

| Cityside Target Group 0-5 years | Identification of Unmet Need | Is this still the case...or has progress been made? | Potential Actions | Level | Priority |
|---------------------------------|--|--|---|---------|----------|
| 1 | More early intervention at Antenatal and Postnatal stage - better outcomes for health of mother and baby | Acknowledgement that many mothers do not attend antenatal classes. Need for antenatal programmes that go further than just pregnancy, birth methods, pain relief etc. Include parenting advice, family support and exercise. Issue being dealt with well in Sure Start areas with links to midwives/health visitors. But outside Sure Start areas many new mothers still not attending even basic antenatal classes. All first time mothers and vulnerable mothers will be offered an antenatal home visit from a health visitor. | Develop more holistic universal antenatal programmes - link with Altnagelvin. Need to do more to appeal to vulnerable/hard to reach mothers/families that could benefit from supportive antenatal care - in particular mothers living outside SureStart areas. The infrastructure is in place for this - need to capitalise on willingness to work together - Multi-agency opportunity - Altnagelvin/Health Visitors/Family and Child Care/Community and Voluntary sector/Council - leisure services. | 1 and 2 | I |
| 2 | Families with new baby who are not coping | up to 27% of new mothers may have PND. WHSSB Maternal Mental Health Strategy group have been working on this. Concerns about delay in this process and impact on women with postnatal depression and their babies/other children. Some SureStarts offer services but this is not universal. services also offered by NEWPIN, Wellwoman, OASIS group in Creggan. Also sometimes those you would expect to cope, are not always coping well with a new baby. NSPCC research indicates that 50% of babies are hit before they are one years old | Practical support as well as medical support for mothers with postnatal depression, lone parents, parents new to the area or families where there is some vulnerability . Facilitated peer support groups. Non-stigmatising services. Home help type services. Need for outreach 'Community Mothers' concept to help mothers who are not coping | 2 | U |
| 3 | Developmental delays in babies and young children and child protection concerns | With changes in role of Health Visitors, more onus on parents now expected to pick up on developmental delay (HAL4) | Ask Western Trust to carry out Review of HAL4 to investigate level of risk of parents who are not picking up concerns about children | 2 | U |

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| 4 | Domestic Violence - all ages. Women's Aid reports that 'a high proportion of children living with domestic violence are themselves being abused - either physically or sexually - by the same perpetrator. (Estimates vary between 30% to 66% depending upon the study.)' | 1 in 4 women experience domestic violence. 1500 reported incidents of domestic violence in Derry last year with over 800 children present. New Trust Strategy in place to help identify domestic violence at antenatal stage. Under HAL4 Health Visitors to make antenatal visits to all first time mothers and others considered vulnerable. More work needed while young people are still at school. Limited resources to deal with perpetrators. Men Overcoming Domestic Violence programme takes 14 men for a six month period once a year. High risk of young boys and girls brought up in domestic violence perpetuating cycle of violence. Anger management not appropriate unless support available for rest of family. NSPCC/Women's Aid Counselling available to children living with domestic violence. | Antenatal visits should be offered to all expectant mothers - concern about hidden needs. Via Women's Aid, all schools could train staff on effect of domestic violence on children. Need to provide information programmes for all children to raise awareness that domestic violence is unacceptable and that help is available. Increase resources for MODV - men overcoming domestic violence - programmes. Resource Women's Aid to run programmes for young boys and girls living with domestic violence to help break cycles. More resources to support work of Women's Aid. Need to develop accessible support for men who are abused. Opportunities for collaboration between Women's Aid and other agencies to develop more preventative and early intervention strategies. | 1,2 and 3 | U |
| 5 | high levels of children living in low income families - poverty, debt, etc | Poverty underlies a lot of the social issues. 38% of children in Derry living in poverty. High levels of economic inactivity and low government investment. Many families in benefits trap - receive more in benefits than in low income job. Number of families in debt also highlighted by Duty and Assessment team. Good practice - CAB, Resource Centre, Dove House Debt management programmes. Access to benefits can be unnecessarily difficult. | 1. Local Anti-Poverty Strategy needed - Council/OFMDFM 2. Signposting families about available benefits - many unclaimed benefits. 3. More help for families in Debt. 4. More aspirational work through schools to address multi-generational unemployment and low expectations. 5. more Multi-agency working with CAB and Comm/Vol sector | 2 | I |

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| 6 | poor eating habits of children and parents | Health Promoting Homes Programme in place. Good response to the Cook It programmes and links with schools. Eating Disorders Team have been set up in Gransha Park Eating Disorders Support Group in Well Woman | Poor nutrition - currently being addressed by a range of agencies, but there are opportunities for more partnership working between statutory and community sector. | 1 | D |
| 7 | high levels of smoking, alcohol, drugs, prescription drugs use and free market prescriptions | High numbers of pregnant women smoking. (figs?) Number of children born with fetal alcohol syndrome (figs?) Mixed messages particularly about alcohol use in pregnancy still prevail. Drug and alcohol programmes in school - funding being cut?? Community initiatives to break addiction supported by complimentary therapies. New Pilot - therapies being prescribed by GP. High number of parents on anti-depressants (anecdotally - over 50%) - any local evidence/stats? | Clearer messages needed from all agencies that smoking, drug or alcohol use in pregnancy is not good for the baby. More support for parents to break addiction more preventative work could be done when young people are still at school - what is most effective form of communication? Need for more information about good practice - what programmes are effective? Need for multi-agency approach. | 1 and 2 | U |
| 8 | Not enough childcare for parents who need respite and for parents wanting to undertake courses or return to work | extended Sure Start provision still waiting lists for child care eg Shantallow SureStart have waiting list of 60 children.Funding now in place for childcare for Pre-Pre School children (2 yr olds) for vulnerable families (through NICMA programme to increase the number of childminders). - NICMA have a new development worker | Continue to lobby for more childcare from ChildCare Partnership and NICMA | 1 and 2 | I |
| 9 | Transport to access facilities and services | Some recent improvements - local bus service now £1.70 for all day ticket. Bridge Transport and Foyle Taxi Assoc (both available at reduced rates) . SureStart Bus Provision.However, a need still exists for vulnerable families. Can agencies build in these costs when developing services? Also are taxis now providing baby and booster seats for children? | Transport support should be offered where appropriate to ensure access to services by vulnerable families - need for contingency fund for flexibility | 2 | D |

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| 10 | More assessment/ support/ childcare/ respite/ host families/ short breaks for parents whose child has additional needs | Need for earlier assessment and support for families. New Autism Strategy will go some way to addressing needs but still not enough emphasis on support for parents. some respite to families with children with additional needs offered by Gasyard, Mencap, schools. Only children with social worker or on register eligible for statutory respite - this is not appropriate gate keeping especially with growing numbers of children with autism that are not on register due to high IQ. seems to be many barriers in systems - Issue about higher insurance for childminders who look after disabled children and need for extra training. Concern re future of Family Information Group which highlighted the needs and helped to empower parents. Many parents unaware of carers rights or benefit entitlements | Raise this with Disability Sub Group on the WACY-PC - NEED to provide respite for families who need support whether child on register or not. Need to review the criteria used for this register - does it meet disability discrimination legislation or is it restricting services to children in need. Also clarify needs of childminders who can offer respite - insurance and training. Need to make parents aware of carers assessment and benefit entitlements. | 2 | I |
| 11 | More activities for children with additional needs | Foyle Down Syndrome offer social programme of classes and activities. Cedar Foundation have services for children with physical disability. Mencap offer some services to children with learning disability | These services are good examples of what is available but is restricted to certain groups. Need for more Clubs /Programmes for children with additional needs as well as support towards inclusion in mainstream activities where appropriate. | 2 and 3 | I |
| 12 | Speech and language | Concerns about lack of stimulating environment for many young children - over dependancy on TV, computer, play stations etc. Some improvement in intervention services locally but still lagging behind Northern Ireland provision of speech therapy which itself has a poor record. Successful initiatives such as Sure Start group work and therapist available to families. But still a big need especially for children with additional needs | More preventative work needed - importance of early years services and work with parents to stimulate children through play. Speech therapy services should be provided in schools. Currently disruptive of children's learning to take them out of school to go to community clinics. WHSSB and WELB need to work closer to address unmet need including early assessment and needs of children with disabilities | 2 | I |

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| 13 | Concern about access to specialised education, health and social services for children with disabilities | Long Waiting lists for children services - see statistics. Reference also to work being carried out by Tom Brennan which will be available shortly - using UNCRC as guide to monitor children's access to services/facilities. Some positive developments with more WELB consultation with parents but still some concerns about levels of gatekeeping involved in drawing up Statement of Educational needs - some parents still not aware of rights to get needs addressed via statements or about rights to review of Statements etc | this issue needs to be raised with Western Trust and WELB. Need for more advocacy on behalf of parents of children with additional needs. Need for more services to meets needs of children with disabilities. Need for more information about what is available for parents. | 2 and 3 | U |
| 14 | More opportunities for play and better play areas for all ages but especially for younger children | Upcoming development of St. Columb's Pk play area. Good practice of community groups and council working together to ensure play provision eg Bull Park. Lack of space / play areas – town has been given over to developers. Derry City Council/Derry Children's Commission have developed a new Play Policy and play dvd for parents | More awareness needed by parents and professionals about importance of play for development of children. Need to encourage parents to enable stimulating play opportunities for children. Onus on City Council and Planning Services to ensure better play provision and green spaces. Encourage Council to work with local communities | 1 | I |
| 15 | Needs of grandparents who are looking after children | Hidden needs, many grandparents under stress, do not have energy to deal with young children | make services and support available and welcoming to all who are looking after children Link with Carers NI Toddlers&Others Groups. Opportunites for intergenerational contact - benefits all. | 1 | I |
| 16 | Support for lone parents | Gingerbread - funding under threat - DSD NR process 32% of children in Derry living in Lone Parent families. (2001 census - has this been updated?) Children of lone parents at higher risk of living in poverty. | More support and resources for lone parent families | 2 | I |

| Cityside Target Group 5-11 years | Identification of Unmet Need | Is this still the case...or has progress been made? | Potential Actions | Level? | Priority |
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| 17 | Improving Parenting abilities | Isolation - many families have no respite, no support, lack of networks. SureStart run excellent programmes but only works with family until child is 4 - after that difficult to get help unless family is in crisis. There is still a big need to provide help to parents of older children where there is stress, poor coping mechanisms. NEWPIN offer range of support services. Life Skills Programmes offered to agencies via Health Promotion (Majella Magee). Parents Advice offer advice and parenting programmes but there is need for more | Often need to work on self esteem and motivation before any parenting work can be undertaken. Parenting programmes without stigma. Listing of who is running parenting courses. Need for co-ordination and publicity - Parenting Calender? More creative parenting programmes. Need to encourage fathers to attend. Opportunities for Multi-agency work - community/voluntary/education | 1 and 2 | U |
| 18 | need for further education for parents - positive impact of this on own children | 40% of adults do not have formal qualifications. High level of illiteracy. lack of education - poor educational ability of parents. Has been improvement in recent years. Assumption made by health services of high level of education and knowledge. Emphasis on written material despite 25% illiteracy rate. | Opportunity for extended schools/community/voluntary sector to work together to encourage parents to access education. Need to ensure that focus is not just on academic achievement. | 2 | I |
| 19 | More accessible, affordable leisure facilities | Families have expressed concern about costs, quality and access to leisure facilities. | Health Promotion and Council could work together more. Council could provide free leisure services for vulnerable families during the summer months, off peak periods. Offer FREE services for children during summer Also promote natural resources e.g. fishing/walking | 1 and 2 | I |
| 20 | Expansion and Extension of SureStart type services | With recent expansion, SureStart now available on wider geographical area, but still not available everywhere and limited to children up to age of 4. shantallow surestart ideally need full time midwife and full time speech therapist. need for accessible services like SureStart for vulnerable families beyond age of 4 | Lobby ChildCare Partnership/Education for SureStart type services to be available to all who need it and beyond 4 year old cut off point if support required by vulnerable families. LOBBY for this type of service to be offered to all families and up until children are 12 if family wish to avail of services | 2 | D |

| Cityside Target Group 5-11 years | Identification of Unmet Need | Is this still the case...or has progress been made? | Potential Actions | Level? | Priority |
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| 21 | parents with mental health issues | Anecdotally @ 50% of parents on anti-depressants. Families sometimes have to wait for 2 years for counselling/family support by which time critical crisis has passed. Thresholds raised for accessing treatment from Statutory services. Impact on voluntary/community services needs to be addressed - need to enhance ability to deliver early intervention support services . Poor communication between Statutory /Community /Voluntary sector about what is happening.often difficult for parents to receive help for their condition - CMHT now offering more limited service - only able to offer help to those with high level needs. Also needs of rest of family including children not being dealt with. Mental Health and Family Social Workers beginning to work together. | need for more timely help for parents with mental health problems and holistic support for entire family. Need for a Non stigmatising Family Support service for vulnerable families. wrap around service? Family Group Conferencing Model for Level 2 families involving family and friends - could be led by the Community/Voluntary sector who has most contact with family? Target vulnerable families including dads. Get level 2 referrals from Mental Health and Social Services. Home-based Family Support Workers. Buddy schemes, support with parenting skills, homehelp. | 2 | U |
| 22 | Children just 'Surviving' in families where there are mental health problems, addiction, domestic violence. | Unknown number of children affected by these hidden issues. | Opportunity for partnership or new service to offer support to children living in difficult situations. Mental Health and Social Services could identify vulnerable families and refer to this service. | 2 and 3 | U |
| 23 | Hidden need of children as carers | need to acknowledge this - particularly prevalent where families have mental health issues/addictions. Divert offer support services to children. Extern offer services to Children at level 3. How many children are carers? Rights of young people to be assessed? | Need for a support programme for Young Carers at Level 2. Could this be developed by Extern or another interested agency? | 2 and 3 | U |

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| 24 | unmet need of children with mental health problems | Shortage of educational psychologists. Long waiting lists in schools. Schools being asked to prioritise children. Some schools, including nursery schools being asked not to put any more children on waiting list. Child and Family team deal with children with mental health issues but waiting list up to 2 years. New adolescent team will work with individuals up to 21 - will be available in near future | More resources needed including Education Psychologists. Training about mental health required for teachers, youth workers etc to identify signs of dysfunction/difficultly in children. Need to develop more interagency partnership models and information sharing between all those working with children with mental health problems. Need for targeted services for children from @5 years old. | 2 | U |
| 25 | Needs of children in relation to child sexual abuse | Not all schools offer info to children on how to stay safe why not? children with additional needs particularly vulnerable. A number of years ago, there was a seminar by Alice Swann 'How a community responds to child sexual abuse' - need for something like this again. | Partnership approach between statutory and community and voluntary sector to raise public awareness and encourage preventative strategies and early intervention approaches to reduce harm to children. Need for service for young perpetrators of child sexual abuse. | 2 and 3 | U |
| 26 | Needs of children living in families where there is addiction | AA and AIAnon Self Help support groups. Excellent services provided by Northlands. Drug and Alcohol Services. Hidden harm training offered by Fionuala McKinney, Health Promotion. Divert offer services to families including children. | More info about help for children. Education for teachers to recognise signs in children living with family addiction. Need for identification and specialised support for children living in homes where there is addiction | 2 and 3 | U |
| 27 | Counselling services for children | ChildLine NSPCC/Domestic Violence counselling service Family and Child Care Statutory service - waiting time at least one year Little Oaks? North West Counselling? WELB is developing teams which will work with schools? | More publicity in schools/community about what is available. Need for more healthy relationships/self esteem/resilience building programmes for children. Some great peer support models in some schools - could this be expanded? Provision of a mix of play, art therapy etc for 5-11 year olds in schools, youth clubs etc - pool of resources | 2 and 3 | I |

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| 28 | After schools / out of school activities for children | Different approaches by schools and clubs. Good practice should be shared and effective models adopted. Schools need more guidance on this. Danger of after school becoming extension of school and certain children e.g. traveller children may not want to stay after school for services | publicity about what is available. More collaboration between schools and community, voluntary and statutory sector. Need for breakfast clubs. After school clubs. Summer activities. Family support/community services. Need for consideration of children with additional needs - to ensure inclusion | 1 and 2 | I |
| 29 | More Summer Schemes | there are some summer schemes available but not well publicised. Group unsure about whether all summer schemes have child protection policies and procedures. Who monitors this? There will hopefully be more after school activities and summer schemes due to extended schools programme. | Encourage WELB/Council to co-ordinate summer schemes and activities - inclusive for children with additional needs. Child Protection standards must be in place. Important to produce information for parents about summer schemes. | 1 and 2 | I |
| 30 | Behaviour Management Programmes for children - and parents. | Range of approaches being taken by individual schools WELB Behavioural Management Unit offering limited support to schools. NCH Chance for Change model of good practice involving children, parents and teachers. CRISP - Coping Realistically In School Programme? Role of Western Education Support team? | More resources needed for effective programmes like Chance for Change which could be delivered in the community as well as in schools. Extend age range to 12/13 year olds. | 2 | I |
| 31 | Separation/Divorce/Bereavement | Relatateen - no longer in Derry. Parents Advice helpline. Youth Life - Bishop Street offer counselling and support for 11-18 year olds. Partnership Care West offer support to parents to deal with difficulties. | Need more info on separation/bereavement services available - could be publicised via solicitors. need to develop support for children and parents | 2 | I |

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| 32 | Contact services / mediation | A lot of social work time is taken up in monitoring contact. Currently Salvation Army, Creggan Day Centre and Shantallow Family Centre provide locations. Family Mediation Northern Ireland - local services available from Christine Carlin, Michael Barr and Huw Griffiths. Is legal aid available for mediation services? | Lobby for a central well resourced mediation centre - should be funded by the Courts. Research needed on good practice, child centred model of mediation based on rights of the child. | 2 | I |
| 33 | Out of hours Family Support Services – evenings and weekends | currently no out of hours services for level 2 families. Level 2 families cannot access Duty and Assessment unless there is concern about child abuse. Need 24 hour support for level 2 families who are just not coping in order to help prevent crisis. Parents Advice helpline 10-4pm and 7-9pm weekdays but No weekend cover. | Need more information about extent of unmet Level 2 needs known to Duty and Assessment. Vol/Comm sector feel there is a need for 24 hour helpline for Level 2 maybe linked with Duty and Assessment. Need for list of organisations that offer or would be willing to offer 24 hour services | 2 | U |
| 34 | Awareness raising to combat racism, sectarianism, homophobic attacks | Awareness increasing. Opportunity to work with extended schools. Some good practice in schools. LAG should have a policy statement in support of Active inclusion and should strive to be more inclusive. | Need for multi-agency approach to racism - work together based on good practice locally and further afield. | 1 | D |
| 35 | Early intervention to deal with bullying | Identified as high unmet need by children. some schools excellent models of good practice. Some schools poor attitude and track record on bullying. Acknowledge wider than school - needs to be addressed in the home and the workplace too. | Need for multi-agency approach. Recognise bullying perpetrated by adults as well as children. Publicise help and support available. Need to build resilience. WELB could highlight good practice and ensure consistency in all schools. | 1 | U |

| Cityside Target Group 11 - 16 years | Identification of Unmet Need | Is this still the case...or has progress been made? | Potential Actions | Level? | Priority |
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| 36 | Negative perception and low expectation of some young people - link with poor educational outcomes | Children who have had difficulties with attachment due to dysfunction/depression within family, now begin to unravel as they try to develop their own relationships. Nothing out there for damaged teenagers - nowhere for panel to refer high risk level 2 kids to. Niacro have youth mentoring service for Level 3 children 10-18years. Referrals from SS and YJA and probation. Many children on waiting list for this Level 3 service. NCH about to initiate a pilot mentoring project in Derry. More resources for mentoring of vulnerable children and young people. | Involvement of young people in service planning and need to respond to what young people are saying! Need for smaller class sizes to give children more opportunity at school. Need for street workers. Need for befrienders/mentors. Need to work with restorative justice and community groups to get to hard to reach kids. | 2 and 3 | U |
| 37 | Lack of Facilities and resources for this age group | Number one issue identified by young people and confirmed by parents and agencies. No clear youth strategy - Responsibility of WELB and Council? Some community based services are working well but constantly under financial pressure. WELB youth services need to respond more to actual needs of young people - and work more with community sector. | Need for accessible spaces for young people that are well resourced and supported by Youth Workers. Improve hang out places/outdoor places for young people – need for creative response to local needs. Need publicity about what is available - could be distributed via schools. | 1 | U |
| 38 | Personal Development and Leadership Programmes for young people, Peer Support, Peer Mediation | Some excellent programmes available from Opportunity Youth, YO-MO, Reach Across, Common Purpose Your Turn Programme, YMCA, Peace and Reconciliation Group, local community and voluntary groups | need for more publicity / more co-ordination/ networking of personal development type services | 1 and 2 | D |
| 39 | Sex education for young people | 30 per 1000 teenage mothers in Derry compared to 6 per 1000 in the Netherlands. Need for Emotional Literacy type programmes as well as easier access to emergency contraception. CCPT have worked with children sexually active from age 11. | Message to WELB from Young People - earlier sex education and please do not use teachers to give the message!! | 1 | U |
| 40 | Support for teenage mums in education | SAMS only deal with young people up until they are 16. SureStart tries to deal with this need but has not got same links to Education. | Great feedback on SAMS project but need to also offer this support to over 16's to retain link with education - better outcomes for child and mother | 2 | I |

| Cityside Target Group 16+ years | Identification of Unmet Need | Is this still the case...or has progress been made? | Potential Actions | Level? | Priority |
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| 41 | Lack of awareness of services available – what is available?? | Info on wacy-pc, lsp website, WELB developing info service | need for publicity/publications about young people's services to be developed by young people in conjunction with Nerve Centre? | 1 | I |
| 42 | Info Hub for Young People including education and training, accommodation, benefits, drug and alcohol advice, sexual health, etc | Drop in facility for young people that could cater for recreational needs as well as information needs. Needs to be youth or community led or no one will use it. Look for good practice locally and European models of young people's centres. | Partnership with existing services such as Nerve Centre, Community Groups or develop specific centres for young people like Loft in Letterkenny with Support Workers. | 1 | U |
| 43 | educational underachievement | Anomaly of high educational achievement in this city but we also have a very high level of educational underachievement. recent Labour Market Survey about Derry shows high cultural dependency on benefits. How to make education, training, employment attractive to young people? Training not always linked to practical placement. Role of FOSAC? Are ILEX and LSP addressing these issues? What will be done via Neighbourhood Renewal Plans? | More insight required into unmet needs at school - how can these needs be best met? what extra resources do schools need? Smaller class sizes? Also need for alternative education programmes for young people who do not want to be at school. Need viable educational progression routes for excluded young people. Need to provide high level of support for vulnerable 16/17 year olds - like youth mentoring. | 2 | U |
| 44 | 'One-size-fits-all' youth service doesn't cater for young people living with disadvantage | formal youth clubs do not attract 16+ members. Youth Service does not seem to target hard to reach kids. Off the streets initiative good model. | need to know more about what works for young people and fund it. more buddy/befriending programmes/Outreach ? Opportunity for WELB to work closer with Community Groups. | 2 | I |

| Cityside Target Group 16+ years | Identification of Unmet Need | Is this still the case...or has progress been made? | Potential Actions | Level? | Priority |
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| 45 | Lack of co-ordination, integrated planning between state, local, voluntary and community | Moving age threshold – different services define children/youth as different ages – e.g. up to 16, up to 18, up to 21, up to 25. Affects access to services. Big holes in provision at all levels for 16-18 year olds. No clear transition between child/adult services. Child and Adolescent Team - waiting list 2 years. Young people bounced off list if they miss 2 appointments. Fails the neediest youngsters - least motivated. No appropriate services for referral (not enough/not accessible) when needed. Not timely. No physical place where young person can receive safe psychiatric interventions. New adolescent mental health service being developed for young people up to age of 21 - arising from Mental Health Review. | Develop young people friendly transitional services for 16-21s to meet accom, legal, work, educ, health needs etc. Reduce waiting lists for services for young people. Concerns in particular about disability services, mental health services for young people. | 2 and 3 | U |
| 46 | 24 Hour Helpline for young people | some progress - 24 hour helpline now available via Contact Youth helpline for 11-25 years. Also local Suicide helpline - Barry McGale? New CALMS listening ear service 'Is your head fried' | need more publicity about the free helplines for young people | 2 | I |
| 47 | Homelessness - Supported accommodation for young people leaving home | Process made easier if young person entitled to benefits. Difficult when yp not entitled to benefits and not able to prove 'left school'. No automatic entitlement to benefit. Good providers John St Foyer, Francis Street, Floating Support. Situation worsened by the closure of John St. | Responsibility of Housing Executive and Western Trust to address young homelessness but this is also a Multi-agency issue. Require more information on needs and what can be done at an earlier stage | 2 and 3 | D |
| 48 | needs of street drinkers | Concern about the increasing number and vulnerability of street drinkers. There also seems to be a large increase in number of young street drinkers. Excellent support and services offered by Foyle Haven who are currently looking for funding to provide out of hours services. | unmet needs of young street drinkers - multi-agency opportunities could offer more positive interventions. Useful to hear more about Foyle Haven's insights and experiences of early intervention. | 3 | U |

| Cityside Target Group General | Identification of Unmet Need | Is this still the case...or has progress been made? | Potential Actions | Level? | Priority |
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| 49 | The right of all children to be treated equally and be given equal opportunity | Current model and funding favours crisis intervention services. Importance of working with families using early intervention methods needs to be more widely publicised. Funding for all sectors working with children is an ongoing problem. Question the emphasis of some funders on short term - efficient provision of services – this focus can be detrimental to effective provision of services to children | Need for strategic development of services for children. More preventative work needed at 0-5 years as by 5-11 a lot of the damage has been done. More intervention needs to be done at 5-11 year old stage. Highlight the negative impact of short term funding of early intervention services and the ongoing loss of programmes and personnel. | all levels | U |
| 50 | Needs of immigrants | Rights to early intervention services - may be impeded by difficulty in accessing information and interpretation services. Some confusion - many groups not aware of what resources available to help them offer services to all. More info now available via groups like One World Centre, SEEDs, etc | Protocol with Trust about accessing translation services. Need to offer more English language courses to parents - perhaps via schools. Need to know more about how community and voluntary groups can help with integration and provision of support services. | 1 and 2 | I |
| 51 | Specific support needs of travellers | Group unsure about specific needs. Aware of high levels of inequalities. particular concerns about (1)domestic violence - should not be accepted as part of traveller culture - should be seen as a human rights issue of women and children who are affected by this unacceptable behaviour (2) addiction - many male travellers are deemed alcoholic at a young age. | Need to find out what Travellers themselves identify as needs - explore opportunities for range of agencies to work in partnership to address needs. | 2 and 3 | I |

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| 52 | Training needs of early intervention sector | UNOCENI, Domestic Violence, Child Protection, Hidden Harm, unmet Mental Health issues in children, Family Support Conferencing Model, Fundraising, Effective Early Intervention Programmes from other countries eg Stay and Play Model Inclusion in Practice Managing Children's Behaviour Emotional Literacy Programmes Need for evidence based practice to be shared more widely Supportive Participation of parents and young people in service design | Could NWCN do a training needs analysis? Could training be offered on a pro bono basis? | 2 | I |
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