

review

Review of Adequacy of Child Care and Family Support Services; Southern Health Board, 2002



with compliments
ELLIS HOUSE

Southern Health Board
Bord Sláinte An Deáirí



With Compliments

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Foreword

This report is produced in accordance with the obligation set out in Section 8 of the Child Care Act, 1991, which states that the Health Board is obliged to "annually ... have a report prepared on the adequacy of the child care and family support services available in its area"

I stated in 2001, the Southern Health Board is committed to tightening the link between this Review and the Service Plan so that the Review, prescribed by legislation, can be used as a formative tool in assessing and planning service delivery.

First and foremost our service must 'promote the welfare of children in its area who are not receiving adequate care and protection' (Part I, Section 3) and 'provide child care and family support services ... as it considers necessary or desirable for such purposes'.

The Health (Amendment) (No. 3) Act, 1996 imposes on the health boards an obligation to be accountable for spending and to reconcile budgets annually. This poses a challenge to reconcile our obligations under the two different pieces of legislation.

The Department of Health and Children implemented a major change to funding policy, specifically in relation to Supplementary Estimates, in 2002. Up to 2001 the Supplementary Estimate covered cost pressures which arose during a year and which could not have been anticipated at the beginning of the year. It was also possible to determine the allocation of such funding based on need at a local level. For 2002 increases in expenditure were only made available for specific issues determined by Government Policy and Government priorities. In addition the amount that was made available in 2002 was significantly curtailed from that allowable up to 2001.

This Review examines broad plans and reports on services delivered by the health board to the Department of Health and Children in accordance with terms set out by the Department. It also provides an opportunity to engage a range of staff and clinicians in examining service performance in the past year and to indicate areas that require development or funding.

The Southern Health Board is committed to the development of local policies that will enable us to gauge the merit of our work and the level of service provided to clients and patients.

In 2002 we consolidated and enhanced a number of services. In particular, the Family Welfare Conference Department was established in accordance with the Children Act, 2001. We progressed the development of multidisciplinary, child protection and family support practice guidelines, and the computerised Child Protection Notification System, which was promoted internally and externally, in accordance with Children First – National Guidelines for the Protection and Welfare of Children.

I would like to take this opportunity to congratulate and thank all our staff in the health board and in the many non-statutory agencies in Cork and Kerry who provide services on our behalf, for their dedication and hard work during 2002.

This Review has been presented to the Child Care Advisory Committee of the Southern Health Board, in accordance with the legislative requirement. The comments of the members have been taken into consideration prior to publication.

The coming year promises to be a challenging one, but I am fully confident that by working together we can ensure that the highest quality of care will continue to be delivered to all who come in contact with our services.

Seán Hurley,
Chief Executive Officer

List of legislation, regulations, guidelines, and strategies that govern delivery of Child Protection & Welfare Services

Legislation

Child Care Act, 1991
Health (Amendment) (No. 3) Act, 1996
Protection for Persons Reporting Child Abuse Act, 1998
The Children Act, 2001
Domestic Violence Act, 1996
Freedom of Information Act, 1997
Adoption Acts (1952 – 1998)
Education Act (1998)

Regulations

Child Care (Placement of Children in Residential Care) Regulations, 1995
Child Care (Placement of Children in Foster Care) Regulations, 1995
Child Care (Placement of Children with Relatives) Regulations, 1995
Child Care (Pre-School Services) Regulations, 1996
Child Care (Standards in Children's Residential Centres) Regulations, 1996
National Standards for Children's Residential Centres, 2001
National Standards for Special Care, 2001

National Guidelines & Strategies

National Drugs Strategy
National Breastfeeding Policy for Ireland, 1994
The Springboard Initiative, 1998
Children First, National Guidelines for the Protection and Welfare of Children, 1999
The National Children's Strategy, 2000
National Development Plan, 2000 – 2006
National Health Promotion Strategy, 2000 – 2005
RAPID Programme, 2001
Report of the Working Group on Foster Care, 2001
Adolescent Health Strategy, 2001
Youth Homelessness Strategy, 2002
Quality and Fairness A Health System for You, 2002
Get Connected - Best Health For Adolescents, 2002
Investing in Parenthood to Achieve Best Health for Children, 2002

Southern Health Board Guidelines & Strategies

Protocol for the conduct of Child Protection Case Conferences in the Southern Health Board, 1997
Corporate Development Plan, 2000 – 2003
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Mayfield Neighbourhood Youth Project.

National Children's Resource Centre Statistics, January – December 2002.

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Schedule of Pre-School Inspections At 31st December 2002.

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North Cork Number of reports to Child Protection and Welfare Social Work Team by category and outcome, 2002.

West Cork Number of reports to Child Protection and Welfare Social Work Team by category and outcome, 2002.

Kerry Number of reports to Child Protection and Welfare Social Work Team by category and outcome, 2002.

Waiting List Activity, South Lee Child Protection Social Work Department, 2002.

Case Conferencing Department

- Distribution of Case Conferences held by Community Services Area, 2002.

- Number and Type of Case Conferences, by Community Services Area, 2002.

- National Performance Indicator Monitoring – parental involvement in Case Conferences, 2002.

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Referrals to the Family Centre by nature of assessment, 2002.

Referrals to the Family Centre by Community Services Area/Health Board, 2002.

Outcomes of Assessments carried out by the Family Centre, 2002.

Services for Young People Out of Home

- Number of children whom it appeared to the Health Board were homeless by age, Gender and community service area, 2002.

- Number of children whom it appeared to the Health Board were homeless by primary reason for homelessness, gender and community service area, 2002.

- Number of children identified as unaccompanied minors in accordance with Section 8(5) of the Refugee Act, 1996, coming to the attention of the Southern Health Board, by age, gender and community service area, 2002.

- Outcome of cases coming to the attention of the Health Board.

Hospital Social Work Departments

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Child Adolescent and Family Psychology

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- Number of referrals to psychology departments by source, 2002.

Activity Data, Child and Adolescent Psychiatry, 2002.

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- Clients under 18 years of age referred to another agency, by referring agency and number, 2002.

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Alternative Care Services operated by and on behalf of the Southern Health Board.

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Activity Data, Adoption Department, 2002.

Admission and Discharge Data, Prospect Lodge.

Admission and Discharge Data, The Willows, Mallow, 2002.

Admission and Discharge Data, Treeview House, Rushbrock, 2002.

Admission and Discharge Data, Mount St. Joseph's, Passage West, 2002.

Admission and Discharge Data, Kerry Residential Services, 2002.

Admission and Discharge Data, Gleann Alainn, 2002.

Legal Status of Referrals to Gleann Alainn, 2002.

Admission and Discharge Data, Ard Doire, 2002.

Admission and Discharge Data, Loughmashon High Support Unit, 2002.

Admission and Discharge Data by Child and Nature of Referral, Arne Villa Assessment and Resource Unit, 2002.

Admission and Discharge Data, Pathways, 2002.

Admission and Discharge Data, Good Shepherd Services, 2002.

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Activity Data, Muli Talbot Residential Treatment Centre, 2002.

- Number of cases referred by Community Services Area.

- Number of referrals by age group, 2002.

- Number of cases referred by referrer, 2002.

Admission and Discharge Data, Wellsprings, 2002.

Case Activity Data, Psychology Support to Residential Units, 2002.

Support and Development Services

Activity Data, Research Officer, 2002.

Activity Data, Children First Information and Advice Officers, 2002.

Childcare Training Department

- Number of training events offered by type of event and numbers participating.

- Number of training events, by type of event, delivered directly by Training Unit, 2002.

Structure, context and methodology for the Review of Adequacy

Structure of the Review

The review is divided into four main sections; the first section contains relevant extracts from the Service Plan 2002 and associated service development funding and describes the methodology used to prepare the review.

The second section addresses adequacy of the services delivered in the context of the service plan and service delivered for the year 2002. Reports are presented according to service type.

In the third section, reports on individual services are presented together with activity data for that service, where it was available during the year 2002.

Context for delivery of child protection and family support services by the Health Board

Each year the health board is required to prepare and adopt an annual Service Plan. The Service Plan, as it is required under Section 6 of the Health (Amendment) (No. 3) Act, 1996, sets out the services that we can provide in line with the funding made available by the Department of Health and Children for the coming year. Government Policy and Government priorities determine the level of funding made available.

The year 2002 was a very significant year for the health board. The Letter of Determination and the Service Plan are prepared against the backdrop of the new National Health Strategy, which was published at the end of November 2001. Significantly in 2002, the Department of Health and Children revised downwards the amount of funding available to health boards by cancelling Supplementary Estimates, which were formerly made available.

The overrun in spending that occurs by delivering core services is required to be addressed and reconciled from any development funds that are issued. Where additional funding for some service developments was not committed it meant that such developments could not be included in Service Plan.

The challenge presented by the National Health Strategy at management level, is to ensure that within the available resources the health board delivers a health service that is:

- People centred
- Of a high quality
- Giving value for money

Information management and evaluation are at the core of the new strategy as far as managers are concerned.

This report contains a review of the objectives of the Service Plan as presented to the Department of Health and Children at the beginning of 2002 with a review of the highlights at the end of that year.

Review of Adequacy of Child Care and Family Support Services, annually

Each health board is obliged on an annual basis, to produce a review of adequacy of its child care and family support services in accordance with the 1991 Child Care Act, referred to as the Section 8 Report after section 8 of the Act. It is the responsibility of the dedicated Child Care Manager to deliver this report. A Research Officer is assigned to ensure the consultation and writing process is undertaken.

This report has board-wide application and relevance. It sets out information from providers on the function and purpose of existing services, provides analysis of gaps or shortfalls identified and examines outcomes of development funding as provided in the information and aims to carry out a needs assessment with regard to future developments. The fact that the Review reflects on the previous year detracts somewhat from its relevance to front-line providers and makes the process of engaging these staff more difficult.

In the past year the absence of progressing developments, due to the current financial climate, has again impacted on the interest in the report. On the positive side, the report is viewed as a live document and is constantly being reviewed as a process to ensure its relevancy to those who contribute to it and as a means of linking it to the Service Plan, providing a consistency and a continuity between what is identified as being needed and what is being sought to address the needs.

Those who contribute to the report are consulted with each year and assisted in making their submissions. Feedback and comments are taken on board and acted upon.

Methodology for preparation of the review

To prepare the review of adequacy of services 2002, a number of approaches were used. A questionnaire was devised and circulated to 128 service managers, 123 of which were returned. The Research Officer conducted interviews with the Child Care Managers who have ultimate responsibility for management, development and delivery of the services. The Information Officer collected and provided activity data and statistics for consideration and inclusion. Additionally consultation was held with the Business Manager responsible for monitoring and delivering the Service Plan and Performance Indicators. The Draft Report was circulated to the Child Care Managers, the General Managers, the Programme Manager, Community Care Services and the Child Care Advisory Committee in the Southern Health Board for comment. The Research Officer and responsible Child Care Manager conducted final edits.

The questionnaire used in the survey was variously interpreted and the quality of responses varied. It would appear that this reflects familiarity with working with such mechanisms, or interest in providing retrospective information and in some cases the capacity to locate the local service review within board wide and national contexts.

The questionnaire allowed managers to highlight local issues and to identify gaps in the services they deliver, however the amount of information provided varied enormously. These reports are individually presented in the Review. The questionnaire is reproduced in Appendix 1 to provide context.

The individual reports were reviewed and the common themes, both in terms of positive developments and in gap analysis, were identified and are presented at the next section. The reports are also presented in the context of board wide developments and service provision and in the context of national policy developments.

Some of the activity data is presented for the first time and has not been presented in any other Southern Health Board publication. Activity data for individual residential units shows admissions and discharges from units and demonstrates the level of work by and between health board services that is not reflected in other reports.

Section 1

Review of Funding of Children and Family Support Services
Southern Health Board, 2002

Service Planning and Development Funding 2002

NOTE ON SERVICE PLANNING

Community services are organised around care groups, that is groups of people with similar health needs who require an integrated set of responses. The existing care groups identified in the Southern Health Board structure are as follows:

- Child Care and Family Support Services
- Child Health Services
- Care of Older People
- Physical and Sensory Disability services
- Illness Prevention Services: Primary Care Services
- Drug and Alcohol Services

From Service Plan 2002: The objectives for delivering Community Services in 2002 were:

- To continue to develop community services within the available resources so as to enable people in the community to live with dignity and independence in their own homes or in a homely environment with support services provided by the Board.
- To continue to develop and shape our services so that community based services are the central focus of patient and consumer care in accordance with the goals of the Corporate Development Plan.

- To strive to make the health and personal social services we provide as responsive as possible to the needs of the population we serve.
- To continue the development of a multi-disciplinary approach to the delivery of efficient and effective services through the local Community Services Management Team.
- To continue to develop at catchment level, multi-disciplinary care group teams supporting the Community Services Management Team.
- To improve linkages and integration between Community Services and other health service providers both in the statutory and voluntary agencies in accordance with the goals outlined in the Corporate Development Plan.

Service Development Funding Child Care and Family Support, 2002

SERVICE	REVENUE €	W.T.E. BY GRADE	COMMENT
1. Fostering	€2,164m	1 Regional Manager Foster Care Services	Full year costs of restructured foster care allowances plus 1 post
2. Springboard	€298,000	N/A	To facilitate the mainstreaming of the existing Springboard initiative in Mohn, Cork. Springboard initiatives focus on children and families most at risk.
3. New Springboard Projects	€381,000	1 Project Leader 3 Project Workers 2 Family Workers 1 Grade III	1 North side Cork City - Rapid Area - Subject to discussions with Department of Health and Children
4. Unaccompanied Refugee Minors	€190,000	1 Social Worker 1 Child Care Worker	Provision of services for unaccompanied minor asylum seekers. 2 posts; Balance non-pay
5. Children First	€140,000	1 Child Advocate Team Leader	Continued implementation of Children First Guidelines
6. Inter-country Adoption further reduce waiting lists	€25,000	1 Grade V	To continue implementation of standardised framework and to
7. Management Information Project	€51,000	1 Grade IV	Support to Child Care Information Officer Subject to discussions with Department of Health and Children

Service Planning

Review of Adequacy of Childcare and Family Support Services
Southern Health Board, 2002

SERVICE	REVENUE €	W.T.E. BY GRADE	COMMENT
8. Youth Homelessness	€1.016m	1 Psychologist 1 Social Worker 1 Team Leader 1 Deputy Manager 5 Child Care Workers 3 Child Care Worker 1 Project Manager	To progress the implementation of the Youth Homelessness Strategy Subject to discussions with Department of Health and Children
9. New Family Support Projects	€381,000	4 Child Care Leader Posts Enhancement of Sec. 65 grants	To develop family support services in line with National Health Strategy (Action 27). Subject to discussions with the Department of Health and Children.
10. Children Act	€379,000	1 Regional Manager, Residential Services 1 Authorised Officer (equivalent to Principal Social Worker) 1 Training Officer (Team Leader) 1 Project / Information Officer (Team Leader) 1 Psychologist	To strengthen and develop intermediate and alternative care services. Subject to discussions with Department of Health and Children
11. Mainstream Residential Care	€1.270m	N/A	Contribution towards funding for residential services transferred from Mercy Childcare to the Board. Allocation allows the Board to ensure that the terms and conditions of employment of those formerly employed by the Mercy are similar to other employees of the Board in the Childcare area.
TOTAL for Section	€6.315m	35	

Child Health

SERVICE	REVENUE €	W.T.E. BY GRADE	COMMENT
Implementation of "Best Health for Children"	€105,000	1 PHN 1 AMJ	To continue work commenced in 2001.
2. Child and Adolescent Psychiatry	€541,000 €159,000	1 Senior Registrar 1 Occupational Therapist 1 Speech & Language Therapist 1 Psychologist 1 Child Psychologist Nurse	Enhance existing teams and supports New community based team (1/4 year costs)
TOTAL for Section	€805,000		

Drug and Alcohol Services

DEVELOPMENT	REVENUE	W.T.E. BY GRADE	COMMENT
1. Matt Talbot Service	€381,000	N/A	Southern Health Board contribution to 2002 costs of Matt Talbot Services to be added to existing allocation of €318,000. Other funding from the Departments of Justice, Equality and Law Reform and Science & Education is required.
TOTAL for Care Group	€381,000		

Review of Adequacy of Services, 2002 and Resultant Implications for
Service Development

COMMUNITY WORK AND COMMUNITY BASED SERVICES

Objectives for delivery of Family Support Services as described in the Service Plan 2002

- To progress the implementation of the "Growing Confident Children" (Early Childhood Strategy) in terms of childcare and family support, in partnership with families and the voluntary and community sector, subject to available resources.
- To support existing Family Resource Centres and assist in the development of additional centres, as identified with other statutory agencies and the voluntary and community sectors, to deliver an integrated response in terms of child care and family support subject to available resources.
- To work with other statutory agencies and the voluntary and community sectors to deliver an integrated response in terms of child care and family support.

Highlights

- The Board concluded a number of service agreements with voluntary community groups providing family support services.
- Community Work Departments focussed on supporting development of 'second tier' family resource centres delivering service in small, targeted, catchment areas. In 2002, 12 received grant aid at levels between €7,000 and €96,000.
- The Board has funded co-ordinator posts in a number of Family Resource Centres in areas of disadvantage.

- The Board has developed a Family Support Service attached to its Child Protection Teams on a pilot basis.
- A major conference on Family Support Services in Killybegs was organised and opened by the Minister of State with responsibility for Children.
- A needs analysis was undertaken in relation to family support services in the Cogh area and the findings published.

Inadequacies identified in Service Provision, 2002

- There is a need to develop mechanisms for providing multi-annual grant aid to facilitate medium and long term planning by family support services currently in receipt of Section 65 and Section 10 grant aid.
- There is a need for grant aid for training staff working in community based agencies supported by the health board to progress quality initiatives. Currently the grant structure precludes application for grant aid for staff training and development.
- Inter-departmental and interagency communication has been fostered by the health board through a range of structures, but a number of agencies refer to needs for enhanced provision for information exchange.
- A number of organisations that receive support refer to difficulties with capacity to promote the service to families due to staffing inadequacies.

Number of Groups providing Child Care and Family Support Services and the range of activities and services grant aided through Section 65/10, managed by the Community Work Departments, Southern Health Board, 2002

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total organisations
North Lee	16	36	9	9	19	20	23	10	5	30	14					191
South Lee	10	20	8	7	11	13	10	7	9	11	9	28	12	12	4	171
North Cork	12	18	4	6	9	10	5	1	5	8	3	11	4	3		99
West Cork	22	26	3	2	1	4	1	0	1	1	1	2	2	6	1	73
Kerry	19	22	7	4	4	8	4	6	4	10	5	10	6	2		109
SHB	79	122	31	26	44	53	43	24	24	60	32	51	24	23	5	643

A. Parent/Toddler Club, B. Community Pre-School Playgroup, C. Crèche, D. After school Club, E. Parenting Course, F. Adult Education/Personal Development Courses, G. Women's Group, H. Lone Parents, I. Counselling, J. Information, K. Co-ordinator, L. Liaison with Area National Group, M. Training Management, N. Summer Camp, O. Foster Children

PRE-SCHOOL SERVICES

Objectives for delivery of Pre-School Services as described in the Service Plan 2002

- To ensure that the development of pre-schools within the Boards in line with the Regulations.

Highlights

- The Board provided funding for the development of pre-school services, including the provision of extra places in areas of social exclusion.
- The establishment of Child Care Committees in Cork City & County and Kerry was completed.
- The County and City Child Care Committees published their strategic plans for the development of pre-schools within the Board area.

Inadequacies identified through review process

- Regular ongoing inspections of sites would improve monitoring of standards and may improve compliance with the regulations.
- There is a need to develop monitoring and inspection mechanisms for after school care providers.
- Early years care providers request development of multi annual grant aid mechanisms to facilitate medium and long-term developments.
- The revision upwards of the ratio of staff to children places additional staff costs on services, which are not fully covered by Equal Opportunity Childcare Programme funding and can cause difficulties for many providers.
- Due to the shortage of staff on the HighScope, only 10 centres were receiving on-going or cluster training during 2002, 10 in Cork and 10 in Kerry with 20 participants in each group. The organisation will have to recruit one or two additional staff members to meet the ongoing training and current implementation requirements.

CHILD PROTECTION & WELFARE SERVICES

Child Protection & Welfare Services are reviewed in the context of the following sub-sections

- Child Care and Family Support Services
- Children First Guidelines
- Children Act, 2001
- Child Protection and Welfare Social Work Teams
- Guardian Ad Litem appointed in the Southern Health Board 2002
- Requests for information under the Freedom of Information Act, 1997.

Objectives for delivery of Child Care and Family Support Services as described in the Service Plan 2002

- To develop a comprehensive service within available resources to support and assist all children and their families who are not receiving adequate care and protection.
- To continue to facilitate compliance with the legislative requirements of the 1991 Child Care Act and the Children Act 2001.
- To deliver a child protection and welfare service which is comprehensive, integrated and responsive to the needs of all children and families within the Board's area.
- To maintain its current quantum of services and initiate developments in line with additional funding allocations in 2002.
- To progress the implementation of Children First - National Guidelines for the protection and welfare of children.
- To further develop preventative and family support services in 2002.
- To develop an aftercare service for young people leaving care which is responsive and relevant to each young person's circumstances.

Highlights

- The Child Care and Family Support services were expanded through the recruitment of additional staff.
- The Family Welfare Conferencing Department was established and a Manager and two Conference Co-ordinators were recruited.
- A steering group was established to coordinate the implementation of the Children Act, 2001.
- An interagency project to provide community based treatment programmes for juvenile sexual offenders was developed.
- A Child Care Information Officer was recruited.
- The computerised Child Protection Notification System was completed and installed. Training for relevant personnel was provided. Child Protection Notification Management Teams were convened and trained.
- New accommodation for the Child Protection Team in Kerry offered improved facilities for the public and staff alike.

Objectives for implementing Children First Guidelines as described in the Service Plan 2002

- To continue to give effect to the provisions of the Children First Guidelines by maintaining delivery of training, briefing, advice and information services through meeting of non-pay costs.
- Putting in place a quality assurance officer in respect of Children First.
- Improving the ability and skills of those providing supervision.
- Beginning the process of examining the issues of adolescents abusing children and peer abuse amongst children, with a view to developing service needs in this area.
- Ensuring that Local and Regional Child Protection Committees are adequately funded to allow them to carry out their functions in accordance with the Guidelines.
- Continuing to financially contribute to the HEBE team for a further 12-month period to facilitate the national co-ordination and implementation of Children First.

Highlights

- The Children First Working Group, convened in 2001 to oversee the local implementation of Children First policies in the Southern Health Board, continued to meet during 2002. The Working Group consulted with the national HEBE group who, at the time, were conducting an assessment of the implementation of the Children First Guidelines nationally.
- Development of local practice guidelines involved research and consultation with agencies in the UK during 2002, carried out by the Research Officer, the Implementation Officers and training personnel.
- Level I and Level II training were delivered in relation to the Children First Guidelines.
- The Health Board adopted the Assessment Framework devised in the UK as a format for working with vulnerable families. Trainees were recruited from the UK and training to a range of clinicians commenced in 2002.
- Work continued on the development of the computerised Child Protection Notification System, preparatory to its introduction throughout the community service areas both by internal and external users.
- Referral pathways were devised for all cases that come to the attention of the Child Protection and Welfare Social Work Teams. These included definition of case management options for child protection cases.
- Briefing sessions continued to be delivered, internally in relation to the continuing development of the guidelines by the Implementation Officers and externally to the voluntary child care services by the Advice and Information Officers. This two-way consultation enabled the health board to revise practice and introduce new procedures in a negotiated and agreed way.

- During 2002, all frontline staff involved in Child Welfare and Protection services in the Southern Health Board and in external agencies associated with the health board were consulted for their views on the development of these guidelines.

- Child Protection Notification System Management Teams were established in each of the Community Service Areas.

Inadequacies Identified

- While referral pathways were devised for child welfare services, not all case management options were elaborated for child welfare and family support type services because of the range of approaches. This work is outstanding and will be addressed in the coming two years under the auspices of the Children First Working Group.
- New practices were to be introduced in September 2002, but were delayed due to discussions between management and staff representatives regarding the implementation process. Following consultation with the Unions, negotiations in terms of the implementation were agreed and consultation and support measures were put in place for the implementation forecast for early 2003.

CHILDREN ACT, 2001

Highlights

- A steering committee was established in 2002 to prepare for implementation of the Children Act, 2001, specifically the development of a local Family Welfare Conferencing Service. The committee received support and guidance from experts in the field in Ireland and from New Zealand in the preparatory phase.
- The terms of reference for the operation of the Family Welfare Conference and recruitment of staff, for the service were broadly agreed. A service manager, two conference co-ordinators and a clerical officer were recruited within deadline and preparation for commencement of services began in the latter half of the year.
- Referral mechanisms were agreed and operational policies drawn up and documented for circulation to other services and agencies. The service hosted an information event for staff in the health board to launch the initiative and to inform relevant staff about the role of the service and referral mechanism. The service was operational by October 2002.

CHILD PROTECTION AND WELFARE SOCIAL WORK TEAMS

Highlights

- North Lee Social Work Department is operating a Family Support Service comprising a Co-ordinator and four Family Support Workers.
- South Lee Social Work Department initiated a pilot programme in 2002 evaluating the role of the Child Protection Public Health Nurse in the team and established a Family Support Service in the department.
- In North Cork, the practice of consulting with other disciplines continued. Sector meetings were held with Community Workers, Social Work Childcare Leaders, Foster Social Workers, Public Health Nurses, Parenting Education Groups were developed by staff and proved successful for vulnerable families.

Inadequacies identified in service provision, 2002

There are a number of issues that produce financial difficulties every year. Some of these difficulties relate to the lack of budgetary provision and some relate to insufficient non-pay provision being made over a number of years. Legal costs, transport and rental costs place particularly high demands on the budget.

- There is insufficient non-pay provision in the areas of legal costs, accommodation for services, and transport costs.
- There is an urgent need to develop one central database for children and families coming to the attention of services. In its absence little data of integrity is available about the services that clients are accessing and staff and trends can not be drawn.
- clients have a number of reference numbers that do not relate to each other.

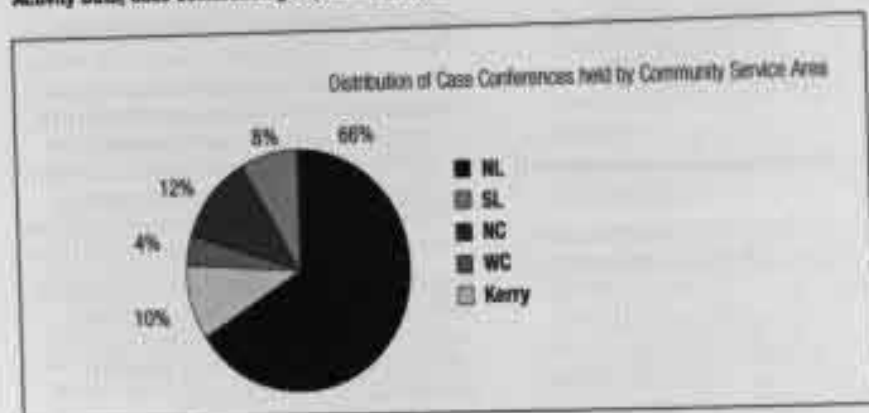
- financial resources are spent creating and recreating isolated data bases.
- The Department of Health & Children issued changes to the way data was to be collected by social work teams in 2002. In the absence of a centralised data management system these terms dictate the way data is reported by social workers and residential units. It means in particular, because definitions changed several times in the last few years, that trends cannot be drawn.
- Staffing of Social Work Departments and Residential Units continues to be problematic despite progress made in relation to staffing and in particular the initial success with graduates coming into service from the sponsorship programme at University College Cork.
- Family support services need to be developed consistently inside all area based social work teams, with common case management options and referral pathways and provision of dedicated child care family support workers.
- Anecdotal evidence suggests that multi-disciplinary staffing of social work teams enhances work with families.
- There is inadequate access to psychology and child and adolescent psychiatry services for the client group.
- Out of hours social work services are needed for children out of home, in alternative care and presenting with challenging behaviour to other agencies. It is noted that the issue is being addressed both locally and nationally under the auspices of the Children Act, 2001.
- There is need to develop common file management practices across area based social work teams: it is noted that this issue will be addressed in 2003.
- Access to the centralised Case Conferencing Department is inconsistent across community service areas. The issue will be reviewed in 2003.

Number of reports to Child Protection and Welfare Social Work Teams by category and outcome, Southern Health Board, 2002*

Category	No. Reports	No. lead to initial Assessment	No. closed after initial Assessment	*Total Child Protection Concern after initial Assessment	Child Welfare	Ongoing initial Assessment at the end of 2002
Welfare	1548	1108	475	0	511	122
Physical Abuse	223	202	62	62	29	29
Sexual Abuse	292	252	72	124	24	32
Emotional	114	105	33	21	24	27
Neglect	582	551	186	147	158	58
Total	2759	2218	830	374	746	268

*There is inconsistency across the community service area child protection social work teams in relation to the measurement and recording of numbers of cases, which requires further standardisation of definitions.

Activity Data, Case Conferencing Department, 2002



Guardian Ad Litem appointed in SHB 2002

The court may appoint a Guardian Ad Litem for any child in the care of the health board. The cost of this service must be paid from the local community service area's annual core budget.

Number children to whom Guardian Ad Litem were appointed, by Community Service Area, 2002

	North Lee	South Lee	North Cork	West Cork	Kerry
Number of children	11	5	2	0	2

Requests for information under the Freedom of Information Act, 1997.

There were 87 Freedom of Information requests for health board social work records in 2002. The breakdown per community care area was as follows:

- North Lee - 12
- South Lee - 18
- North Cork - 6
- West Cork - 9
- Kerry - 42

Freedom of Information requests are generally received from those who have been service users of the Child Protection and Welfare Teams and those who have been in residential care. Target deadlines are occasionally extended due to the volume of data that had to be collated and processed.

In North Lee and South Lee there were improvements in service delivery in 2002, due to the allocation of a Grade V dedicated to processing Freedom of Information requests.

CHILD HEALTH IN THE CONTEXT OF CHILD PROTECTION, WELFARE AND FAMILY SUPPORT SERVICES

Objectives for delivery of Community Child Health as described in the Service Plan 2002

- To provide a comprehensive range of community health services to the eligible population within the Board's area, both through the Board's own staff and contracted professionals including community welfare, primary care, and civil registration services.
- To promote the health and welfare of children within the community providing a screening service in line with recommendation in "Best Health for Children".
- To ensure that these services are delivered in an appropriate and equitable manner and are accessible to clients.
- To work in co-operation with the Department of Health and Children in relation to the implementation of the Primary Care Strategy.

Highlights

- Public Health Nurses have taken part in specific training to facilitate implementation of the Children First Guidelines.
- "Bug Busting" a health promotion Drug programme, was implemented by school PHNs in North Cork in partnership with teachers, parents and the Health Promotion Department.
- A number of presentations were made by Speech & Language Therapists to parents and pre-school teachers, focussing on early intervention.
- The networking of Health Centres has facilitated nurses working in the community to benefit from ongoing ECDL training.
- In service training was provided to Public Health Nurses to update their skills covering legislation, recent national reports and their national and local implications for PHNs, team building and time management.
- Public Health Nurses are representing community services in a partnership between Mental Health Services, Community Services and UCC as part of a research project on Autism.
- Public Health Nurses were seconded to work with the following groups during 2002:
 - Travellers
 - Services for Young People Out of Home - Adolescent Sexual Health
 - Adult Homeless
 - Best Health for Children
 - Patient Information Management System (PIMS)

Asylum Seekers
Community Mothers
Cardiovascular Health

Inadequacies identified during the review process

- Service would be improved by full implementation and resourcing of Best Health for Children.
- Service delivery could be improved with the provision of adequate ratio of Public Health Nurses to population and increased Community Nursing support, Care Assistants and Family Support positions.

Child and Adolescent Psychiatry Services

Objectives for delivery of Child and Adolescent Psychiatry Services as described in the Service Plan 2002

To provide children and adolescents who have emotional or behavioural disorders with appropriate levels of assessment and intervention so that they can attain and maintain a good state of mental health.

- To provide a more community based delivery of service, responsive to the needs of the designated Southern Health Board population.
- To maintain the highest professional standards of continuing professional education and training of all staff.

Highlights

- Additional staff was appointed to multidisciplinary community based teams within the Brothers of Charity and the Board's service.
- Clinical accommodation for community based teams was provided in Cork and Mallow.

Inadequacies identified in Service Provision, 2002

The health board needs to complete the appointments to consultant led teams and to increase the number of such teams to address caseloads.

Services addressing Violence Against Women

Objectives for delivery of Services addressing Violence Against Women as described in the Service Plan 2002

- In accordance with the Southern Regional Committee on Violence Against Women Action Plan and in line with the National Health Strategy objectives, to continue to enhance, develop and support services and initiatives for women experiencing violence.
- To work in an integrated and co-ordinated manner with Voluntary, Community and Statutory providers in the delivery of services and promotion of awareness around all aspects of violence against women.

Linkages with other services

- Through the Southern Regional Committee on Violence

Against Women we will continue to enhance partnerships in service delivery and promote regional network and support initiatives.

The shortfall in staffing levels impacts on the number of treatments that can be offered to clients. Clients indicate satisfaction with the service they receive, however, they are dissatisfied with the waiting period for therapy and the fact that therapy is limited to blocks of time received in a year and the number of sessions that they can attend.

Psychology

Inadequacies identified in service provision, 2002

- The Development Plan for Psychology 2000 – 2003 and the five-year Southern Health Board Psychology Service Plan for people with physical and sensory disabilities need to be fully resourced and implemented. Part of the development plan identifies the allocation and appointment of a Principal Clinical Psychologist to each of the community services areas, to develop and manage the services.
- Additional basic grade psychologists need to be appointed to fulfil service delivery obligations to the client group.
- Dedicated senior psychologists need to be appointed to residential services in North Cork, West Cork and Kerry.
- Referral pathways need to be promoted to service providers.

There is a need for more Speech and Language Therapists to be appointed. It is recommended by the discipline that they be appointed through Child Care and Family Support and through Health Promotion Services and that the Department of Education and Science employ a Speech and Language Therapist to work with the school going children client group.

Speech and Language Therapy

Inadequacies identified in service provision, 2002

The health board needs to consider increasing the number of staff teams available in order to increase the amount of time a patient may have access to the services.

The Speech and Language Therapy Department offers services to children and adults. Some of the staff time is involved in working with adults only, but this report is concerned with services relating to children.

Number of WTE Allocated 2002 and staff in those posts, 2002

North Lee	South Lee	North Cork	West Cork	Kerry
12	11	7	8.3	11, including 2 development posts
<ul style="list-style-type: none"> 2 unfilled 7.5 filled on a permanent basis during 2002 1 permanent staff on career break 3 temporary appointments in August and September 2002 	<ul style="list-style-type: none"> The department had it's full complement 2002 	<ul style="list-style-type: none"> 4 in place prior to 2002 3 appointed over summer months of 2002 2 on leave for the last quarter of 2002 	<ul style="list-style-type: none"> 3.1 were in place in 2002 including 2 development posts 	<ul style="list-style-type: none"> 6.6 were filled during 2002

DRUG & ALCOHOL ABUSE TREATMENT SERVICE

Objectives for delivery of Services addressing Drug and Alcohol Services as described in the Service Plan, 2002

- To co-ordinate services for alcohol and substance misuse within its area and to provide as responsive a service as possible to the needs of the population, subject to available resources.
- To strive for an integrated response in this area with the relevant Voluntary and Statutory Agencies and with the Board's staff.
- To facilitate a co-ordinated approach to the development of a new strategy which will effectively address the problems relating to alcohol and drug use as determined in the Board's epidemiological study Smoking, Alcohol and Drug Use in Cork and Kerry.

Prevention and Education

- Southern Health Board Health Promotion Officers throughout the region are actively developing programmes with the Department of Education and Science.
- The Board provides a range of initiatives through schools and community groups aimed at increasing awareness and encouraging activities that avoid the use of drugs and excessive use of alcohol.

Arbour House/Community Based Services

- The Southern Health Board will maintain the assessment, treatment, advisory research and training services provided at Arbour House, subject to available resources.
- The Southern Health Board will continue to participate in the national and local initiatives to deal with smoking, drug and alcohol misuse.

Highlights

- 24 Staff members completed an Addiction Studies Programme. The course aimed to provide participants with a greater understanding of addiction and to enhance skills to work with patients.
- Development of structures to provide more focused services for Homeless Persons and other disadvantaged groups.
- Development of Community Counselling Service in East Cork.
- Development of services in North Cork.
- The development of residential treatment facilities for boys 14 – 18 years in partnership with the Malt Tabot Services.

Inadequacies identified in service provision, 2002

Developments that would enhance the service delivery are

- The allocation of additional staff specialising in delivering a service to under 18s alongside a targeted outreach programme and additional residential and detoxification services.
- The allocation of a part-time Psychologist and Family Therapist.
- Further resourcing of services offered at Liberty Street House and to the Travelling community and under the 'Arrest Referral Scheme' through an interdepartmental funding initiative between Justice, Health and Education.

ALTERNATIVE CARE SERVICES

The Southern Health Board provides care for children, who for a variety of reasons cannot remain living at home. These children in the care of the board are provided with accommodation according to their needs through residential care, fostering or adoption. In this section the adequacy of the services are reviewed first in relation to all alternative care services and then according to the type of service, i.e. Residential Care, Fostering or Adoption.

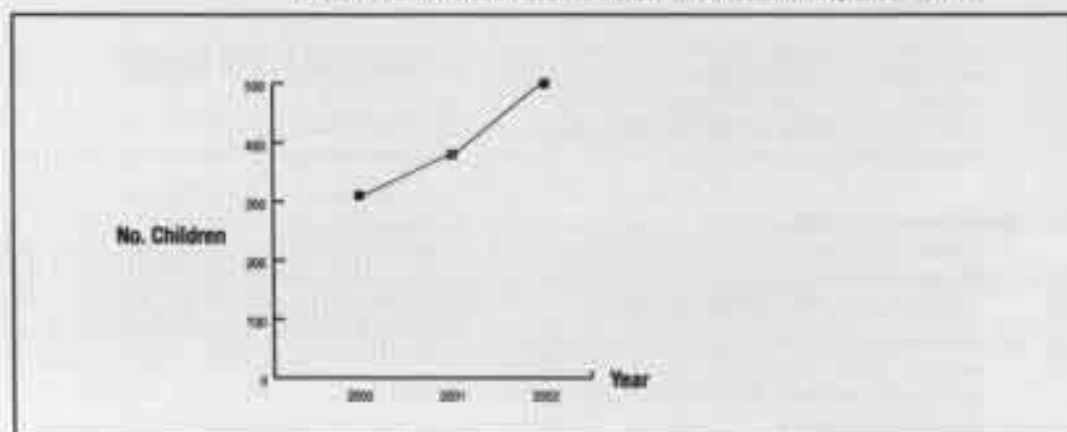
There has been a steady increase in the numbers of children both admitted to care in the health board and remaining in the care of the health board over the last number of years apart from a drop in 2000. There is also a constant increase both nationally and locally in the numbers of children in care.

While we may speculate that recording mechanisms and data collection methodologies have improved locally in the last few years and data accuracy may have improved, we conclude that the trend is that the numbers are increasing. The majority of children in care are currently placed in foster care.

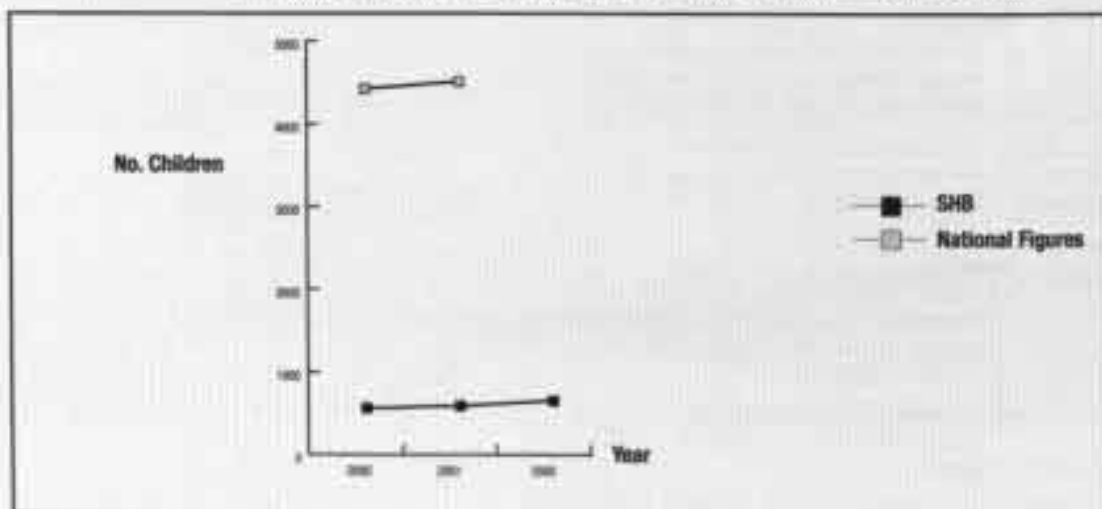
Admissions to care by type of care and Community Service Area, 2002

Type of Care	North Lee	South Lee	West Cork	North Cork	Kerry	SHB
Foster Care (inc general, relative & special)	152	101	32	67	80	432
Residential (inc general, high support & Special)	9	4	2	3	14	32
Pre - Adoptive	0	17	0	0	1	18
At Home	0	0	0	0	1	1
Other	0	8	0	0	8	16
Total	161	130	34	70	104	499

Children admitted to the care of the Southern Health Board, 2000 - 2002



Children in Care, Ireland and Southern Health Board, on the 31st December, 2000 - 2002*



*Number of children in care in Ireland 31st December 2002 not available

Gaps in service and inadequacies common to all alternative care and after care services

- Inadequate provision for legal costs relating to care proceedings places heavy burdens on the core budget and subsequently on development funding when budget is overrun.
- There is also increasing pressure on care staff and social work departments responsible for caring for and planning for the care of the child.
- There are chronic difficulties recruiting staff for residential units. If the difficulties relating to the role and grade for the post of trainee child care worker were resolved nationally it would improve staffing capacity.
- Foster care departments report difficulties recruiting foster families.
- The Adoption Act, 1998 for children in long term foster care is under utilised.
- The city areas consistently have the highest number of children placed in care*

*Census data from 2002 is not yet available to compute population of community service areas. It is therefore not possible to say whether or not the higher number of children in care in these areas directly is proportional to population.

- There is inadequate access to child psychiatry for young people in care, out of home or at risk of being out of home. Dedicated child and adolescent psychiatry services and dedicated liaison workers for young people in care would assist their treatment and service planning. The allocation of dedicated psychology posts to residential units in two community service areas has improved access to the service: this dedicated service is required in other community service areas.
- The census of children in care does not take account of the number of bed nights used and reserved for use by children who are moving between care options in the health board. Subsequent financial provisions are inadequate to cover costs.
- There is requirement for several of the residential units to be relocated into modern housing. Many are located in old institutions that are not appropriate for children and adolescents.
- Additional resources need to be allocated to develop a range of residential units for young people out of home, providing emergency and medium stay options.
- There is a need to progress work being done locally in relation to implementing common care planning practice across the health board.

Residential Care Services

Objectives

- To provide an overall management structure and integration strategy for the child care residential sector within the Southern Health Board following the transfer, in April 2000, of the Mercy Child Care Services to the Southern Health Board.
- To develop and strengthen the existing service to meet the national standards as set down by the Department of Health and Children and following the Irish Social Services Inspectorate recommendations.
- To ensure that all staff within the residential care sector are comprehensively trained in the Therapeutic Crisis Intervention method.

Highlights

- The Irish Social Services Inspectorate inspected Glenn Agha Special Care Unit, Arne Villa and Kerry Residential Services.
- Outreach workers were appointed to work with children in a pre-admission and post discharge context.
- Work commenced on developing an internal monitoring system as set out in the National Standards for Children's Residential Centres 2001 as published by the Department of Health and Children.

Foster Care Service

Objectives

- To optimise the availability of foster care for children who cannot be catered for at home or within the family.
- To continue to develop support services for foster parents, child protection teams and children in need of the foster care service.

Highlights

- A conjoint response to the "Report of the Working Group on Foster Care" was prepared by all the Health Boards and presented to the Department of Health and Children.
- A review was undertaken of the Fostering Approval Committees.
- There has been progress regarding the development of national standards in relation to foster care during 2002.

Inadequacies identified in service provision, 2002

- There are insufficient numbers of foster families in the region and with those families that are available there are general difficulties in finding places for older children.
- The recoupment of the Orphans Allowance portion of the Foster Care Allowance has created some difficulties for the department in 2002. For the majority of applications made, funding was received from the Department of Social Community and Family Affairs. Ongoing representations were made by the health board and the Irish Foster Care Association to have this dichotomy of payments issue a situation where funding is delivered by one department only.

Adoption Services

Objectives

- To offer a comprehensive preparation and assessment programme for applicants for Inter Country Adoption.
- To arrange for the placement of children for adoption under the Adoption Acts 1952 – 1998.
- To offer a comprehensive service for all parties wishing to avail of a search and reunion service.

Highlights

- The waiting list for Inter-Country Adoption Assessment was significantly reduced.
- A national review of the Standardised Framework for Inter-Country Adoption was undertaken.
- The database used in the Board was recommended for use on a national basis.

Inadequacies identified in service provision, 2002

- There is a need to develop a standardised framework for assessment of capacity and needs for support of adoptive parents both locally and nationally.
- Post adoption services need to be developed locally and nationally. There is a need for a national policy to be developed over the next one to three years. The local service could be enhanced with a commitment to funding for post-placement services.
- There is a need to promote the 1988 Adoption Act for children in long term care. A working party was set up according to the Report of the Working Group in Foster Care, May 2001.

Inadequacies identified in service provision, 2002

- Specialised training is required for employees working with unaccompanied minor asylum seekers.
- The central location in Cork City of Pathways, the unit that provides emergency short-term residential care and aftercare support to adolescent boys between 14 and 17 years of age, who are out of home, means that children who are out of home in other geographical areas do not easily come to the attention of the unit.
- There is a need for further development of a range of residential units for young people out of home, providing emergency and medium term care.
- Liberty Street House Services and Pathways have continued the work towards the implementation of the Youth Homelessness policy but the overall national and board wide strategies and its implementation at a broader strategic level remains outstanding.

Aftercare Services

- To develop an aftercare service for young people leaving care which is responsive and relevant to each young person's circumstances.
- To provide an integrated, caring service to young people to support them in making the successful transition to living independently.

Highlights

- A proposal for the delivery of aftercare services was completed.
- Protocols for accessing aftercare services were developed.

SERVICES FOR YOUNG PEOPLE OUT OF HOME

Objectives as stated in the Service Plan 2002

To continue to meet the needs of young people who are out of home by providing a comprehensive range of services in partnership with voluntary and statutory agencies.

Highlights

- Pathways, a unit which provides accommodation for young boys out of home, including emergency placements, was opened.
- Parkview, providing semi-independent accommodation, was opened.
- The Board's Youth Homeless Strategy was approved by the Minister of State with responsibility for Children.
- The development of a supported accommodation programme was advanced.

SUPPORT, RESEARCH AND DEVELOPMENT SERVICES

The services reviewed in this section are

- Implementation and Information Officers for Children First
- Research, Child Protection and Family Support
- Child Care Information Unit / Information Officer
- Child Care Training Department

Highlights

Individual service highlights are contained in the service reports on pages 30 to 31

- The Implementation Officers worked with all front line staff in preparation for local implementation of policies and practices that supported Children First and information management requirements in 2002.

- Progress was made in developing the computerised Child Protection Notification System and support staff met frequently with the Child Protection Notification Management Teams and external agencies, including hospital staff and An Garda Síochána.
- Data collection systems were further developed.
- The Research Officer and an Implementation Officer continued writing the Child Protection and Welfare Process, Practice Guidelines, for all disciplines under the auspices of the Children First Working Group.
- The support services worked collectively under the auspices of the Children First Working Group to exchange information on various aspects of the implementation of Children First inside the health board, within the voluntary sector and at a national level.
- The Research Officer revised methodologies for conducting review of services for the preparation of the 2001 Review of Adequacy of Child Care and Family Support Services and delivered the Review within deadline. Devised best-practice standards for child protection and welfare services to assist monitoring and reviewing adequacy of service.
- The total numbers participating in training between 2001 and 2002 were 952 Health Board Staff.
- Three training posts, which were seconded from Child Protection services, came to an end in December 2002. In order to deliver training programmes, effectively, over the coming years, permanent training posts are required.

Child Care Research and Child Care Information Unit

- There is one Research Officer for Child Care in the region. The Researcher is involved in developing systems for review and audit of services, and local policy and practice documents.
- The Child Care Information Unit is responsible for the management of information related to Child Protection and Welfare Services across the Southern Health Board functional area. Sanction was given for the appointment of a Data Quality Officer in 2003.

Gaps that Impact on Service

- There is a lack of consistency in the way services are reviewed nationally. In order to inform the review the Southern Health Board supported the implementation of practice standards in child protection and welfare services; this needs to be addressed at a national level.
- Lack of one board wide data collection system for children and families who access services constantly poses difficulties. Data is being collected on individuals through a number of systems within the board's functional area. This makes tracking and analysis of information and service requirements difficult.
- Data collection systems used for child protection services in the functional area are largely driven by national requests for information. These have been changed regularly over the past number of years so it is impossible to examine trends in behaviour or attendance at services.

- There is a need to drive the agenda to link service planning with service review both locally and nationally and to devise mechanisms that facilitate this.

Children First Implementation

There are two Implementation Officers employed in the Southern Health Board region.

- The main challenge facing the service is the difficulty arranging multi-disciplinary meetings. The practical difficulties that are posed by differing agendas make convening meetings difficult.
- Implementation of local practices responding to Children First was delayed in 2002 due to negotiations between representatives of Social Workers and management.

Children First Information and Advice Officers

- Children First Information and Advice Officers have a remit to provide information and advice, regarding implementation of Children First, to all voluntary and community groups in the Southern Health Board, that provide services to children under 18 years of age. There are two Information and Advice Officers in the Southern Health Board region.

Developments for consideration for future investment, based on the 2002 Review of Adequacy of Services

Summary

In the year 2002 €7.501M was allocated for development funds to Child Protection and Welfare services in the Southern Health Board. Due to the prevailing financial situation many of these developments were not realised by the end of 2002 and development funding was held in reserve with a view to ensuring the health board complied with the Health Amendment Act (No 3) 1996 by balancing the accounts for delivery of services at the end of the year. However, a number of improvements were realised, among them

- Psychologists were appointed to residential services and the area teams.
- A plan was devised for the implementation of the Children Act.
- A Family Welfare Conferencing Department was established and the terms of delivery defined.
- The Springboard Project in Mahon was integrated into the Board's main area of service.
- Research in gap analysis was carried out to inform the development of Springboard Project in the North Lee Community Service Area. The post of Project leader was advertised in 2002.
- Training in relation to Children First continued.
- Multi disciplinary Child Protection and Welfare Process, Practice Guidelines were prepared for publication, in accordance with Health Board responsibilities under Children First.
- Work continued on developing mechanisms for live access by appointed external and internal users to the computerised Child Protection Notification System in the Southern Health Board.
- Recruitment continued to Child and Adolescent Psychiatry teams.
- Matt Talbot, a residential unit for teenage boys with alcohol and drug addiction problems was established and opened.

Priorities for consideration for future investment

Based on this Review of Adequacy and taking into consideration the positive developments in the last year, there are a number of areas to which the Board needs to give due consideration in the short term, in order to strategically develop and deliver services to a standard to meet the client base needs. These areas are listed below according to service type.

Early Intervention / Family Support Services / Early Years and Pre School Services

Children First in line with current best practice for working with families in need of support, promotes early intervention and access to local, community based family support services. Development of these services in the Southern Health Board area has been evolving in an ad hoc manner driven by various local demands. Development of Family Support Services has been shown to identify and prevent or minimise difficulties at an early stage, for children and families that are served.

In relation to pre school services, the board is charged both with responsibility for inspection of facilities and in the provision of advice and information regarding child protection policies - these areas are delivered independently of each other under different policy provisions. It is recommended that compliance with child protection policies be included in some manner by inspectors.

Priority considerations for investment

- These services need to be considered as a sector with dedicated resources. If funding is allocated to this sector only at a low level staffing and infrastructure costing will absorb it.
- There needs to be a more comprehensive, strategic approach to development of Family Support Services that are integrated with other services for families delivered by the Health Board.
- Further investment is required to increase the number of supported preschool services in order to facilitate delivery of services to the current client level, because regulations on staff ratios are changing and to increase number of places available.
- Investment to increase the number of community based Family Support Services modelled on Springboard and NYP's across the Health Board area is required across all community service areas.

Child Protection Services

Whilst operating within the 1996 legislation there are a number of services for which allocation has been inadequate over recent years. Additional demands are foreseen in light of new national guidelines and legislation including Children First 1999 and the Children Act, 2001. These areas include

- information management
- Legal costs and unregulated nature of Guardian ad Litem services
- Out of hours social work service
- After care services for children leaving foster and residential care
- Fostering allowances
- Increasing demand for out of hours

- In the last year the growing demand placed on services by increasing numbers of unaccompanied minor asylum seekers presenting in the area.
- Building capacity in the Board's Residential Homes.

Children Act, 2002 and Children First, 1999

The board has devised implementation strategies for both the Children Act and Children First and has been working to support their execution by developing services over the last two years. There is a requirement for ongoing development of structures and for ongoing training and support to staff on the front line.

It is imperative that the new practices and practice guidelines are monitored and resultant recommended changes are supported and implemented to ensure the board keeps in line with the policy requirements.

This Review of Adequacy notes that while there has been ongoing co-operation between disciplines and teams continuing support is required to develop and promote this way of working.

We look forward in 2003 to implementing the revised, multi-disciplinary Practice Guidelines for Child Protection and Welfare Services in the Southern Health Board. These guidelines incorporate Children First and provide guidance for a range of professionals.

Priority considerations for investment

- The Board needs to continue to commit investing in long-term support for staff implicated by these policy areas –
- to train staff in new ways of working
- to support concrete inter-departmental co-working
- to provide dedicated resources for implementation personnel, audit and review mechanisms and,
- to facilitate local policy redevelopment and distribution to support continued implementation of these policy areas.
- These areas of work should also be supported by the development of an information system that enables the Board to make informed decisions in relation to policy development.
- The Board needs to continue to support the development of responses to the implementation of the Children Act, 2001 with partner agencies and authorities.

Information Management and Data Collection

While there is increasing demand for accountability in the way services are delivered, we are operating at a distinct disadvantage because our information systems are underdeveloped and not integrated. We are unable to examine accountability and best value issues in terms of services delivered or forecast.

Furthermore we are not in a position to track clients and patients

through different departments. Clients frequently have a range of reference numbers inside the health board's functional area. In an environment where multi-departmental and multi-agency work is essential this deficit needs to be addressed as a matter of urgency.

Data collection in the region has largely been driven by requests for information to produce the annual data set by the Department of Health and Children. This data is collected through a variety of departmentally based data systems and collated in the Information Unit. While the data provided is accurate, the data requested changes from year to year thus making it impossible to describe trends with any level of integrity.

Priority considerations for investment

- The Southern Health Board has recently invested in the development of a live computerised Child Protection Notification System that could serve as a platform for development of a comprehensive database for child protection and welfare services.
- The development of a single, multi disciplinary, comprehensive, integrated data base should be seen as a priority for the board as information should support all areas of policy development and staff training.
- Standards and definitions need to be uniformly interpreted across teams.
- The health board needs to proactively consult clients on service satisfaction.
- The health board needs to invest in revising several local policy areas: these include the area of provision of family support services, the various local approaches to delivering integrated services by a range of professionals and the Protocol for Delivery of Case Conferencing.

Alternative Care Services

This Review of Adequacy highlights the lack of capacity in alternative care provision. The demands on service arise from a number of events. These include legislation, which caused a reduction in the number of places available in residential units, an increasing reliance on privately delivered residential homes and a reduction in the numbers coming forward as potential foster carers. At all the board's capacity to care for children taken into care is at crisis level. Each aspect of the service is addressed below.

Young People Out of Home including Unaccompanied Minors

2002 was the first year of implementation of the local Youth Homelessness Strategy. The health board continued work on the development of services. Alongside this there is an increase in the number of Unaccompanied Minor Asylum Seekers presenting in the area, for which the Board has no dedicated budget, and a decrease in the number of emergency beds available in the region. This has culminated in a shortfall in places available to the services for young people out of home.

Priority considerations for investment

- The Board urgently needs to examine and provide ways of accommodating young people particularly in the 12 to 18 year age bracket in need of alternative accommodation that includes emergency accommodation.
- The Board needs to convene and resource a Young People Out of Home Forum.
- The Board needs to seek to provide dedicated funds for services for Unaccompanied Minors and for training to staff to develop capacity to address cultural issues and needs of the presenting populations.

Foster Care

During 2002 demand for foster places outstripped the number of places available. It is particularly difficult to place children in the 12 to 18 year old age group.

Priority considerations for investment

The Board needs to support and resource the following activities:

- Promotion of foster care recruitment campaigns to attract new carers into the service.
- Conducting exit interviews with carers and users leaving the service to identify issues which impact on their interest or capacity to be involved in service delivery.
- A working group needs to be convened to develop procedures and resources required to utilise and implement the Adoption Act, 1988.
- Management of legal costs and payment of allowances associated with fostering needs to be examined at a national level and ways devised to provide adequate resources for this demand based service.
- Explore innovative ways of attracting those interested in Foster Care to the service.

Adoption

In 2002 the Health Board assumed responsibility for managing Domestic Adoption, which placed additional demands on the departments. This review shows that clients require support post adoption.

Priority considerations for investment

- The National Steering Group on Adoption needs to assist the development and promotion of post adoption services for local implementation.

Residential Care

In the absence of developing services there has been some reliance in 2002 on five private, contracted residential homes for young people in the care of the Health Board. This comes at cost, both to the Board as expenditure is approximately 20 times higher than it would be in a Board run home, and to the children, as the nature of the accommodation tends not to be appropriate – often without peer groups.

The difficulties encountered by services trying to access psychiatry and psychology services for children in alternative care services are repeatedly highlighted in these reviews. During 2002 the Health Board appointed two psychology posts for residential services and in doing so commenced investment in this area.

Priority considerations for investment

- The Board needs to consider investing to reverse this trend of using private residential homes to prevent it having spiralling repercussions for the budget and for the children in these care arrangements over the coming years.
- The Board needs to continue to develop and resource child and adolescent psychology and psychiatry services available to children up to the age of 18 in alternative care.

Conclusion

One of the principle methods of addressing inadequacies is through the development funding, which issues annually from the Department of Health and Children. We must be careful to balance obligations to function in tighter financial conditions with our obligation to continue to develop services that fulfil an agenda of providing quality care to those children in need of it. The challenge faced by the health boards and by the department is to find a way to provide for service led by demand within the constraints of a budget.

The health board needs to consider investment in the areas prioritised above going in to 2003 and 2004 or we are likely to see the same inadequacies and demands for development reoccurring in future reports.

The process of preparing the report requires those preparing it to engage with front-line service staff. The editors wish to thank those who contributed to the preparation.

Section 3

Individual Service Reports

Community Work and Community Based Services

COMMUNITY WORK DEPARTMENTS

There are five Community Work Departments, one in each community services area of the Southern Health Board.

Service Delivery, 2002

Community Work Departments provide support to voluntary groups and non-governmental organisations in each community services area, working in the areas of care of the older person, family support services, pre-school services, women's groups, Traveller groups and disability groups. For the purpose of this report the departments reported on those activities and supports that are targeted at children and families and offer developmental, compensatory and protective family support.

Community Workers provide and administer programmes funded by the health board under Section 65 of the Health Act 1953, Section 10 of the Child Care Act 1991 and on National Lottery funding administered by the Health Board and provide ongoing support to all groups in receipt of such grant aid. Additionally, support was offered to community and voluntary groups providing services in the area of parent and toddler groups and family support, that were not in receipt of Section 65 or Section 10 grants in the service areas. Community Workers also provide information on complementary or alternative funding opportunities from other relevant state agencies.

Reviews of several of the organisations in receipt of Section 65 or Section 10 funding are included in this document, these are some Family Resource Centres, Preschool Services and Family Support Centres. There are a large number of organisations in receipt of support from the Health Board, which provide support to families and young people that are not documented in this review. The total number of organisations in receipt of financial aid from Community Work Departments is listed in the Activity Table on page 19 of this report.

There are no formal referral mechanisms to the departments. Individuals wishing to initiate collective activity make contact with the department or are referred by other health board services, such as Public Health Nursing or Social Work services. Grant assessments are made annually in accordance with legislation. Community Workers aim to be well known within their functional areas and accessible to those communities.

In the Southern Health Board, there are two full-time Advice and Information Officers appointed under Children First who promote development of child protection policies among beneficiaries of grant aid issued through the Community Work Departments.

Targets, 2002

All departments provided ongoing support to groups that were funded.

North Lee Highlights, 2002

- Progress was made on the 'second tier' family resource centres (which are small centres targeted at specific catchment areas such as housing estates).
- In Liscannore, the Family Resource Centre was provided with €22,000 once off funding to re-turbish the centre.
- There was a significant increase, during 2002, in the core budget, to assist the delivery of services, at the Jack and Jill Family Resource Centre, in Midleton.
- The Community Work Department, in conjunction with the Child Care Manager's Department, concluded research on the development of the Springboard Initiative in the service area. Sites were identified in two areas and advisory groups were in the process of being established in 2002. Further information on this initiative is provided on page 35 of this report.
- In relation to quality initiatives for pre-school providers, HighScope training in East Cork was completed. HighScope training in the western side of Cork North Lee area, including the areas of Macroom, Blarney, Dripsey and Methyl Mhuscair, were initiated. The IPPA Quality Initiative was implemented in the Cobh Family Resource Centre.
- In 2002, the department presented a Cobh Family Support Needs Analysis that was conducted during 2001. A recommendation arising from the research was to establish a Neighbourhood Youth Project in the area, which, at the time of publishing, has not been resourced. An advisory group was established, the Cobh Family Resource Centre building was completed and the centre commenced developing its work plan.
- The department, in association with the Child Care Development Worker of the Cork City Partnership, established a network, The Forum for Family Support Services, in the Mayfield/Glen area.
- A Child Care and Family Support Group was established, which is a multi-disciplinary forum for exchange of information between service providers in the area.
- Community Workers actively encouraged and promoted organisations involved in the community and voluntary sector involved in the provision of family support services to participate in training related to the Child First programme. Approximately 70% of voluntary organisations, in receipt of grant aid from the North Lee department attended the training run by the Advice and Information Officers for Children First, detailed further on in the report.
- There are two RAPID areas in the North Lee Community Services Area, the city Gerv/Mayfield and the Knocknaheeny/Churchfield area have been designated as health action zone areas. The Community Work Department will support these initiatives by provision of Community Health Workers. During 2002, advisory groups were established in Mayfield and the Glen, but there was a

delay in the recruitment of the Community Health Workers which was put forward until 2003.

- The LINC, Lesbians in Cork, group received extra funding under Section 65 grant aid, of €19,349 to develop family support initiatives for lesbian mothers.
- There were improvements in service delivery in 2002, a third Community Worker was appointed to the department in 2002, which allowed for the provision of more intensive support to a number of organisations that were experiencing difficulty or that were being established. These included the Cobh Family Resource Centre and the Lismore Family Resource Centre.

South Lee Highlights, 2002

- The department was involved in delivering ongoing support to those groups in receipt of funding.
- During 2002, particular support was given to the IPPA Quality Initiative and to the new IPPA Resource Centre in Cork City.
- Increased funding enabled the support of 'second tier' family support centres at Oorpark in Bandon; Ardmore Estate in Passage West and Innesmore in Ballincollig.
- The department was involved in the promotion of Outdoor Play Agenda through a conference and workshops delivered in 2002.
- Enhanced work was delivered to groups in Douglas and Carrigrohane areas.
- Additional staff provided to the team enabled the department to focus on specific areas of work. The enhanced support from Community Workers increased the level of networking between groups. This was partially due to additional development funding, but also to a more diverse type of work.
- There is a need to integrate the work of the various agencies involved in providing support in relation to child care and family support agendas.

North Cork Highlights, 2002

- The department developed a quality childcare initiative for pre-school and playgroup providers.
- During 2002, there was increased funding for the development of family support services which enhanced delivery of services in the area.
- Community Workers developed a co-ordinated approach to family support services in Mitchelstown and Charleville through the interagency and community sector.
- The full complement of staff was in place in the department by March 2002. This facilitated more intensive work with groups that were supported during the year.
- All targets were reached.

West Cork Highlights, 2002

- The department continued to support community and voluntary sector organisations, providing services in the area of Parent and Toddler Groups, Family Support Groups and Family Resource Centres.
- The Family Resource Centre Task Group is a multidisciplinary forum that completed a plan for the development of family resource centres in West Cork.
- There was collaboration with a range of disciplines in the development of family support initiatives targeted at particular areas of need, specifically in housing estates and the area of youth work.
- The department initiated a new model of universal family support, targeted at first time mothers with babies under 5 months of age, in collaboration with the Public Health Nursing service.
- The first phase of the Quality Initiative, HighScope, was delivered to childcare staff in the area.
- Training days were held for parent and toddler clubs in the West Cork area.
- The increase in staff and additional family support development funding allowed more intensive support to be delivered by the department.

Kerry Highlights, 2002

- The department organised a family support conference in Kerry that was jointly supported by the Family Support Committees and the Child Care Manager's Department.
- Community Workers researched family support and childcare need in Castlesand.
- A quality initiative for pre-school training (HighScope) was supported.
- Community workers attended at the Child Health, Family Support and Child Welfare Heads of Discipline meetings.

Adequacy of Service

The Southern Health Board aims to develop an integrated family support plan to drive service delivery across a range of disciplines. Two teams had full complement of staff during 2002, which enabled them to provide more intensive support to families and the community.

All of the departments worked collaboratively with Child Protection and Children First services to progress quality initiatives in relation to child protection service in those organisations in receipt of funding. All the departments developed initiatives with other services and agencies to collaborate on delivery of service, during 2002, these included the Public Health Nursing, other community based services and the Child Care Manager's Departments.

Service delivery would be enhanced through increased funding and multi-annual funding for core family support services with inbuilt cost of living and pay increase taken into account. The provision of a dedicated training budget for those family support organisations in receipt of funding would also enhance service delivery on the ground.

Client Satisfaction

Community Workers work very closely with their target group and have frequent meetings with them. Although feedback is not sought in a structured manner, it is frequently given and is generally positive. There is continuing demand for support from the departments. It is believed, by Principal Community Workers, that performance indicators are needed.

RAPID

RAPID stands for Revitalising Areas by Planning, Investment and Development. The RAPID programme is a focussed government initiative targeting areas of concentrated disadvantage in the country. The Southern Health Board participates in the Area Implementation Teams in each of the designated areas. At a regional level, the Director of Strategy and Planning represents the Southern Health Board.

There are now 7 designated areas within the Southern Health Board which are:

1. Knocknaheeny/Churchfield;
2. Mayfield/The Glen/Blackpool;
3. Fairhill/Garranbrahan/Farranree;
4. Togher/Mahon;
5. Tralee;
6. Youghal;
7. Mallow.

The designated areas are prioritised for investment and development in relation to health, housing and community facilities. The client group of the RAPID Programme are the residents in these areas.

Targets, 2002

- Continuation of Southern Health Board involvement in RAPID.
- Commencement of Southern Health Board involvement in RAPID 2.
- Ongoing participation in the Area Implementation Team structure.
- Involvement in RAPID Task Groups, where appropriate.

All targets were reached.

Adequacy of Service, 2002

The Southern Health Board RAPID Steering Group is responsible for supporting and planning the implementation of the RAPID programme from the Southern Health Board perspective. The Southern Health Board input into RAPID developed throughout the year. A number of Southern Health Board RAPID related funded projects developed during the year including Springboard (North Lee West) and identification of two Health Action Zones, etc.

Funding is required to deliver the RAPID Action Plan and those projects prioritised through the RAPID process as RAPID does not have an implementation budget.

THE SOUTHERN REGIONAL COMMITTEE ON VIOLENCE AGAINST WOMEN

The Southern Regional Committee on Violence against Women allocates funding through the Southern Health Board to organisations and groups working in this area. As part of this process two Social Work posts have been funded in the Southern Health Board. There is a designated officer responsible for the co-ordination of the committee.

Targets for 2002 were

- To continue funding organisations through the committee
- To continue the work of the committee

These targets were reached.

Adequacy of Service, 2002

There was increased funding allocated to some groups by the committee and some new services were developed. A 'Value for Money' report was produced on the work of the committee facilitated by additional development funding received.

The committee is currently reviewing its work and it is envisaged that structures will subsequently be developed in 2003, which will contribute to the development of service delivery.

Client Satisfaction

The committee does not directly seek an indication of client satisfaction, however, those organisations funded often undertake client surveys. It is believed that such a survey of clients would be a useful exercise.

NEIGHBOURHOOD YOUTH PROJECTS

There are two Neighbourhood Youth Projects funded in the Southern Health Board region. One in The Glen, in Cork City and one in Mayfield, Cork City. The frameworks under which the projects operate are The Child Care Act 1991, Children First National Guidelines for the Protection and Welfare of Children 1999 and Best Health for Children. The children attending the project receive support with issues arising from social disadvantage and marginalisation; these include behavioural difficulties, low self-esteem, abuse, bullying, family relationships and early school leaving. Support is provided to the young people through a range of individual and group activities, through day and residential programmes.

The Glen Neighbourhood Youth Project

Activity Data

Group Work			
Open House	3 Groups	30 Children	Group 1 – 7 years Group 2 – 9 to 10 years Group 3 – 9 to 10 years
Smilies	1 Group	4 Children	8 years
Summer Activity	5 Groups	38 Children	9 to 12 years
Intensive	2 Groups	16 Children	12 years
School	2 Groups	33 Children	Group 1 – 23 x 12 years Group 2 – 10 x 10 years
Family Work			
Ongoing Work	8 Parents		
Brief Work	12 Parents		
Individual Child	9 Children		5 to 14 years
Sibling Group	2 Groups	6 Children	6 to 13 years
Homework Support			
Homework	4 afternoons per week	8 children daily	7 to 9 years

Main source of referrals: Schools, Parents, Social Work Department.

Agencies Neighbourhood Youth Projects work closely with: Forage (3 projects in The Glen), Magnet (local network), Schools Completion Programme.

Targets, 2002

- The recruitment of two new workers, to the Neighbourhood Youth Project, and their integration into the community.
- To consider providing sexual health programme for teenagers. The sexual health programme was not developed. It is still in the planning stage.

Adequacy of Service, 2002

- The Project Leader is still in an acting capacity. Funding is needed for a Project Leader post.
- The co-ordination of services delivered to families still requires attention, particularly between the NYP and Social Work Departments and other voluntary organisations.
- There were improvements in the delivery of service in 2002 as a part-time Social Work post and Drugs Task Force Worker post were filled in June 2002. This was not due to additional development funding.

Client Satisfaction

Neighbourhood Youth Projects receive feedback from parents, schools and young people themselves, although it is not sought in a structured way.

Mayfield Neighbourhood Youth Project

Mayfield Neighbourhood Youth Project delivers service to children and families in the Mayfield area. Referrals are

received from families, Social Workers, schools, School Attendance Officers and An Garda Síochána. The Neighbourhood Youth Project works closely with the local Community Work Department and referring agencies. It is directly funded by the Southern Health Board.

Activity Data

Number of events offered by type of event and numbers participating in 2002		
Type of event	Number of such events held	Number of participants
Group work	15	60
Family	10	10 families
Individual	6	6 individuals
Summer programme		70
Number of events by age profile of participants, 2002		
Type of event	Number of participants	Age profile
Group work	60	6 – 18 years
Family	10	
Individual		10 – 14 years

Targets, 2002

- To develop a work plan for each individual child and family attending the service.
- To develop an older teenagers health programme.
- To develop a parents group.
- To look at involving young people in community activities.

The targets were reached during 2002.

Adequacy of Service, 2002

Improvements were made to the service delivery by developing more focussed family involvement in the project. It was not due to additional development funding.

The current level of service could be enhanced by further collaboration with other Southern Health Board departments and local agencies.

Client Satisfaction

In 2002, two students working with the NYP in 2002 carried out evaluation by completing a survey with parents. This was an informal evaluation for internal use only. Mayfield NYP generally evaluates all services provided and include parents' suggestions on which services should be provided.

FAMILY RESOURCE CENTRES

Family Resource Centres are funded by the health board through Section 65 or Section 10 grant aid that is administered by Community Work Departments. There is one Springboard – Intensive Family Support Service operating in the Southern Health Board area. It is managed on behalf of the health board by Barnardos in Cork.

There are several primary Family Resource Centres in the Southern Health Board region and a number of what are known as second tier Family Resource Centres. These second tier centres are smaller initiatives, funded directly by the health board, which are developed in small catchment areas such as housing estates and deliver targeted support to families living in the catchment areas. They receive a smaller amount of funding than the primary resource centres, some receiving once off development funding in the region of €20,000 to €30,000 funding during the year.

The larger Family Resource Centres, in the Southern Health Board area are Mahon Family Support Project/Springboard, The Family Resource Centre, Mahon; Le Chéile Family Resource Centre, Mallow; Churchfield Family Resource Centre; Knockshaheen Family Resource Centre; Shaniskil Family Resource Centre, Kerry and Newbury House Family Resource Centre, Cork City.

A Family Resource Centre, in Cobh, was developed during 2002 and an initiative to develop Family Resource Centres in West Cork was commenced by the West Cork Community Work

Department. Community Workers provided support to a number of smaller organisations providing day care and parent support groups in the region.

A Springboard Project was developed, but did not commence operation in North Lee Catchment area, during 2002.

Barnardos

Barnardos operate a National Children's Resource Centre in the Southern Health Board region, which is partly funded by the Southern Health Board. The resource centre provides service and information to parents, health board professionals, non-health board professionals, students and the general public through phone calls office visits and correspondence.

During 2002, several development targets were reached which included the opening of an Information Point in Mahon, a

suburb of Cork City. Usage of the service climbed from 335 contacts in 2001 to almost 1,000 during 2002. A Summer Activities Guide was published in the second quarter of 2002, which received very positive feedback. The development of a new regional office has continued and is forecast for 2003. The National Children's Resource Centre was contracted in 2002, by the County Childcare Committee, to act as its information provider for over 100 childcare providers in the catchment area.

Developments partly resulted from increased development funding. The increase in activity and productivity was not particularly due to development funding awarded in 2002 and will in the future have development funding implications because additional space will be required.

Activity Data, Barnardos, 2002

National Children's Resource Centre Statistics, January - December 2002

	Parents	Professional Health Board	Professional Non-Health Board	Student	Other	Total
January	5	13	20	5	1	44
February	7	25	34	8	6	80
March	14	11	34	12	2	73
April	18	12	37	16	6	89
May	20	11	52	6	8	97
June	18	8	28	3	5	62
July	13	17	12	4	6	52
August	21	6	39	5	4	75
September	23	15	23	18	13	92
October	10	14	17	19	25	85
November	14	19	29	21	33	116
December	6	7	20	10	30	73
Total	169	158	345	127	139	938

Springboard - Mahon Family Support Project

Springboard - Mahon Family Support Project is funded by the Springboard Programme, operated by the Department of Health & Children and locally managed by the Southern Health Board. Barnardos has a service agreement with the Southern Health Board for delivery of the services. In 2002, a 5 year service agreement was devised between the Southern Health Board and Barnardos, which is subject to annual review.

Service Delivery, 2002

This intensive family support project operates in Mahon, Cork City, an area of high density housing. The project has a full-time Project Leader, one full-time and one part-time Project Worker and one full-time and one part-time Family Support Worker. The project provides three main types of service:

1. A high/intensive family support service to a core group of 20 to 25 families, whose children are most in need. This involves more than three hours work with the family per week. The majority of referrals to this service are made by the Social Work Department, in the South Lee catchment area.
2. A medium/intensive family support service, between one and three hours per week, to families where it is perceived that work may prevent the onset of later difficulties. Referrals are made by the Southern Health Board, but also by other statutory and voluntary agencies and by families themselves.
3. A lower/intensive family support service which is less than one hour work with the family per week. This service includes information giving, some activities, practical supports, parent networking group and promotion of involvement in community related activities.

The Mahon Advisory Committee devised a three-year action plan, for the service, for the years 2002 to 2005. The priority areas for action are to address the waiting list, to promote better links with health board agencies in the management of child protection issues and to review work with children and families from Travelling communities. Other action points relate to exploring roles which the project might play in the development of networks with parents and men who parent alone; developing links with local schools and to review administration; finance, information technology and safety systems in the project.

2002 was the first year of the three-year strategy and many of the objectives have been addressed. Development requirements outlined in the 2001 report have not been met. These included the re-location to larger premises and development of a playground. The project is becoming more and more embedded in the community, there is an increase in the number of male staff and clients, but more work needs to be done to involve parents in the governance of the project.

Developments that would enhance client service delivery would involve:

1. More progress in engaging men as clients
2. Close working and information exchange with the planned Springboard Project in North Cork City
3. Development of an outreach service to vulnerable families elsewhere in the South Lee catchment area.

Activity Data

Referrals	Families	Parents	Children
Number of Families referred to date	60	82	187
	Group work (children)	Group work (mothers)	Group work (fathers)
No. of Children or Parents attending	49	20	

Springboard Project, North Lee Community Services Area

Funding was allocated for the development of a Springboard Project in the North Lee Community Services area during 2002.

Service Delivery

The target group will be families in need of intensive support, with whom existing services either cannot engage or with whom a range of professionals are involved. The establishment of the project during 2003 is foreseen, including the obtaining of office space and employment of a Project Leader and five Project Workers. Advisory Committees were established.

During 2002, a Research Worker was employed to consult with communities about the nature of the project that was required. The findings of this consultation will inform service development. An advertisement was placed for the Project Manager, but due to changes in the financial climate, progress ceased in October 2002. Premises were identified in two nominated areas, Knocknaheeny and Farnham.

Family Resource Centre, Mahon

Service Delivery

The Southern Health Board funds a local family support service in Mahon, which provides training programmes for parents on low income. Referral is made by parents themselves, by the Southern Health Board Child Protection Social Work Teams, by Barnardos and other services.

Service targets for 2002 were:

1. To increase the participation of first time mothers.
2. To support mothers in a meaningful way in their first year with their child or children.
3. To increase networking to source services for children.
4. To train mothers in baby massage and to impart it to other mothers.

Adequacy of Service 2002

Together with parents, the management developed a policy on child care and protection. All staff are trained in health and safety and first aid and in the child protection policy. Many individuals achieved their training programmes in computers, child care, youth and community work and Certified Qualified Social Worker. Team building improved during 2002, this was not due to additional development funding. Progress on a new centre building is very delayed; the start date of Autumn 2001 was met, but completion is running a year behind schedule. The service is limited in scope because of limited access to space.

Current service delivery could be enhanced with additional outreach and support to parents. An enlarged premises, with core staffing, would improve service delivery. Core administrative backup in the centre would improve co-ordination of services.

At the end of each course the centre operates, an evaluation is conducted with the participants in relation to additional surveys and feedback.

Le Chéile Family Resource Centre, Mallow Town

Service Delivery

Le Chéile is a child care centre accessible to lone parents, non-nationals, Travellers, people with special needs and families on low income. Clients are referred by Social Work Departments, Public Health Nurses and through word of mouth. There are 42 places offered on a sessional basis, daily.

Adequacy of Service 2002

While 10 additional places were made available, due to funding from the Equal Opportunities Childcare Programme, the service was not able to offer full-time day care due to lack of child care space. Le Chéile is looking at the possibility of building a purpose built centre for which funding will be required.

Churchfield Family Resource Centre

Service Delivery

This Family Resource Centre is located in Churchfield, Cork City. The Southern Health Board funding provides for 5 staff positions. Services offered are:

- Montessori and playschool for 80 children.
- Crèche for up to 40 children weekly.
- Homework Club for up to 60 children.
- Parent and Toddler Group for up to 35 parents and toddlers.
- Personal development, health and leisure courses for up to 100 adults.

Adequacy of Service, 2002

Funding for the service is provided by the Southern Health Board, the Equal Opportunities Childcare Programme, the VEC and the Cork City Partnership. The Southern Health Board grant provides funding for core staff, but has not facilitated an annual increase in pay. There were no improvements in service delivery during 2002 and it is feared that without increases in pay, staff might relocate to areas which pay more adequately.

Client Satisfaction

Waiting lists for places are an indication to the organisation of client satisfaction to the organisation.

Shanakil Family Resource Centre, Kerry

Shanakil Family Resource Centre delivers services in the community to youth at risk, to adults and senior citizens and to women in the community. The client group is referred by staff members, by Probation Services, by the Community Garda, by the Social Work Department and Outreach Workers.

Adequacy of Service, 2002

As noted in the 2001 report, facilities were being upgraded; developments were completed during 2002 and all services were expanded during the year. The main agenda for the service now lies with developing the Outreach Service and the Family Support Service offered by staff. At the end of 2002, an overall evaluation of the service was being conducted.

Newbury House Family Resource Centre, North Cork City

Newbury House offers family support services to families in the areas of Mayfield, Lottimore, Ballyvolane and Dillons Cross. The referral process is based on local knowledge, referral by the Community Work Department, through open days and by maintenance of a waiting list on a database.

The service's targets for 2002 were

1. To increase the number of child care places by 10.
2. To improve contact with schools.
3. Participation in arts programmes.
4. To offer more training opportunities for staff.

These targets were reached. There was also an increase in health promotion work.

Adequacy of Service, 2002

Newbury House Family Centre secured funding for 2 pre-schools during 2002 and had successful inspections by the Southern Health Board Pre-School Inspection Service. Funding for staff positions and the homework club, staff training and staff pay was secured during the year.

Because funding is based on an annual basis, future, medium to long term financial planning and developments are difficult for the organisation. Areas of work forecast for 2003 are to include

1. The aim to secure ADM funding for another 3-year phase.
2. To address strategic planning for the project.
3. To review salaries.
4. To address the project's development.

The centre is considering development of new projects including increasing the numbers in childcare, offering after-school programmes and increasing health promoting issues for children.

Togher Family Resource Centre

This Family Resource Centre is subvented by the Southern Health Board through Section 65 grant aid which facilitates employment of three whole-time staff, of the nine staff in place.

The service is delivered to families in Deanrock Estate, Togher, many of whom are parenting alone, accessing training or full or part-time education, or who are experiencing difficulties due to social and economic conditions.

The referral mechanism is through Public Health Nurses, GPs, by individuals themselves, by the area based Social Work Team, local schools or the Department of Social Community and Family Affairs.

Targets for 2002 were to have full uptake of all places in the early years unit; to deliver a programme called 'Partnership with Parents'; to increase the number of sessions offered for babies and to increase the number of crèche sessions available. These targets were reached.

The organisation has an outstanding concern relating to the dependency on FAS Community Employment Schemes to support the delivery of quality and affordable early years programmes.

Adequacy of Service, 2002

In relation to the 'Partnership with Parents' programme, all parents attended one-to-one meetings and 99% of participants attended group meetings. All families were aware of the curriculum of the programme content and of their child's progress and development of needs.

The allocation of a bungalow, by the Cork City Council, for use as a 'babies only' facility enabled the resource centre to provide places for five babies per session. Planning permission for developments was granted and the centre is awaiting funding from Cork City Council to upgrade the building. Access to funding for staff training would enhance service delivery.

Family Support Centres, Kerry

There are several Family Support Centres receiving support from the health board in Kerry. A Family Support Committee is a liaison committee established between the Child Care Manager and Community Work Department that aims to organise the delivery of community work in the Kerry region. During 2002, the following Family Resource Centres received subvention from the Southern Health Board:

Ballyduff – There was a commitment in 2001 to support a Project Manager who was employed in 2002 by means of a Section 65 grant. The role of the Project Manager is to develop services and develop Ballyduff as a Family Resource Centre.

Killorglin – In 2002, a needs evaluation was conducted in Killorglin. A half-time post was funded by means of a Section 65 grant. The Kerry Diocesan Youth Centre will review the needs in the region. The project is due for completion in 2003.

In Castleisland a group was allocated €5,000 to conduct a needs assessment in the region.

Two second tier Family Resource Centres were funded in Mitchell's Crescent and in Hawley Park in Tralee. In Mitchell's Crescent, a Community Worker was appointed to liaise with statutory and voluntary groups to develop services in this area of very high need. In Hawley Park, funds were provided for the development of pre-school and crèche facilities.

Community Work Mothers Programme, Kerry

During 2002, a Public Health Nurse commenced developing a programme of support to young mothers. Referral pathways were decided and the programme is to commence in 2003.

ISPCC, Southern Region

The ISPCC employs 3 full-time staff in the Southern Health Board region. Services delivered are Childhood Support Service, a consultation service and volunteer services including STEPS, the CRIB Programme and the Childline Regional Office.

The child support service is delivered in agreement with the Southern Health Board and offers 20 children and families support and to provide 4 group-work programmes. During 2002, a total of 37 children and families were offered this service.

Adequacy of Service, 2002

In 2001, the issue of recruitment of additional staff was noted. This was addressed during 2002, two posts were filled, one for Training and Awareness Officer and a Children's Consultation Officer. Both posts were filled in July 2002.

Client Satisfaction

A children's consultation service was developed in 2002. Viewpoint questionnaires are offered twice a year to clients and parents. Services currently undergoing evaluation include the Childline service. The evaluations are being conducted by the Children's Research Centre, Trinity College, Dublin.

PRE-SCHOOL SERVICES

Pre-School Inspection Services

A Child Care Manager has ultimate responsibility for the delivery of the Pre-School Inspection Service in the Southern Health Board. The service is delivered to all notified pre-school services, including childminders, who are obliged by law to notify the board of their establishment.

There are teams located in each community services area. The total number of staff allocated to the service in 2002 was 6 Public Health Nurses, 6 Environmental Health Officers, 3 Grade III Officers and 1 Grade VI Officer. During 2002, of this allocation 5 Public Health Nurses, 5 Environmental Health Officer, 3 Grade IIIs and 1 Grade were in place.

The client groups are:

- Current and future pre-school providers.
- Those requiring information about the running of pre-schools and related areas.
- By association pre-school children, aged 0-6 years, and their parents.

The service is responsible for the enforcement of the Child Care (Pre-School Services) Regulations 1996. It offers the inspection and advisory service to both community funded and private pre-school services.

Service targets for 2002 were:

- To ensure pre-school development was conducted in line with the regulations
- To continue to support the existing pre-school services
- To liaise with the Department of Justice Equality and Law Reform in the context of future development of services as part of the County Development Plan for childcare.
- In 2001, there were three half-time Inspection Teams sanctioned which were filled in 2002.
- Funding was transferred to the Cork City Childcare Committee to appoint a Childminding Co-ordinator in January 2003 and to the Cork County Childcare Committee to appoint 4 Development Workers in September 2002.
- While all the premises were inspected and advice visits took place, the number of annual inspections fell far short of the target.

Adequacy of Service, 2002

- There continued to be increased activity in advice visits to potential pre-schools, because of continuing funding from the Department of Justice Equality and Law Reform mechanism. These are considered beneficial to ensure new facilities are regulation compliant from the outset. Although extra staff for the teams had been sanctioned in 2001, the posts were not filled because of the shortage of Environmental Health Officers, nationally.
- Meetings continued to be held between the Pre-Schools Officer and the Child Care Manager and the Cork Early Years Network for sharing of information regarding the inspection process.
- The sanctioned extra posts were recruited during 2002.
- Improvements in service delivery included an extra half-team in place in Kerry. Linkages with the Community Work Department was enhanced with the appointment of a Principal Community Worker nominee to a Pre-School Policies Steering Group. A Staff Officer post was appointed in the Pre-Schools Department to support the teams' appraisal and advisory work.

- It is the opinion of the service that a review of the 1996 Regulations would assist service delivery. A review is particularly awaited to provide clarity in areas such as fire safety and the regulation of pre-school services in domestic premises.

Client Satisfaction

The Pre-Schools Inspection Service receives information through providers' networks which channel feedback on inspection and related issues. It is envisaged that the appointment of staff within the City and County Childcare Committees will also bring providers' concerns to the attention of the Pre-Schools Department.

It is the opinion of the department that a client survey would not be a worthwhile exercise because pre-school teams are responsible exclusively for the inspection, appraisal and monitoring of services under the Regulations. Other feedback is provided through associations with providers' networks which distances issues with the service from the outcome of inspection reports. The department fulfils its obligations under the Regulations for both private and community funded services. All services are subject to the regulations.

Schedule of Pre-School Inspections At 31st December 2002

Community Service Area	Total Number of Notifications Received	First inspections Completed	Annual inspections Completed	Follow up inspections Completed	Number of Pre-Schools Closed Down Prior to Inspection	Number of Pre-Schools Closed After Inspection	Notifications on Hand	Proposed Premises Assessment
North Lee	11	11	51	8	0	0	140	27
South Lee	18	11	57	5	0	6	148	30
North Cork	6	8	33	6	0	1	66	38
West Cork	0	1	48	2	0	0	51	2
Kerry	14	16	35	3	0	4	117	183**
Total	49	47	230	24	0	11	522*	280

522* refers to actual units. There may be more than one type of preschool operating under the same unit.

** The same conditions for recording assessing a proposed premises is not currently consistent across the community service areas.

Number of Pre-Schools/Early Years organisations in receipt of Section 65 and Section 10 grant aid from the Southern Health Board, by Community Service Area, 2002

	Parent & Toddler Clubs	Community Pre-School / Playgroup	Crèche	Total number of organisations
North Lee	16	36	9	61
South Lee	10	20	8	38
North Cork	12	18	4	34
West Cork	22	26	3	51
Kerry	19	22	7	48
SHB	79	122	31	232

PRE-SCHOOLS/EARLY YEARS

The Southern Health Board has service agreements or provides funding to a number of community based pre-school and childcare services in the Southern Health Board region. Funding of the services is facilitated through Section 10 and Section 65 grant aid, managed by the local Community Work Departments.

Several of the larger of these organisations funded are reviewed below. The total number of groups and organisations in this category that are funded is described above.

South Lee

St. Ann's Day Nursery

St. Ann's Day Nursery operates in the South Lee catchment area. There were 7 staff in place during 2002, 4 of which were funded by the Equal Opportunities Childcare Programme and 3 by Section 65 grants received from the Southern Health Board.

Service Delivery

11 places were allocated to single parents and parents in full-time educational training. 5 places are designated for access by the South Lee Child Protection Team on behalf of families with whom it works.

Targets for 2002 were to offer 28 full-day-care places and to explore the expansion of nursery services by providing a baby

unit. 28 day-care places were provided, but the centre was unable to identify suitable premises for the baby unit due to lack of resources.

Adequacy of Service, 2002

During 2002, the nursery was awarded a Centre of Excellence Award by the National Children's Nurseries Association. The inner city is particularly poorly served with minimum full-day-care places available. At the time of writing this report, there were 94 children on the waiting list. In order to enhance service delivery, there would have to be designation of land or buildings for the development of childcare services or the identification of groups with the capacity to develop or expand.

Bessboro Centre

The Bessboro Centre is located in Mahon, Cork. It is a child care service accessible by the general public and particularly by lone parents. Referrals are from families, from other services in the Bessboro Centre, through Community Work Departments and the Southern Health Board.

The targets for 2002 were to recruit marginalized families, those on low income and those in the travelling community.

Adequacy of Service, 2002

Since the service commenced in 1988, it has expanded considerably. It commenced with an infant section, and has expanded developing a baby room, a toddler room, pre-school room, a Montessori room, a Steiner Education Centre and a Sensory Room for those with special needs. While expansion is possible, on the premises, and has been continuous, the development is under threat because of staffing difficulties. Dedicated staffing budgets and continued FAS support would enhance the service delivery.

North Lee

Jack & Jill, Middleton, Cobh

Jack & Jill is a locally community based pre-school that targets families in difficult social and economical circumstances.

Supports are offered to assist parents rearing children through referral to other agencies.

Targets for 2002 were to increase the numbers and secure staffing costs. Funding was received and the out-of-school care group was introduced.

Adequacy of Service, 2002

Community Work support to the service is very useful and strategic. However, the requirement to apply for funding annually makes future strategic and financial planning uncertain and unreliable.

Kerry

Pre-Schools funded by the Community Work Department in Kerry are Milltown Childcare Centre; St. Bridget's Community Centre, Tralee; Ballyspillane Pre-School, Killarney; Scamps and Scholars, Killorglin.

Milltown Childcare Service is accessible to settled traveller families, to single parent families, one parent families, children of unemployed people and working parents. Five staff are in place, funded by the Equal Opportunities Childcare Programme.

Referrals come from Public Health Nurses, Community Welfare Officers, the Southern Health Board, Speech Therapists and the Brothers of Charity. Services improved during 2002 and many of the inadequacies identified in the 2001 report were acted on through training and funding applications. Full-day-care is now offered in place of the sessional service which was in existence since 1987, because of support received from the Southern Health Board Community Work Department, the Equal Opportunity Childcare Programme and the local community.

The need for sponsored or paid spaces to be held for emergency care has been identified. An application has been made to the Southern Health Board for additional support to ensure accommodation can be provided in cases of need.

The ratio of staff to children may be revised upwards based on the review of the Pre-School Regulations, which was carried out by the IPPA, the NCNA, South Kerry Development Partnership, the Partnership Tralee and the County Childcare Committee in Kerry last year. It will enhance the service being delivered of course, but will demand additional staff costs in 2003 and the coming years. Adopting the HighScope curriculum through the Key Workers Scheme demands a higher ratio of staff to children than formerly required.

Client Satisfaction

In 2002, the service carried out an evaluation by offering parents a questionnaire to complete. The issues addressed were care of the child, the environment, the approach of the staff, cleanliness, access to staff, value for money, etc. 24 evaluation sheets were circulated and 10 were returned. The

majority of people were very satisfied with the service and where low satisfaction was recorded, the issues were considered for addressing by the organisation.

St. Bridget's Community Centre, Tralee is a crèche that employs 1 supervisor, 4 staff and 7 CE participants. The service is offered in the defined catchment area, which is Tralee. There is no formal referral mechanism.

The target for 2002 was to employ professional trained childcare staff. Funding was received for the employment of one full-time, childcare co-ordinator. The service also wanted to extend service provision to full-day-care and was in the process of preparing an application for funding capital costs through the Equal Opportunities Childcare Programme.

Adequacy of Service, 2002

The current premises limits the capacity to meet the demand. Extension of the premises would allow an expanded service to be offered.

Ballyspillane Pre-School employs 3 full-time staff and 1 CE worker. The pre-school offers a sessional service between 9.30 a.m. and 12.30 p.m., five mornings per week, for up to 20 children between 3 and 5 years of age. Some children are members of the travelling community whose attendance is subsidised by the Southern Health Board.

Adequacy of Service, 2002

The number of children catered for was increased from 16 in 2001 to 20 in 2002. Due to additional development funding, improvements were made to the site; lights, radiators and radiators covers were fitted. An outdoor play area is needed for the pre-school.

Scamps & Scholars, Killorglin, Community Childcare Centre Ltd commenced operations in November 2001 and 2002 was the first full year of operation. There are 10 staff employed, 7 on a full-time basis, 3 on a part-time basis.

Service Delivery, 2002

The services are a Crèche, which offers 28 places per morning and 24 per afternoon; a Pre-school Montessori with 30 places per morning; After school classes with 20 places per afternoon. The service is open to all members of the community and the Community Welfare Officer provides assistance for those families who need support with fees. There haven't been any referrals during 2002 by Public Health Nurses, but the centre will facilitate such referrals should the situation arise.

Service targets for 2002 were to develop the service, in line with demand, and employ full-time staff.

The centre did succeed in getting all aspects of the service operational, but recruiting suitable staff was a difficulty. The staffing grant is received under the Equal Opportunities Childcare Programme, but was not adequate for the number of children being catered for. As a result, the committee had no option but to increase the crèche fees for all families not in

receipt of a medical card which was a very difficult decision to make.

Client Satisfaction

Families report they are happy with the service, but many expressed concern about the increase in fees.

Pre-School Networks

There are a number of networks that support pre-school activities in the Southern Health Board region. Membership is drawn from community based and private sector pre-schools. These provider networks have consultation and make representations to the Child Care Manager responsible for pre-school inspections in the Southern Health Board region. These networks are The Cork Early Years Network, The IPPA Southern Health Board Region, HighScope Ireland, Southern Health Board Region and Homestart, Cork City and County Regions.

Cork Early Years Network is a network of childcare organisations in Cork City.

The aims of the network are to

- Focus on the need for resources for the early years sector.
- Build links between various childcare organisations.
- Lobby for recognition for early years educators as professional workers.
- Raise awareness of the needs of young people.
- Lobby for training options which meet the needs of adult learners with relevant experience.
- The development of a system of accreditation and a programme for childcare training.
- Act as a channel for the flow of information in the childcare sector.

It receives support from the Cork City Partnership for development. While providing a forum for discussion, courses are also delivered for providers. In 2002, a seminar on dealing with challenging behaviour in children was co-ordinated by the network. A six-month course on the development of a framework for good practice was also delivered.

The IPPA, Irish Pre-Schools Playgroups Association is a national organisation with a regional office in counties Cork and Kerry. There are 2 whole-time staff working in the Southern Health Board region.

The IPPA delivers a quality improvement programme that aims to raise quality standards in the childcare sector by disseminating learning through workshop and information giving. The IPPA works closely with provider networks and the County Childcare Committee to offer access to the programme.

In 2002, the organisation employed a Quality Officer in each of the counties. Through a series of eight workshops and regular onsite support visits, each Quality Officer supported eleven pre-school services and their staff in addressing the quality of their programmes and physical environment. The Quality Officers also supported the County Childcare Committees and provided a range of workshops and information presentations to provider networks and interested groups.

Adequacy of Service, 2002

There is a growing demand for information about the programme and for workshops. The IPPA continued to evaluate the programme and respond to the needs of participants in the sector. The employment of Quality Officers improved the capacity of the organisation to deliver the programme during 2002.

HighScope Ireland

HighScope Ireland is a national organisation with a Regional Officer in the Southern Health Board region. HighScope is an approach to early years learning. Training is delivered to pre-school community providers who are referred and funded by the Southern Health Board, by public and private providers and by those referred by outside organisations, including the IPPA and the Enterprise Board.

During 2002, the targets were to plan and implement cluster group training for those providers already delivering the HighScope approach and to train new staff members who were funded by the Equal Opportunities Childcare programme. Additional staff funding shall be sought through the Equal Opportunities Childcare Programme.

Adequacy of Service, 2002

Due to ongoing evaluation of the HighScope training programme, service delivery has improved, giving participants more in-depth knowledge and training. Due to the shortage of staff, only 10 centres are receiving cluster training at this time, 10 in Cork and 10 in Kerry with 20 participants in each group. The organisation will have to recruit one or two additional staff members to meet the ongoing training and current implementation requirements.

Client Satisfaction

99% of respondents report satisfaction with the curriculum and training programme.

Homestart

Homestart, Cork City and near County is a local voluntary organisation that offers a visiting service for support to families with young children. Families are referred to the programme either by themselves or by professionals working in their communities. There are two staff members employed by the organisation.

Volunteers liaise with other agencies to enhance the support to clients and to assist parenting in overcoming personal difficulties that they might have. Homestart organises family mornings as a social outlet for those parents who are isolated and aim to encourage participation in other community based activities such as Parents & Toddler groups etc.

Adequacy of Service, 2002

During 2002, the organisation identified that group work facilities were inadequate for needs. Two additional people joined the management committee, which assisted developments. A temporary solution was found, but the service would be further enhanced by finding a local space that would

be suitable for hosting groups of people with young children and their babies.

Client Satisfaction

Clients are invited to discuss their satisfaction with the service by means of regular contact with the co-ordinator. In 1999, clients were surveyed for feedback on service delivery and they reported that by doing this their confidentiality was compromised. The service did not conduct any subsequent surveys for this reason.

County Childcare Committees

The health board has been involved in the established and development of County Childcare Committees over the past two years, in accordance with a national policy. County Childcare Committees were required to have strategic plans developed and submitted to the health board by 31st December 2001. This was achieved. The three childcare committees in the Southern Health Board region became limited companies to draw down funding to give effect to the plans. The function of the health board, in relation to the County Childcare Committees, is to fund the position of a Childcare Co-ordinators to each of the committees and that was achieved in 2002.

Adequacy of Service, 2002

The health board's role in the committees changed in 2002, with the appointment of Chairpersons in each of the committees in Cork. Subsequently, the health board no longer had a lead role in relation to the functions of the committees, the lead party in the health board now being the local Principal Community Worker. In Cork City, a Childminder Co-ordinator was appointed in 2002, but will not take up position until 2003. In Cork County, four Development Workers were appointed to assist in the development of pre-school services, including childminders.

The health board took an active part in sub-committees, in particular, the Appraisals Sub-committee, which examined funding for the development of new pre-schools.

Child Protection, Welfare and Treatment Services

CHILD CARE MANAGERS

There are five Child Care Manager Posts in the Southern Health Board region, one post appointed in each of the five community services areas. The Child Care Managers have line management responsibility for social work teams, staff in the department, local residential units and a range of other teams associated with briefs for which they are responsible.

The Child Care Managers have responsibility for co-ordinating child protection services in their functional areas. Their remit includes the development of existing services and the creation of new initiatives as resources allow.

Child Care Manager, North Lee Community Service Area

This department is staffed by 1 Child Care Manager, 1 Grade VI, 1 Grade III.

- This Child Care Manager is responsible for the local Social Work Teams, Freedom of Information Requests and local and regional residential units within the service area, the implementation of Children First, 1999 in the Southern Health Board, the Review of Adequacy of Services, Section 8 Report and co-ordinating activities of the Child Care Advisory Committee and management and development of the local Neighbourhood Youth Projects and Springboard projects.
- This Child Care Manager participates in the National Senior Managers Group for Special Care and High Support Units and the National Advisory Committee for the implementation of Children First.

Targets for the year 2002 included the following:

- To progress and support the development of revised local child protection and family support guidelines for the board's functional area in accordance with Children First, 1999.
- To participate in the development of residential services, promoting the services and developing policies appropriate to the nature of the units.
- Further progress the amalgamation of the child protection social work services in the area.

Two way consultation between service providers and representatives of the Children First Co-ordinating group and between the Co-ordinating group and the national Committee and research informed the development of the local guidelines during the course of 2002. Gearan Alann was inspected during 2002 and the recommendations of the ISI were addressed. The North Lee Social Work Department was restructured and some internal practices revised to facilitate the merging of two teams that formerly worked independently.

Child Care Manager, South Lee Community Services Area

This department is staffed by 1 Child Care Manager, 1 Grade V and 1 Grade III.

Adequacy of Service, 2002

In May 2002 the Child Care Manager for South Lee resigned and was replaced in a temporary capacity by the Child Care Manager from West Cork. At the time of writing this report, the post had not yet been filled. The General Manager for South Lee retired and therefore there were two new people in senior management positions.

The worsening financial situation impeded service delivery, with significant development monies not released during 2002. Therefore service remained at the same level as 2001 without improvements.

Child Care Manager, North Cork Community Service Area

This department is staffed by 1 Child Care Manager, 1 Grade V and 1 Grade III.

Service Targets, 2002

- Delivery of a briefing document, regarding development of the counselling services in the service area, to the Programme Manager.
- Further stabilisation of the newly appointed management team.
- Ongoing management of the transition of the Mercy Childcare Residential Units to the Southern Health Board in both North Cork and South Lee.
- Participation in developing a capital project plan for residential childcare sector, namely the building of new residential units to replace inappropriate institutions.
- Participation in the development of a strategy document for the residential sector.
- The establishment of a Registration, Inspection and Monitoring Unit (RIMU) for residential childcare units in the Southern Health Board region and recruitment of staff for this unit.

All targets were reached except for the capital project, i.e. development of new residential units. No funding was received from the Department of Health and Children to facilitate these developments.

Child Care Manager, West Cork

The West Cork department has appointed 1 Child Care Manager, 1 Grade V and 1 Grade III post, all of which were filled in 2002.

Adequacy of Service, 2002

The Child Care Manager, West Cork was seconded to cover South Lee for an interval. The Principal Social Worker for the area was appointed acting Child Care Manager during the latter half of 2002 but several of the boardwide briefs were maintained by the Child Care Manager acting in position in South Lee.

CHILD CARE MANAGER, KERRY

The Child Manager's Office in Kerry has a staff complement of 1 Child Care Manager, 1 Grade V and 1.5 Grade II Clerical Staff.

This Child Care Manager has responsibility for the management of Out of Hours Services in the health board. During 2002, reports were prepared in relation to the Out of Hours Service, nationally, and a proposal, for a detailed Out of Hours Service, was presented by the Programme Managers to the National Children's Office. Principally, demands for development of such service arise from the Children's Act 2001, from foster carers seeking support out of hours and from Gardaí seeking social work services out of hours. The Out of Hours Service is currently delivered by the health board during formal closure, over bank holiday weekends, during Easter holidays and Christmas holidays.

The Child Protection Notification Management Team, in Kerry, was convened and met during 2002. The Implementation Officer for Children First provided support to this forum in preparation for full implementation of Children First. The Child Care Manager was involved in joint work with the Implementation Officer at Tralee General Hospital in relation to the development of protocols for child protection.

The Child Care Manager commissioned an evaluation of the Aims Vite Assessment and Emergency Unit in 2002. It is anticipated the assessment will be conducted during 2003.

CHILD PROTECTION AND WELFARE SOCIAL WORK TEAMS

There are five community service area based Child Protection and Welfare Teams in the Southern Health Board region, one service focussed exclusively on delivering services to children out of home, one dedicated Case Conferencing Department and a Family Welfare Conferencing Service that was established in 2002. Teams operate under the auspices of the local Child Care Managers Department. Service is delivered to children and their families in need of care and protection. Referral is into the Duty System by professionals, other interested parties or by individuals themselves.

As mentioned in the 2001 report, practices inside each of the area based teams are being standardised and harmonised through the introduction of practice guidelines developed in

accordance with Children First Guidelines for the Protection and Welfare of Children. Additionally there is a move internally in the teams to introduce personnel from a range of disciplines to enhance work with vulnerable children and families.

Interagency and Multidisciplinary Work

While Child Protection and Welfare Social Work Teams worked closely with other disciplines, there were moves to formalise such arrangements under the auspices of Children First and the Children Act, through the development of new practices in the Southern Health Board. These included the establishment of the Child Protection Notification Management Teams mentioned above, the Family Welfare Conferencing, joint local initiatives between Child Care Managers and Community Work Departments, and the development of local structures in teams to deliver family support services. Some services were co-ordinated through the RAPD programme and through localised family support services in Resource Centres.

Implementation and Information Officers for Children First work closely with hospital Social Work Departments and hospital staff in all the Southern Health Board hospitals. Children First Information Officers worked with voluntary hospitals to communicate developments under Children First and to support these organisations in developing protocols to fulfil obligations under Children First. This work highlighted the importance of developing joint protocols and improving practices between agencies working together to support and protect vulnerable children and families.

Activity Data, Child Protection and Welfare Social Work Departments 2002

The format for statistics returns changed at the beginning of 2002. Significantly each report counted in Social Work departments related to one child only from January 1 2002. Formerly reports may have related to a number of children – especially in cases of reports relating to families, and at times differentiation may have been made between the number of reports received and the number of children reported. However, this practice was not consistent or mandatory. Therefore it is not possible to draw or establish trends in reporting using this data.

The Department of Health and Children requested data relating to systems that were not operational in the Southern Health Board area during 2002. These data relate to children referred to the Child Protection Notification System and placed on the system. The systems and associated processes did not go live in this functional area until 24th March 2003. Data provided on such activity during 2002 is speculative.

The way the numbers of reports are calculated and measured across the boards functional area. The child protection teams operate with non standardised data collection methods.

North Lee, Number of reports to Child Protection and Welfare Social Work Team by category and outcome, 2002

Category	No. Reports	No. lead to initial Assessment	No. closed* after initial Assessment	Total Child Protection Concern after initial Assessment	Child Welfare	Ongoing Initial Assessment at the end of 2002
Welfare	239	221	110	0	72	39
Physical Abuse	40	39	3	23	2	11
Sexual Abuse	59	59	10	43	4	2
Emotional	18	18	1	7	1	9
Neglect	154	154	43	47	36	28
Total	510	491	167	120	115	89

South Lee, Number of reports to Child Protection and Welfare Social Work Team by category and outcome, 2002

Category	No. Reports	No. lead to initial Assessment	No. closed* after initial Assessment	Total Child Protection Concern after initial Assessment	Child Welfare	Ongoing Initial Assessment at the end of 2002
Welfare	355	215	87	0	117	11
Physical Abuse	61	52	24	15	10	3
Sexual Abuse	80	49	35	13	0	1
Emotional	35	31	16	5	8	2
Neglect	140	119	34	61	24	0
Total	673	466	196	94	159	17

North Cork, Number of reports to Child Protection and Welfare Social Work Team by category and outcome, 2002

Category	No. Reports	No. lead to initial Assessment	No. closed* after initial Assessment	Total Child Protection Concern after initial Assessment	Child Welfare	Ongoing Initial Assessment at the end of 2002
Welfare	287	238	151	0	50	37
Physical Abuse	44	36	24	8	1	3
Sexual Abuse	52	48	17	18	0	13
Emotional	10	6	6	0	0	0
Neglect	54	50	27	0	14	9
Total	447	378	225	26	65	62

West Cork, Number of reports to Child Protection and Welfare Social Work Team by category and outcome, 2002

Category	No. Reports	No. lead to initial Assessment	No. closed* after initial Assessment	Total Child Protection Concern after initial Assessment	Child Welfare	Ongoing Initial Assessment at the end of 2002
Welfare	74	57	4	0	18	35
Physical Abuse	16	16	1	2	1	12
Sexual Abuse	33	30	2	12	0	18
Emotional	22	22	2	1	3	16
Neglect	35	34	1	3	9	21
Total	180	159	10	18	31	100

Kerry, Number of reports to Child Protection and Welfare Social Work Team by category and outcome, 2002

Category	No. Reports	No. lead to initial Assessment	No. closed* after initial Assessment	Total Child Protection Concern after initial Assessment	Child Welfare	Ongoing Initial Assessment at the end of 2002
Welfare	593	377	123	0	254	0
Physical Abuse	60	59	10	34	15	0
Sexual Abuse	68	66	8	38	20	0
Emotional	29	28	8	8	12	0
Neglect	199	194	83	36	75	0
Total	949	724	232	116	376	0

*There is inconsistency across the community service area child protection social work teams in relation to the measurement and recording of numbers of cases, which requires further standardisation of definition.

Child Protection and Welfare Social Work Team, North Lee

The Social Work Department has 2 Principal Social Workers, 6 Team Leaders, 29.5 Social Work posts, 4 Childcare Worker posts and 4 Family Support Workers. The team is structured according to the nature of work with clients, as follows. There is an intake and duty system, a long term team a therapeutic team and a family support workers team.

Following the amalgamation of the North Lee East and West Social Work Teams, in 2002, there was continued development of structures for the larger team. Several staff positions that had been vacant were filled. For much of the year, 2 Team Leader posts and several Social Worker posts were either not filled or not filled in a permanent capacity.

Adequacy of Service, 2002

Service delivery was enhanced due to the amalgamation of the two teams and, by the end of the year, the increased number of filled staff positions. Both the Therapeutic/Long-term Team and the Family Support Service Team, within the department, were further developed.

The biggest cause of dissatisfaction reported by clients is the waiting periods for accessing services when they are requested or needed. Insufficient staffing is the biggest contributing factor to this.

Family Support Service, North Lee Social Work Team

The Children First Guidelines propose development of a dedicated Family Support Service to have preventative and protective focus and a philosophy of working with, rather than doing for, people. This local service aims to work in partnership with families in their homes by providing support to enhance their skills and to allow, if possible, children to remain at home.

In the first 18 months of the programme, 80 cases were referred to the service. 47 cases were allocated and at the end of 2002, 17 cases were being worked by 4 staff for an average of 20 hours per week. Each staff has 4 cases at any given time. 24 referrals were not appropriate and there is, on average, 9 cases on the waiting list. Cases are placed on the waiting list only when it is anticipated that they can be worked within a short period of them being notified to the service.

The positive outcomes of the service to date are that:

- Regular, weekly contact is maintained with the family.
- The service is supportive of families who engage in change processes.
- Issues are addressed before they escalate into crisis.
- The service helps parents focus on issues affecting their ability to care for their children.
- The service helps families access appropriate services outside the Child Protection Department.
- There has been an increased demand for the service.
- Involvement of the service with families has contributed to the decision to return children home.
- There has been a reduction in the number of incidences of families seeking shelter resulting from domestic violence.
- Children have been maintained in their families through difficult periods of time when they otherwise may have required care.

Adequacy of Service, 2002

Consideration needs to be given to expanding the service, placing it on a more permanent footing and ensuring a consistent development of the service on a board-wide basis.

Therapeutic Social Work Team, North Lee

The Therapeutic Social Work Team is staffed by 4 Childcare Leaders, 2 Therapeutic Social Workers and 1 part-time Team Leader. The team has expanded since 2001 and provides a therapeutic service to selected children and families in the community, foster care and residential care. The present review system, (Children in Care), is proven to be a valuable resource. Anecdotal feedback suggests that children, parents and foster carers find that the provision of an independent chairperson improved the objectivity and effectiveness of the process.

Child Protection and Welfare Social Work Team, South Lee

This department has a staff allocation that includes 1 Principal Social Worker, 3 Team Leaders, 17.5 Social Workers, Childcare Workers, Grade II's and 1 Grade IV. The number of social work staff working in posts varied during the year: at one stage the team was one below complement and at the end of the year the team was four social workers below complement.

Targets set for 2002 related to the implementation of Children First, to deliver and maintain current levels of service and to develop a Family Support Service. Funding had been sanctioned for six Social Worker posts, but not made available during 2002. A Family Support Service was not developed due to the lack of funding available to recruit workers. A dedicated Child Protection Public Health Nurse was appointed to the team on a pilot basis. The project evaluation was

completed and will be presented to the Social Workers and Public Health Nurses in the South Lee catchment area in 2003. Training on the Assessment Framework and new Child Protection and Welfare Practice Guidelines continued during 2002.

Adequacy of Service, 2002

Service delivery was curtailed due to lack of social work staffing. A waiting list system was introduced at the end of 2002, which is detailed below. A Grade IV could not be appointed because of lack of accommodation. Improvements in the service were marginal at the beginning of 2002, but could not be sustained throughout the year.

The service could be further enhanced by the recruitment of staff that has been sanctioned and by the provision of extra accommodation to assist staff and enable the appointment of a Grade IV post in the department, and by funding the area of Child Support and Childcare Workers. It is believed that these two disciplines enhance and compliment social work activities and provide quality based, cost effective services to children and families, preventing a need for child protection social work involvement.

Waiting list activity data, South Lee Child Protection Social Work Department 2002

Cases by referral date, date placed on waiting list, date removed from waiting list and length of time on the list in working days.

Case Number	Referral Date	Date placed on waiting list	Date allocated to Social Worker from waiting list	Length of time on list (working days)
1.	5.11.2002	9.12.2002	9.1.2003	18
2.	29.11.2002	9.12.2002	17.1.2003	24
3.	21.11.2002	9.12.2002	24.4.2003	90
4.	6.12.2002	9.12.2002	8.5.2003	99
5.	25.11.2002	9.12.2002	9.1.2003	18
6.	19.11.2002	9.12.2002	30.4.2003	94
7.	11.12.2002	16.12.2002	8.5.2003	94
8.	10.12.2002	16.12.2002	13.2.2003	38
9.	20.12.2002	27.12.2002	31.1.2003	24
10.	20.12.2002	27.12.2002	16.4.2003	76

There were improvements in service delivery resulting from staff training undertaken during 2002. Training portfolios have been developed for each member of staff to ensure that staff is trained in the areas that have been identified as meeting agreed training needs.

There was an increase in the referral rate to the Child Protection Public Health Nurse within and from outside the Social Work Department. Having a Child Protection Public Health Nurse on the team improved communication between the Public Health Nursing and the Child Protection Social Work Team.

Child Protection and Welfare Social Work Team, North Cork

The Child Care Team in North Cork has 16 whole-time equivalent posts allocated and by the end of December 2002, 14 staff were in posts. These posts are 1 Principal Social Worker, 2 Team Leaders, 9 Social Workers and 4 Childcare Workers. 2 Social Work posts were left vacant as a result of the incumbent taking on Acting Team Leader roles. There are a number of issues that produce financial difficulties every year. Some of these difficulties relate to the lack of budgetary provision and some relate to insufficient non-pay provision being made over a number of years. Legal costs, transport and rental costs place particularly high demands on the budget.

Adequacy of Service, 2002

Two Social Workers were recruited to the team to posts that had been empty in 2001. Team Leaders commenced employment in July 2002 and December 2002 respectively. The filling of Team Leader posts has facilitated regular three-weekly supervision sessions for staff. A full-time Duty Worker was appointed. Team building initiatives were undertaken and responsibilities were divided by area and by sector. The department facilitates multi-agency, sector based meetings to address child protection and welfare issues.

Client Satisfaction

There is no formal mechanism for surveying client satisfaction. It would be a useful and worthwhile exercise, but it would require factoring in the nature of the work undertaken when designing a survey.

Child Protection and Welfare Social Work Team, West Cork

The West Cork Department is staffed by 1 Principal Social Worker, 8 Social Workers, 1 Childcare Worker and 2.5 administrative personnel.

Adequacy of Service, 2002

The team was restructured and a full time post for children in care has led to improved service through standardisation of practice, better management of reviews and improved co-working with the Fostering Resource Unit. Reviews of children in care are close to standards set by the board. Care planning is not fully integrated into the care management system in the area.

The co-ordination of activity, related to child protection and welfare, with other agencies requires ongoing work. The department experiences difficulty accessing child psychology and child psychiatry services.

Difficulties are posed for service management and delivery by geographic spread and low population density.

Services would be improved by:

- Improved access to child psychology and child psychiatry services.
- Structured liaison with schools.
- The appointment of both a Public Health Nurse and a Psychologist within the team.

Child Protection and Welfare Social Work Team, Kerry

The Social Work Team in Kerry was involved in development work with a range of agencies in the voluntary and statutory sectors during 2002. There is an inter-agency group working on child care in the area, that is attended by schools, An Garda Síochána, GPs, voluntary and other statutory organisations. Close working relationships were developed between the Information Officer for Children First, responsible for assisting organisations in the voluntary sector with development of child protection plans, and the Child Protection and Welfare Social Work Team.

During 2002, a Social Worker was recruited as a Family Support Worker. This appointment aimed to develop early preventative work with families referred to the service. The referral mechanism is broad, it includes the Social Work Team, Public Health Nurses and Community Workers.

The Child Protection and Welfare Team moved to newly developed premises in 2002. This improved service delivery because the facility is client friendly.

In relation to activity in the Child Protection and Welfare Team, the number of referrals counted in 2002 are very high. The Kerry team operates a very tight policy on case closure, which results in a number of cases being re-referred to the department. Also, during 2002, Adapt, a Domestic Violence Organisation implemented a policy of routinely referring every family with children that attended the service to the Child Protection and Welfare Team. There is, however, an increase in the number of children coming into care in Kerry over the last 18 months, which reflects a series of increased activity, not simply a different criteria applied to the management of referrals.

CASE CONFERENCING SERVICE, SOUTHERN HEALTH BOARD

A Case Conferencing Service is centralised in one department in the Southern Health Board region. There are 4 staff allocated to the department. Referrals to case conferencing are made by Community Service Area Social Work Teams.

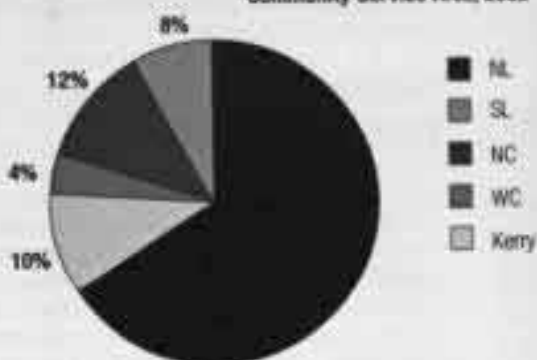
Targets and Developments, 2002

- The service sought to increase the number of staff, appointing a full-time Chairperson, which was achieved in 2002.

Activity Data, Case Conferencing Department, 2002

- A target was set to reduce the waiting time for Case Conferences, which was met. Conferences are now held within 3 weeks of referral.
- Training commenced in respect of policy and procedures.
- Procedures were established for outputting information and minutes of conferences.
- The department began to develop training in report writing, which was ongoing at the time of writing.

Distribution of Case Conferences held by
Community Service Area, 2002



Number and Type of Case Conferences, by Community Services Area, 2002

Community Service Area	North Lee		South Lee		North Cork		West Cork		Kerry	
Type of Conference	Initial	Review	Initial	Review	Initial	Review	Initial	Review	Initial	Review
	2	2	28	6	6	0	1	1	4	1
Area totals	4		34		6		2		5	

National Performance Indicator Monitoring – parental involvement in Case Conferences, 2002

Community Service Area	North Lee		South Lee		North Cork		West Cork		Kerry	
Parental Participation	Invited	Attended	Invited	Attended	Invited	Attended	Invited	Attended	Invited	Attended
	32	23	4	4	6	6	2	2	5	5
Area totals	34		4		6		2		5	

Re: North Lee – Total number of case conferences = 34. Parents not invited to 2 case conferences.

Comments

The Child Protection and Welfare Social Work Teams do not access the service equally. The majority of referrals and the majority of cases referred come from the North Lee Community Service Area, fewest cases being referred from West Cork. It is clear that the number of case conferences held is not reflected in the number of children coming into care. It is perceived that case conferencing is an appropriate mechanism for developing child protection plans in advance of referral to care. There were delays in accessing the service during 2002 due to shortage of independent chairpersons available. The department was working to ensure that referrals on the waiting list would be seen between three and six weeks.

A review of referral mechanisms and access to the service will be conducted in 2003.

THE FAMILY CENTRE / CHILD SEXUAL ABUSE ASSESSMENT UNIT

Service Delivery, 2002

The role of the Family Centre is to

- Conduct assessments of referred cases of alleged child sexual abuse.
- Provide a consultative service to other professionals in the area of child protection.
- Provide training/education in the area of child sexual abuse to other professionals.

The Family Centre is located in Cork City and staff provides an outreach assessment service for Kerry in Tralee, one day a week.

Referrals for assessments are accepted from the Child Protection Social Work teams only. Referrals for medical examination are accepted from a range of professionals, including General Practitioners, Consultant Paediatricians, An Garda Síochána and Social Workers.

Consultative Service, Family Centre, 2002

All cases referred, including cases not offered assessment, were discussed and feedback was given to the Area Teams regarding management etc. Many cases, which were not referred, were discussed with the area teams and other professionals. Family Centre staff attended strategy meetings, case conferences and other professional meetings.

Developments during 2002

- The Senior Clinical Psychologist took up post in January 2002 and a clinical psychologist was appointed in November 2002.
- Planning for more adequate accommodation continued.
- Medical Staff undertook, by agreement, to provide a medical service to children in the Midwestern Health Board pending the provision of this service in their own area.
- Training / Education
- Two trainee psychologists were attached to the Family Centre during the year.
- Two student Social Workers were attached to Social Work staff in the unit for their placements.
- Lectures were given to medical students, students on the BA in Early Learning Course, trainee psychologists, and An Garda Síochána.

Adequacy of Service, 2002

One Social Work post was vacant for the year and a half time Area Medical Officer post remained unfilled. The Units records were not yet fully computerised.

Activity Data

Referrals to the Family Centre by nature of assessment, 2002

Total number of referrals	133
Referred for Assessment	112
Referred for Medical Examination only	21

Referrals to Family Centre by Community Service Area/ Health Board, 2002

North Lee	South Lee	North Cork	West Cork	Kerry	Mid Western Health Board	Total
57	33	11	6	17	9	133

Outcome of Assessments Carried Out by the Family Centre, 2002

Total number of Assessments	62
Pre-assessments	7
Confirmed	26
No indication of CSA	7
Inconclusive	17
Inconclusive but suspicious	5

SERVICES FOR YOUNG PEOPLE OUT OF HOME

Liberty Street House Services for Young People Out of Home

Liberty Street House Services for Young People Out of Home is a child protection and support service for young people out of home, across the entire Southern Health Board region, that offers a hierarchy of responses based on need. There are 5 teams in the service:

- A dedicated service to young people out of home.
- Provision of adolescent sexual health information.
- A service for unaccompanied minors.
- 1 which operates Parkview, a supported accommodation unit.
- 1 Social Worker supporting victims of domestic violence.

Total staff in 2002 were: 1 Principal Social Worker, 1 Team Leader, 7 Social Workers, 3 Childcare Leaders, 1 Public Health Nurse, 1 Grade VI, 2 Grade IIs, 1 Manager and 4 contract Trainee Childcare Workers (1.48 WTE).

Service Targets, for Liberty Street House, 2002

Liberty Street House worked to develop a range of accommodation options for young people out of home. In March 2002, a unit providing semi-supported accommodation, Parkview, was opened, providing 5 places for 17 year old boys making a transition to independent living. The service is managed by the Accommodation Resource Officer at Liberty Street House and is staffed at night from 9.00p.m. to 9.00 a.m. by one Childcare Worker.

An Accommodation Resource Officer was appointed in June 2002. The role of this officer is to identify and access accommodation options for young people who are unable to return home, to review and evaluate existing accommodation arrangements and to establish links with local authorities and social housing groups.

Liberty Street House Services aim to ensure that children who are out of home have access to appropriate programmes of training and education for them. The service aims to strengthen community links in order to maximise the use of community resources for the client group. In 2002, Liberty Street House established a programme with Meitheal Mara, a community based training project, encouraging sea based activities. This programme involved young people in boat building. Planning is underway for further initiatives involving a back to education project specifically designed for young people out of home.

Liberty Street House Services works in partnership with the Good Shepherd Services and established weekly social gatherings for the young girls out of home.

Early in 2002, the Southern Health Board submitted local implementation plan for the Youth Homelessness Strategy to the Department of Health and Children. The plan was approved

with specific recommendations to ensure that each of the objectives identified in the strategy would be adequately and appropriately implemented.

Out of Home Team: Liberty Street House uses the following criteria to define the client group:

1. Those out of home, including rough sleepers and those squaffing or living in emergency accommodation (either in Pathways or Edel House).
2. Those at risk of becoming homeless, including those living in insecure accommodation, in a flat without a parent, guardian or appropriate adult supervision and unable to cope and those intermittently out of home.
3. Those long term out of home, including those living in supported accommodation options (Parkview, Riverview, Wellsprings); in independent accommodation options which are financially supported by Liberty Street House.

Referral to the service is either by young people themselves, Southern Health Board Community Service Area Based Social Work Teams, An Garda Síochána, Community Welfare Officers, Cork Simon Community, Schools, Training Workshops, Probation and Welfare Service, Emergency Accommodation Providers (Edel House, Pathways) and other relevant agencies.

Adolescent Sexual Health and Teenage Pregnancy Support

This preventative and responsive programme is targeted at young people most at risk of teenage pregnancy and poor sexual health. This includes young people who are out of home, abusing substances, involved in prostitution, already parenting, gay and lesbian, those with learning disabilities and unaccompanied minor/asylum seekers.

During 2002, a Community Childcare Leader and a Public Health Nurse were recruited to the multi-disciplinary team. This enabled Liberty Street House Services to deliver training in the area of adolescent sexual health to Southern Health Board departments, community groups, juvenile justice programmes, education and training agencies, individual childcare workers and residential staff. The Adolescent Sexual Health Team also conducts direct work with young people who are referred to the programme.

Referral Pathways

All young people are referred by Social Workers attached to Liberty Street House Services or area Child Protection Teams, because the responsibility for assessment of risk and needs for adolescent sexual health information and teenage pregnancy support rests with the area Child Protection Teams.

In accordance with the Refugee Act 1996, Section 8 (V), the children are referred to the Southern Health Board by Immigration Officers at the port of entry or by the Office of the Refugee Applications Commissioner and by Community Welfare Officers.

Adequacy of Service, 2002

Out of Home: While there are flexible working arrangements for staff at Liberty Street House, the absence of a formal out of hours/on call service is a serious deficit which requires addressing. The demand stems from a need to provide support to accommodation providers and the young people the agency works with, because the majority leave home at night and on weekends when services are currently not available.

Co-ordination of Services: The establishment of a youth homelessness forum as required by the Youth Homelessness Strategy would progress the development of working partnerships between voluntary providers and the statutory sector working with the same target group.

Access to Psychology/Psychiatric Services: Outside services operated by the board, there are no facilities for young people out of home to obtain prompt psychological or psychiatric assessment or treatment. This results in these young people continuing to struggle with mental health, emotional and psychological problems which often prevent and preclude them from maintaining themselves in accommodation, employment and educational training opportunities.

Unaccompanied Minor Asylum Seekers: Two groups receiving the service are identified:

1. Children separated from family through death, war or poverty.
2. Children joining adult family members already in this country.

Referral Pathways

The referral pathways are through area based Social Work Teams, Edel House, An Garda Síochána or other state or voluntary agencies working in the area.

Adequacy of Service, 2002

It is the considered opinion of Liberty Street House Services that the young people seeking this service require a specialised service with a specific body of knowledge and expertise around the asylum process and the cultural experiences of the young people who are referred. The delivery of an adequate response to the complex needs of this target group requires additional resources to be allocated for staff with expertise in the area.

Domestic Violence Social Work Service:

This service is for adult women who either were previously or are currently in abusive relationships. The core elements of the work include direct support and advocacy, interagency liaison, training and public awareness.

An additional half-time social work post was assigned to this service during 2002. Training was co-facilitated with Social Work and Nursing staff in Cork University Hospital for 120 personnel in CUH on the identification of and responses to domestic violence in Accident & Emergency settings.

A domestic violence practice group was established with representation from all area Social Work Teams.

Adequacy of Service

This service has identified a need for specific services for children who witness domestic violence and abuse within their own homes. The majority of women accessing this service have children who either directly witness domestic violence or are aware of it.

Client Satisfaction

An increasing number of young people who are referred to the service are returning home and are remaining there with the ongoing support of Liberty Street House Services. Liberty Street House Services conducted a service evaluation over a one-week period during October 2002 with all the young people who presented at and accessed the service during that week. Overall customer satisfaction was high and the level and quality of service delivered was considered high. The intention is to continue to undertake service evaluation on an annual basis.

Activity Data, Young People out of Home, Southern Health Board, 2002

Numbers of children whom it appeared to the Health Board were homeless by age, gender and community service area, 2002

Age	Male					Female					Total					
	NL	SL	NC	WC	K	NL	SL	NC	WC	K	NL	SL	NC	WC	K	SHB
<1 year to 12 years																0
13 years																1
14 years	1				1	2	1			2	3	1			3	7
15 years	3	4				5	4				8	8				16
16 years	2	9			2	4	5	3		2	6	14	3		4	27
17 years	5	8	1	1	3	11	12	1	1	8	16	20	2	2	11	51
TOTAL	11	21	1	1	6	23	22	4	1	12	34	43	5	2	18	102

Numbers of children whom it appeared to the Health Board were homeless by primary reason for homelessness, gender and community service area, 2002

Primary Reason	Male					Female					Total					
	NL	SL	NC	WC	K	NL	SL	NC	WC	K	NL	SL	NC	WC	K	SHB
Abuse:																
Physical Abuse of Child	1				3	1	1			1	2	1			4	7
Sexual Abuse of Child										1					1	1
Emotional Abuse of Child																
Neglect of Child																
Child Problems:																
Child with emotional/behavioural problems	1	6			1	2	4	1	1	1	3	10	1	1	2	17
Child abusing drugs/alcohol		2				1	1				1	3				4
Child involved in crime			1											1		1
Child pregnancy										3					3	3
Physical/mental health illness/disability in child		1					1					2				2
Mental health problem/Intellectual disability in child																
Other - Please specify	3	6			2	2	6	2		1	5	12	2		3	22
Child Problems:																
Parent unable to Cope/Family difficulty re housing/finance	2	1		1		6	3			2	8	4		1	2	15
Family member abusing drugs/alcohol							1					1				1
Domestic violence						2	1				2	1				3
Physical illness/disability in other family member																
Mental health problem/Intellectual disability in other family member						1					1					1
Other	4	5				8	4	1		3	12	9	1	0	3	25
TOTAL	11	21	1	1	6	23	22	4	1	12	34	43	5	2	18	102

The Number of children identified as unaccompanied minors in accordance with Section 8(5) of the Refugee Act, 1996, coming to the attention of the Southern Health Board, by age, gender and community service area, 2002

Age	Male		Female			Total			
	NL	SL	NL	SL	K	NL	SL	K	SHB
<1 year to 5 years									
6 years				1			1		1
7 years		1					1		1
8 years	1					1			1
9 years		2					2		2
10 years			1			1			1
11 years									
12 years									
13 years				1			1		1
14 years									
15 years	1			3		1	3		4
16 years	2	2		3		2	5		7
17 years	3	5	2	2	2	5	7	2	14
18 years		1					1		1
TOTAL	7	11	3	10	2	10	21	2	33

Information formerly provided to the Department of Health & Children states that 17 children came to the attention of the Southern Health Board. The additional numbers identified here are over 18 years of age.

Outcome of cases coming to the attention of the Health Board identified above

Outcome	Male		Female			Total			
	NL	SL	NL	SL	K	NL	SL	K	SHB
Re-united with family	1	5	1	4		2	9		11
Found not to be a minor	2	1	0	2		2	3		5
Other	4	4	2	4	2	6	8	2	16
Over 18		1					1		1
TOTAL	7	11	3	10	2	10	21	2	33

FAMILY WELFARE CONFERENCING

The Family Welfare Conferencing Service, developed in accordance with the Children Act 2001, was launched in the Southern Health Board in 2002. Four staff were appointed to the service, whose recruitment was staggered between June and November 2002.

Service Delivery, 2002

This Family Welfare Conferencing Service is available for children up to 18 years of age. There are three routes of referral:

1. Under the Children Act 2001, the health board is required to convene a Family Welfare Conference when applying for a Special Care Order.
2. When the health board is directed by the Children's Court to convene a Family Welfare Conference where it considers that a child on criminal charges may be in need of special care.
3. Where a health board professional has concerns for the care and protection of a child or young person and Family Welfare Conferencing is perceived to be an appropriate case management option.

The targets for 2002 were

- To develop the service
- To recruit and train staff to the service
- To identify referral criteria
- To commence definition of policy and procedures for the service.

A steering group was established by the Southern Health Board to oversee the development during 2002 and was supported by external experts who have worked in the area of Family Welfare Conferencing in Ireland and internationally.

Adequacy of Service, 2002

In order to fulfil its obligations to develop a Family Welfare Conferencing service, the Southern Health Board undertook significant consultation during 2002. It was operational, on target, in November 2002. Although there were no referrals to Family Welfare Conferencing during 2002, staff engaged in promoting the service and developing strategies for implementation with other departments in the Southern Health Board.

THE CARRIG PROJECT

The Carrig Project is partially subvented by the Southern Health Board. The service aims to work therapeutically with young people between 13 to 18 years of age who have sexually abused. The service operates in the Cork and Kerry region. There are 3 full-time and 1 half-time staff. Referrals are from Southern Health Board Child Protection and Welfare Social Work Teams and from the Probation and Welfare Teams in the Department of Justice.

Targets, 2002 were

- To develop the service and open for referrals
- To promote the project to referring agencies, other relevant services and professionals with whom it might work.
- To develop policies and procedures, forms and guidelines for the establishment and delivery of the service.

Activity Data

The service opened for referrals in 2002. There was one referral from the Social Work Department in North Cork. Up to December 2002, the Carrig Project received 10 telephone enquiries and attended 2 consultation meetings.

HOSPITAL SOCIAL WORK DEPARTMENTS

In this section, we report on paediatric services in dedicated Social Work Departments in hospitals in the Southern Health Board region. The three hospitals that have such services and that work with Child Protection and Welfare Social Work Teams in the Southern Health Board are Cork University Hospital (on behalf of three hospitals, Cork University Hospital, Erinville Hospital and St. Finbarrs Maternity and Paediatric Unit), The Mercy University Hospital, Cork and The South Infirmary/Victoria Hospital Ltd, Cork.

During 2002, the Implementation Officers for Children First worked closely with hospital staff and management to promote the implementation of Children First. Implementation Officers delivered presentations to a range of health professionals within the hospitals. Children First Implementation and Information Officers worked closely with representatives from hospital Social Work Departments assisting the development of a hospital strategy to the local implementation of Children First and protocols for working with the Southern Health Board Child Protection and Welfare Social Work Departments.

Cork University Hospital, Erinville Paediatric and Maternity Social Work Department and St. Finbarr's Maternity and Paediatric Unit

Service Delivery, 2002

The client group that is considered in this particular report is children and their parents who have had some medical contact with the hospital and who are referred by medical staff to the service, when they have a concern about the child's protection or welfare. A referral is made verbally or in writing, using the hospital's internal referral form.

At the beginning of 2002, it was envisaged that paediatric and maternity social work would target and offer support to clients with special needs. These are to include children with Cleft Lip and Palate, Downs Syndrome and Diabetes and, in order to provide a qualitative and specialised service, develop focus groups to support families with these areas of difficulty.

Adequacy of Service, 2002

An additional Maternity Social Work post was established to offer service to patients of St. Finbarr's Hospital.

Mercy University Hospital, Cork

The Mercy University Hospital has a Social Work Department and serves Cork City and County areas. There are a total of 1.5 Social Work posts dedicated to provide services for children. A 0.5 social work post was established, on a permanent basis, in the Accident and Emergency Department in February 2002. There was an increased awareness of child protection and welfare issues due to creation of the new post.

Service Delivery, 2002

Patients in the Mercy University Hospital are referred by the medical and nursing teams when it is perceived that social work services are required.

Service Targets for 2002 were

- To develop the social work service for children resident at Mercy University Hospital.
- To liaise with Southern Health Board Social Work Departments regarding child protection and welfare issues identified at the Mercy University Hospital.

South Infirmary/Victoria Hospital Ltd, Cork

Service Delivery, 2002

The Social Work Service in the South Infirmary/Victoria Hospital was established in 2002. One Principal Social Worker was recruited. The client group are referred patients and families who attend South Infirmary/Victoria Hospital services.

Service Targets for 2002, were

- To define and establish the service.
- To create an awareness of the service amongst hospital staff.
- To develop a strategy for the implementation of Children First National Guidelines for the Protection and Welfare of Children in the hospital. This is an ongoing process for which a joint approach between the Mercy University Hospital, Cork University Hospital and this hospital is being developed with the Southern Health Board.

Adequacy of Service, 2002

The service was limited as the childcare and family support service forms one part of a wider brief, which includes adult services in the hospital, including homeless adults, oncology and care of the elderly. Because of this, service is limited and unlikely to develop beyond crises response and referral. The total number of referrals in two area based Social Work Teams, in 2002, was 31.

Activity Data Referrals to SHB Child Protection & Welfare Social Work teams by referring hospital and Category of Concern, 2002

Referrals

Category	Number of Referrals		
	Cork University Hospital, St. Finbar's Hospital, Erinville Hospital	Mercy University Hospital	South Infirmary/Victoria Hospital
Physical	8	11	4
Sexual		6	1
Emotional	10	7	19
Neglect	15	13	1
Welfare	65	51	6
Other	25 (notification of underage pregnancy)	3 (homeless)	
Total	123	91 (some referrals in more than one category)	31

Child Health in the context of Child Protection,
Welfare and Family Support Services

Public Health Nursing

The delivery of the Public Health Nursing Services in the Southern Health Board is co-ordinated on a community service area basis by Directors of Public Health Nursing. Subsequently, there are five Public Health Nursing Departments in the Southern Health Board. Public Health Nursing provides services to the older person, to mothers and babies, to children between 0-13 years of age, to people with physical and sensory disabilities, to the acute and chronically ill and a specialist cardiology service. For the purpose of this report we will consider the services for children and families that are delivered by the Public Health Nursing Service.

Service Delivery, 2002

The services that we are considering are detailed in the activity data table, below. This client group is children from two age groups, one is the pre-school age and the second is primary school age.

The pre-school children enter the system automatically at birth and remain until the end of primary school. They receive direct service from the Public Health Nursing Service. Additionally, children are referred to other services, such as speech therapy, ophthalmic, psychology or AMD by Public Health Nursing.

In relation to child protection and welfare, the Public Health Nurses work in accordance with Children First National Guidelines for the Protection and Welfare of Children and participate in Child Protection Notification Management Team meetings which commenced in 2002, and participate in Case Conference meetings, where appropriate. Because Public Health Nurses have a mechanism by which they have access to families, when children are very young, they have a very important role to play in providing support to vulnerable families.

Targets and Highlights for 2002

The service aims to

- Maintain service levels for 2002 with the performance indicator that all children receive a Public Health Nurse visit within 48 hours of discharge from hospital.
- Expand the screening programme at 18 months to all areas.
- Participate on Child Protection Notification Management Team meetings.
- Budget restrictions prevented the appointment of the sanctioned post of a Development Worker and the expansion of Breast Feeding Support Groups.
- In West Cork there was Public Health Nurse involvement in a joint initiative with the Community Workers to support parents.

Adequacy of Service, 2002

- In Kerry the Patient Information Management System (PIMS) programme was piloted. This programme is not in

place in other areas.

- There were improvements in service delivery with the implementation of the needs assessment, 'CHAT' screening for Autism that was introduced on a pilot basis in all areas for a nine-month period. This is part of a research project with the Regional Autism Group.
- RGN permanencies to the team in West Cork increased the staff levels and an Assistant Director of Public Health Nursing post, that was filled, resulted in a more shared workload allowing scope for developments and support to staff.
- Full implementation of 'Best Health for Children', with appropriate resources and referral pathways, would enhance the service.

Activity Data, Public Health Nursing, 2002

Activity	North Lee	South Lee	North Cork	West Cork	Kerry	Total
Births	2319	1898	1084	724	1855	7880
Primary visits	2319	2285	1084	724	1855	8267
Home visits children < 1	4638	2420	5369	3260	7550	23237
Home visits children 1-5	5459	7174	2203	2387	3642	20865
School medical screening children 5 - 12 invited	6062	8695	4729	630	6240	26356
School medical screening children 5 - 12 uptake	5736	8252	4720	616	6030	25354
Child Welfare, clinics, number attended	11933	720	650	694		13997
Well Baby clinics, number attended		4509	3110	531	4220	12370
Developmental clinics, number attended	4251	2866	660	1360	2000	11137
Enuresis clinics	122	189	105	193	150	759
Case Conferences attended by PHNs	5	19	6	5	2	37
Strategy meetings attended by PHNs	30	60	14	14	20	138
No. of Asylum Seekers received service	3300	1970	378	570	1000	7221
No. of children with special needs seen	811	878	522	242	700	3153
No. of referrals made to Child Protection Team	23	8	9	18	15	73
Number of Committee Meetings attended by PHN	350	9	81	26	200	666

BEST HEALTH FOR CHILDREN

The preparation for delivery of Best Health for Children training programme commenced in the health board in 2002.

Service Delivery, 2002

The client group is primarily Public Health Nurses and Area Medical Officers in the health board area. Best Health for Children does, however, impact on all disciplines within the community providing, or planning to provide, a health service to children.

Service Targets, 2002

- The implementation of Best Health for Children Core Surveillance Programme, through the training of Public Health Nurses and Area Medical Officers in vision, audiology and developmental surveillance and screening.
- The development of the Southern Health Board's demonstration project, Referral Guidelines and Information Pathways for Children's Health Services.
- The completion of the Review of Adolescent Health Services within the Southern Health Board.

The Best Health for Children training programme was set up to be developed and led nationally, however, due to lack of

resources, this did not take place. As a result the Southern Health Board did not commence work on developing the local training programme. This training programme will be delivered in 2003. All other targets were reached.

Adequacy of Service, 2002

Service delivery in 2002 focussed on four priorities for the implementation of Best Health for Children and Get Connected in the Southern Health Board region. A Child Health Development Officer was appointed in December 2001. In 2002, a Public Health Nurse and a Clerical Officer were appointed.

Outstanding targets are the delivery of the training programme to Area Medical Officers and Public Health Nurses; compliance with the core surveillance programme as recommended by the Best Health for Children programme and the development of a parent-held child health record within the Southern Health Board.

THE HEALTH PROMOTION DEPARTMENT

The function of the Health Promotion Department is to be a resource to the Southern Health Board in the health-promoting

role of health services. The target group is the population of Cork and Kerry. Health Promotion Officers, Community Nutritionists and Smoking Resource Officers are responsible for co-ordinating and supporting a range of interventions to key target groups.

In relation to services for children and families, the groups that are targeted are the general public, teachers, parents, community leaders and health professionals. Indirectly, children and young people are impacted by work with all these target groups.

Service Delivery, 2002

The direct services are:

- Provision of a clinical dietetic service.
- Provision of a smoking cessation support.
- Provision of the GP Referral for Exercise programmes.
- Provision of support for the implementation of Social, Personal and Health Education in the post primary schools curriculum.
- Provision of training and support to teachers and health service providers in a range of areas, including:
 - Nutrition
 - Physical Activity
 - Drug Education and Prevention programmes
 - Alcohol, Tobacco and Drug policy development
 - Health promoting schools programme
 - Sexual Health
- Provision of training initiatives, in the community, including:
 - Being-well
 - Drug Questions Local Answers
 - Club Cork
 - Developing training initiatives with Family Resource Centres
 - Traveller awareness training
 - Healthy Food Made Easy

The service is delivered through advocacy, through strategy and policy development, by offering advice and promoting delivery of advice, by development of health promoting initiatives and by provision of health education information.

Adequacy of Service, 2002

Targets for 2002, were to facilitate the development and implementation of health education and promotion programmes with particular emphasis on school based programmes. 79 primary schools were involved in the Health Promoting Schools Programme and 29 schools were designated as Health Promoting Schools. At post-primary level, 15 schools were recruited for the process. In 2002, services were impacted by industrial action in the schools.

The department supported the delivery of the Social, Personal and Health Education, (SPHE), in post-primary schools as a core element of the Health Promoting Schools Initiative. The service was developed arising from an agreement with the Department of Education and Science to support the implementation of the SPHE to junior cycle curriculum. Two-thirds of the post-primary schools in the Southern Health Board region are currently

involved with the SPHE. All schools are required to have SPHE on their timetables by 2003.

A target set in 2002 was to develop a programme that addressed the needs of children who are at risk. This was identified as a priority following consultation with the Child Care Managers. Health promoting needs were identified but programmes responding to those needs are yet to be developed.

The Health Promotion Department aimed to consult with young people in the planning and implementation of interventions that are focussed on young people. This was identified as a priority arising from recommendations of the policy document called 'Youth as a Resource'. In the schools programme, young people are involved in the planning and development of drug policy.

Client Satisfaction

The service conducts ongoing needs assessments and evaluations of programmes that are delivered. These evaluations inform subsequent policy and programme development.

DEPARTMENT OF CHILD, ADOLESCENT AND FAMILY PSYCHOLOGY

Service Delivery

The service provides assessment and therapeutic services to children and adolescents who are at risk or in care. It also supports parents and carers managing difficulties as well as providing a consultation service to parents, care givers and to staff in other health board departments involved in delivering services to these children and families. The Psychology Service also co-ordinates the psychological assessments of children in language class in schools in North Cork and Cork City and provides therapeutic services, as required.

In Kerry during 2002 the service moved from being restricted to children in care to include a generic service for children in Kerry experiencing psychological and behavioural difficulties.

Children are referred by a range of health board departments including the Speech and Language Therapy Department and the local Child Protection and Welfare Social Work Department and externally by GPs, schools.

North Lee Psychology Department

The North Lee Psychology Department has an allocation of 1 Senior and 2 basic grade psychologists. During 2002, one psychologist post was unfilled, there were two trainees in the Department throughout the year.

Targets, 2002

- To develop and expand service to the existing client groups.
- To extend the service to health and primary care sectors.
- To improve accessibility and communication with other services.

- To improve the research and evaluation components of the service.

Adequacy of Service, 2002

- There are ongoing difficulties with the development of a data base for the service which impinges on evaluation and monitoring of the service.
- The relocation alongside the social work department has facilitated enhanced communication relating to common clients.
- The filling of two senior psychology posts for residential care resulted in a reduction in the demand on the service from the residential units.
- Referral pathways to Psychology Services need to be defined.
- Principal Psychologists need to be appointed in each Community Service Area and a Director of Psychology for the Board in accordance with the development plan for Psychology Service in the Southern Health Board. The Fostering services need a dedicated Senior Psychologist to be appointed.
- The service is experiencing ongoing difficulties recruiting Basic Grade Clinical Psychologists.

South Lee Psychology Department

South Lee Psychology Department has one Senior Clinical Psychology post, which is filled.

Targets, 2002

- To screen the existing list in order to prioritise referrals. Due to inadequate staffing, the cases on the waiting list were screened, but not all priority referrals were seen.
- Some consultation took place with referrers, in place of screening.
- There was representation by the Senior Clinical Psychologist at Child Protection Management Team Meetings, associated with the Children First guidelines.
- The Senior Psychologist held meetings with child protection management and the local Principal Social Worker.

Adequacy of Service, 2002

Due to the inadequate staff levels, not all referrals to the department were addressed.

North Cork Psychology Department

North Cork Psychology Department has one Senior Psychologist post which is filled and one vacant basic grade post.

Targets for 2002 were

- To fill the basic grade post, to develop the service and to reduce the waiting list time.
- To continue working on the development of a protocol regarding referral pathways in conjunction with Senior Psychologists in other community services areas.

- To participate in the Child Protection Notification Management Team and local Child Protection Committees.
- To participate in the Child Care and Child Health Group, Physical and Sensory Care Group and Elder Care Groups.
- To develop the psychology service provided to the language class at Scoil Ghobnatan, Mallow.
- To provide two Child and Adolescent Psychology training placements to the Southern Health Board Clinical Psychology Training Scheme.
- To participate in the Assessment Framework training for the assessment of children in need.

All targets were reached despite the considerable difficulties faced due to lack of human resources, which are identified above.

Adequacy of Service, 2002

There were marginal improvements in service delivery as the service became more established during 2002. However, the implementation of the Development Plan, cited above, and the Psychology Service Plan alongside the recruitment of basic grade posts under the Children's Act would enhance service delivery.

West Cork Psychology Department

West Cork Psychology Department has an allocation of one Senior Psychologist and one Basic Grade post. Two part-time staff filled the Basic Grade post in 2002.

Targets for 2002

- To recruit for Basic Grade post provided for in the 2001 allocations.
- To improve access to the service and reduce waiting time for initial appointments.
- To procure additional resources in accordance with the Development Plan for Child, Adolescent and Family Psychology Services.
- To develop Principal Psychology posts in accordance with the services recommendations in the Joint Review Group Report for Psychology Services.
- To participate in the Child Protection Notification Management Team, Local Child Protection Committee and Care Group meetings.
- To provide placements for Trainee Clinical Psychologists.
- To clarify referral criteria to the service in order to avoid overlap of service delivery with the National Educational Psychology Service and the Child and Adolescent Psychiatry Service.

Adequacy of Service, 2002

- The waiting list was reduced during 2002 with particular emphasis on providing services to clients referred in 2000 and 2001. However, referrals continue to increase.
- Two Psychology posts are inadequate to manage and provide Psychology services to meet the needs of children, adolescents and families in the service area.

- The recommendations for the development of Principal Psychology posts in each Community Service area was not achieved in 2002. This continues to contribute to problems with the management and delivery of effective Psychology Services.
- Additional resources were not obtained for the delivery of services to clients from the Physical and Sensory Care Group.

Kerry Psychology Department

The Psychology Department in Kerry has an allocation of 4 staff, 2 at senior level and 2 basic grade Psychologists. In 2002, there were 1 Senior and 2 Basic Grade Psychologists in post.

Adequacy of Service, 2002

Due to expansion of the service, a number of developments were required.

These were

- Setting up regular meetings with the Child and Adolescent Mental Health Service to facilitate communication to ensure that the appropriate referrals were made to each agency.
- Setting up meetings with all agencies who refer children for psychological assessment to develop and document referral pathways. This was ongoing at the end of 2002 and completion is anticipated during 2003.
- A basic grade Psychologist, recruited during 2001, took up a post in 2002. Two training placements were completed in the department during 2002.
- The expansion of the client group has naturally led to an increase in waiting lists. It is the intention of the service to develop waiting list initiatives during 2003.
- A Senior Clinical Psychologist is required for delivery of services to residential services in the area. This role is currently being undertaken by a basic grade Psychologist under the supervision of a senior.

Case Activity Data by Community Services Area, Child Adolescent and Family Psychology, 2002

	North Lee	North Cork	West Cork	Kerry
Referrals Received	101*	80	90	87 (21 of which were children in care)
Cases Opened	96*	48		
Cases Carried Over	63	12	45	11
Cases Closed	101	36	55	
Cases Reallocated		5		

*49 cases were seen in the DCD clinic which were not included in this figure

Number of referrals to psychology departments, by source, 2002

	North Lee**	North Cork	West Cork	Kerry
Social Work	49	11	33	31
GP/AMO	22	32	28	3
Teachers	6	2	4	2
Parents/Guardian	2		11	9
Psychologist/Psychiatrist/				
Therapist	3	3	2	36
EAP			2	
Residential Staff	1			
PHN	3	6	1	
Community Worker/other	13	3	2	
Speech & Language Therapists	15	23	7	1
Rape Crisis Centre				2
Headway				1
Total	101	80	90	87

** No figure available for referrals to DCD clinic as these are made to the team rather than psychology.

CHILD AND ADOLESCENT PSYCHIATRY

In the Southern Health Board, Child and Adolescent Psychiatry services are delivered by three internal teams in North Cork, North Lee East and North Lee West and by the Brothers of Charity on behalf of the Southern Health Board in the South Lee, West Cork and Kerry Community Services Areas. For this report, submissions were requested from the three internal teams and have been received from the North Cork and North Lee East departments.

Child and Adolescent Psychiatry, North Cork

The service is led by the Child and Adolescent Psychiatrist. There were 3.5 staff in place in 2002.

Service Delivery, 2002

The client group are children and adolescents up to the age of 16 years with emotional, behavioural and psychiatric difficulties. Referrals to the service are accepted from GPs, Area Medical Officers and senior health professionals in the Southern Health Board region.

Service Targets, 2002

Targets for 2002 were to re-locate to the designated clinical accommodation and to complete the staffing of the multi-disciplinary team in accordance with the Southern Health Board Development Plan.

The full team took up occupancy of the new clinical accommodation in Mallow in December 2002. Certain posts were not filled, these were 2 Community Mental Health Nursing posts, 1 Basic Grade Social Work post and 1 Senior Clinical Psychologist post.

Adequacy of Service, 2002

During 2002, a Registrar, a Senior Occupational Therapist and Clerical Officer took up post. On commencing clinical activity, there was a waiting list of 70 cases dating back to March 2000. The number seen from this list during 2002 was 34, leaving an outstanding number of 36.

During 2002, there were 127 new referrals, of which 23 were inappropriate and re-routed. Of this number 73 assessments were offered. At the end of 2002, there were 65 cases on the routine waiting list.

The re-location to the new accommodation enhanced service delivery. The filling of the remaining posts is required. During 2002, the Consultant who was the head of the service departed and the service was jointly managed by the two Consultants in North Lee.

Department of Child and Adolescent Psychiatry, North Lee East

In 2002, there were 8.2 staff employed by the department, which commenced operation at the end of 2001.

Service Delivery, 2002

The client group are children and adolescents up to 16 years of age with emotional, behaviour and psychiatric difficulties. Referrals are accepted from GPs, Area Medical Officers and senior health professionals in the Southern Health Board region.

Service Targets, 2002

Targets for 2002 were to re-locate to a designated clinical accommodation at the City General Hospital and to increase the staffing of the multi-disciplinary team. There was a delay in the re-furbishment of the accommodation and a failure to fill the number of posts that were targeted. There are 2 Community Nursing posts currently unfilled.

Adequacy of Service, 2002

During 2002, a Principal Social Worker, Clinical Psychologist, 1 full-time and 1 part-time Basic Grade Social Worker, 1 Clerical Officer Grade III took up post.

On commencing clinical activity, there was an existing waiting list for the catchment areas dating back to 1999, which was cleared during 2002. During 2002, there were 121 new referrals to the service for which 86 assessments were offered. The waiting list at the end of 2002 was 78.

In order to enhance the service delivery, a complete multi-disciplinary team is required to be set in place in accordance with the Development Plan and recommendations to the Department of Health and Children. It would be better if the department could re-locate to appropriate accommodation and develop patient beds and day hospital facilities. The appointment of additional consultant-led, multi-disciplinary teams in the board's functional area would enhance the service.

Activity Data, Child and Adolescent Psychiatry, 2002

Community Services Area	North Cork		North Lee East	
Number of Referrals from January to December 2002	127		121	
Breakdown of Source of Referrals	Source	Number	Source	Number
	GPs	88	GPs	67
	Speech & Language Dept.	12	Speech & Language Dept.	5
	AMO	3	AMO	11
	Consultants	9	Consultants	28
	Brothers of Charity	9	Brothers of Charity	4
	NEPS	3	NEPS	2
	Social Work Department	1	Social Work Department	3
	Children's Centre	2	Children's Centre	1
Waiting List	31		76	
Maximum waiting time at end of year	2 years 9 months		18 months	
Number offered first appointment	73		86	
Number of active cases at 31st December 2002	53		73	
Cases closed, number of first appointments	20		13	
Total cases closed to date	20		29	
Total first appointments offered to date 01-01-2002 – 31-12-2002	73		86	
Total referrals 2002	127		121	
Total referrals to date inherited cases and 2002 referrals	23		178	

North Lee West Report not provided

SPEECH AND LANGUAGE THERAPY

There are 5 departments of Speech and Language Therapy covering the 5 Community Services Areas in the Southern Health Board region.

The Speech and Language Therapy Department offers services to children and adults. Some of the staff time is involved in working with adults only, but this report is concerned with services relating to children.

Service Delivery, 2002

The service is offered to children and adults with speech and language impairments who are not eligible for services from

voluntary agencies. The referral mechanisms to all departments are an open system.

The targets for 2002 were to increase the number of new clients, to participate in Child Care and Family Support and Child Health Care Group structures and to review, evaluate and explore the implications of sectoral multi-disciplinary work.

Number of WTE Allocated by area based department, 2002

North Lee	South Lee	North Cork	West Cork	Kerry
12 <ul style="list-style-type: none">• 2 unfilled• 7.5 filled on a permanent basis during 2002• 1 permanent staff on career break• 3 temporary appointments in August and September 2002	11 <ul style="list-style-type: none">• The department had it's full complement 2002	7 <ul style="list-style-type: none">• 4 in place prior to 2002• 3 appointed over summer months of 2002• 2 on leave for the last quarter of 2002	8.3 <ul style="list-style-type: none">• 3.1 were in place in 2002	11, including 2 development posts. <ul style="list-style-type: none">• 6.6 were filled during 2002

Adequacy of Service, 2002

The greatest difficulty facing the service is that there are shortfalls in staffing levels which impacts on the number of treatments that can be offered. Clients indicate satisfaction with the service they receive, however, they are dissatisfied with the waiting period for therapy and the fact that therapy is limited to blocks of time resolved in a year and the number of sessions that they can attend.

There is a need for more Speech and Language Therapists to be appointed. It is recommended by the discipline that they be appointed through Child Care and Family Support and through Health Promotion Services and that the Department of Education and Science employ a Speech and Language Therapist to work with the school going children client group.

Activity Data, Speech and Language Therapy, 2002 Available for South Lee and Kerry only

	South Lee	Kerry
Pre School children	478	255
School going children	308	207
Total children	786	462

Referrals by source

	South Lee	Kerry
Audiologist	5	8
Consultant / Paediatrician		5
ENT Specialist		5
GP	37	21
Public Health Nurse	352	147
Psychologist	22	16
Psychiatrist	1	1
Client / Parent	205	116
Speech & Language	41	56
Social Worker	6	2
Teacher	40	35
Visiting Teacher	0	2
Other	118	48
TOTAL	827	462

SERVICES FOR SUBSTANCE AND ALCOHOL ABUSE

In the Southern Health Board services for substance abuse are co-ordinated by one department. The function of this department is to co-ordinate the planning and evaluation of services for persons involved with drug and alcohol misuse, whether provided by the Board or statutory sector on behalf of the Board and to liaise closely with all the service providers. The service had its full complement of staff of 5 people employed in 2002.

Service Delivery, 2002

Targets for 2002 were consultation and communication with voluntary and community groups, the Cork Local Drugs Task Force and the emerging Regional Drugs Task Force. In accordance with corporate objectives, services are offered at a local level through community counselling services throughout the region. The development of a residential facility for boys aged 14 to 18 years of age, with alcohol and drug problems, continued. This development is being implemented in conjunction with Child Care Specialists in the Department of Education and Science through the VEC and with the Department of Justice Equality and Law Reform through Probation and Welfare Services.

Staff training focussed on the development of quality initiatives. The supervision of staff by Senior Counsellors that report to the Director of Treatment Services ensures accountability in this respect.

In relation to services for young people, a service is provided in an outpatient basis, where possible, ensuring that the young person is maintained in a family environment.

Close links were established with the Health Promotion Department to integrate activities of these two departments.

Adequacy of Service, 2002

There were improvements due to the additional locations operating counselling services throughout the region. This was not due to additional development funding. The allocation of additional staff to the department would mean that there would be a greater uptake of services, where available.

Arbour House, Treatment Centre for Drug and Alcohol Abuse

Service Delivery, 2002

Arbour House conducts a programme for drug and alcohol misusing clients between the ages of 11 and 23 years. Referrals are accepted from clients, their families, concerned persons and professionals. All referrals receive an appointment for an assessment.

Adequacy of Service, 2002

During 2002, an assessment programme for young people in prison was developed. Staff participated in training in the area of addiction studies.

Development continued on the delivery of prevention programmes to the communities and schools, focussing on pre-adolescent and the adolescent target group. Services continued to be delivered to community based outreach

workers. Protocols and procedures were developed for the delivery of services at Liberty Street House, where outreach services are delivered. There was a pre-referral system developed for clients at Liberty Street House.

Improvements in service delivery, 2002

- The referral procedure and protocol with the prison and probation services was developed.
- Training was jointly delivered with Liberty Street House Services for Young People Out of Home.
- The service expanded, offering a consultation and assessment service in Tralee, Skibbereen and at centres in North and East Cork and Church Street, Cork.
- The youth treatment programmes were revised.
- A Trauma Therapist and Family Therapist (temporary, part-time) were available in house.
- The outreach and support programme, offering education in relation to substance misuse to parents, was expanded.
- Training placements were filled by two students from the Masters in Social Work Programme.
- The policy in relation to programmes, available to the Matt Talbot residential facility for boys with substance abuse problems, was finalised.

Activity Data, Arbour House.

Source of referrals, clients under 18 years of age, by number received, 2002

Source	Number	
	Male	Female
Court, Probation & Welfare	30	2
Family	31	19
Social Work Department	20	16
Hospital/Medical Agency	2	1
Self referred	2	1
General Practitioner	6	2
Other Drug Treatment Centre	1	1
Others	0	2
Total by gender	91	44
Total under 18 years	136	

Referrals case management, 2002

Average length of time on waiting list	10 days – 2 weeks
Maximum waiting time at end of year	2 weeks
Number of active cases closed during 2001	123

Types of intervention offered by number of clients under 18 years of age, 2002

Intervention	Number
Assessment	135
Consultation	135
Individual counselling	12
Brief Intervention Counselling	60
Trauma Therapy	1
Youth Treatment Programme	17
Referral to Residential Programme	25
Relapse Prevention	10
Referral to outside service (non-substance related)	6
Referral to detoxification	2
Referral to Psychiatric Services and Child Psychology	2

Profile of substance misuse, clients under 18 years of age, 2002

Substance	Number
Cannabis	79
Alcohol	135
Ecstasy	11
Cocaine	1
Heroin	1
Benzodiazepine	1
Solvents/Inhalants	15

Percentage of clients under 18 years of age who disclosed they were abused, by category of abuse, 2002

Type of Abuse	Percentage
Physical	100% (some form)
Sexual	0.8% (1 person)
Emotional	100% (home/street)
Neglect	4.5%

Clients under 18 years of age referred to another agency, by agency and number, 2002

Agency	Number
Aislinn, Ballyraggett	25
Southern Health board Child & Adolescent Psychiatry	2
Child Psychology	2
Therapists/Counsellors in General Practice	6
Total	31

Alternative Care Services

ALTERNATIVE CARE SERVICES OPERATED BY THE SOUTHERN HEALTH BOARD

The Southern Health Board in accordance with legislative obligations, delivers a range of alternative Care Services for young people about whom it is deemed that remaining at home

is not an option.

The range of services include Supported Accommodation, Residential Units, Emergency Accommodation for children out of home, Foster Care and Adoption services. Management of the service is organised on a regional community services area basis with Child Care Managers holding ultimate responsibility for the supervision and delivery of the services.

Alternative Care Services operated by, or on behalf of, the Southern Health Board

Type Of Service	Service Location
Foster Care	Fostering Resource Unit Cork Fostering Service Kerry
Adoption	Adoption (Inter Country and Domestic) – Cork
SHB Residential Units	Prospect Lodge Boys Unit St Josephs Mallow Treeview House, Cobh Mount St Josephs Passage West Wellsprings Aftercare Kerry Residential Services collectively managed these units from April 2001 <ul style="list-style-type: none"> • Deenagh House • Westcourt • Woodlee • Avonlee, Kilmaley (temporarily in 2002)
Young People Out of Home	Liberty Street House Pathways Riverview (Good Shepherd Services Ltd.) Parkview Supported accommodation from LSH
Special Care for Girls	Special Care Girls Unit Gleann Ailinn
SHB High Support Units	And Doire Boys High Support Unit Loughmahon Girls High Support Unit
Assessment & Resource Unit and Emergency Care	Airne Villa Assessment & Resource Unit
Good Shepherd Residential refuge and training services for women, girls and their children	Edel House Hearth Outreach and Aftercare Bruac training resource to residential units

Performance Indicators relating to alternative care:

The performance indicators that are monitored by the Department of Health and Children, in relation to alternative care services, are as follows:

- Children in residential care, foster care, foster care with relatives.
- Number of children in care with care plans

Fostering Resource Units

Service Delivery, 2002

Fostering services are delivered by two teams and are managed centrally by two Child Care Managers. Each of the teams provide support to approved foster and relative carers and children in foster care. The Cork team has an allocation of 16.5 staff, all of which were filled during 2002 and the Kerry team has 4 Fostering Link Worker posts with one administrative post. The Principal Social Work post was filled on a permanent basis in Kerry in July 2002.

Foster Carers are recruited through public awareness campaigns, followed by screening visits leading to training and home assessments, in accordance with the Fostering Resource Unit's procedures. Placement and service is made available to children based on referrals from Area Social Work Teams.

There are two Fostering Committees in the Southern Health Board, one which covers Cork City and County, except West Cork and the second covers Kerry County and West Cork. Services were delivered to:

1. Applicants who wish to foster, who are recruited through campaigns and casual enquiries.
2. Foster carers who have ongoing involvement with the department via a Link Worker.
3. Social Work Departments seeking placements through the Duty System.

Targets set for 2002 were to maintain existing service; to recruit, train, assess and support existing and new foster carers; to increase the flow of applications for fostering through the Fostering Committee and to address the placements shortage. Both departments aimed to improve staffing during 2002.

The Southern Health Board is one of three health board representatives participating in a national working group devising national standards in foster care.

During 2002, recoupment of the Orphans Allowance portion of the Foster Care Allowance created difficulties for the department and for those families in receipt of the allowance. At the end of 2001, the health board decided to take up the opportunity to recoup payments from the Department of Social Community and Family Affairs, further to decision at Government level. Foster carers received back payments from the Department of Social Community and Family Affairs, during 2002.

Adequacy of Service

During 2002, there was an increase in the number of relative placements. A working group was convened and met in 2002 to examine the role of the department in relation to the 1986 Adoption Legislation that enables long-term foster carers to adopt. A report is foreseen in 2003 and is likely to have an impact on service delivery.

2002 was the first full year of implementation of the enhanced Foster Carer's Allowance. The foster care budget is calculated based on a census of children in care on a particular day, 31st December, each year. It does not take account of the number of bed nights provided during the year and, subsequently, funding for fostering is absorbed by the demand of allowance payments. There is, therefore, little development money available for foster care services in the health board. The forecast development of national standards for foster care, anticipated for 2003, should enhance service delivery.

During 2002, there was a review of the Foster Approvals Committee. Service plans were, by and large, implemented. The Departments find it difficult to place children in the 12 to 18 year old age bracket in addition to which demand for placements exceeds the number of families available to receive children. The Fostering Policy and Procedures Manual was revised during 2002 and implemented in March 2003.

A joint Cork and Kerry working group commenced work on the feasibility of implementing a competency based approach to fostering assessments. It is anticipated that this work will be completed by May 2003.

Activity Data, Fostering Resource Unit, 2002

There was an increased number of foster carers processed for the fostering register in Kerry in 2002. The staff levels limit the scope of service that can be provided to children and families. Currently 4 Link Worker posts support 65 foster placements, caring for 95 children in Kerry.

In Cork City, 45 reports were considered by the Fostering Committee; 14 general and 21 relative carers were approved, 5 review and 2 re-assessments were approved at the end of 2002; 1 re-assessment was pending and 1 application was carried forward to 2003.

In North Cork, there were 6 general and 2 relative applications which were approved by the Kerry Fostering Committee for the Cork register.

In West Cork, 7 general and 2 relative placements were approved by the Kerry Fostering Committee for the Cork register. Existing services were also maintained.

In Cork, there were 5 preparation training groups for foster carers and new support groups for relative carers commenced in 2002. The overall number did not increase due to the lack of staff resources, although there was an increased number of foster carers processed for the fostering register in Cork in 2002.

Activity Data, Fostering Units Cork and Kerry, 2002

	Requests		No. of Children Involved		No. of Children Placed		No. of Placements Involved		No. of Children in the care of the SHB who are in Foster Care at 31/12/2002		No. of Foster Carers at 31/12/2002	
	Cork	Kerry	Cork	Kerry	Cork	Kerry	Cork	Kerry	Cork	Kerry	Cork	Kerry
Short Term	310	14	365	21	152	15	145	8	General	General	General	General
Long Term	68	10	77	14	33	4	28	4	364	75	281	63
Relative	29	6	41	8	46	6	34	5	Relative	Relative	Relative	Relative
Emergency	26	14	37	21	30	13	23	10	132	14	77	9

Irish Foster Care Association

The Irish Foster Care Association works closely with the fostering services in the Southern Health Board region and has a local office in the region.

Service Delivery, 2002

The Irish Foster Care Association supports foster carers and health professionals in the area of foster care. Referrals are made by health board personnel and by foster carers. In 2002, the organisation nationally aimed to provide a spokesperson on foster care and to continue to offer a support service for foster carers against whom allegations of child abuse are made. The Irish Foster Care Association conducts training information days for new and potential foster carers and delivers training initiatives for the children of prospective carers. Two members of the Irish Foster Care Association worked on a committee, convened by the Department of Health and Children, to produce national standards on foster care, during 2002.

Adoption Department

Service Delivery, 2002

There is one Adoption Department covering the entire Southern Health Board region, which is located in Cork City.

A Child Care Manager has responsibility for management of Adoption Services in the board's functional area. Appointed to Adoption Services is 1 Principal Social Worker, 1 Team Leader, 9.5 Social Workers, 3 Grade IIs and 1 Grade V. During the year, 11.5 Social Workers were in post.

Services are offered to:

- Applicants who apply for either inter-country or domestic adoption.
- People who refer for tracing.
- Pregnant women who wish to place their children for adoption. Referrals are routed from maternity hospitals, from Bessboro and from other agencies.

Targets for 2002

- The national standards, in relation to assessments for inter-country adoptions, is for the health board to complete 16 assessments per Social Worker, per year. This standard needs to be revised.
- A target was set to reduce the waiting times for inter-country adoption. Waiting times were maintained but not reduced. Due to the decrease in the number of full-time workers and an increase in the number of domestic adoption work, this target was not reached. An increase in caseloads resulted from the takeover of cases from St. Ann's Adoption Society.
- The Southern Health Board resumed the responsibility for domestic adoption assessments in the functional area. There was a significant increase in the number of mothers wishing to place for domestic adoption, which impacted on the service delivery in other areas.

Adequacy of Service, 2002

The Service Agreement with St. Anne's Adoption Society for domestic adoption ceased during 2002. There is an outstanding requirement for the development of domestic adoption services within the health board. Nationally the Adoption Board is to work on the development of a standardised framework for domestic adoption, which will support developments locally.

Nationally, a conference was held on adoption at which the review of the Adoption Board was highlighted. The Southern Health Board is represented in a sub-group to advise on the re-organisation of domestic adoption nationally, as part of the re-organisation of the Adoption Board. The National Steering Group on Adoption met on two occasions, but a decision was taken not to meet until the Chief Executive Officer of the Adoption

Board was appointed. Subsequently, no developments were made in relation to issues brought forward to this forum.

During 2002, the waiting list for inter-country assessments increased, partly due to the increase in domestic adoption work and partly because of the shortage of staff.

There is a requirement for the development of a standardised framework for assessment and delivery of support to adoptive parents, both domestic and inter-country adoption. This work is being progressed through the development of a national steering group. In relation to client satisfaction, evaluation takes place at the initial stage of the adoption process during the preparation courses.

Activity Data, Adoption Department, 2002

Applications received for 1st and 2nd Assessments (inc 1st and subsequent adoptions)	182
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The number of mothers seen in relation to domestic adoption	53
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Outcome of applications before approvals committee

Number approved Inter Country	83
Number approved domestic	15
Number approved under the Adoption Act 1968	1
Total	99
Number of applications not approved (inter country)	1

The number of post placement visits (Reports)	87
The number of Search and Reunion Cases (Enquiries)	65

CHILDREN'S RESIDENTIAL UNITS

The Southern Health Board operates or funds the operation of a number of residential units in the region, which provide a hierarchy of care for children in need of full-time or respite care. These include Residential Units, High Support Units, Special Care Units, a Residential Treatment Centre for boys with drug and alcohol addiction problems, an Assessment and Emergency Care Unit, a Supported Accommodation Unit, Parkview, a residential unit for young people out of home, which provides semi-independent living and aftercare services.

The Southern Health Board recruited two Monitoring Officers to ensure compliance with the 1995 and 1996 Regulations relating to Children's Residential Services.

THERAPEUTIC CRISIS INTERVENTION

Therapeutic Crisis Intervention is a mechanism of managing crisis with residents by Residential Care Workers. The training is delivered regionally in the health board by one Project Leader dedicated to the service. Eleven Trainers were seconded from residential care to assist with training, on a part time basis, during 2002.

Service Delivery, 2002

The client group to whom the service is delivered consists of Residential Childcare Workers, throughout the Board, which come to a total number of approximately 400 people. Referral is activated through Unit or Home Managers. Child Care Managers may also make referrals when the need arises.

Targets for 2002 were for the Therapeutic Crisis Intervention to become the Southern Health Board's chosen crisis management system for working with children and youth in residential care. The service targets were to enable all Residential Childcare Workers to receive 5-day TCI training in 2002 and, in addition, to ensure that those workers who had received training would be able to avail of twice-yearly refresher training.

In 2002, TCI was adopted as the Board's mechanism for crisis management intervention.

Adequacy of Service, 2002

This initiative was introduced in 2001. It is primarily the work of the North Lee Child Care Manager's Department in association with Residential Units throughout the Southern Health Board region. This initiative was maintained, but requires additional resources and corporate support to place it on a permanent footing.

130 Care Workers require initial training in the methodology and only 45 Care Workers (35% of total) have received adequate refresher training to date.

In 2002, the provision of training and office space in Ard Daire High Support Unit enabled the training to continue and a high quality of service to be delivered to Childcare Workers. Now that TCI has been adopted as the Board's chosen crisis management system, plans for its delivery need to be formalised to ensure the continuation of provision of training and ongoing evaluation of the methodology.

Client Satisfaction

Feedback and evaluation procedures form part of the direct training product. Unit Managers have also written testimonials as to TCI's efficacy as a crisis management and training package. The most recent survey of client satisfaction was conducted in Spring 2001, which indicated a serious need to address the training needs of Residential Care Workers. The Project Leader believes that an updated client survey would be useful to inform and evaluate future service delivery.

Mainstream Residential Units

Prospect Lodge, Cork; St. Joseph's Residential Centre, Mallow; Treeview House, Rushbrock, Cobh; Mount St. Joseph's Children's Home, Passage West; Deenagh House, Killybeg; Westcourt, Tralee; and Woodlee, Tralee.

The units in Kerry are managed centrally by Kerry Residential Services. Ultimate managerial responsibility lies with the local Child Care Manager in each community services area, except for the latter part of 2002, responsibility for the units in South Lee was allocated to the Child Care Manager in North Cork.

Prospect Lodge

Prospect Lodge is a boys residential unit in the North Lee Community Services area that services the entire Southern Health Board region. There are 16 staff positions, all of which are filled.

Service Delivery, 2002

The unit provides residential care for boys aged 12 to 16 years. Referrals are made from Social Work Teams in the Southern Health Board region to the Admissions Committee. Admission meetings take place quarterly.

Targets set for 2002 were to address the recommendations in the ISI Report that was published in the last quarter of 2001 and, following implementation, to continue to deliver a professional service in the areas that were commended. The unit aimed to examine the possibility of further enhancing the aftercare and outreach services and the possibility of setting up a facility for young people unable to return home after their discharge from Prospect Lodge.

Adequacy of Service, 2002

Policy and procedures documentation was re-addressed and updated in 2002 and some of the surveillance cameras have been taken out, further to the ISI Report and recommendation. There were no emergency admissions in 2002; all admissions were processed through the Admissions Committee.

Admission & Discharge Data Prospect Lodge, 2002

Source of Referral	Legal Status	Age on Admission	Admission Date	Discharge Date	Discharged to
North Lee Social Work Department		14	22-9-1999	6-9-02	Semi-independent Project (Parkview)
North Lee Social Work Department	Voluntary	14	23-1-2002	Resident on 31-12-2002	
North Lee Social Work Department		14	28-5-2002	Resident on 31-12-2002	
North Cork Social Work Department	Voluntary	13	16-9-2002	18-10-02	Aime Villa for Assessment
North Lee Social Work Department	Voluntary	13	29-11-2002	Resident on 18-10-02	

St. Joseph's Residential Centre, Mallow

St. Joseph's is a 3-bedded unit for boys and girls aged 13 to 17 years of age. Referrals are reviewed by an Admissions and Discharge Committee jointly with Mount St. Joseph's, Passage and Treeview, Cobh. There is a staff allocation of 23.57 staff and the number filling those positions in 2002, was 23. During 2002 children at St. Joseph's were transferred under special arrangements to the Willows, another unit in the area. This relocation was temporary due to unsuitability of the building.

Service Delivery, 2002

Service targets for 2002 were to begin the building of two new purpose built units in Mallow and commencement of a Psychology Service for the unit, jointly delivered to Cobh and Passage. The building project was not commenced. The Psychologist was in post in October 2002.

Admission and Discharge Data, St. Joseph's Residential Centre, Mallow, 2002

There were no admissions or discharges from the unit in 2002. Three children were resident in the unit throughout the year.

Admission & Discharge Data, The Willows, 2002*

Source of Referral	Legal Status	Age on Admission	Admission Date	Discharge Date	Discharged to
North Cork	Voluntary	16	27-8-2002	13-9-2002	Foster Care
North Cork	Voluntary	16	27-8-2002	Resident on 31-12-2002	

Management of The Willows, formerly run by the Mercy Order transferred to the Southern Health Board in 2002. It was then taken over by St Josephs in August 2002 and used as a temporary location for the children resident in St Josephs.

Treeview House, Rushbrook, Cobh

Treeview House provides residential placements for children referred from North Lee, South Lee and North Cork. There are 19 staff allocated to the unit, in 2002 18 staff were in place.

Service Delivery, 2002

In 2002, the unit could provide 10 places for both boys and girls, aged between 8 and 12 years. A central referral committee meets monthly to examine referrals for Treeview, Passage and Mallow collectively. Referrals are made on a Standard Referral Form, and a Care Plan is necessary for a referral application.

Targets set for 2002 were to commence working with the Psychologist appointed to the services and to secure an Outreach Worker for the unit. The Psychologist for the units commenced work in October 2002. The Outreach Worker is shared between Passage, Mallow and Treeview. Staff was seconded for this position.

Adequacy of Service, 2002

The building is not suited to residential accommodation for young children as it is old and institutional. The service is examining propriety of placing children in this unit. Staff recruitment and retention, is a difficulty. The development of standard policies and procedures is ongoing.

Admission & Discharge Data, Treeview House, Rushbrook, 2002

Source of Referral	Legal Status	Age on Admission	Admission Date	Discharge Date	Discharged to
North Lee	Full Care Order	11	15-04-2002	Resident on 31-12-2002	
North Lee	Fit Persons Order	6	12-05-1994	28-03-2002	Gleann Alaim

The issues to be addressed to improve service delivery are the re-location to a more suitable building and a review of the intake procedures.

Client Satisfaction

In accordance with best practice recommendations Treeview has a policy of consulting with children and young persons in its care to seek their views on how their care is managed. The methods of obtaining such views are through

- Reviews/Care Plans.
- Sessions with Key Workers, which are recorded in a personal log book.
- House meetings, which are recorded in the house meetings log book.
- Meetings which are recorded in the personal log book.
- Everyday interaction which is recorded in the personal log book.
- Survey conducted every six months.

Mount St. Joseph's Children's Home, Passage West

Mount St. Joseph's serves the Southern Health Board region. There are 22 staff with an additional 1 waking night staff.

Service Delivery, 2002

Mount St. Joseph's provides residential care for up to 10 boys and girls, aged between 11 and 18 years. One person, currently in residence, is 20 years old, who is in training. The current age range for admission is 11 to 15 years of age. Care is offered on a respite and shared care basis.

Targets for 2002 were to complete the building of two purpose built units for 6 children, to increase psychology services, to improve staff training, to appoint an Outreach Worker and to develop an aftercare service and an on-call social work service.

The unit targeted the development of policies and training in relation to children with challenging behaviour. Staff completed Therapeutic Crisis Intervention training and policies and procedures were updated. Training on managing sexual aggression and first aid is ongoing. The development of the aftercare service and on-call social work service were not achieved in 2002.

Adequacy of Service, 2002

The positive developments during 2002 were the appointment of the Psychologist to residential units to provide therapeutic work to children and the improvement of the capacity of staff to deal with challenging behaviour and the adoption of the Therapeutic Crisis Intervention approach. There is ongoing policy development in line with Children First.

The gaps in the service, named above, need to be addressed to improve the service. Additionally, educational support in relation to teenagers with special difficulties needs to be provided. The aftercare work that is planned needs to be developed, resourced and funded as a priority.

Admission & Discharge Data Mount St. Joseph's, Passage West, Cork, 2002

Source of Referral	Legal Status	Age on Admission	Admission Date	Discharge Date	Discharged to
South Lee Social Work Department	Full Care Order	14	10-5-1998	4-6-2002	Hearth
North Lee Social Work Department	Full Care Order	12	21-6-2002	Resident on 31-12-2002	
*Gleann Alainn	Ward of Court	14	5-7-2002	7-8-2002	Gleann Alainn

Note: One placement for a 23 year old due to the gap in service for transition to independent living, a placement was unsuccessful in 2002.

* Child in transition between the two units

KERRY RESIDENTIAL SERVICES

Kerry Residential Services manages three mainstream childcare units, providing 17 beds in total, in Kerry. The units are managed centrally by one Unit Manager and locally by Deputy Managers.

The three mainstream units are:

- Woodlee, Tralee, for teenage girls
- Westcourt, Tralee, for teenage boys
- Deenagh House, Kilarney, which is a mixed unit.

In 2002, a separate unit, Avonlee, Kilarney was temporarily opened to accommodate one child with challenging behaviour who was discharged from Arne Villa.

Adequacy of Service, 2002

Targets were set in relation to provision of high quality care to young people and also to fulfilling the recommendations of the ISI which inspected the units in the last quarter of 2001. A Child Protection Policy was established and updated, where appropriate. A monitor for children's residential homes, as recommended, has not been in place and relocations and building upgrades have not been achieved.

Admission & Discharge Data, Kerry Residential Services, 2002

Deenagh House					
Source of Referral	Legal Status	Age on Admission	Admission Date	Discharge Date	Discharged to
Kerry Social Work Department	Voluntary	8	22-2-2002		
Kerry Social Work Department	Care Order	13	17-8-1996	18-6-2002	Home
Kerry Social Work Department	Emergency Care Order	13	23-9-2002	10-10-2002	Became a 36 1/2

Westcourt					
Source of Referral	Legal Status	Age on Admission	Admission Date	Discharge Date	Discharged to
Kerry Social Work Department	Voluntary	10*	1-2-2001	1-3-2002	Home
Kerry Social Work Department	Care Order	11*	2-4-2002		

Re-admission under section 12. A full care order was granted.

**Same child*

Woodlee

There were no admissions to or discharges from Woodlee in 2002

Avonlee					
Source of Referral	Legal Status	Age on Admission	Admission Date	Discharge Date	Discharged to
Kerry	Voluntary	16	24-6-2002	18-12-2002	Independent Living

SPECIAL CARE UNITS

Gleann Alainn, Special Care Unit for Girls

Gleann Alainn Special Care Unit for Girls serves the Southern Health Board, the South Eastern Health Board and the Mid-Western Health Board. It is located in Cork. There are 26 whole-time posts allocated to the unit that are filled by an average of 31 staff.

Service Delivery, 2002

Referrals are made to the Admissions Committee, which meets monthly or upon request. The client group is young girls aged between 11 and 17 years, who require special care and protection as directed by the Court. The unit was inspected by the ISSI in September 2002 and a number of recommendations for changes to procedures or policies were made, most of which have been addressed. Responses to other recommendations were being developed at the end of 2002.

Adequacy of Service, 2002

The management structure is currently under review. During 2002, the unit introduced a more formal structure for assessing risk in relation to young people going outside the unit, due to an increased rate of unauthorised absences. In 2002, a Clinical Psychologist was appointed to the North Lee Residential Childcare Service. A second Deputy Unit Manager was

appointed in an acting capacity. There were improvements in service due to the implementation of recommendations. The service could be enhanced with additional facilities, as described in the 2001 report, i.e. the building of a two-bedroom apartment.

The ISSI inspection was carried out in September 2002, it was the third annual inspection of the unit. This inspection was unannounced. "The inspectors were satisfied that significant progress had been made in relation to recommendations made and commended the staff and management, both internal and external, for their continued efforts to provide a good quality service in a challenging and complex area of work." (ISSI Report 2002). The inspectors were concerned to learn of the insurance requirements placed on the Southern Health Board in respect of outdoor activities and a recommendation by the ISSI to resolve the difficulty was issued. This matter has been addressed and is no longer an obstacle to engagement in such activities.

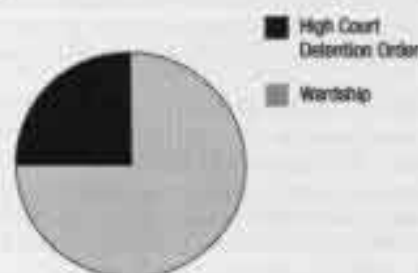
There were recommendations in relation to methodologies employed to devise Statutory Care Plans, this was addressed.

The inadequate provision of a dedicated Child and Adolescent Psychiatric Service, quoted in the report, to the young people in Gleann Alainn is a difficulty that is being addressed. There was a recommendation in relation to the introduction of an independent element to the complaints procedure, which was fulfilled. There was a recommendation that the Manager, in consultation with the Management Committee and staff, should formulate an Anti-bullying Policy, this is ongoing and is being addressed.

Admission & Discharge Data, Gleann Alainn, 2002

Source of Referral	Legal Status	Age on Admission	Admission Date	Discharge Date	Discharged to
SHB - North Lee	Wardship	14	6-11-2000	25-1-2002	Mountjoy Prison
SEHB	High Court Detention Order	15	29-5-2001	28/01/2002	Coolworth High Support, Waterford
Mid-Western HB	High Court Detention Order	16	18-2-2002	15-4-2002	HSU - Mid-Western HB
SHB - Kerry	Wardship	14	1-3-2002	2-5-2002	Loughmahon HSU
SHB North Cork	Wardship	15	22-2-2002	27-6-2002	Home
SHB - North Lee	Wardship	14	28-3-2002	3-7-2002	Mount St. Joseph's Passage West
SHB - South Lee	Wardship	15	10-1-2002	18-7-2002	Loughmahon HSU
SHB - Kerry	Wardship	16	15-3-2002	8-8-2002	Loughmahon HSU
SHB - South Lee	Wardship	15	11-1-2002	16-9-2002	Loughmahon HSU
SHB - Kerry	Wardship	15	16-7-2002	25-9-2002	Limerick Prison
SHB - North Cork	Wardship	16	2-10-2002	29-11-2002	Home
Mid-Western HB	High Court Detention Order	16	20-6-2002	4-12-2002	HSU - Mid-Western HB
Western HB	High Court Detention Order	14	18-9-2002	12-12-2002	HSU - Western HB
SHB - South Lee	Wardship	15	16-12-2002	Resident on 31-12-2002	Loughmahon HSU
SHB North Lee	Wardship	14	7-8-2002	Resident on 31-12-2002	Mount St. Joseph's Passage West
SHB - South Lee	Wardship	16	20-12-2002	Resident on 31-12-2002	

HSU High Support Unit

Legal status of referrals to Gleann Alann, 2002**Ard Doire, High Support Unit, Cork**

Ard Doire is a High Support Unit for 5 boys, aged between 12 and 16 years on admission. Placement is intended to be short to medium term, ranging between 2 and 12 months. Referral to the service is made by the relevant Social Work Department to the joint Ard Doire/Prospect Lodge Admissions Committee.

Colaiste Ard Alann is a school that provides educational services for four units in the North Lee Community Services Area and has administrative offices and classrooms located on the premises. The four units, served by Colaiste Ard Alann, are Ard Doire, Prospect Lodge, Gleann Alann and Loughmahon. Ard Doire also houses the Therapeutic Crisis Intervention Training Department.

Targets for 2002

Ard Doire opened in 2001. The 2002 targets were to recruit permanent staff and additional staff on a pro rata basis, as children were admitted.

Admission and Discharge Data, Ard Doire, 2002

Source of Referral	Legal Status	Age on Admission	Admission Date	Discharge Date
North Lee Social Work Department	Care Order	14	31-8-2001	Resident on 31-12-2002
North Cork Social Work Department	Voluntary	13	21-1-2002	Resident on 31-12-2002
South Lee Social Work Department	Voluntary	12	4/9/2002	Resident on 31-12-2002

Loughmahon Girls High Support Unit

Loughmahon Girls Residential Unit is a purpose built, eight bedded unit for young girls, aged 12 to 16 years on admission. The unit provides short to medium-term placements, between six and twelve months. The unit serves the Southern Health Board area. The unit is a high-support facility. Loughmahon provided therapeutic intervention for children whose needs cannot be met in less structured or less highly staffed centre.

Adequacy of Service, 2002

Following an inspection of the unit by the ISSI in September 2001 Loughmahon was working to address the issues raised

Adequacy of Service, 2002

Services were enhanced, in 2002, due to the appointment of a Senior Clinical Psychologist and an Acting Deputy Unit Manager. During 2002, at the invitation of Mayfield Neighbourhood Youth Project, a Childcare Leader from Ard Doire, worked as a facilitator on the Gaisce Awards Project with a member of the NYP staff. This unique initiative demonstrated how creativity can enhance the service to children, both in residential care and in the community and, in particular, provide an opportunity for children in care to re-integrate into the wider community.

Children have regular Care Reviews. In preparation for their reviews, they complete a Review Form which addresses areas of client satisfaction. This Review Form is then addressed by all parties, including the child, at the review.

The recruitment of experienced and adequately qualified staff continued to pose difficulty throughout 2002, during which time a significant number were appointed. The role of Trainee Childcare Worker still poses a difficulty in terms of recruitment, as the classification of this role requires to be addressed nationally.

Throughout 2002, the education provision at Colaiste Ard Alann was under-resourced. This was due to the fact that it had not been recognised, formally, as a school by the Department of Education and Science. In 2002, there was a decrease in the teacher hours allocated to Colaiste Ard Alann, which hindered its ability to provide comprehensive education to its pupils. The Southern Health Board continues to work closely with the Department of Education and Science to resolve these issues.

relating to its policies and procedures, complaints policy and the issue of its identity as a High Support Unit. The staff allocation and recruitment and retention of staff continue to pose difficulties for the unit. The unit requires to have 22 staff allocated if it is to function to its full capacity as a High Support Unit; in 2002 there were 14.5 staff positions allocated. As the step down facility to Gleann Alann there are ongoing challenges presented to the Unit to address the needs of children with particularly difficult behaviours. This poses a challenge to management in terms of training, support to staff and the creation of a child friendly ethos at the Unit.

Admission & Discharge Data, Loughmahon High Support Unit, 2002

Source of Referral	Legal Status	Age on Admission	Admission Date	Discharge Date	Discharged to
North Lee	Voluntary	14	07-03-2002	Resident on 31-12-2002	
Kerry	Voluntary	17	08-06-2002	Resident on 31-12-2002	
Kerry	Ward of Court	14	15-04-2002	20-06-2002	Home
South Lee	Ward of Court	16	16-09-2002	Resident on 31-12-2002	
North Lee	Voluntary	15	17-07-2002	Resident on 31-12-2002	
North Lee	Ward of Court	16	18-07-2002	Resident on 31-12-2002	
North Lee	Ward of Court	16	24-11-2001	06-06-2002	Home
North Lee	Ward of Court	16	26-03-2001	28-03-2002	Grandmother
North Lee	Ward of court	15		10-01-2002	Gleann Alainn
South Lee	Ward of court	16		28-02-2002	To Mother

Transitional Arrangements exist between units where child is not discharged from one unit but may be temporarily in residence in another.

Airne Villa, Assessment and Resource Unit, Kerry

Airne Villa is an assessment and resource unit based in Kerry, which has a regional remit offering assessment, respite and emergency care for young people from Cork and Kerry. It is staffed by a large multi-disciplinary team. There is care staff, a psychologist, a unit social worker, a unit teacher, an administrator and a clerical officer, totalling 21 in number.

Service Delivery, 2002

In 2002, Airne Villa provided an assessment service to 12 young people, respite service to 4 young people and a family support service to 5 young people, aged between 8 and 18 years. An emergency service was provided for 2 young people during 2002. Emergency services were accessed through Social Work Teams and the Gardaí in accordance with Sections 12 and 13 of the Child Care Act 1991.

Targets for 2002 were to provide the assessment, respite, emergency and family support services for children between 8 and 18 years of age. The target that was set in relation to providing an emergency service has not been reached. By

June 2002, it became evident that the possibility of offering an emergency service alongside an assessment service was incompatible and as such provision is currently under review.

Adequacy of Service, 2002

The assessment and resource unit offers a high standard of care to young people. However, it was impaired in its functions during 2002 by the difficulty posed by the provision of emergency care because the demands this activity placed on staff meant it took precedence over other aspects of service.

For three months during 2002, the unit could only accommodate one child. Emergency services were suspended due to the impact on the unit by needs of children presenting for assessment.

Further to the ISI inspection, in January 2002, an Assessment Framework document was compiled which enhanced the assessment process. Service for respite clients also improved during the year. A full evaluation of the service is planned to be delivered in 2003.

Admission & Discharge Data, by child and nature of referral, Airne Villa Assessment and Resource Unit, 2002

Referring Community Service Area	Referral Type	Legal Status	Age on Adm.	Adm. Date	Discharge Date	Discharged to
Child 1 Kerry	Respite	Fit Persons Care Order	11	25-1-2002	27-1-2002	Foster Care
	Respite			27-4-2002	27-4-2002	Foster Care
	Respite			28-2-2002	5-8-2002	Foster Care
	Respite			13-9-2002	15-9-2002	Foster Care
	Respite			18-10-2002	22-10-2002	Foster Care
	Respite			15-11-2002	17-11-2002	Foster Care
	Respite			29-11-2002	1-12-2002	Foster Care
	Respite			27-12-2002	Resident on 31-12-2002	Foster Care
Child 2 South Lee	Assessment	Voluntary	11	7-12-2001	31-1-2002	Home
Child 3 South Lee	Assessment	Voluntary	16	10-12-2001	1-2-2002	Home
Child 4 Kerry	Emergency	Emergency Care Order	15	25-9-2001	24-6-2002	Residential
Child 5 Kerry	Outreach Assessment	Voluntary	6	27-3-2002	20-6-2002	Home
Child 6 Kerry	Outreach Assessment	Voluntary	13	27-3-2002	20-6-2002	Home
Child 7 Kerry	Outreach Assessment	Voluntary	9	27-3-2002	20-6-2002	Home
Child 8 Kerry	Outreach	Voluntary	11	27-3-2002	20-6-2002	Home
	Assessment Emergency	Emergency Care Order	11	8-9-2002	12-9-2002	Foster Care
Child 9 North Lee	Outreach Assessment	Fit Persons Care Order	14	15-4-2002	23-5-2002	Secure unit
Child 10 North Lee	Assessment	Voluntary	14	4-7-2002	22-8-2002	Home
Child 11 Kerry	Respite	Voluntary	17	9-8-2002	16-8-2002	Foster Care
	Respite			6-9-2002	9-9-2002	Foster Care
	Respite			11-10-2002	14-10-2002	Foster Care
	Respite			26-10-2002	28-10-2002	Foster Care
	Respite			1-11-2002	4-11-2002	Foster Care
	Respite			15-11-2002	19-11-2002	Foster Care
	Respite			22-11-2002	26-11-2002	Foster Care
	Respite			29-11-2002	3-12-2002	Foster Care
	Respite			6-12-2002	10-12-2002	Foster Care
	Assessment			13-12-2002	23-12-2002	Foster Care
	Respite			5-10-2002	9-10-2002	Foster Care
	Respite			8-11-2002	11-11-2002	Foster Care

Child 12 South Lee	Assessment Respite Respite Respite Respite Respite	Voluntary	16	27-8-2002 15-11-2002 1-11-2002 6-12-2002 8-11-2002 22-11-2002	11-10-2002 17-11-2002 3-11-2002 8-12-2002 11-11-2002 24-11-2002	Home Home Home Home Home Home
Child 13 North Lee	Respite	Voluntary	11	24-8-2002	26-8-2002	Residential
Child 14 North Lee	Assessment	Voluntary	13	2-9-2002	17-10-2002	Residential
Child 15 Kerry	Assessment	Voluntary	15	14-10-2002	13-12-2002	Home
Child 16 North Cork	Assessment	Voluntary	13	21-10-2002	29-11-2002	Residential
Child 17 Kerry	Assessment	Voluntary	11	19-11-2002	17-2-2003	Home
Child 18 Kerry	Outreach Assessment	Voluntary	13	4-12-2002	6-2-2002	Home
Child 19 Kerry	Outreach Assessment	Voluntary	9	4-12-2002	6-2-2002	Home

RESIDENTIAL UNITS FOR YOUNG PEOPLE OUT OF HOME

The Southern Health Board operates one residential unit for boys out of home and the Good Shepherd Services deliver services for girls out of home in association with the Southern Health Board. In addition to this, in 2002 a new unit, Parkview, offering supported accommodation to young boys out of home, was established and opened.

Pathways

Pathways is a residential service established by the Southern Health Board that provides emergency short-term residential care, up to 6 months, and aftercare support to adolescent boys between 14 and 17 years of age, who are out of home. This group includes separated children and unaccompanied minors, seeking asylum. Access is by referral from other agencies, including Liberty Street House or by the young person themselves.

Targets for 2002 were to increase the staff complement; to further develop policies and procedures for the operation of the unit, targeted at staff, external agencies and the young people;

the deployment of one staff to work in aftercare, which was achieved and ongoing professional training for staff, including an audit of staff skills and identification of training needs. The unit aimed to provide 5 emergency beds, which was not achieved.

Adequacy of Service, 2002

In accordance with the Youth Homelessness Strategy, a protocol was to be established with other service providers including those within the health board and Dept of Education and Science. This has not yet been achieved. There has been expertise developed in relation to working with unaccompanied minors, though there is no specific post dedicated to this role. The role of Pathways in relation to unaccompanied minors needs to be qualified.

Improved access to Psychiatric services, for the young people involved with Pathways, would assist in the maintenance of their care.

In the year and a half, since its opening, the unit placed more than 30 people in a range of accommodation. There is a growing need for the provision of aftercare services with attendant staff so that practice could become more focussed on outcomes.

Two pieces of research that were initiated in 2002 will have an impact on service provision for young people out of home. A critique of service provision for separated children seeking

asylum in Ireland, which focuses on 15 to 18 year olds in the Cork and Dublin areas is being implemented. It is anticipated that this research will be completed in 2003. The second is a piece of research focussed on service users in Pathways to examine how services have met their needs while in residence and aftercare. The anticipated date of completion is the end of the first quarter of 2003.

Client Satisfaction

There is a high quality of care delivered for the residents. In order to improve service to these people, there needs to be more focus on preparation for independent living and ongoing aftercare service.

Admission & Discharge Data, Pathways, 2002

Source of Referral	Legal Status	Age on Adm.	Admission Date	Discharge Date	Discharged to
Liberty Street House	Homeless	17	10-8-2001	18-1-2002	B & B – Own flat
Liberty Street House	Unaccompanied Minor	16	17-8-2001	26/2/2002	Own flat
Liberty Street House	UMAS	17	11-9-2001	21-5-2002	Parkview – Own flat
Liberty Street House	Homeless	17	21-10-2001	8-4-2002	B & B – Own flat
Liberty Street House	Homeless	17	30-12-2001	4-1-2002	Friend's family
Liberty Street House	Homeless	16	8-1-2002	11-1-2002	Home
North Lee Social Work Department	Homeless	14	15-1-2002	19-2-2002	Foster care
Liberty Street House	Homeless	17	28-1-2002	29-7-2002	Sister's home
Liberty Street House	Homeless	16	20-2-2002	15-4-2002	Home
Liberty Street House	Homeless	17	7-3-2002	22-4-2002	Cork Prison
Liberty Street House	UMAS	17	10-4-2002	17-11-2002	Own flat
North Lee Social Work Department/ Liberty Street House	Homeless	15	25-4-2002	8-5-2002	B & B – Foster care
Liberty Street House	Homeless	17	9-5-2002	14-8-2002	Own flat
Liberty Street House	UMAS	16	31-5-2002	18-12-2002	Own flat
Liberty Street House	Homeless	17	4-6-2002	11-6-2002	B & B
Liberty Street House	Homeless	15	20-6-2002	10-7-2002	Home
South Lee Social Work Department/ Liberty Street House	Homeless	16	15-6-2002	Resident on 31-12-2002	
South Lee Social Work Department	Homeless	15	31-7-2002	6-8-2002	Foster care
Liberty Street House	Homeless	17	13-8-2002	Resident on 31-12-2002	
Liberty Street House	UMAS	16	27-8-2002	Resident on 31-12-2002	
South Lee Social Work Department	Homeless	13	22-11-2002	27-11-2002	Sister's family
South Lee Social Work Department	Homeless	13	06-12-2002	Resident on 31-12-2002	
Liberty Street House	Homeless		19-12-2002	20-12-2002	Home
Liberty Street House	UMAS	17	30-12-2002	Resident on 31-12-2002	

UMAS – Unaccompanied Minor Asylum Seeker

Riverview

Riverview is a residential unit operated by the Good Shepherd Services, which provides residential accommodation for young girls between 15 and 18 years who are out of home or are at risk of being so. Referrals are taken from the entire Southern Health Board region.

Referrals are made through Liberty Street House and assessed at monthly admissions meetings.

Adequacy of Service, 2002

- Service was improved in 2002 by the provision of a transitional housing project set up in partnership between the Good Shepherd Services and Sophia Housing. It provided further support and accommodation for Riverview service users.
- A youth club, called 'Henrietta's' was formed for use by past and present service users.

- An emergency service for 15 to 18 year olds is required, as Riverview cannot provide this service.
- Girls in the younger part of the age bracket require an alternative aftercare service.
- Riverview continues to offer places to young people with psychiatric and behavioural difficulties and has sought to include professional reports for the admission procedure to liaise with relevant agencies throughout the care process. A dedicated outreach worker post could carry this function if the position was approved. There is a need for the development of a cohesive framework addressing the need for Psychiatric and Behavioural Psychology services for young girls resident at the unit.

Client Satisfaction

Informal outreach provides regular feedback to Riverview, from the girls.

Admission & Discharge Data, Riverview, 2002

Source of Referral	Legal Status	Age on Adm.	Admission Date	Discharge Date	Discharged to
South Lee	Voluntary	16	2-05-2001	19-1-2002	Own flat
Liberty Street House	Voluntary	17	4-10-2001	12-4-2002	Returned home
Liberty Street House	Voluntary	17	1-11-2001	25-11-2002	Sophia Housing
Liberty Street House	Voluntary	17	10-12-2001	24-4-2002	Went to UK
South Lee	Voluntary	15	7-3-2002	28-6-2002	Discharged to parent care
Liberty Street House	Voluntary	17	11-3-2002	23-5-2002	Edel House
Liberty Street House	Voluntary	17	9-4-2002	19-6-2002	Discharged to own care (18 on discharge)
Liberty Street House	Voluntary	17	31-5-2002	5-6-2002	Relatives
South Lee	Statutory care order	15	10-7-2002	1-4-2003	Wellsprings
Liberty Street House	Ward of court	17	12-8-2002	22-8-2002	Bed and breakfast
North Lee	Voluntary	15	16-9-2002	13-13-2002	Went to UK
Liberty Street House	Voluntary	16	6-11-2002	Resident on 31-12-2002	

Edel House

Edel House is a residential unit run by the Good Shepherd Services in Cork, which caters for women out of home, mothers with their children and provides emergency accommodation for young people under 18 years of age. Referrals are made from all health professionals, An Garda Síochána and also by clients themselves.

Adequacy of Service, 2002

In 2002, Edel House continued to provide accommodation for women and children. Female children out of home, in Cork City, form a significant portion of the client group. This client group requires a more substantial response than the four places available at Edel House.

Admission & Discharge Data, Edel House, 2002

Source of Referral	Legal Status	Age on Adm.	Admission Date	Discharge Date	Discharged to
Gardaí	Voluntary	15	10-1-2002	11-1-2002	Gardaí
Self	Voluntary	17	10-2-2002	25-2-2002	Unknown
Self	Voluntary	16	10-2-2002	14-2-2002	Home
Adolescent Homeless Unit	Voluntary	16	12-2-2002	12-2-2002	Home
Adolescent Homeless Unit	Voluntary	16	26-2-2002	4-3-2002	Unknown
Adolescent Homeless Unit	Voluntary	17	26-2-2002	4-3-2002	Unknown
Adolescent Homeless Unit	Voluntary	17	26-2-2002	27-2-2002	Home
North Lee Social Work Dept.	Voluntary	17	28-2-2002	6-4-2002	Unknown
Adolescent Homeless Unit	Voluntary	13	5-3-2002	8-3-2002	Mother in Dublin
Adolescent Homeless Unit	Voluntary	16	22-3-2002	26-3-2002	Father's Home
Adolescent Homeless Unit	Voluntary	17	3-4-2002	9-4-2002	Relative in Dublin
North Lee Social Work Dept.	Voluntary	14	19-4-2002	24-4-2002	Home
North Lee Social Work Dept.	Voluntary	16	2-5-2002	4-6-2002	Home
Self	Voluntary	17	4-5-2002	10-5-2002	Home
Gardaí	Voluntary	15	6-5-2002	7-5-2002	Relatives
Adolescent Homeless Unit	Voluntary	17	20-5-2002	31-5-2002	Riverview
Adolescent Homeless Unit	Voluntary	17	31-5-2002	21-6-2002	Relatives
Rice House Galway	Voluntary	14	3-6-2002	7-6-2002	Rice House Galway
Adolescent Homeless Unit	Voluntary	17	5-6-2002	7-6-2002	Relatives
Acute Hospital	Voluntary	17	12-6-2002	17-6-2002	Foster Family
Self	Voluntary	17	8-7-2002	12-7-2002	Social Work Department
Adolescent Homeless Unit	Voluntary	15	24-7-2002	26-7-2002	Unknown
Self	Voluntary	17	25-7-2002	26-7-2002	Social Work Department
Self	Voluntary	15	29-7-2002	2-8-2002	Home
Self	Voluntary	15	29-7-2002	2-8-2002	Care of her father
North Lee Social Work Dept.	Voluntary	15	7-8-2002	9-8-2002	Unknown
Self	Voluntary	17	11-8-2002	15-8-2002	Unknown
Self	Voluntary	15	30-8-2002	13-9-2002	Unknown
Self	Voluntary	15	3-9-2002	10-9-2002	Unknown
Adolescent Homeless Unit	Voluntary	15	12-9-2002	13-9-2002	Unknown
Adolescent Homeless Unit	Voluntary	15	12-9-2002	13-9-2002	Relatives
Gardaí	Voluntary	14	18-9-2002	19-9-2002	Home
Homeless Persons Unit	Voluntary	17	3-10-2002	4-10-2002	Home
Gardaí	Voluntary	17	20-10-2002	6-11-2002	Riverview
Adolescent Homeless Unit	Voluntary	15	22-10-2002	25-10-2002	Unknown
Adolescent Homeless Unit	Voluntary	15	25-10-2002	26-10-2002	Unknown
Adolescent Homeless Unit	Voluntary	17	30-10-2002	1-11-2002	Unknown
Adolescent Homeless Unit	Voluntary	15	6-11-2002	7-11-2002	Home
Adolescent Homeless Unit	Voluntary	15	29-11-2002	2-12-2002	Unknown
Self	Voluntary	17	15-11-2002	18-12-2002	Home
Self	Voluntary	15	22-12-2002	Resident on 31-12-2002	Home

SUPPORT SERVICES FOR PEOPLE OUT OF HOME, OR AT RISK OF BEING OUT OF HOME

The Good Shepherd Service, funded by the Southern Health Board run *Hearth*, a family support/parenting service and *Bruac*, an educational service for homeless girls, aged 15 to 25 years who are at risk of becoming homeless or unemployed and are early school leavers.

Referral to *Hearth* is made by Social Workers, in respect of any mother or child for whom they feel a parenting assessment report would be beneficial. *Hearth* also provides support to fathers, but cannot offer residential support at present. The service is presently developing a survey. Referral to *Bruac* is made by the Southern Health Board, Edel House, Probation Services, Social Workers, Loughmahon, Glenn Alann, Liberty Street House, by young people themselves and by FAS.

Service targets for 2002 were to achieve FETAC, Further Education Training Awards Council, certification and IAS Certification, which was successfully completed by November 2002.

The centre has a lengthy waiting list and is currently seeking funding for larger accommodation to improve on the numbers of trainees that can be facilitated.

Admission & Discharge Activity, Bruac, 2002

Source of Referral	Legal Status	Age on Adm.	Admission Date	Discharge Date	Discharged to
Community Service Area	Voluntary	18	25-6-2002	29-11-2002	Maternity
Health Board	Voluntary	18	February-02	31-10-2002	Maternity
Community Service Area	Voluntary	18	11-9-2000	12-4-2002	Employment
Community Service Area	Voluntary	21	23-10-2000	11-3-2002	Married
Community Service Area	Voluntary	21	29-9-1999	3-5-2002	Married
Community Service Area	Voluntary	18	17-9-2001	26-9-2002	Maternity
Community Service Area	Voluntary	19	1-10-2001	26-9-2002	Maternity
Health Board	Voluntary	17	12-11-2001	2-5-2002	Employment
Health Board	Voluntary	18	17-10-2001	12-2-2002	Wellspings
Community Service Area	Voluntary	18	3-12-2001	3/1/02	N/A
Community Service Area	Voluntary	19	17-12-2001	11-3-2002	Hair dressing school
Community Service Area	Voluntary	17	7-1-2002	13-9-2002	Returned to school
Health Board	Voluntary	16	3-1-2002	17-1-2003	Returned to school
Community Service Area	Voluntary	15	10-2-2002	25-4-2002	N/A
Community Service Area	Voluntary	18	12-3-2002	8-11-2002	Employment
Health Board	voluntary	17	11-3-2002	10-12-2002	Employment
Community Service Area	Voluntary	21	22-5-2002	26-9-2002	Maternity
Health Board	voluntary	17	2-12-2002	30-12-2002	Glenn Alann
Health Board	voluntary	16	13-5-2002	30-9-2002	Returned to school
Health Board	Voluntary	18	14-2-2002	31-10-2002	Maternity
Community Service Area	Voluntary	18	25-6-2002	29-11-2002	Maternity

Admission & Discharge Activity Data, Hearth, 2002

Source of Referral	Legal Status	Age on Adm.	Admission Date	Discharge Date	Discharged to
North Lee, SW Dept		3	17-8-2001	9-1-2002	Private rented accommodation with mother
North Lee, SW Dept		2	August-01	9-1-2002	Private rented accommodation with mother
West Cork S.W. Dept.		3	3-9-2001	22-2-2002	Grandparents home with mother
North Lee, SW Dept		11	21-11-2001	16-5-2002	Family housed by City Council
North Lee, SW Dept		9	21-11-2001	16-5-2002	Family housed by City Council
North Lee, SW Dept		2	21-11-2001	16-5-2002	Family housed by City Council
North Lee, SW Dept		Newborn	21-11-2001	16-5-2002	Family housed by City Council
North Lee, SW Dept		Newborn	22-11-2001	15-3-2002	Private rented accommodation with mother
North Cork S.W. Dept.	Supervision Order	Newborn	14-1-2002	4-4-2002	Edel House with mother
North Lee, SW Dept		Newborn	29-1-2002	26-2-2002	Relative foster care
North Lee, SW Dept		2	1-2-2002	9-5-2002	Relative foster care
North Lee, SW Dept		1	1-2-2002	9-5-2002	Relative foster care
North Lee, SW Dept	Care Order	2	28-3-2002	15-4-2002	Foster care
Ennville Social, Work Dept		1	29-5-2002	12-8-2002	Private rented accommodation with mother
Domestic Violence Social Worker, SW Dept		4	30-5-2002	22-7-2002	Private rented accommodation with mother
South Lee, SW Dept	Care Order	12	23-5-2002	23-10-2002	Foster care
South Lee, SW Dept	Care Order	11	23-5-2002	23-10-2002	Foster care
South Lee, SW Dept	Care Order	5	23-5-2002	23-10-2002	Foster care
South Lee, SW Dept	Care Order	2	23-5-2002	23-10-2002	Foster care
South Lee, SW Dept	Care Order	17	14-6-2002	9-12-2002	Private rented accommodation with baby
South Lee, SW Dept	Supervision Order	Newborn	14-6-2002	9-12-2002	Private Rented accommodation with mother
North Lee, SW Dept		Newborn	24-8-2002	Resident on 31/12/02	
North Lee, SW Dept		16	12-8-2002	Resident on 31/12/02	
North Lee, SW Dept		Newborn	12-8-2002	Resident on 31/12/02	
North Lee, SW Dept	Care Order	4	29-8-2002	Resident on 31/12/02	
North Lee, SW Dept		Newborn	29-8-2002	Resident on 31/12/02	
North Lee, SW Dept	Voluntary consent	3	5-9-2002	Resident on 31/12/02	
North Lee, SW Dept	Voluntary consent	2	5-9-2002	Resident on 31/12/02	
Probation Services		1	27-9-2002	22-11-2002	Grandparents home with mother
North Lee, SW Dept		6	9-12-2002	Resident on 31/12/02	
North Lee, SW Dept		5	22-11-2002	Resident on 31/12/02	
North Lee, SW Dept		4	22-11-2002	Resident on 31/12/02	
North Lee, SW Dept		3	22-11-2002	Resident on 31/12/02	
North Lee, SW Dept		1	22-11-2002	Resident on 31/12/02	
North Lee, SW Dept		Newborn	22-11-2002	Resident on 31/12/02	

Matt Talbot Residential Treatment Centre

Matt Talbot Residential Treatment Centre for boys was opened in 2002. The unit caters for young boys, aged between 14 and 18 years, with severe alcohol and drug misuse problems, compounded by psycho-social problems. Referrals are made to the Admissions Committee by the Matt Talbot Adolescent Service Counsellors, Counsellors in the Southern Health Board Addiction Treatment Services, Probation and Welfare Officers, Juvenile Liaison Officers, Principal Social Workers or Child Psychologists in the Southern Health Board.

For most of the year 2002, the service was being developed. The service opened for accommodation in November 2002 and offered placements for 3 boys.

Activity Data, Matt Talbot Residential Treatment Centre, 2002

Number of cases referred by
Community Services Area, 2002

Area	North Lee	South Lee	Total
Number	1	2	3

Number of referrals by age group, 2002

Age	14-16	16-18	Total
Number	3		3

Number of cases referred by referrer, 2002

Referred by	Number	
Probation Services	2	
Counsellors	1	
Total	3	

Aftercare Services

During 2002 research into the future development of an Aftercare Service for the Southern Health Board concluded with the presentation of a document "Proposal for the Development of an Aftercare Service" to a sub-group that convened to examine the proposal.

The sub-group comprised of representatives of management from Social Work, a Neighbourhood Youth Project, Fostering and Adoption.

The group recommended that the proposal form the basis for the development of Aftercare Services in the Southern Health Board. Conscious that the proposal is unlikely to progress in the current financial climate and that during 2002 the Aftercare service was in operation on a small scale in the health board, the sub-group recommended that Aftercare service with children preparing to leave care and those in Aftercare be expanded within all child protection area based social work teams co-ordinated centrally by a principal level post separate from the 5 Child Protection teams. These recommendations were forwarded to Child Care Managers for decision in 2002.

Wellsprings Residential Unit

Wellsprings provides residential aftercare services for young females, between 15 and 23 years of age, discharged from care in the Southern Health Board region. It is located in Cork City.

Referrals are made to the Manager and processed by the Admissions and Discharge Committee. Referrals are received from the Southern Health Board services, Probation Services, the young people themselves, treatment centres, hospitals and other services.

Targets set for 2002 included the establishment and development of outreach services, incorporating supported living accommodation and a drop-in facility providing group work, courses and crèche facilities for clients.

Admission & Discharge Data, Wellsprings, 2002

Source of Referral	Legal Status	Age on Adm.	Admission Date	Discharge Date	Discharged to
Aslann (addiction treatment centre)		18	14-01-2002	2-5-2002	Own accommodation
North Lee Social Work Department	Voluntary	17	2-4-2002	9-5-2002	Family home
North Lee Social Work Department	Voluntary	16	29-8-2002	15-1-2003	Family home
Aslann (addiction treatment centre)		18	24-9-2002	4-10-2002	Renewal
Self		20	17-9-2002	6-1-2003	Sofa housing
Fostering Resource Unit		27	12-3-2001	18-11-2002	Own accommodation
North Lee Social Work Department		16	20-09-2001	28-01-2003	Own accommodation
Self		19	15-11-2001	30-4-2002	Own accommodation
North Lee Social Work Department	Statutory	17	28-11-2001	31-10-2002	Sibling's accommodation
West Cork Social Work Department	Voluntary	17	20-10-2002	Resident on 31-12-2002	
Brothers of Charity		20	18-10-2002	Resident on 31-12-2002	
Probation Service		17	2-12-2002	Resident on 31-12-2002	
North Lee Social Work Department	Voluntary	16	28-12-2001	Resident on 31-12-2002	

PSYCHOLOGY SUPPORT TO RESIDENTIAL UNITS

Clinical Psychology North Lee Residential Service

This service is a regional service. There is one Senior Clinical Psychologist in post and service commenced at the end of April 2002.

Service Delivery, 2002

The client group consists of young people resident in the North Lee residential units, which are Gleeson Alston Special Care Unit, Ard Dore High Support Unit, Loughmahon High Support Unit and Prospect Lodge. The relevant Unit Manager and the child's Social Worker make referrals jointly.

The target for 2002 was to establish the unit and commence service, which was achieved.

Service includes direct clinical work with young people, clinical work with child care social workers, educational staff and families, service management and development and clinical administration. It is estimated that 55% of resources were allocated to clinical work during 2002.

Activity Data, Clinical Psychology North Lee Residential Service 2002

In 2002, 10 cases were opened. All remained open at the end of the year.

Clinical Psychology, South Lee and North Cork Residential Services

Clinical Psychology service serving residential services in South Lee and Mallow commenced in October 2002.

Service Delivery, 2002

The client group were children in residential services of the Southern Health Board in these catchment areas. Referrals are made by the Unit Managers and approved by the Social Workers.

Targets for 2002 were to develop an operating policy to establish the service and commence direct or indirect work with referred children. The operation policy remains to be finalised.

Case Activity Data, 2002

Referrals Received	13
Cases Opened	13
Cases Carried Over to 2003	12
Cases Closed	1
Cases Relocated	

Individual Service Reports

Review of Adequacy of Children and Family Support Services
Southern Health Board, 2002

Support and Development Services

SUPPORT AND DEVELOPMENT SERVICES

Child Care Information Unit

The Child Care Information Unit is responsible for the management of information related to Child Protection and Welfare Services across the Southern Health Board functional area. The allocation of staff to the unit is 1 Information Officer who took up post in 2002 and 1 Data Quality Officer. In 2002, the Information Officer was in post and a Grade V was acting as Quality Officer.

Service Delivery, 2002

The service targets were to ensure that performance indicators and activity data was collected and that the data set is returned to the Department of Health and Children in accordance with direction from the Department of Health and Children. These targets were reached.

The Child Care Information Unit also assists the departments, locally, in developing databases and information gathering systems to facilitate delivery of information to inform these reports to the Department of Health and Children.

Adequacy of Service, 2002

The Information Officer took up post in January 2002. Sanction was given for the appointment of the Data Quality Officer, but the appointment was not made due to non-provision of funding. A Grade IV Officer is currently acting in the position.

The agenda for the service is to enhance the quality integrity of data collection in the Southern Health Board. Information systems have been developed and rolled out in significant key areas. These areas include Adoption, Family Support, Residential Units and Liberty Street House Services. New indexing systems for Social Work Departments were developed and piloted in North Lee and South Lee in preparation for implementation of the Child Protection Notification System (CPNS).

- The Unit was involved in the development of the local computerised CPNS and the training of staff to prepare for the implementation of the CPNS.
- The unit devised a staffing database to monitor the whole time equivalent positions in social work. Preparations were made to roll this out to residential units to manage their staffing details.
- Ongoing work was undertaken with regard to the database of information about children in care.
- Ongoing work was undertaken with regard to the database in the adoption department.
- Data was collected and collated for the national performance indicators, local activity data, Section 8, Parliamentary Questions and the Department of Health and Children dataset returns.

Research Officer, Childcare Services

The Research Officer, Childcare Services, conducts the Review of Adequacy of Child Care and Family Support Services annually and supports development and delivery of child care services across the health board regions.

Targets set for 2002 were

- To deliver the Section 8 Report within the first six months of the year.
- To continue to develop mechanisms to examine adequacy of child protection and family support services delivered in the functional area.
- To examine best practice in other jurisdictions to inform local developments.
- To continue writing, with the Children First Implementation Officer, the local Child Protection and Welfare Guidelines, incorporating Children First, for the Southern Health Board.
- To participate on working groups and steering committees as requested.

These targets were reached.

Activity Data, Research Officer, 2002

- Revised methodologies for conducting review of services and the preparation of the 2001 Review of Adequacy of Child Care and Family Support Services and delivered the Review within deadline.
- Carried out research into auditing methodologies for Child Protection and Child Care Services.
- Conducted research in the U.K. into the development of local procedures and policies and standards for multi-disciplinary practice in Child Care and Child Protection Services. Recommendations were presented to the Child Care Manager responsible for the implementation of Children First and to the Working Group on Children First and informed the writing of the local guidelines in the latter quarter of the year.
- Together with one of the Implementation Officers, under the auspices of the Children First Working Group convened by the Child Care Manager responsible for Children First continued to
 - Write local practice guidelines including referral pathways to the Child Protection Notification System and practice standards, and develop an associated suite of forms for a range of disciplines.
 - Liaise with the Health Board Executive charged with the responsibility of reviewing the mechanisms in place in health boards for the implementation of Children First. This two-way communication informed local and national implementation of Children First.
- Participated on the Steering Committee for the implementation of the Children Act, 2001 and the Working Group for the development of Family Welfare Conferencing in the Southern Health Board.

Children First Implementation Officers

The implementation of Children First, National Guidelines for the Protection and Welfare of Children, is the ultimate responsibility of the allocated Child Care Manager. There are two Implementation Officers employed in the Southern Health Board region.

Service Delivery, 2002

The Implementation Officers work with all frontline personnel involved in child care and family services in the health board across the region. They also carry out interagency work in relation to Children First.

Targets for 2002 were to ensure that all frontline staff in the Board was briefed on the Children First document, with particular reference to the Child Protection and Welfare process including the continued development of the Child Protection Notification System in the health board.

One of the Implementation Officers worked together with the Research Officer to write local guidelines for the Southern Health Board on the Child Protection and Welfare process, incorporating Children First. This work was implemented under the auspices of the Children First Working Group convened by the Child Care Manager responsible for Children First.

Targets in relation to delivery of briefings and interagency work with An Garda Síochána and the hospitals were reached. In relation to supporting the development of Child Protection Policies in Residential Homes and the development of procedures and policies to work with hospitals, these projects are ongoing.

Adequacy of Service, 2002

The Implementation Officers delivered a large number of briefings in 2002. The main challenge facing the service is the difficulty arranging multi-disciplinary meetings. The practical difficulties that are posed by differing agendas make convening meetings difficult. However, the service provision became very efficient during 2002.

Children First Information and Advice Officers

Children First Information and Advice Officers have a remit to provide information and advice, regarding implementation of Children First, to all voluntary and community groups in the Southern Health Board, that provide services to children under 18 years of age. There are two Information and Advice Officers in the Southern Health Board region.

Service Delivery, 2002

The referral of voluntary and community groups are by direct contact with those groups receiving health board funding, by self-referral, by other health board professionals and through community networks, e.g. County Childcare Committees and, increasingly, Social Work Departments.

Targets for 2002 were to continue work with the targeted priority group, to respond to organisation needs, to review service delivery and to commence work with voluntary hospitals. The Information and Advice Officers also sat on the Children First Working Group.

During 2002, the target group was broadened to include youth services, private childcare providers and sporting organisations. The Information and Advice Officers undertook training in child protection for children with disabilities and worked closely with organisations to deliver Keeping Safe Training at various locations throughout the Southern Health Board. The document 'Our Duty to Care' and video 'Creating Safer Environments' published by the Department of Health and Children were distributed to the organisations, listed above.

Activity Data

Number of Workshops provided	11
Number of Organisation attending Workshops	110
Number of participants in attendance	166

All workshops are evaluated by participants and feedback is incorporated and informs future work practices. All voluntary hospitals, in the Southern Health Board region, were contacted during 2002 and offered support in developing their Child Protection Policy.

Ongoing support and policy development was provided. The training in child protection for children with disabilities was completed in 2002.

Briefings were delivered to students attending UCC, Institutes of Technology and FETAC childcare courses. Service delivery continues to be enhanced by the working partnership with Community Workers and Social Workers, Childcare Networks, County Childcare Committees and Research Officer, Childcare Services. Advice and Information Officers work closely at a national level to ensure consistency of service to national organisations that have local representation in the health board areas.

Childcare Training Department

The Childcare Training Department is a regional service, which is delivered centrally and managed by the appointed Child Care Manager. There are 6.5 staff, 3 of whom are seconded, in place in 2002.

Service Delivery, 2002

Service is delivered to health board personnel who work in childcare, child welfare and family support. Referrals are made by internal application forms and Line Manager approval.

Targets for 2002 were to provide training in the following:

- The Children Act, 2001
- Children First
- Supervision Skills
- The Child Protection Notification System
- Family Group Conferencing
- Risk Assessment
- Communication Skills
- Care Planning

Care Planning training was postponed, awaiting development of procedures.

Activity Data, Childcare Training Department, 2002

The figures, below, reflect participants during the 12-month period January to December 2002.

Number of training events offered by type of event and numbers participating

Type of Event	Number of such events held	Numbers of participants trained
Half-day	2	56
One-day	2	41
Two-day	51	672
Three-day	2	40
TOTAL	57	809

Number of training events, by type of event, delivered directly by Training Unit, 2002

Type of Training Event	Number
Half-day	2
One-day	2
Two-day	38
TOTAL	42

In 2002, a client prospectus was circulated to all Heads of Discipline detailing courses to be provided during the year. This training sought to address areas identified by the Training Needs Analysis conducted between 2000 and 2001, to enhance existing practitioner skills in support of the developments within the Board. The following courses: 'Communication Skills with Abused Children', 'Child Protection Supervision Skills', 'Domestic Violence Training' and 'Working within Children's Courts' were delivered to 120 professionals within the Board.

Children First Foundation Training came to a close early in 2002. Planning commenced to provide further training to complement the ethos of Children First and to support the implementation of new practices being introduced locally,

responding to Children First and the development of the Child Protection Notification system in the Southern Health Board. Courses offered to achieve objectives were:

- Recognising and responding to child abuse.
- Messages from research.
- Implementing the Assessment Framework for Managers and Supervisors.
- Implementing the Assessment Framework for Area Teams.
- Managing and supervising the Assessment Framework for Managers and Supervisors.
- Assessment Framework for Training Trainers.
- Analysis and professional judgement for Training Trainers.

A total of 615 professionals were trained in the above courses.

Courses that were delivered to support legislative development and newly formed projects in the Board were as follows:

- Working with children and young persons who display harmful behaviour, supporting the Caring Project.
- Children Act 2001, briefings.
- Group work skills.
- Working with children displaying challenging behaviour (supporting implementation of the Children Act 2001).

162 training places were provided for health board staff and 14 for associated key agencies.

External Training

Complementing the training provided directly by the Training Unit, there were training events provided by external agencies. The courses that received funding address the following issues:

- Sexualised behaviour in young people.
- Anger management.
- Domestic violence.
- Therapeutic intervention techniques.
- Addiction work.
- Fostering issues.
- Sexual health.

A total of 55 Child Protection staff received funding for external courses. The total numbers trained between 2001 and 2002 were 952.

Adequacy of Service, 2002

Participants completed training evaluation forms at the end of each training. 74% of participants felt that training had significantly added to their knowledge and skills, 93% said they would recommend a course to a colleague and 71% considered the training to have been useful to their work. Demand is extremely high for certain courses with a total of 120 applicants not being accommodated in training. Due to outstanding priorities in 2002, it was not possible to repeat these courses.

To assist the Training Unit to provide more accurate to need, a training questionnaire was circulated to over 300 staff in early October 2002. Identified priorities were incorporated in training objectives for 2003.

Three training posts, which were seconded from Child Protection services, came to an end in December 2002. In order to deliver training programmes, effectively, over the coming years, permanent training posts are required.

The format for meetings is to hold them on the premises of a front-line service where there is a presentation by the service provider; other agenda items include reports and presentations relating to a variety of child protection, welfare and family support issues. The Section 8 Report, which reflects the adequacy of the Boards Childcare and Family Support Services is brought before the committee for discussion and approval.

In 2002, three meetings were held on 18th January, 19th July and 24th September. Meetings took place in Ard Doire, Boys High Support Residential Unit, The Family Resource Centre at Monavalley, Tralee, and North Lee Social Work Department in Blackpool.

Agenda items covered included the following:

- Section 8 Report, Review of Adequacy of Child Care and Family Support Services
- Report of inspection carried out by the Irish Social Services Inspectorate of residential units in the Jurisdiction
- Updates in relation to the Children's Bill, 2001
- Discussion regarding the implementation of Children First, National Guidelines and the introduction of the Child Protection Notification System.
- Information relating to the Development of a Springboard Project, an intensive family support initiative in two north side communities in Cork.

Practice Training and Development Unit

The Southern Health Board delivers a student training programme in its functional area. Staff comprises 1 Principal Social Worker and 1 Grade III Clerical Officer. The Grade III post was filled on a half-time basis during 2002.

Service Delivery, 2002

The target client group was social work students from University College Cork and Child Protection and Welfare Services inside the health board that may offer student placements. In 2002, 22 student placements were provided in the health board Child Protection and Welfare Services.

Adequacy of Service, 2002

The number of student placements taken up was an increase on 2001. Following the establishment of student sponsorships in 2001, Six social workers were employed by the board on completion of their courses in 2002.

Child Care Advisory Committee

The role and function of the Child Care Advisory Committee is described in the Child Care Act 1991. The committee is obliged to be convened four times a year. Membership comprises representatives of disciplines and agencies working in whole or in part with children and families. Within the Southern Health Board, responsibility for organising and supporting the committee lies with a designated Child Care Manager.

APPENDIX 1

Survey of service managers, child care and family support services, Spring 2003

"The Review of Adequacy of Child Care and Family Support Services in the Southern Health Board 2002"

"This review is required in accordance with Section 8 of the Child Care Act, 1991"

**Please return this form with activity data for your service, if requested, before 9th May 2003 to the Research Officer,
Child Care, Ellis House, Ballyvolane Commercial Park, Ballyvolane Cork**

Service Name:

Head of service:	Geographical area in which service is provided
Staff: Number of whole time equivalents allocated, 2002	Number of staff in place during 2002

Service Delivery, 2002

Please define the client group & referral mechanism

Activity Data – See-attached

Targets

What were the services targets for 2002?

Were they reached? ☐ Yes ☐ No If not why not? (Please elaborate in respect of each target)

Adequacy of Service, 2002

Please give a progress report on service delivery addressing the inadequacies that were identified in the 2001 Report, a copy of which is attached.

Were there improvements in service delivery during 2002? If so why?

Was this due to additional development funding? ☐ Yes ☐ No

What in your opinion would enhance current service delivery?

Client satisfaction

Does your service have an indication of client satisfaction? Please elaborate

Do you conduct any client surveys? ☐ Yes ☐ No If yes please elaborate and summarise findings.

In your opinion would a client survey be a worthwhile exercise? ☐ Yes ☐ No Please elaborate.

Signature _____

Service Manager

Date _____

