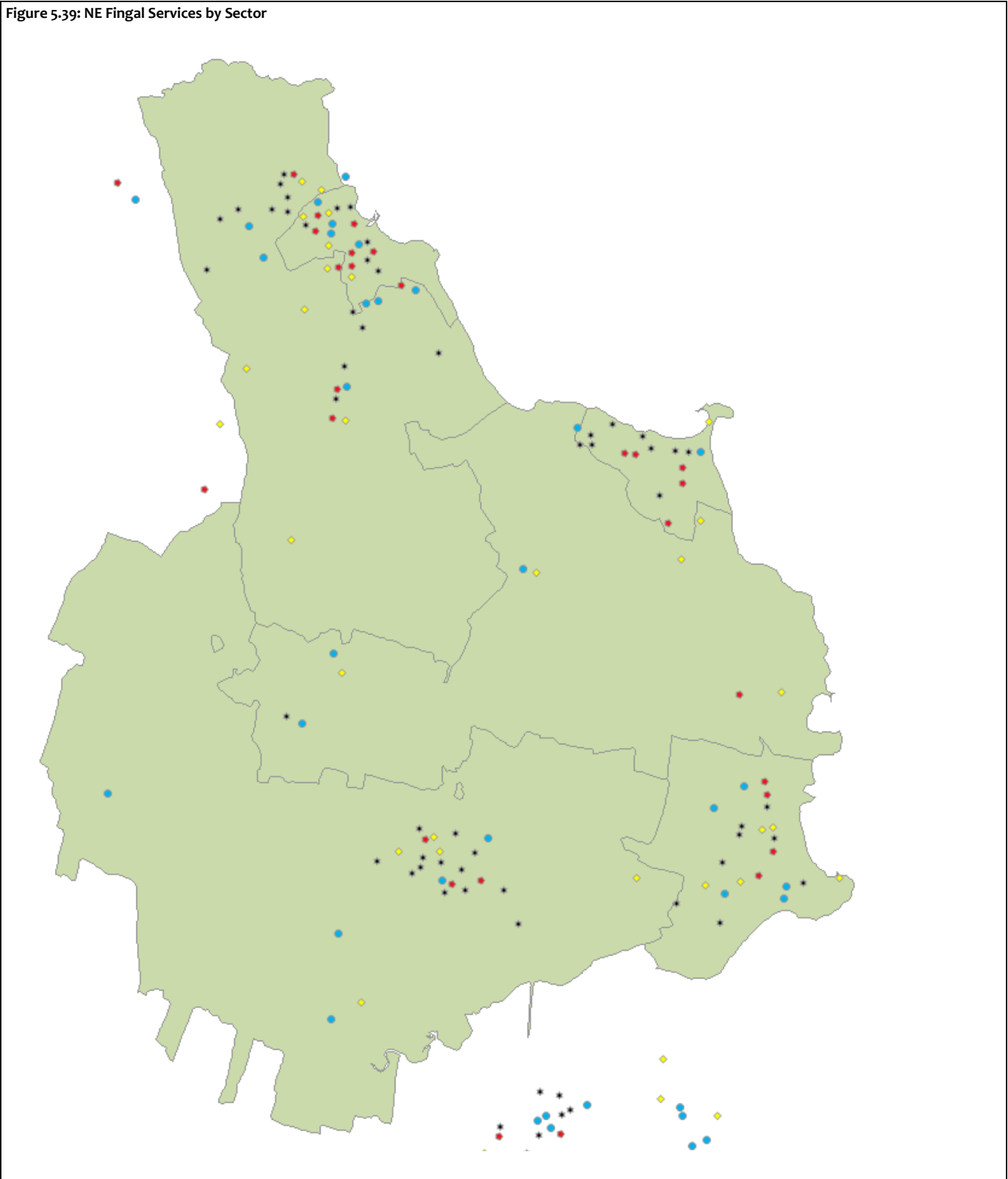
The table also reveals some differences at sub-Fingal, regional level also. South-West Fingal exhibits a higher incidence of community and voluntary services than its counterparts. It also has a higher incidence of community than voluntary services, while the opposite is the case for most of the other sub Fingal regions. It follows that South-West Fingal reveals a slightly lower incidence of statutory services for children when compared to the proportion for Fingal and the other sub regions. This mirrors the findings of the 80:20's 2007 report of services provision in the context of county coverage in Fingal.

In respect of South-West Fingal, this above trend may on the one hand reflect the 'community development' that took place over the last number of decades as its population expanded and which was subsequently not followed by statutory services provision. This scenario therefore led itself to community and voluntary sector actors animating services in the area. On the other hand, it may highlight the reliance of the area's children and young people on services provision that may themselves be vulnerable in a period of scarce resources and services retrenchment. It is of course difficult to know without adequate evidence the validity of these views drawn as they are from the mapping of services which have not been weighted as to their respective capacities and relationship to population and needs. Nevertheless, given the significant concentration of Fingal's population in the South-West, it is a development that is worth noting and perhaps investigating in more detail.

Mid-Fingal (36.4%) exhibits, and to a lesser extent South-East Fingal also, a smaller proportion of community and voluntary services than is seen overall in Fingal and more relative therefore to Dublin 15/the South-West. In addition, table 5.1 suggests that Mid-Fingal has a higher incidence of voluntary bodies than community based services. This may suggest an opposite trend to South West Fingal: that is one in which there has not been the same extent of community and voluntary activity. However, the proportion of statutory services are not significantly greater in these areas than overall. However, the proportion of private sector is greater in these areas than in the other regions of Fingal. Again it is hard to come to any hard and fast conclusions on this matter, it is again an issue to monitor in the future.

5.13 NE Fingal: Services by Sector

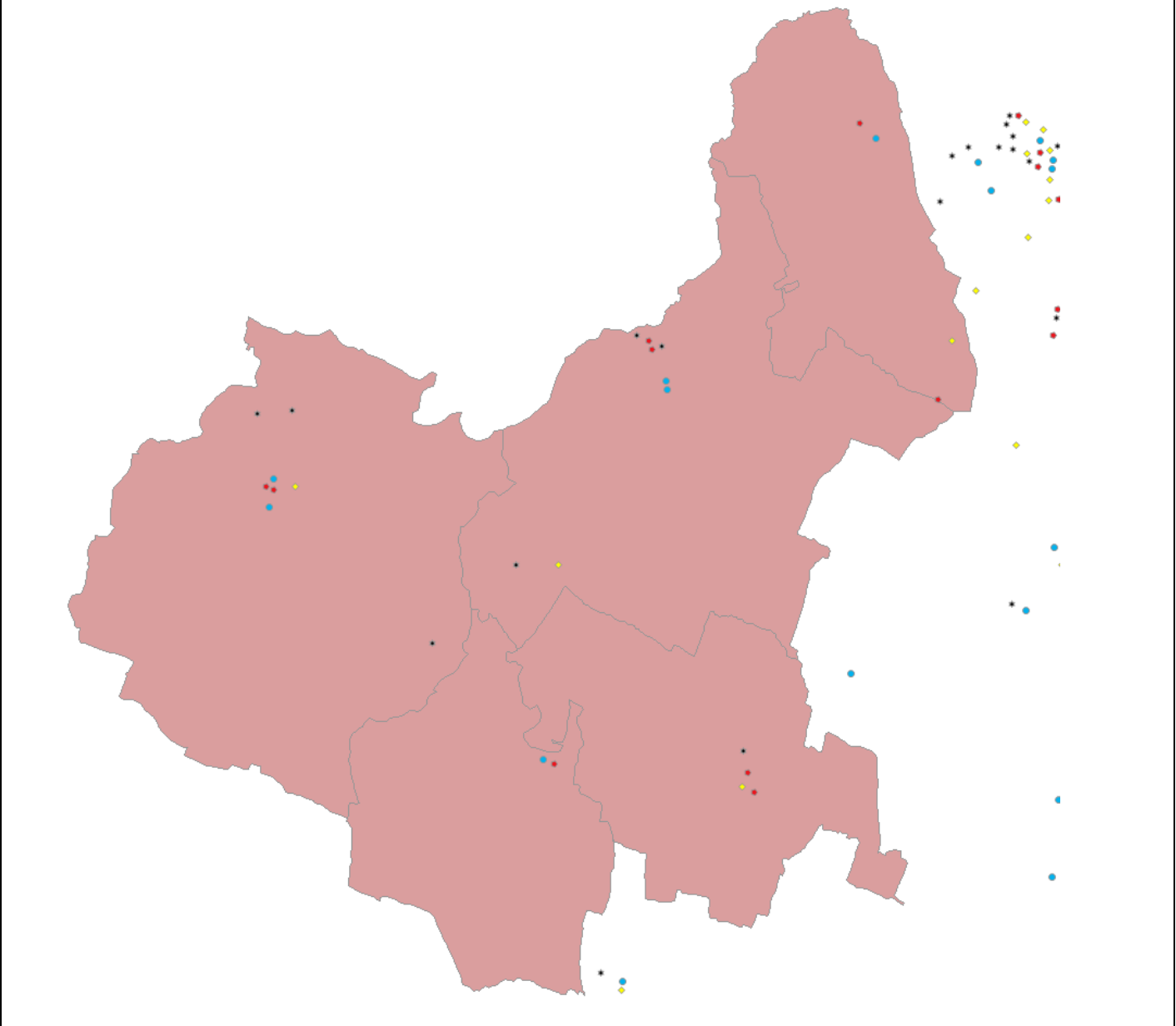
Figure 5.39: NE Fingal Services by Sector







Legend: Private Sector * Statutory Sector ● Community Sector ● Voluntary Sector ◆

5.14 NW Fingal: Services by Sector

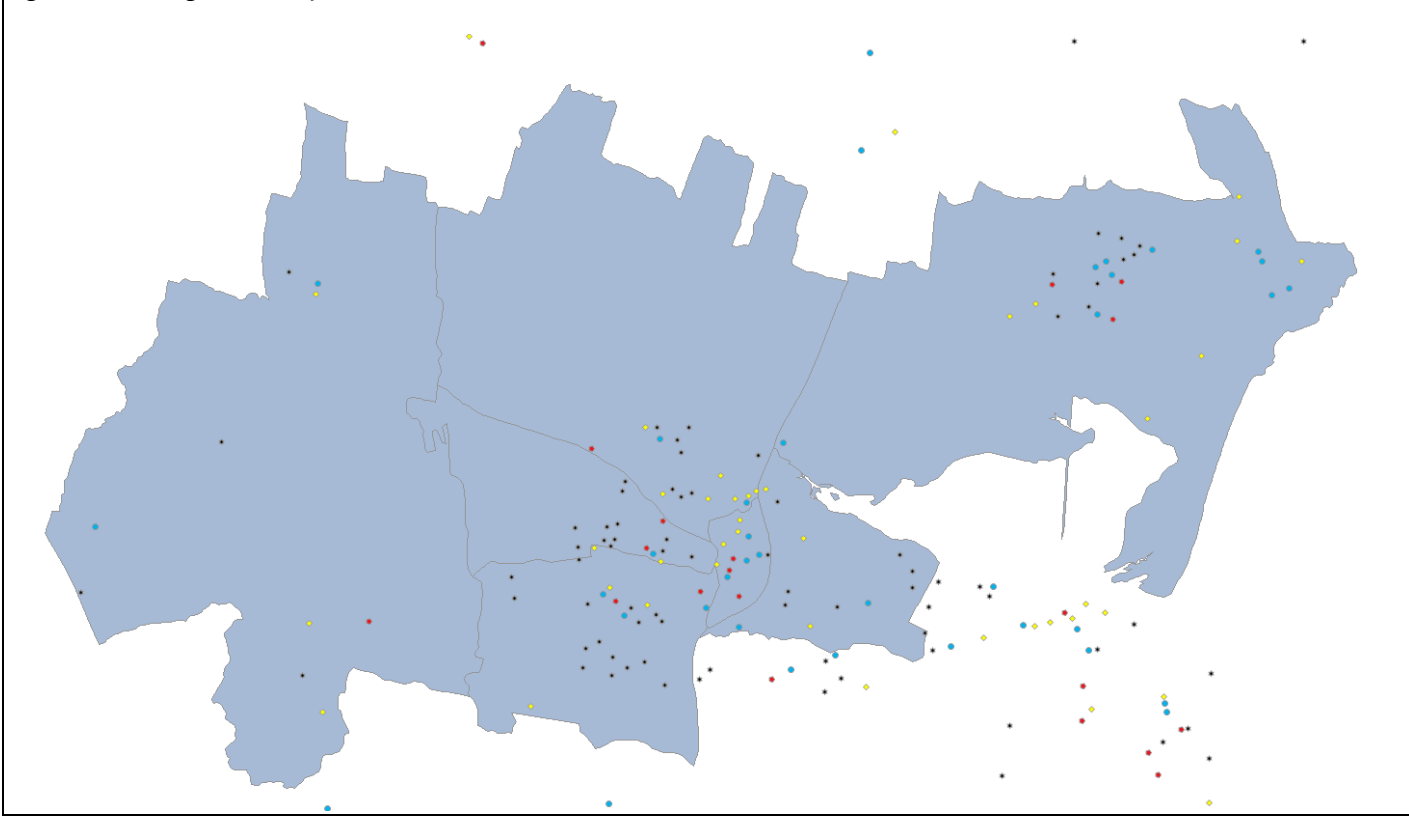
Figure 5.40: NW Fingal Services by Sector



Legend: Private Sector  Statutory Sector  Community Sector  Voluntary Sector 

5.15 Mid-Fingal: Services by Sector

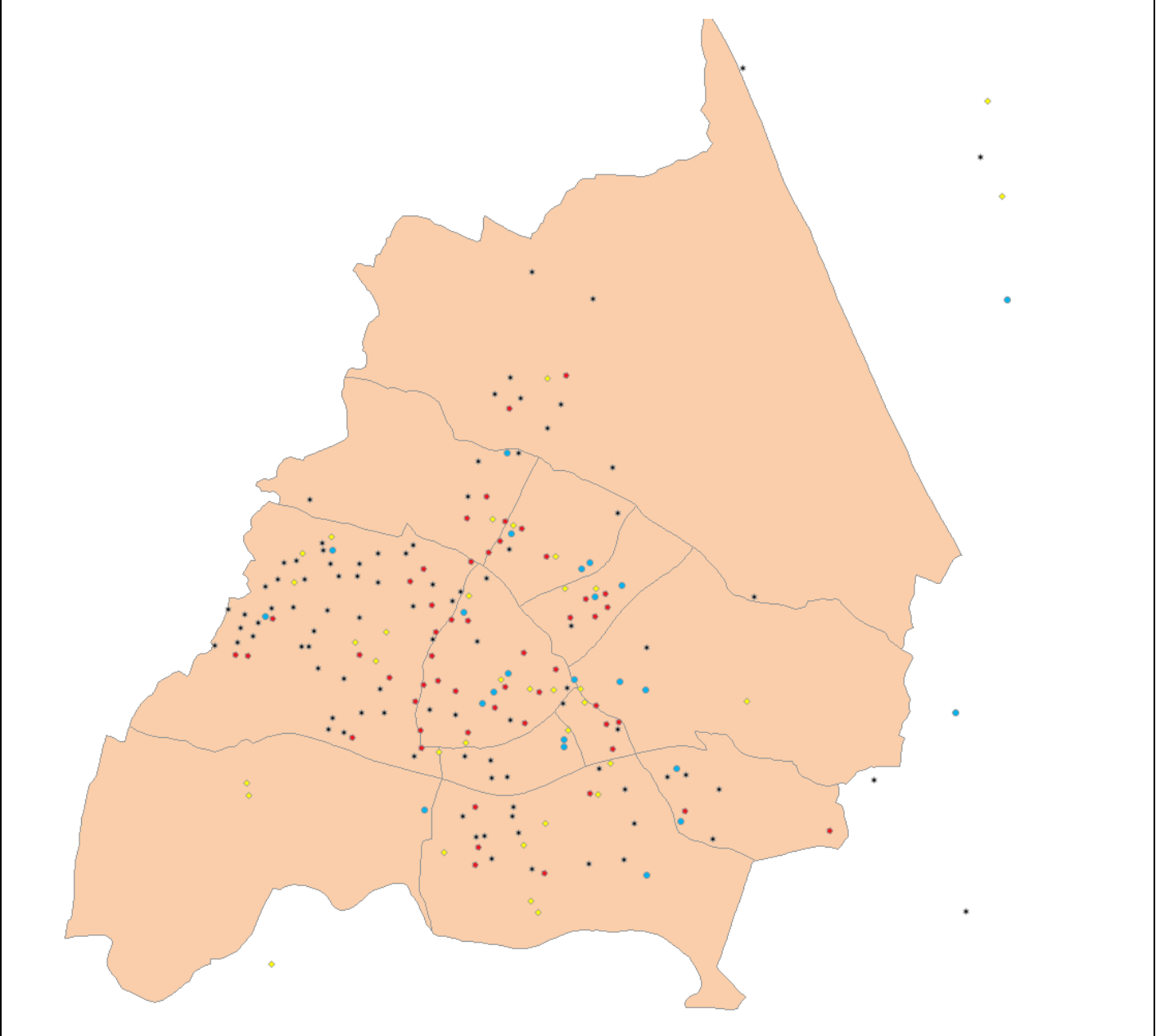
Figure 5.41: Mid-Fingal Services by Sector



Legend: Private Sector ■ Statutory Sector ● Community Sector ● Voluntary Sector ◆

5.16 SW Fingal: Services by Sector

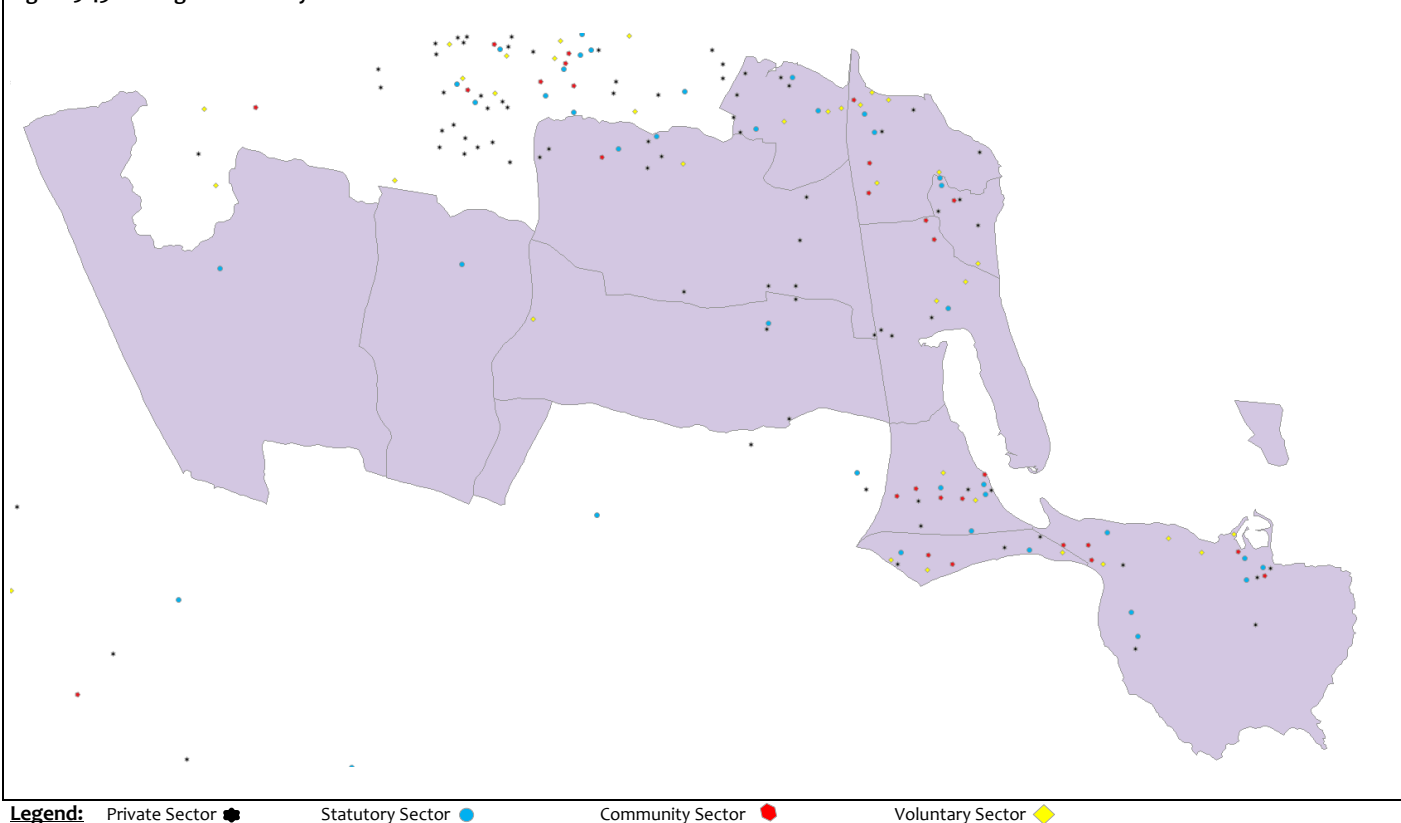
Figure 5.42: SW Fingal Services by Sector



Legend: Private Sector  Statutory Sector  Community Sector  Voluntary Sector 

5.17 SE Fingal: Services by Sector

Figure 5.43: SE Fingal Services by Sector



5.18 Conclusion

Unlike the other chapters in the report – before and to follow, this chapter has been relatively limited in its use of commentary and explanation. This is by virtue of the nature of the chapter which is primarily to illustrate the location, by GIS mapping, of the various types of services in Fingal. Thus there are no definitive conclusions that can be drawn from the chapter beyond its illustration of the location of services by type and location across Fingal.

Based on an overview of the maps, it is worth however making a number of observations that seem to follow and which should be monitored as further data becomes available in the future and in particular through the work of FCSC.

The first observation is that services that are of a generalist and/or non-specialist nature - such as pre-school childcare, education, cultural and sporting pursuits - seem to be relatively spread across the main population centres in Fingal. However, the second and more cautionary observation centres on the corollary of this: namely, the maps seem to suggest that specialist services such as those for well-being, social work, addiction and disability, are not as relatively spread out in the County. Although there are concentrations of these in South West, North East and to a lesser extent in Mid Fingal, there seems to be an absence of these in South East Fingal. It is not clear, based on this data, to what extent even where these are located if they respond to need (this question is treated in following chapters), however in the case of South East Fingal, it may be that these services are located over County boundaries in the Dublin City catchment. It is however an issue to keep under consideration.

The second observation is that in South West Fingal there would appear to be higher proportion of services provision for children and young people through community and voluntary sector bodies than seen in the other sub regions. It follows from this that there is less statutory provision, according to individually mapped services, although there is considerable relative provision which is in keeping with its population. However, given the financial context of services reduction, it may be something to monitor looking to the future.

6. Survey of Children's Services

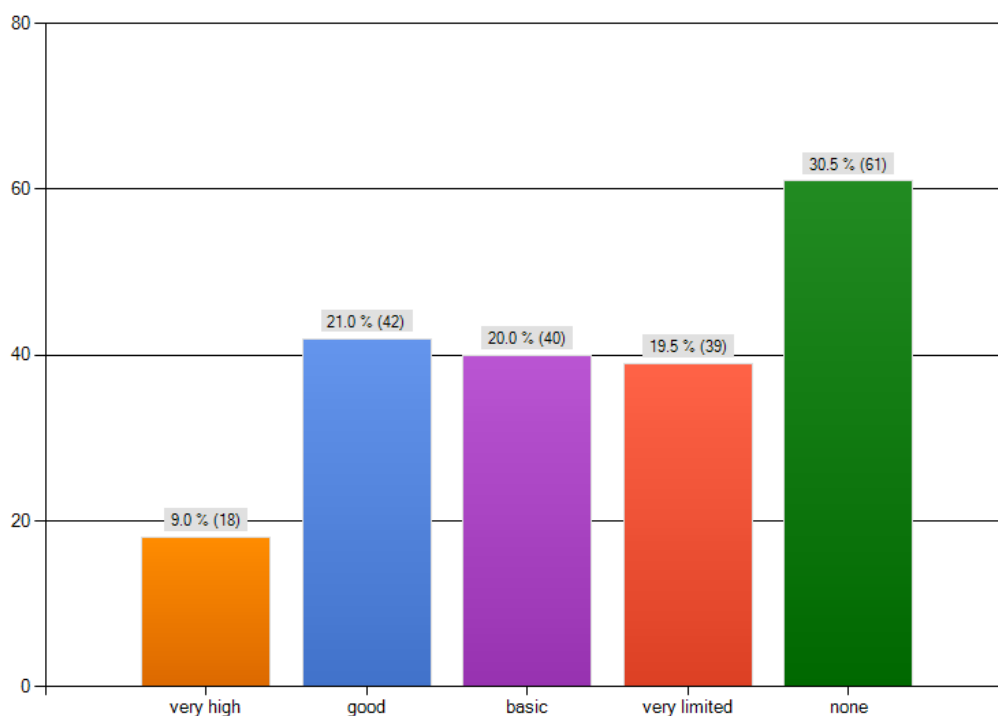
6.1 Introduction

This chapter presents the responses to the survey of children's services. As the methodology chapter detailed, each of the services included on the bespoke database of Fingal's Children's Services were surveyed by email or traditional post on a number of occasions. This chapter is based on a 25% response rate to the survey and this should be kept in mind in interpreting the findings herein. Moreover, just under half of the database of children's services in Fingal is comprised of childcare and preschool services. They also comprise over half of the responses to this survey and again this is important in any assessment of the findings⁴⁷. Efforts have been made in the writing of the chapter to reference this point where relevant to the responses.

This chapter details the findings emerging from the survey of services. The chapter is structured according to the key themes of the questions on the survey – which in turn are based on the aims and objectives of the research process more generally. In short, the chapter begins with an assessment of service's knowledge of the FCSC. This is followed, across a range of sub sections, by a profile of the services that respondents provide to and for children and thereafter children with families. From here, the chapter explores the respective sectors, funding sources and target groups of the respective services. Following this, the chapter turns to look at what services recorded as the unmet needs of children in Fingal. The final sections of the chapter examines challenges for services generally and in respect of the current economic climate. The chapter concludes with a brief summary of its findings.

6.2 Knowledge of FCSC

Figure 6.1: Knowledge of the Fingal Children's Services Committee



No. of responses: 204

The survey document, online or in paper, began with a preamble outlining the nature of the research and FCSC⁴⁸. Following this, the first question asked Children's Services, prior to their receipt of the survey from the Committee, to

⁴⁷ The earlier methodology section outlined that due to the operational requirement of the various childcare funding schemes, the database held by the County Childcare Committee of Fingal's childcare providers is routinely managed, up to date and the basis of frequent interactions. This seemed to increase the likelihood that there was a strong response from this sector overall as part of childcare service providers in Fingal more generally.

⁴⁸ (CSC) is responsible for improving the lives of children and families at local and community level through integrated planning, working and service delivery. In 2011, Fingal CSC launched its 3-year strategic plan. In this plan, Fingal CSC (FCSC) charted an agreed path for the delivery of services to children and young people in Fingal. The plan is based on the 'Seven National Outcomes for Children in Ireland'. The FCSC is required by the Department to provide an overview of service provision following an audit of all services for children and families. The purpose of this is to enable the FCSC to map service provision, to identify

describe their knowledge of Children's Services' Committees and by implication therefore, FCSC. The rationale was to set a baseline of knowledge on the part of the Committee as to awareness among service providers of its existence and purpose.

Figure 6.1 above presents to responses to this question. It shows that just over 30% of children's services had no previous knowledge of the FCSC. This was followed by roughly 20% who described their knowledge of the Committee as 'very limited'. A further 20% suggested their knowledge of FCSC was 'basic'. These three responses, accounting for over 70% of all responses, suggests that the Children's Services Committee is relatively unknown and this is the first time many of the responding services have come into contact with existence of these Committees. Notwithstanding this, 21% suggested that had good knowledge of FCSC. This does not fit statistically with the previous findings and the relative newness of the Committee. A further exploration of this cohort of responses reveals that much of these are in the private childcare sector and it may, given the proportion answering in the other categories, be reasonable to assume that some of these responses have confused the Children's Services Committee with the County Childcare Committee. From a small private business's perspective, this is an easily made mistake and it suggests a challenge for the Children's Services Committee to build its own unique profile and the easy confusion for the layperson with the County Childcare Committee.

6.3 Services Provided to Children

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

There were 204 responses to this question and as one would expect there was considerable variety in the responses. The variety differed in terms of the types of services offered, age groups catered for, sectors, complexity, voluntary/professional, standalone/co-located or interrelated services and so on. Based on a careful analysis of the responses to the survey, it was possible to identify 11 categories that broadly serve to differentiate service types. The categories identified broadly are as follows:

- Childcare
- Community Facilities
- Counselling/Psychotherapy
- Family Support
- Health
- Mainstream education
- Non Sport Leisure
- Other
- Specialist Support Services
- Sport
- Youth services

Figure 6.2 below reveals the distribution of the services provided according to these 11 categories. This shows that just under half of all services (48%) is categorised as childcare. This is by far the largest proportion and reflects the density of childcare providers on the ground. As was evident in the preparation of the database of services and noted above, this response reflects that fact that childcare providers are part of relatively up to date and constantly managed database system as part of the work of the County Childcare Committees' management of the Early Childhood Care and Education (ECCE) Scheme.

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

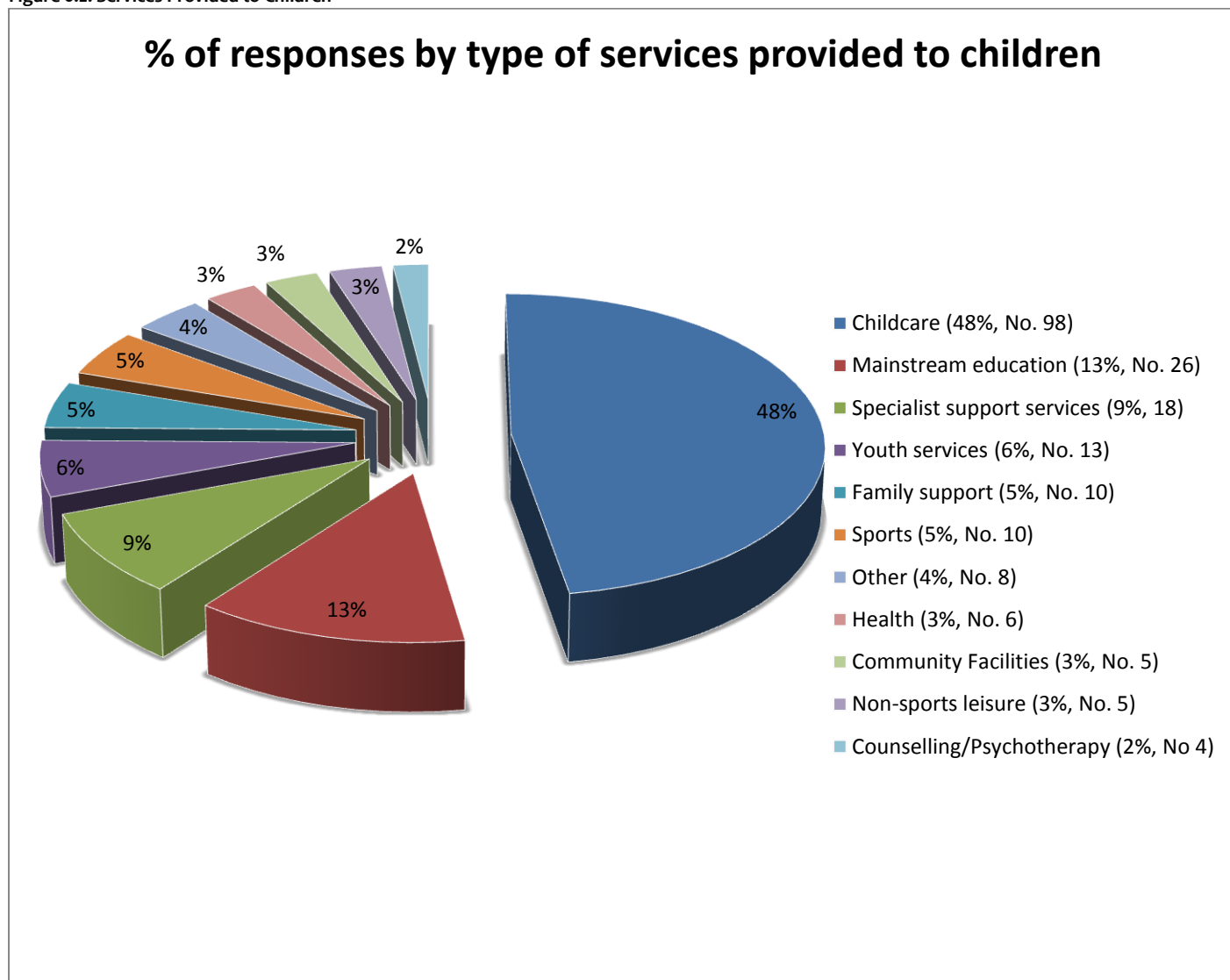
The next highest proportion of responses is mainstream education at 13%, which includes primary and post primary schools. 9% of services provided are what are termed here specialist support services. This is so due to the nature of these services, which tend to be concerned with one type of issue and the provision of support. Examples here include early school leaving, mental health, children with behavioural difficulties and so forth.

gaps in services and to ascertain where there is duplication and ultimately to improve outcomes for children. Your service's participation in this survey is very important and we would like to thank you in advance for your input.'

Youth services accounted for 13 or 6% of the responses. Services categorised as family support represented 5% of surveyed services. Following the service type and proportion of respondents was the following:

- Sports 5%
- Other 4%
- Health 4%
- Community facilities 3%
- Non-sports leisure 3%
- Counselling/psychotherapy 2%

Figure 6.2: Services Provided to Children



No. of responses: 204

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

Childcare

This refers to full, part time and sessional day care services for children. These for the most part are delivered by privately owned crèches and or a chain of crèches. Some are community based with subvention for childcare. The category also includes parent and toddler groups and child-minders. This category includes some childcare services which provide their programme through Irish, English and Polish and one in Spanish. Most of the formal childcare providers use a developmental programme such as Aistear and Siolta. (Hardiker Model: level 1)

Community Facilities

This category refers to community centre – type facilities and in some cases what were referred to as ‘sports halls’. In the present context, they typically house a range of services for children from parents and toddler groups, to leisure activities such as dancing, to boxing and youth clubs. (Hardiker Model: N/A – level 1))

Counselling/Psychotherapy

This category includes counselling and psychotherapy that is community based (non-mainstream Health services) for children, teens and youths. (Hardiker Model: Level 1 -2)

Family Support

Family support in this instance refers to services that provide help to families, practical such as home visits and advice on to advocacy. These services deal with coping, communication, parenting, development of resilience, and strengthening families. (Hardiker Model: Level 2-3)

Health

Under the health category, included are mainstream services provided by the HSE including physiotherapy, speech and language therapy, GP services, dental services and psychiatry. (Hardiker Model: Level 1 -2)

Mainstream education

The category is comprised of formal primary/national schools and post primary/secondary schools. For primary schools, this includes some junior schools (junior infants up to second class) and senior national schools (first class to sixth class). (Hardiker Model: level 1 to 2)

Non Sport Leisure

This refers to leisure activities provided to children including scouts and similar pursuits to leisure/social based youth clubs. (Hardiker Model: N/A – level 1)

Other

‘Other’ in this instance refers to transport services provided to children, addiction services with some child involvement in counselling/support, a child detention centre and respite care for children. (Hardiker Model: N/A to 4)

Specialist Support Services

As noted above, this category concerns services associated with one type or class of issue and the provision of support therein. Examples include support programmes for children with behavioural difficulties; programmes of support advice for those at risk of early school leaving; programmes for existing early school leavers; mental health awareness and interventions for young people; programmes for children and young people at risk or involvement in criminal behaviour etc. (Hardiker Model: Level 2 – 3)

Sport

The main sports noted under this heading are Gaelic games, football, rugby, athletics etc. (Hardiker Model: N/A)

Youth services

This differs from the mention of youth clubs above under the non-sports leisure heading. This refers to evidence based interventions with young people by established and normally regionally based funded youth organisations such as Foroige and Catholic Youth Care. These youth services may have multiple programmes and projects. They can focus on disadvantaged areas and young people at risk. In addition, they can also provide programmes of education and development along with outreach services. (Hardiker Model: Level 1 – 2).

6.3 Services Provided to Families

The follow on question to the one posed above asked about the services if any provided to families. There were less responses to this question as expected. However, in the responses there was some restatement of the services provided to children and presentation of this as a service to the whole family. This was particularly the case with childcare. While there is validity in this, these types of response are not included in the analysis which was looking to responses which focused in the main on services provided to the family where the child was integral or to parents and guardians with an intended direct impact on the child. This therefore put the number of responses at 47 or 23% of services who responded to the survey.

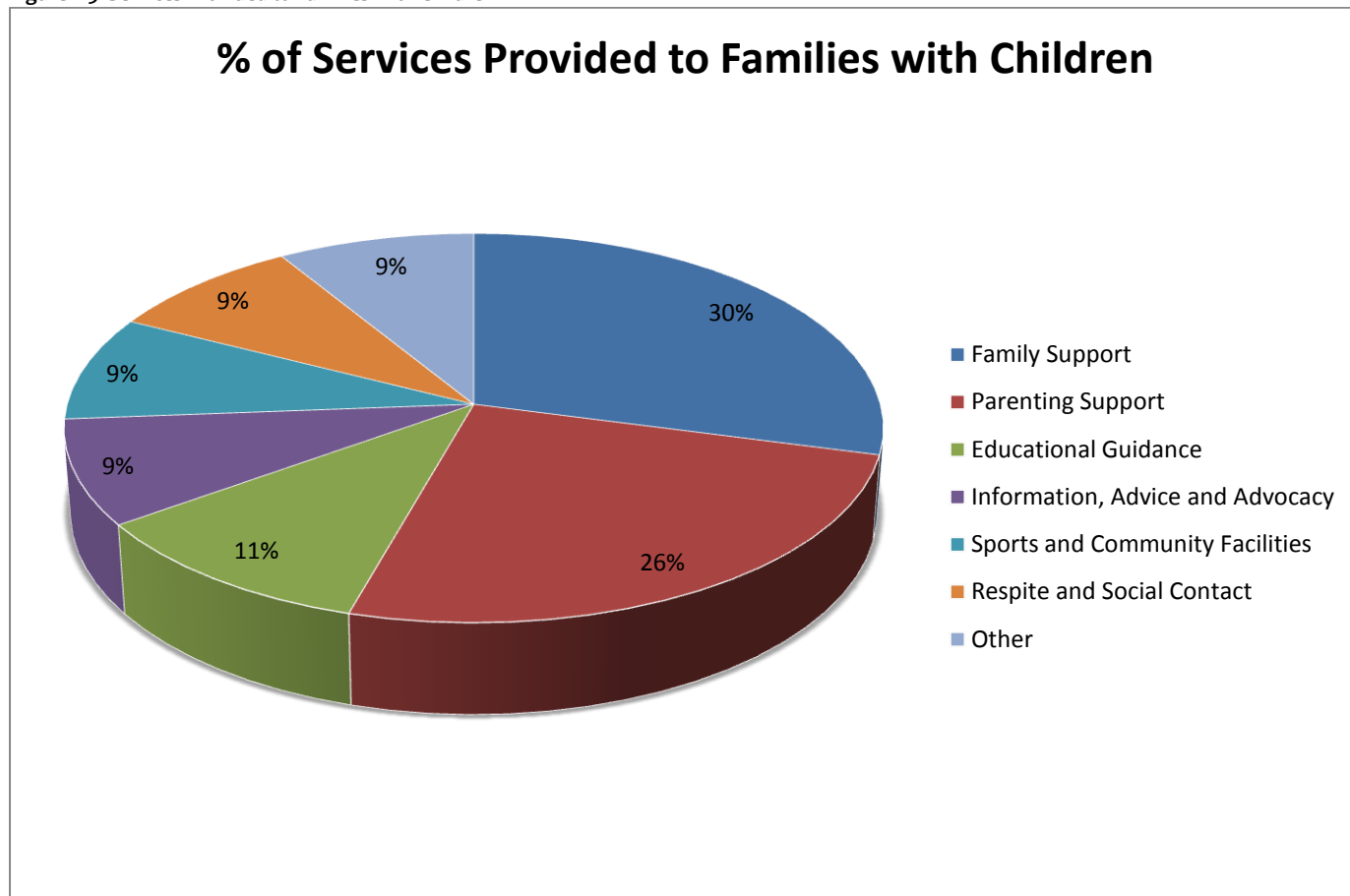
Nearly one in three of the services provided to families (30%) are characterised broadly as family support. Family support in this instance refers to service that seek to assist families practically and through one to one supports, in home or

group support programmes. The next highest proportion of services to families with children is around parenting (26%), this differs from family support in that parenting training and advice is central to the services provided and it does not stray into wider supports to the family. These two types of services cover the majority of services (56%) provided to families with children by the responding services.

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

- Educational guidance (to parents for children), 9%
- Information, advice and advocacy, 9%
- Sport and community facilities, 9%
- Respite and social contact services (e.g. for parents of children with disabilities) 9%

Figure 6.3: Services Provided to Families with Children



Number of responses: 47 (excluding childcare)

6.4 Catchment

The research survey also explored the catchment area of the surveyed children's services. The responses were varied and for analysis purposes they were broken up into various sub regions of Fingal. This built on a coding used in a previous report on Fingal – and as noted above - as follows⁴⁹:

1. North West Fingal: *Balscadden, Ballyboghil, Garristown, Oldtown and the Naul*
2. North East Fingal: *Balbriggan, Skerries, Rush and Lusk*
3. Mid Fingal: *Swords, Donabate and Portrane*
4. South West Fingal: *Dublin 15, Blanchardstown and Castleknock*
5. South East Fingal: *Airport, Malahide, Kinsealy, Portmarnock, Baldoyle Sutton and Howth.*

The responses in the current survey of children's services were therefore coded according to these area along with two others which categorised the service types:

6. All Fingal: *these are services whose catchment is the entire Fingal administrative region.*

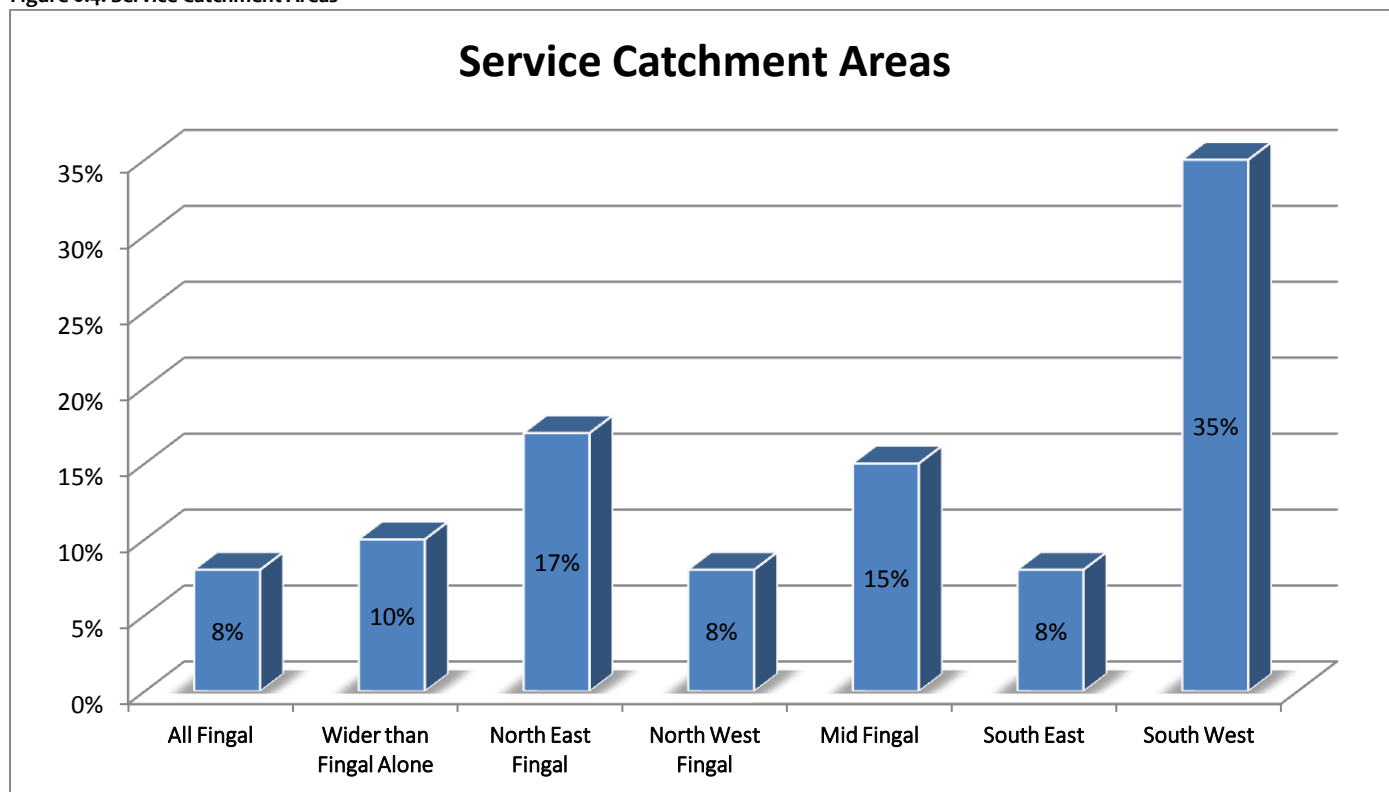
⁴⁹ 80:20, (2007) Removing the Boundaries - Building on the Foundation for Social Inclusion in Fingal. Fingal County Coverage Working Group.

7. Wider than Fingal: services whose catchment is larger than Fingal or extends from part of Fingal into, for example, Dublin City.

In line with the 'Removing the Boundaries' publication from 2007, the analysis of the catchment of responding services had to take account of those with two or more catchment areas, i.e. North Fingal might for instance include the North East and North West and in some cases, Mid-Fingal. In this instance, they will have been recorded under each of the sub regions: North East, North and in Mid Fingal. Indicated below are the number of services that covered more than one region in Fingal and also the regions in question.

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

Figure 6.4: Service Catchment Areas



Number of responses: 226

The largest proportion of services responding to the survey, 35%, is based in South West Fingal - that is Dublin 15. This is not surprising given the concentration of Fingal's population in this area. This is followed in 17% proportion of services by those based in the North East Fingal region: Balbriggan, Skerries, etc. Next in proportionate numbers is the Mid Fingal area - centred on Swords and bearing east to Donabate - 15% of responding services. The North West and South East Fingal reveal 8% of services responding respectively. Furthermore, 8% of service providers cite their catchment as all of Fingal while a further one in ten, 10%. As noted in earlier chapters, the population of NW Fingal is small when compared with the other sub regions however SE Fingal represents a significant population, bigger than NE and Mid Fingal. While the responses to the survey alone are not representative, it nevertheless is the most in-depth attempt at research and suggests the area is relatively under resourced in services terms.

In addition, a total of 24 services reveal catchment areas that extend to two or more of the sub regions in Fingal. The combinations and their volume are set out in the table below.

Table 6.1: Service catchment combinations of Fingal sub regions

Sub region combinations for catchments	Number of Services
North East/Mid Fingal	5
North East/North West	9
North West/Mid Fingal	3
Mid Fingal/South East	4
Mid-Fingal/North East/North West	3

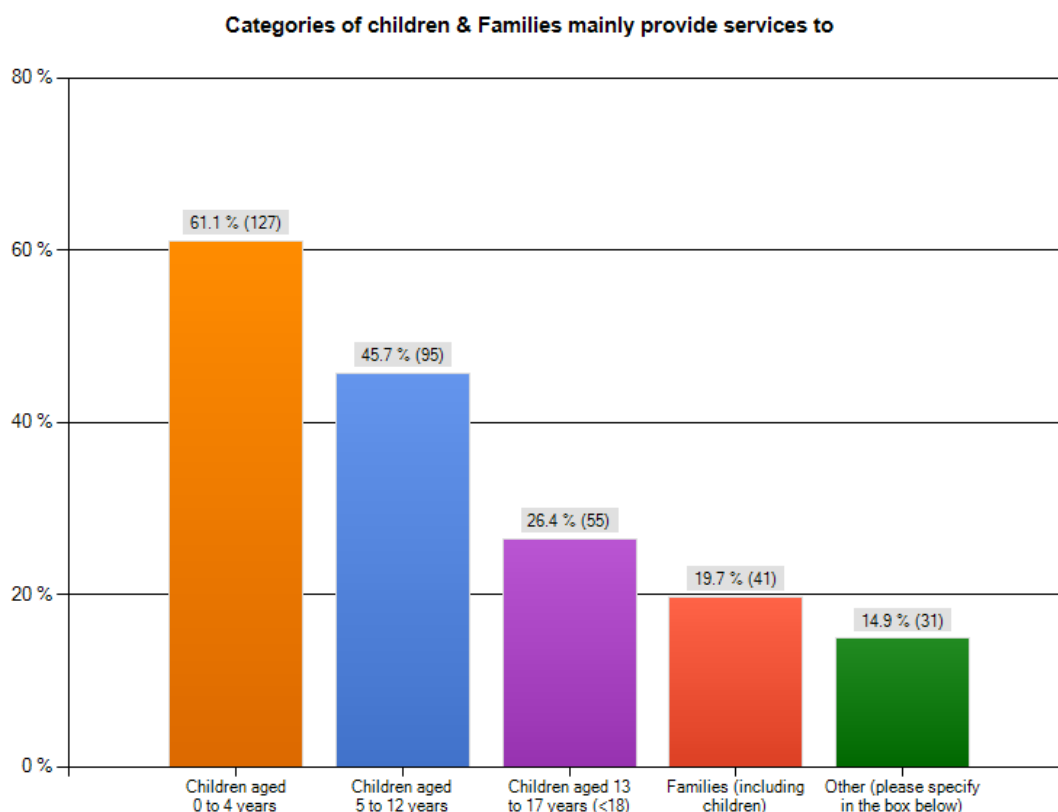
This suggests that there is a catchment of North Fingal for many services, which is some combination of North East, North West and Mid Fingal. It is also noticeable from the responses that few if any services serve Dublin 15 as well as another sub region of Fingal.

Finally under this section of the responses, 48 (24% of all responding) services' catchment could be attributed to just one community/neighbourhood or one town/village in a more ruralised sub region in each sub region - Dublin 15, North East Fingal etc.

6.5 Categories of Children and Families Services Provided To

The research survey examined the age categories of children and young people that services responding to the survey normally provide services to. The findings are set out in figure 6.5 below.

Figure 6.5: Age Categories of Children and Young People Provided Services



No. of responses: 208

The table above shows that the majority of services, 61.1%, provide services to children aged 0-4 years. This large proportion is attributable in the main to the early childcare and pre-school providers, both community and private, who make up almost half of the sample. However, this group only make up 48% of responses, thus there are an additional cohort of services who provide to this age range. The remaining providers here include those who may provide a more holistic service to children and families which includes a childcare element or who provide services to all children such as those in community health and social services. Secondly, just shy of 46% of responding services cited children aged 5 to 12 years as a category they provide services to. Again, this takes into account similar services to the previous but excludes due to age considerations services that are solely providers of preschool.

26.4% of responding services provide to children and young people aged 13 to 17. This group includes schools, sports, youth activities and generic services for under 18s/non-adults in health and so forth.

One fifth, 19.7%, of services here stated that they included family members and children in their work.

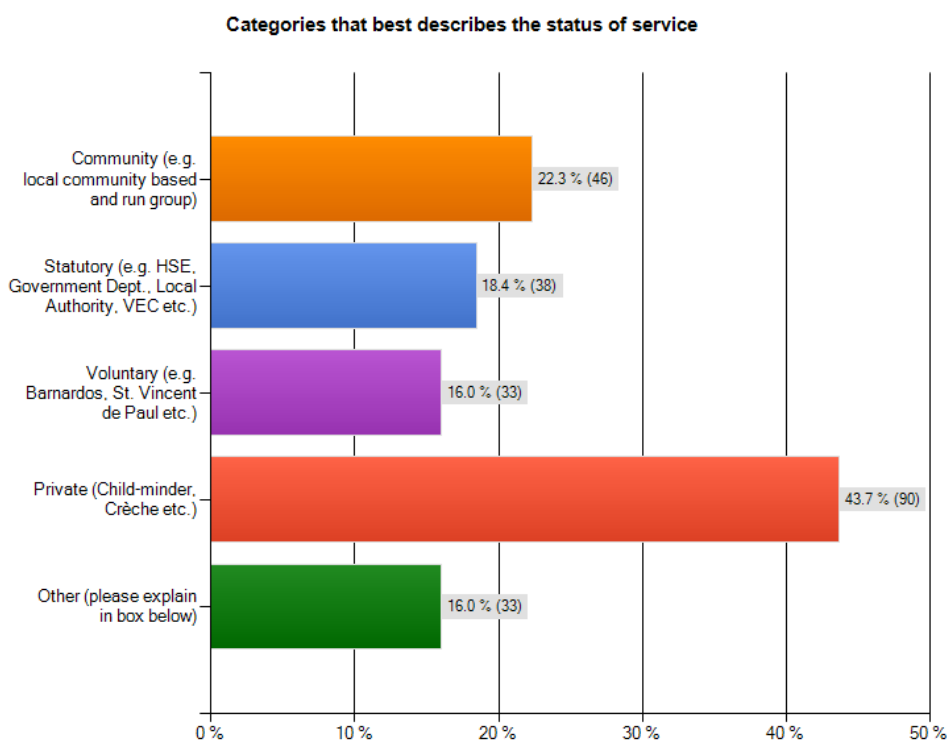
Finally, the other category above covers the many service types who provide services, supports and/or activities to those under 18, also provide services to older age groups. Such respondents include youth clubs, sports, broad based health services etc.

6.6 Description of Service

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

- Community (e.g. local community based and run group)
- Statutory (e.g. HSE, Government Dept., Local Authority, VEC etc.)
- Voluntary (e.g. Barnardos, St. Vincent de Paul etc.)
- Private (Child-minder, Crèche etc.)
- Other

Figure 6.6: Description of Service as Community, Voluntary, Statutory etc.



No. of responses: 240

The largest proportion of services responding, 47%, suggested they were a private sector entity. Most of these refer to small business, and therein the vast majority of responses here were private preschool and childcare services, which is in keeping with the makeup of the database of children’s services and the 25% response rate to this survey. Some of these were stand-alone services operating out of one facility in one community, and others were one of chain of services operating across a number of counties and locations.

22.3% of services cited their status as ‘community’. In this instance, community seems to refer to services that are community-based, that is, only existing in the one community. These include not for profit childcare services, community youth clubs, community projects and so on. This category also includes small sports organisations but not all sports bodies.

18.4%, the next highest proportion of responses, stated in their self-description as ‘statutory’. This included mainstream HSE services across a wide array of disciplines, thereafter the VEC, schools and so forth.

Voluntary bodies accounted for 33 or 16% of responses. Not surprisingly, this includes the likes of the large voluntary providers of services from Barnardos, to Crosscare to the Foroige and Catholic Youth Care managed youth services and clubs and onto sports clubs.

Finally, the ‘other’ category, comprising 16% of responses, served to capture a degree of confusion for some service types, which is by no means unique to children’s services. Moreover, the number of responses to the question outnumbered the respondent numbers suggesting that a number of services opted for more than one category. This confusion in identity include some schools, youth services, voluntary bodies and even HSE funded delivery services

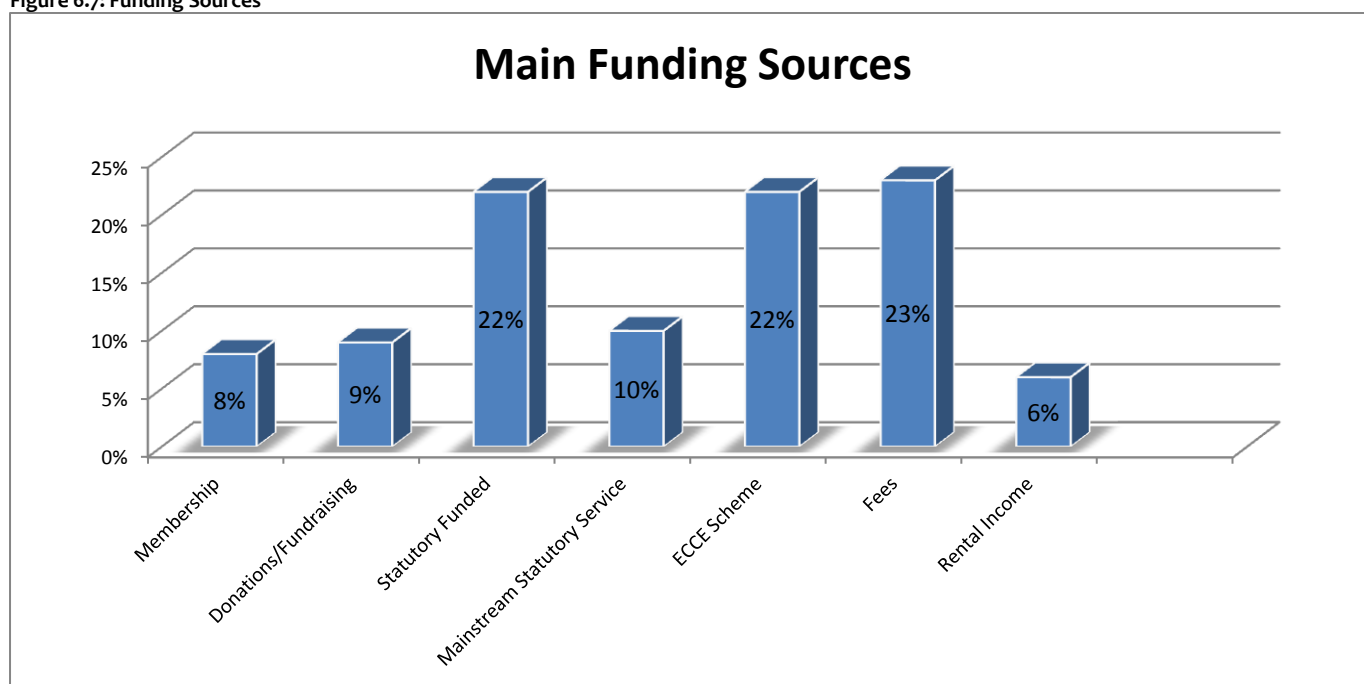
where the line of what constitutes a community, voluntary or statutory service was blurred. This was in the case of self-description where for instance, while a school may be nominally a statutory service by virtue of its financing, the school may attribute itself as community-based or as part of voluntary body by virtue of its Board of Management. This includes both those under and not under religious patronage. This suggests a need for a degree of examination of defining what it means to be a community, voluntary, statutory and less so private service in the context of children's services.

6.7 Main Source of Funding

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

Figure 6.7 below shows the responses to the survey according to the range of categories identified to best capture the extent of the responses.

Figure 6.7: Funding Sources



No. of responses: 275 sources city by 197 respondents.

The first thing to note is that four out of ten services identified more than one source of funding based on their responses. This is probably a conservative measure as many of the respondents did not go into detail about their sources of funding. The sources of funding could be from more than one category set out in the figure above or indeed from a number of sources within the one category such as different statutory funders of the one service.

Three sources dominate in the responses, each with just over one fifth of the respondents citing one or more of fees, the Early Childhood Care and Education (ECCE) Scheme and statutory funding. In the case of fees and the ECCE scheme, these relate in the main to childcare providers and crèches which make up a considerable portion of the survey.

22% of responses suggested they received funding from a statutory source. This differed however from what is termed above 'mainstream statutory funding' which included core State funded services such as parts of the HSE, Schools and so forth. However, statutory sources provided funding to 22% of services and in many cases there were more than one source cited. It was also the case that some of the services received statutory funding through an intermediary, itself in receipt of statutory funding and normally a state sponsored body such as Pobal, Local Drugs Task Forces or HSE Section 38 funded bodies such as the Daughters of Charity, Barnardos etc. The wide range of sources of statutory funding cited included the following: HSE, Co. Dublin VEC, Fingal County Council, Citizens Information Board, various Government Departments, FAS, EU (ESF), TUS as well as various schemes and programmes therein.

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

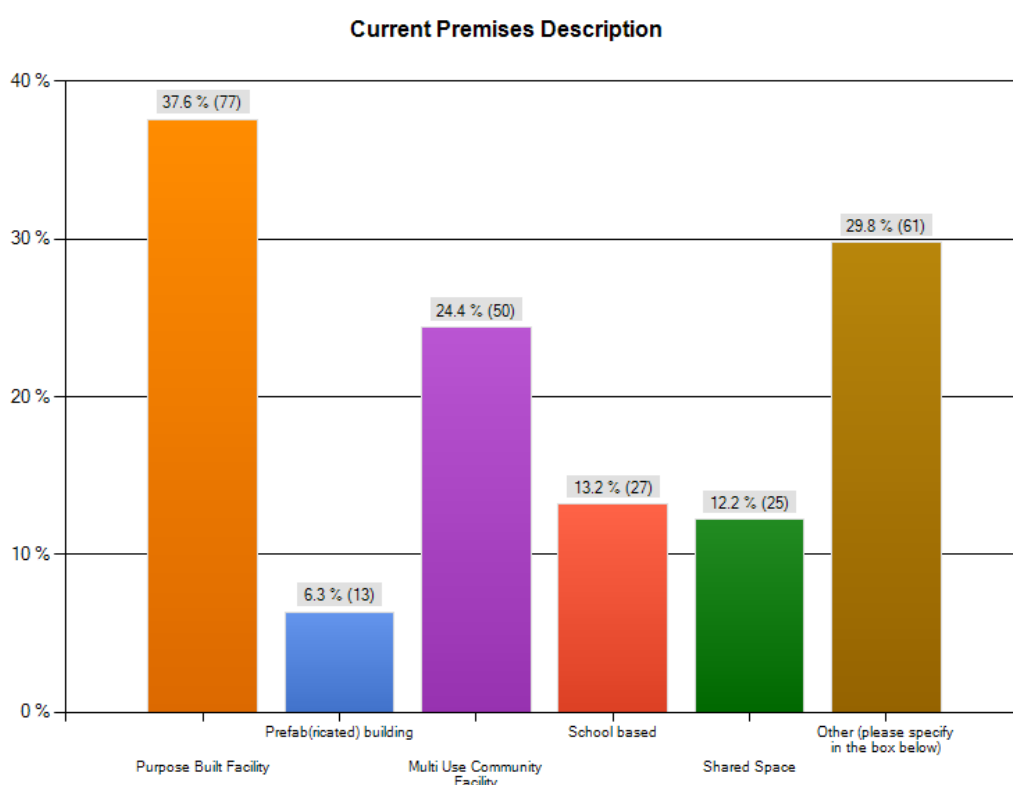
6.8 Premises

The survey explored the type of premises that services used for their work with children and young people. 37.7%, the largest proportion of responses, suggested that their premises is a purpose built facility. While this accounts for some childcare facilities, it also reflected a broad spread across the various services types, statutory to community, included in the responses.

The second largest proportion states their response as 'other', 29.8% of responses. An examination of these responses shows that they are mostly comprised of childcare and preschool services. They refer in their responses to 'home/family house', 'converted house' and – including community based services outside of childcare – the use of a room in another's community based facility such as a sports club, parish hall, community centre etc.

Just under a quarter of responses, 24.4%, cited 'multi use community facility' as their premises. Smaller percentages of responses, 13% to 6%, stated their premises as school based, shared space and finally prefabricated building.

Figure 6.8: Description of Premises



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

6.9 Use of Service

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

In terms of children, the responses ranged from 2 to 2000. The percentage of responses across a number of categories are set out in table 6.2 below.

Table 6.2: Proportion of Services' Catering for Different Number of Children Weekly

No. Range	1-20	21-50	51-100	101-200	201-500	501-2000
%	35.6%	24.7%	14.4%	6.2%	13%	6.2%

No. of responses: 194

This reveals that largest proportion of responding services provide for less than 20 children or young people each week. This reflects the community aspect of many services and of course the large proportion of childcare providers who will

have set limits on the numbers, in terms of pre-school regulations, they can cater or. Just under a quarter of services provide for more than 20 children but less than 50. Services that provide for no more than 50 children per week (typical week) make up 60% of the sample.

14.4% of responding services can cater for between 51 and 100 children and/or young people each week. The next highest proportion, 13%, is those services that provide for between 201 and 500 children weekly. These include in the main the schools that responded to the survey. Finally, 6.2% of respondent services stated that they typically see between 101 and 200 and 501 and 2000 children respectively each week. The first category refers to larger services, with multiple staff, smaller schools etc., and the second category includes sports groups and county wide services etc.

Table 6.3: Proportion of Services' Catering for Different Number of Families Weekly

No. Range	1-20	21-50	51-100	101-200	201-500	501-2000
%	43.1%	24.7%	14.4%	6.2%	13%	6.2%

No. of responses: 116

The first thing to note about the number of families that services suggest they work with in a typical week is that many services who in reality have very little contact with families in a service setting have included themselves. These include schools and childcare bodies that may interact from time to time with families. The issue of providing a service to families was interpreted in broad terms therefore. Thus the proportions responding to this question who claim to deal with families in the hundreds should be read with a degree of caution. This issue is also evident from the number of services responding to this question, 116, when just 47 claimed earlier to provide services to families.

Nevertheless, of those that responded to this question 43.1% and 24.7% provide services to up to 20 and between 21 and 50 families respectively weekly. These two categories account for the nearly seven out of every ten of the responses.

6.10 Waiting Lists

This section, as the title suggests, explores waiting lists of the responding services. Table 6.4 below illustrates that 59 services had a waiting list. Of this number, 69.5% had a waiting list of between one and 20 children. This was followed by the next highest proportion, 20.3%, indicated a waiting list of between 21 and 50 services. 5.1% respectively cited waiting lists of between 51 and 100 and over 100 children. The makeup of services indicating waiting lists were varied in line with the diversity in the sample of children's services.

Table 6.4: Number of Children on Services Waiting List

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

No. of responses: 59

Table 6.5: Number of Families on Services Waiting List

No. Range	1-20	21+
%	88.5%	11.5%

No. of responses: 23

Table 6.5 indicates the numbers of services who had a waiting list of for families. Firstly, it is instructive that there were just 23 responses which reflect perhaps more realistic numbers of services who work with families. Of those services with families on their waiting list, most – 88.5% - had between one and 20 families waiting for their services provision.

As part of the analysis of the findings, the numbers of services with a waiting list for children was assessed in terms of whether they were a private, community, voluntary or statutory services as per their previous responses. Table 6.6 below shows this analysis. This seems to suggest that the waiting lists are generally in line with the proportion that each sector comprises of the responses, suggesting in turn similar waiting list levels.

Table 6.6: Waiting list by Service Type

Waiting List of	Community	Statutory	Voluntary	Private
Children	24.3%	16.5%	18.5%	49.5%

No. of responses: 103

Following on from the numbers on waiting lists, services were also asked to indicate the estimated waiting time for both children and families. Turning to children first, table 6.7 below shows that 30% of services have a waiting time of up to three months for children. A further 20% of services indicated a waiting period of between four and six months. 23% of services with child waiting lists suggest their wait time was seven to nine months. One in eight of services with child

waiting lists suggest a waiting period of nine to 12 months. One in eight services who indicated having a waiting list suggested the waiting list varied between one and two years in duration.

Table 6.7: Time on Waiting List in Months for Children

No. of months	1-3	4-6	7-9	9-12	12-24	24+
%	30%	20%	23%	12.5%	12.5%	2%

No. of responses: 40

Table 6.8: Time on Waiting List in Months for Families

No. of months	1-3	4-6	7-9	9-12	12-24	24+
%	47.6%	28.6%	14.4%	9.8%	9.8%	4.8%

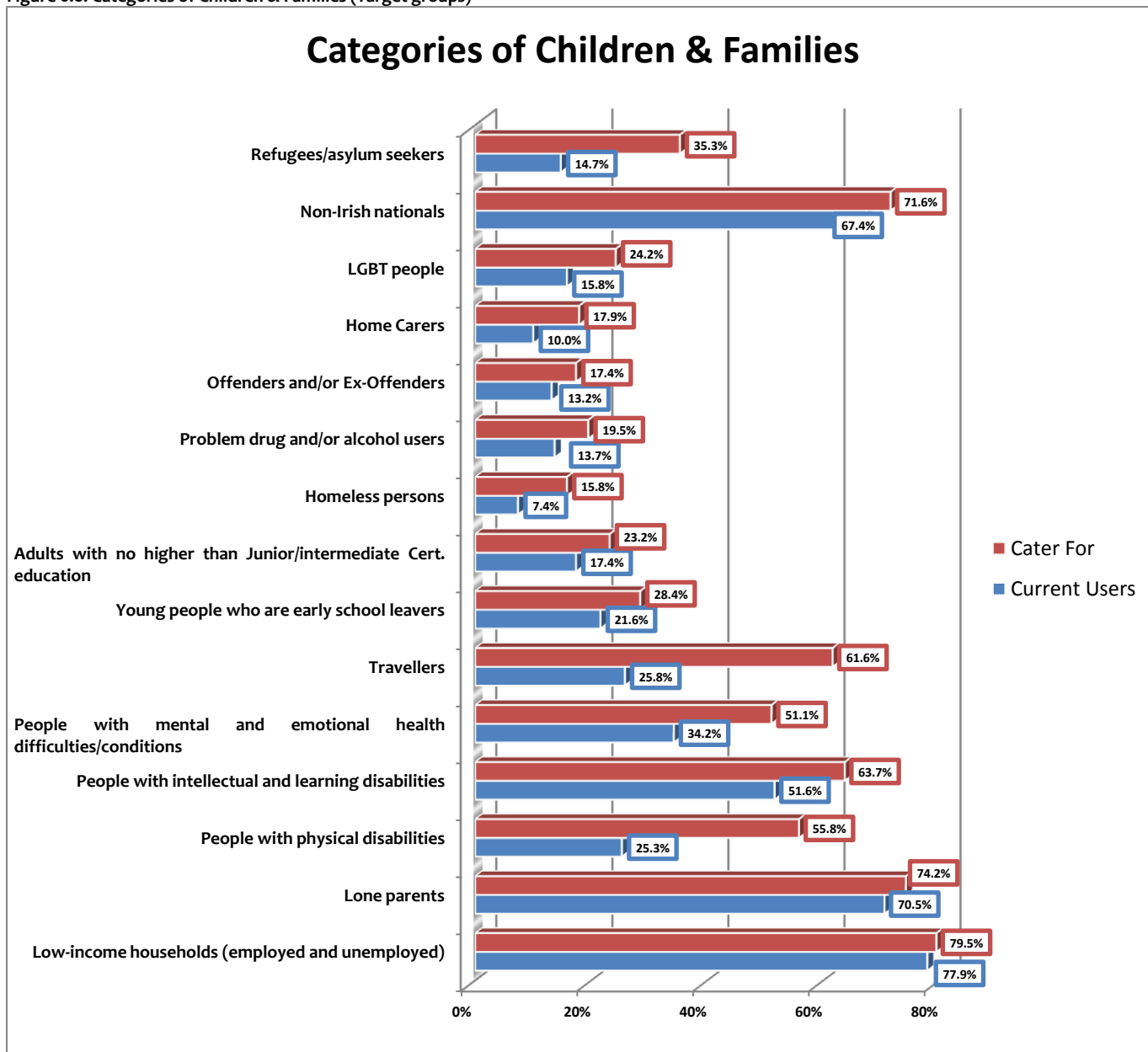
No. of responses: 21

In terms of families waiting times for services (table 6.8), almost half of services put the waiting period of at one to three months. In terms of the ‘four to six’ and ‘seven to nine’ month waiting list duration, the proportion of services indicating waiting lists halved from the previous period. Approximately one in four of services with waiting lists for families, estimated their duration at over nine months.

6.11 Target Groups

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

Figure 6.8: Categories of Children & Families (Target groups)



No. of responses: 190

The table therefore shows that most services both cater for and have current users from low income households. There are also relatively high proportions seen in the case of lone parents and non-Irish nationals.

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

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

6.12 Needs of Children and Young People

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

The responses were varied and tended to focus on the service theme/area that a provider worked in. This is of course quite natural; however, there was a marked degree of consensus thrown up across the responses. This theme was also a part of the qualitative field research carried out in tandem with the survey of services and the responses to that are discussed in the following chapter.

The responses to the survey's posing of the question of the unmet needs of children can be condensed around eight themes as follows:

1. Specialist or Tailored Services outside or additional to Mainstream Provision (28% of responses)

The largest proportion of responses cited the lack of services outside of the mainstream as a key unmet need for children. While many of these services have been effectively 'paired back' over the last number of years due to the negative economic climate, this issue also refers to the structuring of services for children which tend to follow a 'one size fits all' approach. This has resulted in a lack of specialist and tailored services for children and young people with needs that sit outside of the mainstream. Services type and themes cited here include: aftercare, special educational supports outreach, supports for coping and emotional difficulties, early intervention, supports for parents, one to one interventions and so forth.

2. Assessment Services (19% of responses)

The waiting list and lack of easy access to the range of assessment services was seen as critical need also. It also surfaced in later parts of the research. Assessments cited included those of occupational therapy, speech and language therapy, educational assessments, social work assessments, counselling, psychology and multidisciplinary appraisals.

3. Affordable/Accessible Development Activities (15%)

This need centred on the lack of outdoor and indoor social and recreational opportunities for children and young people. This includes activities beyond mainstream sports – not all children and young people are interested in these. It also emphasised the need for a greater degree of affordable activities that have a positive developmental structure for children and young people.

4. Broad Service Area Deficiencies (10%)

This theme was more general and tended to reflect broader service areas and issues in respect of the unmet needs of young people. Mental health was cited prominently here, as too was the lack of access, due to capacity and waiting list issues, to a range of services for children and young people at the point of need.

5. Facilities (10%)

Lack of facilities or continuing use of unfit facilities emerged from the survey as a particular unmet need. The types of facilities noted here ranged for classrooms, other facilities in schools, to youth clubs, community halls, playgrounds, equipment, storage and sport facilities.

6. Family and Peer Difficulties (9%)

It was suggested in the survey responses that children are often exposed to negative family, peer and community role modelling. This is in part viewed as a symptom of the severe social, economic and relationship difficulties brought on by the current recession but also the lack of resilience building supports and programmes on the ground.

7. Language Barriers and Supports (5%)

There has been a marked increase in the population of non-Irish Nationals in Fingal over the last decade plus. The issue of language barriers and supports for children coming to Ireland or having lived here for a number of years was a need identified by the survey. It also features in later parts of the research.

8. Lack of Integration and Collaboration

This theme is discussed in a sub section of this chapter below. It is suffice to say that a number of respondents identified that lack of collaboration between services that ostensibly working with the same children and families as one of many needs of children.

Finally, it is evident from the responses here, the nature of themes etc., that they have much in common and should be viewed as a suite of interrelated issues.

6.13 Relationships with Other Services

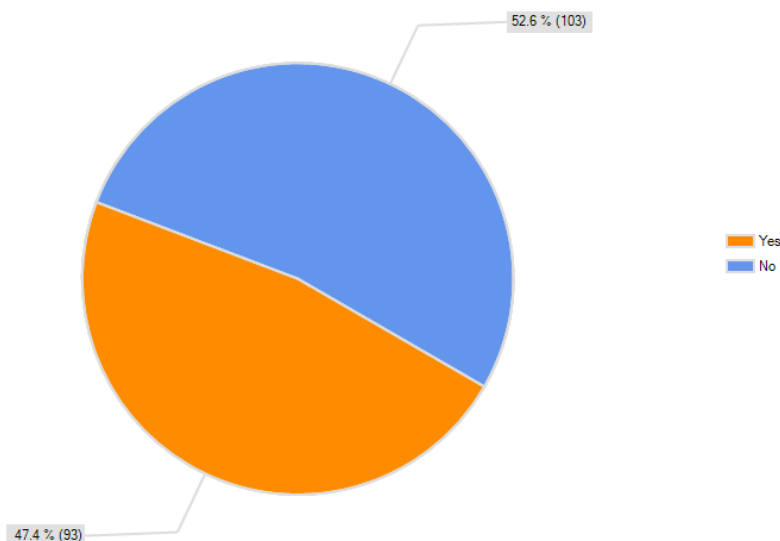
Part of the rationale for Children's Services Committees is to bring together the range of services – community, voluntary, statutory and private – that work with and for children. This is based on an understanding the needs of children are multifaceted and in turn a multidimensional response is required. This suggests a clear need to envelop children and young people with services rather than services to be delivered, as is too often the case, unilaterally. This is

a particular legacy of how social services have been delivered from Government Department to Agency and in parallel often split among statutory and community/voluntary services. This survey tackled this issue by asking responding services if they had a planned, formal relationship with other providers of services to children in Fingal or elsewhere.

The responses are set out in the figure below and reveal that over half of services do not have any relationship with other services provided to children (52.6%).

Figure 6.9: Relationships with Other Children's Services

Working, planned, formal relationship with other providers of services to children



No. of responses: 199

This finding is of course worrying nevertheless 47.4% of respondents did have a formal relationship with another children's service. Many of services here are community based and voluntary services that by their nature have a social inclusion remit or interest and tend to work with other services.

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

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

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

6.14 Staff

The survey undertook an overview of the staffing make up of children's services. The findings are set out below in table 6.9

Table 6.9: Full time, Part time, Voluntary Staff

Staff Type	0	1	2	3-5	6-10	11-20	21-50	50+
Full time	7.8%	17.7%	39.6%	13%	5.7%	6.8%	6.3%	3.1%
Part time	10.0%	13.6%	31.1%	20.4%	16.7%	5.3%	1.5%	1%
Voluntary	20.9%	20.9%	4.7%	20.9%	5.8%	15%	10.5%	1.3%

No. of responses: full time 192, part time 132 and voluntary 86.

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

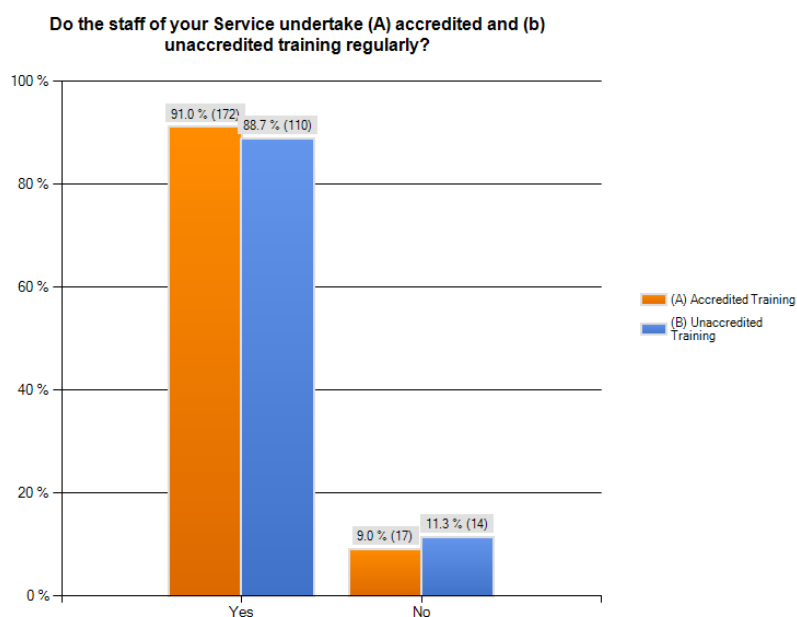
The findings suggest that between them the 192 services employed one or more full time staff, 132 services employed at least one or more part time staff and 86 had one or more volunteers working with them.

6.15 Training

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

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

Figure 6.10: Training in Children's Services



6.16 Services Challenges

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

A. Funding

As this first question related to funding, namely: 'What are the main challenges facing your service in terms of funding and finances?', this is dealt with first. There were 175 separate responses to this question in the survey. These responses accounted for just over 7,000 words. The main themes that emerged across the response are discussed here. However, following an analysis of the responses, there would appear to be a duty to expand on the tone of many of the responses. They suggest significant difficulties across services. They reveal quite harrowing circumstances for families and therefore their children and finally they give a sense of desperation on the part of many services - statutory, community/voluntary and private.

Notwithstanding this, there were a number of core strands evident across and between the responses. These are in no order of importance here and, as will become evident, they seem by and large to be interconnected.

1. Insecurity of Funding

The on-going cut backs in funding for many of the services responding, together with uncertainties about the source, amount and duration of future funding has led to considerable uncertainty on the part of a range of services. This seems to affect statutory services, statutory-funded community and voluntary services and even private sector childcare providers who are in receipt of decreasing annual rate and coverage of ECCE.

2. Maintenance and Upkeep

Reductions in funding seem to have led to difficulties for many services types to maintain, fix, replace and upgrade their equipment and physical infrastructure for their service. This has obvious medium to long term impacts on the quality of the services provided and the environment in which they take place.

3. Fundraising

A large proportion of the services reporting responses to this question have had to undertake fundraising in recent years to maintain their service. This is due to cut backs in funding and revenues. However, perhaps predictably, they report increasing competition for a dwindling pool of funds through fundraising and reductions year on year in how much they can raise through identical annual fundraising activities.

4. Funding Applications

This issue is more administrative but however affects services with scarce human resources. A number of services, childcare providers to community based groups, discussed the difficulties they encounter in developing and responding to funding application processes. Childcare providers noted that they often incur professional costs in the development of funding applications and many have proved unsuccessful. Other groups noted that they had to input considerable time in meeting their funding application processes which led to a reduction in the 'front line' work their organisation was able to provide. A further groups of services raised questions about where and how to go about seeking funding and then having the skills to complete application processes.

5. Contraction of Services for Children with Needs

A number of the responses cited the reduction, limitation and ceasing of some services. This has led to a reduction in their ability to provide for children with special education and other needs given that the staff, resources and training are no longer in place. This issue also included the range of supports and material for children from new communities in respect of language and so forth.

6. Winding down of Services Due to Decreasing

A number of generic or universal sports, leisure and activity pursuits noted that fewer children are attending their activities due to the financial pressures on parents to afford subscription and memberships. This is putting pressure on the ability of certain bodies to carry on their activities for children and young people in some age cohorts and the reduced capacity of the organisations to absorb the costs for the growing cohort who are unable to pay weekly dues/subscriptions. This has resulted in a situation not unlike the phenomenon seen for GAA clubs in rural areas where they are unable to field teams at particular age groups due to emigration. In this case however the children and young people are still residing locally but cannot afford to attend

7. Cost Increases, Income Decreases

This appears to be a widespread issue for many services. While many are undergoing severe financial constrictions, they note that their running cost in terms of bills, overheads and in some cases rates is increasing. This is leading to a breaking point where services may be unable to 'make ends meet'. The issue of rates came in for particular attention from private childcare providers. Many do not understand how rates seem to increase year on year and there seems to be no evident improvement in services and outputs for them. Many questioned the transparency of these costs, and why they are increasing when they should be decreasing given Government policies on increasing cost effectiveness and efficiencies in public/local authority services.

8. ECCE and Viability

Since a large proportion of the responses to the survey are from childcare providers, the issue of the ECCE came in for significant attention in the responses. The ECCE, its eligibility, duration and capitation level have all contracted in recent years. Childcare providers questioned the on-going incentive for them to use the scheme given the differences between the income it brings and their costs. Many questioned the viability of the ECCE scheme for private childcare providers in the immediate future.

9. Impact of Funding Reductions

Finally, bringing many of the issues above together, nearly all of the responses made references to the pressures of decreasing funding and income as the topic of the questions requested. However, this across the board has resulted in:

reductions in staff numbers, reductions in staff hours, decreasing levels of front line services provision, chaotic working conditions, increases in crisis situations due to reductions in earlier interventions, questions about organisational effectiveness and viability, reduced staff morale and so forth. Overall, a large proportion of the responses question the medium to long operability and existence of an acceptable level of services for children and young people.

B. Challenges Facing Children's Services

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

There were 140 responses to this question, less than the preceding one in respect of funding which probably reflects that reality that funding issues are the major challenges for services.

There emerged a range of challenges in the responses. The following themes serve to capture most of the key points⁵⁰.

1. New Communities

This was a general issues raised across the study's research phase. It again suggested that the increase in children from countries outside of Ireland, the new communities in Fingal, require specific attention in terms of services and the requisite supports therein.

2. Staying in Business/Costs and Overhead

Due to the recession, there was a general concern expressed by childcare providers as to the continued viability of their service as a small business. This was as a result of decreasing demand due to unemployment among parents and competition from other childcare providers operating in the same general community.

3. Children Presenting with Increased Difficulties

A trend evident in the responses was that children and young people - whether in crèche, school, youth service etc. - were presenting in increasing numbers with social, emotional and behavioural difficulties. This was due in the views of the services to the lack of interventions, supports and the difficulties seen in communities and families related to unemployment, drugs and crime.

4. Administration Demands

A number of services cited the ever increasing demand on their (reducing and) scarce time to carry out administration operations and reporting for funders and line management. This, it was suggested, effectively reduced the amount of time devoted to service delivery. Part of this also referred to the need to update services in response to new and evolving regulations.

5. Staff Morale

The combination of pay cuts, job insecurity, increased demands on services, large back up in the form of waiting lists has contributed to a significant decrease in staff morale in a number of services surveyed.

6. Volunteers

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

7. Demands on Services/Services Capacity

This issue is allied to that of staff morale noted above and refers to the reduction in services due to funding cut backs, staff replacement moratorium, staff reductions and the related increased in the demand on services and hence increases in waiting lists.

8. Facilities

This issue was noted above also and refers to the lack of some facilities for certain activities related to services for children and young people. It includes inappropriate facilities for services, storage, fit of facilities, and availability of affordable facilities.

⁵⁰ As with the previous 'funding' issues faced by services, these challenges are not set down in any priority ordering.

9. Training/Up-skilling

Across a range of service types, access to training and up-skilling was viewed as crucial to the continued development of services and their response to the changing needs of children and young people. It was suggested that training is not being undertaken to the level required due to access, time and cost constraints.

10. Collaboration/Communication between Services

Finally, some services stated that there exists a considerable gap in the extent to which services collaborate, co-ordinate and communicate. This was seen as particularly relevant to children's and young people's services since many of them worked with and provided services to the same children.

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

We received another 10% cut and this will mean there is absolutely no money to run programmes for young people and staff faces cuts. Staff are now having to spend time fund raising to be able to attain money to run programmes for young people, this means reduced time to spend working directly with young people. Cleaning staff are no longer in place and therefore staff are having to do other duties to maintain the service and again this means reduced time to work with the young people. There is no money to up skill staff and pay for training so new up to date training are not an option to attend. With the latest 10% cut, we face the reality of not being able to pay our rent this year and so we now face the real challenge of moving premises to a smaller cheaper option. This will have the knock on effect of not being able to engage the same number of young people at the same time which is inefficient use of staff time. There is no funding to update resources & equipment for use with young people and staff e.g. computers, programmes.

Parents are really struggling to pay their weekly fees. We often have parents come to us and break down as they cannot even afford food, heating or electricity that week and are also behind in the crèche fees. Many parents get behind and then drop out of the service leaving us with bad debts and empty places. The funding is not reflective of the changing needs of families throughout the year as circumstances change. There is also a fluid population in this area with people often moving in and out due to renting, being on housing lists, members of Travelling community or new Irish. None of this is accounted for in the funding. Also the Government continually limits and changes the criteria for eligibility which continues to add more problems for families and in turn our financial sustainability. The funding - though wonderful for parents - has also contributed to a loss in our income as many children who would normally stay with us until school age will now leave the service once they are eligible for their free year... This means however that we are struggling to fill our spaces every year... All of this means we cannot budget or project yearly income with any certainty.

Funding has decreased by 40% since 2009, this year on year decrease impacts on the overall service in terms of the provision of programmes to young people, responding to emerging needs and ability to locate the services in communities. The area continues to grow and there are newer communities with very high numbers of young people requiring services, the ability to respond to these young people is limited due to funding restrictions. Some funding lines showed degrees of flexibility in the past around how funding could be spent and allowed organisations to direct the work. Lately, funders have become very particular and are insisting in involvement in organisations so that they direct the work practice rather than the organisations directing it. These anomalies impact on the day to day work.

Year on year cuts to funding has impacted on payroll. This means jobs are at stake. Less jobs means reduced services. Reduced services places pressure on the referral system resulting in threshold levels and prioritisation becoming unstable. 66 families currently on a waiting in centre with no prospect of a service soon and loss of a staff member with no funds to replace this person. A culture of working in chaotic systems can become the norm and this is dangerous for all involved in front line service work. Administration support requirements are frequently overlooked as an essential component to service delivery and administration training for specific purposes is critical. A demand for information is taking front line workers from their core duties. In recent years the lack of understanding of [type] services funding streams and no vision for continued preventive investment in long-standing universal or targeted services in local communities for children is very worrying. Investment in training is critical at all levels especially in bad times

Needs of children are variable and can escalate requiring inputs from general support to intensive inputs involving a range of professionals. Working with children with very challenging behaviour is difficult work and there appears to be a lack of celebration of the good work done or promoting good work in the field. Field workers need to be acknowledged and affirmed and supported in achieving good outcomes.

There a lot of services in the area but I feel that there is a lack of communication and networking between different service providers, who are in effect catering for the same or similar purposes or target market.

In a poorer economic climate, the areas in which the service is located is first to be negatively affected. This increases demand on services such as ours. At the same time our funding is being cut every year, so our capacity to respond to the emerging needs is lessened. A further challenge we face now is that clinical services to which we would refer clients, are also being cut back or removed from the area. This makes it difficult for us to support our clients fully. The areas where more pressure is being felt are education support, health services, housing (both with local authority and private rented), psychological services, the knock on effects of the fracturing of the community caused in part by increased poverty, leading to increases in crime, and the fear that goes with that.

Our biggest challenge is that more and more families and children are presenting with more complex issues in relation to their situation. The challenge for us can be to link in with other agencies in relation to acquiring the best and highest support needed in these families/children such as speech and language therapy, counselling, education.

The needs of the young people are becoming more challenging because of challenging behaviour problems, drugs - misuse, social exclusion, early school leavers etc. the number of early school leavers has risen in the past few years, while we run an early school leaver programme, the age group has become younger and is rising. There are few follow on courses for the young people who leave school early with the exception of Youth Reach which has a long waiting list.

6.17 Conclusion

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

Firstly, the chapter revealed that the Fingal Children's Services Committee is relatively unknown and this is the first time many of the responding services have come into contact with existence of these Committees.

By means of the services that respondents provide to children, of the services that responded to the survey, 11 categories were identified that broadly serve to differentiate service types and their general relationship to the Hardiker model:

Service Types	% of Responses	Hardiker Model
Childcare	48%	level 1
Community Facilities	3%	n/a – level 1
Counselling/Psychotherapy	2%	Level 1-2
Family Support	5%	Level 2-3
Health	3%	Level 1-2
Mainstream education	13%	Level 1 to 2
Non Sport Leisure	3%	n/a – level 1
Other (defined in chapter text)	4%	n/a – level 4
Specialist Support Services	9%	Level 2 – 3
Sport	5%	n/a
Youth	6%	Level 1 – 2

The survey established that approximately 23% of services who responded provide services to families as well or in tandem with children. Nearly one in three of the services provided to families are characterised broadly as family support. The next highest proportion of services to families with children is around parenting (26%). The remainder of the services types are provided Educational guidance (to parents for children), Information, advice and advocacy, Sport and community facilities, and Respite and social contact services (e.g. for parents of children with disabilities).

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

- Statutory, private or community/voluntary sector
- Age cohorts of children and young people served
- Catchment area
- Sources of funding
- Premises
- Number using the service and waiting lists
- Target group served

The chapter established and described from the providers the following as the main needs of children and young people aged 17 and under in Fingal:

- Specialist or Tailored Services outside or additional to Mainstream Provision
- Assessment Services
- Affordable/Accessible Development Activities

- Broad Service Area Deficiencies
- Facilities
- Family and Peer Difficulties
- Language Barriers and Supports
- Lack of Integration and Collaboration between services

Finally, the chapter outlined the key funding and generally challenges that services faced, they included the following in terms of funding issues:

- Insecurity of funding, fundraising pressures, lack of maintenance and upkeep of physical infrastructure of services, overhead increases and income decreases
- Contraction of Services for Children with needs, general winding down of services due to decreased funding and the general impact of funding reductions

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

- New Communities
- Staying in Business/Costs and Overhead
- Children Presenting with Increased Difficulties
- Administration Demands
- Staff Morale
- Volunteers
- Demands on Services/Services Capacity
- Facilities
- Training/Up-skilling
- Collaboration/Communication between Services

Overall, this part of the research report provides a good sense of the views, perceptions and experiences of children's services. It also of course poses questions about the diversity within the sector known as 'children's services' and therein the need to build information about services, their categories, locations and how they compare with other areas and so forth.

7. Focus Group Research with Children's Services Providers

7.1 Introduction

The main objective of this research is to audit and profile children's services in Fingal. The survey of all such services - as set out on the bespoke database - was complemented by a series of focus groups with the providers of services to children, from each of the statutory, voluntary and community sectors. In addition, the focus groups aimed to include providers of services to children and young people that cover the age range of 0 years to just under 18 years and also the various sub regions of Fingal, such as North Fingal, Mid Fingal and Dublin 15.

The focus groups were undertaken to add an extra qualitative dimension to the findings of the audit and profile research. The focus groups were designed therefore to explore in more detail the experiences of services and their sense of the needs of children and young people. However, as noted in the methodology chapter, the focus groups were attended by a relatively small number of representatives of children's services with more taking place in Dublin 15 than mid or north Fingal. No focus groups were held in south east Fingal. Thus the findings should be treated with these limitations in mind and should be not be as necessarily representative of all children's services but just those representatives who attended the focus groups. Finally, the attendees are representatives of their services and did not speak formally on the part of the relevant service but on the basis of their individual experiences and insights.

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

Four focus groups were held in total: two were held in Dublin 15, one in mid Fingal and one in North East Fingal in April and May of 2013. Across the four focus groups, there were 29 attendees, 15 of whom were based in Dublin 15. The attendees nevertheless represented a diverse range of service providers who worked with different age cohorts and in different capacities and service areas. The research tool employed to guide the focus groups is set out in the report's appendices section.

This chapter is structured around the following sections:

- 7.2 Profile of Service Providers
- 7.3 Current Provision for Children and Young People
- 7.4 Key Issues and Needs
- 7.5 Gaps and Demands
- 7.6 Stakeholders Involvement

The chapter closes with a brief summary of its content and findings (Section 7.7).

7.2 Profile of Service Providers

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

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

- Baldoyle and Swords Youth Service/Catholic Youth Care
- Barnardos
- Child and Family Service/Health Service Executive
- Community based youth support project
- Community development and childcare, Blanchardstown Area Partnership
- Community Gardaí
- Community, Culture and Sports Division, Fingal County Council
- Crosscare
- FCSC Information Sub Group
- Fingal Leader Partnership
- Foroige/Blanchardstown Youth Service
- Homestart
- Mountiew Family Resource Centre

- School Completion Programme
- Social Work, Health Services Executive
- Teen Counselling
- Youth Mental Health Initiative

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

Collectively, the services attending focus groups provided services across all of Fingal with a particular focus on Dublin 15, Swords or mid Fingal, and North Fingal. Three services (focus attendees of same) had responsibility for South East Fingal, two attendees had on the ground responsibilities in that sub region. Nevertheless, this area was the least represented across the focus groups. This is more than likely related to the comparative lack of services infrastructure and a service networking in South East Fingal as has been documented in recent research⁵¹.

The services provided by these organisations/agencies can be characterised according to level 1 to 3 of the Hardiker Model and moreover their activities cover the following:

- Youth services
- Family support
- Early years interventions
- Education and training for those who left school
- Sex, personal, and addiction education
- Information, advice and advocacy
- Counselling
- Child welfare
- Community development
- Parenting support
- Pre-school and school age childcare
- One to one and group support to children and families

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

7.3 Current Provision for Children and Young People

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

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

Population and demographics

This first point was touched on throughout the focus groups, despite their location in different parts of Fingal. The consensus was that over the last ten to fifteen years Fingal has experienced a comparatively stark increase in population, as noted in earlier chapters. This has required an equivalent increase in services and facilities. While there has been some increases service delivery and infrastructure up to 2009, this has not been even across the county. Thus overall, it was felt in the focus groups that the population increases have not been matched by a simultaneous increase in services provision. In other words, service provision has lagged behind population growth particular in respect of young families with children. This has lead in the view of those interviewed through the focus group process whereby demand for services considerable outstrips provision and this is most acute in parts of Dublin 15 and North Fingal that have experienced unprecedented population growth. In other words, there was little evidence in the view of those consulted through focus groups of past planning for the present and future planning on demographic grounds.

⁵¹ See Watters, N. & Lawless, K., 2011, Howth Peninsula Drugs Awareness Group: Strategic Review and Evaluation.

Rhetoric and practice

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

Urban and rural

Fingal as an administrative county is both urban and rural. Dublin 15, South East Fingal and areas around up to the Airport - and in some respects Swords - are all relatively urbanised. They are generally part of the urban agglomeration of Dublin City. Nevertheless, areas north and north east of Swords are rural in comparison. Even where there are towns such as Balbriggan, Lusk and Rush that have undergone considerable population growth, they are still nevertheless small towns surrounded by fields. The point here is that many of these areas are in the first instance towns with the services and infrastructure of a village and secondly the county requires services provision that caters for both heavily urbanised and thereafter rural areas.

Ethnic issues and integration

Fingal has, along with its population increase, experienced a growth in the ethnic diversity of its population. This as shown in earlier chapters has included migration to Fingal by significant populations from new communities whose ethnicity can be African or Eastern European and so forth. In the high population increase areas such as north east Fingal (Balbriggan etc.) Mid Fingal (Swords etc.) and Dublin 15, there have been a particular marked increase in the proportion of the population who are from ethnic minorities. Given this, many focus group respondents believed not enough attention has been paid to the long-term consequences of this, especially in the context of scarce resources and the lack of integration of these minority communities.

Services capacity reduction

This issue is not surprisingly every present in the responses and it is prudent to include in its relevant form under most if not all of the sections in this chapter. Most participants in the focus groups suggested that even through there has been unprecedented population growth in Fingal, and services have struggled to keep pace, services have been paired back since 2009. This unsurprisingly is seen as a result of the pressures on the fiscal capacity of the state since the financial crisis of 2008 and the EU-ECB-IMF 'bailout' programme from late 2010. However, in keeping with the previous contextual issue, the reduction in services has been particularly acute in Fingal given that they were struggling to keep abreast with population growth and demand in the first instance. As such, the retraction public services including services for children - statutory and community/voluntary- has led to what are seen as fundamental gaps in services provision which are having detrimental impacts at present and more than likely into the future also.

Retention of Children in inappropriate services

This process is characterised by children and young people who are receiving support from a service so as to be seen to be 'in the system'. That is they are given some supports rather than none at all. Focus group attendees view this phenomenon as a symptom of the pressure on current services and the level of need that sits currently outside of such services in the form of waiting lists etc. However, due to scarcities of resources and places in the system overall, the supports that young people and children while important to keep them in the service provision system may be inappropriate and may result in them not being moved to the appropriate response support to their specific needs. While the motivation for this may be altruistic, it was stated that it may have the effect of maintaining a child or young person at point where they really require additional or alternative supports.

Limited comparative provision in Fingal

A key point made through the focus groups was the comparison between Fingal and other counties around the State. It was the view of some focus group attendees that the population of some counties and cities in the State is similar or less than Fingal but they are much better served by staff that provides services to children. Examples given included educational welfare and social work supports.

Finally, each of these topics is on closer examination interrelated and mutual reinforcing in the context of children's services in Fingal and they also reflect the distinctiveness of Fingal.

7.4 Key Issues and Needs

Following on from the previous sections emphasis on current provision issues, this sub section explores what focus groups saw as the key issues for children's services for the future. In so doing, it examines the responses in the focus groups, drawing from attendees on the ground service provision experience, on the key issues and needs with regard to socio-economic, demographic and future county planning factors.

Pairing back of services

In parallel with the preceding section, it was evident from the response of those who took part in the focus groups that retraction of children's services were seen as leading to demise in the quality of provision at a time when the needs of children and their families are increasing due to the wider socio-economic environment. Again, this is a recurring theme across the survey and this qualitative aspect of the research.

Disengagement by age cohorts

The attendees of focus groups suggested that the reduction in services and supports coupled with high unemployment and the lack of job opportunities has resulted in cohort of young people in their teens that have left schooling, and are effectively disengaged from society. This, it was felt, is the result of a diminishing of the following services and processes:

- in school to support through at risk of early school leaving and school dropout to remain in school
- supports for those who have left school in terms of youth services and education/training for employment
- the scarcity of unskilled labour market opportunities that had partially absorbed some of this cohort
- young people in this age cohort are also viewed as being influenced by the experiences of older siblings, friends, neighbours and parents who are unemployment, without obvious supports and who are also somewhat excluded.

The focus groups stated this group's as being mainly those aged 15 to 17.

Lack of community infrastructure

It was stated by a number of respondents that there was a lack of community capacity in some areas of Dublin 15, Mid Fingal and North East Fingal. Most of this phenomenon takes place in the newer neighbourhoods and includes a lack of volunteers and community leaders. The presence of this ingredient was seen in the past as being of particular importance in animating a community response to services gaps and the development of an advocacy process to respond to such deficiencies. Parts of Dublin 15 were cited in particular. However, in the newer areas there is very little evidence of this community process and infrastructure, and this is seen to be part of the disengagement process brought about by the current economic downturn and the lack of community development type activity.

Statutory and Community services

As revealed in the introduction of the chapter, the focus groups were comprised of representatives of statutory and community/voluntary services providers to children and their families. Nevertheless, a view suggested in most focus groups with the mix of attendees was that non-statutory services but those in receipt of statutory funding had borne the brunt of funding reductions. It was suggested that these services despite evidence to the contrary were believed to be somehow less important than statutory mainstream services, less efficient and less worth of funding.

Chronic and preventative services

A general view was that with the reduction in services has led to an understandable over emphasis on acute and chronic children's services, that is, those akin to the higher levels (3 and 4) of Hardiker's model. While this is probably necessary given the requirement to balance priority of need and fiscal constraints, it has resulted in nearly all of the resources being focused on these areas to the detriment of preventative work at the lower selective and universal levels on Hardiker's schema. The latter preventative level of services is viewed as having been the subject of disproportionate cutbacks to a point that many of these services are no longer provided. The illogic of this was not lost on the focus group members many of whom believed that this was tantamount to a 'vicious circle' or 'catch 22'. In this sense, it was felt that 'cutbacks' to lower level preventative services may lead to a greater demand for acute services in the medium to long term. The rationale suggested was that preventable issues would not be identified and acted on until they reach crisis levels due to the lack of services provision for children and young people up to this point. Examples offered here included in school supports for at risk young people, educational welfare, youth services, early intervention services, family support and so forth.

Joblessness and well being

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

Affordability of services

As services are being reduced in breadth and the qualification criteria, it was pointed out that the level of needs still exists and has created a two tier system of services for children. In terms of education, speech and language, occupation and physiotherapy assessments for instance, it was stated in focus groups that the long waiting lists and waiting times for access to these services had forced those who could afford these to access then privately. However, the issue made here is that many could not afford such services. The need for affordable childcare was also suggested as particular issue for women, including those wishing to work or undertake education and training.

Formalisations of relationships between services

While there has been some evidence of interagency protocols in some parts of Fingal, and particularly in the cases of child welfare and the LAP model⁵², it was felt that much was still required especially between statutory services, health and education for instance, and following that with community and voluntary based organisations in tandem with the statutory providers.

Additional points raised under this section's heading included the following:

- Purpose build facilities remain in short demand this included those for young people
- New communities not being catered for in a planned and culturally appropriate manner especially given the population numbers and diversity these groups account for.
- The assessment and evaluation of services has tended to focus on throughputs rather than outcomes. This has placed an emphasis on quantity as opposed to quality in provision which was viewed as counter-productive in the medium to long term.
- Finally, services were considered to be, by their nature, in the order of one size fits all and did not tend to cater for specific or specialist cases. It was these services that were typically the least available.

7.5 Gaps and Demands

As follows on from the previous line of questions, this section logically explored more explicitly the gaps in services and demands that are not currently being met in respect of children's services in Fingal. These reflect much of what went before however the question was asked directly of the focus groups. The responses can be attributed for four main categories under each there are a number of specific gaps identified:

1. Service types
2. Service issues
3. Social groups
4. Geographic areas requiring services

Service types

- For those at risk of or who have left school early
- Partial coverage of universal youth services and thereafter more intensive youth work supports
- Limited Juvenile Liaison Officer staff on the ground
- Tailoring of services for ethnic minority and new communities
- Limited provision of purpose built facilities for activities and services for children and young people

Service issues

- Understaffing of services across the board
- Issues of support for staff and appropriate knowledge and training to carry out their roles
- Limited continuum of care in services and limited integration and collaboration
- Many services had long wait times and alternatives were not affordable for most
- Limited and reducing 'outreach' type activities for young people
- Lack of consistency of similar services in different locations

Social groups

- Limited paths for participation of young people in services planning
- Services and interventions for disengaged young people and those at risk or experiencing mental health difficulties
- Lack of capacity, volunteering, advocacy in communities to represent and articulate needs
- Literacy levels for many young people
- Families living in particularly north Fingal at some remove from the support structure of their extended families and hence isolation
- Lack of alternative pursuits for children and young people beyond traditional sports
- Lack of support for volunteers and voluntary responses
- Children being left alone to care for younger sibling whiles parents work or attend services etc.
- Lack of activities for children in the 8-12 and 16+ age cohorts

⁵² LAP or Local Area Pathway is formal, organised referral model used in Social Work and child protection; it is part of the differential response model or DRM. A referral herein path for a child for instance presenting to social work services could be to 1. Community based response, 2. Family basement or 3. Formal investigation.

Geographic areas requiring services

- North Fingal
- South east Fingal only basic supports and services
- Swords
- And parts of Dublin 15

Some of the comments also pointed to the gap between the five national goals and national children's strategy and what is seen on the ground. In each case, it was felt that the gaps was not narrowing and for many increasing.

7.6 Stakeholder Involvement

One of the intended aims of the CSCs is to act as a vehicle for better co-ordination, coverage and integration of services for children. In other words, this approach is seen to have the potential to create better outcomes for children and young people nationwide and in Fingal. A key part of this process therefore is to somehow have services moulded in a manner that envelops the child or young person. In this regard, this question of which stakeholders should be more involved or involved in children's services was posed in the focus groups.

The key players cited for increased involvement in the planning and delivery of children's services on collaborative bases centred on the following:

- Department of Education
- Gardaí
- Some primary and many second level schools
- Collaboration between agencies and services
- Voice of children and young people, for a for this
- No legislative basis for children's services committees
- Sports clubs
- Employers
- Parents

7.7 Conclusion

This chapter has presented the views, insights and suggestions of a range of representatives from children' services who attended (in an individual capacity) a number of focus groups at four locations in Fingal as part of this audit and profile of services. This chapter is particular important as it allows more depth and exploration to be attributed to some of the key questions set out for the research. In this regard therefore, it complements the findings from the survey and mapping processes.

This was a relatively short chapter in the context of the previous chapters however it touched on a number of important findings.

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

- population increases in Fingal have not been matched by a simultaneous increase in services provision.
- there is a considerable contrast evident between the rhetoric of children's services and policy and the practice which recounts a contraction of services
- Fingal encompasses both urbanised areas such as Dublin 15 and rural areas in North and Mid Fingal in which relatively large towns are located. Provision for both types of geography is required.
- Fingal has along with its population increase, experienced a growth in the ethnic diversity of its population. There is a sense that not enough attention has been paid to this issues in terms of lack of integration and provision for these minority communities.
- There has been a gradual pairing back of services for children and young people over recent years and has led to what are seen as fundamental gaps in services provision which are having detrimental impacts at present and more than likely into the future also.
- There has been retention of children in services that are perhaps not appropriate for them in recent years on the basis of having some sort of provision rather than none; however this has been identified as limiting the chances of such individual being directed toward the appropriate services in some cases.
- Given its population size, Fingal is considered to be under provided for in services terms when compared to other counties and regions in the State.

Aside from perspectives in respect of current provision, the chapter also explored with focus group attendees key needs in respect of children and children's services with regard to socio-economic, demographic and future county planning factors.

Following this a number of key gaps in services and demands were identified this included those under the following themes: Service Types; Service Issues; Social Groups; and, Geographic Areas requiring services. Some of the comments also pointed to the gap between the seven national goals and what is seen on the ground.

Finally the chapter cited a number of organisations and groups that were seen as key for increased involvement in children's services and therefore improved collaboration.

8. Conclusions and Recommendations

8.1 Introduction

This final chapter is less discursive than its predecessors and will focus in the main on presenting the findings of the research primarily in terms of responding comprehensively to the aims and objectives outlined at the outset. In so doing, it makes a number of conclusions and examines their implications and how this leads to a number of recommendations. Before doing so, it is worth revisiting the central aim of the research process: ‘to develop a comprehensive profile of the services provided by statutory, community and voluntary sector organisations to children and families in County Fingal’. In this context, the primary objectives of the research are twofold, firstly, a service mapping exercise and secondly, to carry out an audit of relevant statutory, community and voluntary activities including a needs analysis of the target client group.

8.2 Research Findings

Background and context of CSCs

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

The chapter also explored how children’s services have come to be guided by the four level provision model advocated by Hardiker and colleagues. It also revealed how children’s services at present can be subdivided into three areas of provision, namely: HSE; community and voluntary supplementary provision; and, aligned/supporting provision in wider areas.

From here the Chapter examined the establishment and role of CSCs. In particular, this part of the chapter focuses on the five national service outcomes established for children that serve to inform and structure the work of CSCs. Finally the chapter reviewed how Fingal CSC plans to implement the five national outcomes in Fingal through various initiatives and where the present research is situated as part of these initiatives or actions.

Developing a of bespoke database of children’s services in Fingal and carrying out research

The major challenge in undertaking the present research revolved around identifying and surveying children’s services. Thus the methodology chapter outlines at length the steps undertaken in this regard. Just under half of all the services listed on the final database are active in the childcare/early education and preschool setting. This grouping also makeup half of the responses to the research and this has to be taken into consideration in the interpretations of its results. However, the high response rate from this group reflects the reality that as single units they represent a high proportion of all services to children in Fingal. This leads to a question about how we define children’s services which is returned to below, but they reflect a broad spectrum of services that can challenge service based perceptions of what and who comprises ‘children’s services’. In the present research, the very broad range of services categorised as ‘children services’ amounted to approximately 900 and it is likely that there are probably more that were not identified.

Fingal Demographics

This chapter presented a brief overview of demographics in Fingal. It places a particular emphasis on the age cohorts covered by FCSC; this is those aged 0 to 17 years.

Fingal’s population of children and young people aged 0 to 17 was 27.7% or 75,795 in 2011. Therein, it is in the 0 to 9 age cohort that Fingal reveals proportions larger than those seen for the State as a whole. Fingal has the fourth highest proportion of its population aged 0-17 years at 27.7%. Fingal in numerical terms ranks third for its 0-17 population nationally behind just Cork County and Dublin City.

Four of the five Fingal sub regions used to analyse data in the research reveal proportions of children aged 5-12 above the national average of 11%. Two of the regions show a proportion of their population in the 13-17 years cohort above the national average, the remaining three are below what is seen nationally.

Parts of Fingal (Mid-Fingal for instance) have a higher under 17 population than nationally while overall, Fingal (NE and SW in particular) shows significant populations of children comparatively 12 and below and of new-borns which suggests an on-going future and increasing need.

Across the EDs in Fingal, there is a marked difference in their respective deprivation scores and affected by high rates of unemployment. As such, the report identified the areas that require the greatest level of supports and basic services, and particularly therefore those for children. The chapter overall provided a profile of where there are large cohorts of children and young people and also which areas are relatively the most disadvantaged.

Mapping

The mapping process undertaken for the research identified geographic co-ordinates for all of the services identified on the bespoke database. These were then processed using a GIS application to arrive at maps. These were then set out in the relevant chapter. They were placed firstly with their category or theme of service in the context of the proportion of young people and children residing in that area as of Census 2011, and secondly, according to their classification as statutory, community/voluntary or private sector.

The mapping chapter made a number of general observations, firstly, services that are of a generalist and/or non-specialist nature - such as pre-school childcare, education, cultural and sporting pursuits - seem to be relatively spread across the main population centres in Fingal. Secondly, specialist services such as those for well-being, social work, addiction and disability, are not as relatively spread out in the County. Although there is evidence from the mapping of such services in South West, North East and to a lesser extent in Mid Fingal, there seems to be an absence of these in South East Fingal. Finally, the proportion of services that are delivered to children and young people in South East Fingal by community and voluntary organisations is higher than seen elsewhere in the County. In parallel, the proportion of statutory service provisions is lower in this region of Fingal.

Survey of Services

This research explored the findings emerging from the survey of children's services in Fingal. The survey was a central pillar in the audit and profile aspects of the research. This revealed that Fingal CSC is relatively unknown by those responding. Indeed, this is first time most of the responding services have come into contact with existence of these Committees. This in of itself reflects the lack of capacity and legislative footing on the one hand for the CSCs and secondly, the significant diversity alluded to above in children's services, or at least those included on the database developed for this research which in turn led to the responses to the survey.

The survey identified 11 categories that broadly serve to differentiate service types and their general relationship to the Hardiker model which was is one of the contexts for the research. The table below outlines these broad categories (defined also in the text of the chapter):

Service Types	% of Responses	Hardiker Model
Childcare	48%	level 1
Community Facilities	3%	n/a – level 1
Counselling/Psychotherapy	2%	Level 1-2
Family Support	5%	Level 2-3
Health	3%	Level 1-2
Mainstream education	13%	Level 1 to 2
Non Sport Leisure	3%	n/a – level 1
Other (defined in chapter text)	4%	n/a – level 4
Specialist Support Services	9%	Level 2 – 3
Sport	5%	n/a
Youth	6%	Level 1 – 2

This again suggests something of the diversity of services especially in respect of the Hardiker Model, which features prominently in the thinking behind the establishment and operation of CSCs.

Beyond provision to children, the survey established that approximately 23% of services who responded provide services to families as well or in tandem with children. Nearly one in three of the services provided to families are characterised broadly as family support. The next highest proportion of services to families with children is around parenting (26%). The remainder of the service types provided are educational guidance (to parents for children), information, advice and advocacy, sport and community facilities, and respite and social contact services (e.g. for parents of children with disabilities).

The report established that generally the services' catchments areas tend to follow the population centres in the county as one would expect. Thus 35% of those responding to the survey are located in SW Fingal, Dublin 15. This is followed in 18% and 15% of responding services located in North East and Mid Fingal respectively. The most obvious mismatch of services catchments and population centres seems to be South East Fingal. It is difficult to definitive about this as the responses can of course be skewed by the high proportion of childcare services in other locations, SE Fingal's location on the border with Dublin City (which may be the location of the services used by SE Fingal residents) and the ageing of the area etc., it is however an issue to keep in consideration for the future.

61.1% of the responding services provided for children aged 0 to 4. This far exceeded the 48% who provided preschool or childcare and suggests a range of other services provided for this age group also. Following this, 46% of services surveyed provide for children and young people aged 5 to 12 and 27% provided for the 13 to 17 age cohort.

The private sector comprised 44% of the responses to the survey, which reflects the private childcare providers who responded to the survey. Following this, 22% self-described as community, 18% statutory and 16% voluntary. However, the body of this chapter of the report recorded a degree of confusion on the part of community, statutory and voluntary services as to which category they belonged to and this confusion generally related to where they get their funding and their distance from central State funding. In terms of funding, four in ten of the services responding received funding from more than one source, which is perhaps an understatement given that services did not outline this issue in any great detail for the most part. Excluding the ECCE scheme, 22% of the respondents were funded through a statutory body while 10% were mainstream statutory agencies and funded centrally by the Exchequer. In the context of the nearly half of the responses that are childcare/early education and preschool, 22% and 23% of all services received their funding (or income) through fees and the ECCE scheme respectively.

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

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

The chapter established from the responses the following as the main perceived needs of children and young people aged 17 and under in Fingal:

- Specialist or Tailored Services outside or additional to Mainstream Provision
- Assessment Services
- Affordable/Accessible Development Activities
- Broad Service Area Deficiencies
- Facilities
- Family and Peer Difficulties
- Language Barriers and Supports
- Lack of Integration and Collaboration between services

This latter point emerged as an issue in its own right and revealed that over half of services do not have a formal relationship with other services in terms of collaboration and joint working. Moreover for those that suggested they were involved in such an arrangement, many seemed to be referring to their membership of parent national group. As such, the proportion that has no formal relationship with other providers of services to children is greater than just over half.

Finally, the chapter outlined the key funding and generally challenges that services faced, they included the following in terms of funding issues:

- Insecurity of funding, fundraising pressures, lack of maintenance and upkeep of physical infrastructure of services, overhead Increases and income decreases
- Contraction of services for children with needs, general winding down of services due to decreased funding and the general impact of funding reductions

In addition to funding issues, general challenges cited (although many were indivisible from financial issues reflecting the difficult contemporary reality) were the following:

- New Communities
- Staying in Business/Costs and Overhead
- Children Presenting with Increased Difficulties
- Administration Demands
- Staff Morale
- Volunteers
- Demands on Services/Services Capacity
- Facilities
- Training/Up-skilling
- Collaboration/Communication between Services

Focus Group Research with Representative of Providers

The focus group research included just shy of 30 representatives of services and in 3 locations, half of who however were based in Dublin 15. The focus groups were undertaken to explore in a little more detail the issues emerging from the survey of services.

In terms of current provision, this part of the research recounted the following key issues:

- population increases in Fingal have not been matched by a simultaneous increase in services provision.
- there is a considerable contrast evident between the rhetoric of children's services and policy and the practice which recounts a contraction of services
- Fingal encompasses both urbanised areas such as Dublin 15 and rural areas in North and Mid Fingal in which relatively large towns are located. Provision for both types of geography is required.
- Fingal has along with its population increase, experienced a growth in the ethnic diversity of its population. There is a sense that not enough attention has been paid to this issues in terms of lack of integration and provision for these minority communities.
- There has been a gradual pairing back of services for children and young people over recent years and has led to what are seen as fundamental gaps in services provision which are having detrimental impacts at present and more than likely into the future also.
- There has been retention of children in services that are perhaps not appropriate for them in recent years on the basis of having some sort of provision rather than none; however this has been identified as limiting the chances of such individual being directed toward the appropriate services in some cases.
- Given its population size, Fingal is considered to be under provided for in services terms when compared to other counties and regions in the State.

Aside from perspectives in respect of current provision, the chapter also explored with focus group attendees key needs in respect of children and children's services with regard to socio-economic, demographic and future county planning factors. The following issues emerged:

- The pairing back of existing services
- Disengagement by young people from services/support and civic life
- Limited community infrastructure
- Prioritisation of chronic over preventative services
- Relationship between joblessness and wellbeing
- Services affordability
- Relationships between services (lack of stakeholder involvement)

In terms of the needs of children and the response of services, the following four themes were identified in this part of the research:

1. Service types
 - For those at risk of or who have left school early
 - Partial coverage of universal youth services and thereafter more intensive youth work supports
 - Limited Juvenile Liaison Officer staff on the ground
 - Tailoring of services for ethnic minority and new communities
 - Limited provision of purpose built facilities for activities and services for children and young people
2. Service issues
 - Understaffing of services across the board
 - Issues of support for staff and appropriate knowledge and training to carry out their roles
 - Limited continuum of care in services and limited integration and collaboration
 - Many services had long wait times and alternatives were not affordable for most
 - Limited and reducing 'outreach' type activities for young people
 - Lack of consistency of similar services in different locations
3. Social groups
 - Limited paths for participation of young people in services planning
 - Services and interventions for disengaged young people and those at risk or experiencing mental health difficulties
 - Lack of capacity, volunteering, advocacy in communities to represent and articulate needs
 - Literacy levels for many young people
 - Families living in particularly north Fingal at some remove from the support structure of their extended families and hence isolation
 - Lack of alternative pursuits for children and young people beyond traditional sports

- Lack of support for volunteers and voluntary responses
 - Children being left alone to care for younger sibling while parents work or attend services etc.
 - Lack of activities for children in the 8-12 and 16+ age cohorts
4. Geographic areas requiring services
- North Fingal
 - South east Fingal only basic supports and services
 - Swords
 - And parts of Dublin 15

Some of the comments also pointed to the gap between the five national goals and national children's strategy and what is seen on the ground. In each case, it was felt that the gaps were not narrowing and for many increasing.

8.3 Key Findings and Recommendations

While the nature of the present research (audit, profile and mapping) is not overly focused on reaching conclusions, answering questions and thus providing recommendations, this section nevertheless outlines briefly some of the main implications of the findings of the research. These take the form of suggestions/recommendations.

Defining and Engaging with Children's Services

The first implication of the research seems to be how CSCs, including Fingal, seek to define their remit and the services that fall within it. The present research has taken a very broad understanding of children's services, which in turn would seem to be in the spirit and intention of the five national outcomes for children i.e.:

Children will be

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

Extrapolating each of these outcomes to services and/or provision naturally leads to a very broad array of services and activities.

However, as the database and the responses to the survey make clear, children's services under this understanding go well beyond those intended as relevant to the Hardiker Model and the work of the Centre for Effective Services in establishing the CSCs. They include a huge amount of early education and preschool services and a wide range of sports and broad universal services such as schools. While these obviously provide services to children, they may not identify themselves as 'children's services' and moreover they may not fit into the narrow definition sometimes applied to those services involved in child protection and welfare issues, which tends to associate 'children's services' as mainly seeking to support and protect children's welfare. Thus overall there is a need to define the boundaries of children's services in Fingal and if the broader definition is sought, there would seem to be some work in the future required to further communicate to and engage with universal services and even those that simply involve children and young people.

Database Management

In keeping with the previous implication/recommendation, for effective information on children's services to be managed so as to be accurate and of value, not to mention to substantiate this and subsequent research, the database of children's services ought to be updated, periodically reviewed, managed and be a 'living' database.

A model for this already exists in Fingal through the work of the County Childcare Committee. That information has been made available online in the case of Pobal and the former Fingal Development Board's Data Hub. However, like all work of this nature, the maintenance of database will require a human resource to support and drive the work. There is also the option, following a proper review of data protection regulations, to have a resource developed and updated online. While the present research has identified a large volume of services that work with children in Fingal, it is clear that more are operational in Fingal but have not been identified and should be added to the database into the future. Moreover, like all service or person databases, the contents can change significantly in the space of 12 months or less. All in all, it is suggested that FCSC set about, solely or in partnership with another body (Citizens Information etc.), to manage and upkeep a database of children's services.

Service Co-operation and Integration

One of the rationale in establishing CSCs was for greater integration and joined-up working between community, voluntary, statutory and private services that work with, for and include children. This is not only a regulatory need but also a practical one in terms of enveloping services around children based on their needs rather than, as more typically the case, being organised according to professions, funding, regions, service type, age cohort, professional discipline and so forth. The present research has identified a general lack of integration between services and moreover a degree of ignorance about what other sectors and services do, how they do it, valuing such inputs or engaging in collaborative fora such as CSCs. This is of course one of the challenges posed for the CSC, but would seem to require a degree of animation and facilitation amongst the very broad and diverse range of services for children not to mention 'buy in' by more established mainstream institutions.

Website

Although not in the remit of the research per se but on the basis of its findings, given the work of the CSC and the Information Sub Group in particular, it would be beneficial for the CSC to have its own dedicated website. Such a website should over time have information functionality, may contain an interactive version of the children's services database and assist future collaboration and integration of children's services.

Future Research

The present research was the first of its kind to be carried out in Fingal. To the best of current knowledge, no other research piece has sought to marry a broad church of services such as all of those that deal with or include children. The limitations of the research were noted in terms of response rate, possible over concentration of particular service types in the database and so forth. Nevertheless, the present research has established a baseline which should be used to compare future research to, monitor developments and ultimately improve services and outcomes for children.

Ends

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Audit and Mapping of Children's Services in Fingal

Important note: You can complete this survey online also by going to <http://www.niallwattersresearch.ie/surveys.html>

Introduction and Instructions

- Children's Services Committees are an initiative of the Department of Children and Youth Affairs. Each county based Children's Service Committee (CSC) is responsible for improving the lives of children and families at local and community level through integrated planning, working and service delivery. In 2011, Fingal CSC launched its 3 year strategic plan. In this plan, Fingal CSC (FCSC) charted an agreed path for the delivery of services to children and young people in Fingal. The plan is based on the 'Seven National Outcomes for Children in Ireland'. The FCSC is required by the Department to provide an overview of service provision following an audit of all services for children and families. The purpose of this is to enable the FCSC to map service provision, to identify gaps in services and to ascertain where there is duplication and ultimately to improve outcomes for children. Your service's participation in this survey is very important and we would like to thank you in advance for your input
- For your information, the content of your questionnaire response beyond your contact and service profile details will remain anonymous and therefore confidential in our reporting of the findings. There should be only one response for each service and we would ask for the person nominated by your service to complete the survey to consult service users and staff where feasible.
- Below there are nineteen (19) questions in total, not all of which will apply to each service. Most questions require a click or tick and a few may require text. Please answer as many as you can and when you are completed please place the survey in the FREEPOST envelope enclosed.
- There is a wide variety in the types of Children's Services in Fingal that we are surveying with this questionnaire. In turn, not all of the questions will be relevant to each and every organisation/group/service etc. Thus you may not be able to fill in each question, however please fill in as many that are relevant to your particular service.
- Finally, there are no right or wrong answers, we are interested in your service's specific experiences, insights and views. As such your responses, however detailed you can make them, are of immense value.

If you have any queries, you can contact the researcher Niall Watters, in confidence at 4421156, or by email at info@niallwattersresearch.ie. Again, thanks in advance for taking the time to complete this survey for Fingal Children's Services Committee.

1. Prior to receiving this survey, how would you describe your knowledge of the Fingal Children's Services Committee?

- Good Basic Very limited None

2. What is the name of your Service (including clubs, schools, community groups, crèches etc.) for Children aged 017?

3. In the spaces below, please provide contact details (address/phone/email/website) for your service:

Your Service's full postal address:	
Main contact telephone number(s):	
Contact Person's name(s):	
Contact Email address(es):	
Website address/url:	
Other/social media address:	

4. In the following box, please describe the main services that you provide to CHILDREN?

5. In the box below, please describe your services you provide to FAMILIES WITH CHILDREN if relevant?

6. Please describe your service's geographic catchment area?

8. Please indicate below the categories of children etc., that you mainly provide services to? (you can tick more than one box if relevant)

- Children aged 0 to 4 years Children aged 5 to 12 years Children aged 13 to 17 years (<18)
 Families (including children) Other (please specify in the box across)

9. Which of the following categories best describes the status of your service? (You can tick one or more boxes if relevant)

- Community (e.g. local community based and run group) Statutory (e.g. HSE, Government Dept., Local Authority, VEC etc.)
 Voluntary (e.g. Barnardos, St. Vincent de Paul etc.) Private (Childminder, Crèche etc.)
 Other (please explain in box across)

10. Please state in the box below your main source or sources of funding, statutory (e.g. Government Dept., Local Authority, HSE, VEC etc.) and/or non-statutory (subscriptions, membership, fees, donations, fundraising etc) ?

+

11. What is the approximate number of (A) children and (B) families who avail of your service in a typical week?

(A) Number of Children	
(B) Number of Families	

12. If your Service has a waiting list, please indicate the number of (A) children and (B) families on the waiting list at present AND (C) the estimated time on the waiting list in weeks or months for children, (D) the estimated time on the waiting list in weeks or months for Families?

(A) Number of CHILDREN on Waiting List	
(B) Number of FAMILIES on Waiting List	
(D) TIME on the Waiting list in weeks or months for CHILDREN	
(C) TIME on the Waiting list in weeks or months for FAMILIES	

12. Which of the following categories of children and families (target groups) does your service (A) cater for, and (B), have current users belonging to this category/target group?

	(A) Your service can CATER for members of this group	(B) Your service CURRENTLY HAS USERS from this group
Low income households (employed and unemployed)	<input type="checkbox"/>	<input type="checkbox"/>
Lone parents	<input type="checkbox"/>	<input type="checkbox"/>
People with physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>
People with intellectual and learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>
People with mental and emotional health difficulties/conditions	<input type="checkbox"/>	<input type="checkbox"/>
Travellers	<input type="checkbox"/>	<input type="checkbox"/>
Young people who are early school leavers	<input type="checkbox"/>	<input type="checkbox"/>
Adults with no higher than Junior/intermediate Cert. education	<input type="checkbox"/>	<input type="checkbox"/>
Homeless persons	<input type="checkbox"/>	<input type="checkbox"/>
Problem drug and/or alcohol users	<input type="checkbox"/>	<input type="checkbox"/>
Offenders and/or Ex-Offenders	<input type="checkbox"/>	<input type="checkbox"/>
Home Carers	<input type="checkbox"/>	<input type="checkbox"/>
LGBT people	<input type="checkbox"/>	<input type="checkbox"/>
Non-Irish nationals	<input type="checkbox"/>	<input type="checkbox"/>
Refugees/asylum seekers	<input type="checkbox"/>	<input type="checkbox"/>

13. What are the main UNMET needs of children aged 0-17 years that you are providing services to?

14. Please describe your current premises by ticking one or more of the following boxes?

- Purpose Built Facility
 Prefab(ricated) building
 Multi Use Community Facility
 School based
 Shared Space
 Other (please specify in the box across)

15. Does your service have a working, planned, formal relationship with other providers of services to children in Fingal or elsewhere?

- Yes
 No
 If you answered YES, please explain in the box across

16. How many full, part and voluntary staff at the various levels described does you service currently have?

Full time	
Part time	
Volunteer Staff	
Total Staff	

17. Please tick the boxes if the staff of your Service undertake: (A) accredited, and (b) unaccredited training regularly?

18. What are the main challenges facing your service in terms of funding and finances?

19. APART from funding and finances, what are the biggest challenges currently facing your service? (Please use the box below also, if you would like to make any additional comments)

Appendix 2

Initial letter of Children's Services



October 2012

To: Providers of Services to Children (Aged 0-17) in Fingal.

Re: Audit and Mapping of Children's Services in Fingal

A Chara,

I am writing to you in my capacity as Chairperson of Fingal Children's Services Committee. As you may or may not know, the Fingal Children's Services Committee (FCSC) was established in December 2009 following a six month consultation process with Statutory, Community and Voluntary organisations across County Fingal. Children's Services Committees are an initiative of the Department of Children and Youth Affairs and Fingal was one of six newly established CSCs in 2009.

Each county based Children Service Committee is responsible for improving the lives of children and families at local and community level through integrated planning, working and service delivery. In 2011, FCSC launched its 3 year strategic plan 'Fingal Children's Services Committee Children and Young Peoples Plan (2011-2013)' for County Fingal. In this plan, Fingal Children's Services Committee has charted an agreed path for the delivery of services to children and young people in Fingal.

As part of our work, we have recently painstakingly developed a comprehensive database of all relevant services in Fingal. From this, we are shortly to begin a comprehensive mapping and profile/audit of all services in Fingal for Children aged 0 to 17. To this end, we have commissioned Niall Watters and Associates (Research Consultants) to undertake the research process. The findings of this research will inform the planning and delivery of children's services in the near future. Niall Watters Research will be writing to you shortly, by email or by traditional post, enclosing a brief but very important questionnaire. The completion of the questionnaire will go a long way to mapping services for children in Fingal and also in identifying gaps and needs.

I would ask that you contribute to this important research process for children's services in Fingal by completing and returning your survey, online or by return post, shortly after you receive it. Your support in this endeavour is very much appreciated and will go along to improving services for children in Fingal.

Yours sincerely,

Lorna Kavanagh
General Manager, Children and Family Services, HSE North Dublin
Chairperson FCSC

QUESTION SCHEDULE FOR FCSC FOCUS GROUPS - MARCH/APRIL 2013**Intro:****What is the FCSC Committee?**

Each Children's Services Committee is responsible for improving the lives of children and families at local community level through integrated planning, working and service delivery. They are an initiative of the Department of Children and Youth Affairs. In 2011, the Fingal children's services committee launched its three-year strategic plan county Fingal. In this plan, Fingal children services committee has chartered and agreed power for the delivery of services to children and young people in the county. The plan is based on the seven national outcomes for children in Ireland which envisages that all children should be:

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

What is the purpose of the research?

FCSC is undertaking this research to audit and map services provided to children and young people (one day under 18 years) in the County. The audit and map will both significantly help in terms of its decision making.

Confidential**Questions:**

1. Give a brief overview of your role in children's services/service for children
2. What is your sense of current provision in terms of places catered for, locations, types of services offered, age ranges catered for etc.
3. From your experience, what are the key issues and needs with regards to demographics, socio-economic factors and for future county planning?
4. What are the gaps, what demands are not being met?
5. What stakeholders should be involved in providing these supports?
6. Any other issues to be considered.