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THIS REPORT SHOULD BE READ IN
CONJUNCTION WITH THE INTERIM
REPORT DATED 17.9.92

attached

ANNUAL REVIEW

OF THE

OUT OF HOURS

EMERGENCY SOCIAL WORK SERVICE

FOR HOMELESS PEOPLE

19th MARCH 1992 - 18th MARCH 1993

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SUMMARY

The Out of Hours Service was established in March 1992 to provide a social work service to young persons aged 12 years and over who were out of home.

During its first year of operation 679 referrals were received. Of those 229 children (33.7%) were provided with an emergency placement and a further 96 (14.1%) were reconciled with their family on the night of contact. A further 104 (15%) referrals related to child protection issues. Of the 679 referrals 440 were made by the Gardai and 239 were made by others.

All referrals were relayed to the duty Social Worker via Ambulance Control and all initial interviews were conducted in Garda Stations.

INTRODUCTION

The Out of Hours Service commenced on 19th March 1992 and was introduced as a pilot project for one year. As it was the first service of its kind in Ireland it did not have the benefit of contemporary research or the experience of others.

Nevertheless, a carefully planned referral process was put in place complete with detailed operational procedures for the Social Workers. Details of the Team's structure, location and methods of working are contained in the Out of Hours Service's Interim Report (Sept. '92) and will not be elaborated upon here. Suffice it to say that one Social Worker per shift provides a social work service for young people out of home during out of hours periods, 52 weeks a year. The Social Worker on duty has the benefit of consultation with a Back-up Supervisor by means of a mobile phone at any stage of the 88 hour working week. Further, two emergency beds are retained exclusively for the use of the Out of Hours Service in both the male and female city hostels.

Throughout the year good communications and regular contact with Ambulance Control and the Gardai has been maintained. These two services provided a vital link and displayed a high level of commitment and professionalism while co-operating with the delivery of our service.

Other primary agencies involved in the same area of link have been kept informed and encouraged to use our service whenever appropriate.

PART 1. STATISTICAL ANALYSIS

(1) NUMBER OF REFERRALS RECEIVED

12 - 15 yrs inc.	-	318	(47%)
16 - 17 yrs inc.	-	207	(30.5%)
18 yrs +	-	50	(7.5%)
Child Care Cases (i.e. under 12 yrs)		104	(15%)
TOTAL		679	

COMMENT

Despite the fact that child care cases are outside the remit of the service, children under 12 years were referred in relatively high numbers at 104 (15%).

(2) **REFERRALS OF PERSONS 12 YEARS + BY GENDER**

<u>Age Group</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
12-15 yrs inc.	157	161	318
16-17 yrs inc.	98	109	207
18 yrs +	32	18	50
Total	287	288	575

COMMENT

The gender division in this age group was almost equal.

(3) BREAKDOWN OF REFERRAL BY AREA OF ORIGIN

E.H.B. COMMUNITY CARE	NO.	%
1	18	2.7%
2	10	1.5%
3	29	4.3%
4	66	9.7%
5	88	13.0%
6	56	8.2%
7	151	22.2%
8	68	10.0%
9	12	1.8%
10	40	5.9%
E.H.B. CHILD CARE SERVICES	4	0.6%
Other H.B. Areas	58	8.5%
U.K.	20	2.9%
Not Known	59	8.7%

COMMENT

1. Referrals were received from every Community Care Area, including counties Kildare and Wicklow which jointly accounted for 7.7% of all cases.

2. Area 7 produced significantly higher rates of referrals (22.2%) than any other source.

3. Relatively large numbers (11.4%) of referrals were received from other Health Board regions and the United Kingdom.

(4) **SOURCE OF REFERRALS**

GARDA STATIONS

Ballymun	52
Ballyfermot	8
Bridewell	37
Bray	3
Blanchardstown	9
Blackrock	3
* Balbriggan	1
Coolock	4
Clontarf	2
Cabra	2
Clondalkin	3
Dundrum	3
Dunlaoire	11
Donnybrook	4
Finglas	9
Fitzgibbon Street	68
Greystones	1
Harcourt Street	3
Howth	1
Kilmainham	17
Kevin Street	11
Kill of the Grange	1
Lucan	1
* Maynooth	1
Mountjoy	17
Ronanstown	2
Raheny	1
Rathmines	2
Rathfarnham	3
Pearse Street	96

Store Street	41
Shankill	8
Santry	1
Swords	3
Tallaght	8
Whitehall	2
* Wicklow Town	1
Sub Total	440

*** Garda Stations outside Dublin Metropolitan Area but inside E.H.B. Region**

Residential Services

Haven House	12
Sherrard House	12
C.S.S.C. Project	13
Children's Homes	9
International Youth Hostel	2
Sarsfield House	1
St. Anne's Hostel	6
Male Hostels	9
Womens Aid	3
Sub Total	67

Voluntary Organisations

Focus Point	98
Fr. Peter McVerry	33
Ballymun Youth Project	1
Centre Care	3
Samaritans	2
Sub Total	137

Others

Religious/Clergy	2
Dept of Defence	2
Politician	1
Hospitals (General, Psy. Maternity)	7
Foster Parents	2
Ambulance Control	9
Comm. Care Area Teams	7
Child Guidance	1
S.S.D. U.K.	2
Natural Parents	2
Sub Total	35

COMMENT

1. Given that the Out of Hours Service requests that children referred should be brought to a Garda Station to be interviewed by a Social Worker, it is not surprising that Garda Stations account for the bulk of all referrals.
2. Of the referrals made by the Gardai Pearse Street Station accounts for the highest number (96). This can be accounted for by the fact that Focus Point is in the Pearse Street catchment area and referred many children to this Station.
3. Given the spread of referrals from a total of 37 Garda Stations it can be seen that the problem of adolescents out of home is not confined to the City Centre.
4. Other than the Gardai, the service was accessed by a wide range of organisations. This demonstrates that the service has become widely known and is availed of.
5. Nine separate children's homes referred children. It is not considered appropriate that Centres where children were already placed in care by E.H.B. Social Workers should have to resort to the Out of Hours Service in a crisis.

(5) BREAKDOWN OF REFERRALS

Total No. of Referrals (episodes)	679
Total No. of Cases (individuals)	469
Total No. of Cases referred once	404
Total No. of Cases referred more than once	65

Rates of Re-referral

No. of Cases referred	
on 2 occasions	25
3 occasions	18
4 occasions	5
5 occasions	5
6 occasions	1
7 occasions	4
8 occasions	0
9 occasions	2
10 occasions	1
11 occasions	1
12 occasions	1
18 occasions	2

COMMENT

1. It is significant that the majority of cases (404) were referred only once. Given that it is a crisis intervention service this is as it ought to be.
2. In the main, the cases which were referred more than once represent situations where immediate alternative placements could not be found by the day services for the children concerned.
3. Most of the children (39) referred more than once were aged between 12-15 years inclusive.

(6) **BREAKDOWN OF TIME RECEIVED**

Time	No.	%
8 p.m. - 9 p.m.	(179)	26.4%
9 p.m. - 11 p.m.	(129)	19.0%
11 p.m. - 1 a.m.	(122)	18.0%
1 a.m. - 3 a.m.	(100)	14.7%
3 a.m. - 5 a.m.	(44)	6.4%
5 a.m. - 6 a.m.	(24)	3.5%
Night Duty	(598)	88%
9 a.m. - 11 a.m.	(18)	2.7%
11 a.m. - 1 p.m.	(15)	2.2%
1 p.m. - 3 p.m.	(28)	4.1%
3 p.m. - 5 p.m.	(20)	3.0%
Day Duty	(81)	12.0%

26.4% of all referrals were received in the first hour of night duty

63.4% of all referrals were received between 8 p.m. - 1 a.m.

4-5 Sat Sun, rblbl

8-6 OHS online

gap 5pm - 8pm
bam - 9am

COMMENT

1. There is a significant disparity between the number of calls received before 1.00 a.m. and the ones after 3.00 a.m.
2. There is also a very low level (12%) of uptake during day time duties.

(7) **BREAKDOWN OF REFERRALS BY CALENDER MONTH**

MONTH	NO.	%
March 1992 (19-30th)	14	2%
April '92	30	4.4%
May '92	55	8.1%
June '92	53	7.8%
July '92	61	9.0%
Aug. '92	83	12.2%
Sept. '92	63	9.3%
Oct. '92	83	12.2%
Nov. '92	40	5.9%
Dec. '92	36	5.4%
Jan. '93	86	12.7%
Feb. '93	47	6.9%
March '93 (1st-18th)	28	4.1%

COMMENT

1. No clear seasonal pattern emerges in the first year.
2. In the months Oct. '92 - Feb. '93 the totals each month vary greatly.

(8) BREAKDOWN OF REFERRALS BY OUTCOME

OUTCOME	NO.	%
✓ Placed in Emergency Bed	229	33.7%
✗ Advice/Information offered	98	14.5%
✓ Reconciled with Family	96	14.1%
✗ Did not avail of service offered	90	13.2%
✓ Placed in a regular Hostel bed	65	9.6%
✗ Referred on to other service	57	8.4%
✓ Detained in Garda Station	14	2.1%
✓ Referred to a Hospital	11	1.6%
✓ Placed in B & B	7	1.0%
✓ Place of Safety Order	6	0.9%
✗ Subject to Industrial Dispute	6	0.9%

COMMENT

1. This table shows that 47.8% of cases referred were either reconciled or placed in an emergency bed.

2. Only 1% of cases referred resulted in the use of Bed & Breakfast.

3. The IMPACT Trade Union are currently in dispute with the E.H.B. where members are under instruction not to deal with persons over 16 years of age. Thus, 6 cases were not taken on during the last month of the pilot period.

PART 2. OPERATIONAL ISSUES

1. THE OUT OF HOURS TEAM

The Team comprises three full time Social Workers. In addition a regular locum is recruited to provide cover for holidays and sick leave, and she is seen by staff as very much 'part of the team'. These Social Workers are managed by a Social Work Team Leader who, in turn, reports to a Head Social Worker.

Within the year the Team developed a great sense of self identity and team spirit. However, there were a number of persistent irritants which continued throughout the year which collectively had an effect on staff morale.

(a) In the first instance the mobile phone system which was used during the pilot period remained unreliable. A new system combining the technology of a mobile phone and paging system is currently being considered and is expected to be more successful.

(b) The service base in the C.S.S.C. Hostel in Eccles Street also presented logistical problems, despite the hospitality of the hostel staff. Some difficulties arose in gaining access and entry during the night. Further, the room occupied by the Out of Hours Team is used by the hostel staff by day. Accordingly, the Out of Hours Social Workers have no space they can call their own.

Accommodation is still an issue for the Team and is compounded by the fact that the Team Leader is also experiencing accommodation difficulties.

(c) The Team is concerned that they are unable, because of their remit, to respond to referrals of children under 12 years of age who may be at serious risk. In many cases Gardai making the referrals are understandably frustrated that these cases cannot be taken on. However, a system of information and advice has evolved whereby Gardai will phone in and be given advice on particular cases.

(d) The Social Worker on duty is in a position to consult a Back-up Supervisor at any stage during the shift. However, for understandable reasons, there has been a reluctance for Social Workers to consult Supervisors as often as they might like to late at night. The Team's preference is for a 'live' Supervisor on duty at night.

2. THE BACK-UP SUPERVISORS

From the outset there have been difficulties with the system of providing back-up support to the Social Workers on duty. At the planning stage it was estimated that at least 9 out of a possible 17 supervising Social Workers, would opt into the voluntary scheme. As it transpired, only 6 did. Consequently the roster for Back-up Supervisors which emerged demanded a far greater commitment from Supervisors than was originally envisaged.

This issue has not been resolved to date and it remains as a source of anxiety for the Out of Hours Team.

When the Social Workers on duty commences work they make a 'check-in' call to the Supervisor. This is to confirm that the Social Worker has in fact come on duty. In the event that the Social Worker fails to check in, or cannot make contact for technical reasons, the Supervisor knows to inform Ambulance Control.

Often when Social Workers come on duty referrals will be waiting for them. It is common practice that the Social Worker will use the check-in call to consult the Supervisor for advice. Commonly, the advice sought concerns issues around whether or not to admit a child, or about particular difficulties in having a child admitted.

Other than the check-in calls Supervisors are contacted on average 2-3 times per week. Again, the most common reasons are around the admission or discharge of children.

Experience on after-hours services in other countries have shown that it is not the numbers of calls received which is critical, it is the anxiety caused by what calls might be received. The Back-up Supervisors have indicated that they are not prepared to continue to co-operate with the system in its present form and this issue is addressed in the Recommendations.

3. REFERRING AGENCIES

In the course of the year a harmonious relationship was established with the primary referral sources. In particular, a good working relationship was established with the Gardai in many stations throughout the Dublin Metropolitan Area.

Good liaison was maintained between the streetworkers in Focus Point and the Out of Hours Service, as it was with Fr. Peter McVerry, Eccles Street Hostel and Sherrard House.

In general terms there appeared to be a good level of satisfaction with the service from those who made referrals. The primary criticism is the scope of the service which is limited to a particular target group, i.e. young people out of home who are over 12 years.

The relationship between the Out of Hours Service and the day Social Work Service is also worthy of comment. When the Out of Hours Service encounters a child from a particular Community Care Area details of the service provided are faxed to the Area to be immediately available to the day staff. On some occasions difficulties have arisen when district office fax machines are not switched on or are out of order.

Of greater significance have been the occasional disagreements between the Out of Hours Service and Area Teams. These would usually arise when Areas are reluctant or unwilling to remove a child placed in an emergency bed. The Out of Hours Service operates on the premise of having available to it 4 emergency beds each night, two for boys, two for girls. The arrangement is that children admitted to these emergency beds will be removed by the Area Team by noon the following day. However, sometimes difficulties have arisen in the pilot period where Area's have had no immediate alternative placement. The problem is perhaps more symptomatic of a broader placement problem and such is outside the scope of this report.

CONCLUSIONS

1. Despite the fact that child care cases, other than homelessness, is outside the remit of the service such cases were referred in relatively large numbers (104). There appears to be a demonstrable need for a broader child care service.
2. The problem of young people out of home is not just confined to the Inner City and appears to be distributed throughout the E.H.B. region. However, the problem seems to be particularly marked in Dublin North East (Area 7).
3. Residential homes experience crises during out of hours periods which appear to require external help.
4. The service had a large degree of success in providing a crisis intervention service given that 404 cases out of 679 were referred only once.
5. Cases which were referred more than once reflected, in the main, difficulties within the day service in finding suitable places.
6. Given that 47.8% of cases were either reconciled with their families or placed in emergency accommodation, it may be concluded that the service met its primary objective.

**REVIEW OF THE 'OUT OF HOURS'
EMERGENCY SOCIAL WORK SERVICE FOR
HOMELESS YOUNG PEOPLE.**

A THREE MONTH TEST PERIOD

19TH MARCH 92 - 18TH JUNE 92

**STEVE WOOD
SOCIAL WORK TEAM LEADER**

17TH SEPTEMBER 1992

INTRODUCTION
AND ORIGIN OF THE SERVICE

FORWARD

The perennial problem of young people out of home has long been a feature of social work within the Eastern Health Board. Ever before 'juvenile homelessness' was brought into sharp focus in the mid 1980's by the campaigning efforts of various interest groups, social workers in the Eastern Health Board were involved in this work.

Many of the young people concerned have a history of being in care - often having experienced one or more placement breakdowns. Others, upon reaching adolescence, become beyond their parent's ability to cope and seek care for the first time. It is a common feature that the challenging behaviour of these young people makes them very difficult to be accepted by existing care services.

The approach of the EHB social work service has been to view the problem of unattached young people in the context of family and community, where prevention and early intervention are seen as of at least equal importance to acute services. The policy of the 'continuum of care' was devised whereby prevention care, and after care were all essential points on the spectrum of services.

This policy was given emphasis in May of this year when Mr Hickey C.E.O. said in a submission to the Eastern Health Board:

"..... there is an intrinsic danger in concentrating too much on emergency services to the exclusion of other services. If emergency services only were to be developed we will only have emergencies. Emergency services need to fit into the continuum between prevention at one end of the spectrum and aftercare at the other".

(Services for Homeless Persons Report No 4/1992)

Within this context of a balanced approach to service provision it is of course acknowledged that emergencies will occur, and often outside normal working hours. In the past representations were made to the Board by the Gardaí to provide an out of hours service. This concept was given impetus in 1991 when Minister of State, Chris Flood TD, initiated a series of meetings, between the Department of Health, the Eastern Health Board and a range of voluntary organisations concerning the problem of young people out of home. Arising out of these meetings an out of hours service was seen as a priority and consequently Mr Doyle, Programme Manager, agreed to research the idea. Later the Eastern Health Board committed itself to run such a service for this specific target group. It was seen as the precursor of a broader child and family services which could be brought on stream at a later date. The Out of Hours Service eventually commenced on March 19th 1992 and represents the first official social work service to be provided outside normal office hours by any statutory agency in the country.

INTRODUCTION

When the "Out of Hours", Social Work service was initially introduced as a pilot project, it was agreed that the scheme would be reviewed after a three month test period and fully evaluated after one year.

The aim of this review was to examine from as wide a perspective as possible the varying views and opinions held on how the service has operated in practice.

Information used in this review was collected during the test period and include statistics, data, and qualitative feedback which was requested from the following:

Community Care Area Teams

Homeless Social Workers Group

The Out of Hours Team

Back-up Supervisors Group

Supt Community Welfare Officer (Homeless Services)

Chief Ambulance Officer
(Ambulance Control)

Assistant Garda Commissioner
(Dublin Metropolitan District)

C.S.S.C. Hostel for boys

Sherrard House Hostel for girls

Haven House Project

St Anne's Hostel for girls

Barnardos

Arrupe Society

Focus Point

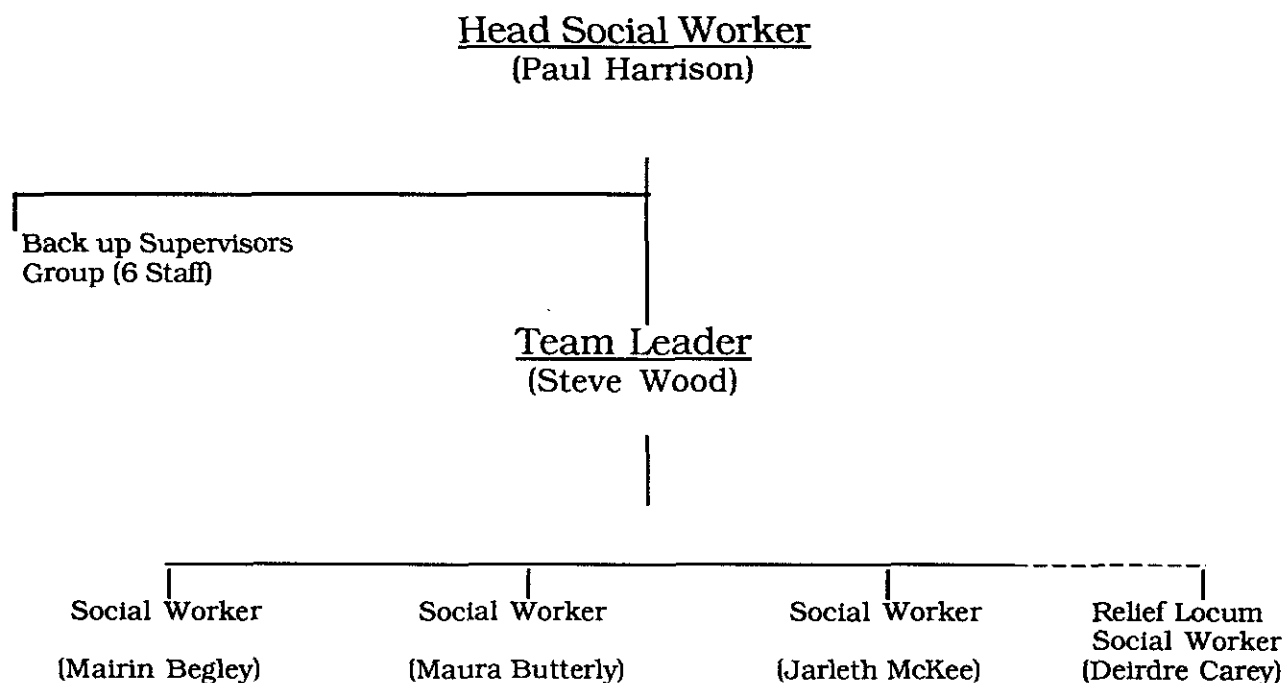
I.S.P.C.C.

TEAM LEADER'S PERSPECTIVE

THE FIRST THREE MONTHS

The "Out of Hours" social work team is a centrally based resource, serving the Greater Dublin Metropolitan District.

The team structure is as follows:-



The team is administered through Child Care Services and the staff there deal with all matters relating to personnel, salaries, travel and locum appointments. Our clerical assistant Ms Orla Foran takes care of all our clerical needs ie typing, faxing and checking the flow of information in/out.

For eighty eight hours per week the 'Out of Hours' team provides the only emergency social work service in the Eastern Health Board region. During this period they act on behalf of ten Community Care Areas offering a social work service based on assessment, early intervention and crisis management, to children aged 12 years and upwards who are faced with difficulties arising from or resulting in them being out of home.

The duty roster is divided into three shift patterns.

- The three regular social workers work three sessions per week for a three week period before rotating on to the next shift pattern.

In addition to their scheduled roster the team are expected to attend case conferences, team meetings and any other business matter relating to their workload.

As there is only one member of the team working at any given time, it is necessary for us to have a regular locum social worker who is available for duty during periods of annual leave/sick leave/time in lieu etc. Initially we had expected to form a locum panel made up of social workers currently employed by the Board, but this proved too impractical.

Unlike in regular teams the 'Out of Hours' social workers do not carry a case load, or supervise a patch/district. Instead they provide a crisis management service to a selective client group within the greater Dublin district. To assist them with difficult decisions they have the support of a back-up supervisor who can be consulted at any time during the 88hr working week. The back-up supervisors group of four Head Social Workers and two Team Leaders have provided this service since the scheme began on March 1992.

The service is mobile, accessible only by telephone and is administratively based in the CSSC hostel, Eccles Street. For the first five weeks we operated from a temporary base in Child Care Services, Park House, before moving to our present location on 29th April '92.

Although our present arrangement is satisfactory it is envisaged that if the 'Out of Hours' service becomes more established, permanent office accommodation will be provided on a Health Board premises.

Referrals to the services are received via Ambulance Control, for details see "revised guidelines for other agencies" Section 4 as some amendments have been made to the original instructions.

The practice of receiving and assessing incoming referrals is a crucial aspect of the service and requires careful planning in order that they remain widely available, safely accessible and guided by professional standards.

The two main technical aids used, (1) mobile telephone system and (2) the fax machine, were essential and greatly assist service delivery. The mobile phone system facilitated the social workers need to remain mobile and flexible and in direct contact with a back-up supervisor. Its use also led to an increased sense of security by linking the social worker to his/her base. We did however, experience some difficulties with the system and have reservations about the reliability of our current model. The installation of a fax machine in the team's administrative base boosted their capacity to communicate directly with community care area teams and relay and receive written information immediately.

The system of case-recording which we use was designed to give accurate information concerning each referral, remain flexible enough for use by a rotating group of social workers and be of value to the Area Teams who are in receipt of this information the following day.

Because the Team was new and only one member had any previous experience of working on an out of hours service, it was decided that the whole team should meet on a weekly basis. In the first three months these meetings served a variety of needs and were used to deal with the following:

1. General information/business matters
2. Group discussions: Principles, policy practice.
3. Common concerns
4. Group Supervision

Meeting together each week for two hours was an important part of the teams development and helped form cohesion between team members, despite the operational isolation which exists in this type of service. The teams ability to form an early identity, communicate freely and respect each others judgement is due largely to the individuals concerned, and their commitment and willingness to see the service succeed.

As Social Work Team Leader my main task was to ensure the service functioned in a co-ordinated manner. In order to achieve this, much of my time was spent liaising with the many disciplines/agencies/organisations connected with the operation. I checked that the night's work has been followed up and that all the relevant information and material had been dispatched to the areas, I provided a bridge between the services provided at night and the ten community area teams who assumed responsibility for the workload on the following day.

I also worked closely with the hostels providing emergency accommodation and monitored the use of emergency placements and the follow-up services.

My other main function was to provide support, information and supervision to the four team members. I kept in regular contact with the team through our weekly meetings, by being a back-up supervisor and on occasions by contacting each team member during their respective duty session.

Future professional development and training is planned and the opportunity to avail of in-service training is expected.

There was a good level of co-operation and support given by the team, and willingness to participate and share in the team spirit.

The team was also heartened by the solidarity shown by the emergency hostels, without whose support, we could not have existed.

Both, the Gardai and Ambulance Control responded positively, and played a pivotal role in the delivery of service. Ambulance Control's technology and their experience of dealing with crisis referrals proved invaluable. This enabled the on-duty social worker to respond freely in the knowledge that subsequent referrals were being dealt with.

The Gardai likewise provided us with support and co-operation throughout the duty periods. Early reservations about using garda stations as a referral point, and a place where initial interviews should take place were quickly discounted. In all cases, our dealings with the gardai were positive, constructive and focussed on the presenting child care issues.

In just three months 130 referrals were received and processed. Fourteen children were returned home, a task usually undertaken by an individual social worker who in most cases would have no prior knowledge of the family's circumstances. This required negotiation and liaison between the child, his family and the back-up services. In instances where an immediate return home was not possible, the placement of a child in an emergency bed, guaranteed a direct input of service from their own local Community Care Team the following day.

It is hoped that the service will to be used by young people seeking assistance when in crisis, and that we will continue to direct children from the danger of the streets and provide a useful link between children in need and the appropriate social work services.

SUMMARY OF FEEDBACK FROM:

- 1) OUT OF HOURS TEAM**
- 2) BACK UP SUPERVISORS GROUP**
- 3) COMMUNITY CARE AREA TEAMS**
- 4) VOLUNTARY AGENCIES**
- 5) AMBULANCE CONTROL/GARDAI**

SUMMARY OF FEEDBACK FROM **'OUT OF HOURS TEAM'**

1. The Out of Hours team must be able to communicate and liaise effectively. To assist this process we used four types of aid.

- Fixed telephone system
- Mobile phone system (two handsets)
- Fax machine
- Taxi service

Regrettably the mobile phone was prone to break down, poor transmission and lacked confidentiality.

2. The other key workers involved in the delivery of service by our team, were:

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• Ambulance Control• Gardaí | | Both agencies proved to be extremely reliable when dealing with incoming referrals. |
|--|--|---|

3. Our back up supervisors, the Emergency Hostels and indeed many of the regular Hostels supported us during difficult time.

4. Our practice and procedures were either in accordance with the issued guidelines, or carried out on the advise of our team leader/back up supervisors group.

5. Our present accommodation was certainly welcomed, however, as we expand and develop our potential, it is likely we will need a more permanent base.

6. The shift roster we worked during the test period was fine and the workload manageable.

7. The guidelines drawn up prior to the service starting needed to be adjusted during the first three months (see revised guidelines).

8. Our general recommendations are:

- That the service should continue.
- That Ambulance Control and the Gardaí continue to be used in their present form.
- That consideration be given to broadening types of referrals we receive, to include general child care issues.
- That the team be allocated its own suitable office accommodation.
- That a wholetime night shift social work manager is appointed to this service.
- That our mobile phone system is replaced with one which is more reliable, and if possible confidential.
- That practice guidelines are issued on how to deal with the following:
 - Children being inappropriately discharged from care.
 - Children who persistently re-refer.
 - Children who are excluded from emergency bed placements.

SUMMARY FEEDBACK FROM BACK-UP SUPERVISORS GROUP

- The Group felt that all the calls they dealt with were necessary and appropriate.
- The nature of the calls received were mainly seeking advice on procedural/decision making matters, though some calls early on in the test period related to difficulties arising from the availability of emergency placements.
- In general the advice given by the back-up supervisors group was welcomed and acted upon.
- The level of supervision required by the night team was not considered to be significantly greater than the supervision requirements of regular team members.
- The back-up supervisors group felt their period of duty had been more restrictive than they had envisaged.
- Their mobile phone was strongly criticised for being unreliable, cumbersome and having poor quality transmission.
- The group felt that the present pool of supervisors was too small.
- The frequency of duty, the length of time per duty-period and low remuneration were the main reasons given for not wishing to continue in the present form.
- The group made no clear recommendation regarding the size and composition of any future supervisors group. Everyone felt the present commitment was too great, but some shared reservations about the consistency of input if the Supervisors Group was greatly increased. A separate social work supervisor was viewed as the most suitable way of resolving this issue.
- Everyone fully agreed that a single handed social worker should have access to support at all times.

Summary

1. Duty was too restrictive and too frequent.
2. The mobile phone system was inadequate, was prone to break down, poor transmission, lacking in confidentiality and should be replaced.
3. The group felt their services had been appropriately requested.
4. A new initiative for providing supervision must be found if the service is to continue.
5. There is general support from this group for a generic emergency child care service.
6. The appointment of a wholtime Social Work Team Leader (Out of Hours) could be more easily achieved if the service offered by the team was broader based i.e. generic child care.

SUMMARY OF FEEDBACK FROM COMMUNITY CARE AREA TEAMS

- Many of the referrals dealt with by the Out of Hours Team are already known to the day services.
- The day services generally considered their experience of dealing with the Out of Hours Team as positive and felt the service being offered as useful and worth continuing with.
- Acknowledgement was given to the fact the Out of Hours Service is new and that it will take some time before all the difficulties surrounding the introduction of a new service are resolved.

The principal difficulties experienced relate mainly to practical, procedural matters arising from a lack of communication.

- Community Care Area Team members are in favour of a more general emergency child care service and view the present structure as a fore runner to this service.
- Reservations were expressed about the consequences of expanding the Out of Hours Service without improving the level of resources and capacity to respond to child care issues by the existing day services, for example, some children were referred to the Out of Hours Service by EHB social workers who could not place them by day.
- The cost effectiveness of providing this service was also raised particularly in view of the limited client group and the extensive number of duty hours worked.

Conclusions

- General satisfaction with the level of service provided by the Out of Hours Team.
- Broad agreement that the service should continue and that a more general emergency child care service should be introduced eventually.
- Communications between the day services and the Out of Hours Team could be improved.

SUMMARY OF FEEDBACK FROM **VOLUNTARY AGENCIES**

- There is a view amongst some of the voluntary agencies that the Eastern Health Board's response to juvenile homelessness fails to meet the needs of some chronic homeless young people. This criticism of the Eastern Health Board response reflects the basic political and ideological difference of opinion on how this problem should be tackled and what the basic causation factors are.
- At an operational level, a good deal of co-operation and liaison exists, and there is respect for the work and efforts of individual Social Workers.
- Two voluntary organisations criticized the fact that the service used Garda Stations to interview young people. Approximately 8 young people did not, or would not, present at a Garda Station for interview.

However, the experience of the social workers concerned has been that Garda Stations provide a safe environment for the young person and worker alike and the assistance of the Gardai has been of great benefit.

It has also been suggested that the lack of places generally is demonstrated by the fact that the Out of Hours service has beds reserved for its exclusive use.

It was also commented upon that the needs of families were not catered for in this service.

- There is clearly a need for greater co-operation between all agencies involved in the field of juvenile homelessness. Until a joint strategy and policy decision is achieved which embraces all participants, disagreements are bound to arise.

SUMMARY OF FEEDBACK FROM
AMBULANCE CONTROL AND THE GARDAI

- The Gardai and Ambulance Control have responded positively towards the introduction of our service and feel that the presence and availability has increased their scope for dealing with emergency referrals received outside normal office hours.
- Prior to the introduction of the service the Gardai and Ambulance Control were the two key recipients of out of hours child care referrals and although the remit has been juvenile homeless, it has been possible to assist and facilitate enquiries regarding general child care matters without becoming directly involved.
- Both agencies very much welcome the service and would support the view that a general child care service (out of hours) is very necessary in the city of Dublin.
- “ The Gardai in all divisions have expressed their desire to have the scheme continued and are very appreciative of the service, because without it, there would be little help available to those children who find themselves on the street and without shelter at a very vulnerable stage of their lives”.

Superintendent, Dublin Garda Division

- “ General feedback from my staff is one of satisfaction that there is now a positive reception point for calls for help and apparently a very good personal relationship has built up with the social workers involved. A view has been expressed that an expansion of such reception points to cater for all groups would be welcomed.

Chief Ambulance Officer
Ambulance Control

STATISTICAL BREAKDOWN

During the three month test period a total of 130 referrals were received by the Out of House Social Work Team.

15 referrals were directly related to child protection issues

- Abandoned children
- Children in the care of drunken parents
- Suspected non-accidental injury
- Children caught up in marital violence/breakdown
- Children bereaved (death of a single parent)

Gardaí making these referrals were given advice and information only.

The remaining 115 referrals relate to homeless issues and can be broken down into the following categories.

- | | |
|--------------------------|----------------------------|
| • Children and teenagers | Aged 12-15 years inclusive |
| • Teenagers | Aged 16-17 years inclusive |
| • Teenagers and Adults | Aged 18 years upwards |

Of the 130 referrals received during the three month test period 86 were made by the Gardaí and 44 by other third parties.

All 130 referrals were relayed to the duty social worker via Ambulance Control.

All initial interviews were conducted in Garda Stations.

Garda Stations represented in the test period.

Ballymun	5	Fitzgibbon Street	4
Ballyfermot	1	Harcourt Street	1
Bridewell	2	Kevin Street	4
Blanchardstown	1	Kilmainham	1
Coolock	2	Mountjoy	2
Clontarf	2	Pearse Street	44
Clondalkin	2	Store Street	4
Donnybrook	3	Shankill	1
Dun Laoghaire	1	Tallaght	3
Finglas	1	Wicklow Town	1

As expected a high level of referrals were received through Pearse Street Garda Station, and reflects the uptake and use of our service by Focus Point.

In all, seven city centre garda stations made referrals.

Referrals were also received from many of the outlying districts of the city.

i.e. Blanchardstown, Coolock, Ballymun, Tallaght, Finglas.

44 referrals were received from 15 different third parties

<u>Residential Services</u>	Sherrard House	4	
	CSSC Hostel	3	
	Ballymun Girls Hostel	2	
	Haven House	1	
	St Anne's Hostel	2	
	International Youth Hostel	2	
	Sarsfield House	<u>1</u>	
			15

<u>Voluntary Sector</u>	Focus Point	16	
	Fr McVerry	3	
	Centre Care	3	
	Samaritans	2	
	Simon	<u>1</u>	
			25

<u>Miscellaneous/Other</u>	Community Care Area Team	1	
	Chaplain U.C.D.	1	
	Parent	<u>2</u>	
			4

NUMBER OF REFERRALS RECEIVED - 130

TYPE	MALE	FEMALE	TOTAL
- 16 years	45	22	67
16 -18 years	11	27	38
18+	8	2	10
	64	51	115
Child Care			15
			130

- Males under sixteen years accounted for 34.62% of all referrals received during the test period.
- In the under sixteen category males dominate the group by two to one, whereas in the 16-18 year age group the trend is reversed.
- The child protection referrals have been included in order to illustrate the growing need for a service to this client group.

11.54% referred during this period represent only a fraction of the cases needing attention.

BREAKDOWN OF THE RATE OF RE-REFERRALS

Total number of referrals 130

Number of cases referred once 78

Number of cases referred more than once 16

Sixteen cases were referred on a total of 52 occasions.

Number of cases referred on two occasions 7

Number of cases referred on three occasions 4

Number of cases referred on four occasions 1

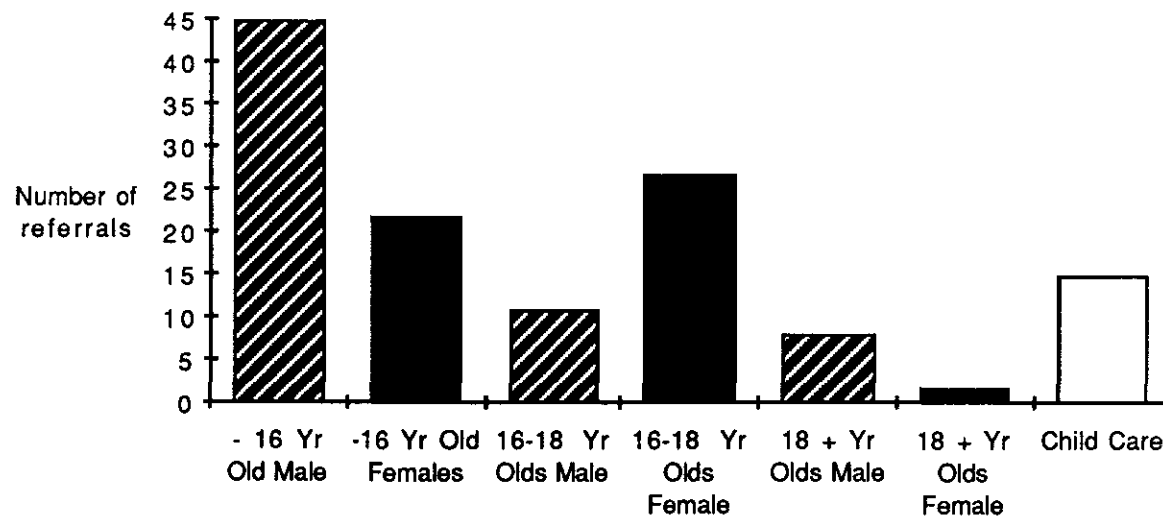
Number of cases referred on five occasions 1

Number of cases referred on six occasions 1

Number of cases referred on eleven occasions 1

Chart1

**BAR CHART 1
BREAKDOWN OF REFERRALS BY TYPE/GENDER**



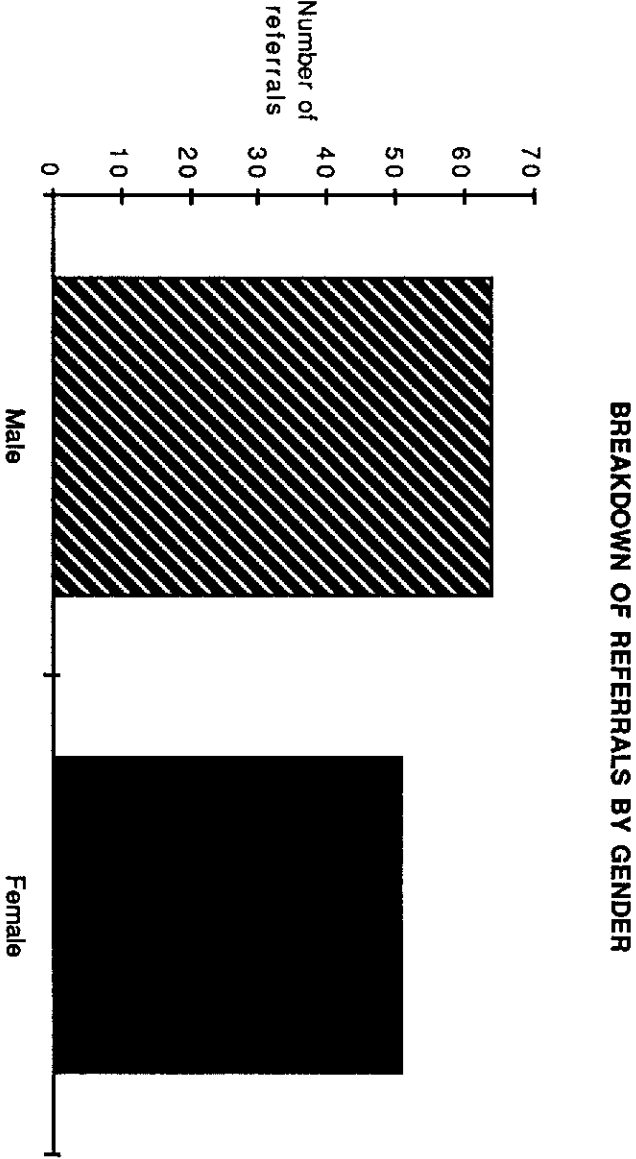
Our primary target group (-16 years) accounted for 51.5% of all referrals.

The 18+ age group were in most cases referrals concerning adult homelessness and outside our remit.

Possible factors for why the gender majority reverses in the 16-18 age group are:-

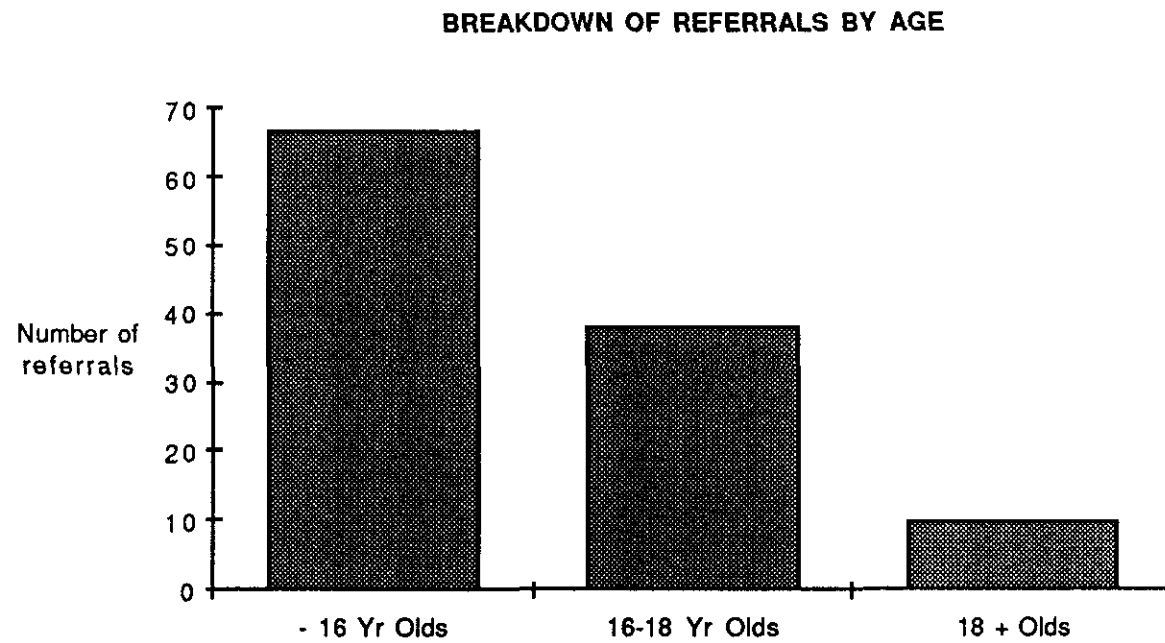
- (1) There are more short term placements for girls.
- (2) There is an increase in the number of custodial placements for boys 16+.

Chart2



49% of all referrals - Male
39% of all referrals - Female
This was anticipated and reflects current trends.

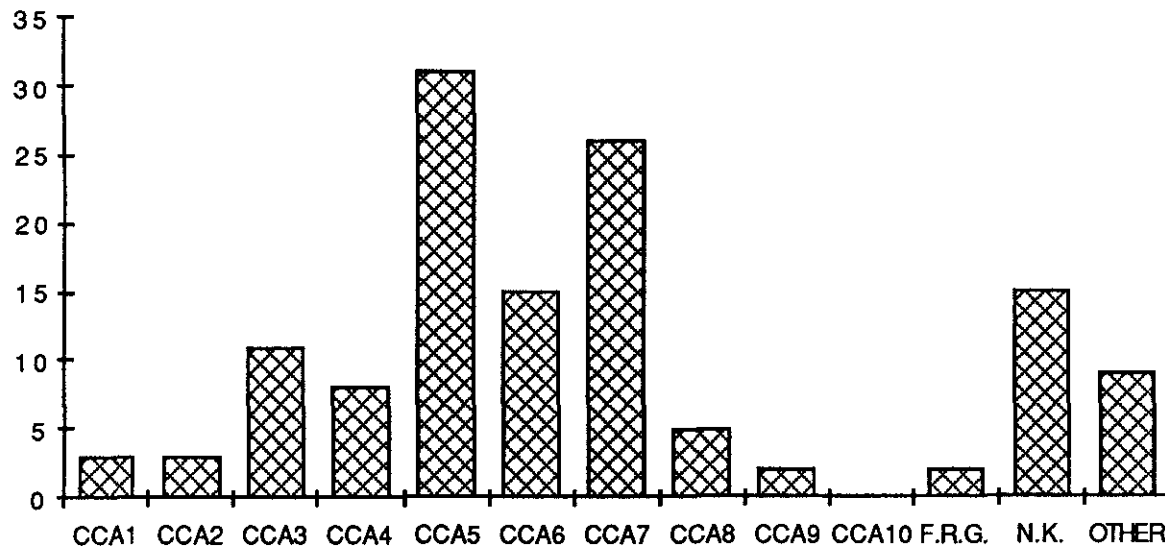
Chart3



Figures shown here support the view that the -16 year old group are clearly an "at risk" category.

Chart4

BREAKDOWN OF REFERRALS BY COMMUNITY CARE AREA OF ORIGIN



The group (N.K.) were made up mainly from inappropriate referrals, where only very basic details were received.

Others in this group include some of the young people who were unwilling to co-operate and eventually declined a service.

Chart5

BREAKDOWN OF REFERRALS BY OUTCOME

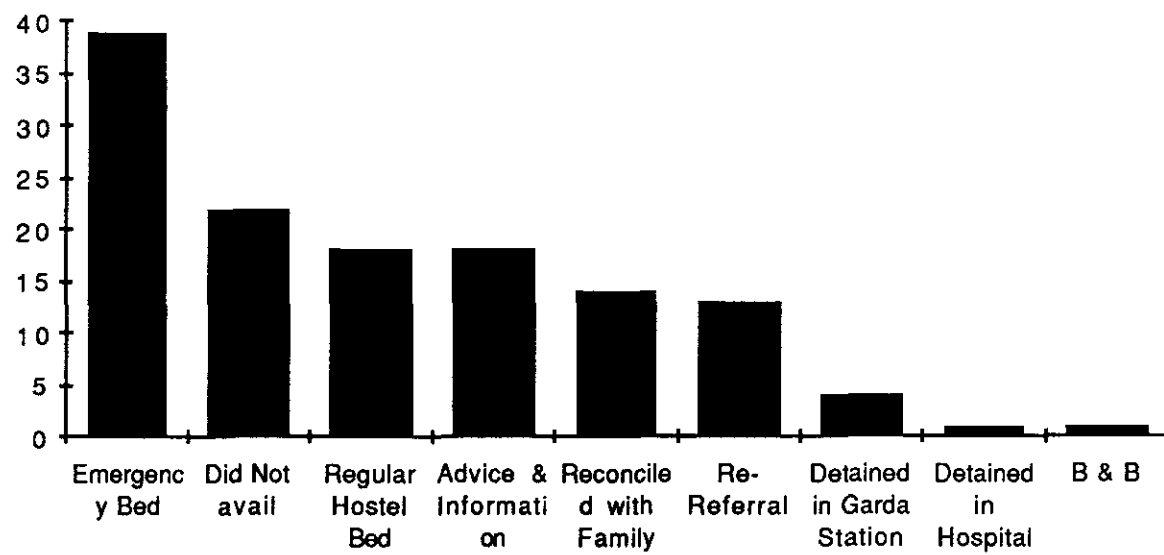
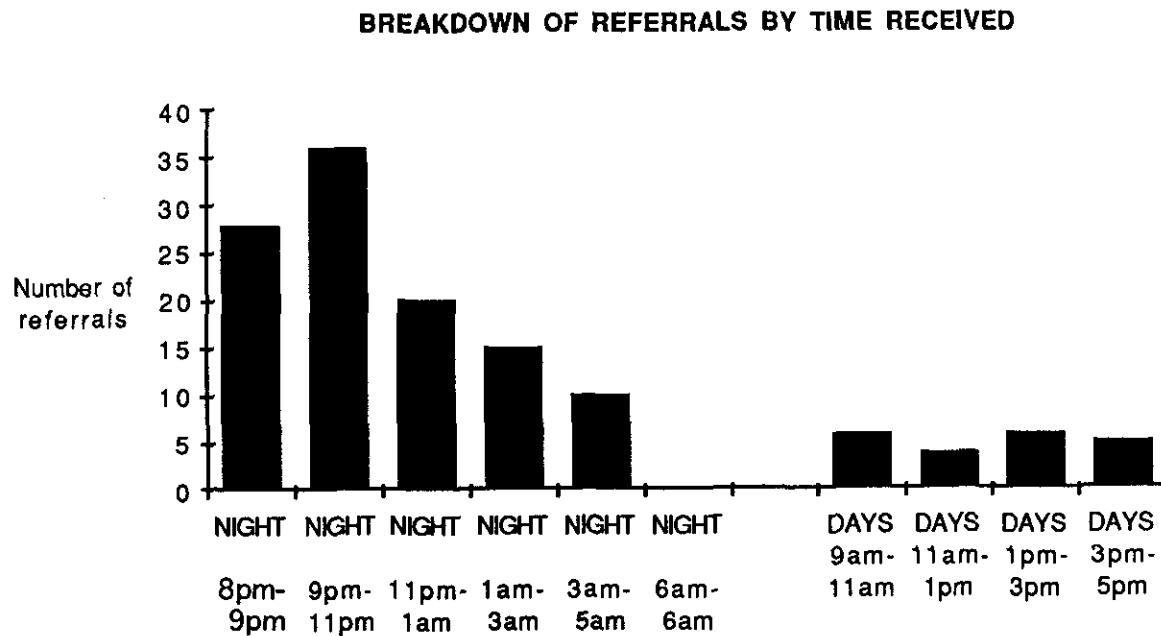


Chart 4



Clearly the busiest time was between 8.00 pm - 1.00 am with 65% of all referrals arriving during this period.

After 1.00 am the call rate drops dramatically to only 19.2% of all referrals.

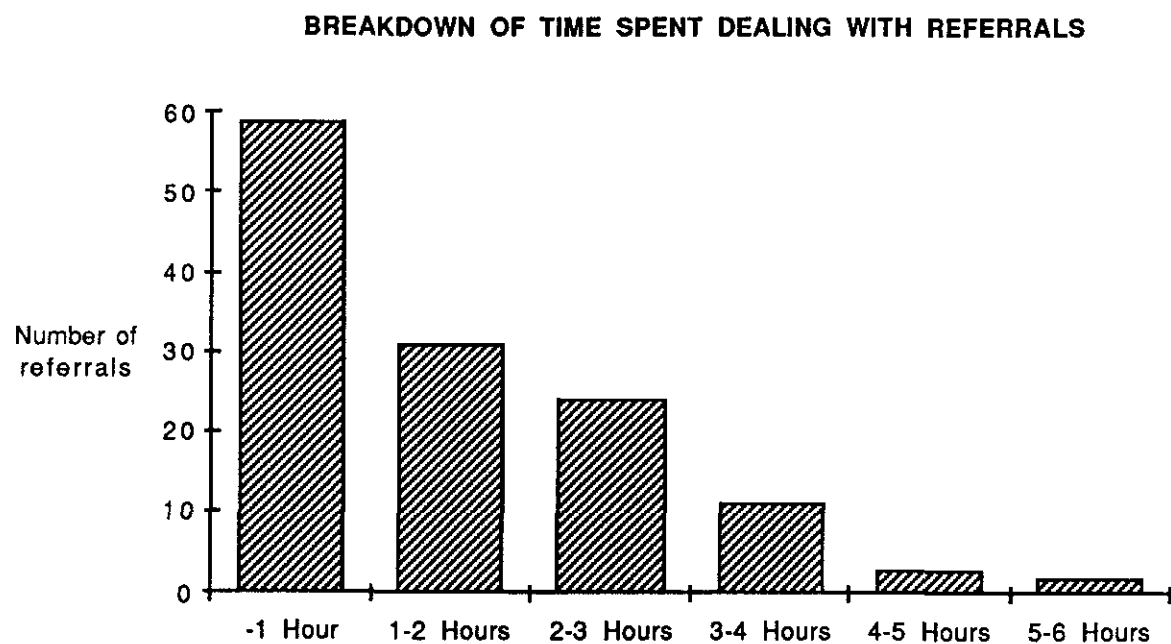
The low level of referrals received during the day time i.e. Saturday, Sundays, Bank Holiday's remained constant through out the test period.

7.6% calls am
8.4% calls pm

Total number of calls during this period - 16%.

One explanation for this is many teenagers do not consider themselves homeless or in crisis until night time.

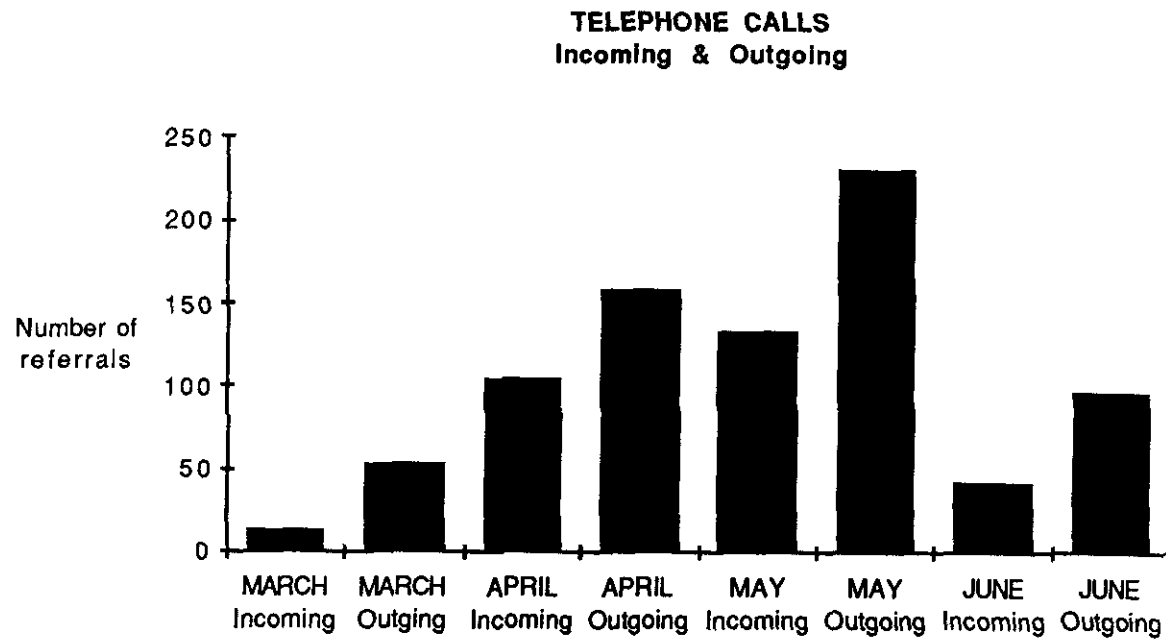
Chart7



Our efforts to provide a crisis management response is borne out by this chart with 45% of all calls being dealt with in less than one hour.

Only 11.5% of all referrals required the service of the duty social worker for more than three hours.

Chart8



TEST PERIOD
19th MARCH - 18th JUNE 1992

REVISED GUIDELINES

OUT OF HOURS EMERGENCY SOCIAL WORK SERVICE FOR HOMELESS YOUNG PEOPLE
PRACTICE GUIDELINES FOR DUTY SOCIAL WORKER

1. Clients wishing to use the service must be referred by a third party.
2. Third parties may refer directly to Ambulance Control or via any local garda station.
3. Only Ambulance Control will have direct access to the duty social worker.
4. The duty telephone number is strictly confidential and should not be given to members of the public.
5. Clients consent and willingness to co-operate is a pre condition which will help determine whether a service is offered.
6. Clients suffering from the effects of solvent/alcohol/substance abuse may get only a limited service.
7. Clients must be told that all accepted referrals will be formally recorded and that this information will be relayed to their respective Community Care Area Team.
8. A social work assessment of the young person's circumstances will be done before any action is taken.
9. Under no circumstances should the duty social worker admit a client/referrer and client into the duty base.
10. All initial interviews should be conducted in a Garda Station.
11. Duty social workers should never agree or undertake to see a client at any location other than a Garda Station.
12. In cases where the child being referred is under 16 years of age, parental approval/consent will be sought before emergency care/shelter is offered.
13. If it is necessary to investigate a child's home circumstances or seek parental consent/approval the duty social worker should, as a rule, be accompanied by a Garda.
14. Private cars should only be used at the discretion of the duty social worker.
15. If a young person has to be transported to a place of safety, emergency accommodation etc. then the use of a taxi with or without back up support from the Gardaí is recommended.
16. When duty social worker is engaged in direct work, he/she should advise Ambulance Control and ask for subsequent referrals to be stored.
17. The duty social worker is responsible for signalling his/her arrival and departure from duty to ambulance control and also to the back-up supervisor on arrival.
18. In the event of unplanned sick leave, the duty social worker should endeavour to inform the Social Work Team Leader (Juvenile Homeless) before 5.00 pm (normal weekday) or contact the back-up duty supervisor on weekends/bank holiday.

Amended Guidelines for Gardai working within the Greater Metropolitan Dublin District

'OUT OF HOURS' EMERGENCY SOCIAL WORK SERVICE
FOR
HOMELESS YOUNG PEOPLE

1. The newly introduced Out of Hours emergency social work service for young people has recently been reviewed and will be fully evaluated at the end of the pilot period March '93.
2. This service will be provided each night between 8.00pm - 6.00am and 9.00am - 5.00pm at weekends and bank holidays.
3. Our geographical border will be broadly co-terminus with the Dublin Metropolitan Garda Division.
4. The Scheme is intended to provide an emergency social work crisis service for 'at-risk' homeless young people. The service will be voluntary, mobile and accessible to all districts of the Greater Dublin Area. Participants of the scheme should actively seek assistance, and be willing to co-operate with efforts made to resolve the crisis.
5. During the pilot period, we recommend that anyone wishing to make a referral to the scheme should do so by contacting their nearest Garda Station. From there, their request can be formally transmitted to the out of hours duty social worker using the central ambulance control telephone number.
6. Once a referral has been accepted by the duty social worker he/she will take full responsibility for assessing the case and deciding on the most appropriate course of action.
7. This service has been set up to deal specifically with issues arising from Juvenile Homelessness and does not at present offer a general child care emergency service. However advice and information regarding other child care matters referred to the Gardai during out of hours periods is available from the duty social worker.

For further details contact:

Steve Wood
Social Work Team Leader (Juvenile Homeless Team)
Telephone 387122

August 1992

OUT OF HOURS EMERGENCY SOCIAL WORK SERVICE FOR HOMELESS YOUNG PEOPLE
GUIDELINES FOR AMBULANCE CONTROL

1. The newly introduced Out of Hours Emergency Social Work Service for young people has recently been reviewed, and will be fully evaluated at the end of the pilot period (March '93).
2. This service is designed to deal with matters arising from juveniles 'out of home' Any other type of child care referral received during the out of hours period will be offered an advise and information service only.
3. During the pilot period all referrals to the service must be made via Ambulance Control.
4. The hours of duty are as follows:

(i)	9.00 am - 5.00 pm	Saturday/Sunday/Bank Holiday
(ii)	8.00 pm - 6.00 am	365 days a year
5. No referrals should be accepted outside of these duty periods.
6. At the beginning and end of each duty shift the duty social worker should contact Ambulance control and confirm their arrival/departure.
7. If the duty social worker becomes involved in direct work with a client e.g. interview/placement, he/she will advise ambulance control of their engagement, and will request that all subsequent referrals are stored at the control office until he/she is free to accept them.
8. In the unlikely event of a there being no reply on the duty telephone line, Ambulance Control will refer to the Back Up Supervisor.
9. The telephone number for the duty social worker is
The telephone number for the duty social work supervisor is
10. Both numbers are strictly confidential and should not be given to members of the public or any other person.

For further information contact:
Steve Wood
Social Work Team Leader (Juvenile Homeless Team)
Telephone 387122

August 1992

GUIDELINES FOR AGENCIES WISHING TO MAKE REFERRALS
TO THE
OUT OF HOURS EMERGENCY SOCIAL WORK SERVICE

The newly introduced Out of Hours Emergency Social Work Service for young people has recently been reviewed, and a full evaluation of the service will take place at the end of the pilot period (March 93).

This service will be provided each night between 8.00pm - 6.00am and 9.00am - 5.00pm at weekends and bank holidays.

Our geographical border will be broadly co-terminus with the Dublin Metropolitan Garda Division.

The service is not intended to function as a general child care emergency service. The duty social worker will accept appropriate referrals and provide a service based on his/her professional assessment of a child's need and circumstances. Every effort will be made to ensure that all appropriate referrals are adequately dealt with during the duty period before being handed over to the area teams for supervision purposes.

Anyone wishing to refer to this service can do so by contacting their local garda station. The gardai will take details of all referrals and relay this information to Ambulance Control. Other approved agencies working in the field of child care/juvenile homelessness may wish to make referrals direct to Ambulance Control.

All referrals received by Ambulance Control will be forwarded to the on-duty social worker.

All referrals received will be formally recorded and notification sent to the Community Care Team responsible.

In the event of a child coming into care or emergency accommodation, parental consent will be sought before any action is taken.

The out of hours social work service is only contactable by telephone, using the route outlined above. The duty social worker does not have a specific location or base as he/she serves the Greater Dublin area during duty periods.

The Social Work Team Leader (Juvenile Homeless Team) will retain responsibility for the co-ordination of services, staff and resources. Back up supervisory support to the on duty social worker will be provided .

If you require any further information regarding this service please contact:

STEVE WOOD
Social Work Team Leader
Park House, North Circular Road, Dublin 7.
Telephone 387122

August 1992

RECOMMENDED GUIDELINES FOR COMMUNITY CARE
SOCIAL WORK TEAM MEMBERS WISHING TO REFER TO THE
OUT OF HOURS SERVICE

Messages

All messages/information can be transmitted by Fax.
Our Fax machine is open 24 hours a day.

Fax No: **306842**

Steve Wood (Social Work Team Leader) is available during normal office hours and will deal with any queries arising from the Out of Hours team duty .

Address: Child Care Services, 1st Floor, North Circular Road, Dublin 7.
Tel No: 387122
Fax No: 383984

In extreme cases the Out of Hours duty social worker can be contacted during duty times, by telephoning Ambulance Control telephone number **540055**.

The Out of Hours team welcome information concerning potential referrals. If you have a client, or information about someone who is likely to be referred to our service please forward all relevant information, in particular:

- 1/ Name, age, address and family circumstances
- 2/ Casework plan
- 3/ Case conference decisions/recommendations
- 4/ Your recommendation i.e.
 - the child to return home
 - that the child would be at risk by returning home
 - return the child to care/foster placement
 - in need of an emergency placement
- 5/ Name and location of specific social worker dealing with case:

Missing Persons

Details of all missing persons, children, teenagers mother/child, should be circulated to the Out of Hours Team.

Child Care Referrals

At present we are not mandated to deal with these type of referrals. However, queries are received on a regular basis from the Gardai who are frequently faced with referrals concerning abandoned/homeless children, children in the care of unfit parents, children who have been abused. If you know of any child care case which may erupt during the out of hours period, and have specific advise/information which you think would assist the emergency services, please fax details to the Out of Hours Team.

August 1992

**CONCLUSIONS
AND
RECOMMENDATIONS**

As expected twelve weeks is a very short period of time to draw any absolute conclusions, although it has been useful to review the progress of the first three months and make a number of minor changes and adjustments to the way we operate (see practice guidelines).

The sample of cases involved in this review were small and do not necessarily reflect what the patterns of referrals is likely to be over a lengthy period of time or take into consideration seasonal changes and trends.

Initial doubts about extended period of inactivity, the use of resources and the appropriateness of our target group needs to be considered over a more prolonged period before any change is introduced.

A number of significant practice issues arose during the first three months and has had some impact on the way area teams manage some of their difficult adolescent cases.

Particular examples causing concern are:

- Instances when the day services are unable to access services for a child and suggest he/she refers to the Out of Hours emergency duty service.
- Children who are referred to the Out of Hours Service after being discharged or temporarily barred from Residential care on an unplanned basis.
- Children who are re-referred to the Out of Hours Services after we have provided crisis intervention and linked him/her back to the appropriate day services for supervision purposes.
- These concerns suggest that in some instances the Emergency Services are used to compensate for a lack of resources.

There is a common view shared by most parties concerned in the care and management of juvenile homeless that an out of hours emergency social work service is necessary.

Within that general consensus there are differences about how this can best be achieved.

Some feel this is a service which should be broadened and that juvenile homelessness ought to be part of a wider Health Board response to 'out of hours' emergency child care services, whilst others, within the voluntary sector, where the emphasis is principally on homelessness, view the Health Board's response as being too restrictive, limited and confined to 'safe' referrals.

There is overwhelming support from Health Board personnel to introduce a general child care 'out of hours' service following the experience of the first three months of running a service with a limited client group. The question that this raises is, should we continue to operate the service in its present form up until the expiry date of the pilot period, or begin to realistically explore more the feasibility of broadening the target group and becoming more child care centred?

Based on this early sample of referral the team have identified and worked with four main types of referrals:

1. **The Chronic Group:**

This small core group of teenagers have re-referred numerous times during the test period. There appears to be a major problem finding suitable placements for them, by the day services, as a result these children are often re-referred back to the out of hours team. This revolving referral process needs to be addressed.

2. **The Early Crisis Group:**

The children in this category are all youngsters who have been out of home for a relatively short period of time. They are generally distressed at the point of referral and are receptive to attempts to help resolve their crisis. As a result there has been some measure of success with this group eg use of emergency bed, reconciliation with families.

3. **Children from within the care system:**

This is a group of children who were referred to the Out of Hours Service by existing residential services following placement breakdowns, outbursts of unmanageable behaviour and repeated absconding during the out of hours period. This raises questions about the appropriate use of the Out of Hours Emergency Service.

4. **Child Protection Cases: (Under 12 years old)**

In virtually all of these cases, the service was accessed by the Gardaí. Despite early attempts to separate ourselves from this type of referral, a significant number of enquiries concerning child care matters were received.

We have offered a limited service to this client group, by giving advise and information, subject to our availability.

RECOMMENDATIONS

1. That an Out of Hours Emergency Social Work Service continues.
2. That this service be extended and resourced to deal with all child care referrals.
3. That whilst in its present form, the use of Ambulance Control and the Gardaí should continue.
4. That the Health Board appoint a wholetime out of hours shift supervisor/s.
5. That whilst the back-up supervision continues to be provided by existing Head Social Workers and Team Leaders a realistic package of payment/conditions should be made.
6. That the accommodation needs of this team be addressed immediately and that suitable EHB facilities are provided.
7. That the mobile phone system is improved.
8. That better communication between the day services and Out of Hours Team is facilitated.
9. That if the Out of Hours social work service continues in its present form, it be fully evaluated by an external assessor after twelve months.

EASTERN HEALTH BOARD

Internal Memorandum

To: Paul Harrison, Head Social Worker
From: Steve Wood, Social Work Team Leader
Subject: Call up rate: Out of Hours Back Up Supervisors
Date: 25th June 1992

During the test period 19th March 92 - 18th June 92 six supervisors provided continuous back-up to the Out of Hours Social Work Team.

Number of duty sessions during test period	=	(91 x 10 hrs) + (29 x 9 hrs)
Total number of duty sessions	=	120
Total number of duty hours	=	2171
Average no. of duty sessions per Supervisor	=	20
Average no. of duty hours per Supervisor	=	362
No. of consultations made with Back Up Supervisor	=	117

The Social Worker/Supervisor consultations occurred at various times during the nine shift cycle, with no significant pattern emerging.

All the call-ups were considered appropriate and required advice or information on a wide range of issues.

The length of time spent per call-up once again varied greatly from as little as two minutes to periods which occupied the back-up supervisor for several hours.



Steve Wood
Social Work Team Leader