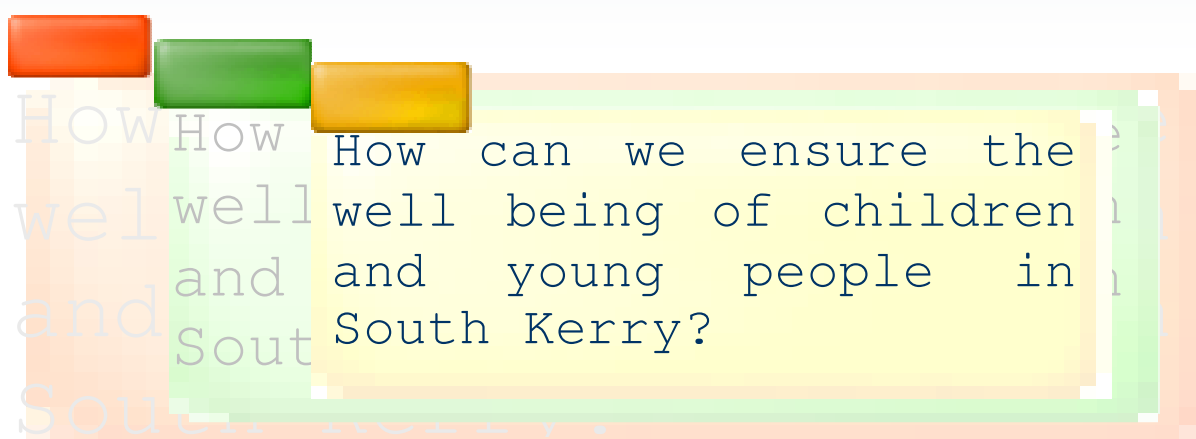




South Kerry

Child Well Being Committee



Research Report
March 2008





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Research Report

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on behalf of the South Kerry Child Well Being Inter-agency Committee

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Introduction

Background

This initiative is prompted by the recent 2007 PLANET policy document on the well being of the child, which has been adopted by South Kerry Development Partnership. A working group has been convened to prepare a strategic, inter-agency action plan on the needs of children and young people.

The remit and goals of the inter-agency committee are also in keeping with the spirit of the Children's Strategy, and its commitment to co-operation between agencies for the betterment of children's lives.

Agency Membership of the working group is as follows:

South Kerry Development Partnership	Mary Lyne - Education Coordinator, Aileen Brosnan - Youth Officer, Paul O'Raw - Head of Community Development Department, Claire O'Toole, Childcare Officer
Kerry Education Service	Miriam Galvin
Kerry Diocesan Youth Service	Linda Kearin
Family Resource Centres	Nancy Holmes-Smith - South West Kerry Tom Millane - Sneem, Aileen O'Sullivan - Castlemaine, Helen Quinn /Noreen Murnane - The Caha Centre, Adrigole
Kerry County Childcare Committee	Oonagh Flemming
Health Service Executive	Patricia Maher – HSE Community Worker

Executive Summary

The Research Brief

Aims of Research

- Give an overview of existing provision of services to children and young people in South Kerry
- Identify gaps in service provision
- Identify models of good practice and positive learning experiences
- Recommend strategic actions for the next programme period
- Production of a persuasive, strategic research document which will guide actions, influence policy and lever funding

Methodologies

The following methodologies were used in the course of the project.

Consultation

Desk Based Research and Review

Mapping Exercise

Impact Analysis

Research Limitations

As stated in the research brief, the goal of this report is to “give an overview of existing provision of services to children and young people in South Kerry”, and to identify gaps therein. Given the timescale of the work, the geographical size of the South Kerry area, and the resources available, an in-depth analysis of each service has not been possible. However, themes have been identified through extensive consultation, and gaps have been recorded using thorough mapping of current services.

Child Well Being – The Current Thinking

The development of a National Set of Child Well Being Indicators was undertaken in 2005 as a key objective of The National Children’s Strategy.

The final indicator set comprises 42 indicators across 35 key areas. These indicators formed the basis of the ‘State of the Nations Children’ report, which provided a comprehensive and complex description of the well-being of children and young people in Ireland.

The model used in Ireland for determining child well-being is in line with an international standard for child-well being analysis, with very similar models used in each instance. There are only slight differences in each model, in terms of indicators, and thematic headings under which results are presented.

This study, and the themes covered herein, is understandably less comprehensive in its description of child well-being in South Kerry, due mainly to time and resource constraints. It does however mirror some key areas addressed in the ‘State of the Nation’s Children’ report, most notably under section 3, as well as touching upon other areas under sections 1 and 4.

Area Profile

Below are some of the significant factors to bear in mind from the South Kerry area profile.

- Over half of geographical area of County Kerry with 36% of Population
- 12,323 children and young people (0-18 years), 49% living in Rural DEDs
- 22% on average does not have a second level qualification, with one in three people in some rural areas
- Unemployment estimated at 7%, with approximately 2250 people on the live register
- Up to 30% (mainly in rural areas) of workforce engaged in agriculture, with 53% of all farms being small holdings.
- 905 (5.4%) of houses rented from Local Authority
- Estimated 10% of children (0-18) in South Kerry living in Lone Parent Families
- 13.5% of South Kerry population not indigenous to the area, with Polish people making up the largest group
- Asian or Asian Irish largest Black or Minority Ethnic (BME) group in South Kerry at 1.2%
- An increase in Traveller population of 54%, from 356 to 550 persons
- Estimated 4% of child population (0-18) with a disability
- 17% of Households with NO car, 12% in Rural Areas. 39% with one car, 38% in rural areas

Current Services and Facilities – Impact Analysis

This section of the report describes the feedback from agency representatives and from parents and young people who participated in the consultation process, and relates this feedback to the information available with regard to current services and facilities, in the context of the area profile compiled above. This is done under the thematic headings set out in the brief for the study. The thematic headings are:

- social and development
- education
- environment/ play space
- youth work
- health and welfare (nutrition, mental, physical, spiritual)
- access to information, services and supports
- impact of technology and media

Social and Development

The vast majority of the feedback in relation to social and development opportunities related primarily to teenagers and the lack of facilities for them. It was stated over and over by professionals, community workers, parents and young people, that facilities and recreational services for the 13-18 age group was extremely poor, and that all they can do is hang around on the streets, in school yards, fast food outlets and arcades.

From an adult point of view, this lack of facilities and activities was a catalyst for other problems that developed in communities, such as alcohol misuse, a 'boy racer' culture or inter-generational strife. There is a growing sense that young people in this age group and displaying these behaviours are seen as a threat to their community.

Young people themselves in the 13-18 age group are frustrated at the lack of amenities available to them, and say the only choice they have is to stay at home or take to the streets.

Ultimately, there is no building in South Kerry which exists purely for the recreational use of young people over which they have some control, and the ability to do what they want, when they want. They rely on KDYS drop in facilities and the sharing of other community based facilities of which they have no control, and little if any influence. There is a need for affordable and inclusive community based social outlets for young people across South Kerry, of which they have a degree of ownership. The young people consulted state that this is something they would be willing to work at and participate in, and it would provide much needed opportunities for young people to adopt "leadership roles" as identified by a community based worker during the consultation.

Education

There are 9 secondary and 45 primary schools in the South Kerry area.

The main concern of those taking part in the consultation was the delivery of additional learning supports for disadvantaged students.

Where there are a significant percentage of children in a school who are not doing as well as expected academically, the school can achieve Designated Disadvantage Status (DEIS). There are currently 3 DEIS Co-ordinators in Kerry, who co-ordinate the plans for 13 primary schools and 2 post primary schools. The 3 co-ordinators presently cover Cahersiveen, Rural Primary, and Community Colleges. In addition to this there is a school completion programme which works with four primary and three post primary schools located in both North and South Kerry.

There are however a minority of students who do not do well in the education system and for whom there is very little additional support. If a school does not have 'enough' disadvantaged students, the support of the DEIS programme is not available. It is the experience of most schools that there are a small number of pupils who are unable to cope with the academic expectations placed upon them.

Feedback during the consultation identified a need for learning supports for all children across South Kerry who are not doing well in their education, and who then leave to go into unskilled jobs or unemployment.

One example of a project which has achieved this is the FACE (Families and Computers in Education) project in South Kerry. The project is collaboration between South Kerry Development Partnership and the Kerry Education Service, with school involvement, in which ICT is taught in the home in order to help parents support their children.

There is a need for projects such as FACE to be repeated across the region, for new learning support projects based on this model of working to be set up which respond to locally identified needs, and for existing projects to be supported and guided, all co-ordinated from a central point by an umbrella organisation.

Environment / Play Space

As mentioned previously, there is very little in the way of space specifically for young people. There are no spaces specifically for young adults, or as one contributor said, “nothing young people can call their own”. As a result, young people tend to hang out on streets, and near commercial venues.

County Kerry has a Play Policy¹ produced by the County Council in 2004, which is reflective of National Policy, and which confirms the importance of “promoting play” as part of childhood development. The policy reflects an urban strategy at present, and has been focused on improving current facilities.

Youth Work

The Youth Work Act 2001 provides a number of positive developments for youth work.

1. It provides a legal framework for the provision of youth work programmes and services. The Act gives statutory responsibility at national level to the Minister of Education and Science and at local level to the VECs (Voluntary Education Committees), for the development of youth work and its co-ordination with other services for young people.
2. It also provides for the planning and development of youth work at a “local” level, i.e. VEC level.
3. It provides for the establishment of a National Youth Work Advisory Committee and the appointment of a Youth Work Assessor.

The VEC in Kerry, the Kerry Education Service (KES), has appointed a Youth Officer who is facilitating a co-ordinated approach to youth work provision and to targeting resources. The Act enables KES to work with local communities and voluntary organisations to develop quality youth programmes and services for young people.

KES will adopt three goals in the development of youth work:

1. To facilitate young people and adults to participate more fully in, and to gain optimum benefit from, youth work programmes and services.
2. To enhance the contribution of youth work to social inclusion.
3. To ensure policies and quality standards are adopted and implemented by voluntary youth work organisations.

Currently in South Kerry, the majority of formal youth work is done by or via the Kerry Diocesan Youth Service (KDYS). Ógras also supports youth clubs operating through

¹ Developing Play in Kerry – Countywide Policy on The Development and Management of Playgrounds and Play Areas in Public Open Spaces

the medium of Irish, and currently supports 1 youth club in South Kerry, in Dromid. Where other organisations have youth related issues as part of their remit, such as SKDP or the HSE, they tend to use partnership arrangements with KDYS to deliver services and projects. Other organisations, such as Family Resource Centres, will occasionally deliver a project to young people, e.g. summer camps, while some do have specific remit to support young people but they do it within a larger brief of family support and not view themselves as doing 'youth work' per se.

KDYS has developed rapidly in the past ten years and now has a large infrastructure, with three major youth centres in County Kerry, one of these being in Killarney (South Kerry), while the other two are in Tralee and Listowel (North Kerry). Traditionally, KDYS has been a voluntary organisation which co-ordinated volunteer efforts on locally run youth projects (e.g. youth clubs, summer projects) throughout County Kerry, and is affiliated to the national organisation Youth Work Ireland. Development has seen KDYS take on the delivery of a number of issue based programmes, often in partnership with other agencies, from the centres mentioned above. These programmes include:

Killarney Community Drugs Initiative – directed at substance misuse
Youth Reach – directed at early school leavers
KDYS BAPADE Project – activities for 10-17 year olds
KDYS Young Parents Support Service – supporting teenage parents
KDYS Youth Information – training and workshops for personal development
Garda Youth Diversion Project – directed at young offenders
KDYS Schools Programme – drug education, peer mentoring, peer education, sexual health and teambuilding delivered in Schools
Mentor Project – one-to-one work in schools re behaviour modification / education and training options


There is recognition within KDYS that the development of the centres, and the establishment of the issue based programmes, has meant that its traditional base of volunteer workers and locally run projects have not developed as desired. Having said this, if it were not for KDYS co-ordinating and supporting local youth projects, there would be very little youth work activity outside of the major towns.

KDYS Youth Clubs have been established in both urban and rural settings, and partnership arrangements have been made with Kerry Community Transport to support these by putting on transport which allows young people who would otherwise have difficulties accessing these services to attend.

There is a need to strengthen youth work provision in South Kerry, including the KDYS Youth Club Network, so that it meets the needs and expectations of young people, and can provide a regular, reliable and consistent service across the region.

Health and Welfare

According to the County Development Board there are three District Community Hospitals in South Kerry located in Killarney, Kenmare and Cahersiveen, with the General Hospital for the county located in Tralee. All three District Community Hospitals house an ambulance base. In addition to this there are ten Health Centres located in the South Kerry area, each of these is in an urban setting, whether small or large settlements, and there is a good geographical spread. Feedback from those consulted, specifically parents and professionals, suggest that general health care provision in South Kerry is satisfactory, with easy access to doctors and health centres.



However feedback also states that while health services are fine generally, parents experience great difficulties if their child develops additional or special needs. The key areas which arose during the consultation in relation to health and welfare, and which were of concern to parents and professionals were Additional or Special Needs, Substance Misuse, Sexual Health and Orientation, and Mental Health.

Additional Needs

Along with the need for youth space and facilities, the area of additional or special needs was one of the most often raised during the consultation. Generally, the majority of feedback from parents of children with additional needs, no matter where on the spectrum, was in relation to the lack of services that were available, and the pressure this puts on parents to secure what their children need.

The more prominent issues that arose were:

- Assessments
- Access to Services
- Financial Difficulties
- Recreation and Respite
- Special Needs and Education

There is a regional approach by the statutory sector to additional or special needs services in South Kerry, however achievements are made by informal networking and a lot of individual endeavour. There is a need for a base or service for additional needs in South Kerry, providing information, support and advocacy to parents and groups across the region, and across the spectrum of needs, (Physical and Intellectual Disability – Downs Syndrome, Autism, Specific Learning Difficulties etc.)

Substance Misuse

Use of alcohol by teenagers was a major theme of the consultation. It was stated that while the use of drugs such as cannabis was normalised and acceptable among young people (Killarney Community Drugs Initiative), the use of alcohol was much more widespread and a much bigger problem. Currently there is one project in South Kerry dealing specifically with the issue of substance misuse, with one worker in the project who has a Killarney based remit.

There is a need to have a regional and focused approach to the use of alcohol among children in South Kerry, both in terms of early intervention and prevention, with work taking place in both urban and rural settings.

Mental Health

There is a very positive and strong approach to addressing mental health issues among children in South Kerry. There are a number of agencies which exist to support sufferers of mental health problems; however they exist in the urban areas of Killarney, Killorglin and Cahersiveen. Within these organisations is an awareness of the need for services to be directed at young people and for different methods of access and delivery to ensure engagement of this younger age group. This awareness has come about through local, in-depth analysis of young people's attitude to stress and mental health.

As it is clear from the surveys completed by the Kerry Mental Health Association that young people find it difficult to engage with service which are 'out there', and that there is a need to bring the services to young people. The Jigsaw model would seem the ideal vehicle to achieve this, and should be explored as a possible alternative.

Sexual Health and Orientation

Feedback from the consultation suggested that there is a gap in services for informing young people of issues around sexual health and orientation. While young people may receive information on sexual health matters in school or in a youth project, there are no services in South Kerry for young gays, lesbians or bisexuals.

There is a need to promote positive images of young lesbians and gay men, and to offer support for disclosure as a part of existing youth work and mental health services. There is also a need for a consistent approach to the delivery of sexual information across the region.

Access to Information

During the study a great deal of information was made available to the researcher on a huge variety of issues and topics. It was therefore interesting to note that a great deal of feedback from parents consulted suggested that there is a lack of simple information available, of what's out there, how it can be accessed, and contacts for the relevant people within organisations.

In reviewing all the literature forwarded for the purposes of this study, it is apparent that there is a need for information to be provided in a co-ordinated, pertinent, concise and simple way, which is focused on being user friendly. A structure along the lines of 'Beginners Guide to ...' would be useful to explore.

Impact of Technology and Media

During the course of this study, the use of technology and media was not a major concern of those consulted, with most professionals and community workers seeing it as a low priority when compared with other significant issues relating to child well-being.

Young people themselves do say that access to IT facilities is poor, with only limited availability in the library or school. When talking about the creation of youth venues, young people include access to computers and broadband as a desired amenity.

Underlying Themes

During the study there were two underlying themes that arose which could be applied generally across the region, and which impacted on young people and their families.

Affordability of Services

One issue that continued to arise during the consultation was the cost to families and young people of accessing facilities and services. Regardless of the activity, whether it be recreational, developmental, educational, or health related, it was stated that "things always cost money", and that this was prohibitive, and a barrier to participation.

Accessibility of Services

Given that Kerry is one of the largest counties in the country geographically, and given that half of South Kerry's population live in rural areas, it is not surprising that rural isolation and access to services was a recurring theme of this study.

There is a need to consider the delivery of services to rural communities at the planning stage of any project, whether this be through partnership arrangements with Kerry Community Transport, or by the use of more outreach work. The use of mobile structures and service could be explored.

There was general agreement that a multi-agency and multi-disciplinary approach was needed for the delivery of services to children and young people in South Kerry.

Partnership Arrangements

There was general agreement that a multi-agency and multi-disciplinary approach was needed for the delivery of services to children and young people in South Kerry. Currently there is a great deal of willingness to collaborate on projects, and there were a number of excellent examples of inter-agency working. This however tends to be done on the basis of individual relationships, commitment and understanding, rather than organisation policy or a systemic approach. There is a view that this makes the work disjointed, with different messages coming from different people.

There is a need to establish an affective South Kerry wide inter-agency network which can co-ordinate the delivery of services to children and young people, and collaborate on projects where there are common goals. The group could address structural causes of disadvantage and improve policy and services through a systemic approach. This network could seek to establish itself as a key part of local structures and the first port of call for all work in the field of child well-being in South Kerry, while linking into and supporting broader county and regional strategies. It seems logical that the Child Well Being Committee could develop into just such a network.

Conclusions and Recommendations

1. There is a need for affordable and inclusive community based social outlets for young people across South Kerry, which can cater for a variety of ages, and of which they have a degree of ownership.
2. There is a need for projects such as FACE (Families and Computers in Education) to be repeated across the region, for new learning support projects to be set up which respond to locally identified needs, and for existing projects to be supported and guided, all co-ordinated from a central point by an umbrella organisation, such as a Learning Support Unit.
3. There is a need for more childcare facilities which are affordable to parents.
4. There is a need to strengthen youth work services, including the KDYS Youth Club Network, so that it meets the needs and expectations of young people, and can provide a regular, reliable and consistent service across the region.
5. There is a need for a base or service for additional needs in South Kerry, providing information, support and advocacy to parents and groups across the region, and across the spectrum of needs, (Physical and Intellectual Disability – Downs Syndrome, Autism, Specific Learning Difficulties etc.)
6. There is a need to have a regional, inter-agency approach to addressing the use of alcohol among children in South Kerry, both in terms of early intervention and prevention, with work taking place in both urban and rural settings.
7. It is clear from the surveys completed by the Kerry Mental Health Association that young people find it difficult to engage with service which are 'out there',

and that there is a need to bring the services to young people. The Jigsaw model would seem the ideal vehicle to achieve this, and should be explored as a possible alternative.

8. There is a need to promote positive images of young lesbians and gay men, and to offer support for disclosure as a part of existing youth work and mental health services. There is also a need for a consistent approach to the delivery of sexual information across the region.
9. There is a need for information to be provided in a pertinent, concise and simple way, which is focused on being user friendly. A structure along the lines of 'Beginners Guide to ...' would be useful to explore.

Underpinning Conclusions and Recommendations

1. There is a need to establish an affective South Kerry wide inter-agency network which can co-ordinate the delivery of services to children and young people, and collaborate on projects where there are common goals. The group could address structural causes of disadvantage and improve policy and services through a systemic approach. This network could seek to establish itself as a key part of local structures and the first port of call for all work in the field of child well-being in South Kerry.
2. There is a need to ensure the affordability of services to all those living in a community at the planning stage, with measures put in place to ensure equality of access, and that no-one is discriminated against because of social class or income bracket.
3. There is a need to consider the delivery of services to rural communities at the planning stage of any project, whether this be through partnership arrangements with Kerry Community Transport, or by the use of more outreach work. The use of mobile structures and services could be explored.

The Research Brief

Strategic Objectives

- Improve quality of life for disadvantaged children and young people.
- Achieve greater social inclusion and equality
- Ensure greater cohesion of services and supports in South Kerry
- Maximise use of resources

Aims of Research

- Give an overview of existing provision of services to children and young people in South Kerry
- Identify gaps in service provision
- Identify models of good practice and positive learning experiences
- Recommend strategic actions for the next programme period
- Production of a persuasive, strategic research document which will guide actions, influence policy and lever funding

Scope of Research

1. Target groups and areas;

- Children and young people experiencing, or at risk of, multiple disadvantage
- Three age brackets; pre-school (0-5), primary (6-12), and secondary/ teenage (13-18)
- Geographic sectors, i.e. an analysis based on the four main sub-areas of South Kerry
- Holistic approach which investigates the situation within family and community context
- Thematic headings;
 - social and development
 - education
 - environment/ play space
 - youth work
 - health and welfare (nutrition, mental, physical, spiritual)
 - access to information, services and supports
 - impact of technology and media

2. Literature review (recent and relevant)

There is a considerable amount of information already available relating to child well-being issues. These need to be brought together and synthesized to draw out the experience and knowledge that exists in local, national and internationally.

3. Diagrammatic, structural illustration of organizations, services and facilities concerned with child well being in South Kerry. This will give a visual representation of the matrix of partners involved.

4. Assessment of impact of the services and programmes, and identification of gaps in service provision, as well as target groupings in need of additional supports. Ensure the voice of key stakeholders is heard in this regard.

5. Review of current partnership and collaborative arrangements in terms of effectiveness, communications and value for money.

6. Work closely with the working group developing and conducting the research, feeding back findings and facilitating development of strategic plan.

Guidelines

The research will synthesise the learning from the literature currently available; this is vital to identifying and building on experience. This will include reference to the new National Development Programme where appropriate.

It will give an illustrative overview of the matrix of relevant agencies and groups.

An examination of the effectiveness of structures, programmes and operations, is also required to highlight models of best practice, areas of possible duplication and gaps in provision.

Consultation with a range of relevant stakeholders during research process is required.

The research will also assess the impact and outcomes of the partner groups activities.

Required Outcomes

- Strong recommendations to enable interagency collaboration in the four geographic areas of South Kerry
- A set of recommendations according to the three age categories including identification of appropriate funding sources and agencies
- Identify existing models of good practice within South Kerry
- Critical to this research is the identification of gaps in services and recommended actions arising
- Clearly identified target groups requiring the greatest level of supports

Methodologies

The following methodologies were used in the course of the project.

Consultation

- Initial Meeting with working group to agree research.
- Regular meetings with working group representative(s).
- One-to-one interviews with representatives from Key Stakeholders
- Focus groups with key stakeholders, including young people and families /parents

Desk Based Research and Review

- Review of existing knowledge to include documentation, publications and research in the area of the well being of the child.
- Analysis of new and developing initiatives at regional and national level.

Mapping Exercise

- Development of appropriate documents to collect primary information, including questionnaires etc.
- Development of a visual map representing spread and nature of provision.

Impact Analysis

- Analysis of types of disadvantage experienced and strategies to address these
- Highlighting of models of best practice with reference to structures, programmes and operations.
- Identification and analysis of gaps and duplications in provision
- Review of partnership arrangements and effectiveness in terms of impact upon beneficiaries

Strategic Planning

- Facilitated strategic planning event will take place on completion of the report based on findings of research

Research Limitations

- As stated in the research brief, the goal of this report is to “give an overview of existing provision of services to children and young people in South Kerry”, and to identify gaps therein. Given the timescale of the work, the geographical size of the South Kerry area, and the resources available, an in-depth analysis of each service has not been possible. However, themes have been identified through extensive consultation, and gaps have been recorded using thorough mapping of current services.
- In addition, up to date information was not available from all voluntary or statutory agencies in relation to some of the services and facilities addressed in this report. As the report serves only to provide an overview, further investigation would be required to provide accurate detail prior to the planning of subsequent actions.

Child Well Being – The Current Thinking

This section of the report will look at the definition of a 'child' in the world today, and the different models used nationally and internationally for measuring child well-being.

Ireland

In Ireland, as under the UN Convention on the Rights of the Child, the term 'child' refers to anyone under the age of 18 years. This is now an accepted definition in the industrialised world.

The National Children's Strategy recognises that children's needs are *"varied and range across the emotional, the intellectual, the social, the cultural and the material"*. It also makes a commitment to inter-agency co-operation and co-ordination and sees the strategy as a *"means to work together to ensure that every child is afforded the respect and the quality of life needed to develop and sustain within them a spirit of optimism, pride and confidence"*.

The strategy adopted a 'whole child' perspective, providing a more complete understanding of children's lives, which it saw as being *"compatible with the spirit of"* the UN Convention on the Rights of the Child. This 'whole child' perspective is seen as the dynamic interaction between all three aspects of the child, which are:

- The extent of children's own capacities
- The multiple interlinked dimensions of children's development
- The complex mix of informal and formal supports that children rely on

Under this 'whole child' perspective, the strategy went on to define the Dimensions of Childhood Development, and described them as:

- ⇒ Physical and Mental Well-Being
- ⇒ Emotional and Behavioural Well-Being
- ⇒ Intellectual Capacity
- ⇒ Spiritual and Moral Well-Being
- ⇒ Identity
- ⇒ Self-Care
- ⇒ Family Relationships
- ⇒ Social and Peer Relationships
- ⇒ Social Presentation

The Children's Strategy then set out three National Goals for the improvement of the lives of Children, which were:

- Children will have a voice
- Children's lives will be better understood
- Children will receive quality supports and services

The National Children's Strategy recognised the difficulties in delivering child-well being at a local level, with feedback on *"poorly co-ordinated and integrated local service delivery"* and stating the *"need to improve delivery at the point where services are accessed"* as *"critical"* to children's lives.

The development of a National Set of Child Well Being Indicators was undertaken in 2005 as a key objective under the second of these national goals.

The definition of child well being used to guide the development of the indicators was that of Andrews et al, who note that well being is:

“healthy and successful individual functioning (involving physiological, psychological and behavioural levels of organisation), positive social relationships (with family members, peers, adult caregivers, and community societal institutions, for instance school and faith and civic organisations), and a social ecology that provides safety (e.g. freedom from interpersonal violence, war and crime), human and civil rights, social justice and participation in civil society.”²

This definition was used because it broadened the view of well-being beyond the interpretation of basic survival information such as child mortality, school enrolment etc. to a more holistic view of the child, taking into account social activities such as play and recreation, and focusing on the positive and negative aspects of a child's life.

There was recognition that the agreed indicators reflected a comprehensive and multi-dimensional view on child well-being, and was merely the first step in measuring the lives of children in Ireland.

The following indicators were agreed:

Child Well Being Indicators

Abuse and Maltreatment
Accessibility of Basic Health Service for Children and Young People
Attendance at School
Availability of Housing for Families with Children
Children and Young People in Care
Chronic Health Conditions and Hospitalisation
Community Characteristics
Crime Committed by Children and Young People
Economic Security
Enrolment in Childhood and Education
Enrolment in Education/Completion of School
Environment and Places
Health of the Infant at Birth
Immunisation
Mental Health
Nutrition
Parental Time with Children
Participation in Decision Making
Pets and Animals
Public Expenditure on Services for Children and Young People
Quality of Childhood Care and Education
Relationships with Parents and Family
Relationships with Peers
Screening for Growth and Development
Self-Esteem
Self-Reported Happiness
Sexual Health and Behaviour

² Ecology of Child Well-Being: Advancing the Science and the Science-Practice Link. Georgia: Centre for Child Well Being.

Things to Do
Use of Tobacco, Alcohol and Drugs
Values and Respect

Socio-Demographic Indicators

Child Population
Family Structure
Parental Education Level Attained
Child Mortality
Children and Young People with Additional Needs

The final indicator set comprises 42 indicators across 35 key areas. These indicators formed the basis of the 'State of the Nations Children' report, which provided a comprehensive and complex description of the well-being of children and young people in Ireland. The report was presented in four parts or thematic headings:

1. The socio demographics of children in Ireland
Number of children in the population, family structure, parental educational achievement, children from minority groups
2. Children's relationships with their parents and peers
Levels of reported bullying and children's friendships
3. Outcomes of children's lives
Health, education, social, emotional and behavioural
4. Formal and Informal supports for children
Attendance at school, housing, antenatal care, immunisation, environmental supports, economic security (including relative and consistent poverty)

The United Kingdom

As Ireland's closest neighbour, the UK has been working for a number of years on its development of Child Well-Being policies, indicators and strategies, and in 2004 produced its own children's strategy, known as 'Every Child Matter: Change for Children', which was linked directly to the Children's Act 2004. In this strategy the British Government proposed to work with community and voluntary organisations to deliver change for children and young people.

This strategy included aspects such as:

A common core of skills and knowledge for people working with children and young people as part of a Pay and Workforce Strategy.
A Children's Workforce development Council
Service delivery by multi-agency, multi-disciplinary teams
A Common Assessment Framework, to be used and shared by a range of agencies
Children's Trusts to plan and commission services for children

The UK Government went on to develop guidance on inter-agency co-operation to improve the well-being of children, in which the Children's Trusts would be the lead agency. There is no evidence however of a comprehensive child well-being indicators list adopted by the UK Government specifically.

Despite this strategy and guidance, in a recent UNICEF report the United Kingdom finds itself among the worst of industrialised nations for child-well being.³

Professionals working in the field of child related services staged the Ditchly Park Conference on Child Well-Being in response to the UNICEF report with a view to addressing its findings. From this conference they found “emerging themes of disjointed services for children – with so many involved in case conferences where in the end no-one has the responsibility to make something happen”

They also found that “child poverty has a strong impact on child well-being, and that relative poverty is a significant factor. There is greater inequality between rich and poor in the UK than in any other OECD⁴ country except for the USA, and such inequality can lead to feelings of humiliation and emotional stress among children and young people.”

There is no clear analysis of why the approach adopted in the UK has not produced the desired results, however anecdotal information taken from the experiences of professionals, community workers and young people (such as those attending the Ditchly Park Conference) suggests that the system became too bureaucratic and labour some, to a point where nothing effective could be achieved.

The young people whose testimony was heard at the conference “explained how children’s services had failed them, and how they ... had become all too familiar with the flaws and weaknesses in service provision for children, and likened those services to a bicycle chain where not just one, but all, links needed to be oiled.”

The conference produced a Declaration on Child Well-Being, which it encouraged organisations to sign up and commit to in the hope of effecting change.

Child Well-Being in the European Union

A similar approach to that adopted in Ireland has been used to do comparative studies on child-well being across European Union states. The most recent study, done by the Social Policy Research Unit at the University of York⁵ compares child well-being in 24 EU states under 8 thematic headings (clusters), which are constructed on 51 indicators across 23 key areas. The 8 clusters (as referred to in the report) were:

- ❖ Material Situation
- ❖ Housing
- ❖ Health
- ❖ Subjective Well-Being
- ❖ Education
- ❖ Children’s Relationships
- ❖ Civic Participation
- ❖ Risk and Safety

In this study Ireland performed poorly in relation to Material Situation (ranked 18th of 24), but well in most other areas, including Education (ranked 7th of 24) and Subjective Well-Being (ranked 7th of 24).

³ UNICEF’s ‘An Overview of Child Well Being in Rich Countries’ (2007)

⁴ Organisation for Economic Co-operation and Development

⁵ An Index of Child Well-Being in the European Union, Social Policy Research Unit at the University of York

International Child Well-Being Comparisons

In UNICEF's 'An Overview of Child Well Being in Rich Countries' (2007), a comparison of child well-being is made between 21 countries of the industrialised world, using 6 dimensions (thematic headings) of child well-being which are reflective of the UN Convention on the Rights of the Child. Ireland was included in this study.

Chart 1

The chart below presents the findings of this *Report Card* in summary form. Countries are listed in order of their average rank for the six dimensions of child well-being that have been assessed.¹ A light blue background indicates a place in the top third of the table; mid-blue denotes the middle third and dark blue the bottom third.

		Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
Dimensions of child well-being	Average ranking position (for all 6 dimensions)	Material well-being	Health and safety	Educational well-being	Family and peer relationships	Behaviours and risks	Subjective well-being
Netherlands	4.2	10	2	6	3	3	1
Sweden	5.0	1	1	5	15	1	7
Denmark	7.2	4	4	8	9	6	12
Finland	7.5	3	3	4	17	7	11
Spain	8.0	12	6	15	8	5	2
Switzerland	8.3	5	9	14	4	12	6
Norway	8.7	2	8	11	10	13	8
Italy	10.0	14	5	20	1	10	10
Ireland	10.2	19	19	7	7	4	5
Belgium	10.7	7	16	1	5	19	16
Germany	11.2	13	11	10	13	11	9
Canada	11.8	6	13	2	18	17	15
Greece	11.8	15	18	16	11	8	3
Poland	12.3	21	15	3	14	2	19
Czech Republic	12.5	11	10	9	19	9	17
France	13.0	9	7	18	12	14	18
Portugal	13.7	16	14	21	2	15	14
Austria	13.8	8	20	19	16	16	4
Hungary	14.5	20	17	13	6	18	13
United States	18.0	17	21	12	20	20	–
United Kingdom	18.2	18	12	17	21	21	20

OECD countries with insufficient data to be included in the overview: Australia, Iceland, Japan, Luxembourg, Mexico, New Zealand, the Slovak Republic, South Korea, Turkey.


Source: UNICEF's 'An Overview of Child Well Being in Rich Countries' (2007)

Although ranked 9th overall in terms of child-well being among these 21 countries, Ireland were ranked particularly low in Material Well-Being and Health and Safety, while performing well in Behaviours and Risks, and Subjective Well-Being.

It is interesting to note that the two countries who are deemed worst in terms of child well-being in this study, namely the USA and the UK, are the two who have the greatest inequality between the rich and the poor.

The South Kerry Approach

As can be seen from the models presented above, the model used in Ireland is in line with an international standard for child-well being analysis, with very similar models used in each instance. There are only slight differences in each model, in terms of indicators, and thematic headings under which results are presented.



This study, and the themes covered herein, is understandably less comprehensive in its description of child well-being in South Kerry, due mainly to time and resource constraints. It does however mirror some key areas addressed in the 'State of the Nation's Children' report, most notably under section 3, as well as touching upon other area under sections 1 and 4.

This report also adopts the 'holistic' view of the child, and attempts to give an overview of certain aspects of child well being which are akin to the models mentioned above, i.e. in its use of the seven thematic headings, which include *social and development, education and health and welfare*. The constraints previously mentioned include access to specific, accurate and detailed data at a local level. However this report does bring added value in terms of the experiential evidence that arises from a thorough consultation with professionals, community workers, parents and children, something which reports done nationally or internationally are not able to do.

This report on child well-being in South Kerry is therefore a combination of an analysis of available data and the experiential evidence provided in the consultation phase of the study.

Area Profile

Extensive area profiling has already been undertaken by SKDP in the South Kerry Development Partnership Area Profile – Demographic and Socio-Economic Analysis, 2007, and the Poverty Indicator Profile of South Kerry. This study will draw on that existing knowledge, and add to it where possible, especially in relation to disadvantage, and children and young people.

South Kerry Development Partnership covers an extensive area of almost 2,500km². This represents over half the surface area of County Kerry. The area, which covers 65 EDs (Electoral Divisions) (*Map 1*), had a population of just over 50,000 at the last Census in 2006.

Map 1
Electoral Divisions
in the South Kerry Partnership area



Source: SKDP – Poverty Indicator Profile of South Kerry (2007)

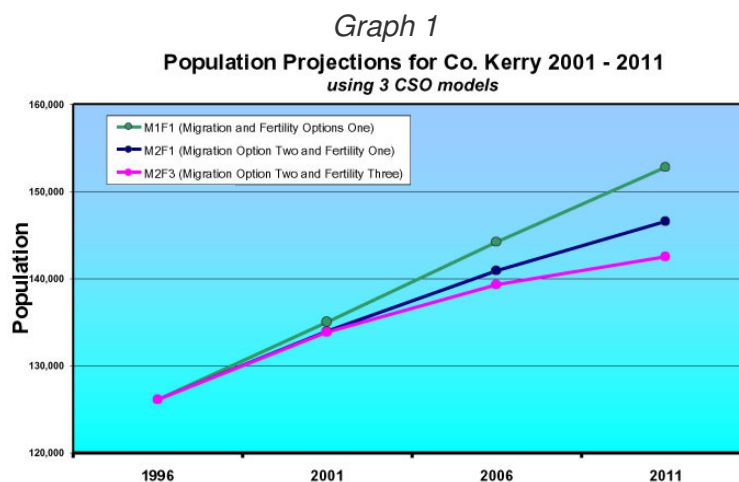
This represents 36% of Kerry's total population, which was 140,000 at the Census 2006.

Table 1 – Population of County Kerry by Gender

	Male Total	Female Total	Overall Total
Kerry County	70641	69194	139835

Source: Census 2006

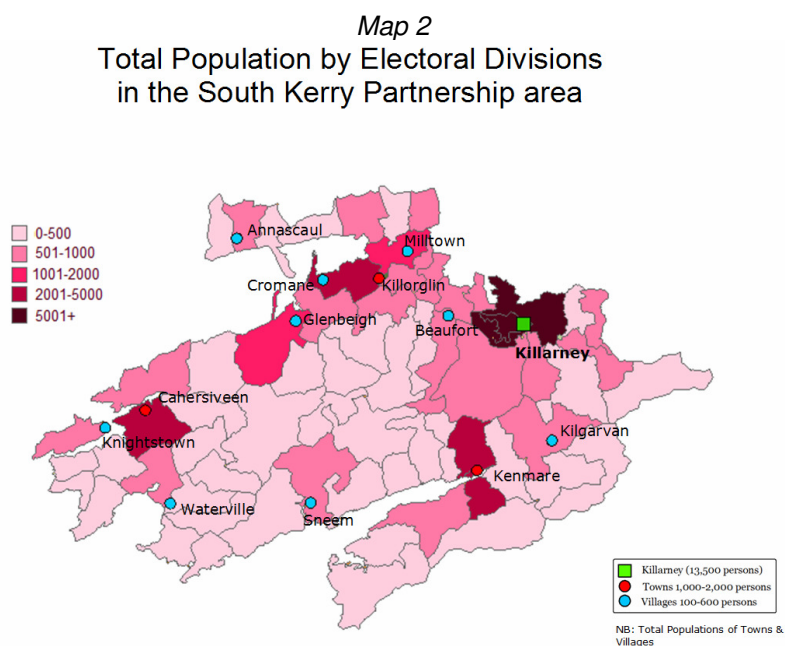
According to CSO (Central Statistics Office) predictions, the population of Kerry will continue to grow significantly in the coming years.



Source: Central Statistics Office

South Kerry's main urban centre is Killarney (pop. 14,000). Other significant urban centres include Kenmare (pop. 1,950), Killorglin (pop. 1,500⁶) and Cahersiveen (pop. 1,300). These four urban centres account for approximately 40% of the population of South Kerry, with the remainder residing in smaller towns, villages and in the rural countryside.

Returns from the 2006 Census of Population reveal that South Kerry⁷ has a population of 50,571. This represents an increase of 2,436 persons or 5.4% since the previous census in 2002, considerably below the national level of 8.2% for the same period. The growth in population is concentrated in the east and north east of the area, with most of rural South Kerry continuing to experience population losses. The spread of population recorded in the 2006 Census is represented below.



Derived from: Census 2006

⁶ The population of Killorglin ED is 3,780 (2006). The figure presented here relates to the town only. Recent population growth has been most evident on the approaches to the town. Thus, the issue of revising the town boundary arises.

⁷ Here, the term 'South Kerry' is used to refer to the catchment area of South Kerry Development Partnership.

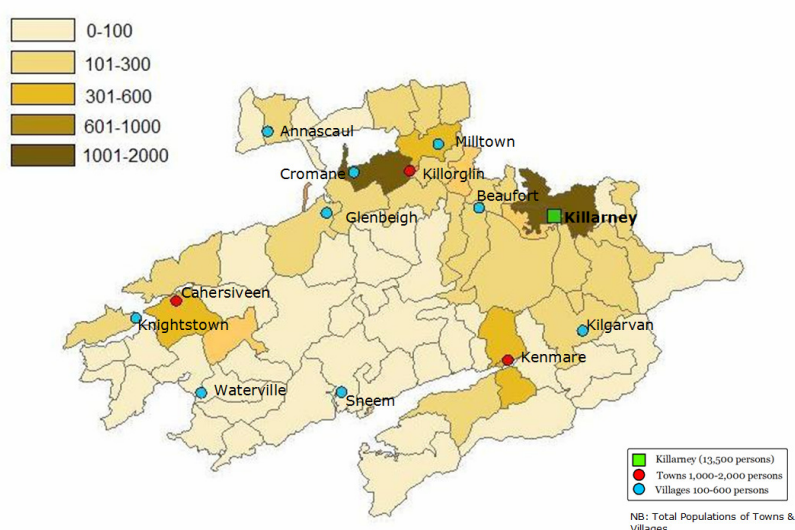
Much of Iveragh continues to lose population. Areas affected include Sneem and upland areas to its north, Tahilla, Templenoe, Dereen and Derrynane. Many of these areas, as well as rural areas around Cahersiveen are very weak demographically. There are many reasons why these areas are experiencing population decline. Rural re-structuring, associated with the contraction of the agricultural workforce and the decline of rurality-based economic activities is the main cause. However, other factors such as a declining quality of life caused by the withdrawal of public services, and the decline of others, is accelerating population decline. In addition, these areas remain relatively inaccessible, and are therefore at a disadvantage in terms of exploiting opportunities that arise in Ireland or in Kerry generally.

Age Profile

This section looks at the age profile of South Kerry and the spatial distribution of the age cohort identified in this study, namely 0-18 years, and the three specific age groupings within this, 0-5 years, 6-12 years and 13-18 years.

At the 2006 Census, there were a total of 12,323 children and young people (0-18 years) in the South Kerry area. This represents 36% of the child and young person population in Kerry as a whole (34,667), and just over 24% of the overall population in South Kerry. The geographical spread of the children and young people is represented on *Map 3* below.

Map 3
Number of Children (0 – 18 Years) by Electoral Divisions
in the South Kerry Partnership area



Derived from: Census 2006

Unsurprisingly, the population spread of children and young people follows the pattern of overall population, with the largest concentration in and around urban centres. The largest is Killarney, followed by Killorglin, Kenmare and Cahersiveen.

Table 2

Geographic Area	Total
Kerry County	34667
South Kerry	12323
001 Killarney Urban	1569
082 Killarney Rural	1712
007 Caher	533
056 Kenmare	568
084 Killorglin	1016

Derived from: Census 2006

However, almost half (49%) of the children and young people in South Kerry are located in rural EDs without a major town. There are a number of areas with very

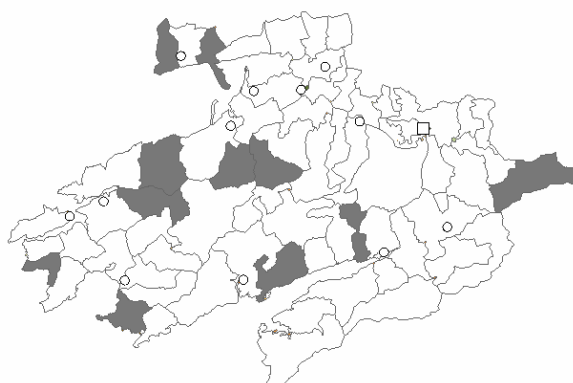
small populations of children and young people, with those of less than fifty children and young people identified in *Table 3* and highlighted in *Map 3a* below.

Table 3

Geographic Area	Overall Total
004 Na Beathacha	45
012 Curraghbeg	42
013 Doire Fhionáin	29
017 Killinane	46
018 Lickeen	34
023 Toghroinn Fhionáin	35
028 Ballynacourty	36
037 Inch	33
059 Reen	40
061 Tahilla	40
068 Clydagh	32

Derived from: Census 2006

Map 3a

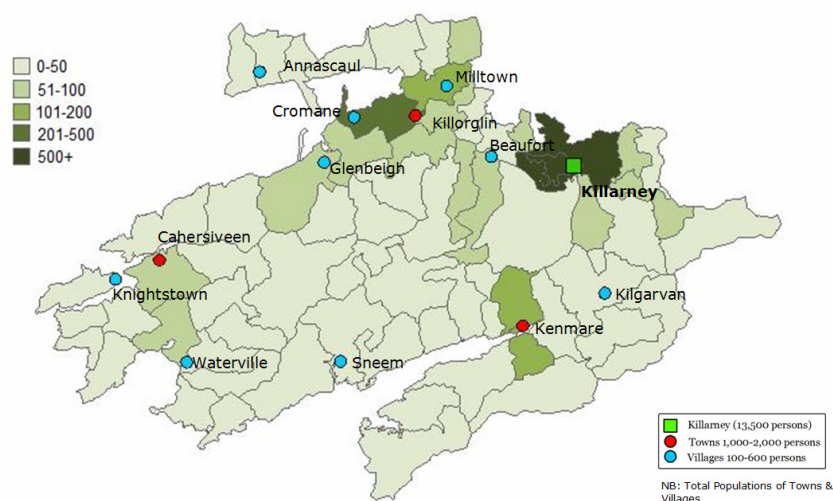


When considering the break down of children and young people into the three age groups relevant to this study, 0-5 years, 6-12 years and 13-18 years, the results follow a similar pattern. The three age groups are almost evenly divided, and make up roughly a third of the overall total.

There are 3,921 0-5 year olds in South Kerry, representing 32% of the child population. Almost 50% of these are located in rural areas. *Map 4* shows the spread of children aged 0-5 years in South Kerry.

Map 4

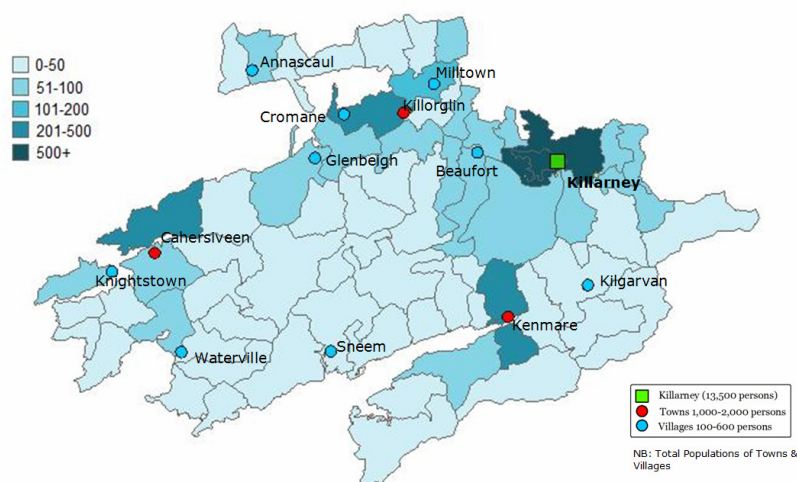
Number of Children (0 – 5 Years) by Electoral Divisions
in the South Kerry Partnership area



Derived from: Census 2006

It is 6-12 year olds that make up the largest group of children in South Kerry, with 37% (4550), and again almost one half of these live in rural areas (2226). See Map 5 below for an illustration.

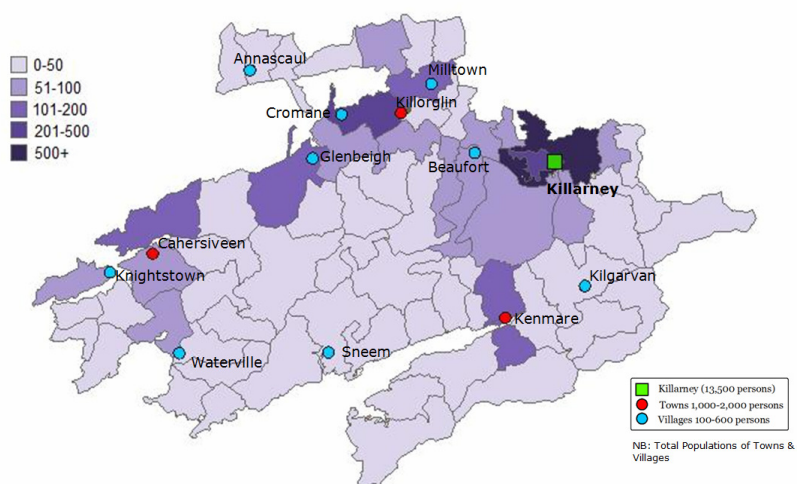
Map 5
Number of Children (6 – 12 Years) by Electoral Divisions
in the South Kerry Partnership area



Derived from: Census 2006

The remaining 31% is made up by the 13-18 year group, with 3,852 (31%) young people, and 1,928 of these living in rural areas. See Map 6 Below.

Map 6
Number of Children (13 – 18 Years) by Electoral Divisions
in the South Kerry Partnership area



Derived from: Census 2006

While all three age groups show low levels of concentration in rural areas, it is noticeable that there is a further decrease in concentration of 0-5 year olds in the in the western most parts of the region, such as Valentia and Castlequin.

Educational Attainment

While County Kerry has one of the highest rates of transition from second level to tertiary education, educational attainment levels in South Kerry are generally below national levels. This anomaly can be attributed to the lack of employment opportunities for graduates in the County, particularly in rural parts. Historically, limited employment locally and a reliance in many communities on small-scale farming has encouraged young people and parents in South Kerry to view education as a means of 'progressing' out of one's own locality, and a means of attaining professional employment in an urban location, such as Dublin.

Areas with younger age profiles tend to have levels similar to the national one of 22%. A cluster of EDs including Killarney Town and its hinterland come into this category. Levels similar to the national one are also to be found in Milltown and Listry, as well as around Kenmare, where many professionals have retired. Derrynane and Cathair Dómhnaill also reflect this trend.

Throughout most of the rest of South Kerry, the proportion of the population with primary education only is above the national average, with the highest rates (over 30%) throughout most of Central Iveragh and areas west of Cahersiveen. Attainment levels are also low on most of the Beara Peninsula, where on average, one in three people does not have a second level qualification.

Table 4 – South Kerry Population by Educational Attainment

Geographic Area	Age Education Ceased	
South Kerry	Under 15 years	3962
	15 years	2310
	16 years	4177
	17 years	3283
	18 years	5678
	19 years	1990
	20 years	1986
	21 years and over	6345

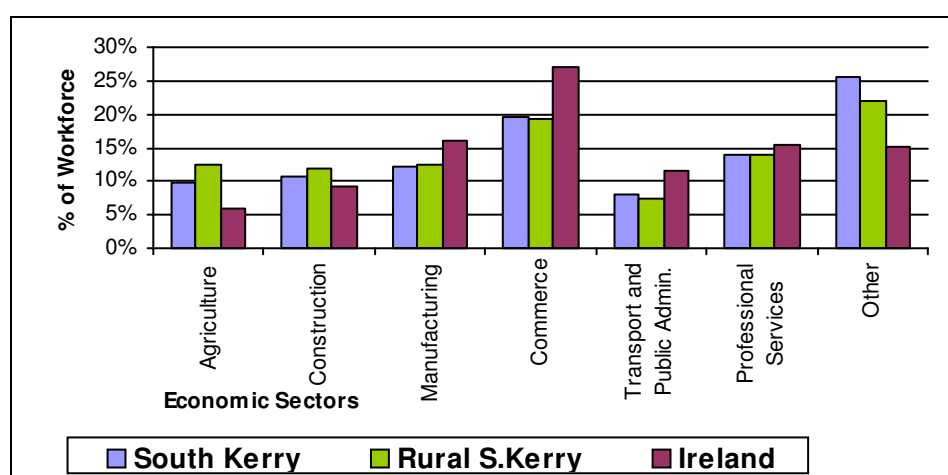
Source: Census 2006

Economic Activities

South Kerry is a very diverse area. At a macro-economic level, Killarney Town and its immediate hinterland have experienced significant economic growth over recent years, largely in the tourism and construction sectors. Despite the welcome upturn in economic activity, Killarney has areas of acute disadvantage and social exclusion. There are a number of local authority housing estates in Killarney, which have not benefited from the general upswing in the economy. Many of the newcomers to the town experience a sense of isolation. Killarney also has a significant traveller population.

The following bar graph presents a sectoral breakdown of the workforce in South Kerry and the state. It shows that South Kerry has a higher proportion of its workforce employed in agriculture, construction and 'other' than does the state as a whole. Meanwhile, South Kerry has proportionately fewer persons employed in commerce, transport and public services.

Graph 1 - Sectoral Employment in South Kerry⁸ and Nationally, 2002.



Source: SKDP Area Profile – Demographic and Socio-Economic Analysis 2007

Agriculture accounts for almost 10% of the workforce in South Kerry. This is considerably above the national level. When Killarney and its hinterland are taken out of this equation, the percentage of the workforce in agriculture in South Kerry rises to over 20%. The areas with the highest levels of dependence on agriculture tend to have lower levels of accessibility. In central parts of the Iveragh Peninsula and upland parts of Beara, over 30% of the workforce is engaged in agriculture.

In 2000, 53 percent of all farms in South Kerry were small-scale farm enterprises of less than 8 ESU⁹, a much higher proportion compared with that of Kerry overall (Table 7) and the State.

Table 5

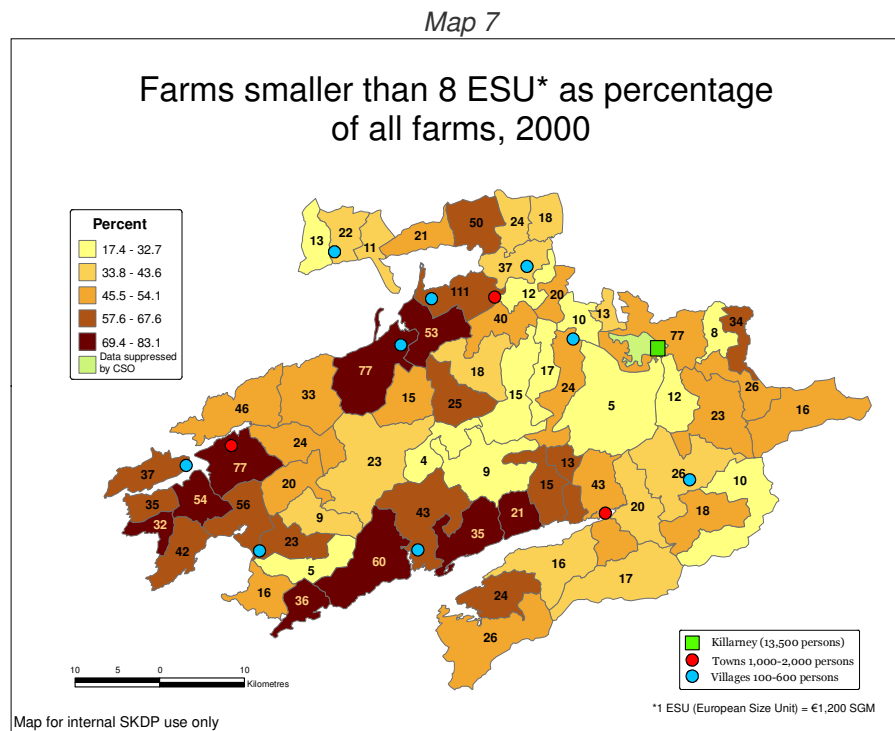
	Number	Percentage
South Kerry	1,815	53
Kerry	3,736	44
State	62,841	45

Derived from: Census of Agriculture 2000

⁸ Rural South Kerry refers to the catchment area of SKDP, excluding Killarney. Killarney as computed for this diagram refers to the Killarney Urban and Killarney Rural EDs

⁹ ESU represents the sum of standard gross margins (SGM) for farm output or the monetary value of its gross production less specific costs, where 1 ESU = €1,200 SGM⁹

Below, *Map 7* shows the distribution of small farms as a percentage of all farms in South Kerry.



Source: SKDP Poverty Indicator Profile of South Kerry

The EDs with the highest proportion of the workforce employed in manufacturing industries are in the extreme east of the territory. The Clydagh Valley and Barraduff have levels in excess of 16%.

Over recent years, the expansion of the housing sector has propelled a growth in the numbers employed in building and construction, both nationally and in South Kerry. Nationally, about 10% of the workforce is employed in this sector. The level in South Kerry is slightly higher.

At national level, 54% of the workforce is employed in the tertiary sector, which includes commercial, professional and public services. In South Kerry, the figure at 42% is considerably lower.

Unemployment

Unemployment in County Kerry has shown a gradual decrease in 2007, from 7121 people on the live register in January, to 6144 in October.

Table 6 - Figures for the Year 2007 to Date for County Kerry

Month	Male	Female	Total	Monthly Change	Annual Change
October 2007	3645	2499	6144	186	327
September 2007	3517	2441	5958	-444	368
August 2007	3627	2775	6402	84	358
July 2007	3532	2786	6318	189	277
June 2007	3453	2676	6129	177	243
May 2007	3414	2538	5952	-251	375
April 2007	3517	2686	6203	-345	290
March 2007	3664	2884	6548	-416	389
February 2007	3851	3113	6964	-157	367
January 2007	3987	3134	7121	328	302

Source: Central Statistics Office

The most recent figures specifically for South Kerry are from December 2006, which show that South Kerry accounted for 33% of the unemployed in County Kerry with 2,230 people on the live register.

Table 7

Persons on Live Register (Number) by Month and Social Welfare Office								
December 2006								
	Kerry County	Cahersiveen	Dingle	Kenmare	Killarney	Killorglin	Listowel	Tralee
All Persons	6,793	363	326	270	1,153	444	1,139	3,098

Source: Central Statistics Office

At the time of the 2006 Census, South Kerry had an unemployment rate of 7%, below the State and County rate of 8.5% at that time. Statistics show that the numbers of those people actively seeking work in County Kerry have risen only slightly in the period between the census and now.

Table 8 – Active Labour Market

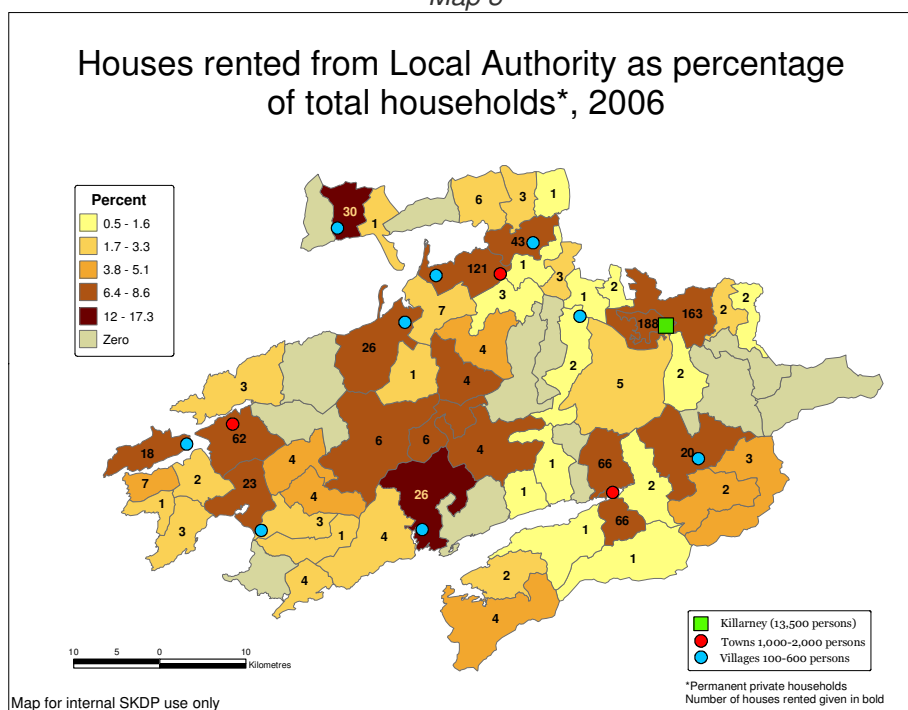
South Kerry		%
At work	24037	93
Unemployed having lost or given up previous job or Looking for first regular job	1644	7
Kerry County		
At work	60810	91.4
Unemployed having lost or given up previous job or Looking for first regular job	5766	8.6
State		
At work	1930042	91.5
Unemployed having lost or given up previous job or Looking for first regular job	179456	8.5

Source: Central Statistics Office

Local Authority Housing Tenants

Although persons living in rented or rent free accommodation make up less than 22 percent of the population in the State, they comprise over 43 percent of persons at risk of poverty (Central Statistics Office, 2006). Local Authority (LA) tenants face a much higher risk of poverty than any other tenure type including LA purchasers and owners, and this risk increases in rural areas (Watson, *et al.*, 2005). In 2006, 905 dwellings or 5.4 percent of the total 'permanent' houses in South Kerry were rented from the LA. The largest rural extent of high values of 6.4 percent and higher occurs throughout the interior of Iveragh, from Sneem on the south side to Glenbeigh on the north side (*Map 8*). Elsewhere, high values are associated with the presence of a settlement in the district, such as in the triangle of Cahersiveen, Valentia and Waterville, around the towns of Killarney, Kenmare and Killorglin, and the villages of Kilgarvan, Milltown, and Annascaul.

Map 8



Source: SKDP Poverty Indicator Profile of South Kerry

Between 2002 and 2006, the number of houses rented from the LA rose by almost 20 percent. Districts in rural areas were more likely to return a decline in the number of houses rented from the LA, while districts with a settlement were more likely to exhibit an increase. The main exceptions to this pattern are the districts of Kenmare (-2 percent), Sneem (-16 percent) and Valentia (-14 percent).

Lone Parent Families

In 2005, 19 percent of all Irish households experienced some element of enforced deprivation¹⁰; this rose to 60 percent among lone parent households (Central Statistics Office, 2006). In the South-West, which comprises Kerry and Cork, 17 percent of children (21,351 persons) younger than 16 years in 2005 were at risk of poverty¹¹ (Caroline Corr, Combat Poverty Agency, pers. comm.). Since the number of individuals living in these households totals just 45,682 persons, many of the children at risk of poverty in the region lived in lone parent households. Issues to address with this vulnerable group is that almost half of lone parents have a primary education only and while they need to enter employment, they also need to retain their social welfare benefits; this dilemma results in some lone parents becoming trapped in low paid and part-time work (Combat Poverty Agency, 2006a). Education, training, job choices and career advancement are also limited by juggling courses or work with childcare and after school care.

In 2006, 8.8 percent (1,454) of all households in the study area were lone parent households with children (the sum of households of either mothers or fathers with one or more usually resident children of any age). This rises to 9.6 percent (1,590) of all households when lone parents with children and other persons in the household are taken into account. Table 6 illustrates how lone parent households are approximately six times more likely to be headed by a mother than by a father, a gender difference underpinned by culture and, in the case of marital separation or divorce, by Irish family law.

Table 6 - Lone parent households by gender and as percentage of all private households, 2006

	<i>Households Fathers with children (and other persons)</i>	<i>Households Mothers with children (and other persons)</i>	<i>% Households Lone Parents with children (and other persons)</i>
South Kerry	209 (244)	1,245 (1,346)	8.8 (9.6)
Kerry	718 (815)	4,173 (4,534)	10.2 (11.1)
State	21,689 (24,933)	130,853 (144,847)	10.4 (11.6)

Derived from: Census of Population 2006

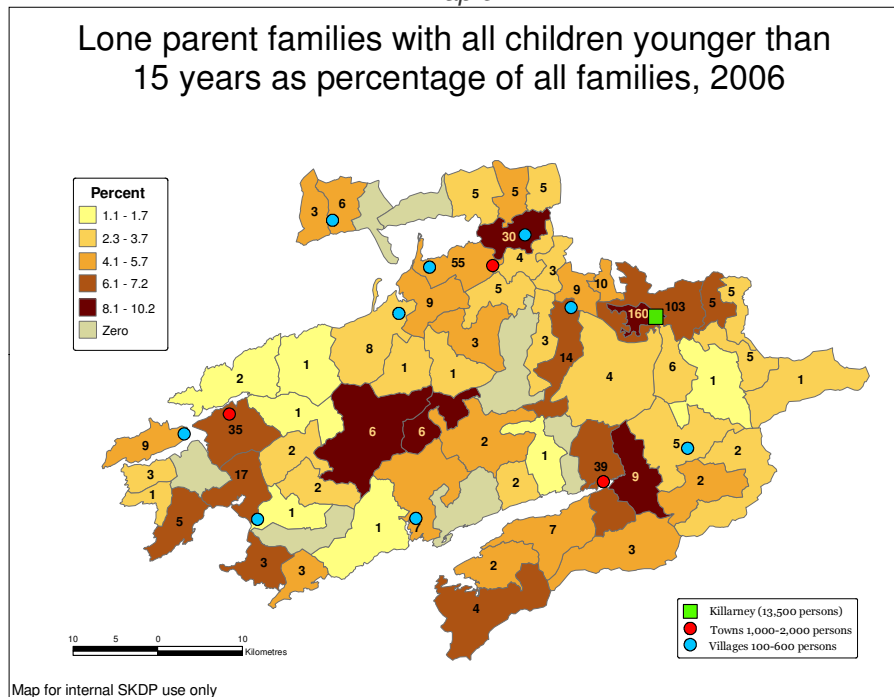
Census data for lone parent families includes all “usually resident never-married children of any age” in the household, and by definition “children” in this instance may include offspring that are now over 18 years of age. Specific data for children from lone parent families is only available for children who are all younger than 15 years. 37 percent of lone parent families in South Kerry are made up of children younger than 15 years.

¹⁰ Such as going without a substantial meal one day in every two weeks.

¹¹ Here, poverty risk occurs when income is 60 percent (€192.74 per individual in 2005) of the national median income.

Map 9 shows the distribution of these families.

Map 9



Source: SKDP Poverty Indicator Profile of South Kerry

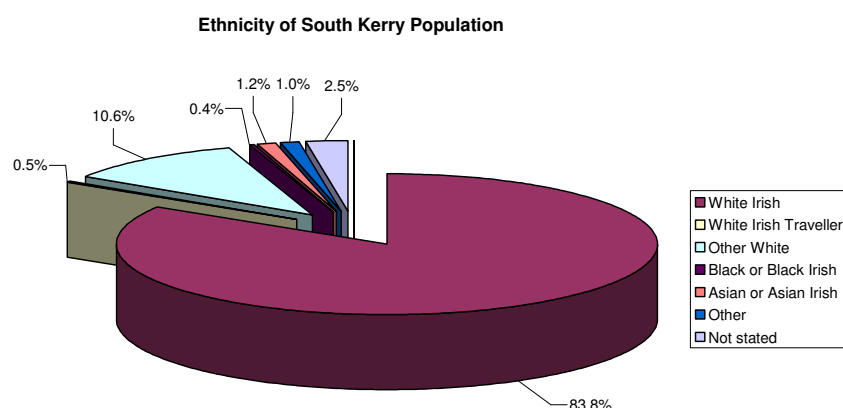
This data does not include lone parent households where there is a range of ages in the family, of children both under and over 15 years of age, or of households where the children are between the ages of 15-18 only. Perhaps more helpful in this study is to look at the actual number of children younger than 15 years who are part of a lone parent family, and relate this to the overall number of children in South Kerry. While not 100% accurate, it can provide us with an estimated figure for children 0-18 years old who are part of a one parent family.

There are 793 lone parent families in South Kerry with at least 1 child under 15 years of age, and 643 lone parent families with all children under 15. Of a total population of 9370 of children under 15 years, 10% (947 children) are from a lone parent family. If this same statistic were applied to all children 0-18 years in South Kerry, then 1232 children and young people (0-18 years) would be living in a lone parent family.

Ethnicity

South Kerry's population is largely of White Irish ethnic background, with 14% being of non White Irish extraction.

Chart 1



Derived from: Census 2006

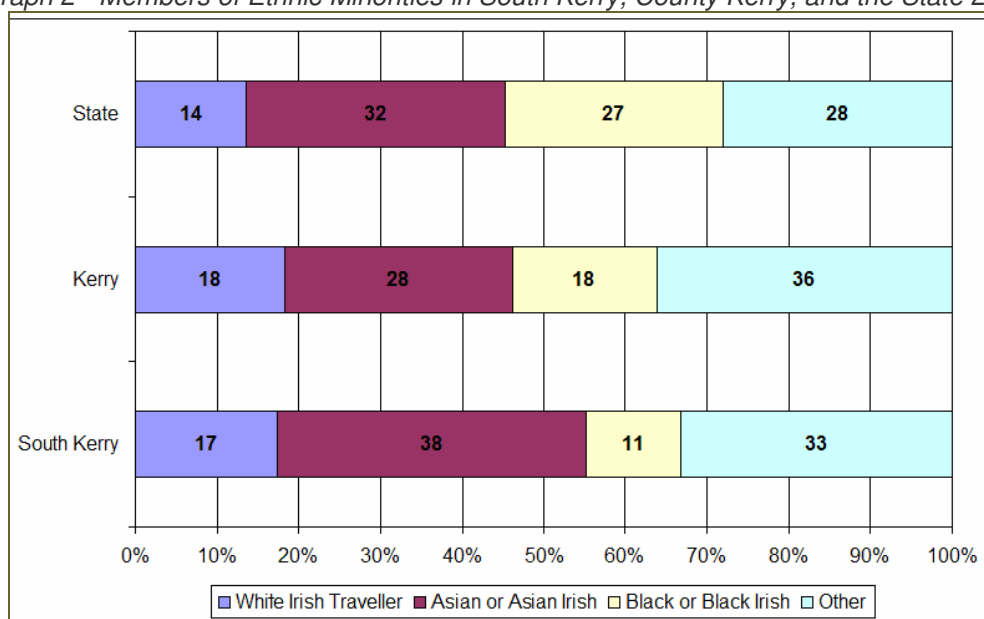
Table 7 – Ethnicity Numbers

Ethnicity						
White Irish	White Irish Traveller	Other White	Black or Black Irish	Asian or Asian Irish	Other	Not stated
40068	258	5081	171	567	493	1199

Source: Census 2006

According to the 2006 Census, there are almost 1,500 persons living in South Kerry who are members of an ethnic minority¹². Their spatial patterns show a strong association with urban areas. *Graph 2* shows the proportions of the main ethnic minority categories in South Kerry in comparison to Kerry County and the State.

Graph 2 - Members of Ethnic Minorities in South Kerry, County Kerry, and the State 2006



Derived from: Census 2006

¹² Ethnic Minority defined as other than White Irish and White European, except for White Irish Travellers, who are considered to be an ethnic minority.

The largest ethnic group in the territory comprising 38 percent of ethnic minorities and 1.2 percent of the total population was Asian and Asian Irish with 567 persons. Black or Black Irish comprised just 11 percent of ethnic groups with 171 persons (0.3 of the total population), reflecting the low levels of urbanisation in the territory. For example, Walsh *et al.* (2007a) found that 90 percent of non-Irish nationals from Asia and 87 percent of those from Africa were living in urban areas and cities in 2006. The three asylum seekers centres in South Kerry - Linden House, Atlas House and Park Lodge - are all in Killarney, with a total capacity of 200.

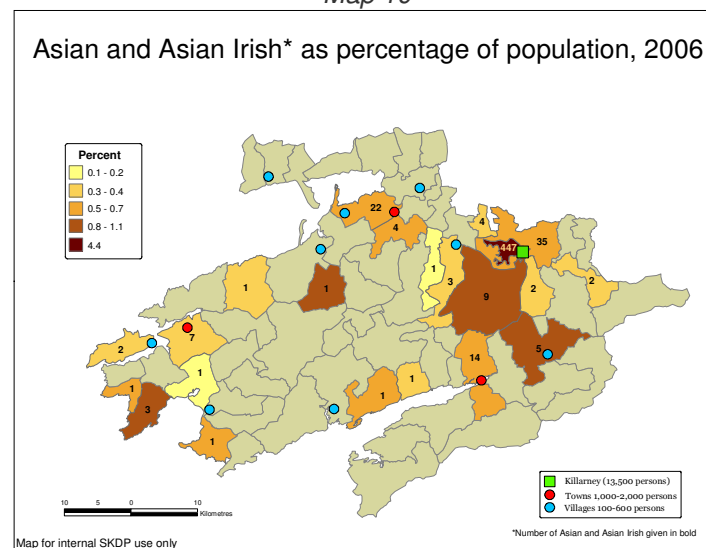
In 2006, 17 percent of ethnic minorities (0.5 percent of the population in the territory) were Irish Travellers. According to Pavee Point Travellers' Centre, Travellers have much lower rates of educational attainment compared with the settled community, while Walsh *et al.* (2007a) noted how at 16.5 percent, the employment rate among Travellers in 2002 was less than half the State average of 37.6 percent.

In 2002, Walsh *et al.* (2007a) noted that three quarters of Travellers in the State resided in urban areas and South Kerry reveals a similar urban pattern in 2006. The largest populations were settled in and around Killarney and Killorglin towns with 195 persons in Killarney Rural (three percent of the population), 37 in Killarney Urban (0.4 percent), 11 in Killorglin (0.3 percent) and nine in Kilgobnet (1.1 percent) districts. Travellers were not recorded beyond these towns and their hinterlands in the 2006 Census with the exception of one Traveller in Loughbrin ED.

There is a significant difference between Census data and data recorded locally in South Kerry. According to the 2006 Census the number of Travellers in South Kerry fell by 28 percent between 2002 and 2006, from 356 to 258 persons. The Kerry Traveller Development Project would question this data however, and have recorded the Traveller population in South Kerry at approximately 550 persons in 2007. This would in fact represent an increase in Traveller population of 54%, from 356 to 550 persons.

As for Irish Travellers, the largest populations of Asian and Asian Irish are located in and around Killarney and Killorglin with 447 in Killarney Urban, 35 in Killarney Rural and 22 in Killorglin (*Map 7*). However, unlike Irish Travellers, the distribution of this ethnic minority also extends to Kenmare with 14 persons and mostly solitary inhabitants among scattered districts of Iveragh ends with a group of seven in Cahersiveen.

Map 10

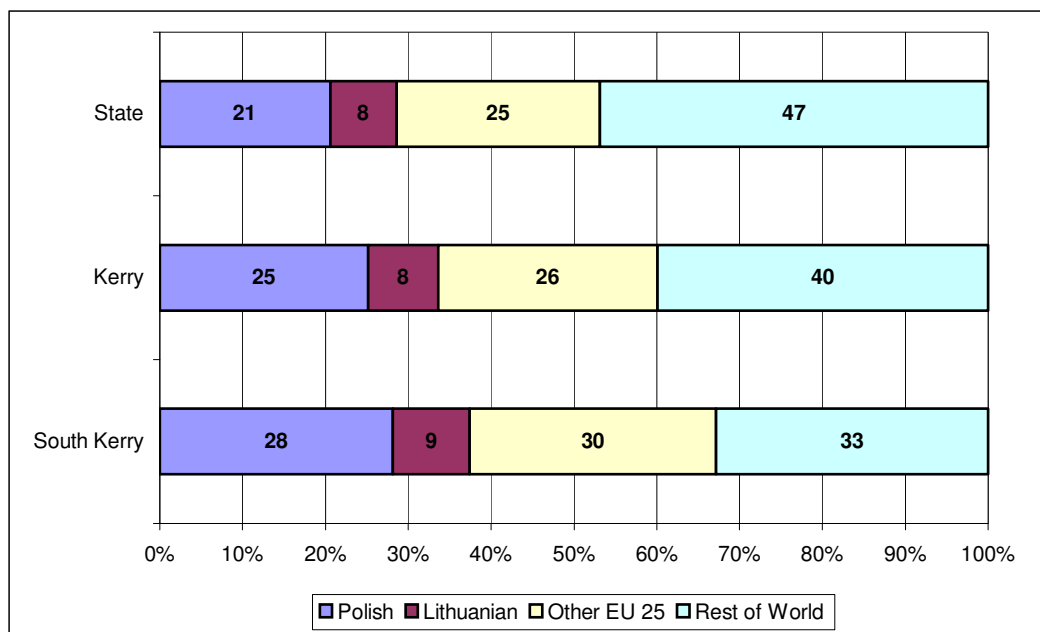


Source: SKDP Poverty Indicator Profile of South Kerry

In 2006, almost 6,800 persons in South Kerry comprising 13.5 percent of the population were non-Irish nationals, greater than the ten percent found in all of Kerry and in the State as well. One quarter of non-Irish nationals in the territory came from just two Eastern European countries: Poland and Lithuania. This is higher than the 21 percent that these two nationalities represented in both Kerry and the State.

As *Graph 3* shows, 28 percent of all non-Irish and non-UK nationals in South Kerry in 2006 were Polish and eight percent were Lithuanian, higher proportions than found in either Kerry or the State, particularly in terms of Poles. While a higher proportion (30 percent) were from other EU 25 states, one third came from the Rest of the World compared to almost one half for the State overall.

Graph 3 - Proportions of Non-Irish and Non-UK Nationals in South Kerry, Kerry and the State, 2006

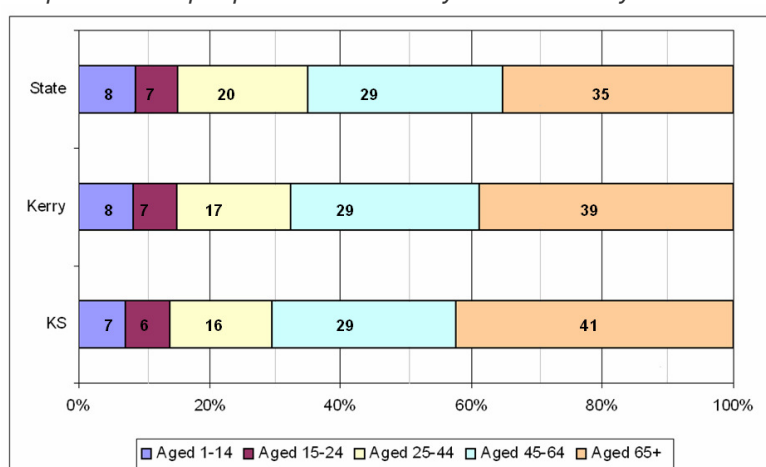


Derived from: Census of Population 2006

Disability

The poverty levels of the ill and the disabled are comparable to those of the unemployed. In 2005, 41 percent of the ill or disabled were at risk of poverty; this represented a notable improvement from 52 percent just two years previously (Central Statistics Office, 2006). In 2002, 8.6 percent of the population in the study area or 4,083 persons had long-lasting health conditions or disabilities lasting six months or more, similar to the Kerry average of 8.7 percent and just above the State average of 8.3 percent. Graph 4 provides a breakdown of people with a disability in South Kerry in comparison with Kerry and the State classified by age groups. It shows that South Kerry and Kerry have almost identical profiles and they both differ from the State primarily by their greater proportions of those aged 65+ with a disability. This is another result of historical patterns of out-migration of younger people where older members of the population remained in more rural areas.

Graph 4 - Proportions* of people with a disability in South Kerry classified by age, 2006

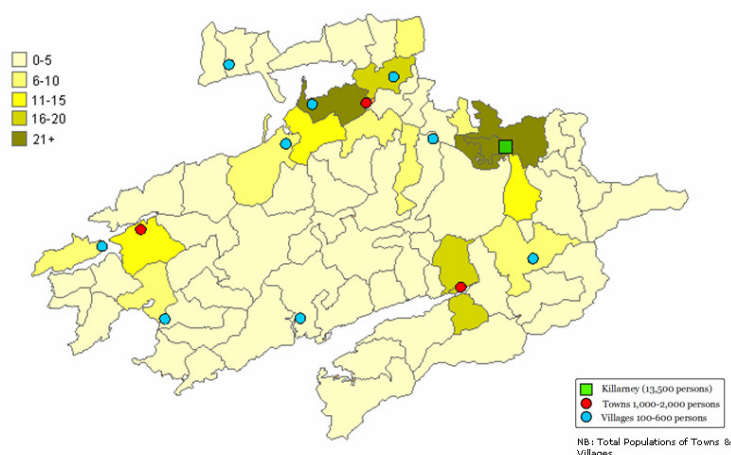


Derived from: 2006 Census


As the above graph demonstrates, disability is recorded in age categories which traverse the age ranges relevant to this study. It is therefore impossible to say exactly how many children with disabilities there are aged 0-18.

There are 348 children with a disability under the age of 15 in South Kerry. Map 11 shows their distribution across the region.

Map 11
Children 0-14 Years with a Disability by Electoral Divisions
in the South Kerry Partnership area



Derived from: Census 2006

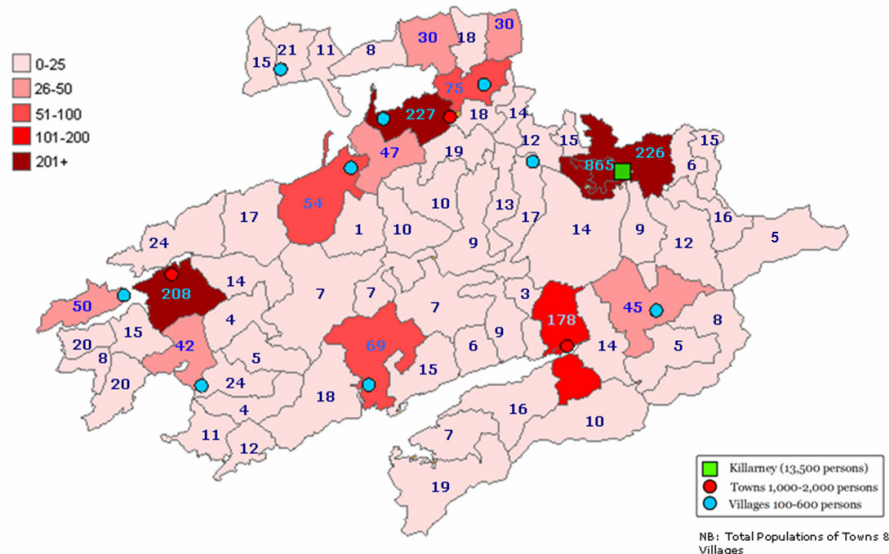


If we again use the numbers within the 0-14 age category as an indicator (as with lone parent families), we can provide a close estimate. Of a total population of 9370 children under 15 years, 4% (348 children) have a disability. If this same statistic were applied to all children 0-18 years in South Kerry, then there would 456 children and young people (0-18 years) with a disability.

Car Ownership

Currently 17% (2808) of the households in South Kerry have no car. When EDs with the towns of Killarney, Killorglin, Cahersiveen and Kenmare are removed, then 12% (1285) of households in rural areas do not have a car. Map 12 shows the distribution of households without a car in South Kerry.

Map 12
Households with NO Car by Electoral Divisions
in the South Kerry Partnership area



Derived from: Census 2006

Some of the most westerly parts of the study area, and therefore some of the most rural areas, show comparatively high numbers of households with no car, such as Valentia (20%), Portmagee (15%), Ballinskelligs (15%), Loughcurrane (21%) and Glanmore (19%) on the Beara Peninsula.

In addition to this, just over 39% (6471) of households in South Kerry have only one car, and this remains almost static when EDs with towns are again removed, with 38% (3982) of households in rural areas having only one car.

Area Profile Overview

Below are some of the significant factors to bear in mind from the area profile.

- Over half of geographical area of County Kerry with 36% of Population
- 12,323 children and young people (0-18 years), 49% living in Rural EDs
- 22% on average does not have a second level qualification, with one in three people in some rural areas
- Unemployment estimated at 7%, with approximately 2250 people on the live register
- Up to 30% (mainly in rural areas) of workforce engaged in agriculture, with 53% of all farms being small holdings.
- 905 (5.4%) of houses rented from Local Authority
- Estimated 10% of children (0-18) in South Kerry living in Lone Parent Families
- 13.5% of South Kerry population not indigenous to the area, with Polish people making up the largest group
- Asian or Asian Irish largest BME group in South Kerry at 1.2%
- An increase in Traveller population of 54%, from 356 to 550 persons
- Estimated 4% of child population (0-18) with a disability
- 17% of Households with NO car, 12% in Rural Areas. 39% with one car, 38% in rural areas

Current Services and Facilities – Impact Analysis

This section of the report describes the feedback from agency representatives and from young people who participated in the consultation process, and relates this feedback to the information available with regard to current services and facilities, and the area profile compiled above. This is done under the thematic headings set out in the brief for the study. The thematic headings are:

- social and development
- education
- environment/ play space
- youth work
- health and welfare (nutrition, mental, physical, spiritual)
- access to information, services and supports
- impact of technology and media

Social and Development

Feedback from community based workers is that there has been significant development within communities of living space, but without the necessary infrastructure to sustain the increase in population. In South Kerry there have been 2556 new houses constructed since 2001, with an increase in population of 5.4% since 2002. Few in the field of local and community development have a sense of improved infrastructure to match this growth.

The vast majority of the feedback in relation to social and development related primarily to teenagers and the lack of facilities for them. It was stated over and over by professionals, community workers, parents and young people, that facilities and recreational services for the 13-18 age group was extremely poor, and that all they can do is hang around on the streets, in school yards, fast food outlets and arcades.

From an adult point of view, this lack of facilities and activities was a catalyst for other problems that developed in communities, such as alcohol misuse, a 'boy racer' culture or inter-generational strife. There is a growing sense that young people in this age group displaying these behaviours are seen as a threat to their community.

Young people themselves in the 13-18 age group are frustrated at the lack of amenities available to them, and say the only choice they have is to stay at home or take to the streets.

The Government produced '*Teenspace*' – *A National Recreation Policy for Young People* in 2007 which highlighted barriers to young people participating in recreation, and set out national objectives to be achieved.

The research carried out for the policy found that:

Young People do what they do because they enjoy it, because they want to have fun and because they choose to do what is important to them. In general, there was a high level of intrinsic motivation among the young people surveyed

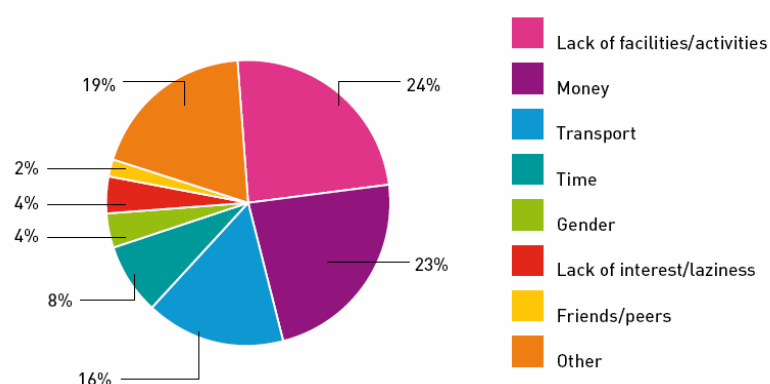
Young people appear to be well supported with regard to leisure, particularly in the early teenage years. Parental Support and to a lesser extent familial support is high.

This is supported by other research, which has highlighted the importance of the family and the father in particular for involvement in leisure

Less than half of the young people surveyed prefer activities where there is an instructor or a leader. This finding is significant, particularly in relation to some activities where 'not liking the leader' was a significant reason for dropping out of the activity

The most frequently reported barriers to participation in recreation for young people were structural barriers. These included lack of recreational facilities and activities, money, transport, time, gender, lack of volunteers to act as leaders and coaches, lack of information on recreation and the weather.

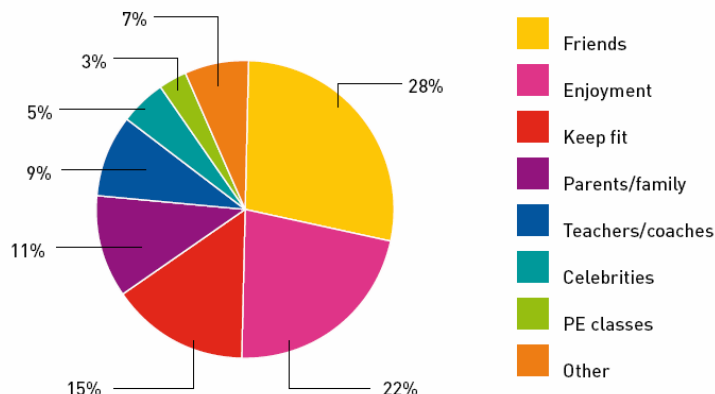
Figure 1: Barriers to participation



Source: National Recreation Policy for Young People

The most frequently reported motivators to participation for young people were to join friends and to enjoy themselves.

Figure 2: Motivators to participation



The policy then went on to outline a set of national objectives.

Objectives

Seven objectives have been set out for the National Recreation Policy:

1. Give young people a voice in the design, implementation and monitoring of recreation policies and facilities (*see Chapter 4 in main Policy document*).
2. Promote organised activities for young people and examine ways to motivate them to be involved (*see Chapter 5*).
3. Ensure that the recreational needs of young people are met through the development of youth-friendly and safe environments (*see Chapter 6*).
4. Maximise the range of recreational opportunities available for young people who are marginalised, disadvantaged or who have a disability (*see Chapter 7*).
5. Promote relevant qualifications/standards in the provision of recreational activities (*see Chapter 8*).
6. Develop a partnership approach in developing and funding recreational opportunities across the statutory, community and voluntary sectors (*see Chapter 9*).
7. Improve information on, evaluation and monitoring of recreational provision for young people in Ireland (*see Chapter 10*).

In real terms, there are indeed few facilities in South Kerry for this age group other than organised sports, of which there are lots. The GAA has a vast infrastructure with over 30 clubs in South Kerry, with one in most communities. There are a large range of other sports available also, including soccer, basketball, golf, equestrianism, and rowing; however these do tend to be located in or near major towns.

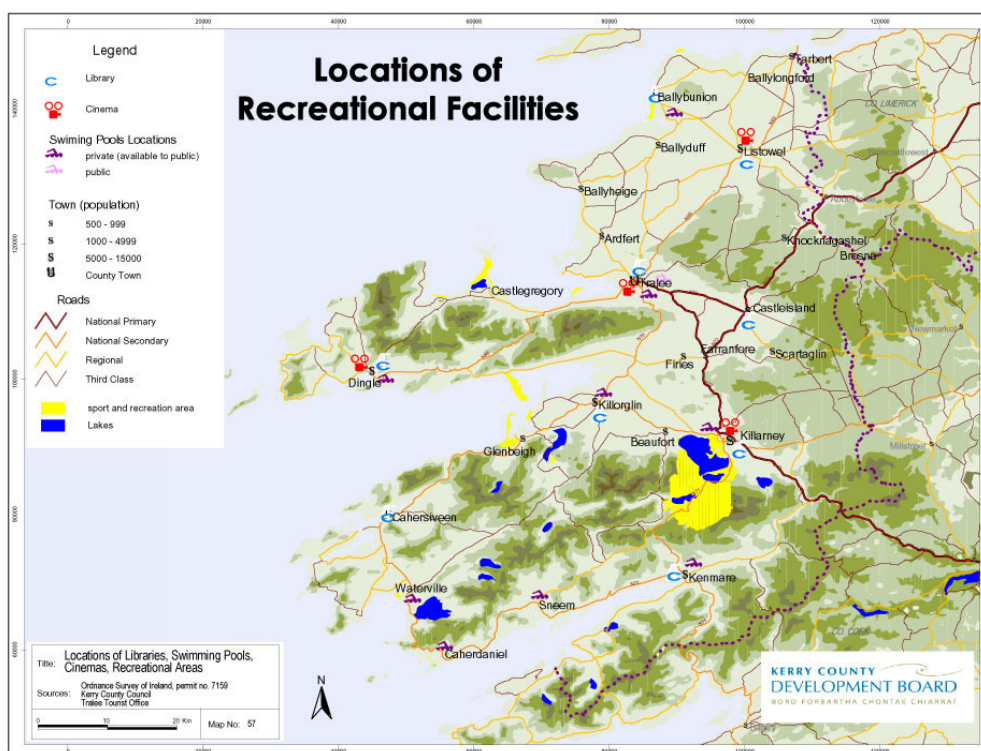
While sport plays a vital role for children and young people in terms of physical activity and community, it addresses only a small part of their social and developmental needs. Sports are generally very competitive, and vary in how they are managed and run in terms of equality of opportunity for children and young people, which for some can lead to further isolation and marginalisation from their more 'skilled' or 'successful' peers. Examples of this were given by parents of how their child had been "left out" and made to feel 'lesser' because they did not possess the same level of skill as other children.

It is also the case that not all children are sporting minded or orientated, and have no interest in joining a sports club or team. Presently, there are very few alternatives for these children and young people.

There are precious few leisure and sports centres in South Kerry outside of very commercial venues such as hotels, with only two sports complexes in Killorglin and Cahersiveen, while the nearest public swimming pool is located in Tralee.

Below is the Kerry County Development Board map (*Map 14*) of recreational facilities in Kerry. As can be seen, there are very few facilities in Kerry as a whole, with the south of the county having less than the north. It is noticeable that there are three cinemas in North Kerry, while there is only one in South Kerry. The distance that needed to be travelled to go to the cinema was something referred to often by the young people who participated in the study.

Map 14 – Locations of Recreation Facilities in County Kerry



Source: Kerry County Council

It is worth noting that the large 'sport and recreation area' in the centre of the map is actually the Killarney National Park, and an area of natural beauty. This area was not referred to by any of the participants of the consultation, and for the purpose of this study does not represent an opportunity for recreational activity for children and young people.

There are 'occasional' recreational spaces for young people in certain communities or towns not shown on the map where it is possible to play games at certain times (i.e. snooker or basketball for instance), usually in Community Centres and similar structures.

Other parts of County Kerry have developed Youth Cafés as a potential solution to a lack of youth space. Most recent of these is the Dingle Youth Café, and the soon to be opened Listowel Youth Café, while KDYS in Killarney have had a youth café for some time. Similarly, other parts of the country have opened youth cafés to address youth disaffection. Overall, the youth café seems to have become more of a generic name for 'teenspace' (recreational space for teenagers) and can refer to any project or facility set up for this general purpose.

There are different approaches to running youth cafés, but to date in Ireland, virtually all the examples of youth cafés that have been sited have been based on the following:

A Youth Café set up and managed by a Youth and/or Community Work Organisation as an integral part of their structure and work, where youth services are promoted and provided, and where young people have a say in what activities and events are staged.

Examples of this model include:

The GAF in Galway
The Attic in Bantry

Dungarvan Youth Cafe
Lava Javas in Limerick
The Funky Fish in Bandon
Café Oige in Dingle
The CRIB in Sligo

One of the most successful of these has been The GAF in Galway, which attributes a large part of its success to the very gradual introduction of services over a period of time, rather than launching the youth café with full youth services attached. Initially The GAF presented as just a youth café, with no agenda, and slowly introduced information leaflets after a twelve month period, when relationships and trust had been built up with the young people accessing the venue. Trained staff were present to support those who wished to access it, and eventually structured group activity was introduced where a need and demand for a service was identified.

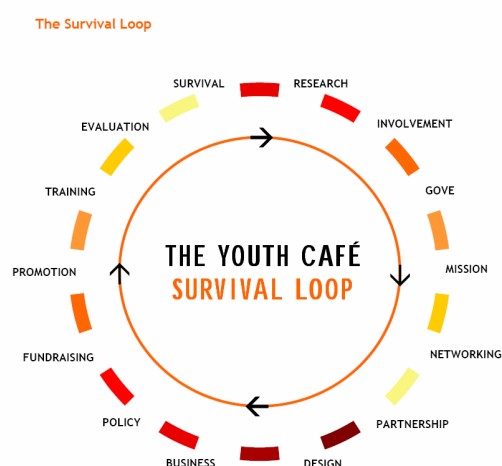
The CRIB in Sligo learned quickly that there was a need to organise different activities for different age groups, and that 12-15 year olds enjoyed organised activities, while the 16-18 year olds preferred to have more autonomy and organise their own activities. They also state that the professionalism and consistency of staff was a key factor in establishing and maintaining a code of conduct.

The Attic in Bantry extol the virtues of a Youth Advisory Committee, and state that interventions are more likely to be successful if they are advocated and promoted by young people themselves. They saw this as a form of peer mentoring, and ensured that all activities undertaken had been discussed and approved by the Youth Advisory Committee as well as the project workers.

In the United Kingdom, youth cafés have been promoted and supported by the Princes Trust for a number of years. They are primarily, although not exclusively, located in small towns of the Highlands and Islands of Scotland, and their success does not appear to have a direct correlation with the size of the youth population locally. For this reason there are parallels to be drawn with the small towns in the west of Ireland, specifically Co. Kerry. Youth Cafés supported by the Princes Trust are also run by young people with adult guidance, and provide youth information and services as well as recreational activities.

The Princes Trust has provided 'The Youth Café Survival Guide' for young people and organisations thinking of setting up a youth café, so named because it deals with the sustainability of the venue as well as setup. It provides what it describes as the 'survival loop' (below), and gives advice on every stage of the cycle.

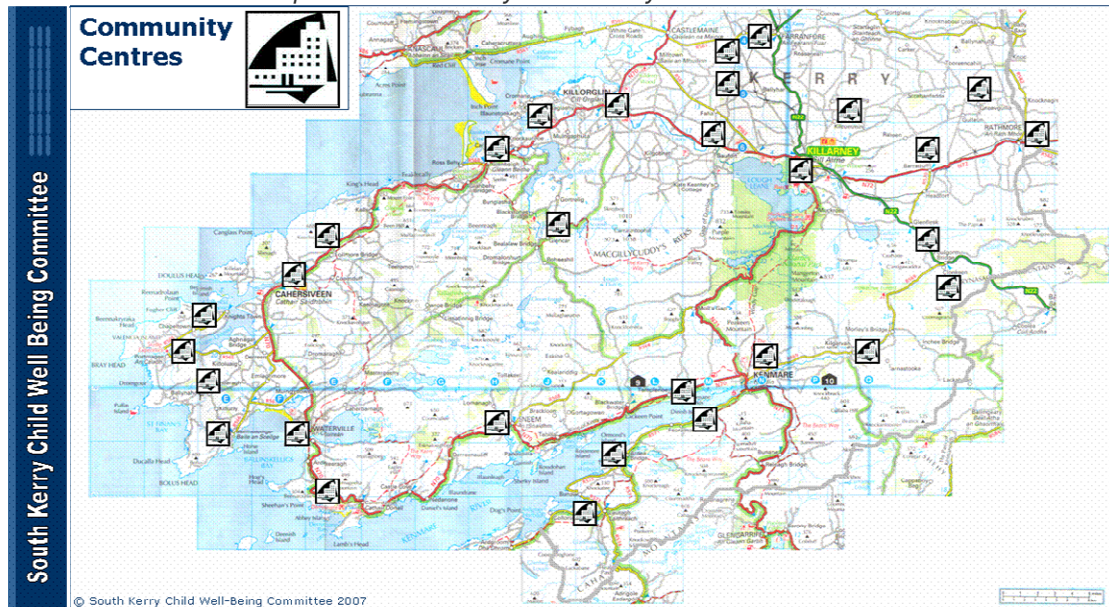
Figure 1 – The Youth Café Survival Loop



As you can see, every possible element has been thought of, and even if not all were relevant to a project or the setting, the document can be a very useful reference for anyone wanting to set up a youth café.

On the face of it, there would seem to be a very strong network of community centres in South Kerry (see *Map 15*), but these do not appear to or serve large sections of the youth community, and do not represent a regional infrastructure for youth activity.

Map 15 – South Kerry Community Centre Locations



Source: South Kerry Child Well-Being Committee (Large Map available on accompanying Mapped Services Resource CD)

Feedback from young people in the 13-18 age group suggests that they feel distanced from community centres, and that they are not seen as 'youth friendly' spaces.

Among the few alternatives that do exist is the KDYS youth club and/or drop in service. The youth club network in South Kerry is co-ordinated by the Kerry Diocesan Youth Service (KDYS) through area Development Workers, and there are 24 youth clubs across the region in both urban and rural settings (see *Map 16*). They vary in size, frequency and consistency, but are generally staged in local community venues one or two evenings a week during the winter. Although co-ordinated by KDYS, they are run by volunteers and are dependent on the good will and commitment of people from the local community.

Map 16 – South Kerry KDYS Youth Club Locations



Source: South Kerry Child Well-Being Committee (Large Map available on accompanying Mapped Services Resource CD)

While those who do volunteer are committed and caring individuals, this structure can in itself mean a lack of consistency and participation across the network. Feedback from one group of young people from a rural region in the west of South Kerry was that the “Youth club was one day a week from Oct to Apr, but gets delayed cause of lack of communication etc.”, “No one will volunteer” (meaning adults), and that the youth club had yet to start because KDYS were “training leaders at present”.


KDYS report that volunteer training is vital in ensuring the standards of KDYS youth club delivery and that this was the only region in South Kerry that encountered a problem with a delayed start due to volunteer training.

Feedback also suggests that few young people over the age of 14 attend KDYS youth clubs, and see it as something they have grown out of beyond this age, and attendance was usually among the 12-14 year age group.

Despite these drawbacks, the KDYS youth club network is the only structure for youth work activity in South Kerry, and KDYS have been very successful in establishing youth clubs across the region, especially into isolated regions where few other services reach, such as the very south of the region in Tuosist and Lauragh, and in the very west of the region in Valentia and Ballinskelligs.

A further analysis of youth structures is available in the Youth Work section of this report.

Affordability was a major concern generally for young people and their parents in terms of social activities. Whether attending the cinema, a youth club, or a sports



event, it was noted that it always had to be paid for. This was the sole reason given by young people as to why they hang out on the streets all the time, that the only venues for socialising available to them were commercial, and that if they went to the arcade, the ‘chipper’, or any other place, they would “have to buy stuff”. An example was given of the Astroturf pitch in Cahersiveen costing €70.00 per hour to hire.

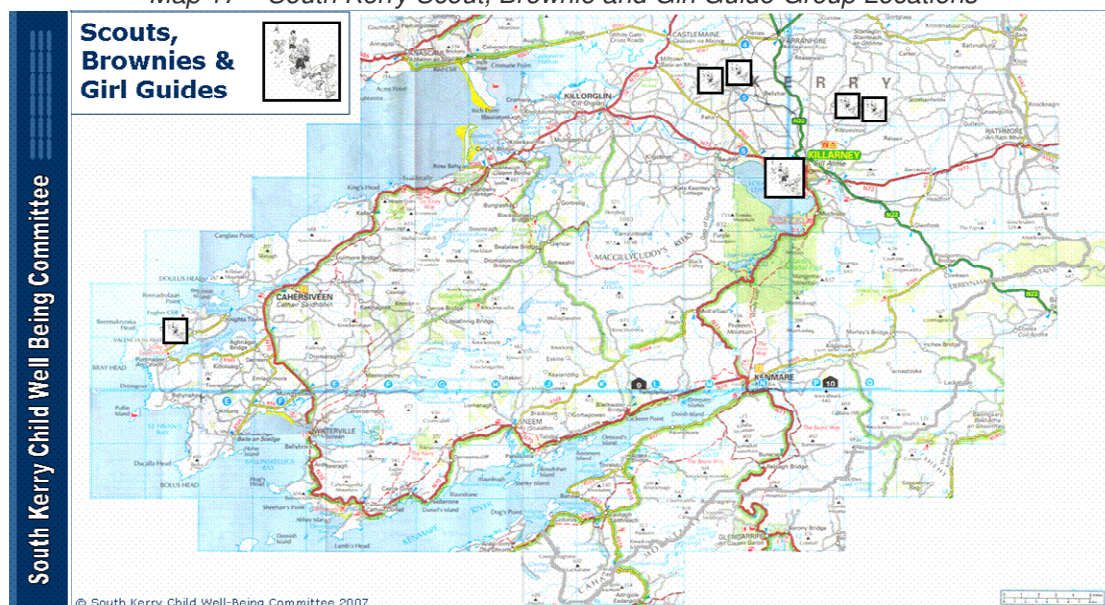
Another concern raised was the accessibility of services and facilities, especially for those who lived in rural communities and would have to travel substantial distances to participate in an activity. As dependents, children and young people need the support of adults, their community, and statutory services to move beyond their immediate area. Parents are not always able to take their children to activities, while the public transport infrastructure in South Kerry is poor, and young people state that they “need a better bus service”. A region the size of South Kerry, with half its children and young people living in rural communities presents a major challenge for service providers. A more detailed analysis of this can be found in a later section of this report, *Accessibility of Services*.

Ultimately, there is no building in South Kerry which exists purely for the recreational use of young people over which they have complete control, and the ability to do what they want, when they want. They rely on KDYS drop in facilities and the sharing of other community based facilities of which they have no control, and little if any influence. There is a need for affordable and inclusive community based social outlets for young people across South Kerry, of which they have a degree of ownership. The young people consulted state that this is something they would be willing to work at and participate in, and it would provide much needed opportunities for young people to adopt “leadership roles” as identified by a community based worker during the consultation.

The majority of the above is also relevant to a large extent for the 6-12 year age group. They have similar difficulties in accessing services, and aside from sports and youth clubs little else exists in a structured way. There are some localised examples of Family Resources Centre or Local Development Company organised activities, such as summer camps, but this is very sporadic across the region.

The only other services which exist specifically for this age group are the Brownies, Scouts and Girl Guides (see *Map 17*). There are 11 such groups in South Kerry; however 10 of them exist in the very east of the region around Killarney, with only one in the west, on Valentia.

Map 17 – South Kerry Scout, Brownie and Girl Guide Group Locations



Source: South Kerry Child Well-Being Committee (Large Map available on accompanying Mapped Services Resource CD)

It is unclear how exactly this group is affected by the lack of activities and facilities, but parental feedback suggests that children in this age group spend most of their time in the home, or in very close proximity to the family home. They would seem to spend most of their time playing inside on computer games, with siblings or with neighbouring children.

There has been some anecdotal feedback of children as young as 11-12 hanging around the streets, smoking cigarettes and drinking alcohol. This has been said of the towns and has been raised as a worrying development rather than a norm.

It is as accurate for this, the 6-12 year age group, as it is for 12-18 year age group, to say that there is a distinct lack of recreational facilities and services which are affordable and accessible.

Childcare

Childcare and play groups form the basis of most social and developmental activity for 0-5 year olds. The nature of having young children usually means that parents will either care for their child at home, or will attempt to place the child in a safe and nurturing environment. The ability for parents to work is also a significant factor in this.

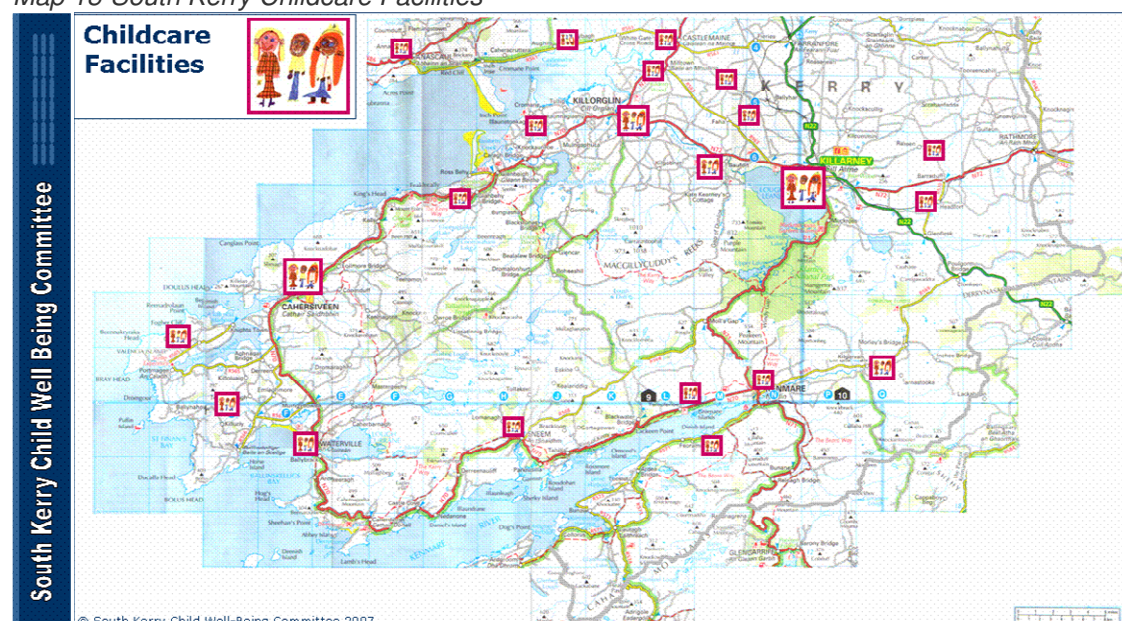
The benefits of preschool childcare have been extensively documented both in Ireland and abroad. A 2006 study by the UK based National Economic and Social Forum, entitled '*The Economics of Early Childhood Care and Education*' records not only the cognitive and developmental benefits for the child, but the economic benefits for society subsequently.

The study reports that “a major lesson from recent research is that the skills acquired in one stage of the life cycle affect both the endowments and the technology of learning at the next cycle”, and that this is vitally important because of “the fact that education is not a repeatable process”. In other words, missed learning and development opportunities in early life stages are not fully recoverable in later stages.

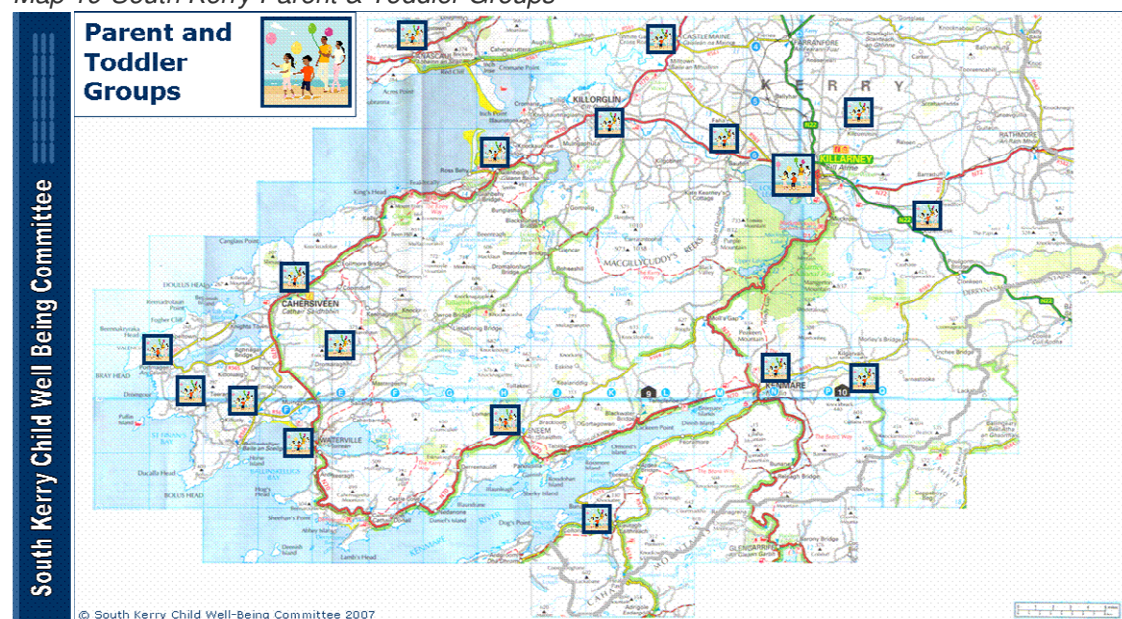
The study asserts that “the economic impacts of educational investment are clear” and that “the strongest evidence for impact on the child and on society comes from high quality preschool education”, and “the best evidence is from studies of programmes that targeted disadvantaged children”.

Currently there are 43 Childcare Providers, and 20 Parent and Toddler Groups in South Kerry. (see *Maps 18 & 19*)

Map 18-South Kerry Childcare Facilities



Map 19-South Kerry Parent & Toddler Groups



Source: South Kerry Child Well-Being Committee and Derived from: South Kerry Childcare network (Large Maps available on accompanying Mapped Services Resource CD)

These Childcare facilities provide 1180 childcare places for approximately 9000 children aged 0-12 years. This represents 13.5% coverage in the South Kerry area, as against 12% for County Kerry as a whole. However, when considering the 0-5 year group specifically, this rises to 25% coverage. *Table 8* shows a breakdown of childcare places available.

Table 8 – Childcare Places in South Kerry

Area	0-1	1-3	3-5	School Age
Greater Killarney	8 places	67 places	323 places	32 inc 12 add needs
Greater Killorglin	15 places	56 places	226 places	82 places
Greater Kenmare	9 places	26 places	66 places	10 places
Greater Cahersiveen	14 places	64 places	126 places	56 places
Total	46 places	213 places	741 places	180 places

Source: South Kerry Childcare Network

Unrecorded is the large number of informal childcare arrangements that exist across the region, where parents leave their children with a relative or a childminder¹³ who is known to them. Local childcare development workers state that the majority of childcare provided is done in this way, and is chosen by parents who prefer a 'home from home' type arrangement for their child.

Despite a great deal of success by the County Childcare Committee and its workers in recent years, there remain a number of key issues for parents seeking childcare. The availability of childcare is a big concern, with examples of women in particular not being able to take up work, or of having to travel long distances with their children because of no childcare being available. One woman who participated in the consultation was commuting with her child from Killorglin to her Castleisland, where she was employed, on a daily basis because no childcare was available locally.

The affordability of childcare was also a concern, with childcare costs again preventing women in particular from accessing employment. One example given was of a woman who had to give up a job because $\frac{3}{4}$ of her salary was going back out on childcare costs.


There were also concerns raised about the inconsistencies in the quality of childcare provided due to staff ratios, and that this could vary from service to service.

Despite the problems identified, County Kerry is in a much stronger position than most other counties in terms of availability of childcare. County Kerry is fortunate in that it has a strong County Childcare Committee, with very strong local partnership arrangements. The result of these arrangements is that there are locally based Childcare Development Workers located and working within local development structures. This allows for more awareness of local needs of parents in relation to

¹³ There are two types of childminders:

HSE Notified Childminders – A childminder caring for 4 or more pre-school children is required to notify the HSE. A childminder should look after no more than 5 pre-school children, including her own pre-school children.

County Childcare Committee Voluntary Notified Childminders – Childminders who are not required to notify to the HSE, those caring for 3 pre-school children or less should notify to their CCC.



childcare, and a greater ability to develop and support services. This is very apparent in the development of the Parent and Toddler network.

Kerry County Childcare Committee has developed a 4 year strategic plan in which it will attempt to address the needs of the childcare sector across the county. Its goals for the next four years are:

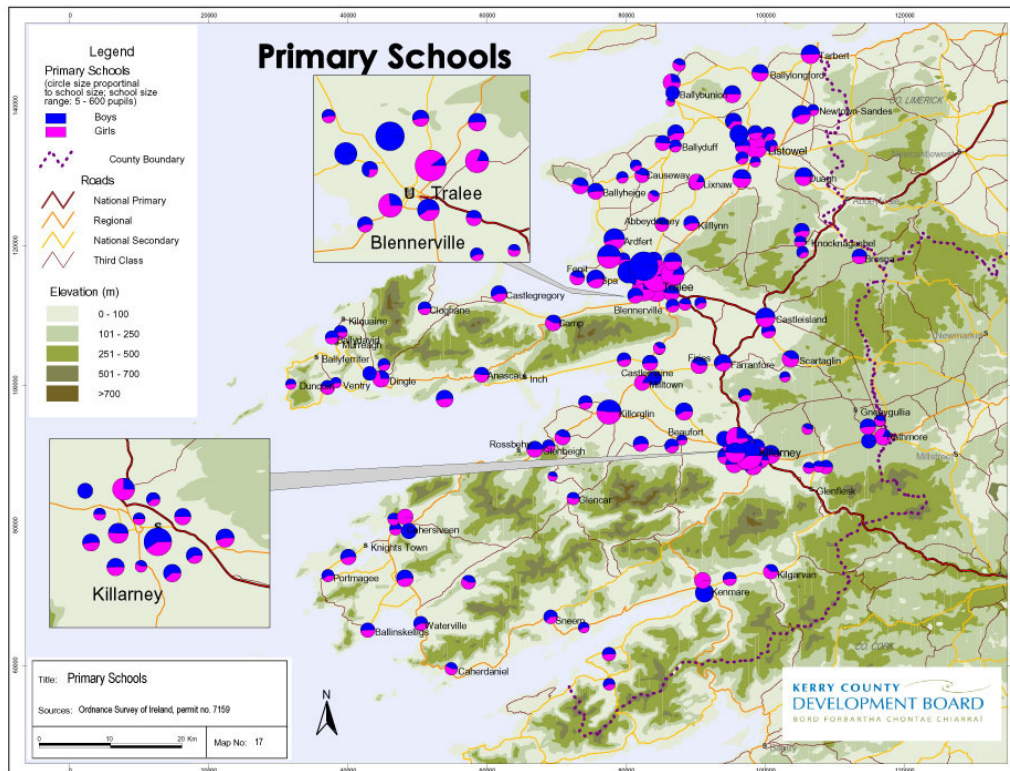
- 1 Increase Childcare places in Kerry*
- 2 Support and develop existing Childcare providers in Kerry*
- 3 Support the development of Quality Childcare in Kerry*
- 4 Support new and existing Parent and Toddler Groups*
- 5 Increase the profile and influence of the Kerry County Childcare Committee*
- 6 Support Childminders to delivery a Quality service*

While there is clearly a need for more childcare facilities which are affordable to parents, the fact that this structure exists and that it receives support locally and nationally means that childcare, and therefore services for 0-5 year olds, is considerably better placed strategically than most other services for children and young people in South Kerry.

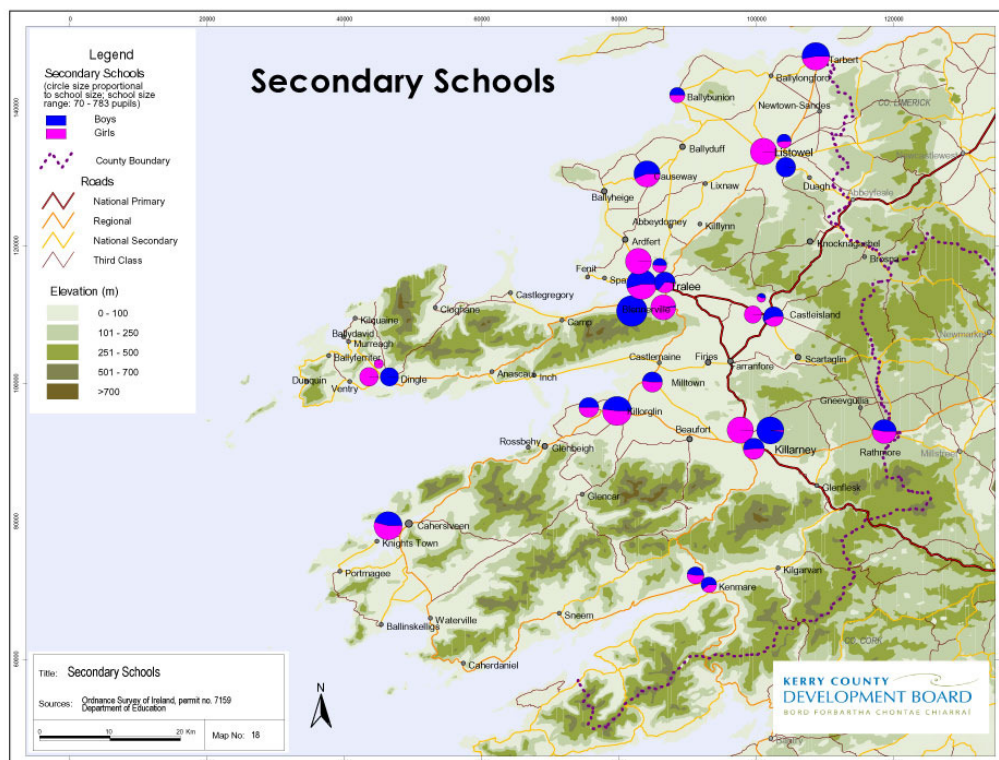
Education

There are 8* secondary and 45 primary schools in the South Kerry area.

Map 20-County Kerry Primary Schools



Map 21-County Kerry Secondary Schools



Source: Kerry County Council (*Although the CDB Map 21 shows 9 Secondary Schools, the 2 schools shown in Kenmare have now been amalgamated into 1 school.

The majority of pupils in the education system in South Kerry perform well and go on to college or successful careers.

The main concern of those taking part in the consultation was the delivery of additional learning supports for disadvantaged students.

Where there are a significant percentage of children in a school who are not doing as well as expected academically, the school can achieve Designated Disadvantage Status (DEIS). This status is judged on three factors: Literacy/Numeracy, Attendance and Parental Involvement. Where there is a cluster of DEIS schools, a DEIS co-ordinator is appointed to oversee a DEIS Plan for each of the schools, which has targets for addressing the disadvantage experienced by its students over a 3 year period.

There are currently 3 DEIS Co-ordinators in Kerry, who co-ordinate the plans for 13 primary schools and 2 post primary schools. The 3 co-ordinators presently cover Cahersiveen, Rural Primary, and Community Colleges.

Table 9 – South Kerry DEIS Schools

Primary Schools			
Scoil Eoin	Tahilla	Sneem	Co. Kerry
Scoil Naomh Michael	Sneem	Co Kerry	.
S N Muire Gan Smal	Na Corra	Cathair Saibhin	Co Chiarrai
Scoil Bhreanainn	Portmagee	Co Kerry	.
Scoil Realt Na Mara	Cromane	Killorglin	Co Kerry
Douglas National School	Killorglin	Co Kerry	.
Cahirciveen Convent	Cahirciveen	Co Kerry	.
Curraheen Mxd N S	Glenbeigh	Co Kerry	.
Scoil Mhuire na mBraithre	Caherciveen	Co Kerry	.
Boheshill Mxd	Glencar	Co Kerry	.
Kiltallagh N S	Kiltallagh	Castlemaine	Co Kerry
S N Gleann Beithe	Glenbeigh	Co Kerry	.
S N Dar Earca	Ballyhearney	Valentia	Co Kerry
Post Primary Schools			
Killarney Community College	New Road	Killarney	Co Kerry
Community College	Killorglin		Co Kerry

Activities organised by DEIS Co-ordinators include shared reading with parental involvement, parenting workshops, and homework clubs.

In addition to the DEIS Co-ordinators and as part of DEIS, there is a School Completion Programme (SCP) active in South Kerry. In fact, the SCP has a remit which covers two post primary schools (Killarney & Killorglin Community Colleges) and one primary school (Scoil Na mBraithre, Cahersiveen) in South Kerry, and one post primary school (Tralee Community College) and three primary schools (SN An Chroí Naofa, Tralee Educate Together and Scoil Mhuire, Moyderwell) in Tralee.

The aims of the School Completion Programme are:

- To retain young people in the formal education system to the completion of senior cycle or equivalent
- To improve the quality of participation and education attainment of targeted children in the education process.

- In the process to bring together all relevant local stakeholders.
- To offer supports in schools towards the prevention of educational disadvantage.

The SCP uses a targeted approach to supporting children on a profiling basis where there are multiple factors of disadvantage, usually a combination of:

- Family history of early school leaving
- Poor personal attendance
- Literacy / academic difficulties
- Behavioural issues
- Traveller children and children of other ethnic minorities

The SCP provides in a range of supports for these children, including in-school, after-school, out-of-school and holiday provision.

The statistics for the school completion programme are as follows:

- Total School population 1342
- Targeted students 325
- Female 751
- Male 591

Breakdown of targeted pupils by gender and age:

	Female	Male	Total
Primary	109	74	183
Second Level	41	101	142
Total	150	175	325

Age Range	4-7	8-9	10-11	12-13	14-15	16-18	Total
No. of pupils	74	50	47	48	54	52	325

There are however a minority of students who do not do well in the education system and for whom there is very little additional support. If a school does not have 'enough' disadvantaged students, the support of the DEIS programme is not available. It is the experience of most schools that there are a small number of pupils who are unable to cope with the academic expectations placed upon them. There are many reasons given for this, usually to do with home and family circumstances, and often a number of factors can affect the same child. Some of the external factors which impact on a child's performance in education are stated as:

- | | |
|----------------------------------|-------------------------|
| Conflict or violence in the home | Poverty and deprivation |
| Single parenting | Rural isolation |
| Alcohol and drug related issues | Migration and Language |
| Lack of parental support | |

These students are completely dependent on locally generated projects to support them through school. Currently projects happen because of the efforts of local development/community workers, teachers, and parents. When they do arise there is generally a fee to pay, which can be prohibiting for those already disadvantaged.

Currently there are 5 after school clubs providing learning supports in the South Kerry area.

Map 22 – South Kerry After School Club Locations



Source: South Kerry Child Well-Being Committee (Large Map available on accompanying Mapped Services Resource CD)

There are other initiatives supported by SKDP which provide educational supports to children. There has been considerable support for the provision of 1 to 1 support in the homes of families for a long number of years. This initiative, called the *Family Supported Learning Initiative*, allocates funding to schools to enable tuition to be provided in the homes of children. The school nominates the family, engages the tutor and oversees the delivery of the programme of learning.

In the period 2000- 2006 a total of €132,756.00 was allocated from the LDSIP to support this type of help, and also the provision of tutors to homework clubs in urban locations (e.g. Iveragh Park and Ballyspillane FRC, Killarney).

The Pathfinder Support Programme aims to support 2nd level children with extra help in particular subjects, counselling provision (including art therapy) and other supports which the school deems necessary. Included in this is a small amount of funding given to the KDYS for mentoring support of early school leavers in Killarney. In the period between 2000 and 2006 €93,606.00 was allocated for this purpose.

It was also reported that a considerable amount of peer mentoring and peer education is taking place, but that this needed to be streamlined, monitored and recorded effectively so as to standardise the work, and that there is a great deal of potential within the youth work setting for this.

Feedback during the consultation identified a need for learning supports for all children across South Kerry who are not doing well in their education, and who then leave to go into unskilled jobs or unemployment. There was also strong feedback on the need for additional learning supports to have a family focus, and the need for more family learning, thereby enabling parents to support their children better.

Absenteeism was raised as an issue for concern during consultation. Research conducted in the past suggests that there are large numbers of students who miss a lot of school time or who leave before the official school leaving age. Recent contact with the Educational Welfare Board in Cork shows the position with regard to

absenteeism. The information below was supplied to the committee in May 2007 and covers the total figures for the whole of Kerry. Figures were sought for the Killarney area alone and were not available from this source. There is one Educational Welfare Officer for the whole of Kerry and her current priority is the Tralee Rapid area. Therefore there is little follow up with students from Killarney who are absent.

Period	Total No. of students with over 20 days of absence	No. of students who had 20 days absence due to expulsion and /or unexplained absence	No of cases opened i.e. where an EWO intervened
Jan 04 – Sept 04	1272	*	200
Sept 04 – August 05	1947	624	189
Sept 05 – August 06	2033	625	159

*Figure not available as school return.ie IT system was not operational at this point

As mentioned in the area profile, there are a large number of adults in South Kerry whose education did not progress beyond primary level, with a further significant number not completing a leaving certificate. This would seem to validate the experience of those who state that there are a large number of children whose parents are unable to provide the necessary support to help them in their education.


There is a strong desire to see a link between schools and community organisations in learning supports for pupils and family learning, with most feedback suggesting current links were weak. Feedback from teachers suggests that schools are often unaware of the supports that are available, or the possibilities of collaborations with community organisations, because they are too involved with the business of delivering the curriculum.

One example of a project which has achieved all of these things is the FACE (Families and Computers in Education) project in South Kerry. The project is collaboration between South Kerry Development Partnership and the Kerry Education Service, with school involvement, in which ICT is taught in the home in order to help parents support their children. The project has involved 8 schools and 32 families in the Cahersiveen area, and 6 schools and 18 families in the Kenmare area. Feedback from the schools to date is that the project is having a very positive impact of the families. This project is undoubtedly an example of good practice and the model should be drawn upon in the delivery of other projects in South Kerry.

The specific needs of children from migrant families were also identified in the consultation. With increasing numbers of children attending school in South Kerry for whom English is not their first, or even second, language, a need for English classes in a family setting was stated.

For Asylum Seekers and Refugees there was awareness that migration is often accompanied by trauma, and that this can have dramatic impacts upon the education of children. Specific needs mentioned here was the transition of Asylum Seeker and Refugee children into the school system, and support for parents in acclimatising to a new system for schooling children.

As seen in the demographic breakdown, the number of Travellers living in South Kerry has reduced significantly in recent years, although for those who remain, educational attainment for children is still a concern.



Travellers and Traveller organisations have raised concerns about the poor outcomes or level of progression for Travellers attending further and adult education and training.

"There is a special minority within each minority culture - children. In the dominant society, the children of a minority must endure along with their parents the problems of social and cultural discrimination, and they are even more exposed to the risk of cultural dissolution,"¹⁴

The main concern for Travellers and Traveller organizations is the high-drop out rate from Post-Primary education and the small numbers of Travellers receiving qualifications such as the Junior Certificate or Leaving Certificate, and hence the small numbers that directly go to Higher Education.

Traditionally Traveller children have been fully part of adult society, speaking freely and frankly within adult company. Space for work, home and children is not segregated. From the earliest age, children are integrated into the family work unit, learning skills by apprenticeship. The acquisition of these essential skills supports the positive identity of the child. Unfortunately, these skills are not always appreciated when the Traveller child enters mainstream provision. This can have a negative effect and damage the self worth of the Traveller child.

Another huge concern is the lack of validation of Traveller culture within the post-primary education system, which can often leave young Travellers feeling isolated or can lead them to hide their identity to avoid bullying and discrimination. The sense of isolation often means that young Travellers leave mainstream education into other education and training where they have support of Traveller peers and friends and they can be comfortable with their identity.

There is 100% transfer from primary to secondary school, however only about 10% complete their junior cert, and over the last 20 years only twelve Travellers out of a population of 550 people in South Kerry have completed their leaving cert. The number of people who attended a third level institution in this time is ten.

There is a national strategy around achievement for Traveller children, and as such the region has a Visiting Teacher for Travellers who ensures the co-ordination of learning supports within schools. This strategy is reported to be having a positive effect in South Kerry, where Travellers are progressing in the education system, with 4 Traveller students having completed a Leaving Cert in 2007, and 4 Traveller students from the area in 3rd Level Education.

The Visiting Teacher for Travellers states that the approach of the schools in Killarney, where the greatest concentration of Traveller population resides, as 'excellent', and that a general positive culture of education in South Kerry has rubbed off on the Traveller parents. Additional supports are also provided in the form of an integrated Community Homework Club at Ballyspillane.

Feedback during the study did suggest however that Travellers still experience severe levels of discrimination generally and that this has a direct impact on educational achievement. Examples were given of Traveller families who do not see the point in education because they won't be given jobs due to discrimination anyway. This point was emphasised in the need for local employment opportunities for Travellers, leading to true integration and more incentive for academic achievement.

¹⁴ Children of Minorities, UNICEF 1993

This study recognises that despite the current structures there is a need to address the needs of Traveller children at a local level, and recommends the integration of Traveller children into new and existing support structures.

This need has also been recognised at a county level, and a section on education has been included in the inter-agency County Traveller Strategy as a *Strategic Area of Importance*. The *Expected Impact* for the area of education is:

Full and Meaningful Participation and Retention in Education Achieved at All Levels.

Four Outcomes were agreed to achieve this, with detailed Intended Outputs specified under each Outcome. The specific Intended Outputs are too detailed to list here, but the four Outcomes agreed were:

1. Full access to and participation in all curriculum areas & improved attainment at all levels of education provision
2. Retention rates to Leaving Cert substantially increased
3. Access to and participation in pre-school by Traveller children increased
4. Adult education provision enhanced to ensure meaningful transfer and progression to real employment

As mentioned, the County Traveller Strategy is an inter-agency strategy and has the commitment of a range of statutory and voluntary agencies to ensure delivery. The strategy also addresses Health, Accommodation, Employment and Discrimination & Equality as Strategic Impact Areas. It is the recommendation of this report that resources for the support of the Traveller community available to the Child Well-being Committee are deployed in support of the County Traveller Strategy, thereby avoiding duplication.

In relation to education supports generally, there is a need for projects such as FACE to be repeated across the region, for new learning support projects based on this model of working to be set up which respond to locally identified needs, and for existing projects to be supported and guided, all co-ordinated from a central point by an umbrella organisation. A model for this has recently been adopted in West Limerick where the local development company is working to establish a Learning Support Unit for the region. The proposed structure for the project is as follows:

West Limerick Learning Support Unit'

Management and Co-ordination

- Managed by a Steering Group/Committee drawn from participating schools in the region, the Local Development Company and other relevant stakeholders.
- Run on a day-to-day basis by a Project Co-ordinator, tasked with developing the project towards independence on three fronts: Delivery; Partnership Working; and Funding.

Delivery

- Qualified Tutors/Teachers are contracted to go into schools and deliver the sessions.
- Supported by a mixture of Peer Mentors, Community Volunteers and Student Teacher Placements working for the project.
- These support staff would be put through a training programme in relevant skills for after school delivery programmes, giving added value to the project.

Linkages and Partnership Working

- Develop a network of schools who want to avail of the supports and have an application process in place.

- Make links with similar projects, such as the School Completion Programme.
- Make links with other relevant parties, such as local and regional youth agencies.
- Involve statutory agencies where possible, such as the HSE.
- Have partnership arrangements with local Volunteering agencies to draw on support staff, training and funding.
- Make links with the Limerick County Childcare Committee to explore Childcare funding and avail of supports, including training opportunities.

Funding

- Initial core funding is provided under the Local Development and Social Inclusion Programme.
- Further funding is pursued by the co-ordinator, drawing on possibilities such as:
 - Grant applications to Dormant Accounts or the Youth Service Grant Scheme etc.
 - Fundraising Events with school and student participation
 - Business Community Support
 - Match funding from partner organisations, such as the Volunteer Bureau
 - Fees for Students whose parents have the ability to pay, thereby subsidising more disadvantaged students

The issue of special or additional needs was a major factor in the feedback received under the heading of *Education*. As there is an intrinsic link between additional needs and health, the issue of *Additional Needs and Education* will be covered in the *Health and Welfare* section.

Environment / Play Space

As mentioned previously, there is very little in the way of space specifically for young people. There are no spaces specifically for young adults, or as one contributor said, “nothing young people can call their own”. As a result, young people tend to hang out on streets, and near commercial venues.

There are lots of sports facilities in South Kerry, usually in the form of football pitches. They are however owned and/or managed in such a way as to prevent free and easy access for young people.

The one age group which is catered for specifically when it comes to play space is younger children. This is provided in the form of playgrounds, which are generally for the use of preschool and primary school aged children.

County Kerry has a Play Policy¹⁵ produced by the County Council in 2004, which is reflective of National Policy, and which confirms the importance of “promoting play” as part of childhood development. The policy reflects an urban strategy at present, and has been focused on improving current facilities.

In this policy, the Council makes a commitment to supporting the “provision of community based playgrounds”, through “the involvement of communities and consultation with young people” and “based on the needs of the community”. In 2004 when the policy was developed there were 4 playgrounds in South Kerry, and there are now 6 playgrounds in November 2007. These playgrounds have however been redeveloped and modernised to a very high standard, with substantial financial investment.

Map 24 – 2007 Playgrounds



Source: South Kerry Child Well-Being Committee (Large Map available on accompanying Mapped Services Resource CD)

A new, modern playground is now planned for Kenmare.

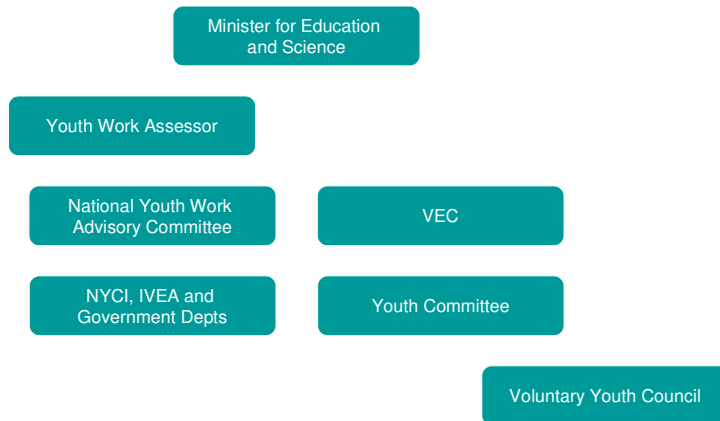
¹⁵ Developing Play in Kerry – Countywide Policy on The Development and Management of Playgrounds and Play Areas in Public Open Spaces

Youth Work

The Youth Work Act 2001 provides a number of positive developments for youth work.

4. It provides a legal framework for the provision of youth work programmes and services. The Act gives statutory responsibility at national level to the Minister of Education and Science and at local level to the VECs, for the development of youth work and its co-ordination with other services for young people.
5. It also provides for the planning and development of youth work at a “local” level, i.e. VEC level.
6. It provides for the establishment of a National Youth Work Advisory Committee and the appointment of a Youth Work Assessor.

Structures established under the Act



1. The Responsibilities of the Minister for Education & Science

The Act defines the functions of the Minister as ensuring the development and co-ordination of policies relating to youth work programmes and services and ensuring that these programmes and services are co-ordinated with other educational programmes and services in both Irish and English. The Act also states that the Minister has responsibilities for providing funding for services to young people, for monitoring, assessment and for research.

2. National Youth Work Advisory Committee

The Act enables the Minister to establish a National Youth Work Advisory Committee. The functions are to advise on the provision, co-ordination and evaluation of youth work programmes and services and on the development of youth work policies.

NYWAC should advise the Minister on:

- Provision and co-ordination of youth work;
- Youth work policies;
- Co-ordination of youth work with formal education and other services for young people;
- Guidelines and regulations issued by the Minister;

- The criteria for recognition of national, regional or local youth organisations;
- The manner in which VECs implement the regulations and guidelines and criteria issued by the Minister;
- The provision of youth work programmes and youth work services in the Gaeltacht and /or to young persons whose first language is Irish.

3. The Assessor of Youth Work

The Assessor has two principal functions. Firstly, the assessment and monitoring of youth work programmes and services in receipt of funding under the Act. In addition, the Assessor will review the functions relating to the Minister and the VEC's in the administration of the various youth work programmes and services.

4. The Responsibilities of VECs

The Vocational Education Committees are given statutory responsibility for the development of youth work in their areas. It is proposed that the VECs must prepare a Development Plan for youth work for a three-year period. The Plan is then submitted to the Minister for funding and the Minister may or may not choose to amend the Plan. At local level, the VEC must ensure co-ordination of youth work programmes and services with other educational programmes provided for young people. The VEC must also ensure that the provision is aimed specifically at the ten to twenty one age group, other young people who are socially or economically disadvantaged and young people who are living in a Gaeltacht or whose first language is Irish.

4.1. The Youth Work Committee

The VEC is required to establish a Youth Work Committee as a sub-committee of the VEC. This Committee will make recommendations to the VEC on the development of youth work policies and programmes, produce a Development Plan for consideration of the VEC Committee and report to the VEC on the implementation of the Youth Work Development Plan when it is approved by the VEC Committee.

5. Voluntary Youth Council

The Act states that each VEC should establish a Voluntary Youth Council to advise on the preparation and implementation of the Development Plan as well as other matters relating to the implementation of the Plan. In addition, the VYC will provide a forum for voluntary youth work organisations operating in the area to discuss the provision of youth work programmes and services. The Act indicates that the Voluntary Youth Council should be not less than 10 and not more than 20 members. One fifth of the membership should be under twenty-five and 25% can be staff employed in the region by voluntary youth organisations.

The VEC in Kerry, the Kerry Education Service (KES), has appointed a Youth Officer who is facilitating a co-ordinated approach to youth work provision and to targeting resources. The Act enables KES to work with local communities and voluntary organisations to develop quality youth programmes and services for young people.

KES will adopt three goals in the development of youth work:

4. To facilitate young people and adults to participate more fully in, and to gain optimum benefit from, youth work programmes and services.
5. To enhance the contribution of youth work to social inclusion.
6. To ensure policies and quality standards are adopted and implemented by voluntary youth work organisations.

Currently in South Kerry, the majority of formal youth work is done by or via the Kerry Diocesan Youth Service (KDYS). Ógras also supports youth clubs operating through the medium of Irish, and currently supports 1 youth club in South Kerry, in Dromid. Where other organisations have youth related issues as part of their remit, such as SKDP or the HSE, they tend to use partnership arrangements with KDYS to deliver services and projects. Other organisations, such as Family Resource Centres, will occasionally deliver a project to young people, e.g. summer camps, but they do not view themselves as doing 'youth work'.

The KDYS was set up in 1971 as a support structure for youth clubs in the Kerry Diocese. It is affiliated to the National Youth Federation. Over the last thirty years it has established three centres in Listowel, Tralee and Killarney providing a range of youth work responses to meet the changing needs of young people. These include youth clubs for young people in rural areas, youth information centres, community-based projects in urban housing estates, full-time programmes for early school leavers and young people at risk. Childcare facilities are also provided in Tralee and planned for Killarney, in order to facilitate the inclusion of teenage parents in all programmes.

KDYS has a 10 year Strategic Plan (2000-2010) in which it sets out 10 Key Aims for this period, summarised as follows:

1. To provide a Youth work service in communities on a needs basis
2. To provide a professional and confidential community based Information Service
3. To support the development of progression routes for young people who are educationally disadvantaged
4. To develop youth work practice and principles through evaluation and research
5. To provide training and support for staff and volunteers
6. To provide opportunities for young people to explore their spirituality
7. To provide a service for all young people while positively discriminating¹⁶ in favour of those who are socially excluded
8. To promote the work of KDYS
9. To work with organisations in the community who share a concern for the welfare of young people
10. To promote youth work which is participative, creative and needs based

These aims are to be met through the objectives set under the following 10 thematic headings:

- ◆ Networking and partnership
- ◆ Funding
- ◆ Rural youth work
- ◆ Volunteers
- ◆ Educational disadvantage
- ◆ Youth creativity
- ◆ Youth spirituality
- ◆ Intercultural and traveller work
- ◆ Training
- ◆ Public relations

¹⁶ This reference to Positive Discrimination is more likely to be describing a policy based on Positive Action, where strategies are agreed to alter under-representation of excluded groups in a given environment. (Definition provided by the European Network Against Racism)

KDYS has developed rapidly in the past ten years and now has a large infrastructure, with three major youth centres in County Kerry, one of these being in Killarney (South Kerry), while the other two are in Tralee and Listowel (North Kerry). Traditionally, KDYS has been a voluntary organisation which co-ordinated volunteer efforts on locally run youth projects (e.g. youth clubs, summer projects) throughout County Kerry, and is affiliated to the national organisation Youth Work Ireland.

Development has seen KDYS take on the delivery of a number of issue based programmes from the centres mentioned above, these programmes include:

KDYS Killarney Drugs Initiative – directed at substance misuse, funded by the Regional Drugs Task Force and managed in conjunction with a local management committee.

KDYS Youth Reach – directed at early school leavers, delivered in partnership with the Kerry Education Service.

KDYS BAPADE Project – activities for 10-17 year olds

KDYS Young Parents Support Service – supporting teenage parents

KDYS Youth Information – training and workshops for personal development

Garda Youth Diversion Project – directed at young offenders

KDYS Schools Programme – drug education, peer mentoring, peer education, sexual health and teambuilding delivered in Schools

KDYS Mentor Project – one-to-one work in schools re behaviour modification / education and training options

These programmes exist because of nationally identified issues, and have been established in towns across the country in an attempt to combat the results of those problems. Each project has specific funding which can be accessed to achieve this.

KDYS also run a series of Summer Camps in all major towns in South Kerry, and include special events and activities organised with local community groups: soccer blitz, Aquadome, picnic/barbecue, hill walking, sports activities, arts activities, water sports, camping etc.

There is recognition within KDYS that the development of the centres, and the establishment of the issue based programmes, has meant that its traditional base of volunteer workers and locally run projects have not developed as desired. Having said this, if it were not for KDYS co-ordinating and supporting local youth projects, there would be very little youth work activity outside of the major towns.

As mentioned previously, the KDYS Youth Club Network, which has 24 affiliated members in South Kerry, is the only regionally co-ordinated and supported youth work activity in South Kerry.

KDYS Youth Clubs have been established in both urban and rural settings, and a pilot partnership arrangement has been made with Kerry Community Transport to support these by putting on services which allow young people who would otherwise have difficulties accessing the service to attend.

Map 25 – South Kerry KDYS Youth Club Locations



Source: KDYS Website

The Youth Club service includes

- recruitment policy and procedure for volunteer youth leaders
- training for volunteer youth leaders, youth club/group members and parents
- monthly area or district meetings (mini-region) to share information, practice and co-ordinate inter-club events
- a comprehensive annual programme of educational, sports, arts, outdoor pursuits and social activities,
- an annual youth day gala event for all youth clubs/groups in Killarney.

Feedback during the consultation called for more youth workers on the ground to support the KDYS Youth Club Network, and for more funding to sustain local projects. There was also a suggestion to create an area wide volunteering programme so as to ensure consistency and continuity.

There was also a call for certain programmes that are urban based presently to be rolled out across rural areas, such as the drugs initiative. This related specifically to the use of alcohol by young people in communities throughout South Kerry. As well as this there is a desire to see more mentoring projects across the region, with one-to-one support being made available locally.

Feedback from the young people in one region, as mentioned previously, is that the youth clubs are inconsistent, and can be delayed or cancelled due to complications with resources and volunteers. They also state that they are not frequent enough, and that they are needed more than one or two nights a week.

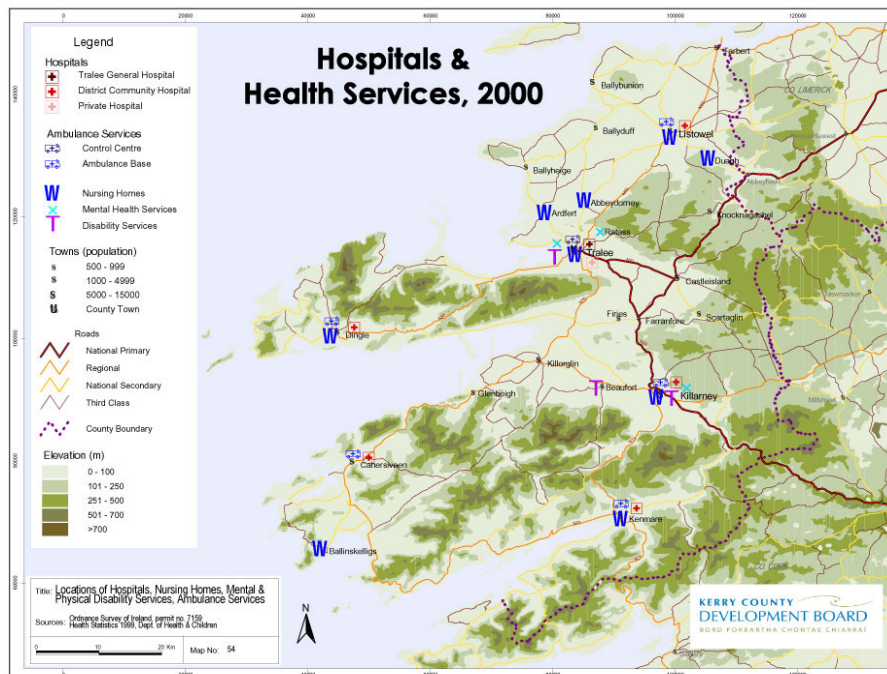
There is of course a link between youth work and the need for youth facilities across the South Kerry, and there were suggestions for KDYS involvement in the development of supervised youth space, with programme directed youth cafés as one possible solution to this.

There is a need to strengthen youth work provision in South Kerry, including the KDYS Youth Club Network, so that it meets the needs and expectations of young people, and can provide a regular, reliable and consistent service across the region.

Health and Welfare

There are three District Community Hospitals in South Kerry located in Killarney, Kenmare and Cahersiveen, with the General Hospital for the county located in Tralee. All three District Community Hospitals house an ambulance base.

Map 26



Source: Kerry County Council

In addition to this there are ten Health Centres located in the South Kerry area, each of these is in an urban setting, whether small or large settlements, and there is a good geographical spread. (See Map 27)

Map 27 – Health Centre Locations



Source: South Kerry Child Well-Being Committee and Derived from HSE (Large Map available on accompanying Mapped Services Resource CD)

Feedback from those consulted, specifically parents and professionals, suggest that general health care provision in South Kerry is satisfactory, with easy access to doctors and health centres.

There is an extensive HSE based Child Health Service in South Kerry, and this service is provided by an Area Medical Officer (AMO) and Public Health Nurse (PHN) with a geographical area of the HSE South. The service is provided to mothers and babies, pre-school age children (child welfare service) and school children (school medical service).

The following services are provided by the Area Medical Officer in the HSE South:

Services for Pre-School Children

- Information for child health monitoring and surveillance
- Information and advice to parents regarding illness and diseases
- Health and healthy lifestyles education to parents and children
- Assessment of preschool age children for physical, psychological and developmental problems and referral for further assessment and treatment if required.

Services for School Children

- Screening of primary school children for physical, psychological and developmental problems and referral for further assessment and treatment if required.
- Information for child health monitoring and surveillance within the primary school population
- Promote and deliver the 4:1 booster to children
- Advise on and deliver the MMR to primary school-going population
- Information and advice to teachers, parents and children regarding illness and diseases

The Public Health Nurse works within a geographical area providing a service to mothers and babies, pre-school age children and school children. The role of the service is in the context of primary health care and is integrated into nursing practice at all levels be it in the home or in the clinic setting. The PHN provides the primary professional contact between the public and the HSE.

Services provided for preschool children:

- Antenatal care
- Postnatal care
- Child health surveillance
- Breastfeeding education and support
- Child care and protection
- Immunisation advice and promotion
- Child health promotion
- Preschool inspection

Services for schoolchildren

- Screening :
 - Infant Vision testing
 - First class receive general health screening (vision, hearing, height and weight)
 - Sixth class receive vision testing (including colour vision)
 - Physical, psychological and developmental problems are screened for as need is determined. Referrals are made as appropriate.
 - Follow up on infectious diseases and appropriate screening as necessary

- Educational

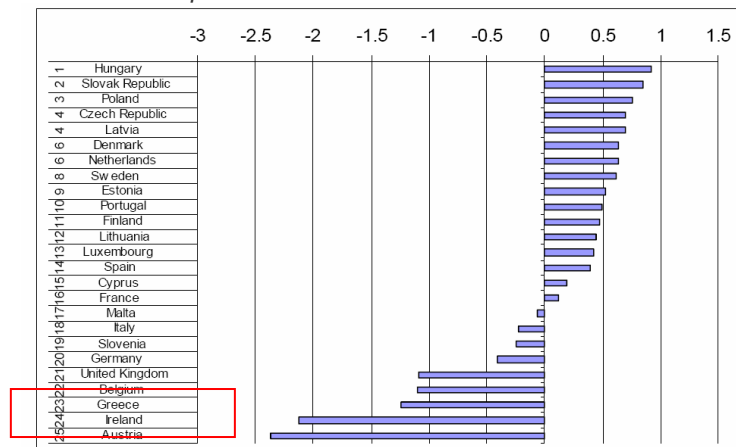
Information and advice to teachers, parents and children regarding illness and diseases, including immunisation

Provide health promotion programmes including welfare and healthy lifestyles education to teachers, parents and children

The key areas which arose during the consultation in relation to health and welfare, and which were of concern to parents and professionals were Additional or Special Needs, Substance Misuse, Sexual Health and Orientation, and Mental Health. This section will go on to focus on these four areas in more detail.

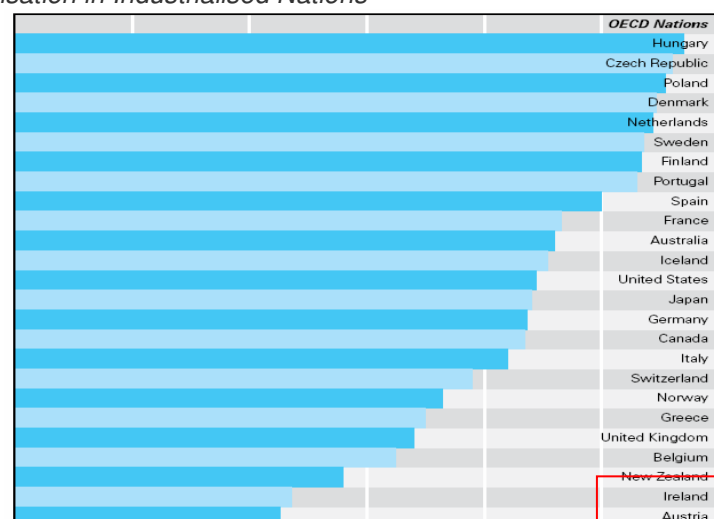
Before doing so, it is interesting to note that, as mentioned near the beginning of the report under *Child Well-Being – The Current Thinking*, Ireland does not compare well internationally under health, ranking 19th of 24 European countries, and 19th of 21 industrialised nations across the globe. This low ranking is due mainly to immunisation, one of the key factors in determining child well-being under health and welfare, in which Ireland performs poorly in relation to other industrialised nations, and in relation to its European neighbours.

Graph 5-Immunisation in European Countries



Source: An Index of Child Well-Being in the European Union 2006

Graph 6-Immunisation in Industrialised Nations



Source: An Overview of Child Well-being in Rich Countries 2007

There is no clear reason as to why Ireland performs so poorly in this area, especially given that there is a very clear framework for Immunisation nationally. However

specific data is available in Kerry for uptake of immunisations in 2006, which records that statistics for immunisation of children at 24 months of age as follows:

MMR (Measles, Mumps, Rubella, **Hib**, Haemophilus influenza B) – 86%

DTaP (Diphtheria), Hib (Haemophilus influenza B), Polio (Inactivated poliomyelitis) – 93%

Below is the Immunisation Guidelines for Ireland as outlined by the HSE.

Table 9 – Immunisation Guidelines

Immunisation Guidelines

All the immunisations listed are free. The table below shows what immunisations are given, at what age, and where.

Age to Vaccinate	Type of Vaccination
At birth	BCG tuberculosis vaccine (given in maternity hospitals or a HSE clinic)
At 2 months <i>Free from your GP</i>	5 in 1 Diphtheria, Tetanus, Whooping cough (Pertussis), Hib (Haemophilus influenza B), Polio (Inactivated poliomyelitis) Men C (Meningococcal C)
At 4 months <i>Free from your GP</i>	5 in 1 Diphtheria, Tetanus, Whooping cough (Pertussis), Hib (Haemophilus influenza B), Polio (Inactivated poliomyelitis) Men C (Meningococcal C) Diphtheria
At 6 months <i>Free from your GP</i>	5 in 1 Diphtheria, Tetanus, Whooping cough (Pertussis), Hib (Haemophilus influenza B), Polio (Inactivated poliomyelitis), Men C (Meningococcal C)
At 12 to 15 months <i>Free from your GP</i>	MMR Measles, Mumps, Rubella, Hib , Haemophilus influenza B

Source: Health Service Executive

Additional Needs

Current Services

Services for children with additional needs are delivered in South Kerry by the Health Services Executive, and third party organisations funded by the HSE, such as Enable Ireland, the Brothers of Charity and John of Gods. What follows is a description of the services provided by the HSE in relation to children with additional needs in South Kerry.

Occupational Therapy

The community occupational therapy service in Kerry is available to both adults and children. The adult service is mainly home based, designed to help people who through illness or disability are in need of support or changes to their lifestyle to achieve maximum independence in daily activities. In South Kerry there are currently two occupational therapists providing advice on any changes and assessing for equipment that may be needed in the home to support a person with special needs and on activities that will help a disabled person to regain or maintain their independence.

There is one occupational therapist working in the HSE Early Intervention Service Team, which will refer to later in this section. The EIS team provides a county wide service based in Tralee for children aged between 0 and 6. There is one occupational therapist and a part time occupational therapist providing a whole country service to children between the ages of 0-18, in mainstream preschool/school, with physical and sensory difficulties and presenting with functional

difficulties such as developmental co-ordination disorders, sensory processing difficulties, sensory impairments i.e. hearing and vision, children with congenital deformities and children referred from acute hospitals for assistance regarding discharge, equipment and housing issues. This service is mainly clinic based but may also consist of supporting visits to school and/or home as deemed necessary by the occupational therapist.

Physiotherapy

The physiotherapy service for South Kerry has bases in Killarney, Kenmare, Caherciveen and Killorglin. The service is predominantly an adult service, providing inpatient, outpatient and domiciliary services. There is a general paediatric service for the whole county, which provides a service for children with uni-disciplinary physiotherapy needs, this therapist also provides a service for children and adults with Cystic Fibrosis, and both services are provided in the clinics and/or home visits as determined by the physiotherapist. There is one physiotherapist working as part of the HSE Early Intervention team, which is a county wide service based in Tralee for children aged between 0 and 6.

Palliative Care services are provided jointly by a specialist physiotherapist in Kerry General Hospital and by the community physiotherapy staff. Patients requiring ultraviolet treatment do have to attend Tralee for the service, an outreach women's health continence service is provided in all our clinics in South Kerry. All other general referrals receive the service as locally as possible. Outpatient referrals require a doctor's referral other referrals can be made by any health care professional.

Speech and Language Therapy

There are currently two speech & language therapists based in the HSE community clinic in Killarney. These therapists provide a predominantly paediatric service in Killarney, Kenmare & Caherciveen. Children from other areas in South Kerry for example Castlemaine, Milltown & Killorglin have the option of attending the speech & language therapy services in either Tralee or Killarney. The community speech & language therapy service is available to preschool and school going children in the community who are not eligible for specialist Speech and Language Therapist (SLT) services from agencies such as Brothers of Charity, Enable Ireland or St Mary of the Angels.

The HSE speech & language therapy department also has a therapist working 4 days / week in the specialised language class at St Oliver's National School, Ballycasheen, Killarney. This is a joint project between the HSE and Dept of Education and provides intensive specialised intervention for children with specific language impairment in South Kerry. The speech & language therapist in this class works in the community clinic in South Kerry outside of school hours.

Early Intervention Services

To address the needs of children with more complex needs the HSE has supported Enable Ireland and the Brothers of Charity to develop Early Intervention Service, for children aged 0 to 6 years of age. Enable Ireland's services have been developed to provide services to children with a primary physical disability and their families; while

the Brother's of Charity have developed services to address the needs of children with Intellectual Disability and Autism.

With the introduction of the Disability Act in 2005 and the development of the Government's Disability Strategy the HSE in Cork and Kerry has worked with the key service providers to develop a model of service delivery that will ensure a co-ordinated framework for the delivery of Early Intervention Services for children with a disability in the region.

The aim of the new framework is to ensure that each child who presents with delays in the areas of motor, cognitive, communication and sensory function and who has needs requiring ongoing team-based interventions from two or more of the disciplines of psychology, physiotherapy, speech & language therapy or occupational therapy will have access to a comprehensive, needs based, timely, wraparound, service in order to achieve his/her potential.

The framework includes:

- The configuration of Early Intervention Services of each Local Health Office (LHO) area with some tertiary services at regional level.
- The establishment of a referral forum in each LHO to provide a single point of entry and ensure, in as far as possible, that children are referred to the most appropriate team in a timely manner.
- A Clinical Support Person for Early Intervention Services in each LHO to work with the referral forum and ensure that the Early Intervention Service is delivered in a co-ordinated and consistent manner across all teams.
- The development of new Early Intervention Teams in each LHO within HSE Primary Community and Continuing Care (PCCC). A new Early Intervention Team which includes Occupational Therapist (OT), Physiotherapist & Speech and Language Therapist (SLT) has been established in Kerry. This service is currently based in Tralee but provides services for children countywide. The possibility of providing outreach services in South Kerry will be considered by this team.
- An increase in the number of Consultant Paediatricians with a special interest in Community Child Health from one to three and a strengthening of links between PCCC and Acute Services.

This new framework has been implemented in February 2008 in Kerry with the HSE, Enable Ireland and the Brothers of Charity working together to deliver an integrated response to the needs of children with this age group.

Disability Act 2005

The Disability Act 2005 requires that six government departments publish sectoral plans for disability services by July 2006. The Sectoral Plan of the Department of Health and Children sets out the actions which are intended will be taken by the Department itself, the Health Service Executive (HSE) and 27 other statutory bodies to meet their obligations under the Disability Act 2005.

The provisions of the Disability Act provide a right to assessment of need which is independent of resources and to a service statement which is prepared in the context of available resources. This Act commenced on the 1st June 2007 for children under the age of 5 years of age. It will be implemented for those aged between 5 and 18 in tandem with the implementation of the Education for Persons with Special

Educational Needs Act 2004. (A plan for its implementation is presently being finalised by the National Council for Special Education).

The Disability Act Section 9(5) stipulates that the HSE “shall cause on assessment of the applicant to be commenced within 3 months of the date of the receipt of the application or request and be completed without undue delay”

The Disability Act provides for the appointment of Assessment Officers and Liaison Officers by the HSE. Assessment Officers are responsible for co-ordinating the assessment process and preparing an assessment report. Liaison Officers are responsible for preparing a service statement in liaison with service providers based on the assessment report and within available resources. The Act also outlines a process for complaints and appeals. The Assessment Officer and Liaison Officers have been appointed in Kerry.

Consultation Feedback

The following is the result of feedback given by parents, community workers and professionals in relation to services for children with additional needs in South Kerry.

Along with the need for youth space and facilities, the area of additional or special needs was one of the most often raised during the consultation. As mentioned in the area profile, there are approximately 456 children and young people with a disability in South Kerry, making up 4% of the child population. Kerry Autism Action state that these figures may be underestimated as they say 154 children have been diagnosed with autism in Kerry, while they estimate the actual figure to be closer to 250. Exact figures for children with disabilities were not available.

Currently, there are 15 services in South Kerry for people with disabilities (see Map 28). These provide services across a spectrum of disabilities, including physical and intellectual.

Map 28 – South Kerry Additional Needs Services



Source: South Kerry Child Well-Being Committee (Large Map available on accompanying Mapped Services Resource CD)

As can be seen from the map, the services are mainly located in or near Killarney, and in or near Cahersiveen. These services include two centres in Killarney and Cahersiveen run by the Brothers of Charity for Early Intervention Services, a Special

School and a residential facility in Beaufort, a local office for the National Association of the Deaf, Kerry Parents and Friends and the Irish Wheelchair Association, and two Special Olympics Clubs. The other agencies represented are voluntary or charity organisations run mainly by parents and volunteers.

Enable Ireland have a facility in Tralee which caters for children with physical disabilities from all over Kerry. The service has a number of clients in South Kerry, and caters for these with a combination of centre and home based provision, with the majority of provision being home based. They use other community facilities in South Kerry to deliver their services, such as KDYS or Saidhbhin Care. Enable Ireland staff report that while services do exist in South Kerry and Kerry generally, it is the level of service that is available which causes problems. They state that it is possible to say that assessments, physiotherapy, speech and language therapy, occupational therapy and family supports are available in South Kerry, but children with additional needs are not getting the level of service required within an appropriate timeframe.

It must be noted at this point that attempts have been made to include the Brothers of Charity in the consultation phase of this study, however they have declined to participate in the study with no reason given for non-participation.

Generally, the majority of feedback from parents of children with additional needs, no matter where on the spectrum, was in relation to the lack of statutory services that were available, and the need for parents to pursue things for themselves in order to get things done. The more prominent issues that arose were as follows:

Assessments

It was stated that a child can expect to wait between 2-4 years for an assessment, depending on the specific assessment required, whether by an Educational Psychologist, or an Occupational Therapist. During this time no matter what the nature of disability, valuable and irretrievable development opportunities are lost for the child. Parents say they have very little choice but to wait, as a private assessment would cost approximately €1000-€1500. It is unclear once a diagnosis has been agreed and needs identified who pays for the equipment and services required.

A Dept. of Education and Science report¹⁷ on education provision for children with autism conducted in 2006 found that “children’s place of residence and the ability of parents to pay for private assessments emerged as significant factors influencing whether children had access to early identification and intervention services”. The report also found that children “require early identification and diagnosis to equip them with basic attending and engagement, imitation, communication and play skills to optimise the benefits of subsequent education provision”.

Locally, parents in Kenmare estimate that there are around 20 children from their area on the waiting list for assessments. Kerry Autism Action has organised for a number of children to go from Kerry to Dublin for assessments which are subsidised by up to 50% by Irish Autism Action. Other examples were given of children going to Cork for assessments.

In December 2007, the issue of assessments in Kerry was raised in the Dáil by North Kerry TD, Martin Ferris.

¹⁷ An Evaluation of Educational Provision for children with Autistic Spectrum Disorders – A Report by the Inspectorate of the Dept. of Education and Science, 2006

Responding to Deputy Ferris' Dáil question Local Health Manager in Kerry, Mr. Tom Leonard, stated that there are 110 children in Kerry on the current waiting list to be seen by one of two clinical psychologists attached to the Child, Adolescent and Family Psychology Service in the Kerry area.

Mr. Leonard told Deputy Ferris that the waiting list consists of a priority waiting list and a general waiting list. There are 11 children on the priority waiting list. These are children who present with severe difficulties, notable Child Welfare concerns or re-referral concerns. The average waiting time for prioritised cases is 3 months. However there are 99 children on the general waiting list and the average waiting time for the general waiting list service is between 12 to 18 months.

During 2006/2007, South Kerry Childcare Network and SKDP funded a pilot project on early intervention and assessment of children with special needs within mainstream preschools in South Kerry, *Kerry Childcare Special Needs Project*. The remit of the project was to identify children with additional needs and to formulate child-centred plans for early intervention which involved parents, childcare workers and additional needs services.

The evaluation report for the project states that it was a huge success, with the following positive results:

- Early cognitive, emotional and behavioural assessment of children with additional needs
- Support for children with additional needs to remain in mainstream preschool
- Support for childcare workers to develop behaviour management techniques, appropriate layouts for the preschool setting for children with additional needs, and appropriate daily routines and structures.
- Support for parents on child development and additional needs

The final project report recommended the continuation and expansion of assessment and early intervention services within mainstream preschool.

On June 1st 2007, Part 2 of the Disability Act 2005 became law for children under 5 years of age. Under Part 2 of this Act, children with disabilities have a right to:

- √ An independent assessment of their health and education needs arising from their disability
- √ An assessment report
- √ A statement of the services they will receive
- √ Make a complaint if they are not happy with any part of the process

Applications can be made in writing to the Local Health Office by a parent or guardian. The Local Assessment Officer is responsible for the assessment, which must start within 3 months of the application being accepted, and must be completed within 3 months of commencement. The Assessment is based solely on the child's disability needs and is carried out regardless of cost or availability of services.

Parental feedback would suggest that this service is not available within the above stated parameters in South Kerry, although new structures have been put in place early in 2008 which are designed to ensure timelines are adhered to.

Access to Services

Again, parents stated strongly that if they needed a service they either had to provide it themselves, travel long distances to access it, or go through a long and draining process to fight for it.

Concern was raised that services were mainly provided in Killarney or Tralee, and that this was difficult for families who lived in the more rural areas of South Kerry. Parents also stated their frustration at waiting for other services beside assessments, with examples given of waiting 3 months for special shoes, or a walking frame for their child.

There was also feedback from parents consulted of the unhelpfulness of established or statutory agencies when providing services. Examples referred to included the reluctance of agencies to train parents in looking after children with special needs, threats to withdraw current services should parents 'go outside' for other services. Overall, the vast majority of parents consulted who had children with additional needs were dissatisfied with the services they were receiving.

Financial Difficulties

Parents with disabled children say that they often experience financial difficulties because of the need to pay for services and equipment for their children. They say that the last budget hit parents financially because it meant the loss of the medical card for many of their children, meaning that medical treatment now had to be paid for, and that this was especially the case for children with Downs Syndrome, who are in fact more likely to need emergency care.

There are some financial supports available to parents of children with disabilities, such as the Domiciliary Car Allowance (DCA). DCA is a monthly allowance administered by the HSE. Eligible children from birth to the age of 16 who are living at home and who have a severe disability requiring continual or continuous care and attention which is substantially in excess of that normally required by a child of the same age may qualify for DCA. There are no rigid medical guidelines regarding the type of disability a qualifying child must have. (In other words, no particular conditions/disabilities are specified). Instead, it is a matter for the Senior Area Medical Officer in the Health Service Executive (HSE) to determine whether a child with a particular condition qualifies for the Allowance. Since 1 January 2008, the Domiciliary Care Allowance rate is 299.60 euro per month.

Despite this, a number of examples were given of parents incurring debts because of buying services and equipment for their disabled children. There are also examples of parents who cannot afford to pay, or unable to secure credit.

Recreation and Respite

The need for respite for families with disabled children is undisputed, as often there are other children without disabilities in the family. The only respite care available in Kerry is at St Francis School in Beaufort, which provides respite care twice a year for children over 8 years of age. Parents state the need for more respite care, especially during school holidays when help is most needed. Ideally they would like to see a Day Care Centre for children with disabilities on the Iveragh and Beara Peninsulas.

One activity that parents are thankful for and access are the Special Olympic Clubs, although there are only two in the region, one near Killarney and the other in Cahersiveen. Parents further south in the region, around Kenmare, have organised their own recreational activities, such as horse riding and swimming, and have run local fundraising events to pay for these.

Special Needs and Education

There are similar difficulties as those expressed above when it comes to additional needs within the education system. Parents report multiple difficulties, and positive experiences tend to be down to individuals rather than systemic successes. There is one Special School in South Kerry at Beaufort, and there are a few mainstream schools which are able to cater for children with disabilities (Cullina NS, which has an Autism Centre, as an example). Parents state that there is little difficulty in gaining a place for a disabled child at St Francis Special School if the child falls “within a range”, but that the criteria used for determining the range is unclear.

Parents are commuting long distances in order for their children to access education, with the example given earlier repeated in other parts of the region, e.g. one parent drives a minibus with children from the Kenmare area to Beaufort and back, twice a day, every weekday.

Kerry Autism Action states that teachers in mainstream schools are often ill-prepared for children with additional needs. As a result they have set up online training for teachers and parents in conjunction with the VEC.

As mentioned already there are waiting lists for assessments. The extra resource for supporting these children is not available until the child has been assessed and given a diagnosis, therefore the delay creates institutionalised disadvantage.

Supports in schools are conducted by the NEPS Service. The National Educational Psychological Service (NEPS) is a service funded by the Department of Education and Science. NEPS psychologists work with both primary and post-primary schools and they are concerned with learning, behaviour, social and emotional development. Each psychologist is assigned to a group of schools.

NEPS psychologists specialise in working with the school community. They work in partnership with teachers, parents and children in identifying educational needs. They offer a range of services aimed at meeting these needs, for example, supporting individual students (through consultation and assessment), special projects and research.

"NEPS mission is to support the personal, social and educational development of all children through the application of psychological theory and practice in education, having particular regard for children with special educational needs."

Families report that there are few facilities in mainstream schools and that in one case the family organised supports for the teachers and the school so that their child could attend. In this case, the child received speech therapy for only six months during their whole time at primary school, which the parent was unhappy about. This parent said that they “had to fight for everything”.

Another example was given of a young person with autism in a mainstream secondary school who was preparing to take their Leaving Certificate, but was only able to access a classroom assistant for one 40 minute class per week, which was felt to be insufficient.

A 2005 evaluation report¹⁸ on special classes for pupils with Specific Speech and Language Disorder (SSLD) found that “The HSE should examine the possible role of occupational therapists in the provision of education for children with SSLD” “There is a need

¹⁸ An Evaluation of Special Classes for Pupils with Specific Speech and Language Disorder – A National Report by the Inspectorate of the Dept. of Education and Science 2005

for the HSE and the National Educational Psychological Service to develop an agreed practice on the provision of psychological support” to children with SS LD

Foilmore National School, near Cahersiveen, provides an excellent example of how supports for children within the school system can work well. Although speech therapy is not generally available in schools, the extra resource in this school is used to provide one-to-one speech and language therapy for a child with autism. Where services like this are possible, it is reported that the Education Department is not helpful, however the Special Education Support Service* (SESS) is said to be “brilliant”.

Another example of this in practice was given as St Oliver's National School, which has a class for seven children with Speech and Language Impairment (SLI) that has a full time Speech and Language Therapist provided by the HSE, as well as a full time teacher/Special Needs Assistant provided by the Dept. of Education and Science.

Children attending mainstream school are eligible to attend the community Speech and Language Therapy service in Cahersiveen clinic provided by the HSE.

**The In-Career Development Unit of the Department of Education and Science established the Special Education Support Service (SESS) in September 2003. The service, as appropriate, consolidates, co-ordinates, develops and delivers a range of professional development initiatives and support structures. Cork Education Support Centre is the host centre from which this nationwide support service operates.*

The SESS facilitates a partnership approach involving support teams of practising teachers, Education Centres, the Inspectorate, the National Educational Psychological Service, the National Council for Curriculum and Assessment, the National Council for Special Education, Third Level Colleges, Health Board Personnel, Teacher Unions and other relevant bodies and services.

The aim of the service is to enhance the quality of teaching and learning with particular reference to the education of students with special needs.

The SESS aims to provide professional development and support for school personnel working with pupils and students with special educational needs in a variety of educational settings including mainstream primary, post-primary, special schools and special classes.

Overview

There is a clear difference between the stated services offered by the HSE and the experiences of parents attempting to access those services. There is a documented regional approach by the statutory sector to additional or special needs services in South Kerry, and while new structures have been introduced recently, there is an acknowledgement by the HSE of ‘unmet need’ in the past. Parents state that they do not receive the level of service needed by their children, and that from the parents’ perspective, achievements are made by informal networking and a lot of individual endeavour.

The area that parents felt was most important to address was the lack of information available to parents who had children with additional needs in relation to all of the above, and that parents across South Kerry had to constantly learn for themselves.

There is a need for a base or service for additional needs in South Kerry, providing information, support and advocacy to parents and groups across the region, and across the spectrum of needs, (Physical and Intellectual Disability – Downs Syndrome, Autism, Specific Learning Difficulties etc.)

Substance Misuse

Use of alcohol by teenagers was a major theme of the consultation. It was stated that while the use of drugs such as cannabis was normalised and acceptable among young people (Killarney Community Drugs Initiative), the use of alcohol was much more widespread and a much bigger problem. Although illegal, alcohol use by young people under 18 years of age is not primarily seen as a law and order issue, but rather a social problem related to other issues within communities, such as lack of alternative activities and facilities.

Currently there is one project in South Kerry dealing specifically with the issue of substance misuse, with one worker in the project. This is the Killarney Community Drugs Initiative, which is based in the KDYS Youth Centre in Killarney. The project covers only the geographical area of Killarney and has remit of working with 17-21 year olds, although the worker will sometimes see younger clients and clients from Kenmare. The project and the worker are funded by the Southern Regional Drugs Taskforce.

SKDP has employed a worker on behalf of the local development sector in Kerry who is due to implement a pilot project throughout the county. She will be implementing Training for Trainers programme aimed at training personnel in schools to implement a substance abuse Peer Mentoring programme in 5 areas of Kerry – North, Tralee, Castleisland, Dingle and South Kerry. This will commence in January 2008 and is being funded by the Regional Drugs Task Force (RDTF) and by the local development companies (NKT, PT, and SKDP).

KDYS, as mentioned, do deliver a drug awareness programme in schools as part of their Schools Programme.

There have been other initiatives which have attempted to address substance misuse, such as the LIFE Education Mobile Unit, which visits primary schools to educate children on the effect of substances, among other health issues. There was also a Drugs Awareness Network, where Youth Workers, Teachers, Counsellors and a Garda were trained in presenting drugs awareness sessions at youth clubs, in schools, and in the community.

There is a new directory of information on Substance Abuse services in Kerry due to be printed in 2008 – this has also been funded by the RDTF and is in draft form at present being produced by SKDP.

Young people seem to have easy access to alcohol, and often drink it openly in public places without fear of censure. In a report¹⁹ commissioned by SKDP in 2006, 75% of secondary pupils completing a survey (72 respondents) said that they had tried alcohol, while 24% said that they use alcohol at least once a week.

¹⁹ Substance Abuse in South Kerry, Substance Abuse Committee 2006 Research Report – South Kerry Development Partnership

It was also stated that cannabis is easily accessible and widely used, while some 'harder' drugs were available but were not common. In the SKDP report of 2006 mentioned above, 28% of secondary students said that they had tried cannabis.

Feedback suggests that there is no difference between urban and rural use of alcohol or drugs. Current youth projects, such as Youth Reach and Garda Youth Diversion, are all coming across drug and alcohol usage in the course of their work.

Young people themselves are relatively open about the use of alcohol, if not by them personally, then by their peers. They are less forthcoming about the use of drugs as it is seen as less socially acceptable, but do allude to it.

Currently help can be sought from the HSE (through their Drug Co-ordination Service), social workers and doctors, but no specialist services exist across the region. There is an addiction treatment centre for adults in Castleisland (North Kerry), however the nearest centre for under eighteens is in Kilkenny. When it came to support it was asserted that people working in support systems were not used to working together, and that there is greater need for networking on the issue of substance abuse.

It was also stated that there was a need for family supports, as it was the first social net of an individual and by using a holistic approach; it was the place where early interventions could be implemented. Family based interventions were also a recommendation of the SKDP 2006 report.

There is a need to have a regional, inter-agency approach to addressing the use of alcohol among children in South Kerry, both in terms of early intervention and prevention, with work taking place in both urban and rural settings.

Mental Health

There are a number of agencies which exist to support sufferers of mental health problems; however they exist in the urban areas of Killarney, Killorglin and Cahersiveen. They are:

Kerry Mental Health Association
Killorglin Mental Health Association
Cahersiveen Psychiatric Day Centre
Coolgrane Training Centre
Grow
KAPPS (Kerry Assoc. of Psychiatric Patient Support)

The South-West Counselling Centre
(also has an outreach service in Cahersiveen)
Living Links Kerry
Rainbows Cahersiveen
HSE Suicide Helpline
Teentxt

Within these organisations is an awareness of the need for services to be directed at young people and for different methods of access and delivery to ensure engagement of this younger age group. This awareness has come about through local, in-depth analysis of young people's attitude to stress and mental health.

The Kerry Mental Health Association completed a survey²⁰ of leaving certificate students in 2000, when a total of 1422 students from the Kerry region completed a questionnaire which asked them to rate the degree of stress experienced in relation to a number of potentially stressful aspects of their lives. The findings of that survey indicated high levels of perceived stress being reported by many students. Girls

²⁰ Kerry Mental Health Association (2001) Stress Amongst Leaving Certificate Students

reported higher levels of stress than boys and very high levels of stress in relation to the items examined were noted among a sizeable minority.

In early 2003, the Kerry Mental Health Association conducted a study²¹ of stress and of coping strategies among first year students in secondary schools in Kerry. 992 students in 13 schools filled out a questionnaire determining the level of stress felt as a result of 18 situations in the student's life, situations such as relationships, schoolwork, and alcohol and drug use. The findings of this study have highlighted the need for increased awareness of the presence of significant levels of stress in young people's lives and the need to identify and implement strategies to aid young people in coping with stressful situations. Further work in this area included a research project by students at Tralee Institute of Technology²², which outlined specific findings in relation to children and young people accessing services that included:

- ❖ The services available are not marketed effectively at this age group. ... They feel there are no services available to them.
- ❖ The idea of talking to people working in the services listed in the directory does not appeal to students as they feel they are strangers and don't relate to them and they will not be able to help anyway. ...
- ❖ Students cope with their problems and stress by confiding in friends and family, with many suffering in silence.

Both reports went on to make detailed and lengthy recommendations for addressing the difficulties young people faced and their marginalisation from the services which are there to provide support.

Feedback given in the consultation for this study was mixed in terms of services available, access to those services, and the nature of the problems faced by young people.

It was stated that counselling is available, but that the charges for this vary between €15-50 per hour. There are specialist exemptions, such counselling being free to asylum seekers and refugees. Most counselling for young people is available in urban settings, such as the South West Counselling Centre in Killarney, which also has an outreach facility in Cahersiveen (funded by SKDP since 2000). This centre is supported to a very small degree by the HSE, and has roughly 30 young people accessing its services at any given time. The service reports that these young people are coming from all over Kerry, and that young people do not approach the centre independently. This service is now in danger of ceasing due to the absence of continued funding.

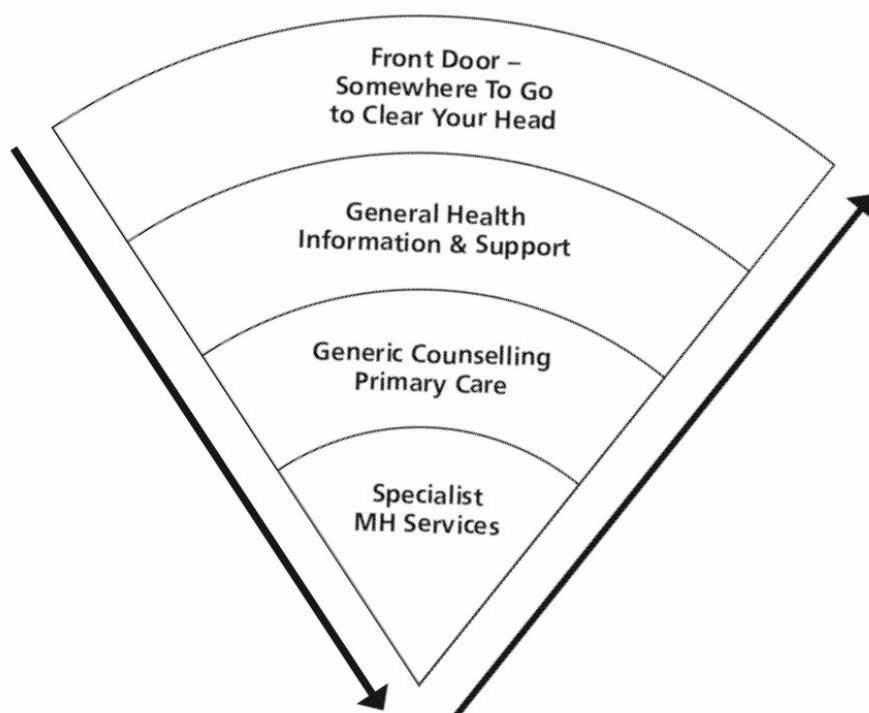
It was stated that Mental Health for children and young people was impacted upon by a wide range of issues, parental relationships, conflict, alcohol, violence, bullying, rural isolation, new communities, bereavement, and abuse. It was expressed that there was a need for more links with schools and more support for families, and that support was needed to cope with the impact of integration and identity issues for asylum seekers and refugees.

²¹ Kerry Mental Health Association (2003) A Survey of Perceived Stress Levels and Coping Responses in 1st Year Post-Primary School Students

²² MARKETING RESEARCH PROJECT IN ASSOCIATION WITH KERRY HEALTH AND MENTAL ASSOCIATION AND THE INSTITUTE OF TECHNOLOGY TRALEE - An investigation of stress coping techniques used and suggested by second level students - April 2005

There was expression that South Kerry needed a more cohesive, interagency approach, and a recommendation was given to review the Headstrong project, and the *Jigsaw* approach used by them. *Jigsaw* is a community based system of care which endeavours to engage with young people in a setting which is both familiar and comfortable for them. It suggests that young people can move up and down a 'tier' of services without ever having to leave their community.

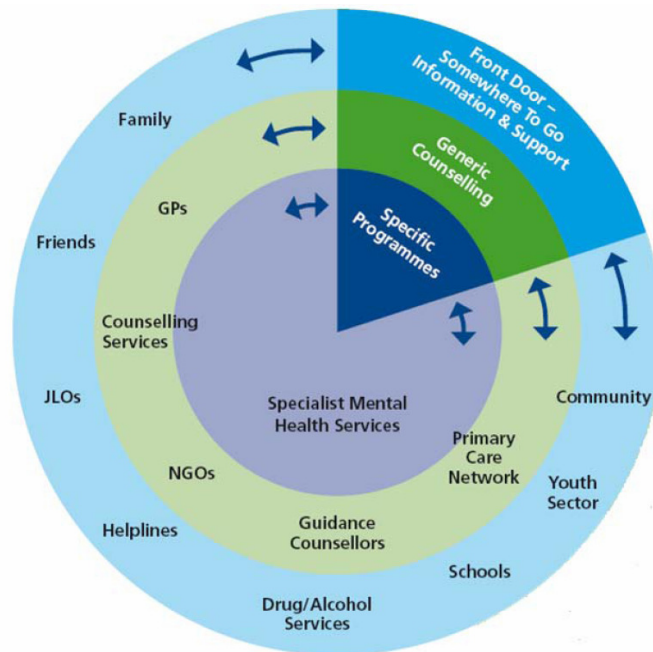
Figure 1



Source: Jigsaw Briefing Document, www.headstrong.ie

The Jigsaw model requires the active participation and co-operation of multiple stakeholders, a 'community coalition'. The diagram below illustrates the different tiers and stakeholder involvement.

Figure 2



Source: Jigsaw Briefing Document, www.headstrong.ie

Through its Jigsaw Programme, Headstrong can offer the communities it works with a number of the following supports:

- A framework for planning that adapts the latest international evidence to the unique needs of Irish communities
- Planning support grants to facilitate the employment of a full time Project Facilitator during the planning phase
- A structured action planning process with inputs by Headstrong staff on data collection, resource production and consultancy / facilitation
- Innovation funding to support the implementation of the project
- Service Development inputs to help enhance the skills and capacity within the local community
- Evaluation of the effectiveness of project implementation
- Accreditation as a Jigsaw certified site to recognise achievement of quality standards

As it is clear from the surveys completed by the Kerry Mental Health Association that young people find it difficult to engage with service which are 'out there', there is a need to bring the services to young people. The Jigsaw model would seem the ideal vehicle to achieve this, and should be explored as a possible alternative.

Sexual Health and Orientation

Feedback from the consultation suggested that there is a gap in services for informing young people on issues around sexual health and orientation. While young people may receive information on sexual health matters in school or in a youth project, there are no services in South Kerry for young gays, lesbians or bisexuals.

In a report²³ for the Northern Area Health Board on the mental health of lesbians and gay men, it was found that there was likelihood of:

²³ Mental Health – Lesbians and Gay Men: Developing Strategies to Counter the Impact of Social Exclusion and Stigmatisation. Prepared for the Northern Health Board and Gay HIV Strategies

- “An increased risk of psychological stress and negative mental health and well-being associated with anti-gay prejudice, discrimination and isolation.
- A fear of disclosure, ...
- Increased risk of suicide - ...”

During 2005-2006, a research team with funding from the Equality Authority conducted a review of equal status for three organisations, one being KES (Kerry Education Service). One of the findings of the study has highlighted the issue of homophobic bullying. “Limited published research in Ireland reveals isolation, loneliness, and depression among students whose sexual orientation is seen as different from the majority, or who feel that that their sexual identity is outside the 'norm'.”²⁴

Overall, limited reference to, and documentation on, the issue of sexual orientation was encountered during this study. There is a need to promote positive images of young lesbians and gay men, and to offer support for disclosure as a part of existing youth work and mental health services. A comprehensive study into the area of sexual orientation and services available in South Kerry would prove useful as a catalyst for actions in this field. There is also a need for a consistent approach to the delivery of sexual information across the region. The dedicated Youth Health Service in Cork City which provides a one-stop-shop for young people wishing to access sexual health and other support services is one very good model which could be considered in this regard.

Please note, as mentioned at the beginning, up to date information was not available from all voluntary or statutory agencies in relation to some of the services and facilities addressed in this report. As the report serves only to provide an overview, further investigation would be required to provide accurate detail prior to the planning of subsequent actions.

²⁴ Glen/Nexus (1995) Poverty, Lesbians and Gay Men: The Economic effects of Discrimination cited in A. Lodge and K. Lynch (eds) op.cit

Access to Information

During the study a great deal of information was made available to the researcher on a huge variety of issues and topics. This information came in the form of websites to visit, documents to review, leaflets and pamphlets to thumb through, directories to find services in, as well as issue based reports, strategic plans and annual reports from organisations.

It was therefore interesting to note that a great deal of feedback from parents consulted was saying that there is a lack of simple information available, of what's out there, how it can be accessed, and contacts for the relevant people within organisations. In relation to special needs specifically, there was an assertion of very poor access to information, and that if anything, agencies seemed to make it deliberately difficult. For the majority of those consulted, there was a consistent view that you have to get to know the system on your own.

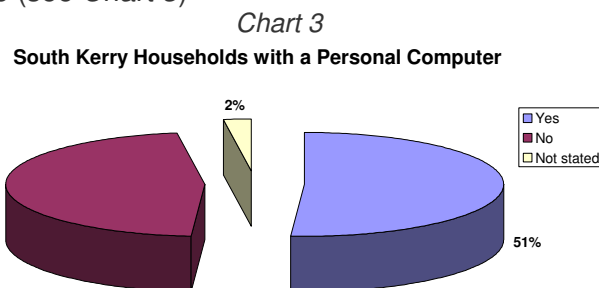
In reviewing all the literature forwarded for the purposes of this study, it is apparent that there is a need for information to be provided in a co-ordinated, pertinent, concise and simple way, which is focused on being user friendly. A structure along the lines of 'Beginners Guide to ...' would be useful to explore.

Impact of Technology and Media

During the course of this study, the use of technology and media was not the major concern of those consulted, with most professionals and community workers seeing it as a low priority when compared with other significant issues relating to child well-being.

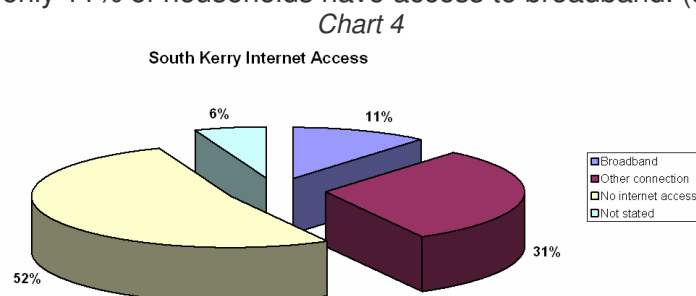
Young people themselves do say that access to IT facilities is poor, with only limited availability in the library or school. When talking about the creation of youth venues, young people include access to computers and broadband as a desired amenity.

Almost half of the households in the South Kerry area do not have a personal computer in the home (see *Chart 3*)



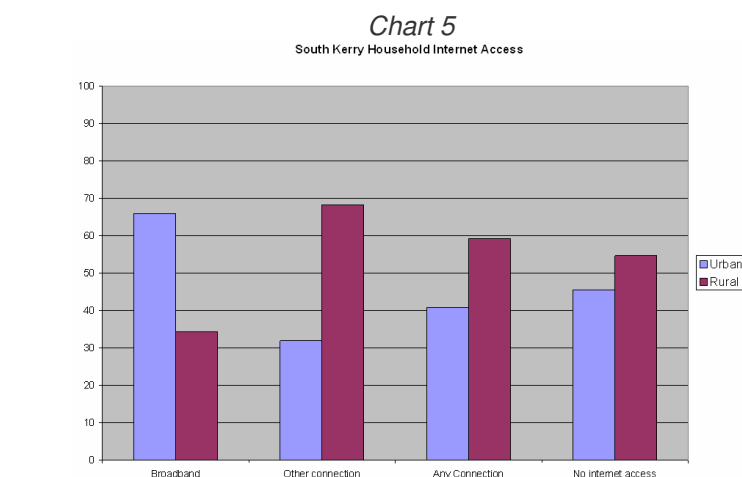
Derived from: Census 2006

While more than half of households report having no access to the internet at all in the home, and only 11% of households have access to broadband. (see *Chart 4*)



Derived from: Census 2006

Of those unable to access the internet, more than half live in a rural area.

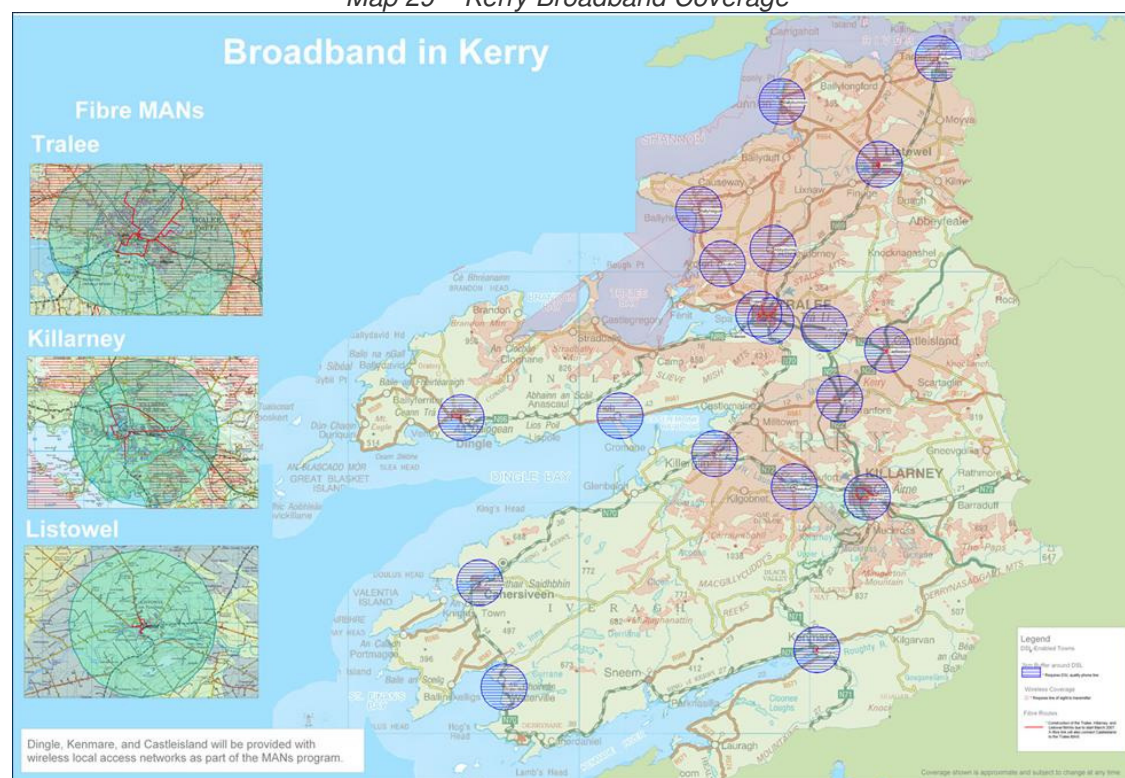


Derived from: Census 2006

Of those who do have the internet at home, 66% of those accessing the internet in an urban area do so by means of broadband, while 67% of those accessing the internet in a rural area do so by other means such as dial-up.

In relation to County Kerry as a whole, South Kerry is at a considerable disadvantage where broadband coverage is concerned. Around 65% of North Kerry has broadband coverage, while around 75% of South Kerry does not.

Map 29 – Kerry Broadband Coverage



Source: Kerry County Council

Underlying Themes

During the study there were two of underlying themes that arose that could be applied generally across the region, and which impacted on young people and their families.

Affordability of Services

One issue that continued to arise during the consultation was the cost to families and young people of accessing facilities and services. Regardless of the activity, whether it be recreational, developmental, educational, or health related, it was stated that “things always cost money”, and that this was prohibitive, and a barrier to participation.

It was clear that existing disadvantage was compounded by costs, for example:

- Rural isolation meant an additional cost for transport to get to an activity
- Increased numbers of children in a family meant increased charges
- Families on low income or social welfare meant less disposable income

A combination of all three created a situation where a family suffered from multiple disadvantage.

There is a need to ensure the affordability of services to all those living in a community at the planning stage, with measures put in place to ensure equality of access, and that no-one is discriminated against because of social class or income bracket.

Accessibility of Services

Given that Kerry is one of the largest counties in the country geographically, and given that half of South Kerry’s population live in rural areas, it is not surprising that rural isolation and access to services was a recurring theme of this study.

Currently, 12% of households in rural South Kerry do not have a car. Rural isolation is a prohibitive barrier to accessing services, and the only way to overcome this is through public transport infrastructure. South Kerry has two public transport providers currently, the national provider Bus Eireann, and the local Rural Transport Initiative, Kerry Community Transport (KCT).

Bus Eireann currently has eight services running in South Kerry. These services run between major towns (see *Map 30*), with services to the most western parts of the area running once or twice a day only.

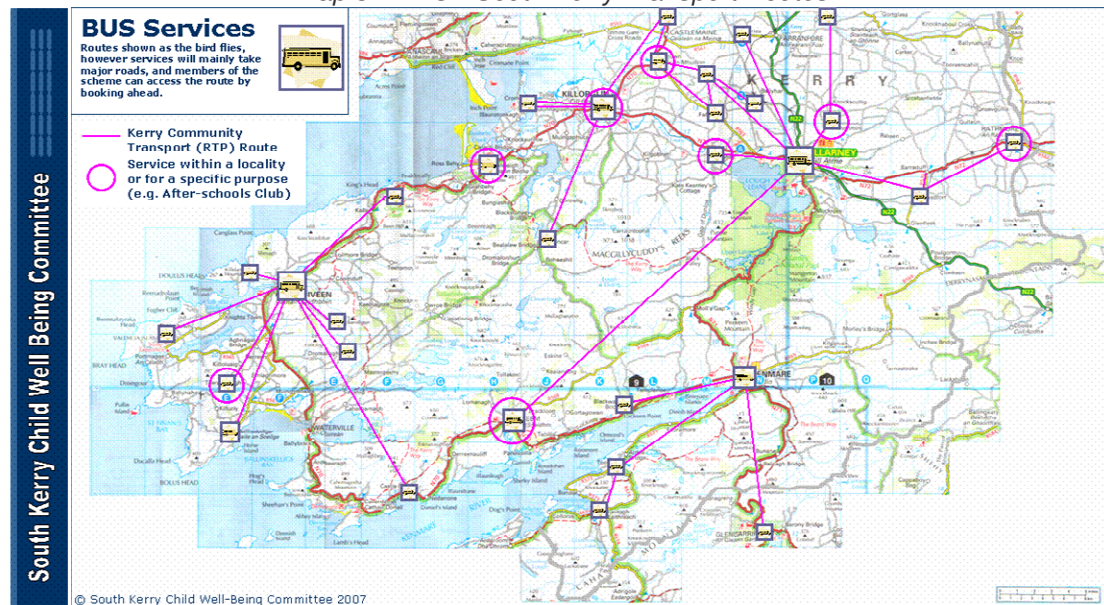
Map 30 – Bus Eireann South Kerry Routes



Source; South Kerry Child Well-Being Committee and Derived from Bus Eireann Timetables 2007 (Large Map available on accompanying Mapped Services Resource CD)

KCT has 30 services running in South Kerry. These services are aimed at supplementing the routes of Bus Eireann, and are designed in consultation with, and to meet the needs of local communities.

Map 31 – KCT South Kerry Transport Routes



Source; South Kerry Child Well-Being Committee and Derived from Kerry Community Transport – Routes 2007 (Large Map available on accompanying Mapped Services Resource CD)

As can be seen in *Map 31*, KCT routes reach out into more rural areas than Bus Eireann, and are more useful to these communities because of prior consultation. The availability of KCT services for specific purposes such as After School Clubs, Elderly Groups, or Youth Clubs is an added bonus.

There is a need to consider the delivery of services to rural communities at the planning stage of any project, whether this be through partnership arrangements with Kerry Community Transport, or by the use of more outreach work. The use of portable structures and service could be explored.

Partnership Arrangements

There was general agreement that a multi-agency and multi-disciplinary approach was needed for the delivery of services to children and young people in South Kerry.

Currently there is a great deal of willingness to collaborate on projects, and there were a number of excellent examples of inter-agency working. This however tends to be done on the basis of individual relationships, commitment and understanding, rather than organisation policy or a systemic approach. There is a view that this makes the work disjointed, with different messages coming from different people.

While happening to some degree, the involvement of statutory sector organisations in collaborative actions is less prevalent than the local development or voluntary sector, and some see the support from this sector as “missing”.

Participants in the consultation would like to see more involvement by management (i.e. decision makers with organisations) so as to ensure a consistency of approach, and there is consensus that it is important to have the council and the schools/education department on board to ensure effective outcomes. The Garda Siochana has stated that they are willing to be a part of the Child Well-Being Committee, while it was suggested that the committee work towards eventual youth representation in its membership. In relation to the committee, there was a request that meetings be held in different parts of the region to ensure inclusion and equality.

It was also expressed that there is a need for a networking event before organisations go into their planning phase so as to share channel information and inform each others actions. It was also stated that a more cohesive approach to accessing funding would strengthen applications and ensure a more dovetailed approach to the work and allocation of projects.

Feedback from one worker suggested a structure for the work of the Child Well-Being Committee, in that it would: test – pilot – innovate. Meaning that by working in partnership the group could identify areas for development through structured needs analysis, pilot possible solutions through collaborative actions, and establish norms in terms of new methods of practice.

There is a need to establish an affective South Kerry wide inter-agency network which can co-ordinate the delivery of services to children and young people, and collaborate on projects where there are common goals. The group could address structural causes of disadvantage and improve policy and services through a systemic approach. This network could seek to establish itself as a key part of local structures and the first port of call for all work in the field of child well-being in South Kerry, while linking into and supporting broader county and regional strategies. It seems logical that the Child Well Being Committee could develop into just such a network.

Models of Best Practice

During the course of this study, a number of good practice models have arisen and been detailed in this report, such as the FACE Project, the West Limerick Learning Support Unit, Youth Cafés, The Childcare Special Needs Pilot Programme, and the Jigsaw Project.

There have also been examples of localised good practice models which have not as yet come up in the report. These include:

The development of an interagency group for an estate in Cahersiveen, which included local and community development agencies, the Garda Síochána and the Council. The Gardai put a presence on the estate which helped reduce problems, while the council addressed issues that residents raised with regard to local estate management. The importance of having these agencies on board who had the ability to respond to immediate issues was noted, and if other agencies could make similar commitments a great deal can be achieved.

The Caha Centre²⁵ on the Beara Peninsula is a very good example of how it is possible to establish and deliver services in a completely rural area, and to base a significant community facility outside an urban setting.

Inter-Agency Working

In relation to models of good practice for inter-agency working, there were few to recommend in truth. There were many examples of policy documents and guidelines for collaborative practice, but none could be established as being truly effective and of having the desired impact it had set out to achieve. Examples that do work appear to work because they have the right agencies on board, with the commitment of all individuals present to making a success of any actions agreed.

The Tralee RAPID AIT spent a great deal of time going through a process to agree a clear set of aims and objectives with the commitment of all present, and this would appear to have given it a strong foundation for effective work. It is spoken of very highly in Kerry as a successful model of inter-agency working.

The Jigsaw model mentioned earlier is an excellent model for inter-agency working, and could be adapted and applied to other areas of work outside of the field of mental health. It includes all aspects of a community, and expects each participant to fulfil only what it has within its remit or power.

To summarise, a model based on participation by all relevant parties, in which clear purpose, aims and objectives are set, and where each party agrees to and delivers on actions within its remit.

²⁵ The Caha Centre is a Family Resource Centre based at Adrigole on the Beara Peninsula in West Cork, serving an exclusively rural community.

Conclusions and Recommendations

1. There is a need for affordable and inclusive community based social outlets for young people across South Kerry, which can cater for a variety of ages, and of which they have a degree of ownership.
2. There is a need for projects such as FACE to be repeated across the region, for new learning support projects to be set up which respond to locally identified needs, and for existing projects to be supported and guided, all co-ordinated from a central point by an umbrella organisation, such as a Learning Support Unit.
3. There is a need for more childcare facilities which are affordable to parents.
4. There is a need to strengthen the Youth Club Network so that it meets the needs and expectations of young people, and can provide a regular, reliable and consistent service across the region.
5. There is a need for a base or service for additional needs in South Kerry, providing information, support and advocacy to parents and groups across the region, and across the spectrum of needs, (Physical and Intellectual Disability – Downs Syndrome, Autism, Specific Learning Difficulties etc.)
6. There is a need to have a regional, inter-agency approach to addressing the use of alcohol among children in South Kerry, both in terms of early intervention and prevention, with work taking place in both urban and rural settings.
7. It is clear from the surveys completed by the Kerry Mental Health Association that young people find it difficult to engage with service which are 'out there', there is a need to bring the services to young people. The Jigsaw model would seem the ideal vehicle to achieve this, and should be explored as a possible alternative.
8. There is a need to promote positive images of young lesbians and gay men, and to offer support for disclosure as a part of existing youth work and mental health services. There is also a need for a consistent approach to the delivery of sexual health information across the region.
9. There is a need for information to be provided in a pertinent, concise and simple way, which is focused on being user friendly. A structure along the lines of 'Beginners Guide to ...' would be useful to explore.

Underpinning Conclusions and Recommendations

1. There is a need to establish an affective South Kerry wide inter-agency network which can co-ordinate the delivery of services to children and young people, and collaborate on projects where there are common goals. The group could address structural causes of disadvantage and improve policy and services through a systemic approach. This network could seek to establish itself as a key part of local structures and the first port of call for all work in the field of child well-being in South Kerry.
2. There is a need to ensure the affordability of services to all those living in a community at the planning stage, with measures put in place to ensure

equality of access, and that no-one is discriminated against because of social class or income bracket.

3. There is a need to consider the delivery of services to rural communities at the planning stage of any project, whether this be through partnership arrangements with Kerry Community Transport, or by the use of more outreach work. The use of portable structures and service could be explored.

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Appendix 2 - Consultation and Interview List

All consultations, whether one-one interviews or focus groups were at the direction of, or suggested and arranged by members of the interagency committee. In some instances follow up, or add on interviews were organised by the researcher at the suggestion of an interviewee.

- 5 HSE Professionals
- 2 Enable Ireland Workers
- 1 DEIS Co-ordinator
- 1 Traveller Development Project Worker
- 1 Visiting Teacher for Travellers
- 4 School Teachers (including 2 Principals)
- 1 Additional Needs Resource Teacher
- 2 Adult Education Centre Workers
- 2 SKDP Community Development Workers
- 1 SKDP Youth Development Worker
- 1 SKDP Childcare Development Worker
- 1 South West Counselling Centre Co-ordinator
- 2 KDYS Youth Work Co-ordinators
- 1 Group KDYS Youth Workers and Volunteers
- 1 KASI Worker
- 3 Family Resource Centre Co-ordinators
- 1 Kerry Autism Action representative
- 1 Garda Siochanna Superintendent
- 3 Focus Groups of young people (12-18 years)
- 3 Interviews with Individual young people (16-18 Years)
- 3 Parent Focus Groups (Killorglin, Cahersiveen, Kenmare)
- 4 Interviews with Individual Parents

Note: A total of 31 parents were consulted within the course of this study. Of these, 16 were parents of children with additional needs. In addition to this, many of the professionals interviewed are parents in their own right, and were able to offer a parental point of view in addition to their professional perspectives.

Appendix 3 - Agency Data Collection



Inter-agency Group on Child Well Being in South Kerry

Research Project conducted by O'Leary & Associates

This research initiative is prompted by the recent PLANET policy document on the well being of the child, which has been adopted by South Kerry Development Partnership. A working group has been convened to prepare a strategic, inter-agency action plan on the needs of children and young people, and O'Leary & Associates has been engaged to assist with this process.

This document is designed to gather initial information from stakeholder agencies and organisations as a starting point for the research project, and will be used to arrange interviews, collect documentation etc.

Organisational Information

Please give contact details for you and your organisation

Organisation Name:	
Contact Name:	
Address:	
Telephone:	
Email:	

Geographical Area

Please indicate which area(s) your organisation works in
(tick more than one if appropriate)

- Greater Killarney: ☐
- Greater Killorglin: ☐
- Greater Cahersiveen: ☐
- Greater Kenmare: ☐

Age Group

Please indicate which age group(s) your organisation works with
(tick more than one if appropriate)

- Age Group 0-5: ☐
- Age Group 6-12: ☐
- Age Group 13-18: ☐

Access to Service Users

Please indicate if you are able to assist the researchers in accessing feedback from service users

- Parents/Families ☐
- Young People ☐
- Other

Theme / Heading

Please indicate under which Theme(s) your organisation works
(tick more than one if appropriate)

- Social Economic: ☐
- Education: ☐
- Environment Play Space: ☐
- Youth Work: ☐
- Health Welfare: ☐
- Access To Information
Services And Supports: ☐
- Impact Of Technology And
Media: ☐

Data Sources and Strategic Plans

Please indicate if you are able to provide data sources for the research
and which strategic plans your work falls under

Able to Provide a Data Source: ☐

Type and Name Of Data:

Type and Name Of Data:

Type and Name Of Data:

Local Strategy: ☐

Name Of Local Strategy:

Name Of Local Strategy:

Name Of Local Strategy:

National Strategy: ☐

Name Of National Strategy:

Name Of National Strategy:

Name Of National Strategy:

Marginalised and Disadvantage Groups

Please indicate which marginalised or disadvantaged group(s) you work with

Rural Isolation: ☐

Special Needs: ☐

Low Income: ☐

Other: ☐

Please Give Further Information:

Other: ☐

--

Further Information:

Other:

☐

Further Information:



Appendix 4 - **Agency Interview Questionnaire**

Inter-agency Group on the Well Being of the Child in South Kerry

Research Project conducted by O'Leary & Associates

Agency Interview Guidelines

Questions are for guidance only and should be used to engender a discussion in each of the areas addressed

Existing Services

Give an overview of the services provided by your organisation to children and young people in South Kerry?

☐

Social and development

☐

Education

☐

Environment/Play Space

☐

Youth Work



<input type="checkbox"/> <i>Health and Welfare</i>
<input type="checkbox"/> <i>Access to Information</i>
<input type="checkbox"/> <i>Impact of Technology and Media</i>

What impact do you feel current service provision is making?



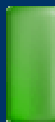


--

What gaps do you feel currently exist in service provision?

What target groups do you feel are in need of additional supports?

What are your views on current partnership and collaborative arrangements in terms of:
<i>Effectiveness</i>
<i>Communications</i>



Value for Money

What examples of good practice and positive learning are there from current provision, or from provision you are aware of in other locations?

Strategic Objectives/Planning

What measures do you think the Inter-agency group could take to improve the quality of life for disadvantaged children and young people?

What measures do you think the Inter-agency group could take to achieve greater social inclusion and equality?



--

What measures do you think the Inter-agency group could take to ensure greater cohesion of services and supports in South Kerry?

What measures do you think the Inter-agency group could take to ensure maximum use of resources?

Is there anything else you would like to contribute that has not been addressed in the interview so far?



Appendix 5 - Parental Interview / Focus Group Questionnaire

Inter-agency Group on the Well Being of the Child in South Kerry

Research Project conducted by O'Leary & Associates

Parental Interview Guidelines

Questions are for guidance only and should be used to engender a discussion in each of the areas addressed. Use of alternative language appropriate to parents being consulted is recommended.

Existing Services

Give an overview of the services accessed by you and your children in South Kerry?
(give prompts under each category if necessary)

<input type="checkbox"/> <i>Social and development</i>
.....
.....
.....
.....
.....
<input type="checkbox"/> <i>Education</i>
.....
.....
.....
.....
.....
<input type="checkbox"/> <i>Environment/Play Space</i>
.....
.....
.....
.....
<input type="checkbox"/> <i>Youth Work</i>
.....



How are these current services benefiting your children?

What gaps do you think currently exist in service provision?

What target groups do you think are in need of additional supports?

What are your views on current partnership and collaborative arrangements in service delivery in terms of:
<i>Effectiveness</i>
<i>Communications</i>



Value for Money

What examples of good practice and positive learning are there from current provision, or from provision you are aware of in other locations?

Strategic Objectives/Planning

What measures do you think the Inter-agency group could take to improve the quality of life for disadvantaged children and young people?

What measures do you think the Inter-agency group could take to achieve greater social inclusion and equality?

What measures do you think the Inter-agency group could take to ensure greater cohesion of services and supports in South Kerry?

What measures do you think the Inter-agency group could take to ensure maximum use of resources?

Is there anything else you would like to contribute that has not been addressed in the interview so far?



Appendix 6 – Young Persons Interview / Focus Group Questionnaire

Inter-agency Group on the Well Being of the Child in South Kerry

Research Project conducted by O'Leary & Associates

Young Persons Interview Guidelines

Questions are for guidance only and should be used to engender a discussion in each of the areas addressed. Use of alternative language appropriate to young people being consulted is recommended.

Existing Services

Give an overview of the services accessed by you in South Kerry? (give prompts under each category if necessary)

☐ *Social and development*

☐ *Education*

☐ *Environment/Play Space*

☐ *Youth Work*



<input type="checkbox"/> <i>Health and Welfare</i>
<input type="checkbox"/> <i>Access to Information</i>
<input type="checkbox"/> <i>Impact of Technology and Media</i>

How are these current services benefiting you?





--

What gaps do you think currently exist in service provision?

What target groups of young people do you think are in need of additional supports?

What are your views on current partnership and collaborative arrangements in service delivery in terms of (give examples and prompts if necessary):
<i>Effectiveness</i>
<i>Communications</i>



Value for Money

What examples of good practice and positive learning are there from current provision, or from provision you are aware of in other locations?

Strategic Objectives/Planning

What measures do you think the Inter-agency group could take to improve the quality of life for disadvantaged children and young people?

What measures do you think the Inter-agency group could take to achieve greater social inclusion and equality?



--

What measures do you think the Inter-agency group could take to ensure greater cohesion of services and supports in South Kerry?

What measures do you think the Inter-agency group could take to ensure maximum use of resources?

Is there anything else you would like to contribute that has not been addressed in the interview so far?





South Kerry
Child Well Being Committee
Research Report
March 2008



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South Kerry Development Partnership
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This document is also available on the
SKDP website at:
www.skdp.net

