



Meeting needs, making changes, improving outcomes



The Childhood
Development Initiative

Annual Report 2011





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Foreword



I have been honoured to lead CDI throughout 2011, not only because of the incredible work being delivered to children and families in Tallaght West by the many organisations with whom we work; nor simply because of the passion and commitment all in CDI have to ensuring services are high quality and needs based; nor indeed because of the learning which will emanate from the forthcoming evaluation reports. It is the people involved in CDI who make me proud to Chair this organisation. The staff team who work so hard, and yet with such humour and warmth; the organisations who deliver CDI services and embraced manualised approaches and rigorous evaluation with such bravery and an open heart; the members of the many governance structures which are so central to the organisation, ensuring procedures are appropriate and implemented and that decisions are made based on knowledge and experience; and most particularly, the CDI Board of Management, who so willingly share their time expertise, support and knowledge.

The leadership of any organisation is challenging at times; balancing the attention between operational issues and strategic planning; ensuring staff are supported whilst procedures are followed through or upheld; working from a strengths base alongside the desire to always improve standards. These dynamics impact on every organisation which is serious about making change, being effective and efficient, and achieving these targets with an eye to appropriate staff management and integrity.

The past year has been a difficult one for the community and voluntary sector; a time of unprecedented change for the public sector, and a period of economic crisis for the nation. A community like Tallaght West, with its history of disadvantage and entrenched social difficulties, is almost inevitably going to be disproportionately affected by this context, and this experience is frequently mirrored by the organisations which serve them.

The Childhood Development Initiative, (CDI) is, in many respects, in a very privileged position, despite the many external factors which can and indeed have, impacted so harshly on our colleagues and those with whom we work. Due to the visionary partnership between the Department of Children and Youth Affairs, and The Atlantic Philanthropies, we are well resourced to carry out the important work of creating a deeper understanding of what works for children and families, and recognise the continued commitment of our funders to maximising the investment which was initially made in 2007. Despite these advantages, CDI experienced considerable challenges during 2011. Maintaining a reduced level of service delivery required negotiation and careful management and whilst many elements of provision were sustained for a further year, others came to an end. Employment contracts ending and services closing are always an extremely difficult process to manage, which is why we rely on shared leadership and organisational support.

All of the people involved with CDI contribute enormously to, and actively lead, the delivery of CDI's strategy, in all kinds of ways, and with all sorts of skills, but always with a shared ambition; to make Tallaght West a wonderful place for children and families. We are all grateful for every moment, every thought, and every shared piece of wisdom, which has informed our work and assisted us to keep focused on our vision.

**Dr Noelle Spring,
Chair,
CDI Board of Management.**

Executive Summary

The CDI Annual Report for 2011 provides a comprehensive outline of the work undertaken, services delivered, actions progressed and issues encountered throughout the year. It also offers clear information regarding the supports which enable the work, including governance structures, funding and staffing. The Report is structured as follows:

Chapter One provides an overview of the wider context within which CDI works, and details the various governance structures, their roles and responsibilities, and the areas progressed within each of these during the year.

Chapter Two details the service delivery component of CDI's work, and for each of the nine areas, the following are considered:

- Service objectives, as outlined in the Strategic Plan, and as noted in the 2011 Business Plan;
- Activities undertaken during the year;
- Issues arising;
- Key learning from programme and service delivery;
- Action plan for the coming year.

As CDI commenced its fourth year of service delivery during 2011, considerable numbers of children and families have now received CDI supported services as demonstrated in the two figures below:

Figure 1: Number of Children and Young People availing of CDI Programmes.

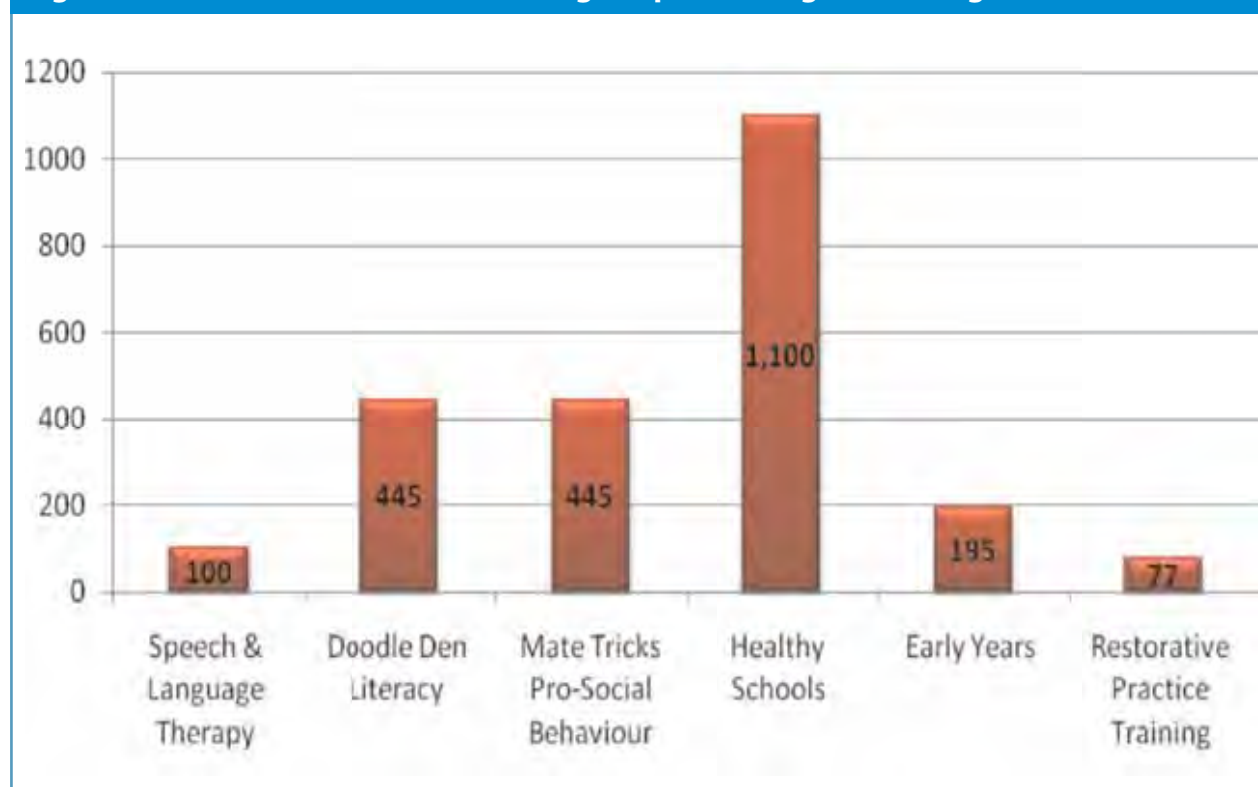
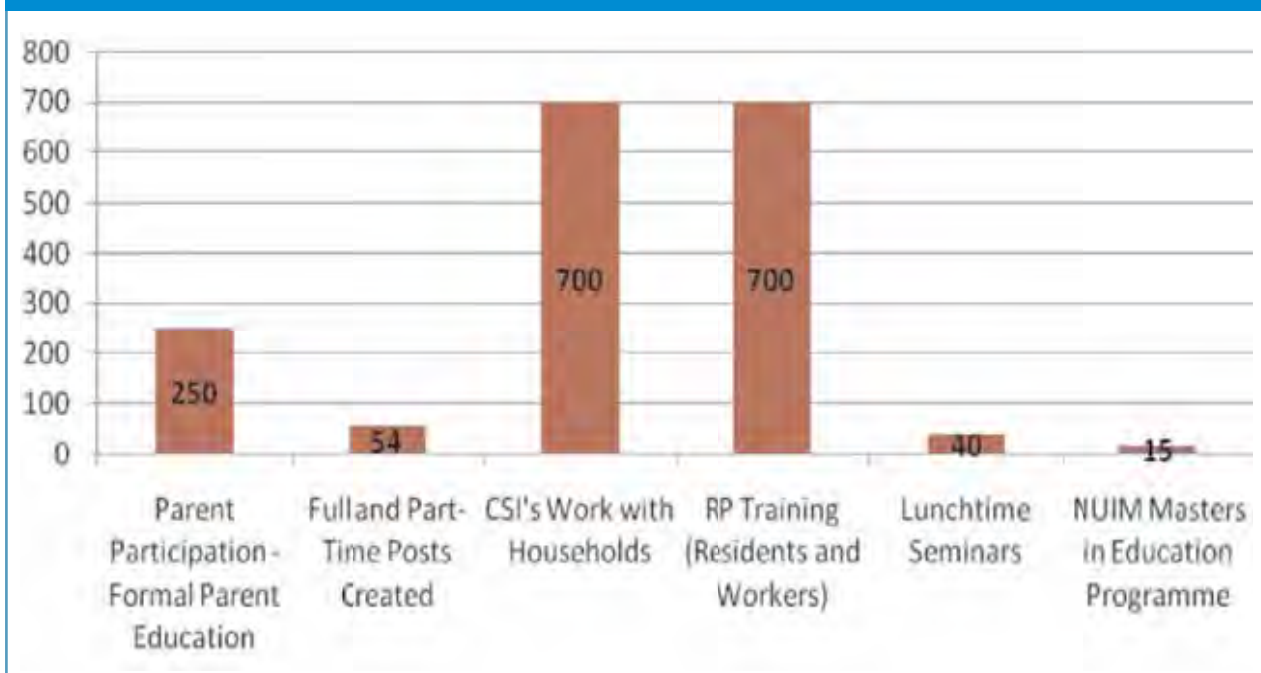


Figure 2: CDI in Numbers

Research and evaluation components of the work are considered in Chapter Three, whilst the evaluation process relating to each service area is also described in Chapter Two. Chapter Three describes overall learning and issues arising from driving an evidence-based approach to delivering services to children, families and communities, and specifically describes two elements of CDI's work, namely the Research, Evaluation, Policy and Practice (REPP) Project and the study published during the year, 'How are our Families?'

Chapter Four details the activities undertaken in relation to communications whilst Chapter Five provides financial detail and the auditor's statement for 2011. Conclusions are drawn in Chapter Six, whilst a range of appendices provide detail in relation to governance structure membership, staffing arrangements and so on.

CHAPTER ONE

Governance

1.1: Overview:

This Chapter details the structures that support CDI's work to ensure appropriate accountability. It also describes the issues considered, processes undertaken and the structural changes which took place during 2011.

CDI: The Wider Context:

The past year has been a memorable one for those working with, and concerned about children and families; a year of tremendous progress and significant difficulty. It was a year which will be remembered for some hugely important developments, alongside the pain of deeply felt retrenchment; a year possibly best characterised by fundamental contradictions, and the impact of the wider economic context.

Like every other sector, children's services experienced the impact of employment embargos and diminishing staff quotas; reducing budgets and growing demand, and the challenge of maintaining morale and motivation whilst managing redundancies and terminating contracts. Alongside this, disadvantaged communities in Tallaght West quickly lost any gains achieved during the Celtic Tiger period, and exhibited the multi-faceted profile of a struggling neighbourhood, with increasing levels of unemployment and dependence on

state support, and perceptions across a number of organisations that families were demonstrating increased incidences and severity of domestic violence and dysfunction.

The past year has been a memorable one for those working with, and concerned about children and families; a year of tremendous progress and significant difficulty.

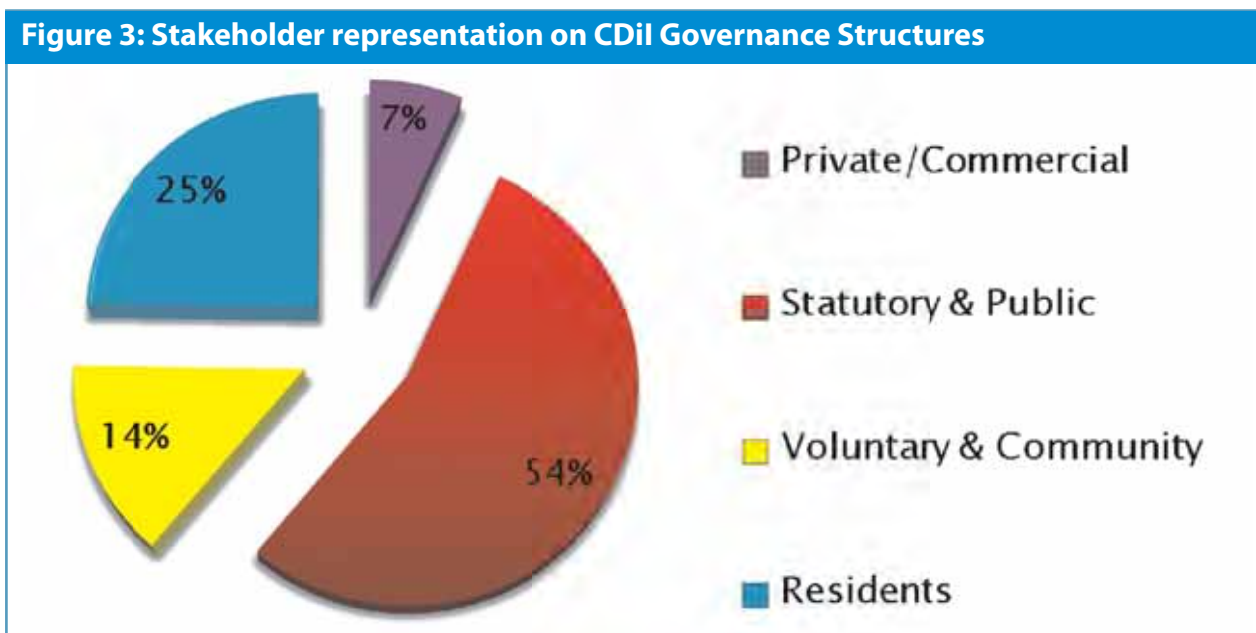
Nationally, the growing awareness of the extent of institutional abuse, and how it was responded to, continued to shock and anger the country. This was a difficult year to work in child protection, or be a member of a religious congregation wanting to effectively serve the community and its children.

Yet there was also positive news for children and families during 2011. The year saw the establishment of the first ever full Ministry for Children and Youth Affairs, providing a new, dedicated Department and a Minister at the Government Cabinet. These are significant developments. Despite the challenging economic environment, the free year for all early years' children continued to be sustained, and Government commitment to this central element of a prevention and early intervention strategy never wavered. Plans were shared regarding a new agency for children, and whilst the focus and function of this structure remain uncertain, the desire to commit energy, resources and expertise to ensure effective structures and service delivery is very welcome. Likewise the announcement that a new strategy for children will be developed, and a referendum on children's right will be held, were seen as important indicators of the value placed on children and those who work with them. The need for evidence informed policy and decision-making became increasingly clearly articulated across a range of Government Departments, and discussions began regarding the learning from CDI and the other Prevention and Early Intervention sites. How any of these developments progress in the coming year remains to be seen, but CDI feels it is well placed to inform these processes, and is cognisant that in the year ahead, we will be in a position to share the learning from our eight independent evaluations.

Whilst 2011 was undoubtedly a challenging year for all publicly funded services, and a difficult time for many children and families, at a policy level it was also a time of innovation and potential, and opportunities which CDI will strive to maximise in the year ahead.

1.2: STRUCTURES:

A number of sub-committees, with specific remits and expertise are now well established, advising and guiding CDI's work, making recommendations to, and supporting the oversight role of the Board. These sub-committees provide a space for close examination and consideration of detail, with expert members to advise and guide recommendations. With a Board member chairing all sub-committees, there is a strong link between the structures, and confidence that scrutiny and support are being utilised appropriately. CDI has applied an integrated approach to the design and make-up of its governance structures with membership consisting of 7% private / commercial, 54% statutory and public, 14% voluntary and community and 25% residents in Tallaght West. A Governance Chart is provided in Appendix 1, whilst membership of each structure is listed in Appendix 2.



1.2.1 CDI Board:

In 2011 the CDI Board continued to be chaired by Dr. Noelle Spring. The Board of Management met eight times during the year, with a strong overall attendance. The main business of the Board centred on supporting the resolution of issues, anticipating and minimising risk, and enabling the organisations' strategic planning process.

In addition to these meetings, the Board participated in training on an Introduction to Basic Statistics in September 2011. The aim of this session was to explain the key concepts of evaluation /intervention studies using a case study approach. A session was also held for the Board and CDI team members focusing on developing and influencing policy, led by Ciairín de Buis from Start Strong.

The effectiveness of the various Sub-Committees positively impacted on the work of the Board during the year, as the Sub-Committees considered specific issues and operational detail and made informed recommendations to the Board. This has worked well and the expertise amongst the various Sub-Committee members has been fundamental to this process. As CDI moves towards a mainstreaming strategy, the Board is cognisant of its role in drawing together a coherent plan and articulating a consistent message. Strengthening and sustaining links, both formally and informally, between the Board, the CDI team, the Implementation Support Group, and other key stakeholders, has been a crucial aspect of the Boards' work. The Board continued its engagement with the Implementation Support Group during the year, with two meetings taking place.

1.2.2 CDI Team:

CDI is committed to ensuring that its staff receives appropriate support, supervision and training, in order that they are able to meet both individual and organisational responsibilities with professionalism, effectiveness and efficiency.

Regular team meetings were held throughout 2011, as a key mechanism to support connections across the various services, ensuring the implementation of our underpinning principles, and sharing learning and insights. Three team development days were held, focusing on sustainability, communication, and planning. Training in presentation skills was also provided.

There were a number of changes to the CDI team in 2011 as follows:

- Claire Barry joined the team in March 2011 as the Finance and Administrative Assistant;
- Sue Mulhall joined the team in June 2011, as the Strategy and Corporate Services Manager and resigned in September 2011;
- Michelle Butler was then recruited in this role and joined the team in November 2011;
- Aileen Murphy, our Quality Specialist, resigned in August 2011, to join Barnardos as their Service Design and Development Facilitator;
- Dr. Tara Murphy, our Research and Evaluation Officer, resigned in December 2011 to join the All Ireland Institute of Hospice and Palliative Care (AIHPC) as their Research Programme Manager;
- Anne-Marie Reid was recruited and joined the CDI team in December 2011 as our Quality Specialist.

CDI identified the need to recruit two research related positions onto the team. The position of Research Intern was advertised in June 2011 and Lynne Cahill was successful in her application for the position joining the team in September 2011. Secondly, due to our leadership of the Research and Evaluation Policy Practice (REPP) project and funding being available from The Atlantic Philanthropies, Dr. Delphine Ancien was recruited as the REPP administrator for a six month period.

A new Management Team structure was put in place in September 2011, and met eleven times with the primary role of ensuring an appropriate interface between operational issues and strategic planning. Membership of this team consists of the CEO, the Programme Support Manager, the Strategy and Corporate Services Manager and the Research and Evaluation Officer.

The terms of reference for this new structure are:

- To share information/updates re: operational developments and issues;
- To drive the implementation of the strategic plan, as documented in CDI's funding proposal;
- To lead CDI's mainstreaming strategy in terms of:
 - Sustaining service provision in Tallaght West;
 - Replicating those services which are proven to be effective;
 - Sharing the learning to inform policy and practice;
- To identify difficulties, blocks and solutions re: implementation of operational activities;
- To liaise with and support CDI's Governance structures re: the dissemination plan and ensure it is appropriately linked to delivery;

- To offer a space for strategic thinking and planning;
- To support engagement with the CDI team and appropriate linkages;
- To support CDI's Governance structures in fulfilling their functions;
- To support the CEO in driving the work of the organisation.

1.2.3 Expert Advisory Committee (EAC):

There were three meetings with the Expert Advisory Committee in 2011, which focused primarily on the content and delivery of interim reports from CDI's eight rigorous evaluations, and CDI held one meeting with all of the evaluation teams in May 2011.

The latter meeting offered both CDI and the evaluation teams a valuable opportunity to reflect on the progress and common challenges arising from the evaluations, in addition to being updated on future targets for the individual reports. The meeting produced interesting discussions around the ethical challenges to archiving qualitative data, sharing the learning arising from the evaluations with key stakeholders, and agreeing the guidelines for interim reports.

The EAC also informed the early development of a dissemination plan for interim and final evaluation reports, which will be fully implemented in 2012. Members of the EAC encouraged CDI to use creative ways of sharing information from the evaluations in order to meaningfully connect with various audiences, including children, young people and parents, for example, exploring visual imaging, blogs, podcasts and social networking sites.

Finally, the EAC provided vital feedback and expert guidance in relation to the content of interim reports.

1.2.4 Executive Sub Committee:

The primary role of the Executive Sub-Committee is to advise and support the CEO in the fulfilment of the Board's financial and legal responsibilities in relation to employees and on other issues as requested by the Board from time to time. The Executive Sub-Committee met nine times during 2011, considering issues such as: applications for study leave and/or requests for further education supports; and finalising agreement regarding recruitment processes. The primary functions of the Executive Sub-committee are:

- To ensure the implementation of good employment practices by regularly reviewing structures, procedures and practices with the CEO;
- To assist the CEO with decision making in relation to personnel issues as they arise and make recommendations to the Board;
- To ensure that decisions in relation to staff employment are made within the parameters of the financial constraints of CDI;
- To regularly report to the Board.

1.2.5 Finance and Risk Sub Committee (FRSC):

This Sub-Committee met four times during 2011 and provided considerable support to CDI, including reviewing the risk register, advising on internal financial practices and procedures, and examining the adequacy of insurance. The Sub-Committee also continued to review the financial statements for CDI and advised on current and future funding and budgeting matters. This Committee deals with financial management and risk assessment and minimisation, and reports to the Board. In particular it undertakes the following:

Finance

- Agrees budget revisions;
- Reviews periodic accounts;
- Reviews the annual audited accounts including Directors Report, etc for presentation to the Board;
- Approves Internal Financial Procedures;
- Reviews summary finance reports from service providers;
- Discusses other financial and compliance matters in relation to the company.

External Audit

- Meets with the External Auditor;
- Discusses the management letter from the External Auditor (following the Annual Audit) and agrees the reply for presentation to the Board.

Corporate Governance

- Monitors progress related to risk management and other areas of corporate governance;
- Supports and offers guidance on adherence to regulations.

1.2.6 Implementation Support Group (ISG):

Throughout 2011, the ISG continued to play a central role in supporting CDI's strategic implementation and shaping its planning process. Collette McLoughlin was nominated by the HSE to chair the ISG in early 2011, replacing Adrian Charles, and Francis Chance from Barnardos was nominated and accepted as the Vice-Chair.

There were five meetings held in 2011 in addition to members of the ISG participating in the Strategic Working Group. During the year, the ISG gave considerable attention to considering the interim findings from evaluation reports, and supporting and advising on the sustainability and consolidation of services. The functions of the ISG are:

- To support the learning, implementation and dissemination of the CDI strategy in order to deliver sustainable responses to identified needs which promote positive outcomes for children and families, and the community;
- To promote the learning, implementation and dissemination of the CDI strategy;
- To provide advice and support to the Board and team of CDI in the development and implementation of the CDI strategy;
- To identify blocks to the implementation of the CDI strategy within individual agencies locally and nationally and propose strategies to address them;

- To ensure a two-way flow of information between CDI and the member organisations in relation to the CDI strategy and service delivery;
- To create a shared vision of service delivery and development, in light of the independent evaluations and the models and understandings which underpin these;
- To maintain an overview of the implementation of the CDI strategy;
- To share the learning from CDI with the Children's Services Committee and have learning from Tallaght West applied across South Dublin County;
- To actively support the work of CDI in promoting integrated service planning and delivery.

1.2.7 Strategic Working Group (SWG):

In 2010 and 2011 CDI developed a Strategic Working Group and their main focus was to:

- Consider the context, the data available, the mindset and priorities of key stakeholders and influencers, and to use these insights to inform the development of a funding proposal;
- Support key members of the CDI team in developing a document which addresses the mainstreaming activities and includes the core components for sustainability;
- Advise on possible funding sources.

'Mainstreaming' refers to the following activities:

- Ensuring the sustainability of those services established by CDI in Tallaght West, which appear to be effectively meeting a need;
- Maximising opportunities through which to influence and shape policy, curriculum development and professional training and support;
- Identifying structures, mechanisms and practice tools which enable the extended delivery of CDI programmes beyond Tallaght West, into other disadvantaged locations which have identified relevant needs.

1.3: ACCOUNTABILITY:

In addition to the internal governance structures as described above, CDI submitted quarterly progress and finance reports to its funders, the Department of Children and Youth Affairs (DCYA), (previously The Office of the Minister for Children and Youth Affairs) and The Atlantic Philanthropies (AP). CDI met with them formally four times during the year, in addition to ongoing informal contact.

CDI also participated in cross site meetings with Young Ballymun and Preparing for Life, the two other Prevention and Early Intervention Programme (PEIP) sites, all three of which are funded through a partnership between the DCYA and AP. Discussions predominantly focused on mainstreaming and providing opportunities for exploring and sharing common developments and learning across sites.

All services commissioned by CDI to either deliver or evaluate programmes, provided quarterly financial and non-financial reports. Progress meetings took place three times with each service provider during the year.

CDI continued to submit reports to the National Children's Services Implementation Group (NCSIG), which oversees the Children's Services Committee (CSC) and is responsible for the implementation of the National Children's Strategy.

1.4: INTER AGENCY COLLABORATION:

Enhancing inter-agency collaboration remains a tangible and central element of all that CDI does, and this is progressed through both formal and informal methods, including:

- Participating in external structures, thus reciprocating the support so readily received from others. This includes the Services Committee of the County Childcare Committee, the local Community Policing Forum, chaired by South Dublin County Council and the RAPID Area Implementation Team; 'Achieving Through Partnership' (an inter-agency group for psychologists), and the 'Integrated Service for Youth Mental Health';
- Delivering services through a partnership with local providers, requiring effective engagement with schools and the HSE, whilst Doodle Den specifically necessitates the development of inter-disciplinary co-facilitation;
- Demonstrating through the CDI Speech and Language model a focused approach to inter-agency collaboration, which necessitates positive working relationships and agreed protocols between schools, the HSE, the parents and therapists supported by CDI, with employment being channelled through An Cosán.

CDI particularly appreciates the opportunity to actively participate in South Dublin's Children's Services Committee, as this structure has provided a valuable opportunity for sharing information, collaborative development and innovation, and a growing common understanding of needs, current provision and service demands. In addition to participation at Committee level, CDI is also represented on the following Sub-Committees:

- Data and Planning;
- Education;
- Participation;
- Safe and Secure.

1.5: CONCLUSION:

Overall, 2011 was a productive year for CDI, with effective governance and financial procedures and structures in place.

The majority of targets as set out in the 2011 Action Plan were achieved.

There were some issues arising such as:-

- Managing a strategic process, based on evidence and identified need, in the absence of outcome findings from the independent evaluations;
- Balancing attention to the needs of the local community, and CDI's commitment to it, alongside the remit to inform and influence national policy and practice;
- Sustaining elements of the work, whilst some posts and services ended;
- Accessing key decision-makers is going to be increasingly important to CDI, particularly as our insights deepen and our understanding of 'What Works' increases. This is a challenging task, and is likely to become even more so as demands grow and resources retract;
- The forthcoming year will inevitably be demanding, necessitating considerable time, energy and resources devoted to maintaining levels of expertise, positive working relationships, and staff motivation during what will be a period of uncertainty, as we come to the end of our fourth year of implementation.

The key learning for CDI in 2011 was that:-

- Clear governance structures and procedures can significantly support the organisation to consider complex issues;
- The Board has been able to focus more attention on strategic matters due to the efficient and effective operation of the Sub-Committees, and having the appropriate expertise to deal with, and make recommendations regarding specific operational elements;
- Nevertheless, the demands on members must be carefully managed.

Actions 2012:

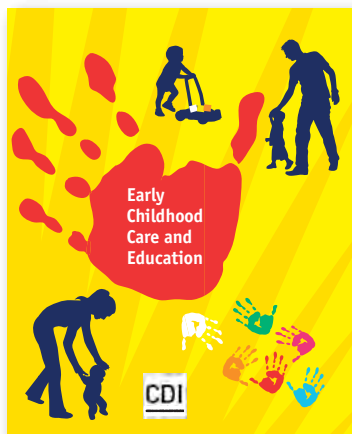
- Ensure Effective Governance and adherence to Regulations;
- Ensure Effective Financial Management and adherence to Regulations and Funding Criteria;
- Continue and progress negotiations regarding the sustainability of these elements of CDI's work proven to be effective in improving outcomes for children and families.

CHAPTER TWO

Service Delivery

2.1: STRATEGY IMPLEMENTATION:

During 2011, the team gained increasing skills in relation to the supports that enable quality delivery of evidence-based programmes and a clarity of understanding regarding the role of reflective practice. The benefits of delivering high quality services as intended grew over time, and with it came heightened confidence in relation to those processes that facilitate this approach. Engaging service providers in developing check lists, presenting our experience at seminars developing the use of Communities of Practice, and introducing video technology were all extremely positive developments.



2.2: CDI'S EARLY YEARS PROGRAMME:

2.2.1 Introduction:

2011 was a year for continued early years programme development and service delivery, as well as change in how some services operated. The first quarter of the year was spent planning for those services (Cohort Two) whose contract with the CDI Early Years programme came to an end in August 2011.

Two early years services closed during this period, due to an inability to identify adequate resources, despite significant efforts by a range of stakeholders. This has inevitably had an impact on the communities which they were supporting. CDI was in a position to support the Parent-Carer facilitator (PCF) role, in one of these services, and so an out-reach service to the community continues to be provided.

However, as with 2010, CDI was in a position to continue providing some support to the Early Years Services with whom there has been such close engagement for three years, through the Speech and Language Therapy service and the Parent/Carer Facilitator (PCF) role for Cohort One and Cohort Two services. A small budget was also provided for Continuous Professional Development (CPD) to support services and staff through non-contact time (for planning and reflective practice purposes) and attendance at training.

While this ongoing support was met with a positive response, services also experienced a time of uncertainty and disappointment that the programme could not continue in the same way and that significant supports were not being continued. Over the two years of involvement with the CDI early years programme, services recognised the positive impact that this model provided through its subsidisation of the parent contribution, higher child/staff ratios, staff training, the PCF role and on-site speech and language therapy (SLT) service, as well as structured assistance provided through regular Communities of Practice (COP's) meetings and other supports.

As with other elements of the programme, participation in the evaluation has become an integral element of service planning, and the final round of assessments took place in the summer.



The roll out of Síolta, the National Quality Framework, continued throughout 2011 (see section 2.10 Quality Enhancement Programme for further information). In addition, the early year's services continued to utilise the Government's Free Pre-School year scheme, and the Childcare Subvention Scheme.

2.2.2 Objectives:

The following objectives are taken from CDI's Strategy:

- Children have heightened readiness for transition to school;
- Children's health problems are reduced at an early age;
- Children's participation in school is strengthened;
- Year-on-year improvements in children's social, emotional and cognitive skills;
- Children feel safe in, and happy to belong to, their community;
- New services are developed to support children and their families;
- Improved integration of education, social care and health provision.

The following objectives for 2011 were agreed and completed during the year:

- Support services in the implementation of their contract with CDI from September 2010;
- Support PCFs with the implementation of their programme;
- Identify and meet training needs as appropriate;
- Plan for completion of contracts in August 2011;
- Support services in the delivery of the CDI Early Years programme/manual;
- Support services in applying High/Scope to their room and curriculum;
- Establish High/Scope cluster groups to support deeper learning/understanding of High/Scope;
- Link services in with SDCCC to establish parent and toddler groups, where possible;
- Barriers to parental involvement are identified and addressed;
- Support services to engage parents, through sitting in on sessions, volunteering in the service, supporting the delivery of/delivering the Parents Plus Community Course (PPCC);
- Support PCFs/Managers to engage parents to attend the Parents Plus Community Course;
- Six weekly CoPs and PCF CoPs;
- Six weekly Managers' meetings;
- Support PCFs to gain Parents Plus Community Course (PPCC) accreditation;
- Develop plans regarding Training of Trainers/capacity building for the PPCC;
- Support early years providers to access the Child Care Network run by the County Childcare Committee;
- Staff to undergo SLT training and support;
- Staff to attend at least two practice related workshops/seminars.

2.2.3 Activities:

Service delivery:

For Cohort Two services, the programme was delivered as intended with staff now demonstrating high levels of engagement with, and knowledge of the manual. Children continued to receive the 1:5 adult: child ratio; HighScope curriculum; and home visits. Summer programmes were planned with the children and parents, and trips to the zoo, parks and other child friendly places were enjoyed by families. Some services held activities within the centre, which provided a good opportunity for families to share cultures and customs. Parents welcomed the home visits which allowed for sharing of information between the service and home, and vice versa. The Parents Plus Community Course was delivered to parents attending all eight services.

As July approached, services were beginning to wind down, and plan for the September enrolments. As with the previous year, services adapted their delivery following the conclusion of funding from CDI. While this was met with disappointment, services felt that they were better placed to implement the enhancements to their practice, even with a reduced staffing level. As noted above, CDI was in a position to continue funding the PCF role, speech and language service and provide a budget towards continuous professional development.

HighScope booster sessions were held during the year, which provided support to services in its implementation. It also supported services to continue implementing the HighScope approach given that their service was no longer in the CDI programme.

Meetings were held with John Sharry from PPCC, in relation to a Train the Trainer programme. Following detailed discussions, it was decided not to proceed with this, as CDI were not in a position to provide the support and supervision required. However, ongoing supervision sessions and support with PPCC

facilitators and John were held in 2011. Two Parent/Carer Facilitators (PCF) gained accreditation in PPCC, with the remaining PCFs working towards submitting their portfolios for accreditation.



Children dressing up in a CDI supported Early Years setting

Evaluation:

The evaluation of the programme was concluded by Dublin Institute of Technology (DIT) in the summer, with the final round of assessments taking place with children, parents, carers and staff. Without the support of all the participating children and families, the evaluation of the programme would have been impossible and this is greatly appreciated. Findings from the evaluation are due to CDI by the end of 2011. Following a review, the findings will be disseminated to wider audiences in 2012.

2.2.4 Issues Arising:

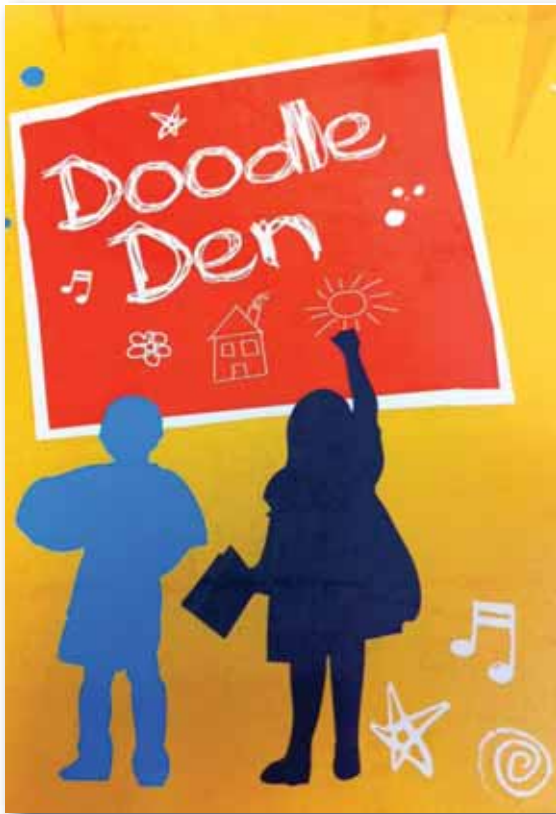
- Due to funding restraints, two early years' services had to discontinue service delivery. This was a very difficult time for the community and service alike. The level of professionalism and commitment shown by all involved, to make what was a very difficult time, as smooth a process as possible, is commendable;
- Supporting services post-CDI funding, taking account of the economic downturn and the possible impact of reduced subvention funding, requires careful consideration, as the ability to sustain engagement in and commitment to planning and reflective processes is severely reduced.

2.2.5 Key Learning:

- Services need to give due consideration to which funding stream to apply for, and the potential impact it may have on sustainability;
- There has been an increase in the number of families with additional needs;
- The importance of linking in with and collaboration between early years services and external agencies in order to improve referral processes and uptake of supports.

2.2.6 Action Plan:

- Continue support with PCF's;
- Meet with managers twice a term;
- Facilitate Communities of Practice and booster training sessions twice per term;
- Disseminate the learning from the CDI Early Year's Service evaluation;
- Plan for and hold meetings with relevant decision-makers regarding mainstreaming of elements of service delivery.



2.3: DOODLE DEN LITERACY PROGRAMME:

2.3.1 Introduction:

2011 marked the completion of the third year of service delivery for the Doodle Den afterschool literacy support programme and the commencement of a fourth year. Doodle Den aims to improve children's overall literacy skills through an active and fun curriculum delivered in a literacy rich environment. The programme targets children between the ages of five and six years, who are in senior infant class. Doodle Den continued to offer family and parent sessions in 2011 as part of the curriculum. These sessions aim to strengthen programme delivery to the families involved. This approach acknowledges the importance of parental involvement and has acted as a means through which parents can build positive relationships with education providers. The fourth year of Doodle Den service delivery began in September 2011, with a total of 105 children accessing places through the two commissioned services, An Cosan and Citywise Education.

2.3.2 Objectives:

The following objectives are taken from CDI's Strategy:

- Improvements in children's regular school attendance;
- Strengthened children's literacy skills;
- Improvements in children's broader engagement in learning outside the school through enhanced literacy, increased confidence and an improved home environment related to literacy;
- Enhanced relationships between the child and their family and peers, for example, through increasing parent/ carers involvement in supporting their child's literacy development and augmenting family use of library services.

The following objectives for 2011 were agreed and completed during the year:

- Hold review meetings with class teachers and principals each term, including the delivery of an awareness module on Doodle Den;
- Majority of families to attend three family sessions;
- Identify training needs for facilitators and respond appropriately;
- Training for Service Managers on key components of service delivery including creating the Doodle Den Learning environment;
- Monthly COP to take place at least eight times annually for Cohort Three;
- Monitor parental engagement - clarity regarding purpose, improving skills;

- Monthly meeting with managers;
- Introduce measures to promote greater inclusivity;
- Enhance inter-disciplinary working through opportunities to demonstrate strengths and skills;
- Monitor linkages to other services and promote appropriate referrals;
- Support consistent use of reflective tools to support quality and fidelity;
- Training of Trainers to be delivered January to June;
- Doodle Den initial training to be delivered to potential providers of Doodle Den;
- Identify Second Cohort of Trainee Trainers for Doodle Den;
- Add sections to the manual on differentiating, assessment for learning and cultural sensitivity;
- Identify referral process and targeting for Doodle Den post Randomised Control Trial;
- Review outcome data for full cohort (1, 2 & 3);
- Agree final evaluation report.

Cohort Three:

The following objectives were identified and progressed:

- 34 weeks of child component (102 sessions) to be delivered to all Cohort Three;
- Potential for attrition to be minimised for Cohort Three i.e. maintain current numbers;
- Six parent sessions to be delivered to Cohort Three, with majority of parents attending;
- Three Family sessions to be delivered to Cohort Three, with the majority of families attending;
- Five hours of booster Doodle Den training provided to facilitators by a literacy expert to support delivery of programme to Cohort Three;
- At least one child and parent session to be observed on each site by CDI team member and Literacy Expert for Cohort Three.

2.3.3 Activities:

Children and families participating in Doodle Den:

A total of 105 children and their parents were offered places on the Doodle Den Programme for commencement in September 2011. Programme delivery commenced for the children that month, parent sessions have been held in all sites, and a Doodle Den Family Christmas Party was held in Citywise on the 13th of December 2011.

Train the Trainers Course:

A recruitment process resulted in the selection of three Doodle Den Trainers. The facilitators completed training and are due to complete the accreditation process in 2012.

Support and Capacity Building:

Monthly Communities of Practice and managers' meetings took place to support programme implementation and sustain quality. Reflective practice was a key component of continued professional development, and this was achieved through the COPs as well as the site visits. These monthly meetings also gave the facilitators a space to learn from each other and to ensure that fidelity to the manual was maintained. Techniques such as group discussion, demonstrations and video recording were implemented in the Communities of Practice in 2011.

Evaluation:

In late 2011, CDI began to receive draft reports from the evaluation team. The first draft of the Doodle Den Evaluation Report was presented by the research team from Queens University in Belfast to a Reflection Group in December 2011, (see Section 3). This process brought together the various stakeholders with an interest in Doodle Den to discuss the findings and their experiences of the programme. This process generated rich discussion and proved to be an important one in the evaluation process. Work to finalise the report has continued and it is envisaged that this will be completed in early 2012.

2.3.4 Issues Arising:

- Supporting services post-CDI funding, taking account of the economic downturn;
- Supporting services/maintaining motivation to continue delivery with reduced programme costs;
- Agreeing appropriate monitoring and quality assurance processes which support fidelity but are not over burdensome for practitioners.

2.3.5 Key Learning:

- The Doodle Den facilitators have strived to provide the children and families with a high quality after-school programme. As 2011 saw the third year of programme delivery, the facilitator's confidence has been further developed and the skills that they have in delivering literacy programmes to five and a half year olds have also been refined;
- Monthly managers' meetings have proved to be an important mechanism in reinforcing programme fidelity and ensuring the quality of delivery to the children and families involved with Doodle Den;

- The third year of service provision benefitted greatly from the increased awareness of the Doodle Den programme within the community. The process of engaging parents was helped by this and attendance at both parent and family sessions was quite good on average;
- Regular meetings were held throughout the year with the schools involved in order to share information-address any issues arising and raise awareness re: Doodle Den. Anecdotal evidence from the principals, teachers, parents and facilitators was very positive;
- Gains were mentioned in the children's overall literacy but also in terms of the children's confidence within the classroom setting.

2.3.6 Action Plan:

- Complete the train the trainer process to support the long-term sustainability of the programme;
- Finalise and disseminate the Doodle Den Evaluation Report;
- Identify sites for replication and begin the process to support this.

2.4: MATE-TRICKS PROGRAMME:

2.4.1 Introduction:

The third year of service delivery of the Mate-Tricks programme ended and the fourth year began in 2011. This after-school programme aims to enable children between the ages of nine and 10 years to develop their pro-social behaviour skills. The children are introduced to a wide range of activities that encourage them to build their self awareness and awareness of others as well as understand different emotions. The children are also given the opportunity to practice group skills. All of this is done through a fun, activity based curriculum. As with all CDI programmes, Mate-Tricks also includes parent and family sessions which are held at regular intervals throughout the year.



The Mate-Tricks programme combines elements of two evidence-based pro-programmes that were identified as best meeting the needs of the intended target group. These programmes are the Strengthening Families Programme (SFP) by Dr Karol Kumpfer and Dr John Lochman's Coping Power. The Mate-Tricks manual, which was finalised in 2010, gave continued structure to service delivery in 2011 and was hugely beneficial for the facilitators. It details the curriculum and session structures in a concise manner. Having the manual in place assisted the bedding down process for the facilitators whose understanding and skills in delivering the Mate-Tricks programme continued to grow.

2.4.2 Objectives:

The following objectives are taken from CDI's Strategy:

- Improved social skills amongst participating children;
- Improved skills in and enjoyment of parenting;
- Enhanced parent-child relationships;
- Reduced bullying in the schools;
- Enhanced relationships between the child and his/her family and peers, for example through enabling parents to have an improved understanding of social skills and their importance.

The following objectives for 2011 were agreed and completed during the year:

- 29 weeks of child component to be delivered to Cohort Three;
- Potential for attrition to be minimised i.e. maintain current numbers;
- Hold review meetings with class teachers and principals each term;
- Ensure the inclusion of children with special needs;
- Six parent sessions to be delivered to Cohort Three, with the majority of parents attending;
- Three family sessions to be delivered to Cohort Three, with the majority of families attending;
- Complete Training of Trainers in the Coping Power Programme by April 2011;
- Complete Training of Trainers in the Strengthening Families Programme by April 2011;
- Parental engagement supports to be provided;
- Monthly Communities of Practice to take place at least eight times annually for Cohort Three and Four;
- At least one child and parent session to be observed on each site by CDI team for Cohort Three;
- Support consistent use of reflective tool to monitor quality and fidelity and support regular use;
- Identify Second Cohort of Trainee Trainers for Mate-Tricks;
- Initial training to be delivered to potential providers of Mate-Tricks;
- Agree referral process for Mate-Tricks post Randomised Control Trial;
- Adapt the manual based on evaluation and emerging issues;
- Review outcome data for full cohort (1, 2 & 3);
- Agree final report.

2.4.3 Activities:

- Monthly Communities of Practice continued throughout 2011 and acted as a forum for allowing facilitators to share reflections from their work, develop skills and enhance the quality of service provided to the children and families accessing the Mate-Tricks programme;
- Monthly managers' meetings offered a space to compliment this reflective process and ensure fidelity to the programme;

- Meetings were also held with school principals at regular intervals throughout the year;
- A total of 105 children and their parents were offered places on the Mate-Tricks Programme in September 2011;
- The Training of Trainers programme commenced with three Mate-Tricks facilitators. This required a number of negotiations including agreement on minimum criteria, content and accreditation processes for Coping Power and SFP;
- Submission of film footage to Coping Power for viewing and feedback;
- First drafts of the Mate-Tricks evaluation report received in late 2011. A process of review and meetings with the research team from QUB in conjunction with the EAC began in December 2011.

2.4.4 Issues Arising:

- Supporting services post-CDI funding, taking account of the economic downturn;
- Change in CDI staff, as Aileen Murphy left her post as Quality Specialist in September 2011, and was replaced by Anne-Marie Reid in December;
- Ensuring quality service levels were maintained.

2.4.5 Key Learning:

- Reflective practice was a key component of continued professional development, and this was achieved through monthly COPs;
- The monthly meetings also gave the facilitators a space to learn from each other and to ensure that fidelity to the manual was maintained;
- Techniques such as group discussion, demonstrations and video recording were implemented in the COP's during 2011;
- Monthly managers meetings with the two commissioned services proved to be an important mechanism in reinforcing programme fidelity and ensuring the quality of delivery to the children and families involved with Mate Tricks;
- Regular meetings were held throughout the year with the schools involved and all anecdotal evidence from the principals, teachers, parents, facilitators and children was very positive.

2.4.6 Action Plan:

- Delivery of the Mate-Tricks programme to Cohort Four (2011-2012);
- Continue to support providers through monthly Community of Practice forums and managers' meetings;
- Finalise and disseminate the Mate-Tricks Evaluation Report;
- Continue work on licencing of the Mate-Tricks Programme;
- Identify sites for replication;
- Complete the Train the Trainer process.

2.5 HEALTHY SCHOOLS PROGRAMME:

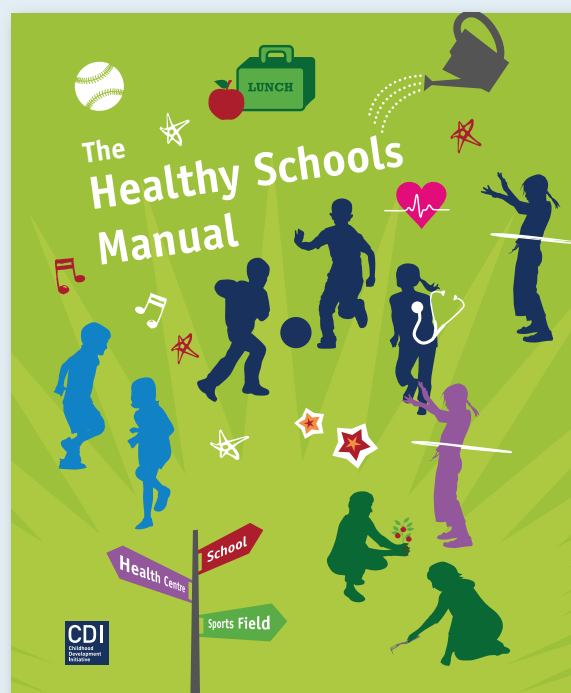
2.5.1 Introduction:

The Healthy Schools Programme (HSP) operates in five primary schools in Tallaght West. The overall aim of the HSP is to improve health outcomes for children and families by developing a whole school approach to health and health promotion within schools. The Healthy Schools Programme also aims to strengthen links with the community and improve access to local health services. It identifies where improvements in current referral pathways can be made and aims to support seamless access to and improved uptake of services, thus ensuring appropriate and effective engagement with services.

The implementation of the HSP has been supported through two Healthy Schools Coordinators (HSCs), located on-site in the two school campuses. In 2011 this support was reduced to one HSC, working across the five schools, as part of the CDI transition plan from September 2011 to August 2012.

An important part of the programme is working collaboratively within schools, with existing school-based programmes, including the School Completion Programme and the Home School Community Liaison scheme, along with building relationships with key agencies and services such as the HSE, South Dublin County Council and local sporting organisations.

The inter-agency Steering Committee oversees the development and implementation of the programme.



2.5.2 Objectives:

The following objectives are taken from CDI's Strategy:

- Children demonstrate age appropriate physical development;
- Children have access to basic health care;
- Children are aware of basic safety, fitness and health care needs;
- Children are physically fit;
- Children eat healthily;
- Children feel good about themselves;
- Parents take an active interest in their children's health.

The following objectives for 2011 were agreed and completed during the year:

- Developing an Action Plan for the academic year commencing September 2011;
- Principals, Steering Committee and CDI supporting the implementation of the Action Plan;
- Healthy Schools Coordinators are seen as part of the school team;

- Progressing activities laid down in the manual;
- Steering Committee meetings once a term to review Action Plan;
- Developing a number of specific programmes with the FAI, GAA etc;
- Supporting the HSCs and schools in the development of gardening/nature projects;
- Supporting HSCs in engaging parents to be part of planning and implementation of programme actions;
- Supporting HSCs and schools in making referrals to appropriate services;
- Planning for the reduction of the HSP contract in August 2011;
- Developing appropriate governance to include line management, supervision and oversight of the programme delivery and finance;
- Continuing to ensure interagency co-operation in the delivery of the programme;
- Ensuring learning from this process is identified and discussed with relevant stakeholders and appropriate actions agreed;
- Meeting with relevant stakeholders/agencies to plan mainstreaming of the programme or elements of it;
- Extracting and documenting the processes and principles which support the inter-agency collaboration;
- Establishing an Advisory Group to support the Masters in Education Programme;
- Maximising the potential benefits from the social action research projects.

Most of the targets for the HSP as outlined in the 2011 business plan have been achieved with some requiring additional work in 2012 in relation to:

- Finalising the HSP evaluation and agreeing mechanisms for the sharing of learning;
- Meeting with relevant stakeholders to consider/plan mainstreaming options for the programme or elements of it;
- Extracting and documenting the processes that support inter-agency collaboration.

2.5.3 Activities:

2011 was a busy year for the HSP and one which involved change and challenges as well as building on the successes of many of the programme activities, both in school and after school, together with further developments and a move towards a more strategic focus to the work.

CDI continued to closely support the Coordinators in their role, which together with regular one-to-one meetings with the five Principals has supported the integration of the programme within the schools.

An important part of the work during 2011 was reviewing, negotiating and planning with the Steering Committee for the final phase of the programme. This involved planning the completion of the programme in its original format in June 2011 and developing a reshaped programme plan, on a reduced budget, for the new school year from September 2011 to June 2012. This process worked well, although the programme had to lose one of its Coordinators, Abbie Carrick, and the new plan was developed based on a thematic approach across the five schools supported by one HSC.

Primary school in Knockmore enjoying vegetable planting, 2011



The HSP programme of activities continued up to August 2011 and these included a wide range of activities with a focus on health, nutrition, fitness and well being including:

- Activities with children in school and after-school including physical activities such as cardio kids, yoga, basketball and Easter / summer camps. In-school programmes included the Health and Hygiene programme for 5th and 6th class;
- Programmes for parents including healthy breakfast information sessions, smoking cessation programmes facilitated through the HSE health promotion service and a personal development programme called 'time out for me';
- Activities with both parents and children including healthy breakfast for parents with their children on the healthy school open day;
- Whole school activities, such as the Healthy Schools' Open Day held on Knockmore campus in June 2011;
- Working with and supporting schools with referral processes;
- Collaboration with external stakeholders.

Inter-Agency Collaboration:

Strong relationships and links have been developed with the HSE, especially with the local Primary Care Team, Health Promotion Unit, Social Work/Community Team and the Community Dietician Service and these links have been enhanced and strengthened during 2011.

An ongoing focus of the HSP has been on improving access to primary care services and identifying and addressing any difficulties with referral processes. The HSCs played an important role in building links and relationships between services and the schools and in supporting the work of the care teams within the schools. The Healthy Schools' Open Days have also helped to create a greater awareness among parents of the wide range of health and social services available in the area.

Masters in Education:

In 2010 CDI developed a dedicated two year taught Masters of Arts (MA) in Education Programme in collaboration with the Education Department of National University of Ireland at Maynooth (NUIM), as part of the Healthy Schools Programme. The MA programme began in February 2011 and is delivered on an outreach basis in the CDI premises with 15 participants, all of whom work in Tallaght West, including primary and secondary school teachers, youth workers and a CDI staff member.

As part of the Masters' Programme, participants will carry out original research and write an action research thesis, in addition to other assignments. The aim of the Masters is to enhance participants' ability to be reflective about their own practice, to deepen their critical and analytical thinking about the causes of educational disadvantage and inequality and to develop innovative, creative and strategic responses to these problems.

An Advisory Group was established in September 2011, to support the development and implementation of the MA, which includes:

MA Advisory Group:

- Dr Rose Malone, NUI Maynooth;
- Dr Aidan Mulkeen, NUI Maynooth;
- Chris Meehan, Primary School Principal;
- Eithne Coyne, Secondary School Principal;
- Deborah Brock, Dodder Valley Partnership;
- Caroline Peppard, HSE Health Promotion;
- Fiona Ryan, Masters programme student representative;
- Marian Quinn and Marguerite Hanratty, CDI.

Evaluation:

The evaluation of the Healthy Schools Programme was completed in 2011. Key stakeholders were invited to a reflection group meeting in December 2011 where the HSP evaluation findings were presented. The final evaluation report will be completed in 2012 and will then be disseminated to a wider audience. The schools, parents and children were central to the evaluation process and their support and co-operation was greatly appreciated.

Governance:

The HSP Steering Committee met four times over the year, and has been a support to implementing and delivering the programme in the schools. There was some turnover of members on the Steering Committee, with two Principals returning from leave, one retiring, and the addition of new members. Members of the Steering Committee are noted in Appendix 2.

2.5.4 Issues Arising:

- Developing a programme within a school context requires a good understanding of school systems and planning processes within schools and is an ongoing challenge in developing the HSP programme;
- Negotiating change and moving to a transition phase which involved losing one of the HSCs and shifting the focus from individual school action plans to an HSP action plan across the five schools based on key themes was challenging but worked well.

2.5.5 Key Learning:

- Understanding and implementing a 'whole school approach' requires careful planning, management and consultation;
- A programme such as HSP, which is process driven, takes time to develop and implement and requires a strong focus on relationship building with the key stakeholders;
- Establishing an Advisory Group to support the Masters in Education Programme provides a useful forum for discussion and learning and for identifying opportunities to link the learning from the MA back to local agencies and the community.

2.5.6 Action Plan:

- Negotiate and agree an Action Plan for January-August 2012;
- Steering Committee and CDI to support the implementation of the Action Plan;
- Co-ordinate and support the HSP Steering Committee;
- Ensure effective management, governance and supervision;
- Finalise the HSP evaluation and disseminate the learning;
- Provide individual findings to the five schools, extracting from the overall HSP evaluation.

2.6: SPEECH & LANGUAGE THERAPY:

2.6.1 Introduction:

The speech and language therapy (SLT) service continued in all eight early years' services, and in the three primary schools and one early start service throughout 2011. Staff received training and support from both therapists. The CDI SLT model of service delivery was presented at the Irish Association of Speech and Language Therapists (IASLT) conference. This was a good opportunity to explain the service model and indeed to highlight the benefits of the service for both children/families and SLT services. An article was also submitted to the HSE Health Matters magazine, for publication in early 2012.

Due to our Senior SLT, Jennifer Grundulis, going on maternity leave, Claire Crowley was recruited to cover this period.

2.6.2 Objectives:

The following objectives are taken from CDI's Strategy:

- That children receiving CDI's early intervention SLT therapy move to the HSE SLT in a well managed way;
- Plan for and liaise with relevant personnel in the establishment of a dedicated SLT evaluation;
- Support the delivery of Speech and Language Therapy service in schools and Early Start;
- Provide SLT training workshops for teaching staff and Special Needs Assistants (SNA's).

2.6.3 Activities:

The Speech and Language Therapy service provides an on-site SLT service, which has proved very successful, providing early intervention by way of assessment and therapy within early year's services, three primary schools and one early start service. This SLT model also provides training for early year's practitioners, teachers and parents. The provision of parent education supports families to understand and develop their child's speech and language development. Whilst training of early year's practitioners and teachers enables and equips them to understand early language development, detect issues, make appropriate referrals, and in turn, support and develop language development.

CDI Speech Carnival

In February, July and October of this year organised a Speech and Language Therapy Carnival. This year's carnivals grew larger with the support of Michelle Quinn, the second SLT, and with the help of many Trinity College Speech and Language Therapy students and local preschool volunteers. The Carnivals were created as a method of supporting children's language and speech development through fun, animated and engaging carnival-style games.

At the Carnivals each parent was given a "parent pack" of ideas and ways to continue building speech and language skills within the home. Carnival games included a duck pond that encouraged speech sound learning, a find the ball under the cup game that targeted pronouns (he/she, etc), velcro archery to practice listening skills and a 'pin the tail on the donkey' game that targeted categorisation skills.

Reading Week

In March of 2011, the CDI SLTs marked World Book Day by hosting their own book day. The aim of this activity was to support parents and children reading together. Parents within preschools were encouraged to read with their children every day for a week. Talks were given to parents to discuss how to read to their child, choosing the right books, etc. There was a really good uptake of this activity, and certificates were given to those who participated.



Children and families learning and having fun at a Speech Carnival.

Evaluation

There is a lot of interest in this model of delivery and given the breadth of the service, CDI decided to undertake a specific evaluation of the service. Dublin Institute of Technology (DIT) were awarded the contract to evaluate the service, and began this process in May 2011. A lot of work and effort was made, especially on the part of the SLT's in both the CDI service and the HSE, to ensure all data required was collected.

2.6.4 Issues Arising:

- The main concern for the SLT service is the continuation of the delivery in its current model;
- While the service was due to cease in 2011, CDI have been very fortunate to continue funding for another year.

2.6.5 Key Learning:

- Onsite delivery results in better attendance at the service;
- Parents report that they find it less stigmatising than going to a hospital/clinic;
- Practitioners and teachers really value having easy access to a therapist to seek support/advice;
- The early intervention is supporting a better transition to primary school;
- Parents and staff feel more confident in how to best support child's language development.

2.6.6 Action Plan:

- Support SLT in delivery of the service and provide staff training where necessary;
- Explore the key learning from the evaluation;
- Devise a proposal, based on the findings, to present to the HSE and Government Departments with a view of sustaining and replicating the model;
- Hold regional and national meetings to discuss the model of delivery;
- In the event of the service finishing in the autumn of 2012, plan the transfer of children to the HSE.

2.7: COMMUNITY SAFETY INITIATIVE:

2.7.1 Introduction:

The Community Safety Initiative (CSI), is currently working in four areas: Jobstown, Fettercairn, Killinarden and Brookview. The purpose is to change perceptions of safety in the area through improved relationships, communication and collaboration between residents and service providers, in particular.

A number of community events were held on the four pilot sites as a key mechanism to achieve this objective, alongside training, structural supports and engagement at a number of levels.



The Community Safety Initiative (CSI) is led by two part-time Community Engagement Coordinators, Joyce Cahill and Claire Casey, with the additional assignment during 2011 of three Revitalising Areas by Planning, Investment and Development (RAPID) Co-ordinators by the local authority on a part time basis to work on the CSI.

2.7.2 Objectives:

The overall outcomes that our Community Safety Initiative aims to achieve are:

- Improved sense of safety and pro-social behaviour across Tallaght West;
- Improved community awareness and participation in local activities and services;
- Wide community engagement in maintaining a safe environment and;
- The introduction of restorative practice on pilot sites and in the wider community.

The following objectives for 2011 were agreed and completed during the year:

- Induction and support of three RAPID Coordinators assigned to work part-time on the CSI;
- Having four pilot sites (in Fettercairn, Jobstown, Brookfield and Killinarden) actively engaged in the work of the CSI;
- Promoting and developing the 'Good Behaviour Awards' for children in Tallaght West;
- Building relationships between the community and service providers through the organisation of local events;
- Introduction of restorative practice with the aim of making Tallaght West a restorative community.

2.7.3 Activities:

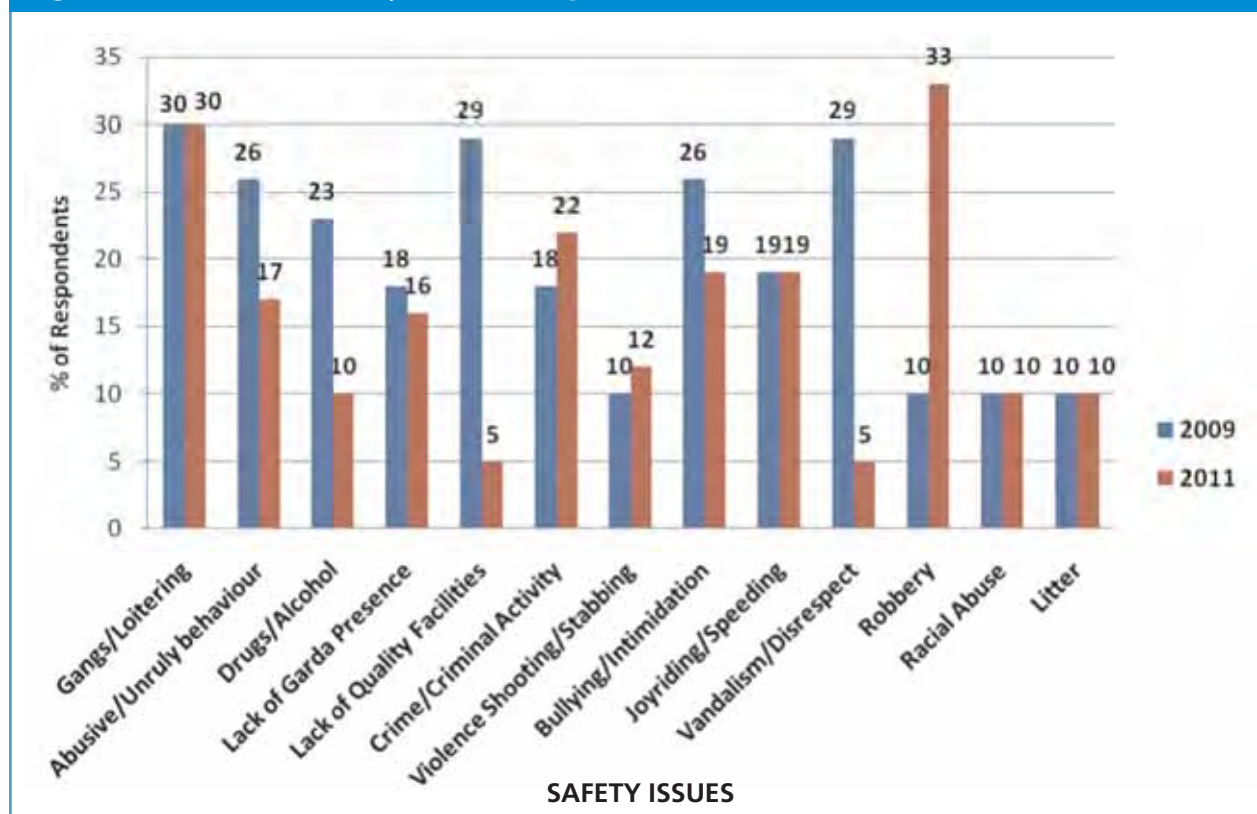
The work of the CSI is led and informed by the CSI Sub-Committee, which provides leadership and guidance in progressing responses to locally identified concerns. In 2011, there were five meetings held all of which were chaired by the CDI CEO. These meetings proved useful, offering opportunities to review the work to date and agree targets for the future. An important part of the work of the CSI Committee in 2011 was to receive and review draft final evaluation reports. The Child and Family Research Centre of the National University of Ireland Galway (NUIG) had been independently evaluating the CSI since 2008 and submitted their draft final report in October 2011.

The work in relation to the CSI Pilot Sites took a great leap forward in 2011 with the agreement by South Dublin County Council to CDI's proposal that they assign personnel to work part-time on the CSI. In May, the three RAPID Coordinators for Tallaght West (Jerry Boyle, Sarah O'Gorman and Cathy Purdy) began work with CDI to develop two new Pilot Sites in Fettercairn and Killinarden where they would test out the implementation of the CSI Manual at local level. Various activities were undertaken on each of the Pilot Sites during the year.

Brookview Court:

A number of activities took place in Brookview e.g. cleanups, fun-day, street party and children's awards. Another survey was carried out to revisit the safety issues in the area. There was an 84% response to the survey. The chart below illustrates the findings:

Figure 4: Brookview Safety Issues Comparison Chart 2009/2011



As can be seen, with the exception of "vandalism/disrespect," there were improvements in resident's perceptions or experience of every other safety issue identified in 2009. It is important to note as well that when residents in 2011 were asked to name "Other" safety issues not already identified, they came up with three new areas of concern:

- 10% of residents now felt that racial abuse was a problem in the area;
- 10% were concerned about litter; and
- A significant 30% of those surveyed identified "gangs/loitering" as a priority safety issue.

Drumcainn Parade:

The CSI pilot site was identified following consultation with local stakeholders in October and had its first meeting in early November. The first action was to undertake a door to door survey on resident's perceptions of safety in their homes and community. This was completed in early December and highlighted a high incidence of general anti-social behaviour but also containing a distinct racial component. Some quick wins were achieved in December in relation to additional security infrastructure in the worst affected areas and the installation of a goal on the agreed area. In attempting to build community cohesion,



a successful Christmas event was held, attended by 50 adults and approximately 100 children from the pilot site. These initial steps preceded the formulation of an action plan to address issues identified in the survey for implementation in 2012.

Deerpark/Cushlawn:

Work began in Killinarden with the RAPID Coordinators meeting with local groups to discuss the CSI and to identify a pilot site for the work. A recent housing development in Deerpark/Cushlawn was identified as the Pilot Site and the first step was to establish a local committee. This estate was built by South Dublin County Council and is managed by Circle Voluntary Housing Association so both organisations were approached and committed a number of their front line staff to the committee. With the assistance of Killinarden Estate Management group a number of residents were identified who came on board. Activities undertaken by the local committee in 2011 included organising a Christmas gathering for residents and their children and working to get a number of landscape improvements underway.



*CSI Clean Up Day
at Brookview Court,
June 2011.*

2.7.4 Issues Arising:

The main challenges arising for implementation in 2011 related to the ever-increasing workload on all of the agencies engaged with the CSI. Pressures of work resulted in difficulties in organising meetings between people which in turn impacted on the pace at which progress could be made.

2.7.5 Key Learning:

There were a number of valuable learning points demonstrated by the work undertaken in establishing new pilot sites in Fettercairn and Killinarden during 2011, including:

- Linking in with existing community-based infrastructure during the start-up phase, to identify the priority area for focused work, facilitates essential buy-in at a local level;
- Bringing the relevant agencies together to focus on a small area for priority work, makes quick but important improvements possible; and
- Beginning by consulting the residents in the small area where work is intended, about what their safety priorities are, and including them from the start in decisions about how these will be addressed, ensures that work undertaken is meeting local needs.

2.7.6 Action Plan:

Our main objectives for the work of the CSI in 2012 are:

- To finalise and launch the Community Safety Initiative Manual;
- To finalise and launch the Evaluation of the CSI; and
- To develop the use of restorative practices to resolve community conflict in one or more pilot sites.

2.8: A SAFE AND HEALTHY PLACE FOR CHILDREN AND FAMILIES:

2.8.1 Introduction:

The Safe and Healthy Place Initiative (S&HP) grew out of the Implementation Support Group and the Children's Services Committee identifying the need for targeted interventions and collaborative responses in a newly established estate. CDI and SDCC agreed an initiative intend to improve the neighbourhood and physical environment of Tallaght West and to demonstrate how integration between key stakeholders can have a positive impact within the community and produce better outcomes for children living in an urban environment. The S&HP aims to improve the physical and social environment of our communities by taking a child-centered and family-friendly approach to urban planning. It has been testing an inter-agency and community-based model of working to improve facilities and services in the MacUilliam estate in Jobstown.

The S&HP brought managers of key agencies together in 2009 to begin work on improving the services and facilities in MacUilliam estate, at that time the newest development of public housing in Tallaght West. Following a local needs assessment and development of an action plan to meet the identified needs, the Steering Committee was formed. Membership initially included management from key agencies and later the participating agencies assigned frontline workers with responsibility for MacUilliam to the S&HP Committee. This committee, along with residents began the implementation phase with the full backing of their managers. During 2011, the considerable work undertaken by SDCC staff bore fruit in a number of landscaping works in the estate; the provision of raised beds for the development of a community garden; and the completion of the Multi-Use Gaming Area (MUGA).

2011 also saw a major set-back for local residents when the only local facility the, Barnardos, early years service closed down despite significant efforts by all those working in the area.

2.8.2 Objectives:

The following objectives are taken from CDI's strategy:

- To identify current needs in MacUilliam estate and coordinate appropriate responses;
- To establish and promote effective inter agency communication within the area, ensuring an integrated, child friendly planning process;
- To review the planning process to date in MacUilliam and identify key learning, in terms of policy and integrated planning;
- To consider best practice in other South Dublin County Council (SDCC) locations and more widely; and
- To ensure that planning and service delivery is child and family proofed.

The following objectives for 2011 were agreed and completed during the year:

- Local Action Plan in place and implemented;
- Post tenancy supports have been identified and in place for residents of MacUilliam;
- Principles of best practice in planning are identified, documented and disseminated;
- Hold good practice seminar on Urban Planning;
- Identify a CSI pilot site within MacUilliam;

- Build relationships between the community and service providers through local events; and
- Develop and implement a community safety agreement on MacUilliam pilot site.

2.8.3 Activities:

The S&HP Committee agreed an action plan for the year and undertook a number of activities to implement it. In April, a Seminar on Best Practice in Planning for Child Friendly Communities was held at which a number of expert speakers shared knowledge with service providers, planners and residents. This was followed up by a Public Meeting in June where Margaret Deevy of Play-Board Northern Ireland, the leading agency for the development and promotion of children and young people's play in the North, spoke about the different kinds of play space that children and young people in urban environments need. The intention was to stimulate thinking and ideas about the use of the MUGA which was nearing completion at that time.

Towards the middle of the year it was agreed that MacUilliam would be included as a CSI pilot site, to include the whole estate. The main activities that took place in relation to the CSI in MacUilliam during 2011 began with the production of a fridge magnet which lists useful contact numbers such as the Community Gardai, and the Litter Warden and details about the Estate Management Clinic and



Residents Association for the area. The magnet was produced jointly by CDI and South Dublin County Council (SDCC) and distributed to every household in MacUilliam. A key ring aimed at promoting safe use of the roads by pedestrians (Stop! Look! Listen!) was also produced and distributed at the Family Fun Day organised by the Safe and Healthy Place Committee to celebrate the opening of the Multi Use Gaming Area in September. This arose from the fact that road safety was identified by residents as a significant concern during the needs assessment. The Fun Day was an excellent example of cooperation between the agencies, bringing together resources from CDI, SDCC, County Dublin VEC, Barnardos and Tallaght Youth Services together with the voluntary efforts of local residents to provide a highly successful afternoon of fun, games and education (how to grow your own vegetables) for everyone living on the estate.



MacUilliam Family Fun Day, September 2011.



Families participating at MacUilliam Family Fun Day, September 2011

2.8.4 Issues Arising:

The main challenge arising for the work of the Safe & Healthy Place Committee during 2011 was the closure of the Barnardos Early Years Services as mentioned above. The members of the Committee worked hard to ensure that the facility would remain open for use by the residents committees and services that had been operating from the premises. A further challenge was the increasing pressure that current budgetary constraints put on agencies providing services for MacUilliam. For example, when a member of staff with responsibility for MacUilliam became ill during the year and was unable to work, there was no one to cover for them, resulting in the suspension of the service they had been providing.

Through wider CSI-related discussions, it was agreed not to progress the plans for a community safety agreement, but to retain a focus on responding to locally identified needs.

2.8.5 Key Learning:

The main learning from the work of the Safe & Healthy Place Initiative in 2011 was that an integrated approach between agencies makes it possible to achieve mutual goals more rapidly than otherwise.

2.8.6 Action Plan:

The main actions planned for the S&HP for 2012 include:

- Production and dissemination of a Guide to Good Practice in Inter-Agency Working that draws on both the experience of participants in the S&HP and the results of the evaluation;
- Finalising and launching the Evaluation of the SHP (see CSI);
- Conducting a community engagement survey with a view to increasing the involvement of residents with their local associations;
- Providing training supports to the residents associations in MacUilliam; and
- Developing and implementing an Exit Strategy for CDI from the S&HP Committee which will include work to “mainstream” the good practice elements of the S&HP.

2.9: RESTORATIVE PRACTICE:

2.9.1 Introduction

CDI is driving restorative practice (RP) as a key mechanism for achieving the objectives of the CSI. The focus now is to embed restorative practice across the community, so that all of us both living and working in Tallaght West, particularly with a concern around children, will resolve issues and deal with complex debates and dialogue in a restorative way. The restorative way is a solution focused approach which requires each of us to look at where we are accountable, and where we take responsibility, so we can all live in a safer community.



CDI is currently working with a diverse range of agencies and organisations who share this vision for Tallaght West. A range of sectors have now embraced this approach, including primary and secondary schools, community residents, statutory organisations, early years providers, youth services, activists and young people. Restorative Practice (RP) is changing the nature of relationships within families, schools, neighbourhoods and agencies. In 2011, the Restorative Practice Management Committee agreed to have RP evaluated independently. The Evaluation Report is due at the end of 2012.

2.9.2 Objectives:

The following objectives are taken from CDI's strategy:

- Improved interagency collaboration;
- Improved relationships between service providers and residents;
- Increase in use of a common language across sectors;
- Increased satisfactory resolution of neighbourhood disputes on the Community Safety Initiative (CSI) Pilot Sites;
- Reduction in anti-social behaviour and crime on the CSI Pilot Sites;
- Improved pupil attendance within participating schools;
- Reduced disciplinary issues within participating schools; and
- Improved staff morale within participating schools.

The following objectives were agreed for 2011:

- That 800 people living and working in Tallaght West will have participated in RP awareness raising training;
- That 150 of the above will have completed up-skilling training;
- That these participants will be drawn from residents, NGO's, local service providers and statutory agencies;
- That at least one training day will be held for managers, in order to ensure an organisational awareness of the commitment to the approach, and support its' integration;
- That a group of 20 practitioners will be trained as trainers, and accredited by the IIRP;
- That restorative practice training is delivered to 200 young people, in targeted locations/settings, in order that they can become drivers of the approach with their peers;
- To support the development of trainer capacity in both Tallaght West and more widely; and
- To support and promote participation in a learning environment which enables reflection and sharing of the learning from the implementation of the restorative practice approach.

2.9.3 Activities:

Considerable progress was made during the year in relation to the above targets. The following were achieved:

- 546 people received awareness training, of these 530 were either based in or serve Tallaght West, (TW). Of this, 131 went on to up-skilling training and 10 have completed the circles training;
- Those who participated in training were drawn from SDCC, HSE, NGO'S, Tallaght Youth Service, Probation Service, Garda, Housing Associations, early years Services across Tallaght, schools, local community services and residents;
- One day training was provided and well attended by managers and local politicians to create organisational awareness of restorative practice;
- 77 young people received RP training;

- Twelve people went on to do the Training of Trainers (TOT), training and will receive accreditation by summer 2012; and
- A number of Communities of Practice have been set up to support those who received the training. The COP is used to share learning and reflect on RP in use.

2.9.4 Issues Arising:

- The current economic climate has led to restructuring in a lot of organisations making it more difficult to organise management meetings;
- There is difficulty in providing support to such a diverse group following the training;
- It would be more helpful to have local examples of restorative practice for use in training.

2.9.5 Key Learning:

- We could have begun training young people earlier in the process as they embrace the restorative approach; and
- It may have been helpful to set up networks prior to introducing restorative practice in the community; this would allow residents to work under clear structures early on.

2.9.6 Action Plan:

- To develop and launch a training and promotional DVD for RP;
- To plan towards launching TW as a restorative community; and
- Deliver training and accreditation to a second group of trainers in Tallaght.

2.10: QUALITY ENHANCEMENT PROGRAMME:

2.10.1 Introduction:

The Quality Enhancement Programme (QEP) offers service providers in Tallaght West opportunities to access training and networking through a range of methods, including the lunchtime seminar programme of events. Service providers identify the themes and in some cases deliver inputs to the broad range of disciplines attending the seminars.

The seminars have created a forum for the stimulation of discussions on common inter-agency objectives and issues. A number of key themes have been identified, which will be addressed in further inter-agency training and development opportunities.

The QEP has also provided targeted training and comprehensive supports. These programmes have been aimed at both members of the community and service providers, and all aim to increase capacity, skill, motivation and inter-agency collaboration across the many sectors working with and interested in, children and families in Tallaght West.

2.10.2 Objectives:

The following objectives are taken from CDI's Strategy:

- Achieve integrated services for children and families;
- Enhance quality through an assessment and training programme for early years and after-school practitioners;
- Develop and enhance service provision through quality supports;
- Coordinate existing services for children and families;
- Support and train all providers working with children and families in the community of Tallaght West.

2.10.3 Activities:

Lunchtime Seminars:

The lunchtime seminars were well attended and ideas from the various presentations are being incorporated into the planning and delivery of future seminars. Feedback from the informal networking that occurs over sharing lunch has been positive with staff from different agencies getting a chance to meet one another.

Themes covered during the year include:

- January: *'Food for growing children- from policy to practice'* delivered by Margaret O'Neill, Dietician Manager, Community Nutrition and Dietetic Service, HSE;
- February: *'Understanding Second Language Learners'* delivered by Jennifer Grundulis, BS, MS, CCC-SLP, Senior Speech and Language Therapist;
- March: *'Adult Attachment Theory'* delivered by Sheila Hayes, Clinical Counsellor;
- April: Best Practice Seminar: *'Child-Friendly Communities: Policy, Practice and What the Research Says'*. Speakers included Professor Brendan Gleeson, NUI Maynooth; John Whyte, Rialto Development Association; Margaret Deevy, Playboard Northern Ireland;
- May: *'South Dublin County Council's Geo Mapping Project'* delivered by Larry McEvoy, South Dublin County Council;
- September: *'Making Tallaght West a Restorative Community'*, delivered by Claire Casey, Jean Gilmore, Stephen Hunter and Michelle Stowe.

Training:

The following training took place in 2011:

- Community Coaching Diploma: 23 participants graduated in February 2011;
- Masters Degree in Education: This is being delivered on an outreach basis by NUI Maynooth, and is discussed in greater detail, under Healthy Schools.

Quality Services, Better Outcomes Conference:

In September 2011, CDI held a conference entitled 'Quality Services, Better Outcomes' which was attended by in excess of 130 delegates including representatives from the early-years, family support, youth work, supported housing and social work sectors, in addition to representatives of statutory, philanthropic and research organisations.

The conference was structured in four parts:

- The theoretical rationale for quality in service delivery;
- The processes involved in supporting quality in service delivery;
- Quality practice from across the children's services sector; and
- The policy context and opportunities ahead.

Key themes emerging at the conference included:

- The importance of self belief and emotional intelligence at all organisational levels;
- The need for greater clarity of expectations, strong leadership and measurement of outcomes at service funding and management levels.

A total of six workshops were held during the day, each providing an opportunity to consider the learning in relation to improving quality. Experiences were drawn from a range of sectors including schools, youth services and early year's services.

CDI was delighted to welcome two international speakers to the conference: Professor Daniel Perkins from Penn State University, USA, who spoke on the theme of quality in programme delivery, and Bianca Albers (Head of Department) from the Family and Evidence Centre in Copenhagen, Denmark, who presented on the organisation as the new frontier in the research on implementation, covering the relevance of organisational factors to programme implementation quality and success. Both provided insightful and thought-provoking presentations.

In addition, the following offered reflections and insights regarding the policy context which informs service delivery:

1. Gordon Jeyes, National Director for Children and Family Services, Health Services Executive;
2. Arlene Foster, Director of Curriculum and Assessment, National Council for Curriculum and Assessment;
3. Helen Johnston, Senior Social Policy Analyst, National Economic and Social Council;
4. Catherine Hynes, Early Years Education Policy Unit, Department of Education and Skills.



Minister Joan Burton, TD

The conference was followed by the official launch of CDI's new Workbook 'Quality Services, Better Outcomes - A Quality Framework for Achieving Outcomes' by Ms. Joan Burton, TD and Minister for Social Protection. This Workbook was written by Aileen Murphy, Dr. Tara Murphy and Grainne Smith, and it provides a framework and toolkit for programme managers and practitioners wishing to enhance quality delivery of services.



Dr. Noelle Spring, Minister Joan Burton, TD and Marian Quinn

The Workbook describes key processes relating to practice, organisational culture and systems change that support the implementation of evidence-based and evidence-informed programmes and services. It addresses some fundamental areas in relation to monitoring and evaluation as a way of determining whether an intervention was effective or not. In effect, this Workbook sets out to explain the ‘what’, ‘why’, ‘how’ and ‘did we?’ of evidence-based practice.

The Workbook is intended to provide readers with a comprehensive introduction to both the shared language and concepts underpinning the science and practice of implementation. It complements the ‘What Works Process’ guide published by the Centre for Effective Services (CES, 2011) which supports services in assessing how effective they are in improving outcomes for children and helps them to think about what works. We very much see these two publications as complementary.

Christmas Seminar

The CDI Annual Christmas Seminar provided an opportunity to share the learning from the recently completed survey, ‘How Are Our Families’. Attended by both residents and service providers, the evening resulted in rich discussion and reflection on how this research informs our understanding and practice, as well as offering an opportunity for social networking.

Síolta

Síolta roll out continued throughout 2011. Kathleen Tuite (Regional Support Worker/Síolta Co-ordinator, NCNA) maintained good connections with eleven early year’s services and one primary school who engaged with the Síolta process, at varying levels. Two services and one primary school completed all 16 standards and are due to submit their portfolio in early 2012. Three services will submit their portfolio in early to mid 2012, with the remaining services working through the process standard by standard. While services found the compilation of their portfolios time consuming, they all agree that it’s been a valuable learning process. Onsite support from Kathleen finished at the end of 2011, but online/phone support will continue in 2012. The Early Years Education Policy Unit (EYEPU) continues to develop the validation process. Goodbody’s have undertaken an evaluation of the Síolta process, and findings are due in early 2012.

2.10.4 Issues Arising:

- Ongoing work is needed to ensure attendance and participation at CDI events;
- Cancellation of places on courses with very short and sometimes no notice is a recurring issue;
- Release of front-line staff to attend seminars is often problematic;
- Síolta:
 - Services are finding the process time consuming;
 - Staff are working through it on their own time – which for some services, means the process is taking much longer than intended;
 - Some overlap noted with components.

2.10.5 Key Learning:

- CDI have introduced a fee system for some courses in which participants undertaking training pay a refundable deposit. This has proved very successful in ensuring commitment for the full duration of the training;
- Using feedback sheets from each seminar allowed both CDI and the speakers to gain valuable insights into attendees expectations;
- For seminars to have maximum impact for participants, presenters need to be able to illustrate their experience and learning with practical examples and “take home” tips;
- Síolta:
 - Working through this process needs time;
 - Services need ongoing support from the Síolta co-ordinator;
 - Services that have gone through the process have found it useful, with changes in practice noted.

2.10.6 Action Plan:

- To continue to deliver monthly lunchtime seminars, based on locally identified need;
- To maximise opportunities to showcase local innovation and expertise;
- To deliver a further Diploma in Community Coaching for up to 30 participants;
- To deliver booster training for previous coaching participants;
- To develop and deliver a series of workshops for managers on utilising CDI’s workbook.
- Síolta:
 - While the contract with the Síolta co-ordinator finishes in December 2011, support through email and phone calls will continue to support the remaining services to complete their portfolio;
 - In collaboration with the other two PEIP sites, to develop an implementation guide.

CHAPTER THREE

Research & Evaluations

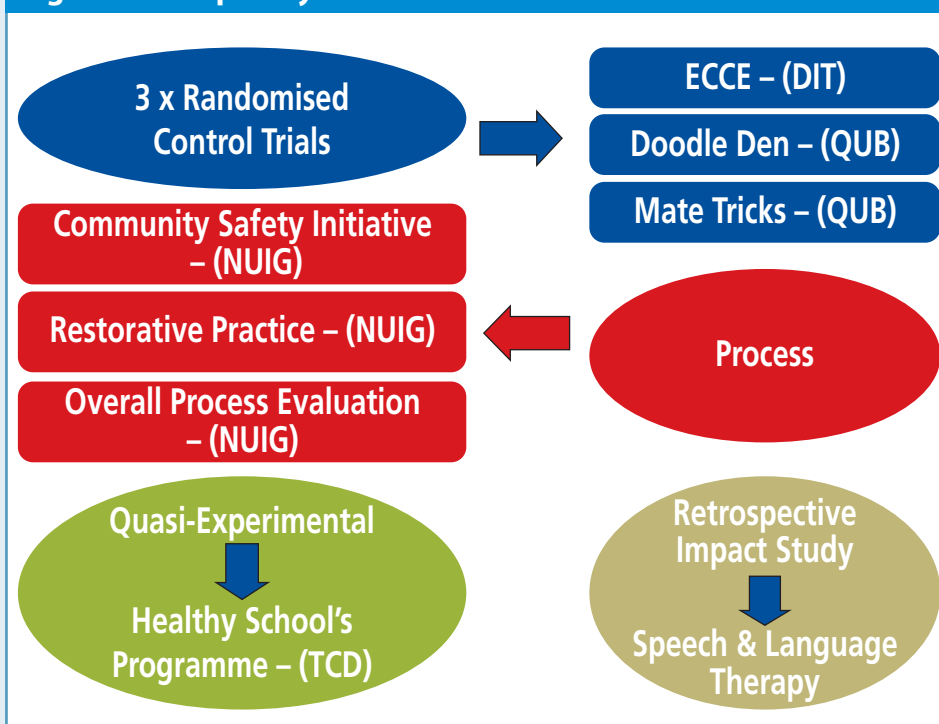
3.1: RESEARCH & EVALUATIONS:

3.6.1 Introduction:

A core element of the work undertaken by CDI is the rigorous and independent evaluation of all aspects of the work, including both the impact of service delivery on outcomes for children and families, as well as consideration of the process elements, and 'how' objectives are progressed. During 2011, CDI continued to work with four evaluation teams, conducting six service evaluations and an overall process evaluation. During the year, an additional piece of evaluation was also negotiated, relating to the restorative practice approach.

This work was supported by the Expert Advisory Committee (EAC) whose members continued to offer insights and share expertise to ensure that the evaluations maintained high standards both methodologically and ethically. The fieldwork was completed for most evaluations during 2012, and towards the end of the year, draft final reports began to be received. This marked an important new phase of work for CDI, leading to a focus on the development of a dissemination plan, with the support of the Centre for Effective Services (CES).

Figure 5: Complexity of CDI Evaluations



3.1.2 Objectives:

The following objectives are taken from CDI's Business Plan:

- That we have clarity regarding how to use the findings and how to disseminate them;
- Monthly and bi-annual progress meetings take place;
- REPP group to continue documenting the learning from the research process;
- CDI to deliver a workshop and disseminate best practice guidelines from the RACcER archiving project with NUIM;
- CDI to develop and agree final report guidelines;
- CDI to develop a dissemination plan for each evaluation;
- CDI to integrate communication and dissemination plans.

3.1.3 Activities:

Throughout 2011, CDI continued its extensive programme of research and evaluation. The actions and processes enabling the delivery of rigorous evaluation alongside a commitment to child-centred services, are outlined below.

Finalising Evaluation Processes:

The majority of field work was completed during the course of 2011, so enabling the commencement of the final reports. The table below sets out the evaluation processes completed during the year:-

SERVICE	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC
Early Years												
Doodle Den												
Mate-Tricks												
Healthy Schools												
SLT												
CSI												
RP												
Process Evaluation												

Abstract:  **Child, Family or Practitioner Assessment**  **First Draft of Report Submitted**

Reviewing Draft Reports:

The process of reviewing draft reports involves CDI team members and the Expert Advisory Committee (EAC). Once the first draft report is submitted, it is circulated to the relevant CDI team members and the EAC for comment. Feedback from both the EAC and the CDI team is then collated and returned to the evaluators.

Generally, the evaluating team will take on-board the feedback that they have received from CDI and the EAC and make the necessary adjustments to the evaluation. Where the evaluation team feels that they cannot make the proposed adjustments, they provide a written rationale for this decision.

This process of data moving back and forth between the evaluators and the CDI team/EAC results in the production of clear and concise reports. It can however, be very time-consuming and consequently slow.

Reflection Groups:

CDI has retained its commitment to meaningful engagement with stakeholders, and working in a way which respects the value of these relationships. With this philosophy in mind, CDI identified the need to develop an appropriate mechanism through which to consult with those delivering and receiving services as part of the process of reviewing draft evaluation reports, and so the concept of 'Reflection Groups' was developed. A series of Reflection Groups was held in 2011 with the following objectives:

- To assist the evaluation team in understanding the context of service/ programme delivery;
- To consider the implications of the findings for CDI and Tallaght West; and
- To support CDI in identifying key messages for policy and practice.

For each draft report, the following were invited to attend a Reflection Group:-

- Service Managers;
- School Principals;
- Members of Governance Structures;
- Parents;
- Frontline Staff;
- Board and ISG Members.

The format of each session included:-

- A draft executive summary and/or draft full evaluation report was provided to participants in advance;
- A 20-minute presentation on the key findings from the evaluation team;
- Reflection on the findings and learning and consideration of the overall focus of the evaluation;
- Identifying key messages for policy and practice for Tallaght West and nationally; and
- Naming recommendations/ issues outside the scope of the evaluation for documenting.

Each Reflection Group meeting ran for approximately two hours and provided the opportunity for stakeholders to ask questions and address any queries in relation to the research findings. Comments, suggestions and queries were recorded during the sessions by CDI team members, and this was then collated into a feedback document which was sent to the evaluating team to further enrich the quality of the report.

In order to protect the integrity of this process, and manage the communication of final messages, all participants signed a confidentiality agreement on attending a Reflection Group.

Feedback from participants and evaluation teams was very positive about this process.

3.1.4 Issues Arising:

- Mixed experience re: the quality and interaction of relationship with evaluation teams;
- Capacity building required re interpreting and analysing process information, to answer 'what needs to change?'
- Research design which doesn't allow interim findings is problematic;
- Effective consultation and feedback loops (e.g. reflection groups) are resource intensive;
- Receiving, finalising and disseminating research is labour intensive.

3.1.5 Key Learning:

- Reviewing reports, providing feedback, and identifying the key learning takes time;
- The process of having reflection groups proved very useful in identifying and highlighting the key findings.

3.1.6 Action Plan:

The following actions will be progressed during 2012:

- Archive CDI materials and documents;
- Agree principles and guidelines for archiving qualitative and quantitative materials, from service providers and evaluation teams;
- Identify, agree and deliver longitudinal follow up studies;
- Develop appropriate internal evaluation of Doodle Den;
- Establish internal evaluation mechanisms for Speech and Language Therapy Programme;
- Breakdown HSP research findings for five schools;
- Hold one closing meeting of all Evaluation teams;
- Hold quarterly meetings for the EAC.

3.2: RESEARCH, EVALUATION, POLICY & PRACTICE (REPP) PROJECT:

3.2.1 Introduction:

The translation of scientific evidence into appropriate and effective policy and practice has, for the most part, remained challenging on both a national and international basis and across many disciplines including child welfare, education, nursing, clinical practice, community studies and other areas of the social sciences. Collaboration between philanthropy and government to address pertinent research, practice and policy issues has a long history in certain parts of the world including North America, the UK and Australia. Over the last decade, the provision of significant funding and leadership by The Atlantic Philanthropies (AP) and the Irish government has helped to promote a greater emphasis on multidisciplinary thinking and collaboration between researchers, practitioners and policy makers in Ireland. AP's strategy for improving children's services across Ireland has resulted in the implementation and rigorous evaluation of a large number of evidence-based programmes for children and families. A diverse range of methodological approaches is being utilised to scientifically evaluate these programmes and initiatives. This has led to the development of an entire new generation of implementation researchers within the broad area of child, family and community development both in Ireland and Northern Ireland.

The establishment of the Research, Evaluation, Policy and Practice (REPP) exemplifies such developments. It was set up to identify and document the process of researching and evaluating the lives of children and their families in an Irish context. The principal aim of the REPP initiative, managed by CDI and chaired by Dr. Suzanne Guerin (University College Dublin and Chair of CDI's Expert Advisory Committee), is to promote and support the effective and judicious production of research findings to policy and practice. The REPP project brings together a diverse group of researchers and practitioners/service providers from a wide range of disciplines,

all of whom are involved in commissioning, conducting and/or disseminating high quality research with children, families and/or communities throughout the island of Ireland. In recent years, a strong partnership between government (e.g. the Department of Children and Youth Affairs) and philanthropy (e.g. The Atlantic Philanthropies) in Ireland has led to a significant growth in rigorous research and evaluation within the academic/research and voluntary sector communities, often involving new and innovative programmes and initiatives. Most of the members of the REPP project are involved to a greater or lesser extent in this work and are committed to maximising its impact and, in particular, to capturing and documenting the key learning for researchers and those working with them, across different settings. The core members of the REPP project team are (in alphabetical order):

- Prof. Catherine Comiskey – School of Nursing & Midwifery, Trinity College Dublin;
- Dr Gemma Cox – youngballymun, Dublin;
- Dr. Orla Doyle – Geary Institute & School of Economics, University College Dublin;
- Dr Jane Gray – Department of Sociology & National Institute for Regional and Spatial Analysis, National University of Ireland Maynooth;
- Dr Suzanne Guerin (Chair) – School of Psychology & Centre for Disability Studies, University College Dublin;
- Prof. Noirin Hayes – Centre for Social and Educational Research & School of Social Sciences and Law, Dublin Institute of Technology;
- Ms Claire Hickey – Barnardos, Dublin;
- Dr Sinéad McGilloway – Mental Health and Social Research Unit, Department of Psychology, National University of Ireland Maynooth;
- Dr Tara Murphy – All-Ireland Institute of Hospice and Palliative Care, Dublin (formerly of Childhood Development Initiative);
- Ms Marian Quinn – Tallaght West Childhood Development Initiative.

3.2.2 Objectives:

The following objectives are taken from CDI's Strategy:

The overall goal of the REPP project, which began with a working group in February 2010, is to maximise the learning from the implementation of children's research and evaluation in Ireland for the wider benefit of practitioners, policy makers and other researchers through a number of channels, including publications.

One of the central planks of the REPP's dissemination plan is the publication of an edited volume, provisionally entitled 'Research and Evaluation in Community Settings: Experiences from Practice'. Getting started with the production of this edited volume was the main objective of the REPP project in 2011. The purpose of the REPP book is to provide practical guidance and a set of key tools, developed through the contributors' extensive and diverse experiences of undertaking community-based research and evaluation with children, parents, residents and service-providers, to those involved in child welfare and education, nursing and clinical practices, and community studies and social sciences, and who are interested in developing their understanding of the research and evaluation process in these areas. Resulting from this objective, each chapter is co-authored by colleagues from both research/academic and community settings, and across institutions.

3.2.3 Activities:

In 2011, the REPP working group met on five occasions. The first half of the year was dedicated to discussing and defining the various themes and topics that would be covered in the REPP book, and to put together a funding proposal that would be submitted to The Atlantic Philanthropies (AP). The funding proposal for €35,000 was approved by AP, which meant that the REPP group would have the necessary funding to employ a Research Administrator and to satisfy copy-editing needs.

In September 2011, a REPP Research Administrator, Dr. Delphine Ancien, was hired through CDI, and started working on the project in October 2011 on a part-time basis (two days a week) for a duration of six months. Her main task between mid-October and December 2011 was to support the development of a book proposal which would be submitted to a well-known publishing company by early 2012, and the completion of sample chapters that would accompany this proposal. One of the key activities undertaken by the Research Administrator was to conduct a comprehensive review of the kinds of texts that might be considered similar to the proposed REPP book.

The evidence suggested that the 'competition' was quite limited and the proposed REPP book would definitely fill an important lacuna in the literature on research and evaluation in community settings. Whilst preparing the proposal, the REPP group worked toward identifying potential gaps in the project with a view to producing a coherent set of strongly interrelated themes underpinned by a common concern for rigour and ethics, and for ensuring maximum impact of the research and evaluation process. By the end of December 2011, a draft book proposal was completed and circulated to all core members of the REPP working group for feedback with a view to send it for professional copy-editing in January 2012. It will then be formally submitted to a publisher for consideration.

3.2.4 Issues Arising:

- All the members of the REPP working group and all the contributors to the REPP book are participating in the project on a voluntary basis and use their own time to work on it, which has meant that it has not always been easy to have people complete assigned tasks by the set deadlines.
- Some people who had originally committed to co-authoring book chapters have had to pull out for different reasons, which led to the need to source other potential contributors. This further delayed progress.
- The REPP book project is a truly collaborative project, which has required a lot of discussions among the working group members in order to define what the book would be about (objectives, content...etc). These discussions took a lot of time, which delayed progress to a certain extent.

3.2.5 Key Learning:

- The hiring of a part-time Research Administrator for the REPP project toward the end of 2011 allowed for a steadier pace of progress with the book proposal.
- Having a clearly identified first point of contact for the project (the Research Administrator) has improved communication among the working group.

3.2.6 Action Plan:

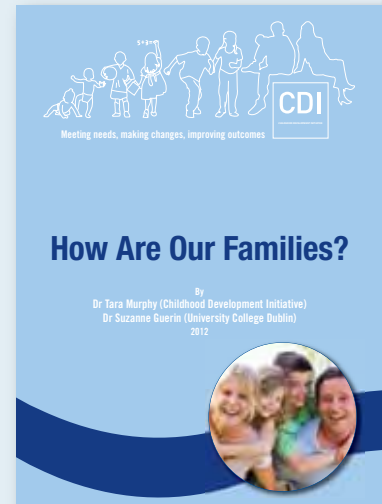
The main objectives of the REPP Project for 2012 are the completion and successful submission of the book proposal to a well-established publisher by February 2012, the drafting of all proposed chapters by the summer of 2012, and the eventual publication of the edited volume by the end of the year. In order to reach these goals, draft submission interim dates have been agreed for each chapter with each group of co-authors. It is expected that the full manuscript will be completed by October 2012.

Table 2: REPP Proposed Contents		
THEME	TITLE OF CHAPTER	AUTHORSHIP
	Foreword	Daniel F. Perkins (Pennsylvania State University)
	Chapter 1 – Introduction	Suzanne Guerin (UCD) Claire Hickey (Barnardos)
Part I – Getting started	Chapter 2 – Framing research in community settings	Elizabeth Nixon (TCD) Eylín Palamaro-Munsell (UCD)
	Chapter 3 – Commissioning, procuring and contracting evaluations and research	Marian Quinn (CDI) Catherine Comiskey (TCD) Gail Birkbeck (AP)
	Chapter 4 – The governance of community research and evaluation: a multi-layered and negotiated process	Tara Murphy (AIIHPC) To be confirmed
	Chapter 5 – The role of the stakeholder in applied research: managing expectations and relationships	Orla Doyle (UCD) Nóirín Hayes (DIT) Sinéad McGilloway (NUIM) Aileen Murphy (Barnardos)
Part II – Carrying out research and evaluation	Chapter 6 – Developing a detailed design for real world research	Suzanne Guerin (UCD) Catherine Comiskey (TCD)
	Chapter 7 – What lies beneath? Conducting effective fieldwork in a community setting	Tara Murphy (AIIHPC) Jennie Milnes (TCD / St James) Siobhan Keegan (DIT)
	Chapter 8 – Evaluation of complex community change initiatives: credible evidence is what counts	Gemma Cox (youngballymun) Morgan O’Brien (NUIM) Sinéad McGilloway (NUIM)
Part III – Dealing with the data	Chapter 9 – Analysis and integration of complex data from community research	Suzanne Guerin (UCD) Orla Doyle (UCD) Mark Dynarski (Pemberton Research)
	Chapter 10 – Documenting and disseminating the findings of community research and evaluation reports to key stakeholders	Marian Quinn (CDI) Gemma Kiernan (DCU)
	Chapter 11 – Knowledge transfer: informing policy and influencing change	Nóirín Hayes (DIT) Maresa Duignan (Department of Children and Youth Affairs)
	Chapter 12 – Overcoming the ethical and practical challenges associated with archiving qualitative and quantitative data	Tara Murphy (AIIHPC) Aileen O’Carroll (NUIM / NAVR) Suzanne Guerin (UCD)
	Chapter 13 – Conclusion	Jane Gray (NUIM / IQDA) Nóirín Hayes (DIT) Catherine Comiskey (TCD)

3.3: HOW ARE OUR FAMILIES?

3.3.1 Introduction; Overview of Service:

The purpose of this study was to update our understanding and information on families in the community of Tallaght West and particularly the risk and protective factors associated with children's wellbeing. The research focused on extensive child and family demographic information and well-being indicators in order to provide a holistic picture of children's, young people's, and family's lives. It primarily re-visited the data collected in *'How Are Our Kids?'*, so enabling ready comparisons, but new areas were also considered, following discussions with relevant members of CDI's Implementation Support Group.



3.3.2 Objectives:

The central objectives of *'How Are Our Families?'* are to:

- Study the lives of children, young people and families in the community using key indicators;
- Establish patterns and trends in terms of needs;
- Explore service utilisation;
- Inform CDI's strategic aims for Phase Two.

The above objectives were achieved as planned and the *'How Are Our Families?'* report was completed at the end of 2011 for launch in early 2012.

3.3.3 Activities:

Study Method:

'How Are Our Families?' is a follow-up study to *'How Are Our Kids?'* (2004). The current study used the same methodology as *'How Are Our Kids?'* (HAOK), with an additional youth survey to indicate any changes in child and family well-being over the six years. While not returning to the specific participants from HAOKs, this follow up study sourced participants in the same community.

'How Are Our Families?' was divided into two surveys:

- 1) Household Survey and;
- 2) Youth Survey.

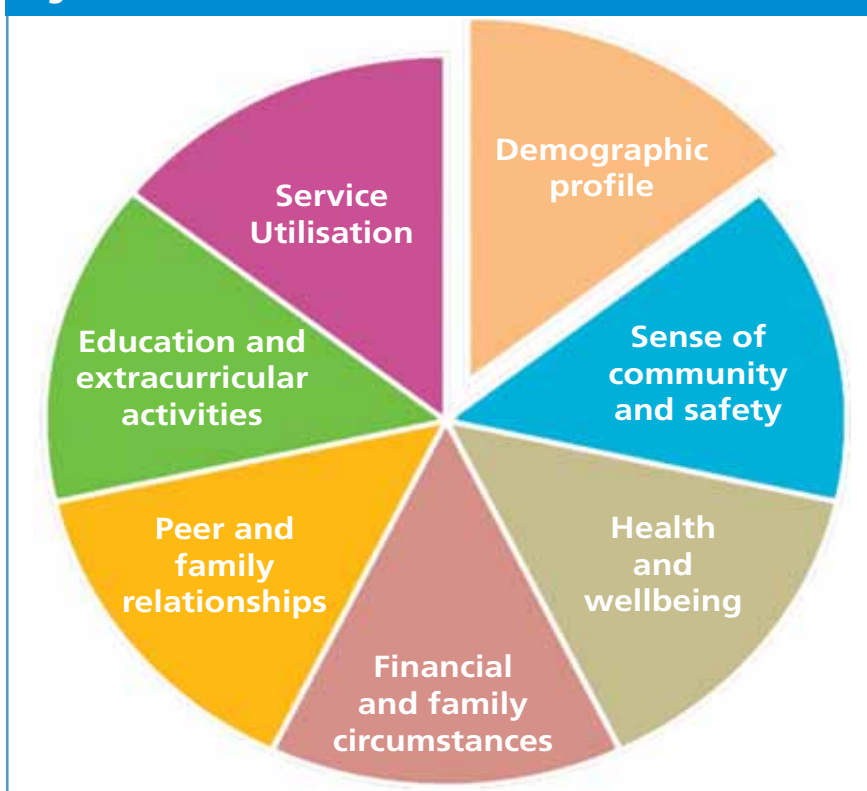
For the household survey, community field workers were trained to collect information using a structured survey. The field workers systematically called to houses in the community to invite residents to take part. Survey questions were taken from a range of existing questionnaires examining education, employment, financial issues, health and well-being, child behaviour, sense of community and safety. The survey took up to one hour to complete and in the majority of cases, responses were recorded by the field worker. The youth survey was completed in school and youth settings, with the support of trained fieldworkers. The youth survey drew on questions from previous studies such as KIDSCREEN1 and the Irish Health Behaviour in School-Aged Children Survey (HBSC). Using standardised instruments allows the data to be compared with similar studies nationally and internationally.

Study Participants:

Overall, 141 families with 313 children participated in *'How Are Our Families?'*, as well as 208 young people aged 12-17 years attending local secondary schools and youth organisations. Residents completing the household survey were between 19 and 73 years old, with an average age of 33 years. The majority of the young people who participated in the study were aged 12-13 years (65%, n=135) with the average age being 13 years (SD = 1.3). In over half of the cases (57%, n=80) the family was headed by a couple, while just over 40% (n=57) were single parents. In addition families reported having between one and six children, with an average of two children per household.

Participants for the household survey were sampled from across five estates in Tallaght West with the largest group living in Jobstown, followed by Brookfield, Fettercairn, Killinarden and MacUilliam. The majority of young people who participated in this study lived and attended school in Jobstown followed by Killinarden and Brookfield. Two thirds of residents (67%, n=95) were currently renting their property from the Local Authority compared to 65% in HAOK, with 17% (n=24) owning or buying their home and the remaining renting or sharing privately (16%, n=22). The study explores a number of different areas as detailed in the figure right.

Figure 6: Areas Addressed in *'How Are Our Families?'*



3.3.4 Issues Arising:

- Findings suggest that families are coping well in relation to health, parenting, and general wellbeing;
- The majority of respondents noted a positive sense of community and family support;
- Nearly half of respondents in the household survey and just under half in the youth survey reported that they/ their child participated in out-of-school activities;
- At the same time, the findings also highlight the struggles that some families have, particularly in relation to paying bills including electricity and gas;
- This is also reflected in the types of services accessed by respondents including a Credit Union and the St. Vincent de Paul.

3.3.5 Key Learning:

Household Survey:

- In over half of the cases (57%, n=80) the family was headed by a couple, while just over 40% (n=57) were single parents; these findings are similar to those from the Youth Survey, HAOK (2004) & CSO (2006);
- Two thirds of families (67% n=95) are renting from the local authority compared to, 65% (HAOK, '04), 43% (CSO, '06) and 7% nationally (CSO, '06);
- Over 80% (n=113) of adults had lived in the same home for 2+ years; 60% have lived in the area for 10 years or more (67% in HAOK);
- Nearly 90% (n=124) reported really enjoying being a parent "all or most of the time";
- 81% (n=114) believe their child had a happy future ahead of them (all or most of the time);
- 43% (n=60) of adults reported that state benefits are the household's only source of income (33% did not respond) (similar to HAOK: 41%);
- 76% reported that someone in their house has a medical card compared to 29% nationally (DHC, 2008);
- Participants stated they were seriously behind in terms of paying the following bill; TV licence (31%), other loans (19%), and electricity (18%) compared to 15% in HAOK;
- 29% (n=41) reported the child had been bullied in school (39% in HAOK);
- One in five (20%, n=28) have an illness, health problem or disability on a long term basis compared to one in four (26%) in HAOK;
- 18% (n=25) of families had a child with an illness, health problem or disability on a Long-term basis compared to, 15% in HAOK;
- 22% (n=31) had a child who felt worried or sad (14% feeling anxious/ depressed in HAOK);
- 35% (n=49) reported their child had difficulties with emotion, concentration, behaviour or being able to get along with others, whilst almost one in five nine year olds (19%) were reported to have mental and behavioural conditions (GUI, 2011).

Youth Survey:

- 67% (n=139) believed that their health was 'very good' or 'excellent' (KIDSCREEN = 67%/ HBSC survey = 64%);
- 74% of participants reported being 'very' or 'extremely' satisfied with life compared to 71% in KIDSCREEN;
- 68% (n=142) of the youth survey respondents felt that their parents 'very' or 'extremely' understood them compared to 58% in KIDSCREEN; and the majority of participants (78%, n=163) reported feeling 'very' or 'extremely' happy at home which is greater than that reported in KIDSCREEN (70%);
- Just over one third (34%, n=72) have been bullied at least once or more, which is higher than found in the HBSC survey (24%);
- 71% (n=148) of young people reported 'very often' or 'always' having enough money to do the same things as their friends', compared to 69% nationally.

3.3.6 Action Plan:

- Launch of 'How Are Our Families?' in January 2012, by holding two events, one for practitioners and one for the community;
- Disseminate findings from the research, in a careful, strategic way to minimise potentially negative media attention, and to offer a balanced view of the findings.

CHAPTER FOUR

Communications

4.1: COMMUNICATIONS

4.1.1 Introduction:

CDI has established mechanisms for communicating messages, developments and issues arising with a range of stakeholders. To date, these have primarily related to informal mechanisms, the monthly newsletter, and occasional circulars. The website has offered an additional forum, although it is recognised that this has not been utilised as well as it might. With the findings beginning to emerge from the independent evaluations, CDI gave considerable attention toward the end of 2011 to developing a communications action plan, which would inform the work. As noted above, a dissemination plan was developed with the support of the Centre for Effective Services (CES), which will underpin the management, timing and principles for sharing the learning and outcomes for the evaluations.

Discussions over the last couple of years have enabled CDI to develop a good understanding of the many audiences with whom it needs to engage, and increasing skill in doing so. The eclectic range of stakeholders, from parents to policy makers, practitioners to academics, means that attention and resources will need to be dedicated to these processes. Increasingly, CDI is being offered opportunities to present on the experience, findings and implications of the work in Tallaght West. All staff received presentation skills training during the year, as well as media training. Increasing the public profile of CDI, creating awareness of the effective programmes, and promoting prevention and early intervention more generally, are key objectives for the year ahead.

4.1.2 Objectives:

The following objectives are taken from CDI's Strategy:

- To ensure that CDI builds enough support among the key audiences so that it wins the funding and political decisions to secure its bridging phase and future mainstreaming work;
- To influence policy, curriculum and service delivery with those in a position to adopt and mainstream. The learning and effective services.

The following objectives for 2011 were agreed and completed during the year:

- Sustain existing communication methods i.e. newsletter;
- Develop and re-launch website;
- National media coverage on an event/ theme twice a year;
- Design and develop new corporate brochure;
- To have a consistent branding of CDI;
- Enhance working relationships with local media;
- Utilise innovative methods e.g. web texting;
- Develop an Information Pack for all key influential audiences;
- Develop a Communications Plan for each key CDI event;
- Develop the profile of CDI as a contributor and speaker;
- Establish a programme of pitches for academic and professional media.

4.1.3 Activities:

Publications

The publication of CDI's *'Quality Services, Better Outcomes'* workbook is discussed in Section 2.10. In addition, CDI provided eight newsletters and a revised corporate brochure during the year. The *'How Are Our Families'* Report was also published during 2011.

CDI Presentations:

CDI made presentations at the following conferences in 2011:

- CDI Presentation at Global Implementation Conference *'Delivery Evidence Based Programmes in Community Settings'* (August 15th-17th 2011);
- Graduate Research Education Programme, *'Inventing Communities: The Challenges Ahead'* (February 18th 2011);
- CDI Presentation to Psychological Society of Ireland (September 2011);
- CDI Presentation at the Annual Children Indicators conference *'Community Survey'* (Spring 2011).

Communications Working Group Meetings:

In 2011, there were seven meetings held, which were chaired by the CDI CEO, Marian Quinn.

4.1.4 Issues Arising:

Dedicating time to the communication elements has been an ongoing struggle for CDI, and alongside the recognition that this requires specific expertise, is the need to ensure that sufficient attention is given to identifying key messages clarifying the audience(s) and agreeing appropriate media through which to connect the two.

In addition, whilst CDI is keen to share the learning and experience in Tallaght West, there is a deep commitment to doing so with integrity and basing conclusions on evidence rather than anecdote. This requires patience and caution, in how we engage with the media and other external audiences, while we await final evaluation results. Doing this, whilst maintaining the motivation of frontline staff and delivering organisations, can be a challenge.

4.1.5 Key Learning:

- That messages and communication methods need to be tailored to the target audience;
- That achieving solid and effective communication requires dedicated time and expertise.

4.1.6 Action Plan:

- Gain commitment from funders re supporting engagement with policy makers;
- Establish mechanisms /opportunities for dialogue with key policy makers and influencers;
- To hold an initial round table discussion with key stakeholders to share the findings from the evaluation reports;
- Develop 'key findings' and policy papers for each programme area;
- Develop 'key messages' and policy papers for those cross cutting themes which emerge from the evaluations;
- Agree a dissemination plan which recognises CDI's many audiences;
- Pilot key messages for the various audiences, to maximise the accessibility of information;
- Hold an event for children and families of Tallaght West through which to share the learning from the evaluations;
- Review, revise and maximise the utilisation of the CDI website, and other social media;
- To establish a Communications Sub-committee, under the auspices of the Board, to drive the implementation of the action plan.

CHAPTER FIVE

Finance

5.1: FINANCE:

TALLAGHT WEST CHILDHOOD DEVELOPMENT INITIATIVE LIMITED

PROFIT AND LOSS ACCOUNT for the year ended December 31st, 2011

	Notes	2011 €	2010 €
TURNOVER	1	2,865,510	3,508,079
Operating expenses	2	(3,478,895)	(3,351,403)
Operating (Loss) / Profit	3-5	(613,385)	156,676
Interest payable and similar charges	6	(510)	(650)
Interest receivable and similar income	7	12,808	5,818
(Loss)/Profit on ordinary activities before taxation		(601,087)	161,844
Tax on results of ordinary activities	8	—	—
(Loss)/Profit for the year		(601,087)	161,844
STATEMENT OF MOVEMENT IN RETAINED PROFITS			
Retained at January 1st, 2011		626,404	464,560
(Loss)/Profit retained for year		(601,087)	161,844
Retained at December 31st, 2011		25,317	626,404

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES

The company has no recognised gains and losses other than those included in the Profit and Loss Account above and therefore, no statement of total recognised gains and losses has been prepared.

NOTE OF HISTORICAL COST PROFITS AND LOSSES

There is no difference between the loss on ordinary activities before taxation and the retained loss for the year on an historical cost basis and the corresponding amounts stated above.

On behalf of the board:

DIRECTOR

[Signature]

DIRECTOR

Anne Genockey

DATE

14/6/12

TALLAGHT WEST CHILDHOOD DEVELOPMENT INITIATIVE LIMITED**BALANCE SHEET
for the year ended December 31st, 2011**

	Notes	2011 €	2010 €
ASSETS EMPLOYED			
FIXED ASSETS			
Tangible Assets	9	3,227	5,008
CURRENT ASSETS			
Debtors and prepayments	10	116,731	189,762
Cash at bank and in hand		179,167	1,486,641
		295,898	1,676,403
CREDITORS: amounts falling due within one year			
Other creditors & accruals	11	273,808	1,055,007
		273,808	1,055,007
NET CURRENT ASSETS			
		22,090	621,396
NET ASSETS, LESS CURRENT LIABILITIES			
		25,317	626,404
FINANCED BY			
Accumulated Restricted Funds	12	25,317	626,404
		25,317	626,404

On behalf of the board:**DIRECTOR****DIRECTOR****DATE**

Nuala Spring
Aine Genockey
14/6/12

TALLAGHT WEST CHILDHOOD DEVELOPMENT INITIATIVE LIMITED**NOTES TO THE FINANCIAL STATEMENT
for the year ended December 31st, 2011****1. TURNOVER**

Turnover is made up of income from grants received.

2. BREAKDOWN OF COSTS OF CHARITABLE ACTIVITIES

Overheads and other costs are allocated to the activities in proportion to the percentage of total salaries for each activity.

	Allocated costs		Activity specific costs	Total costs
	%	€	€	€
Early Childhood Care & Education	14.285%	57,049	1,135,534	1,192,683
Afterschool Literacy	14.285%	57,049	263,751	320,800
Afterschool Pro Social Behaviour	14.285%	57,049	262,052	319,101
Healthy School Initiative	14.285%	57,049	119,652	176,701
Community Safety Initiative	13.285%	53,056	130,029	183,085
Enhancing Quality	14.285%	57,049	213,900	270,949
Evaluation	14.285%	57,049	820,921	877,970
Restorative Practice	1.005%	4,014	71,129	75,143
	<u>100.00%</u>	<u>399,364</u>	<u>3,016,968</u>	<u>3,416,332</u>
Governance Costs				62,563
Total Operating Expenses				<u>3,478,895</u>

3. STATUTORY AND OTHER INFORMATION

The (loss)/profit on ordinary activities before taxation is stated after charging:	2011	2010
	€	€
Auditors remuneration – Audit	2,420	2,673
Auditors remuneration – Non audit services	1,815	2,005
Depreciation	4,080	3,312
	<u> </u>	<u> </u>

4. DIRECTOR'S REMUNERATION AND TRANSACTIONS

During the year, no Directors' remuneration was provided.

TALLAGHT WEST CHILDHOOD DEVELOPMENT INITIATIVE LIMITED**NOTES TO THE FINANCIAL STATEMENT contd.****5. EMPLOYEES AND REMUNERATION**

The average number of people employed by the Company in the year was 9.

The staff costs are comprised of:

	2011	2010
	€	€
Wages and Salaries	448,526	515,724
Pension Fund	4,157	8,013
Social Welfare Costs	33,594	32,996
	<u>486,277</u>	<u>556,733</u>

6. INTEREST PAYABLE AND SIMILAR CHARGES

	2011	2010
	€	€
Bank Interest & Charges	<u>510</u>	<u>650</u>

7. INTEREST RECEIVABLE AND SIMILAR INCOME

	2011	2010
	€	€
Interest received	<u>12,808</u>	<u>5,818</u>

8. TAX ON PROFIT ON ORDINARY ACTIVITIES

The company was granted charitable status on October 25th, 2007, by the Revenue Commissioners and is accordingly exempt from Income Tax / Corporate Tax, Capital Gains Tax and Deposit Interest Retention Tax which exemption extends to the income and property of the company.

9. FIXED ASSETS

	Office Equipment	IT Equipment	Total
	€	€	€
COST			
Balance at 01/01/11	9,541	23,006	32,547
Additions	–	2,299	2,299
	<u>9,541</u>	<u>25,305</u>	<u>34,846</u>
ACCUMULATED DEPRECIATION			
Balance at 01/01/11	6,140	21,399	27,539
Charge for the year	1,909	2,171	4,080
Balance at 31/12/11	<u>8,049</u>	<u>23,570</u>	<u>31,619</u>
NET BOOK VALUE			
Balance at 31/12/11	<u>1,492</u>	<u>1,735</u>	<u>3,227</u>
Balance at 31/12/10	<u>3,401</u>	<u>1,607</u>	<u>5,008</u>

TALLAGHT WEST CHILDHOOD DEVELOPMENT INITIATIVE LIMITED**NOTES TO THE FINANCIAL STATEMENT** *contd.***10. DEBTORS AND PREPAYMENTS**

Amounts falling due within one year:	2011	2010
	€	€
Prepaid Expenses, Accrued Income and Sundry Receivables	116,731	189,762
	<u>116,731</u>	<u>189,762</u>

11. CREDITORS, amounts falling due within one year

	2011	2010
	€	€
<i>Loans and other borrowings</i>		
Bank overdraft	-	-
	<u>-</u>	<u>-</u>
<i>Other Creditors</i>		
Creditors & Accruals	262,109	295,555
PAYE/PRSI	11,699	9,452
Deferred Income	-	750,000
	<u>273,808</u>	<u>1,055,007</u>
Total Creditors	<u>273,808</u>	<u>1,055,007</u>

12. MOVEMENTS IN MEMBERS' FUNDS

	2011	2010
	€	€
(Deficit)/Surplus for the financial year	(601,087)	161,844
Opening members' funds	626,404	464,560
	<u>25,317</u>	<u>626,404</u>

13. COMMITMENTS

The Directors have not entered into any binding capital expenditure commitments at the year end.

14. RELATED PARTY TRANSACTIONS

There were no transactions with related parties during the year.

15. CONTINGENT LIABILITIES

A legal case pending at 31 December 2010 was settled during 2011. The total settlement cost, including legal fees was €21,399. The total amount €21,399 is included under Legal and Professional Fees in the financial statement.

16. APPROVAL OF FINANCIAL STATEMENTS

The financial statements were approved by the Board of Directors on June 14, 2012

CHAPTER SIX

Conclusion

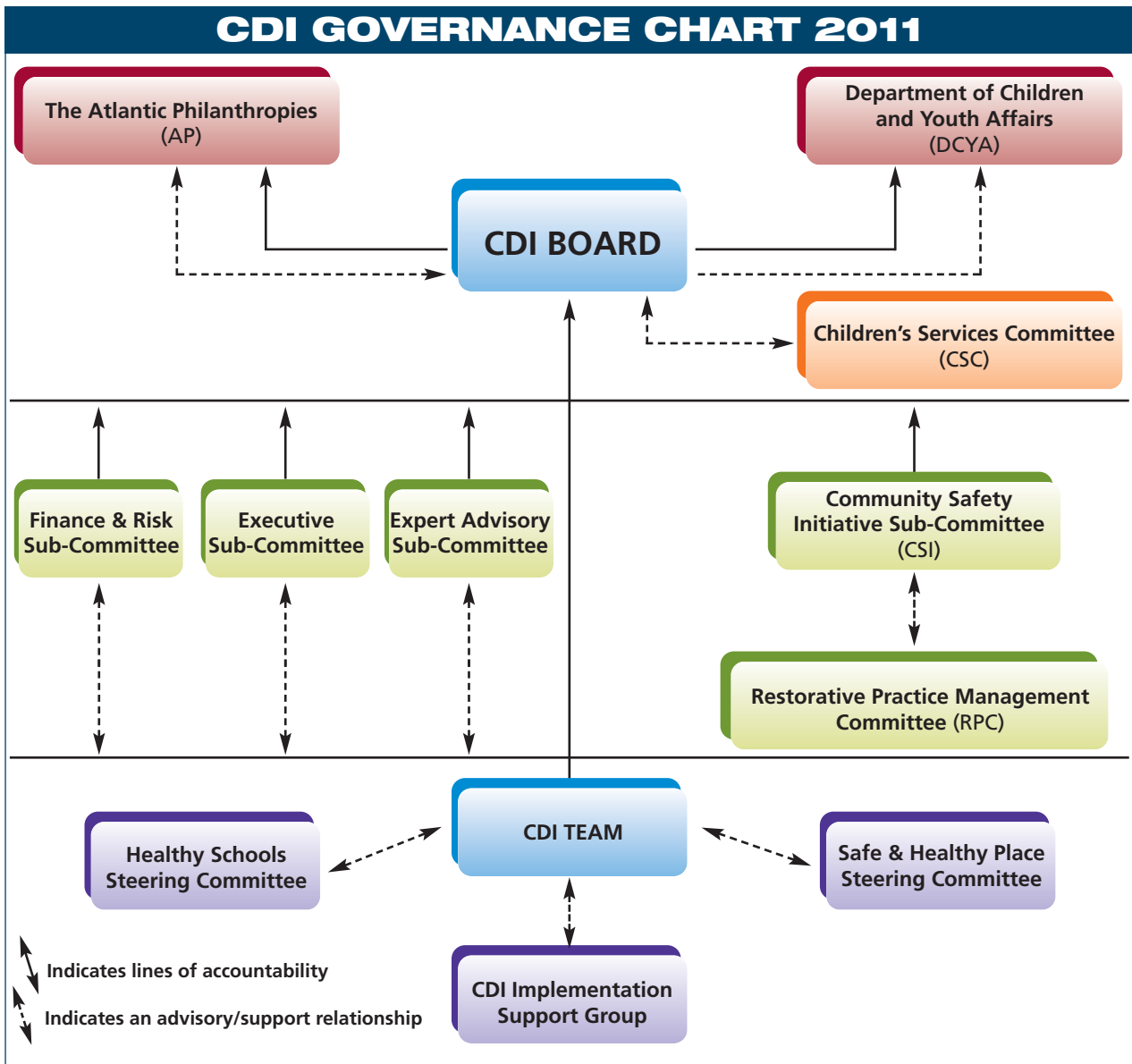
CONCLUSION:

The past year was a busy one for CDI, and one characterised by change and challenge, and yet underpinned by hope and positive experiences. The impact of the economic climate on morale, resources and demand has already been noted, and inevitably, this impacted throughout the year.

However, staff within CDI, and those delivering and supporting CDI programmes, managed to retain optimism about the future, not only for themselves and their organisations, but most importantly for the children and community of Tallaght West. This was reflected in the community survey published during 2011, *'How Are Our Families'* which evidenced families and young people having generally positive dispositions and expectations, despite the struggles and challenges being faced. In addition to the direct work with children and families, CDI believe that it was able to support a strengths-based and solution focused approach, through offering professional training to staff, leadership in managing challenges and identifying solutions, and funding some key mechanisms through which to engage families in positive interventions.

The coming year will bring CDI to a new phase, with the finalisation of evaluation reports, clarity on those elements of the work which have impacted on outcomes for children and families, and the need to balance attention on influencing policy and practice whilst maintaining a commitment to service delivery and meeting need.

APPENDIX 1:



APPENDIX 2:

Membership of CDI Governance Structures:

CDI Board:

- Ms. Noelle Spring (Chair) (Development Director, Katherine Howard Foundation);
- Dr. Suzanne Guerin (School of Psychology, University College Dublin);
- Ms. Anne Genockey (Manager, Rainbow House, An Cosan);
- Ms. Monica Conboy (Manager, AIB Bank);
- Professor Tommy Cooke (DIT, Community Links Programme);
- Ms. Emily Kelty (Community Representative);
- Ms. June Kelly (Community Representative);
- Ms. Sherin Abdelnaby (Community Representative);
- Mr. John Lahiff (Formerly National Coordinator, Social, Personal and Health Education (SPHE) now retired);
- Ms. Sandra Thorpe (Senior Partner, Level 4).

Executive Sub Committee

- Ms. Monica Conboy (Manager, AIB Bank, Tallaght Village); CDI Board Member;
- Ms. Noelle Spring (Chair, CDI Board). (Development Director, Katherine Howard Foundation).

Finance and Risk Sub Committee

- Ms. Monica Conboy (Manager of AIB Bank);
- Mr. Tony Joyce (Director & Investment Advisor, AP Joyce Trading Ltd);
- Mr. John Mc Garry (Financial Controller, State Street Corporation);
- Mr. Maarten Bongenaar (Operations Manager, Combined Insurance);
- Mr. Nicholas Mc Nicholas (Barrister at Law).

Expert Advisory Committee (EAC)

- Dr. Suzanne Guerin (Chair) (CDI Board, Lecturer in Psychology, School of Psychology, University College Dublin (UCD));
- Dr. Saoirse Nic Gabhainn (Senior Lecturer in Health Promotion and Deputy Director of the Health Promotion Research Centre, National University of Ireland, Galway);
- Professor Mary Corcoran (Senior Lecturer, Department of Sociology, NUI, Maynooth);
- Dr. Mark Dynarski (Vice President, Director, Centre for Improving Research Evidence, Mathematica Policy Research Inc.);
- Professor Marjorie Smith (Co- Director, Thomas Coram Research Unit, Institute of London);
- Helen Johnston, (Senior Social Policy Analyst, National Economic and Social Council).

Healthy Schools Steering Committee

- Robert O'Leary (Principal, Scoil Chroí Ró Naofa Senior);
- Martin Morris (Principal, Scoil Chroí Ró Naofa Junior);
- Orla Hanahoe (Principal, Scoil Cnoc Mhuire Senior);
- Chris Meehan (Principal, Scoil Cnoic Mhuire Junior);
- Bairbre Ní Ghioll (Principal, Scoil Chaitlín Maude);
- Patrice O'Reilly (Primary Care Team, HSE);
- Kevin Webster (Community Team Leader, Social Work Department, HSE);
- Caroline Peppard (Health Promotion Officer, HSE);
- Maria Finn (Social Inclusion Officer in South Dublin County Council);
- Pauline O Hanlon (HSCL).

Community Safety Initiative Steering Committee

- Mr. Billy Coman (South Dublin County Council);
- Ms. June Kelly (CDI Board, Community Representative);
- Sergeant Brian Sheridan (Gardaí);
- Ms Aine O'Keefe (Tallaght Youth Service); and
- Ms. Tarynn Posse Oliver (Community Representative).

A Safe and Healthy Place Steering Committee

- Ms. Deirdre Quinn (Community Representative);
- Mr. Gavin Mulhall (HSE);
- Ms. Mary Byrne (Community Representative);
- Ms. Sinead Hennigan (Garda Siochána);
- Mr. James Parkin (Barnardos);
- Mr. Tony Shaw (South Dublin County Council);
- Mr. Martin Ward (Oaklee Housing Association);
- Ms. Su Clarke (South Dublin County Council);
- Ms. Fiona McDonnell (Tallaght Youth Service).

Implementation Support Group (ISG)

- Ms. Colette Mc Loughlin (Chair of ISG) (HSE);
- Ms. Anna Lee (Dodder Valley Partnership);
- Ms. Orla Barrett (NEPS);
- Mr. Billy Coman (South Dublin County Council)
- Mr. Francis Chance (Barnardos);
- Sgt Brian Sheridan (An Gardaí Siochána);
- Ms. Liz Waters (An Cosan);

- Ms. Maria Donohoe (Children's Services Coordinator);
- Ms. Rosa Fox (Childcare Officer, Co. Dublin VEC);
- Ms. Jean Courtney (South Dublin County Childcare Committee);
- Mr. Pat Conroy (Lucena Child & Family Services).

Strategy Working Group

- **The CDI Board:**
 - Noelle Spring (Chair);
 - Emily Kelty (Community Resident);
 - John Lahiff;
 - Sandra Thorpe.
- **Implementation Support Group:**
 - Catherine Curren;
 - Frances Chance;
 - Collette McLoughlin;
 - Anna Lee.

CDI Team

- Ms. Marian Quinn (CEO);
- Dr. Tara Murphy (Research and Evaluation Officer), resigned Dec 2011;
- Ms. Grainne Smith (Quality Specialist);
- Ms. Aileen Murphy (Quality Specialist), resigned Aug 2011;
- Ms. Joyce Cahill (Community Engagement Coordinator);
- Ms. Claire Casey (Community Engagement Coordinator);
- Ms. Paula Kavanagh (Administration and Communications Coordinator);
- Ms. Audrey Habington (Administrative Assistant);
- Ms. Claire Barry (Finance and Administration Assistant), joined team in Mar 2011;
- Ms. Marguerite Hanratty (Programme Support Manager);
- Ms. Sue Mulhall (Strategy and Corporate Services Manager), joined the team in June 2011 and resigned in September 2011;
- Dr. Delphine Ancien (REPP Administrator), joined the team in Sept 2011;
- Ms. Lynne Cahill (Research Intern), joined the team in Sept 2011;
- Ms. Michelle Butler (Strategy and Corporate Services Manager), joined team in Nov 2011;
- Ms. Anne-Marie Reid (Quality Specialist); joined team in Dec 2011.

Glossary of Terms:

Attrition	Refers to the level of “drop-out” or non-attendance by programme participants.
Fidelity	The degree to which a programme is delivered when compared to the essential elements of the original programme.
Labelled Behaviours	Explaining exactly what behaviour you require so “Sit on your seat and talk quietly” as opposed to “Be good.”
Labelled Praise	Telling the person exactly what s/he is doing that you like. Used to demonstrate a degree of an emotion. For example if you were a little annoyed you would be low down on the anger thermometer in contrast to feeling enraged which would be high on the anger thermometer.
Logic Model	Explains why a programme works. Usually it is based on rigorous research and testing or by careful service design using high-quality local and international research.
Manualised Approach	When programme delivery is guided by a manual. The manual should contain clearly defined outcomes to be achieved, clear target criteria, a strong logic model and well defined service components.
Partnership	A relationship involving the sharing of power, work, support and /or information with others for the achievement of joint goals and or mutual benefits.
Pro-social Behaviour	Effectiveness in interactions and communication with others and an ability to consider outcomes or occurrences from both one’s own and others perspectives.
Randomised Control Trial	An evaluation method which randomly allocates potential beneficiaries of an intervention to a programme or treatment group (who receive the intervention) or a control group (who do not). Outcomes for the two groups are then compared.
Resilience	Psychological resilience refers to an individual's capacity to withstand stressors and not manifest psychological dysfunction, such as mental illness or persistent negative mood.

APPENDIX 3: Acronyms:

AP	The Atlantic Philanthropies
CDI	Childhood Development Initiative
CEE	The Centre for Effective Education
CEO	Chief Executive Officer
CES	Centre for Effective Services
CFRC	The Child and Family Research Centre
CoP	Communities of Practice
CSC	Children's Services Committee
CSER	Centre for Social and Educational Research
CSI	Community Safety Initiative
DCYA	Department of Children and Youth Affairs
DD	Doodle Den Programme
DIT	Dublin Institute of Technology
EAC	Expert Advisory Committee
ECCE	Early Childhood Care and Education
EoI	Expressions of Interest
EBP	Evidenced Based Programme
HBSC	Health Behaviour in School- aged Children
HSC	Healthy Schools Coordinator
HSE	Health Services Executive
HSP	Healthy Schools Programme
HSCL	Home Schools Community Liaison
IoE	Institute of Education
ISG	Implementation Support Group
MT	Mate-Tricks Programme
NEPS	National Education Psychological Services
NUIG	National University of Ireland, Galway
NUIM	National University of Ireland, Maynooth
OMCYA	The Office of the Minister for Children and Youth Affairs
PEIP	The Prevention and Early Intervention Programme
PHN	Public Health Nurse
PCF	Parent Carer Facilitator
PPCC	Parents Plus Community Course
QEP	Quality Enhancement Programme
RAPID	Revitalising Areas through Planning Investment and Development
RCT	Randomised Control Trial
SDCC	South Dublin County Council
SDCCC	South Dublin County Childcare Committee
SLT	Speech and Language Therapy/Therapist
SNA	Special Needs Assistant
SFP	Strengthening Families Programme
SHP	Safe and Healthy Place
SCP	School Completion Programme
TCD	Trinity College Dublin
TW	Tallaght West
UCD	University College Dublin
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
SWG	Strategic Working Group
IPA	Institute for Public Administration
VEC	Vocational Education Committee

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