

INTEGRATED SERVICE PROVISION FOR AT RISK CHILDREN AND THEIR FAMILIES

Eemer Eivers

Educational Research Centre

St Patrick's College, Dublin

The integration of service provision for 'at risk' children and their families is examined in case studies in four geographical areas. Despite differences between areas in the degree of integration achieved, provision was disjointed. Urban provision was characterized by a preponderance of services supported by short-term funding, often housed in unsuitable premises, while rural provision was limited in the extreme. Some of the main factors found to facilitate or obstruct integration are outlined. It is concluded that the 'under one roof' model proposed by the OECD (1998) can work well in an urban setting, provided that services are not centralized around a school, but that a different model will be required to meet the needs of a rural population.

Although widespread use of the term 'at risk' is relatively recent, it has nonetheless become somewhat of a cliché, used to denote each or all of a variety of educational, personal, and societal problems. It is probable that most children could be described as 'at risk' at some time or other in their lives (Liontos, 1992). However, there remains a core of children who, to use the Organisation for Economic Co-operation and Development definition, 'fail to reach the necessary standards in school, often drop out and as a consequence fail to become integrated into a normally accepted pattern of social responsibility, particularly with regard to work and family life' (OECD, 1995, p. 13).

The OECD definition takes educational difficulties as its starting point, but also acknowledges the potential longer-term effects of being 'at risk'. Not only are there multiple possible consequences, but also many associated factors. As well as poverty, family characteristics, health, quality of housing, schooling, and the local community can all contribute to a child being at risk (Cullen, 1997; OECD, 1995). Furthermore, risk factors have a multiplying effect, recognition of which has, in part, contributed to the belief that a multifaceted approach to dealing with at risk children will be more successful than approaches which only tackle single issues. This belief has also given rise to the current interest in the provision of integrated services. Service integration can mean many things. The definition used here is one from the United States Department of Health, Education, and Welfare that has been widely used in the literature:

Service integration refers primarily to ways of organising the delivery of services to people at the local level. Services integration is not a new programme to be super-imposed over existing programmes; rather, it is a process aimed at developing an integrated framework within which ongoing programmes can be rationalised and enriched to do a better job of making services available within existing commitments and resources.

Its objectives must include such things as:

- (i) the co-ordinated delivery of services for the greatest benefit to people;
- (ii) a holistic approach to the individual and the family unit;
- (iii) the rational allocation of resources at the local level so as to be responsive to the local needs. (cited in OECD, 1996a, p.35)

While it may seem self-evident that the best way to help a child coping with many problems is not to just deal with one problem at a time, but to adopt a more holistic approach, this has tended not to be the case. Traditional models of intervention have often dealt with specific issues, ignoring the interrelated nature of difficulties. Moreover, many services have been crisis-oriented, targeting problems that have occurred rather than offering the support necessary to prevent problems (Melaville & Blank, 1991). Communication across professional boundaries has also been limited with a resultant inability to produce comprehensive solutions for individuals dealing with multiple difficulties. At times, lack of inter-agency communication has led to more extreme examples of failure. For example, Reder, Duncan and Gray (1993), in an examination of the results of 35 inquiries into the deaths of children in the United Kingdom, concluded that the one common finding was that 'inter-agency communication was flawed' (p.60). Thus, although the concept of service integration has been around for some time, particularly in health services, its implementation has remained somewhat haphazard, constrained by bureaucratic and professional divisions.

With a few notable exceptions, education is a late convert to the merits of service integration (OECD, 1996a). Policy makers and commentators have only recently begun to move away from the idea of education as a panacea for disadvantage

The supreme confidence of the 1960s that educational provision on its own could solve the problems of disadvantage, a view that gave way to a pessimism in the 1970s about what education could achieve, has now been replaced by the view that while education has a role to play, that role is not sufficient in itself to deal with disadvantage. (Kellaghan, Weir, Ó hUallacháin, & Morgan, 1995, p. 6)

The OECD in particular has focused attention on the potential benefits of greater integration between education and other services in dealing with at risk children, with publications such as *Our Children at Risk* (OECD, 1995), *Successful Services for Our Children and Families at Risk* (OECD, 1996b), *Integrating Services for Children at Risk* (OECD, 1996a), and *Under One Roof* (OECD, 1998).

Efforts to improve service integration in dealing with poverty, social exclusion, and educational disadvantage are also evident in Ireland. At national level, the Strategic Management Initiative and the subsequent report *Delivering Better Government* (Co-ordinating Group of Secretaries, 1996) have highlighted the need to make the Irish civil service more responsive to the needs of the public, to reduce red tape, and most importantly, to achieve greater integration in decision-making and subsequent actions by state departments. The National Anti-Poverty Strategy (NAPS), *Sharing in Progress* (1997), provided for a cross-departmental framework to ensure increased co-ordination of policies and for the development of a partnership approach to dealing with issues relating to poverty. One of the guiding principles of the NAPS is the recognition of the multi-dimensional causes of poverty and the realization that effective responses must also be multi-dimensional and multi-agency. To support the implementation of the NAPS, a Cabinet Sub-Committee on Social Inclusion, with representation from eight government departments has been set up.

Both the *National Development Plan 2000-2006* (1999) and the *Programme for Prosperity and Fairness* (2000) support increased integration of services to deal with social exclusion, while *The National Children's Strategy* (2000) clearly emphasizes the importance of co-ordination at both national and local level, stating that one of the main aims of the National Children's Office is 'to support a greater level of inter-agency and inter-disciplinary work as an effective way of promoting a more seamless service, which is child focused rather than service lead' (p. 89).

Government efforts to facilitate integration of services have not been confined to the national level. Area Development Management (ADM) was created in 1992 to assist in local development and integration. To date, it has helped set up 38 Partnership companies in disadvantaged areas, and also manages the Integrated Services Projects (ISPs) (four pilot projects set up to develop models of best practice for integration between state agencies and local groups in urban areas of disadvantage). One of the principal recommendations of the Report of the Interdepartmental Task Force on the Integration of Local Government and Local Development Systems (1998) was the establishment of County or City Development Boards. These have now been established in every

county and city in Ireland, and are responsible for bringing together key players at local level to engage in a process of long-term planning for each county or city for the next ten years. The Boards are representative of local government, local development bodies (Area Partnerships, LEADER groups, and county/city enterprise boards) and state agencies and social partners (employers and business, farming, trade unions and community and voluntary sectors) operating locally. Most recently, the CLÁR (*Ceantair Laga Árd Riachtanais*) and RAPID (Revitalising Areas by Planning, Investment and Development) programmes have been launched. RAPID is designed to focus on the regeneration of the 25 most disadvantaged urban and provincial areas in the country, while CLÁR is its rural equivalent, operating in 16 areas that have experienced significant population decline.

Other non-governmental bodies such as the Combat Poverty Agency (CPA) and the Conference of Religious in Ireland (CORI) have also been strongly supportive of the need for local service integration. The CPA initiated a three-year programme aimed at tackling educational disadvantage through a co-ordinated and integrated partnership of agencies at local level. The programme was set up in four areas (Drogheda, Killinarden, Tralee, and Tuam), each of which was involved in similar activities, which include an examination of the extent of local disadvantage, the identification of gaps in service provision, and inter-agency training programmes (CPA, 1998; Cullen, 2000). There have also been many EU-funded pilot initiatives for at risk children (e.g., *Deis na Gaillimhe*, Kilkenny Youthlynx, and *Mol an Óige* in Tipperary) operating on the basis of integrating local service provision to tackle educational disadvantage.

The Department of Education and Science has also made efforts to facilitate a more integrated approach to educational disadvantage and to service provision for at risk children. In addition to the Educational Disadvantage Committee and the Social Inclusion Unit which co-ordinates departmental and inter-departmental policy, inter-agency co-operation was made a key aspect of the 8- to 15-Year Old Early School Leavers Initiative and the Stay in School Retention Initiative (both of which have been subsumed into the new School Completion Programme). The Home/School/Community Liaison (HSCL) scheme has, since its inception in 1990, had parental and community involvement as a core element, while, more recently, Giving Children an Even Break by Tackling Disadvantage (2001) has emphasized the importance of collaboration with local agencies. The Education (Welfare) Bill also made provision for the co-ordination of activities between the National Education Welfare Board and other relevant state agencies, such as the Gardaí, Vocational Education Committees,

Health Boards, the National Council for Curriculum and Assessment, and the National Youth Work Advisory Committee.

As can be seen from this brief review, the need to foster an integrated approach underlies much recent government policy. As a consequence, the Department of Education and Science commissioned the Educational Research Centre to analyse the degree of integration between school-based services, and between these and non-school-based services, to identify measures that might be adopted to foster a more integrated approach. The research was carried out in four case study areas during 1999 and 2000 (Eivers & Ryan, 2000). Some of the common factors which hindered or facilitated service integration are examined in this paper, as well as differences between the case study areas.

METHOD

Four areas were chosen for case studies: a large estate on the outskirts of Dublin; an inner-city area in Cork; a housing estate in a provincial town; and a rural area near the west coast. A profile of each area, which includes demographic data, an outline of the local infrastructure, and a comprehensive list of all services available to those living in the area, was compiled. Structured interviews were carried out with service providers, teachers, and parents in each area. Service provision in the areas and the degree of integration between services were then analyzed.

Structured interviews were designed for each type of interviewee (teacher, service provider, and parent). The interviews focused on opinions in relation to available services and service integration. Service providers and teachers were also asked about their experiences of integration. In each area, individual interviews were conducted with between four and six service providers. Parents were interviewed in groups. Three primary and three post-primary schools were visited, and interviews were conducted with a principal and a teacher.¹

SERVICE PROVISION IN THE CASE STUDY AREAS

A brief overview of provision in the four areas at the time of the case studies is provided in this section. Although based on four small and quite different areas, there were strong similarities across the areas in terms of the factors perceived to

1 Interviews were conducted with the following types of teachers: Home-School-Community Liaison co-ordinator, Year Head in secondary schools, vice-principal, career guidance, support, remedial and resource teachers.

foster or hinder integration. Thus, it is likely that findings are pertinent to service provision in other areas of the country.

There were distinct differences between the four case study areas, both in terms of amount and type of provision, as well as in the degree of integration of services. In particular, provision in the rural area was limited in the extreme, with little or no apparent integration. Within the urban and provincial locations, far more services were available, although many were located outside of the case study areas, while few located within the areas were housed in appropriate facilities. Services were typically funded by government or by a mixture of government and European Union (EU) funding. Much of the financing was short-term, often on a pilot basis, making long-term planning for individual organizations, and for the area, quite difficult. Voluntary work and local fundraising supported a much greater proportion of activities in the rural area than in the other three areas. It was clear that integration had not been achieved in any of the four areas, although there were differences in the extent to which basic structures had been instituted to facilitate it.

Despite differences, the same issues tended to crop up in each area. Health boards were generally isolated from the network of local service provision, while government departments and statutory bodies were often described as the biggest obstacles to developing an integrated service. Schools varied considerably in their approach, with some very involved in local networks and some almost completely isolated. Common gaps in provision were found in activities for young people, developmental youth work, early intervention programmes, and psychological services for schools.

A number of factors were found to facilitate greater integration of services. The presence of a strong local body was associated with greater integration. It was clear that Partnership companies had contributed to greater integration, and those that had a significant focus on community development appeared to have had most success in creating dialogue among service providers.² Those that allocated considerable resources to helping local groups access funds (either by identifying funding sources or assisting with grant applications) and provided meeting space and office support facilities were most likely to create an environment in which local groups shared ideas and planned together.

2 Although in theory, community development was a significant part of the work of all Partnerships, in practice some Partnerships placed considerably more emphasis on it than did others.

Where Partnerships were perceived to have adopted a bottom-up approach and to have consulted widely with pre-existing services, there was greater support for, and investment in, their activities. This was most apparent in Dublin, where the Partnership was perceived to have consulted widely with local agencies. In particular, the Jobstown Education and Training Strategy (JETS)³ was praised as an example of an innovative inter-agency approach sponsored by the local Partnership as a consequence of extensive consultation with local service providers.

Planning at the level of the local area, typically supported by the local Partnership company or by a local co-ordinating body, appeared to have led to better communication between service providers. Moreover, the research suggested that for maximum effectiveness, local planning needed to feed into planning for the wider area (a 'bottom-up' approach), while at the same time recognizing that planning for the wider area must inform local planning (a 'top-down' approach).

Another factor contributing to greater co-operation and co-ordination between services was the long-term presence of a number of agencies (and personnel) in the area. Agencies that had existed for a number of years tended to have staff that had built up local knowledge and local contacts, which facilitated co-operation between agencies. Whatever the ideological underpinnings of services, greater networking, co-operation, and co-ordination were facilitated by good personal relations between staff in different agencies. Shared premises typically, though not always, led to a more co-ordinated approach between providers.

The degree to which schools participated in local networks and was perceived by other service providers as part of a network varied considerably. Participation was facilitated by the presence of schemes such as the 8- to 15-Year Old Early School Leavers Initiative and the HSCL scheme, but it was also heavily dependent on the attitudes of teaching staff. In particular, the attitudes of the principal and, to a lesser extent, the HSCL co-ordinator dictated how schools were perceived by service providers and by parents. Finally, areas with more

³ JETS provided a range of supports over a 4-year period (1996-2000) to 18 pupils identified as at high risk of early school leaving. Pupils were brought together into one class at the end of primary school, kept together through the first three years of post-primary school and offered a wide range of extra learning and social supports throughout the project. A major aim of JETS was to provide models of good practice for dealing with children at risk of early school leaving.

services for the area located in the area appeared to have greater inter-agency contact. This was most obvious in the rural case study, where services were typically located outside the area, and where communication between agencies was at its poorest.

OBSTACLES TO INTEGRATION

Some of the main obstacles to integration identified in the case studies are outlined in this section.

Inter-Departmental Communication

Despite the many inter-departmental initiatives to promote integration, the perception of those working on the ground was that integration was even less of a reality at a high level than it was at local level. This is not a problem peculiar to Ireland. The OECD (1996b) commented that

It is perhaps in relation to communication amongst ministries or departments that the reports indicated the greatest need for improvement in the development of efficient, open, reliable, frequently and regularly used channels. (p.65)

The lack of any one department with overall responsibility for young people was mentioned by a number of service providers as being partly responsible for the incoherence in policy. Also mentioned was the lack of an 'official' national youth body, with representation from voluntary and statutory agencies, and with sufficient influence to affect policy. While the National Youth Council of Ireland is the co-ordinating body for voluntary youth organizations, some of those interviewed saw *Foróige* (the National Youth Development Organization) or the National Youth Federation as having greater influence. A similar situation exists for childcare provision [for example, ADM (1998) lists nine government departments with responsibility for the provision of childcare]. *The National Children's Strategy* (2000) was published subsequent to the case studies being carried out, and a Minister of State post with responsibility for children, a Cabinet Committee for Children, and the National Children's Advisory Council were created in 2001. These events have led to increased communication between government departments, but it remains to be seen how much of it will translate into a more integrated strategy at local level.

Communication Within the Department of Education and Science

Even within departments, there was considerable evidence of poor communication. The Department of Education and Science was criticized by many for the lack of any co-ordination between the various schemes designed to

combat educational disadvantage. For example, where schools were participating in multiple schemes organized by the Department, the various schemes were usually co-ordinated, but at Departmental level they were treated as separate entities, and schools were expected to have separate staffing, budgets, and accounting for each. Apart from the extra administration this required, it appeared to be an inefficient way to use resources.

There was a perception that the Department of Education and Science preferred to fund short-term pilot projects, rather than drawing on the experience of previous pilots and mainstreaming some initiatives. More recently, the lack of linkage between *Giving Children an Even Break* by Tackling Disadvantage and *Breaking the Cycle* suggests that the Department continues to develop schemes in relative isolation from each other, rather than adopting a more integrated plan at either departmental or school level. The Educational Disadvantage Committee may be expected to help improve both co-ordination between schemes and communication between the various sections in the Department. Furthermore, it could consider ways in which, at school level, resources could be pooled more efficiently.

More generally, the Department of Education and Science does not have adequate information about pupils in primary school. This not only restricts its ability to develop detailed data about its own client group (which could inform policy), but also curtails its ability to liaise with other agencies about mutual clients. Although the Department maintains data about the number of pupils in each primary school, it does not have any data on individual pupils. The only records of individual pupils are maintained in school roll books, which are retained in the school. The creation of a centralized database, using a Personal Public Service Number as the identifier for individual pupils, would help to ensure that all children who should be in school are actually enrolled, and facilitate communication with other state agencies using the same identification system.

Health Boards

Although the four areas examined were under the aegis of different health boards, there was remarkable similarity in the heavily critical views expressed about the local board in each area. In particular, an acute shortage of social workers was identified as a problem, as was the method of case assignment (made on a caseload basis rather than a geographical subdivision of an area). The latter was identified as a major obstacle to local area integration, as it made it difficult to establish a working relationship with individuals. Another complaint was that the same client was frequently dealt with by a number of social workers

over a period of time, making a coherent approach quite difficult. The assignment of individual social workers to small local areas, and of a designated contact social worker to every school, through whom all issues concerning the school's pupils would be channelled, and who would ideally deal with all of the school's enrolment, would be likely to foster a more coherent and integrated approach.

A shortage of Public Health Nurses (PHNs) was also identified as a problem, as was the limited number of hours during which they were available in health centre clinics or for home visits. An Eastern Health Board pilot scheme found that more flexibility in PHN working hours halved the number of 'no access' visits (Review Committee on Public Health Nursing, 1997). Thus, it would seem that more flexible hours might help to alleviate staff shortages, firstly by making the job more attractive to prospective PHNs, and secondly, by reducing the amount of time wasted, thereby allowing more clients to be met.

The health boards were the largest single service providers dealing with at risk families in each of the case study areas. As such, they should have a central role in the integration of services. However, the evidence suggests that, despite efforts of some frontline staff, this was not happening. Senior health board management was widely perceived as unsupportive of service integration. While it was clear that understaffing contributed to difficulties within the boards, it was also clear that how roles were defined was a problem. Significant liaison with other agencies was simply not seen as a core part of staff activities. Greater participation in service integration will require changes in role definition.

Area Definition and Area Planning

It was apparent that greater co-ordination was needed not only at national level, but also at regional and local levels. In this context the Interdepartmental Task Force on the Integration of Local Government and Local Development Systems (1998) commented

Whatever about the problems of policy co-ordination at the national level, the delivery of services and the shaping of objectives at ground level is where the absence of co-ordination is most felt. In Ireland these problems are probably more acutely felt than in other jurisdictions, due to the relatively narrow range of functions entrusted to the local government system. (cited in Interdepartmental Task Force on the Integration of Local Government and Local Development Systems, 1999, p.32)

In addition to the relatively centralized nature of Irish government, issues arise from the range of agencies which have responsibilities at regional level. At

the time of the case studies, there were many bodies involved in co-ordination of some sort at regional and local levels. These bodies (for example, Partnership companies, LEADER II groups, local authorities, *Údarás na Gaeltachta*, County Enterprise Boards, ISPs, Local Drugs Task Forces, and umbrella groups of local service providers) have now been joined by RAPID and CLÁR. All have proven effective in their own way but their success has been limited by their slightly different targets and geographical areas, and the fact that they have not adequately consulted with each other about how they intend to achieve their aims. Many areas had multiple partial plans, causing difficulties in terms of stated priorities for the area and time demands on service providers who were involved with more than one planning group. What was lacking was a holistic picture of the needs and plans for an area.

Since the present research was carried out, City and County Development Boards (CDBs) have been set up to design a comprehensive strategy for economic, social, and cultural development within cities and counties, and to oversee the implementation of the strategy. Although initial indications are positive, it is too soon to judge their effectiveness. However, it is clear that the Department of Education and Science has been unable to participate fully in the CDBs, due to the lack of local structures.

The centralised educational structure and administration has restricted the Department of Education and Science (DES) from playing its full role in integrative actions, such as City/County Development Boards, Childcare Committees, etc. It has also left them less responsive to localised issues. (Dublin City Development Board, 2002, p. 7)

Although local Vocational Education Committees (VECs) have participated in CDBs, this is only a partial substitute for the involvement of the Department of Education and Science. Given the move towards greater co-operation between agencies at local level, the centralized structure of the Department of Education and Science needs to be reviewed.

Local Co-ordinating Bodies

Local structures designed to improve communication between service providers have had some success. The rural area examined for this study did not have a co-ordinating body of service providers, and the degree of communication between services was markedly poorer than in the other three areas. This may be partly due to geographical dispersion, and partly to a dearth of non-voluntary service provision, but it is also likely that the lack of a co-ordinating body of service providers contributed to the relative lack of communication.

Nonetheless, co-ordinating bodies are not without their problems. Success has been hampered by time constraints and understaffing, turf wars, incoherent and inconsistent funding, lack of management commitment to integration, and a basic lack of clout by such local structures. Local community and voluntary organizations tended to have a greater involvement than larger statutory bodies in local co-ordinating bodies. While the more local focus that this may bring can be beneficial, the relative exclusion of larger agencies is not. Agencies such as the health boards and the Department of Social, Community and Family Affairs need to become more involved in local co-ordinating bodies.

Schools

While some schools were considered to be part of local networks of service providers, others were described as 'independent empires'. The degree of involvement seemed inappropriately dependent on the attitudes of the school principal, and to a lesser extent, the commitment of the HSCL co-ordinator. The smaller the school, the more likely it was to be removed from local networks, partly due to lack of ancillary staff and having a principal based full-time in the classroom. However, the exclusion of smaller schools can also be related to a tendency for service providers to focus on larger schools.

Schools frequently have the largest collection of facilities in disadvantaged areas. In some instances, these facilities were made available to the general community. Where facilities were not made available, the school was generally perceived less positively. While school principals and boards of management felt that they were justified in not doing so (citing insurance costs, and lack of supervisory personnel out of school hours), some service providers felt that the reasons for not making their facilities available had more to do with territoriality. A commitment by the Department of Education and Science to recompense schools for extra costs incurred in opening their facilities to the community would encourage at least some schools to do so.

Not only were schools frequently poorly integrated into networks of service providers, they sometimes had poor contact with other schools. There is no formal handover of information on pupils between primary and post-primary schools, although the National Council for Curriculum and Assessment (NCCA, 1993) recommended that schools share such information. In practice, many post-primary schools had at least some communication with their feeder primary schools about their incoming enrolment. However, information is less likely to be passed on in rural areas (Eivers, Ryan, & Brinkley, 2000). At a minimum, the Department of Education and Science should issue schools with guidelines about the type of information that should be handed over, and provide samples of

what is needed. Ideally, such information handover should be a requirement for any pupil transferring to a post-primary, or indeed to another primary school.

School Attendance Officers (SAOs) and Juvenile Liaison Officers (JLOs)

When the case studies were carried out, the Education Welfare Board had yet to be set up, and non-attendance in schools was the responsibility of either School Attendance Officers (SAOs) or Juvenile Liaison Officers (JLOs), depending on location.⁴ It was apparent that there were many difficulties with the system of monitoring non-attendance. In particular, there appeared to be chronic understaffing among SAOs. Consequently, many schools did not pass on the names of chronic non-attenders to SAOs, who they felt simply did not have time to deal with any but the very worst cases. SAOs were assigned to areas, rather than to schools, with the result that some schools had part of their enrolment covered by the School Attendance Department and part by JLOs. This made developing a coherent school or area strategy on non-attendance difficult.

Regarding JLOs, apart from the issue of the suitability of using Gardaí to enforce school attendance, the level of enforcement was questionable in many, particularly rural, areas. While some JLOs were praised as outstanding, in other instances many local service providers did not know who the JLO for their area was. This would certainly suggest minimal co-operation, or even contact, between the JLO and other services.

The setting up of the Education Welfare Board, with responsibility for the new Education Welfare Officers (EWOs), to monitor school attendance represents an improvement on the previous situation. It is expected to develop comprehensive strategies for dealing with non-attendance, and is founded on the basis of a multi-faceted approach with input from all the main stakeholders. However, staff will need to be recruited, SAOs will need to be trained to fulfil their new role as EWOs, and school management personnel will also require training to carry out the new functions required of them under the Education Welfare Act (2000).

⁴ The JLO programme operates under the supervision and direction of the Garda National Juvenile Office and is designed primarily to deal with young offenders. In practice however, JLOs frequently functioned in a role similar to that of SAO in areas not covered by the latter.

The Role of Teachers

The primary function of teachers is to teach, yet there are many who do not (administrative principals, HSCL co-ordinators), but who fill valuable roles in schools. Although almost all teachers interviewed saw the value of greater co-operation with other agencies and more contact with parents, they felt that their role definition did not allocate them any time in which to engage in such activities. Within a new framework of more integrated service provision, liaising with service providers should not be seen as extra work for teachers, but as part of the core role definition for some. To facilitate this, teacher training should incorporate modules on inter-agency co-operation and on the working practices of other professionals with whom teachers might be expected to liaise [as has been done successfully in the *Mol an Óige* project in Tipperary (*Mol an Óige*, 1999)].

It was evident from the case studies that aspects of how some roles were defined (in particular, the principal, HSCL and Breaking the Cycle co-ordinators) were hampering integration. HSCL and Breaking the Cycle co-ordinators are expected to adhere to the standard school day, but, due to changes in maternal employment rates, many if not most parents are not readily available during school hours. Similarly, many community groups and local networks meet outside school hours. Consequently, the expectation that HSCL and Breaking the Cycle co-ordinators adhere to the school day is hampering their ability to perform their job properly, and was an issue raised not only during the case studies, but by more than 80% of Breaking the Cycle co-ordinators during the evaluation of that scheme (Weir, Milis, & Ryan, 2002).

Although home visits, parental involvement, and liaising with outside agencies are defined as key aspects of the role of Breaking the Cycle co-ordinator, it was clear that theory and practice differed. Other research has also found that Breaking the Cycle co-ordinators feel they do not spend sufficient time on these activities, with many indicating that principals want them to engage in more remedial teaching and less home and community liaison (Weir et al., 2002). As regards principals, many simply do not have any time to allocate to meeting with other service providers. Principals (particularly in smaller primary schools) would benefit from more time away from teaching duties. How such free time is created could vary, depending on the size of the school.

Rural Service Provision

Perhaps the most striking feature of the case studies was the huge disparity in resources directed at urban and rural areas. Certainly, since there are more at risk young people living in urban areas, it is reasonable that greater provision be targeted at these areas, but this should not mean that rural youth should be largely

ignored, as appeared to be the case. In the rural area in the present study, there were very few services for at risk families, and even fewer of these services were located in the area. In particular, accessing specialist help typically meant travelling some distance to a town, or sometimes to Dublin (a round trip of over 300 miles).

Service provision in rural areas with small dispersed populations is qualitatively different from that in urban areas. The 'under one roof' concept promoted by the OECD, among others, is not ideally suited to rural areas where lack of public transport, long distances to travel, and poor advertising mean that many are either unaware of, or unable to access, centrally located services. Health services provide a clear example of this. Most health board services for the rural area were located in the county clinic, although the PHN and Community Welfare Officer services had weekly clinics in some smaller health centres around the county. An expansion of services in these local centres would help to address the problem of inaccessibility. While services may continue to be mainly centrally based, the facilities exist to deliver them in other locations on a weekly or monthly basis.

An urban bias was evident not only in the provision of health services, but also in terms of youth work, and to an extent, social policy. This has also been remarked on by other commentators, who believe that a different model of provision has to be developed for young rural people, rather than assuming that what works in urban areas will work in rural areas (Kerry Diocesan Youth Service, 2001; McRoberts, 1995). Certainly, the shortage of youth workers and the acute shortage of *trained* youth workers in rural areas need to be addressed. Consideration also needs to be given to the needs of rural youth. For example, many are geographically isolated from services and from their peers, and are consequently more reliant on adults than their urban counterparts for many things. The case of youth clubs in rural areas is particularly relevant. Being driven by your parents to a youth club 15 miles away rather than walking with your friends to the club down the street is a very different experience. Greater resources need to be directed at developing services for young rural people that are based in their local area, which they can access independently of adults.

Location of Urban Services – Under One Roof

In the urban case studies, many services were located outside the area, while those within the area tended to be dotted around the estates in corporation flats or houses, typically with little or no signposting. Interviews with parents indicated that, while they may have heard of the various services, many were unaware of what they did or where they were located. Where services were grouped

together, or well signposted, public knowledge of their location and aims was better. Purpose-built premises were being constructed in some areas at the time of the studies, which it was hoped would improve service provision and co-ordination among services in their areas. However, for this to happen, certain conditions will need to be met.

Firstly, it would be preferable if premises were shared among multiple tenants, and not just larger agencies such as the health board and the Department of Social, Community and Family Affairs. Secondly, premises which create opportunities for casual interaction among tenants (for example, shared kitchen and administration facilities) are likely to lead to better interpersonal relationships between individuals and to more co-operation between their agencies. Thirdly, for providers to reach their target clients, people need to know they exist. At a very basic level, any centralized facility should be well signposted, with a full list of all services clearly posted outside. Services should also be advertised in multiple other ways, such as in local or parish newsletters, on local radio, in schools and shops. Apart from raising the profile of services, such advertising also makes them less intimidating to users.

Fourthly, not only do service users need assistance, so do smaller service providers. Groups operating on tight (or sometimes non-existent) budgets generally have inadequate office and administrative facilities. Where possible, some office facilities in shared premises should be made available to such groups for a small fee. In particular, the occasional use of facilities such as a photocopier, meeting space, or a training room can be invaluable to smaller agencies.

Finally, and perhaps most importantly, while bodies such as the OECD have favoured a school-based cluster of services, the evidence obtained in the case studies indicates that this may not be the best approach to take. Many parents simply do not want to approach schools. While steps may be taken to change this, it does not make sense to locate most services in a place where a sizeable minority will not feel comfortable accessing them. Even those who are comfortable in a school environment pointed out that they would often prefer if their children, particularly at post-primary level, did not see them accessing services. Finally, as the provincial town case study highlighted, locating services around one school can mean that other schools are relatively neglected. Thus, while centralized service provision at a very local level has merit, a school may not be the ideal location.

CONCLUSION

While much effort, both at central government and local level, has been invested in developing more integrated approaches to dealing with at risk young

people, provision largely remains disjointed. Areas that had a strong Partnership body (which had heavily invested in community development), the long-term presence of a number of agencies and personnel, and services for the area located in clearly identifiable premises were most likely to have greater integration among services. Many barriers to integration were identified, including the relatively isolated nature of schools and health boards, the lack of local structures in the Department of Education and Science, and more generally, the lack of co-ordination at inter- and intra-departmental level.

Generally, it would appear that redefinitions of roles are essential to facilitate the adoption of a more integrated approach. Integration should not be seen as an add-on to one person's job in an organization (for example, a social worker who is the representative on the local group of service providers), but as a core part of everyone's role. All staff in an organization, whether in a school, a health board, or a section of a government department, should become more aware of how their work fits into the bigger picture. For this to happen, time needs to be allocated for co-operation with other agencies, and training on inter-agency collaboration needs to be provided.

Locating services under one roof, promoting greater integration in service provision, and greater awareness of services among client groups is a good model for urban areas. However, clustering services around a school may deter some of the most needy parents from seeking assistance. In rural areas, the under one roof model does not work, as it typically means services are located in the nearest large town, with no services in smaller rural areas. For these, alternative models need to be developed to meet the needs of at risk young people and their families. Services need not be based in the same premises every day, and greater use could be made of existing resources in smaller areas.

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