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Introduction

(1) Background

The South Eastern Health Board serves a population of 391,046 (Census 1999) and covers the counties of Carlow, Kilkenny, South Tipperary, Waterford and Wexford. The South Eastern region is largely rural, having one main urban centre, Waterford City, and a number of smaller county towns and cites.

Evidence from previous research carried out in the South East Region (Waterford 1990, Power 1992, Morrissey, 1994, 1997) shows that the largest population of young people homeless in the region fall into the category of intermittently out of home. These young people typically spend nights sleeping on floors with friends and relatives before returning home, and within a short period have left home again. There are very few young people sleeping rough, although there is some evidence of squatting. The reason most often given for leaving home is ‘family problems’ which is a term used to describe everything from abuse to family breakdown to rows over boyfriends/girlfriends.

Anecdotal evidence suggests that there is an amount of hidden homelessness. Research in 1994 showed 75% of cases of homeless young people presenting to the health board, but it would now appear that considerably fewer do so. Evidence from a homeless young person for instance pointed to large numbers of young people intermittently out of home who never come to the attention of services. (She named 6 acquaintances under the age of 16 years in one housing estate who are intermittently out of home). The majority of those who do present to the Board’s services are returned home with support. Those who cannot return home are placed in existing alternative care services. The Board’s annual Section 8 Reports can be consulted in relation to the services offered to young homeless people in the South East over the past five years.

In shaping services for young homeless in the South East region the Board needs to carefully consider the incidence of homelessness experienced.

Extent of Youth Homelessness: The statistical returns of young homeless in the three years 1998, 1999 and 2000 are as follows -

<table>
<thead>
<tr>
<th></th>
<th>Kilkenny/Carlow</th>
<th>Wexford</th>
<th>Waterford</th>
<th>South Tipperary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>3</td>
<td>19</td>
<td>10</td>
<td>33</td>
<td>65</td>
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<tr>
<td>1999</td>
<td>10</td>
<td>12</td>
<td>5</td>
<td>51</td>
<td>78</td>
</tr>
<tr>
<td>2000</td>
<td>3</td>
<td>27</td>
<td>26</td>
<td>54</td>
<td>110</td>
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From consultation undertaken with both voluntary and statutory agencies in preparation of this Strategy, it would appear that the incidence of youth homelessness is significantly under reported within the Board, perhaps with the exception of South Tipperary. There are a number of reasons given for this.

- Different interpretations of the definition of youth homelessness – in South Tipperary a definition very close to that used in the national Youth Homelessness
Strategy has been in use for a number of years. This counts all individual children who are "...in insecure accommodation with relatives or friends regarded as inappropriate, that is to say where the young person is placed at risk or where he or she is not in a position to remain" [national Youth Homelessness Strategy, Page 11].

- Young people who present as homeless who are already known to Board Social Workers are not always counted in the category homeless, but they are statistically returned under the statistical category in which they first presented.
- Young people do not always present to the Board, as they may perceive that services are inaccessible or not user friendly.
- Populations of intermittently out of home young people are not always included because their out-of-home situation is often speedily corrected.

Using the definition contained in the national strategy, the Board is currently conducting a survey to establish the extent of youth homelessness in the region and the outcome of this study will be available in the summer. It is predicted that the figures for the four Community Care Areas will be more comparable when this study is completed.

In considering responses to vulnerable young people, it is important that the largely rural nature of the region be taken into account in planning of service development. Through wide consultation in each County, it has become apparent that there is, over time an increasing number of young people who are out of home or living in untenable situations.

In the preparation of this document the views of professionals working directly and indirectly with young people have been considered, and the recommendations made are based on the opinions shared during this consultation.

**Child Prostitution:** With the exception of Waterford City, evidence from a wide range of statutory and voluntary agencies suggests that there is no incidence of child prostitution in other parts of the South East. Research undertaken in Waterford City by Doras, (a small voluntary agency sponsored by the Good Shepherd Sisters), indicated a high incidence of child prostitution in the city environs. Evidence from Waterford City is not conclusive however, and figures generated by the Doras research are disputed by the local Gardai and other services in Waterford. The SEHB is involved in the funding of Doras and participates in its management committee. This funding goes towards the cost of employing an Outreach Worker. Child prostitution where it does exist in Waterford does not appear to be formally organised.

Regionally, cases of prostitution identified by services consulted in the preparation of this strategy included 'sex for drugs', where young girls bought drugs and paid off drug debts with sex (and with young women becoming increasingly involved in substance abuse, this situation is likely to be exacerbated if not addressed). One or two incidences of young men using sex to procure drugs were also mentioned. The young people involved in such actions apparently did not consider themselves to be involved in 'prostitution'. Some services consulted described incidences of young people 'shacking up' with adults to have a place to say where sexual favours were part of the rent.
This type of sexual activity, along with a more general increase in sexual activity amongst young people is worrying for professionals involved with young people in the South East. Preventative initiatives are favoured by health and youth/community professionals, to be provided through Family Support approaches as outlined for all young people who are vulnerable or at risk. Get Connected - Best Health for Adolescents and other strategies aimed at young people support the increased development of health and confidence building initiatives aimed at young people through schools, youth centres etc. This matter is addressed at 3.3.2 below.

(2) Goal

At 3.1 in the national Youth Homelessness Strategy, the goal of the strategy is stated as being –

"To reduce and if possible eliminate youth homelessness through preventative strategies and where a child becomes homeless to ensure that he/she benefits from a comprehensive range of services aimed at reintegrating him/her into his/her community as quickly as possible" (Page 19).

The SEHB has similar ambitions. The goal of the SEHB Youth Homelessness Strategy is to prevent young people from becoming homeless through the development of a comprehensive range of personal and family support services. Where prevention is not effective and homelessness occurs, the SEHB will provide, often in partnership with other statutory and voluntary agencies, an innovative range of community based services that meet young people’s individual needs in a holistic way. The Board realises that these needs generally go beyond the simple need for alternative accommodation.

It is clear to the SEHB that the national strategy reflects an urban bias that is understandable in the light of the work undertaken in the ERHA region Forum on Youth Homelessness prior to the development of the national document. While the Board has tried to show as clearly as possible how it will action the targets contained in the national Youth Homelessness Strategy, the models and methods by which it will do so will necessarily be different to those that have been and are being developed in the greater Dublin area.

(3) Aims and Objectives

The first aim is to prevent young people from becoming homeless. Before developing any new services the Board must first examine existing service provision and identify any gaps in these services. In then developing a plan for supplementary service provision, the Board needs to facilitate and support multidisciplinary and multi-agency approaches that will provide fully co-ordinated youth and family support services. The challenge of developing a co-ordinated multi-agency approach will be discussed later in the strategy.

For young people who do become homeless despite the application of preventative measures, the SEHB aims to provide a range of additional services. These services will include both immediate and longer-term responses from trained personnel, a
range of accommodation options and a variety of supports, both practical and
therapeutic. By assessing current provisions and considering how they can be further
developed it may not be necessary to develop further costly accommodation,
particularly in dedicated residential units. Increased supports to the general youth
population, along with targeted provision to young people with special needs are two
areas where additional expenditure will be required and is likely to be effective.

Young people who have been in the alternative care system or who have been
homeless during their teenage years, often need continued support beyond their 18th
birthday. In conjunction with the Adult Homeless Strategy, the SEHB intends to
develop a comprehensive Aftercare provision that will support young people until they
are able to live independently. It is important therefore that systems are put in place
that can track young people known to the Board and can assess their future service
needs.

One of the main criticisms of service provision generally, is lack of cohesion and co-
ordination. The SEHB endeavours to address this issue by developing structures to
promote its increased participation in local communities, and to include partnership
approaches in its strategic planning. The South Eastern Health Board will adopt a
collaborative and partnership approach to service development where at all possible.
Some of the proposals contained in this strategy depend on the Board being the lead
agency, while others will require the Board to be a participant in initiatives led by
other agencies. The Board therefore depends to an extent on the decisions of other
agencies to achieve its goals. While it is optimistic that such a partnership approach is
already established in some areas and projects and can be further developed, the
Board cannot make unilateral executive decisions affecting the operation of other
organisations in the region. This reality has to be acknowledged.

All proposals for developments that require expenditure by the SEHB are costed for
Year 1 on the basis of the Euro 571,000 that the Board received in the December
2001 Letter of Determination. Year 2 and Year 3 costs reflect the need to continue to
develop the network of services required to comprehensively deal with the needs of
adolescents who are at risk of homelessness or who are actually homeless.

All proposals for developments that are contained in this strategy are dependent on
the availability of sufficient numbers of professionally trained practitioners to plan,
lead and staff the services described.

In providing services to adolescents it is vitally important that those services are
accessible and widely publicised. The SEHB plans a number of strategies to achieve
this goal, including inter departmental co-operation and the separation of adolescent
services from the Child Protection system within the Board’s service delivery system.

Finally, all services need to be regularly monitored and evaluated, both to assess their
effectiveness and to plan future developments. Evaluation will be an intrinsic element
in the SEHB plan.

The Board’s Youth Homelessness Strategy is set out in the chapters that follow.
A map of the proposed structure of services required to operationalise the Board’s
Youth Homelessness Strategy is presented on the following page.
STRATEGY RE: YOUTH HOMELESSNESS

Preventative Services

N.Y.P.s
Family Centres
School Liaison
Aftercare

Young Person Presents to Youth Homeless Team or Out of Hours Team

Initial Assessment

Follow Up Services
Social Work
Psychology
CCW
Youth Service
CFCS
Addiction Counselling
Counselling

Emergency Accommodation

Assessment

Home
Follow up service

Follow Up Services

Long Term Acc
Special Fostering
Residential Care
Supported Lodgings
Supervised Accommodation

Follow Up Services
The South Eastern Health Board accepts the need to address the twelve Objectives and related Actions contained in the national Youth Homelessness Strategy. In addition to the diagrammatic presentation of the Board’s proposed service structure on the previous page, there follows a guide to where the SEHB Youth Homelessness Strategy addresses the Objectives and Actions contained in the national strategy. 22 separate Actions proposed for Year 1 of the strategy in the South East are highlighted in the text of the chapters that follow.

<table>
<thead>
<tr>
<th>National Strategy</th>
<th>SEHB Strategy</th>
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<tbody>
<tr>
<td><strong>Objective 1</strong></td>
<td><strong>Objective 1</strong></td>
</tr>
<tr>
<td>Pages 21-22: Family support and other preventive services will be developed on a multi-agency basis for children at risk of becoming homeless. In particular, this will incorporate a generic out of hours crisis intervention service and where necessary multi-disciplinary teams to target at risk young people.</td>
<td>Chapter 2 – Preventative Services, Pages 16-22. Out of Hours service models are addressed in Appendix 2</td>
</tr>
<tr>
<td><strong>Objective 2</strong></td>
<td><strong>Objective 2</strong></td>
</tr>
<tr>
<td>Pages 23-24: Schools will actively support children at risk of homelessness e.g. truanting children and those who leave school early using the structures proposed under the Education Welfare Act</td>
<td>Pages 14-15; 19-20; and at 5.4, page 39.</td>
</tr>
<tr>
<td><strong>Objective 3</strong></td>
<td><strong>Objective 3</strong></td>
</tr>
<tr>
<td>Page 25: Local communities will be supported to assist children at risk of becoming homeless and their families.</td>
<td>2.2.1, pages 17-18; 2.2.6, pages 21-22; 5.3, 5.4, 5.5 and 5.6, pages 38-39</td>
</tr>
<tr>
<td><strong>Objective 4</strong></td>
<td><strong>Objective 4</strong></td>
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<tr>
<td>Pages 26-28: Aftercare services for children leaving foster care and residential care, and other services provided by a health board such as supported lodgings and for those leaving centres for young offenders, will be strengthened so that children are supported in making the transition to living independently or returning to their families.</td>
<td>Chapter 4, pages 36-37</td>
</tr>
<tr>
<td><strong>Objective 5</strong></td>
<td><strong>Objective 5</strong></td>
</tr>
<tr>
<td>Pages 29-30: Emergency responses will be provided promptly to children who become homeless; these services will be accessible and acceptable to this client group. Specialised 24 Hour Reception Services will be provided in cities where appropriate.</td>
<td>Chapter 3, pages 24-34</td>
</tr>
<tr>
<td><strong>Objective 6</strong></td>
<td><strong>Objective 6</strong></td>
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<tr>
<td>Pages 31-32: A comprehensive assessment of children who become homeless will be carried out as the basis for individual action/care plans for case management/key working with the young person where necessary.</td>
<td>Chapter 3, pages 24-34</td>
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<td>Objective 7</td>
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<tr>
<td>Page 33: A range of accommodation arrangements will be provided for children who are unable to return home as part of an integrated response to the child’s needs.</td>
<td>Chapter 3, 3.2, pages 27-32</td>
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<tr>
<th>Objective 8</th>
<th>Objective 8</th>
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<td>Pages 34-35: A range of supports will be provided to meet children’s health, educational and recreational needs based on each child’s action/care plan and aimed at reintegrating the child into his/her community as quickly as possible.</td>
<td>Chapter 3, 3.3, pages 32-34</td>
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<tr>
<th>Objective 9</th>
<th>Objective 9</th>
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<tbody>
<tr>
<td>Page 36: Health Boards are responsible and will take the lead role in implementing the Youth Homelessness Strategy in their area; effective arrangements for co-ordination with both statutory and voluntary service providers will be put in place.</td>
<td>Chapter 5, pages 38-39</td>
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<tr>
<th>Objective 10</th>
<th>Objective 10</th>
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<tbody>
<tr>
<td>Page 37: Each health board will facilitate ease of access to its youth homelessness services through the development of multi-access information points.</td>
<td>Chapter 6, pages 40-41</td>
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<tr>
<th>Objective 11</th>
<th>Objective 11</th>
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<tbody>
<tr>
<td>Page 38: Effective information systems on homeless young people will be developed including a database accessible to both voluntary and statutory service providers.</td>
<td>Pages 27; and 40</td>
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<tr>
<th>Objective 12</th>
<th>Objective 12</th>
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<tr>
<td>Page 39: Ongoing evaluation will be conducted at both local and national levels of the effectiveness of interventions to prevent homelessness occurring and of the services to assist and support young people who become homeless.</td>
<td>Chapter 3, 3.1.4, pages 26-27; and Chapter 6, 6.3, pages 40-41</td>
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</table>

In the strategy that follows, the SEHB has identified certain priorities and has costed these for Year 1 within the development funding available. The priorities chosen are consistent with the national strategy, are logical, will provide necessary foundations for future service developments and are in line with the overall service delivery model that the Board is putting in place within its Child Care and Family Support services.

The Board’s strategy is very much geared towards prevention, the avoidance of developing expensive residential accommodation, the adoption of a multidisciplinary and interagency approach and an understanding of the wider contextual factors that have to be taken into account. It has been developed in consultation with a wide number and range of partners in
services for young people. It also cites and takes into account all of the relevant legislation, and a deal of local, national and international research.
Chapter 1 Legislative and Policy Framework

In order to put the implementation of a SEHB Youth Homelessness Strategy into a wider context, it is necessary to briefly look at the national Youth Homelessness Strategy, legislation that is relevant to youth homelessness and initiatives already in place within the region that address youth homelessness.


The national Strategy provided a definition of Youth Homelessness that is adopted in the SEHB Youth Homelessness Strategy. This states that youth homelessness means –

"Those who are sleeping on the streets or in other places not intended for night-time accommodation or not providing safe protection from the elements or those whose usual night-time residence is a public or private shelter, emergency lodging, B&B or such, providing protection from the elements but lacking the other characteristics of a home and/or intended only for a short stay; ... and those in insecure accommodation with relatives or friends regarded as inappropriate, that is to say where the young person is placed at risk or where he or she is not in a position to remain". [Page 11].

The national Youth Homelessness Strategy has twelve stated Objectives that are presented under three categories –

(i) Preventative measures
(ii) Responsive services, and
(iii) Planning and administrative supports

The national Strategy provides a blueprint for the Board in setting out its detailed objectives under these three categories.

At Chapter 4, 4.2 of the Youth Homelessness Strategy the health boards are required to prepare a two-year Strategic Plan to address youth homelessness. That Section states that –

"Each health board will prepare a two year strategic plan to address youth homelessness following consultation with their statutory and voluntary partners in line with the preventive, service and administrative objectives set out in this Strategy....

The two year strategic plan will clearly identify, having regard to the extent of youth homelessness and children at risk of youth homelessness in each health board, the resource requirements (including detailed costings which identify the incremental staffing and other resources required), the steps that will be taken to put the actions required under each objective into effect and the targeted outputs. The plans will specify the health board/authority's current expenditure on youth homelessness". (Page 41).
1.2 The Child Care Act, 1991.

Two sections of the 1991 Act are of particular relevance to the issue of youth homelessness. Section 3 sets out the Functions of health boards in relation to children, and contains principles that have to be followed in the carrying out of these functions. The health boards are given the duty to —

"...promote the welfare of children in its area who are not receiving adequate care and protection" 3. (1).

The health boards are given the further responsibility to —

"take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children in its area" 3. (2) (a).

Finally, health boards are required to —

"...provide child care and family support services, and may provide and maintain premises and make such other provision as it considers necessary or desirable for such purposes...". 3. (3).

Section 5 of the 1991 Act provides for Accommodation for homeless children, and states that —

"Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child’s circumstances; and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him". 5.

Section 45 of the 1991 Act deals with Aftercare. While no statutory responsibility is placed on Boards under this section, it does allow the Boards to remain involved with adolescents leaving care up to their 21st birthday; or when the young person is involved in an education course, until they have completed this. The support that the health boards can give to young people in Aftercare includes visiting and assisting; contributing towards maintenance while completing education; placing the young person in a training or work setting and paying any fees involved in this; "by arranging hostel or other forms of accommodation", and "by co-operating with housing authorities in planning accommodation for children leaving care on reaching the age of 18 years". 45 (2) (a) to (e).


This legislation, when fully implemented will deal in the main with young people who are involved or likely to become involved with the juvenile justice system. Implementation of this Act will have a large impact on the operation of child and family services within the SEHB.

In terms of preventative strategies contained in the Act, many of the initiatives aimed at helping to prevent young people becoming involved in crime are the same as or
similar to those that prevent young people from becoming homeless; for example, Neighbourhood Youth Projects, Family Centres, direct services working with families and so on. It is important therefore that service developments that respond to the needs of both categories of young people (who can often be the same young people) happen in tandem. It is essential that parallel services are not set up in the same area, while other areas do not receive adequate services. A mechanism needs to be devised to ensure that monies allocated to the Board for both the implementation of the Children Act and the Youth Homelessness Strategy are distributed on the basis of a regional planning system that looks at overall adolescent service needs and the co-ordinated development of these services.


This Act has devolved statutory responsibility for Youth Work onto the local Vocational Education Committees. The VECs have responsibility for monitoring and evaluating existing services as well as identifying service gaps and working with local agencies to meet service needs. Monies from the Department of Education and Science for Youth Work provision are to be locally administered through the VECs.

This development can facilitate the local co-ordination of youth services in the South East. It will be important that there is a formal link made between this potential planning forum and the County and City Development Boards. If this happens, the Youth Work Act will help to deal with the issue of poor co-ordination and communication problems between youth service providers.

1.5 Education Welfare Act, 2000.

The Education Welfare Act when fully implemented will establish a National Education Welfare Board and the appointment of Education Welfare Officers to work with all relevant parties to encourage children and young people to remain in, and to participate fully in school. These officers will focus in particular on children at risk; and they can work to provide alternative schooling for those who cannot be maintained in mainstream education.

The appointment of Education Welfare Officers will add another element to the development of preventative services for young people at risk of leaving school, of becoming homeless and of becoming involved in crime. It will provide alternative services for those who are out of school. It is known that being out of school compounds the risk of becoming involved in crime, becoming homeless, becoming involved in substance abuse and so on. It is therefore vital that these officers once appointed also become involved in local committees working to provide preventative services to young people.

Other national strategies and policies that also make recommendations that are specific to youth homelessness are Children First, 1999, The National Children’s Strategy, 2000 and Get Connected—Best Health for Adolescents, 2001. It is clear that all professionals working with adolescents recognise the implications for young people who become homeless. It is vital that all agencies that are working on
developing and implementing these strategies and policies work together in a cohesive way to prevent youth homelessness, and to respond effectively when it does arise.

1.6 SEHB Initiatives.


The SEHB commissioned the UK Social Information Systems Ltd. in 2000 to undertake a review of community care child and family social work and to make proposals for change. The SIS Final Report of May 2001 (hereinafter referred to as the Review Report) made a number of recommendations about the restructuring of services that have been accepted and mandated by the Board. Planned implementation of these recommendations will take place over the next three years. The outline of the proposed restructuring of services is briefly described in Appendix 1 (the SEHB has supplied copies of the full Review Report to the Department of Health and Children).


The SEHB commissioned Barnardos to conduct a feasibility study on the implementation of the then Children Bill, in 2000. (The Report of this study, published in April 2001 has been provided to the Department previously). A brief description of the key recommendations of this report are contained in Appendix 1.

- Assessment Framework

The SEHB, together with the NEHB and the South West Area Health Board, has commissioned Jan Howarth from Sheffield University and Helen Buckley from Trinity College, Dublin to develop an Assessment Framework for use in cases of child welfare and protection, as envisaged in Children First. This action research project will be rolled out over a three-year period, commencing in January 2002. This Assessment Framework will provide the model for the comprehensive assessment function envisaged in Objective 6 of the national strategy.

- Family Support Services

A regional Working Group to develop a SEHB Policy on Family Support Services, in line with the operation of Children First, has been convened. This policy will be completed by May 2002 and will be used as a consultative document in the developing of a collaborative early intervention and prevention strategy with relevant statutory and voluntary agencies in the region.
Chapter Two Preventative Services

Introduction

"Until recently, family support has been a neglected aspect of family policy. In many instances, it has been overshadowed by interventions that have focused predominately on child protection. There is no widespread perception that the child protection aspect of family policy needs to be complemented by a more broadly based family support approach".

(McKeown, Springboard – promoting family well-being: through family support services p. 3, 1.1).

As outlined in the Introduction to this strategy, the SEHB is committed to preventing young people from becoming homeless. All existing Family Support services have a role to play in assisting vulnerable families to be functional and to remain intact. Prevention, and effective engagement with adolescents in particular are undoubtedly best managed through community based services staffed by professionals who communicate well with adolescents. These staff need to have flexible working hours because the majority of contact time with adolescents is at evening time, outside normal office hours.

2.1 Existing Services

As the Board is unable to provide extensive services alone, it has become involved in a number of initiatives that involve partnership with other statutory and voluntary agencies. These include a wide range of youth services, family services, early school leavers initiatives, drugs initiatives, parenting programmes, lone parents programmes, pre-schools and other day-care arrangements, and community projects. Annually the SEHB spends approximately Euro 4,630,000 on Family Support and Preventative services through Section 65 and Section 10 developmental funding. Annual Section 8 Reports to the Department identify the targeting of this expenditure.

Additionally, the SEHB has undertaken a number of internal initiatives to promote preventative services. These include the development of dedicated Prevention Services posts in Social Work Departments, the recruitment and deployment of full-time Family Support Workers in each Community Care Area, and a variety of Board led projects, such as peer support programmes for parents, drop in services for parents and other similar services.

The Board’s Public Health Nurses, Psychologists, Community Child Care Workers and Community Development Workers are significantly involved in the development and support of services to vulnerable parents and families. The Board has also recently taken over the management of the Springboard Project in Waterford.
Action 1 - The Section 8 Report for 2001 will focus on Child and Family Support services for different age groups, and will present a comprehensive listing and description of all such services in the region.

Action 2 – The Board will establish a formal consultative process with relevant statutory and voluntary agencies towards agreeing a regional strategy for the development of comprehensive, Board wide early intervention and prevention services.

Action 3 – The Board will develop Partnership Protocols with other relevant services that will guide and underpin effective conjoint working in the region.

2.2 Identified Gaps in Preventative Services

Through broad consultation with statutory, voluntary and community groups, the consensus view of service gaps that exist throughout the SEHB region is that -

- There is no professional youth work services in rural areas.
- There are few youth work/engagement services for 16 – 22 year-olds.
- There are inadequate services for early school leavers.
- There is a need for increased participation of SEHB staff at community level.
- There is a shortage of quality parenting programme for parents who have literacy problems or poor social skills.
- There is a need for further development of youth projects in rural towns.

Each of these identified service gaps is addressed in the following six sections of this strategy.

2.2.1 Rural Youth Work

Currently there is little evidence of professional youth work services in rural areas. There are however a large number of voluntary led youth groups. Youth Agencies like Foroige and the National Youth Federation employ Regional Youth Officers who recruit, train and support local volunteers, who in turn operate local youth clubs. While there is great value for many 12 – 15 year olds in this type of mainstream youth work, there is also a need for professional youth services in rural areas for young people whose needs are not being met by mainstream youth activity clubs. These are the young people who have outgrown this type of social activity, or who are not able to or interested in participating in organised activities, or who are excluded because of their challenging behaviour, which cannot be managed by volunteer youth leaders. These young people do not have transport or access to more appropriate services and therefore do not have the same service opportunities as their urban counterparts. Local research through County Development Boards has shown that there are a significant number of such young people in all four Community Care Areas of the Board region.
Proposal 1 -

Rural Area Youth Project:

**Action 4** - An initial pilot project will be developed in one Community Care Area, with replication in the other three areas after an initial one-year phase. The Board will lead in the development of the service model at pilot project stage. Subsequent developments will be dependent on the Board being able to negotiate real and effective partnerships with other agencies that will involve joint planning, management and funding arrangements.

The proposal is to develop Rural Area Youth Projects adapting the model currently being used in Neighbourhood Youth Projects in the South East. This development will entail for each project:

a) The development of a partnership between the local community, the SEHB, the relevant VEC, a Youth Service Agency, and the County Development Board, to plan, manage, oversee and advise the project

b) The employment of a Community Youth Worker who would work with the local community for an initial period of 6 months to ascertain youth needs, assess existing resources and draw up an initial proposal.

c) The employment of a second Youth Worker to work with the Community Youth Worker in the implementation of the agreed Youth Service.

d) Following an initial one-year period, the employment of a Family Support Worker to link the work within the project with the families of the young people.

The projects would liaise and link in with existing mainstream Youth, Education, SEHB and Community services.

2.2.2 Youth Work Services for 16-22 year olds

Another identified gap in services is the absence of services that engage with young people aged 16 years and over. Traditional youth clubs and projects specifically targeted at unattached young people find it difficult to continue to engage adolescents in the later teenage years (with the exception of projects that work in the longer term with young people and train them to become youth leaders e.g. Grouplink in Waterford, Fr. McGrath Centre, Kilkenny), although some projects are providing drop-in services as part of their project work.

The considered opinion of those working with adolescents in this region is that services need to be pitched at a much more informal and unstructured level than that which works with younger teenagers. The current thinking is that ‘places to hang out’ - drop-in centres, youth cafes and such projects have the best chance of success in terms of engaging this age group. A successful Youth Café is being operated in Galway City, managed by a committee of adolescent café members. Carlow Regional Youth Service are also operating a youth café/drop-in centre which has proved to be very successful in engaging young people. Both the Galway and Carlow cafes are staffed by professional Youth Workers.
As the age remit of Youth Services goes beyond that of Child Care services - the Youth Work Act, 2001 refers to the age range for Youth Services as 12 to 21 years these kinds of initiatives would be best taken by Youth Services. The SEHB will examine whether joint funding of such services on a partnership basis would be possible, from the allocations received for both the Youth and the Adult Homelessness Strategies. Such joint initiatives could assist in creating a dovetailing between services that could help to prevent young people falling out of the service net when they reach 18 years of age.

Proposal 2 –

Youth Cafes/Drop-In Centres

The proposal is to establish Youth Cafes in each of the Community Care Areas, in partnership with urban based youth and community services. For example, Youthlynx Kilkenny are already operating services for young parents in this age group and are in a position to work in a partnership to develop further services; while Carlow Regional Youth Service needs additional funding to consolidate and expand their existing service.

2.2.3 Early School Leavers

The causes of early school leaving are multi-faceted and cannot be adequately addressed by in-school solutions alone. Absence of co-ordination between agencies has been identified as a major deficit in tackling such multi-faceted issues. Studies of Youth Homelessness have found a clear correlation between early school leaving and youth homelessness. Poor educational attainment and poor school attendance are among the prime factors indicative of a risk of adolescent homelessness.

The implementation of the Education Welfare Act will assist in the early identification of young people at risk. It will be necessary for the Health Board to be involved in local initiatives and fora for the development of services to assist young people to remain in school, and to assist in the provision of alternative services for those who cannot be maintained in mainstream education services. In two Community Care Areas, Wexford and South Tipperary, there already exist both active fora and Board involvement with this concern.

Although much of the responsibility for education services lies with the Department of Education and Science, there is a role for SEHB Community Care services in partnership with other statutory and voluntary/community services in lending their expertise to addressing the issue of early school leavers. Pilot projects in Wexford and South Tipperary have shown that a partnership approach that supports and re-engages young people can help to prevent early school leaving.
Proposal 3:

Early School Leavers’ Initiatives

- The setting up of an Early School Leavers Forum in each Community Care Area
- Health Board representation in both the steering and working groups of these fora
- Allocation of support funding for agreed Early School Leavers’ Initiatives.
- Establishing Primary and Secondary Preventative Projects

The SEHB will not be the lead agency in these initiatives.

2.2.4. Community Based Health Board Practitioners

Through consultation with local community service providers and Family Resource Centres, a need was identified for the deployment by the Board of community based Social Workers and other child care and family support disciplines. The deployment of staff in this way would be based on a number of premises:

- They would be locally based and involved with local communities
- They would have no core Child Protection remit
- They would work with vulnerable families and children at risk
- They would use a welfare model.

These workers would be involved, in conjunction with the local Family Resource Centre in the identification and operation of projects and programmes to assist families at risk. This approach would involve providing services such as parenting programmes, play programmes, advice to families on health and safety matters concerning children, liaison with other support services (e.g. Money Advice and Budgeting Service), provision of duty services to provide confidential advice, and therapeutic services.

A pilot duty (call in without a prior appointment) Psychology Service has already been proven to be effective in Wexford, as has a more long standing Social Work duty services in satellite towns. Having such a service based within a community project or Family Resource Centre should make it more accessible and user friendly. These workers would work within the community service but be attached to the Board’s Family Support Service Team (as envisaged in the new structures recommended by the Review Report to the Board).

Proposal 4:

Call-in professional service at community level
Action 5 -  
(1) To identify appropriate community projects/F.R.C.s to pilot the community practitioner model.  
(2) To negotiate with local statutory and voluntary agencies to develop a partnership protocol in respect of this initiative.

2.2.5 Parenting Programmes

Although there are a number of Parenting Programmes in existence and in general use throughout the SEHB region, all agencies working with families report an absence of an appropriate Parenting Programme for those parents who have literacy problems, poor social skills, low self esteem or poor parental experience (or a combination of these). There is a need to develop such a programme that can meet the needs of these particular parents. The programme needs to –  
- be relevant to the Irish context  
- include fathers as primary carers  
- address the specific demands of parenting adolescents, and  
- be user friendly.

The Board has begun to examine this issue through Best Health for Children.

Proposal 5:

Development of relevant Parenting Programmes

Action 6 -  
(1) In Year 1, to convene an interagency Programme Development Working Group to research existing Parenting Programmes; to consult with target parents; and to pilot a new programme in each Community Care Area.  
(2) In Year 2, to evaluate the pilot programmes; to adjust the programme content and delivery model; and to mainstream the programme throughout the Board region as an interagency initiative.

2.2.6 Youth Projects in Rural Towns

(This service is deliberately separated in the text from that described at 2.2.1 above, as it relates specifically to services to be developed in small rural towns, rather than those to be developed in more far-flung or isolated rural communities).

Most professional Youth Work operates in larger urban centres, with some outreach to smaller satellite towns. However, rural towns with populations of approximately 5,000 are ideal for the development of Neighbourhood Youth Projects. Carrick-on-
Suir in South Tipperary is an example of a small town that has a thriving and very successful NYP. There are a number of other small towns in the South East, such as Gorey and Tramore where Youth Work services are being developed into a full NYP model. As these areas are rapidly expanding, the size and scope of existing services can no longer meet the needs of the young people. These services therefore are ripe for development and could provide outreach services to their rural hinterlands if they are enabled to expand.

All of these services need to be developed to regulated standards, with professional staff teams including Youth Workers (a minimum of two, but with additional workers appointed depending on the population of the area), Family Support/Liaison Workers and an Outreach Worker.

In order to supervise and manage these projects once they grow, experience elsewhere in the W.H.B. region suggests the need for a Project or Team Leader for every 3 projects developed.

Proposal 6:

Rural Neighbourhood Projects

| Action 7 – 1 and 2 of the following project development stages can be actioned in 2002 within available resources – |

1. Consolidation of existing community youth services in which the SEHB already has an involvement.
2. Research current service gaps and develop new local partnerships (SEHB, VEC, Youth Agency, local community) to work at developing a network of NYPs regionally.
3. Employment of Community Youth Workers to ascertain youth needs, assess existing resources and draw up initial proposal.
4. Employment of Youth Workers.

The SEHB has identified 10 rural towns and projects across the region where developments need to take place, and where partnerships are either already in existence or can be relatively easily established.

Conclusion

The SEHB preventative strategy aims to further develop existing services that already engage vulnerable young people and families. In order to further progress, partnership approaches to the provision of services will be essential, to pool resources, to share expertise and to provide effective review and evaluation. Funding for developments
under the Children Act, 2001 may also be used where the same preventative focus is being taken.

Given the largely rural nature of the region, agencies need to be creative in delivering locally based services to rural areas while taking into consideration the expertise and views of the communities involved.
Chapter 3  Response Services

Introduction

The SEHB's second aim in respect of young people who become homeless or vulnerable to the possibility of becoming homeless, is to provide a comprehensive range of services to assist them until they can return home or become independent. Service delivery is categorised under three headings –

1. service responses that are direct interventions by trained personnel;
2. accommodation; and
3. support services.

3.1 Service Responses – Direct Interventions

The restructuring of services to children and families as per the Review Report model (see Appendix 1) will have a huge impact on service responses to adolescents by separating the majority of interventions away from the Child Protection system and into dedicated Adolescent Teams. In the implementation of the planned restructuring, a real opportunity exists for the establishment of multidisciplinary teams.

Included in these teams could be professionals from a range of disciplines who are trained in working with young people – Social Workers, Community Child Care Workers, Youth and Community Workers, Psychologist, Public Health Nurses and other allied professionals. Multidisciplinary teams could provide a more holistic approach to managing the needs of adolescents. By harnessing a range of expertise, for example, Residential Child Care Workers in Aftercare, or Youth Workers in Youth Homelessness, the possibility of developing innovative strategies and approaches is much improved. Training in multidisciplinary working would be essential in the induction process for all staff coming to work in dedicated Adolescent Teams. Looking outside the Board’s own personnel, there may be opportunities for the closer involvement of Probation and Welfare Officers, or Gardai in the proposed Adolescent Teams.

The proposed Resource Management Team will have two functions relevant to homelessness. The first of these will involve the development of accommodation resources, which could include a Community Welfare Officer, along with child care professionals dedicated to adolescent placements and to supported lodgings. The other function of this Resource Management Team relates to the development of (preventative) Family Support Services.

3.1.1 Central Response Service

Under the current system all young people in crisis or out of home who come to the attention of the Health Board are, in the absence of an alternative system dealt with under the generic Child Protection system. Under the proposed restructuring, the Adolescent Management Group will have a dedicated Youth Homelessness team. This team will become in each Community Care Area the Central Response Service for young homeless people. Their responsibilities will include assessment, placement, settlement and support; and a joint working
approach between the three strands within the Adolescent Management Group will be important to ensure that young people do not fall between services, or do not have to be separately involved with a number of services.

3.1.2 Emergency Response Service

"...The reaction of the expert system of child care at its initial point of contact with the homeless child becomes vitally important in determining what response, if any, is required by the child, not by the system."

[Eoin O’Sullivan, Feantsa, 1998]

Full implementation of Children First, 1999, the National Children’s Strategy, 2000, the Children Act, 2001 and the Youth Homeless Strategy, 2001 all require that the Health Boards develop an out-of-hours service.

In developing a complete Youth Homelessness Strategy it is essential that both young people and agencies dealing with young people out of home have access to a service that can provide:

- an initial assessment,
- emergency placement,
- liaison with emergency health services, and
- contact with families.

A telephone helpline service can provide information and advice, but not the necessary contact services. The development of an out of hours Social Work service is under discussion at national level and the SEHB is also considering a number of models for such a service. Appendix 2 to this strategy examines a number of models of out-of-hours services that could be developed. (The level of funding available to the Board in 2002 precludes any real progress being made on this issue). When agreement is reached on the provision of out-of-hours services it should include:

- A dedicated worker to deal with adolescents in crisis
- Strong networks formed with other out of hours services e.g. Gardai, emergency health care, emergency/crisis counselling and emergency accommodation services.
- A regional working group to develop protocols for assessment of initial crisis situations, accessing services, staff training and staff health and safety.

Careful consideration will be given to where such a service will best be located. There may be advantages in locating it on the campus of an existing 24-hour service, e.g. an acute hospital.

3.1.3 Outreach Services

As outlined in the previous Chapter, engagement of young people in difficulty, those who are marginalised or isolated is best effected through local youth and community services. It is essential that such services are available to all young people where ever
they live in the South East, and where possible the Board will support the development of such services. The SEHB will further develop its formal communication systems with these local services.

**Action – 8** - While it is unlikely during the life time of this strategy that the Board will be able to develop a dedicated Outreach Service to at risk adolescents in all parts of the region, a referral and feedback system between the SEHB and the local youth and community services will be developed. This will be underpinned by an agreed joint working policy.

### 3.1.4 Minority Groups

Services to minority groups need to be considered separately, as extra resources may be needed to facilitate effective engagement.

**Asylum Seekers and Refugees; and Unaccompanied Minors:**

Young people from these immigrant communities are likely to experience similar challenges to those of indigenous young people. However, their difficulties may be compounded by language problems, trauma, displacement or additional family responsibilities that arise because of adults’ inability to cope. It is likely that these young people will need additional supports to assist them to participate in Youth Service activities, such as translation/interpreter services, language tuition, counselling or the provision of culturally appropriate activities. It will also be necessary to liaise with exiting support groups and networks, such as Integrate in Waterford.

Obviously the difficulties of homeless unaccompanied minors require immediate and effective service responses. To date the numbers of such young people presenting in the South East have been very low. The responsibility for the welfare and protection of unaccompanied minors rests with the Department of Health and Children, and with the health boards under Section 3 of the Child Care Act, 1991. Many of the services required by these young people - legal services, interpreting and support networks - are mainly centralised in Dublin. Given the relatively small number involved at present, it would seem reasonable that these young people would all be dealt with by a centralised national service team based in the ERHA area.

**Action 9** - The SEHB has collected accurate figures for the region regarding the needs of the children of refugees and asylum seekers, and of unaccompanied minors, and a Working Group is now being established to review the adequacy of current service provision. If indicated, requisite new services will be developed in Year 2 of this strategy.

**Travellers:**

Despite many service initiatives, there is still not much participation of young travellers within youth and community services. Travellers who do become homeless
also have different needs to those of the settled community, most specifically in relation to accommodation. This need has already been identified in the SEHB response to the Report of the Working Group on Foster Care. Liaison with local support groups, networks and health professionals will be necessary in order to address these issues. (There have in the recent past been some worrying incidents of adolescent Travellers being abandoned by their families when they move on; and the Board needs to consider what is an appropriate service response to such events).

The issue of begging within the South East region seems to be limited to children of the travelling community and is considered to be part of the traveller culture. From the consultation involved in developing this Strategy, begging was not considered to be a problem in the region, and is generally dealt with by the Gardai as a nuisance. A small number of incidences of Traveller children and unaccompanied minors found to be begging have been dealt with through local Child Protection services.

**Gay and Lesbian Adolescents:**

Research reported in *Get Connected* shows that this group of young people can feel particularly isolated and can be at high risk of suicidal ideation.

They are also at higher than average risk of being out of home or homeless. In order to provide services to these young people, it is important that there is a co-ordinated effort between the agencies involved, and between sections of the Board’s own services, e.g. Health Promotion, Suicide Prevention, Youth Homelessness, to develop relevant strategies to meet their needs.

The needs of these young people as well as others who form part of minority groups, including those with mental health problems or with a disability need to be addressed at regional level.

**Action 10** — The structures being developed by the Board to implement Best Health for Adolescents will involve members of Adolescent Homelessness services to ensure linkage and co-ordination with other providers of services to minority or marginalised groups in the region.

### 3.2 Accommodation

As was indicated in the Introduction, accurate statistical information on the incidence of Youth Homelessness in the South East is not currently available. This information is particularly necessary to inform decisions about the provision of accommodation services.
Action 11—A project to improve information on the incidence of Youth Homelessness:

1) All health board staff who meet with young people will be circulated with the definition of youth homelessness used in the Youth Homelessness Strategy, and will be asked to identify all such young people in future statistical returns.

2) A comprehensive region-wide survey of the extent of youth homelessness will be conducted. This will be carried out by a small project team, including Social Workers for preventative services, staff from Dochas (a regional hostel for homeless girls, based in Waterford) and a representative from the youth/community services in each Community Care Area. Focus Ireland, which has services in Waterford City has also agreed to participate in this project team.

The research will be regionally co-ordinated and will use a questionnaire (amended to take account of changes since it was developed) originally compiled by Focus Point in 1988, which has already been used in 4 surveys in the South Eastern Health Board (1990, 1992, 1994, 1997). This piece of research will be undertaken again after 3 years. This will allow for comparative analysis, and will assist with the evaluation of resource needs in the Community Care Areas. It is planned that this initial research will be completed by June 2002, and costs will be met from within the existing regional Child Care budget.

3.2.2 Range of accommodation

Accommodation options for homeless adolescents currently used in the South East region include –
- Hostel (One - Dochas is a regional 6 bed hostel for homeless girls, located in Waterford City)
- Foster care,
- Residential care,
- Supported lodgings,
- Aftercare houses
- Private rented accommodation and
- Bed and Breakfast accommodation (in very rare and acute situations for older adolescents only).

Hostel:

Dochas in Waterford provides short-term accommodation for adolescent girls aged between 15-18 years. While the duration of stay is determined by individual need, it is usually not more than six months. The overall aim of the unit is to assist each girl to address any difficulties that she may have and if possible to return home. Dochas admits approximately 30 girls per year, and costs Euro 220,000 per annum to run (2001 costs). The Board will have to assist Dochas with further funding in 2002 to meet the significant increase in the salary scales for Child Care Worker staff employed there.
Dochas is a regional resource, and whilst it provides an excellent service to the young women who are placed there, there are inherent difficulties in such a service. Many of the young women who are placed there can be up to 65 miles from their home and their existing support networks. This distance compounds feelings of isolation and a lack of belonging for those who find themselves homeless. Travelling time for Social Workers and Child Care Workers who provide supports to these placements can be costly. Also, the one emergency hostel bed that is provided by Dochas is insufficient for the region.

The SEHB does not have an equivalent hostel for adolescent boys.

In the absence of accurate statistical information, it is difficult to determine whether hostel accommodation services need to be expanded in the South East region to include boys, and the local needs of the other Community Care Areas. The planned developments in Family Support (preventative) service, and the planned expansion of Foster Care services and Supported Lodgings services may together obviate the need to develop further hostel accommodation in the region.

**Foster Care:**

The Working Group on Foster Care made the following comment in its Report:

"The successful placement of adolescents is particularly difficult and it is in this group that experiences the highest level of foster placement breakdown". (P. 34)

The use of Foster Care for troubled adolescents who may not have been in alternative care when younger presents particular difficulties. The Board has developed two small projects in Wexford and Kilkenny that are piloting a High Support Family Placement model, and if this proves successful it may be expanded into other areas. The model involves a much higher level of training, support and financial allowance. This service is addressed in the Board's response to the Report of the Working Group on Foster Care.

The SEHB intends to expand and develop its foster care services in line with the Working Group's recommendations. The Board has already submitted plans for the full implementation of these recommendations, excluding an out-of-hours service. The SEHB is also participating with the other Boards in a Conjoint Working Group that will bring forward a national health boards' response to the Working Group Report. This planned development of the Board's Foster Care capacity will impact directly on the accessibility and quality of services available to adolescents who are homeless, particularly those in the younger age group. (The SEHB currently spends Euro 4,454,243 per annum on its Foster Care service – 2001 figure).

**Residential Centres:** - Each Community Care Area currently has three types of residential facility; Short Term Units, Medium to Long Term Units and High Support Units. Some of the Short Term Units provide a small number of emergency beds, depending on their overall occupancy situation. In 2001, the SEHB spent Euro 10,142,543 on Residential Children's Centres in the region.
Action 12 – The Board is committed to commissioning an independent review of residential children’s services in the South East during 2002 to identify how these can best be configured to meet changing needs and demands.

With the full implementation of the Children Act, 2001 the range of residential care services will expand to include new models of provision. Opportunities may exist for greater co-operation with the residential service operated by the Department of Education and Science at St. Joseph’s, Ferryhouse, Clonmel. While it is unlikely that this centre will provide accommodation services for children at risk of or actually homeless, the Board may have a role in relation to shared aftercare services for children leaving there who remain in the region. Until St. Joseph’s receives its designation under the Children Act, 2001 it is not possible to enter meaningful discussions with the management of that centre.

Consideration will be given in the Board’s planning and co-ordination of residential services as to how requirements under the Children Act, 2001 might also meet the needs of homeless adolescents. For example, the hostel mentioned at Section 126 of the Act may be similar to a hostel for homeless adolescents, and perhaps hostels could undertake a dual function accommodating both categories of young people.

Supported Lodgings:

Although supported lodgings are being currently used throughout the region (with approximately 15 families approved in the SEHB), it is a service which is not regulated by policy and procedures in the same way as Foster Care. In the absence of statutory policy, the Board needs to take the following initiative –

Actions 13 and 14 –

(i) A Working Group will be convened, facilitated by a Child Care Manager, to develop policy and procedures governing Supported Lodgings. Focus Ireland have agreed to assist in this work. This work should be completed by June 2002.

(ii) A Supported Lodgings Resource Team will be developed and included in the new structure for Foster Care services. This Team will include 4 Social Workers, one in each Community Care Area, whose task will be to recruit, assess, train and support the Supported Lodgings placements. While the costs of placements were contained in the Board’s Response to the Report of the Working Group on Foster Care, the cost of the staff required to develop this service was not.

3.2.3 Proposed Accommodation Options

The following options are described as potential accommodation developments in the South East within the two years of the strategy. However, no decision on the number
and type of accommodation required will be made before the planned research project is completed at mid-year.

**Model 1. Semi Supervised Accommodation** - Target Group – 16-17 year olds.

A 3-bedroom house in a residential area becomes a bed-sit for 3 teenagers. Each would have their own bedroom that can be locked; and they can share kitchen and bathroom facilities. Ideally, the house would be purpose built in a new housing scheme and leased from the local authority, but existing premises could be converted. (There is also the possibility of this type of unit having a fourth bedroom, to be used on an emergency basis.)

Staff provide
- 12 hour supervision (including night time supervision),
- assessment of needs, and
- assistance in finding permanent and stable accommodation.

These units could be located in any part of the region and would be managed by local partnerships involving the South Eastern Health Board, Focus Ireland and the relevant County Council or Corporation.

**Model 2. Transitional Living Units** - Target Group – 18 years plus

These units are the next step from Semi Supervised Accommodation. They are operated in the same manner, based in housing estates and managed by a local partnership, but a Support Worker would visit the house each evening to liaise with residents and to help them to deal with any issues arising. The Support Worker would also provide support and advice. The main difference between the two types of service models is that the Transitional Living Units would not have night-time supervision.

**Model 3. Foyer: - Target Group – 16 - 25 year olds**

Foyers are social housing projects for 16-25 year olds, managed by an independent voluntary organisation. They provide low cost, accessible housing for young people from a range of social backgrounds - students, young employed, young people in aftercare and adolescents with social problems. A good social mix is important to avoid ghettoisation. Foyers are generally linked to training and employment services. They usually operate a café (or other service) from the premises that provides employment, food and a sociable environment, and that generates income for the project.

Foyers are staffed on a semi-independent basis, with a bursar or porter resident. Young people can access accommodation for up to 2 years. (Foyer complexes in France, where this model was first developed, can operate with between 60 and 100 beds). If this model is chosen to develop in partnership with other agencies, Waterford
City would be the most viable location for what is a larger facility than the other models described.

Because of the age range accommodated, this type of project, if developed in a partnership in the South East could be jointly operated under both the Adult and the Youth Homelessness Strategies of the Board.

Model 4. Dry Houses – Transitional programmes – Target Group – 16–18 year olds

In conjunction with the Adult Homelessness Strategy, there may be a need for transitional/treatment housing for older adolescents who have alcohol/drug addiction issues, who have spent time in a detoxification programme and who need support to remain “clean” while they are awaiting a place in a treatment unit. The house would provide accommodation, life skills development programmes, work, addiction counselling etc.

Model 5. Private Rented Accommodation – Target Group – 17 years plus

As part of the Resource Management Team recommended in the Review Report, a C.W.O. who has responsibility for the assessment of, co-ordination of and liaison with private landlords in relation to accommodating young people could be appointed.

When young people are ready to enter the private rented sector, they can be assisted to find appropriate accommodation and remain within the support network they have developed through their involvement in a more supervised setting at a previous stage.

3.3 Support Services for Adolescents

A wide range of both voluntary and statutory support services exist within the SEHB region. Preventative services have been addressed in the previous Chapter.

A number of therapeutic services already exist that can be accessed by adolescents in the region.

3.3.1 Therapeutic Services:

Two Child and Adolescent Psychiatric Teams operate in the region, one in Kilkenny and one in Waterford. They both provide psychiatric services to young people and their families, including assessment and therapeutic follow up. Issues dealt with by this service include eating disorders, anxiety and depression, suicidal ideation and self-harm, ADD/ADHD and other psychiatric conditions. A further two teams are to be established once Consultant Child and Adolescent Psychiatrists are recruited.

Clinical Psychology services are provided by Psychology Departments in each Community Care Area. These services include assessment and therapeutic follow up
for a wide range of issues. Individual Community Care Psychology teams also provide a number of preventative and therapeutic initiatives including drop in services, parenting programmes, Rainbow programmes (for bereaved children), after school projects and so on.

**Educational Psychology** services are provided through the Department of Education and Science, and mainly offer educational assessments. The service is currently expanding due to increased demands.

**Counselling Services** are provided by a variety of voluntary organisations through the region including Rape Crisis Centres in all areas, counselling for the victims of domestic violence, bereavement counselling and mediation counselling. As well as counsellors attached to community groups and projects there are a number of private counsellors in practice in the region.

**Family Centre/Family Therapy** – there is a Family Therapy Centre based in South Tipperary and funded by the SEHB. A Family Therapy service has also been developed by the Board in Carlow. There are also a number of individual Family Therapists in practice in the region attached to community group and projects or working privately.

**Aislinn** Adolescent Addiction Treatment Centre at Ballyragget, Co. Kilkenny is a residential treatment facility for adolescents and young people in which the SEHB has negotiated dedicated places for young people from the region who need this service.

### 4. Educational/Training Services

*Youthreach* training centres for early school leavers are operating throughout the region, under the auspices of the Department of Education and Science. Board staff have developed excellent working relationships with these programmes.

The FAS training and placement service operates a regional training centre in Waterford City, and has local offices and training sites in each of the Community Care areas.

*Employment for Youth* community youth workshops are available throughout the region.

The various VECs provide second chance formal education programmes and adult literacy tuition services.

#### 3.3.2 Support Services Gaps

**Teenage Sexual Health** - Currently there is no co-ordinated preventative service in the region in relation to teenage sexual health that can provide information, advice, counselling or training around responsible teenage sexual behaviour. Within the SEHB the Department of Public Health and the Health Promotion Unit are currently developing a joint strategy to address this deficit. Most organised Youth Services operate programmes for the young people who use their services, and these initiatives can be further developed.
In each Adolescent Management Group in the four Community Care Areas, a Project Worker is required to work with young people in relation to sexual health issues, once a Board strategy is developed in relation to this work.

**Youth Counselling Services** – Carlow Regional Youth Service contracts two Counsellors to provide counselling services specifically to young people. This service has proved to be very effective in their work with adolescents. In the process of consultation several agencies working with young people identified the lack of counselling services aimed at young people as an issue.

The VEC Youth Committees are best placed to undertake the responsibility to provide contract based counselling services in their areas. The funding for this service will not fall to the SEHB, but the Board will participate in bringing forward proposals for service developments in this area.

**Addiction Counselling Services** – The Regional Drugs Co-ordination Unit are currently restructuring the services to young people who misuse/abuse substances. Each Community Care Area has a Misuse Co-ordinator who is line managed by the General Manager, Community Care Services. The Misuse Co-ordinators will each manage a team, which will be comprised of a Drug Education Officer, drugs initiative Project Worker, Counsellors, and, in the future, Outreach Workers. This team will liaise with other local services in developing referral pathways and other methods of co-operation.

There are no dedicated addiction counselling services available to young people under the age of 18 years in the region. With the development of local based teams and initiatives under way to accredit counsellors and to provide further training, so the gap that has been identified is in the process of being addressed.

**Conclusion**

The development of co-ordinated and effective Response Services for adolescents within the SEHB will be based on the restructuring of Social Work Departments as envisaged in the *Review Report*. The Board estimates that full implementation of the recommendations of that Report across the region will take approximately 3 years.

Without accurate statistical information it is impossible to assess accommodation needs at present. In the next 12 month period a major piece of research will be undertaken by the Board, as well as a review of the existing statistical returns system and the beginning of a tracking system for adolescents who come to the attention of the Board and other services. It is likely that developments in foster and residential care will meet accommodation needs for the 12 to 16 year age group without building further units. However, for older adolescents and especially for those leaving the care system it will probably be necessary to develop increased provision of accommodation using some model of Social Housing. Such developments can best be achieved in partnership with other agencies.
The SEHB already has access to a number of support services, but with newly emerging issues there is a need for service developments, particularly in the area of teenage sexual health.
Chapter 4  Aftercare

Introduction

There are 527 children currently in the care of the SEHB, 258 of who are 12 years of age or over. The SEHB is committed to supporting young people who are within the alternative care system to develop the necessary skills and abilities to allow them to achieve independent living. This process needs to begin at least two years prior to a young person’s expected leaving care date and continues until the young person is no longer in need of services. The strategy addresses accommodation options and a range of support and response services required to support and maintain young people into independent adulthood. Responsibilities do not end when an adolescent reaches their 18th birthday and both the Youth and Adult Homelessness Strategies being developed within the SEHB recognise this.

4.1 Aftercare Strategy

The SEHB has a Draft Policy on Aftercare that needs to be formalised. There is an Aftercare Worker in each of the Community Care Areas who supports young people leaving care through a variety of initiatives including availability on a drop-in basis at set times during the week.

Action 15 - A Working Group to be chaired by a Child Care Manager is to be set up in March 2002 to develop the Board’s strategic approach to Aftercare. This group will be responsible for policy development, including guidelines for planning aftercare support; accurate data collection; an assessment protocol; and a tracking system. These developments need to be in line with the proposed initial assessment structure being devised in conjunction with the Drugs Co-ordination Unit for initial assessments of young people presenting to the Youth Homelessness Team.


4.2 Aftercare Team

The Review Report proposal for the re-structuring of Social Work services in child care and family support includes an Aftercare Team as part of adolescent service provision. Working from the policy/procedures and guidelines to be devised by the Working Group on Aftercare, these Aftercare Teams will be involved in pre-leaving care programmes, skills acquisition, placement and settlement, assessment of training, education, work needs; support and social networks. The Teams will operate a key worker system and will work closely with the Resource Management Group, Residential Managers and Fostering Workers. As with the other teams to be developed, it will be multidisciplinary.
4.3 Aftercare Accommodation

Currently there are a number of arrangements in place in the region to accommodate adolescents in aftercare.
- In Waterford City Focus Ireland provide 5 units in Grange Cohan and there are plans to develop, with the Board’s Community Care services an outreach programme to 16 year olds who will be leaving care.
- Kilkenny has two two-bedded Aftercare units.
- South Tipperary has an Aftercare unit attached to the St. Bernard’s Group Homes in Fethard,
- Dochas in Waterford has a small Aftercare unit attached to the hostel service.

However, with approximately 258 young people in the 12 to 18 year age group in the care of the Board current provision will be inadequate.

In the previous chapter a range of accommodation options were outlined, including Semi-independent and Transitional Units, Foyer and Supported Lodgings. In assessing the overall needs for accommodation development with other service partners, the numbers of young people leaving care and in need of supported accommodation will have to be factored in.

As the highest number of alternative care placement breakdowns occur with adolescents, a number of emergency and respite beds will be included in service provision.

Action 16 – The Board will establish an Aftercare Team in each Community Care Area as a matter of priority during 2002.

Action 17 – The Board will review the situation of adolescents in the 14 to 17 age group who are in the alternative care system to identify accommodation needs for a comprehensive Aftercare service in the region; and will begin during 2002 to develop accommodation options based on the need identified.
Chapter 5  Co-ordination of Service Responses

Introduction

The SEHB recognising the importance of inter departmental and interagency approaches and is committed to developing systems and partnerships that will promote cohesive and co-ordinated servicing. During the process of consultation, three particular issues continually arose –

- the lack of communication between services,
- the poor co-ordination of services at local level, and
- the lack of involvement of SEHB personnel at local community level.

Proposals are outlined in this chapter aim to address these issues.

5.1 Regional Committee - Adolescent Health

**Action 18** - The SEHB plans to develop a Regional Co-ordination Committee to co-ordinate all the sections of the Board that provide services, including health services to children and young people. This committee will include the Department of Public Health, the Health Promotion Unit, the Drugs Strategy teams, Suicide Prevention and the Regional Child Care Development Unit.

5.2 Co-ordinator of Adolescent and Family Services

**Action 19** - A Co-ordinator of Adolescent and Family Support (Preventative) Services will be recruited to the Regional Child Care Development Unit for an initial period of one year. The post will involve the strategic co-ordination of service developments, particularly in the area of prevention, that will include the development of systems for the monitoring and evaluation of services. The co-ordinator will lead in the Board’s collaboration with the other statutory and voluntary partners at regional level.

5.3 Family Support (Preventative) Teams

The restructuring of the Board’s Child Care services as per the recommendations of the Review Report will include a Resource Services Team, in each Community Care Area. The Board is not confident that resources will allow these teams to be put in place in 2002.

When these teams, headed by the Resource Team Manager, assisted by two junior managers (Team Leader and Senior Community Development Worker), are established they will be in a position to become involved in local initiatives at steering group/management level. The teams will include Pre-school Services Officers who continue with the current remit of development of pre-school services and involvement in local community initiatives for pre-school children, as well as with inspection. Additional staff will need to be recruited to these teams for active
participation and involvement in the development and management of youth initiatives, early school leaver projects, rural N.Y.P.s and linking in with the Pre-School Services Officers and Community Development Workers in terms of multi-issue projects. A member of each team would also be involved in local V.E.C. Youth Committee. Community Development Workers would continue to be involved in the development and management of local community and family initiatives and would be involved in the County Development Boards social inclusion/family fora.

5.4 **Regional Youth Homelessness Forum**

The Board does not consider that when it is established, the Regional Child Protection Committee would be the appropriate interagency forum at which to plan and co-ordinate services for at risk and homeless adolescents.

Under the Adult Homelessness Strategy, fora have been set up in each of the four Community Care Areas of the SEHB.

**Action 20** – The Board will establish four Youth Homelessness subgroups of these Adult Homelessness fora.

5.5 **County Development Boards Interagency Participation**

The County Development Boards in their wide consultative brief and through their social inclusion and youth provision measures have begun to address the issue of service co-ordination. The development of social inclusion/family fora through the Count Development Boards should go a long way to help improve communication amongst service providers. These fora will, it is hoped include representatives from D.S.C.F.A., the V.E.C., the Gardai, Local Authorities, Youth Services and the S.E.H.B.

5.6 **The V.E.C.s**

The Youth Work Act, 2001 which places the responsibility for the co-ordination and provision of youth services with the VECs should begin to address the issues of poor cohesion and communication amongst youth service providers. The Board will be represented on the new Youth Work Committees.
Chapter 6 Planning and Administration

Introduction

Finally, the SEHB aims to provide services that are accessible to young people and to those people working with adolescents who may need to call on other services. The services also need to be accessible to the community and the general public. This will be done by the co-ordinated dissemination of information and through a help line. In This section also considers evaluation and monitoring systems that will help to ensure effective future service development.

6.1 Dissemination of Information

A number of service directories are already available in the SEHB region.

| Action 21 - Rather than produce various additional directories, the SEHB plans to produce a co-ordinated service directory compiled by the Regional Child Care Development Unit, the Drugs Co-ordination Unit, the Suicide Prevention Unit, the Health Promotion Unit and local Community Care services. The directory will be widely disseminated through:
| a) All relevant statutory and voluntary services
| b) Inclusion on the SEHB web site
| c) Distribution in places where young people congregate.

Target completion date is December 2002.

6.2 Helpline

Following the introduction of an Out-of-Hours service the SEHB will operate a regional free phone Helpline from 3.00 p.m. to 11.00 p.m., Monday to Friday and 10.00 a.m. to 6.00 p.m. Saturday and Sunday. Evidence from professionals suggests that the majority of young people present as homeless around teatime - 5.00 to 7.00 p.m., and that there would not be a demand for a 24 hour, seven day per week service. The Helpline will be staffed by trained volunteers, co-ordinated by one full time worker. The Helpline will offer information, contact service names, addresses and phone numbers and a confidential listening service to young people, members of organisations engaging with young people and the general public. Volunteers will be able to immediately refer young people to the out-of-hours service, and to the local Youth Homelessness Team the following working day.
6.3 Evaluation

**Action 21** - Each project funded through the strategy will include a three yearly evaluation of its service plans. Many Youth Projects will also be included under the responsibilities of the VECs and will be monitored and evaluated through the Youth Work Act, 2001.

Other services funded through the strategy will be monitored and evaluated through the Board's Quality Assurance, Inspection and Research functions.

Additionally, the results of the first regional survey will provide baseline information to aid service planning and the allocation of resources. This information will be collected and analysed yearly thereafter.

6.4 Tracking

**Action 22** - An initial Assessment Form has been developed within the Board and will constitute the first point of a tracking system. The system developed will follow young people from first point of contact until they are fully discharged from all services. Tracking on a monthly basis will help to ensure that young people do not fall between services but will also assist in planning service development or adaptation.
Chapter 7  Priorities and Costings

7.1  Priorities

In considering how best to implement its Youth Homelessness Strategy, the SEHB has decided to begin by concentrating on the development of its Aftercare services. By committing resources to this area, with an emphasis on Care Planning and Prevention, young people leaving the care system will be supported until they reach full independence. The SEHB is committed to providing a flexible, structured and comprehensive service to young people leaving its care. This will be done through a mandated Aftercare Strategy, research and tracking systems, Aftercare Teams and Children in Care Teams. The SEHB wants to make significant progress on these new structures during 2002. During 2003 the aftercare system will be further developed, with the provision of required levels of supervised accommodation and social housing for adolescents.

The SEHBs second priority will be the further development of family support (preventative) services, concentrating particularly on services to adolescents. Emphasis will be placed on the consolidation of existing services and planned new developments that will meet the needs of those young people living in rural communities. The success of this priority will very much depend on co-ordinating all resources made available to the Board and other agencies in the South East through the implementation of legislation affecting adolescents, as well as on multi-agency and partnership approaches to development. The SEHB is committed to setting up the necessary internal structures to facilitate this process.

In responding to young people who find themselves homeless, the SEHB will undertake as a matter of urgency a needs analysis as to the full extent of the issue. Developments in alternative care service and particularly in Aftercare accommodation and social housing will be planned on the basis of this information. Imaginative community approaches to funding appropriate accommodation for adolescents will be explored. There will be a standardisation of Supported Lodgings arrangements.

Therapeutic responses will be developed by the end of 2002 to include teenage sexual health and youth counselling. 2003 should see further implementation of recommendations of the Review Report and the continued restructuring of child care and family services. This will have very positive impact on personal response services to adolescents.

Effective co-ordination of planning, management and resourcing of services will be essential for the success of this strategy; and a number of initiatives to be taken by the Board in this regard have been described.

A further priority for 2002 is the dissemination of accurate and timely information to those who need it.
7.2 Costings

The following table contains the costs of proposed developments in Year 1, Year 2 and Year 3 of the strategy. These costs have been calculated on the basis of the allocation made available to the Board for 2002 for Youth Homelessness, i.e. Euro 571,000, and incremental increases required by developments over the following two years.

<table>
<thead>
<tr>
<th>Development</th>
<th>Full Year 1 Costs</th>
<th>Full Year 2 Costs</th>
<th>Full Year 3 Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation to develop a regional strategy for early intervention and prevention services</td>
<td>2,500</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Development of Partnership Protocols</td>
<td>4,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rural Area Youth Projects</td>
<td>40,100</td>
<td>103,553</td>
<td>217,460</td>
</tr>
<tr>
<td>Community Practitioner Model</td>
<td>43,487</td>
<td>45,976</td>
<td>48,274</td>
</tr>
<tr>
<td>Parenting Programmes</td>
<td>30,000</td>
<td>30,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Neighbourhood Youth Projects</td>
<td>102,892</td>
<td>214,383</td>
<td>425,752</td>
</tr>
<tr>
<td>Development of Adolescent Teams</td>
<td>61,609</td>
<td>71,609</td>
<td>81,609</td>
</tr>
<tr>
<td>Working Group on needs of Unaccompanied Minors</td>
<td>2,500</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Development of Dochas Hostel</td>
<td>80,000</td>
<td>82,500</td>
<td>85,000</td>
</tr>
<tr>
<td>Development of Supported Lodgings and Aftercare Teams</td>
<td>171,412</td>
<td>179,412</td>
<td>189,412</td>
</tr>
<tr>
<td>Regional Co-ordination Post</td>
<td>0</td>
<td>78,564</td>
<td>82,492</td>
</tr>
<tr>
<td>Cost of Co-ordination Committees</td>
<td>7,500</td>
<td>7,500</td>
<td>7,500</td>
</tr>
<tr>
<td>Service Directory, production and circulation</td>
<td>10,000</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Evaluation Costs</td>
<td>15,000</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>571,000</td>
<td>830,497</td>
<td>1,184,499</td>
</tr>
</tbody>
</table>
These expenditures are dependent on successful recruitment of the requisite staff.

The costs of new accommodation services and a regional Out-of-Hours service are not included. The Board will have an indication by the end of 2002 of the accommodation service development needs and of the cost of these.
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Appendix 1.

Details of SEHB Social Work Review Report; and of Barnardos' Study of the requirements of implementing the Children Act.

The recommendations of the Review Report envisage that Child Care and Family Support Services will be provided through four key Management Groups:

- The first is Child and Family Services, to be managed by a Principal Social Worker and comprised of three teams – Referral and Assessment, Protection and Welfare and Children in Care. Each Team is to be supervised by a Social Work Team Leader and to be staffed by Social Workers, Child Care Workers, Family Support Workers and Administrative staff.

- The second group is Adolescent Services, to be managed by an Adolescent Services Manager (no discipline specified), and made up of three teams; Youth Offending, Adolescent and Leaving Care and a Youth Homelessness Team. These teams are to be staffed in the same way as the first group.

- The third group is Resource Services, to be also headed by a manager (no discipline specified), and will include Residential Unit Managers and Residential Care Workers, Fostering Team Leaders and Social Workers, Adoption, Therapeutic Services and Administrative staff.

- The final group is Planning and Performance Management. One manager (no discipline specified) will have responsibility for the Strategic Planning Officer, Quality Assurance Officer, Independent Reviewing Officer, Independent Child Protection Chair, Pre-Schools Inspector and Administrative Staff.

It is recommended that the four groups will be line managed by a Child Care Manager. The following extracts are from the Review Report of May 2001, and are included here to explain some of the structures and functions envisaged in that report.

“PROPOSED STRUCTURE

CHILD CARE MANAGER

ADOLESCENT SERVICES

CHILDREN & FAMILIES SERVICES

RESOURCE SERVICES

PLANNING AND PERFORMANCE

The Child Care Manager should be the person with lead responsibility for the strategic and operational management of the child care service within the Community Care Area. The Child Care Manager should delegate their responsibilities for key strategic and operational issues to a number of Service Managers with lead responsibilities for key services. These service managers in turn would be responsible for a number of teams, headed by Team Leaders, who would activate the strategic or operational remit. Service Managers would line manage the teams to which their authority had been delegated. The Child Care Manager would line manage the
service managers and undertake regular supervision of them. The Child Care Manager would be managed by the General Manager of the Community Care Area and, in turn, be a core member of the Area Management Team.

Collectively the Child Care Manager and the Service Managers should meet on a regular basis (fortnightly?) to act as the Children and Families Management Team. Each Service Manager should have delegated budgetary responsibility for their service area. Budget monitoring should be a routine agenda item of the Children and Families Management Team. Similarly performance monitoring should be regular agenda item, considering performance management data generated from the information systems within each service area.

Responsibility for staff recruitment should be devolved to the Children and Families Management Team in each area. Save for specialist regional posts, Area Management groups should be able to advertise, recruit and select staff for posts within their own structures. Standards for advertising, recruitment and selection should be established and monitored by the Headquarters personnel team. Where a post is to be shared across Community Care Areas it should be possible for the relevant Areas to collaborate in the recruitment and selection process. The arrangements for Garda clearance on new recruits should remain centrally co-ordinated as should the recruitment of Regional posts.

Four key management groups have been identified for the purposes of this restructuring, two of which would be caseholding, while the other two would be non-caseholding. These are:

- Adolescent Services
- Children and Families Services
- Resource Services
- Planning and Performance

**Adolescent Services**

In each Community Care Area the Adolescent Services Manager should establish sufficient teams to meet the needs of the following functions and client groups.

- Youth Offending
• Leaving Care
• Youth Homelessness

The likely demand for each of these Teams will vary across Community Care Areas.

This service management group, in part, reflects the recommendations of the All-Board Working Group examining the implications of the Children Bill. There the Working Group recommended that Board services for offenders be integrated into broader-based services for adolescents and that multi-disciplinary and multi-agency contributions should be core to meeting the holistic needs of this client group.

All Teams within this service management group may substantially benefit from the experience of those in education, employment and health. The Youth Offending Team would similarly benefit from input from the Garda and the Probation Welfare Service. By locating all adolescent services under this Group Management structure the intended integration of response is sought to be achieved.

ROLES AND RESPONSIBILITIES OF CASEHOLDING TEAMS

The roles and responsibilities of caseholding teams need to be clearly established and understood. The whole foundation of the proposed structure rests on cases effectively receiving services from the relevant team and ensuring that there is a steady throughput of work through the service systems operated by the Board. The case management model underpins the structure with Team responsibilities clearly identified for:

• Referral
• Assessment
• Planning
• Implementation
• Review
• Closure

Children in Care Team

• Undertaking core assessments for those likely to be in care for 7 weeks +.
• Caseholding children in the care of the Board
• Planning the transfer of children looked after in their 16th year to the Leaving Care Service
• Transferring children in care to the Welfare and Protection Team where a child with a permanency plan returns home on a planned basis
• Promoting and driving the Board's corporate parenting agenda.
Youth Offending Team

- Receiving and responding to all new referrals of those 12 years + involved in the youth justice system.
- Undertaking initial assessments for diversion conferences, family welfare conferences, applications for special care, requests for reports to criminal courts.
- Undertaking core assessments on those whose behaviour is a substantial risk to their health, safety, development or welfare.
- Caseholding young people on special care orders and interim special care orders.
- Caseholding young people on community sanctions receiving substantial services from the Board.

Adolescent and Leaving Care Team

- Undertaking all core assessments on new referrals aged 12+ years where an initial assessment indicates the requirement for 7 weeks + service.
- Caseholding service plans for 12 years + young people made the subject of Child Protection notifications.
- Caseholding and providing leaving care services for children in care 16+ years.
- Assisting young people in the transition to independent living.
- Supporting young adults (previously in care) to establish themselves in the community.

Youth Homelessness Team

- Receiving and responding to all new referrals of those 12 years + referred as homeless.
- Undertaking initial and core assessments on those 12 years + referred as homeless.
- Caseholding service plans for 12 years + assessed as homeless.
- Transferring children to the Adolescent Team where services other than homelessness support is required”. (Review Report, Pages 17, 18, 23 and 24).

There will be further discussion of this proposed restructuring in later sections of this strategy. While the SEHB has accepted the recommendations of the Review Report of May 2001, it is clear that these can only be implemented as resources allow.

The SEHB commissioned the Southern Region of Barnardos to conduct a feasibility study on the implementation of the then Children Bill, in 2000. (The Report of this study, published in April 2001 has been provided to the Department previously). The Barnardos Report contains six key Recommendations –
• That the SEHB establishes a senior level Steering Committee to consider the Report and to implement its chosen strategy
• To appoint a Project Manager to ensure the efficient delivery of the chosen strategy
• To ensure that the implementation of Family Conferencing in the SEHB takes account of the available research, regarding how to make this new approach to problem solving work in practice
• A particular approach to handling requests from Gardai and other agencies for both the attendance of staff at Garda Stations and the availability of staff out-of-hours was recommended
• That Adolescent Resource Teams be established in each Community Care Area
• That the SEHB develop a more holistic strategy (encompassing the criminal justice elements of the Children Bill), and enter discussions with key agency partners to secure this.

The Board has decided that one regional Implementation Group will tackle the recommendations of both the Review Report and the Barnardos’ Report. A Project Manager will be appointed to work to this Implementation Group in the near future. A pilot project in association with Barnardos for the development of a Family Conferencing model is part of the Board’s Service Plan 2002. The recommendation in relation to the development of Adolescent Resource Teams is in line with the Review Report restructuring proposals already outlined.

In May 2001, the SEHB convened a regional interagency Conference in Kilkenny, to which representatives of the Gardai, the Probation and Welfare Service, and the three key Government Departments, Health and Children, Education and Science and Justice, Equality and Law Reform were invited. Voluntary Children and Youth Services managers were also invited. This Conference began the process suggested in the Barnardos’ Report’s last recommendation. In relation to the attendance of staff at Garda Stations, and the provision of an out-of-hours service, the SEHB is working with its nine sister Boards to develop a conjoint approach to these matters.
Appendix 2: Models of Out-of-Hours Services

Introduction

Out of hours services in the following areas were examined:
- Rhyll, Wales;
- Youth Homeless Team, SHB, Cork;
- Youth Homeless Team, Lambeth, London;
- Tayside, Scotland;
- Western Health and Social Services Board, Northern Ireland;
- Caernarvan, Wales;
- Care-doc, SEHB;
- Medi-doc N.E.H.B.

There are 3 distinct models in use that will be outlined here. Each of these models raises a number of issues that need to be addressed in developing an Out-of-Hours service.

Models

1. Voluntary/Rotational

| Service: | (1) Generic | (2) Child Care |
| Staff: | Existing professional staff volunteer for rota. Team Leaders (existing) co-ordinate calls, also on rota. |
| Times: | 5.00 p.m. to 9.00 p.m. (Monday to Friday) 24 hours (weekend) |
| Pay: | Hourly call out and premia payments |
| Location: | Acute Hospital |
| Referral Post: | Reception |
| | Co-ordinator (screened calls) |
| | Counselling (telephone) |
| | Call Out (Social Work) |

Access to Information: Information folder/directory listing out of hours contacts and emergency placements.

Issues Arising:

(1) Social Workers on call overnight too tired to manage daily caseload.
(2) Many calls could wait until daytime service, so it is essential to have good screening process.
Professionals not available at night to check on existing clients records, so IT systems are essential.

2. **Flexible Working Hours**

Service: **Youth Homeless Only**

Staff: **Team Leaders and Youth Homeless staff work on shift basis to provide more flexible office hours. Also rotational on-call service.**

Times:  
- **Office Hours:** 9.00 a.m. to 7.00 p.m. (9 p.m.) Monday to Friday  
  10.00 a.m. to 4.00 p.m. Weekends  
- **On Call:** 7.00 p.m. (9 p.m.) to 11.00 p.m. Monday to Friday  
  4.00 p.m. to 11.00 p.m. Weekends

Pay:  
Office hours as part of contracts; on-call premia payments.

Location and Referral Path:  
- Youth Homeless Team Leader
- Counselling
- Support
- Call Out

Access to Information:  
Files available to all team members

Issues Arising:

1. In both examples call outs were to existing clients only for safety reasons.
2. Clients receive continuity of services
3. New referrals (emergency) not dealt with outside office hours.
4. In one service no personal contact was made whilst on call, young people were brought to a place of safety by taxi (if known) or directed to somewhere that is open all night e.g. railway station.

3. **Dedicated Service**

Service:  
(1) **Generic**  
(2) **Child Care**

Staff:  
- 3 Team Leaders  
- 6 Professionals at basic grade

Times:  
- 4.30 p.m. to 12.00 midnight (Mon to Fri.) ‘live’ on call.  
- Midnight to 8.00 a.m., on call  
- 8.00 a.m. to 9.30 a.m. ‘live’ on call  
- 24 hours (weekend)

Pay:  
Basic rate plus 25% premia

Location:  
- Base

Referral path:  
- Referrals from day service  
- Calls to Co-ordinator
Counselling Call Out


Issues Arising:

(1) Competency of co-ordinator to deal with issues over the phone and provide counselling and/or risk assessment.
(2) Availability of emergency placements.

Finally it is worth considering the Care-doc system which along with the Gardai, acute hospitals and mental health services provide the only existing out of hours services in the Irish health system. The Care-doc system replaces the old GP on-call system where each surgery provided on-call to their own patients. Now all the GPs in an area group together to provide on-call services for GPs, and this means that they are on-call less often. Patients ring their own surgery and get a mobile number to contact (the Care-doc number). In South Tipperary Care-doc uses the Community Care offices as a base and have the use of a car.

In the NEHB, medi-docs have a dedicated centre based in the grounds of an acute hospital. GPs have a car and driver available to them. Calls go to central reception and are screened by a nurse - similar to the triage system.

Question to be posed in considering service development

(1) Should the service be voluntary or dedicated?
(2) Should the service be (i) Generic, (ii) Child Care, (iii) Youth Homeless?
(3) How far should the service extend, (1) over what time period, (2) full call out or telephone only?
(4) Where is the service located?
(5) Who takes the calls and who screens the calls?
(6) What protective measures are in place for (1) Staff, (2) Clients?
(7) What supports need to be in place?
Appendix 3.

Individuals and Services Consulted in Preparing Strategy

**Wexford**
- Maria Daniels - Social Worker
- Theresa Igoe - Social Worker
- Julie Somers - Youth New Ross

**Wexford Social Work Department**
- Joe Smyth - Child Care Manager
- John Martin - Principal Social Worker

**Wexford Area Partnership**

**Carlow/Kilkenny**
- Stephen Murphy - Fr. McGrath Centre
- Ann Purcell - Training Officer
- Martin Ryan/Eamon Doyle - Ossory Youth Services
- Mary Doyle - Carlow Regional Youth Service
- Sheila Goggin - Foroige
- Fergus Keane - KCAN
- Ann Dolan - Preventative Social Worker
- Marie Kennedy - Child Care Manager
- Paul Bolger - Ossory Youth Services
- Ray Scanlon - Youth Lynx
- Tony Walsh/Briege Heinz - Kilkenny County Development Board
- Ber Brophy - LARC
- Rosemary Tierney - Child Care Worker

**Social Work Department Carlow/Kilkenny**

**Waterford**
- Tony Moynihan and Susan O’Neill - Dochas
- Joanne Fitzgerald - Tramore Youth Development Project
- Jackie Kennedy - Aftercare, SEHB
- Catherine Joyce - Springboard, Ballybeg
- Rena Cody and Richie Walsh - County Development Board
- Trina Foley - WRIS Dungarvan
- Claudia Cassin - Dungarvan Family Centre
- Carmel Kelly - Drugs Worker, Dungarvan
- Theresa Wright - CDP, Dungarvan
- Peter Carey - Director of Housing and Corporate Affairs, Dungarvan, UDC.
- Ann Finn - Preventative Social Worker
- Chris Fogarty - SHY Project, Waterford
- Karen Rice - Foroige Ferrybank
- David Niblock - Focus Ireland
- Denis O’Brien - Foroige
- Colette Byrne - City Development Board
Social Work Department, Waterford

Sandra Merity - Child Care Manager
Joe Gough - Youth Development Officer, VEC
Eoin O’Neill - WRYS
Ian Smith - Social Worker

South Tipperary

John Quinn - County Development Board
Ruari O’Cisleann - Community Development Worker
PJ Dooley - Clonmel Community Partnership
Tom Landers - Preventative Social Worker
Siobhan Rossiter - TACCTIC
Jim Gibson - Area Child Care Manager
Claire Cashman - Millennium FRC Killenaule

Others

Austin Water - HeBE
Pat Dolan - Regional Co-ordinator of Family Support Services, W.H.B.

Denis O’Brien - Southern Regional Manager, Foroige Youth Development Agency

Bridget Minton & Denise Twohig - Youth Homeless Team, S.H.B.
Tony Barden - Regional Co-ordinator, Drugs Co-ordination Unit
Martina Kidd - Drugs Co-ordination Unit
Dr. Julie Heslin - Department of Public Health
Rose McCaffrey - Manager of Family Support Services, N.E.H.B.

South Tipperary

Mary Finnegan Burke - CEO, VEC
Miriam Doyle - Youth Worker, WRYS
Martin Hayes - Drugs Worker
Michael Harkin - Youth Diversion Project
Patricia Mackey - Youth Worker Carrick-on-Suir, NYP
Ann Howard - Youth Worker, Carrick-on-Suir, NYP
Mary MacDonald - South Tipperary Family Centre