



**MIDLAND HEALTH BOARD**

**COMMUNITY CARE  
PROGRAMME**

**COMMUNITY CARE SERVICES  
REPORT 1988**

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COMMUNITY CARE SERVICES 1988

CARE OF THE AGED

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CARE OF THE AGED.

The report of the Working Party on services for the elderly established by the Minister for Health outlined the objectives of public policy regarding the elderly in its report -

"The Years Ahead - A Policy for the Elderly" as follows;

1. To maintain elderly people in dignity and independence in their own home.
2. To restore those elderly people who become ill or dependent to independence at home.
3. To encourage and support the care of the elderly in their own community by family, neighbours and voluntary bodies in every way possible.
4. To provide a high quality of hospital and residential care for elderly people when they can no longer be maintained in dignity and independence at home.

The Board provides the following services based on the above objectives within the Community Care Programme for the Aged, but it should be pointed out that all of the services referred to in this report are available and provided for the elderly as appropriate.

Day Care Centres.

Day Care Centres play a key role in enabling elderly persons to continue to live as independently as possible within the community. The objectives of a Day Care Centre are:-

1. To provide day time therapeutic nursing and social facilities for the elderly in order to improve their health and help them overcome their disabilities.
2. To provide opportunities of social contact for the elderly.
3. To relieve carers of the responsibility of caring for an elderly relative during the day.

4. To provide facilities to meet the needs of persons other than the elderly whose needs can be appropriately met in such locations e.g. Handicapped Persons.

Referrals to Day Care Services are made by the Board's Field Staff, general practitioners, voluntary organisations and self referrals. The range of services normally provided in day care centres are:-

1. Recreational/Social/Craft Activities.
2. Bathing and Laundry.
3. Chiropody.
4. Nursing Care.

In addition the following services are provided on an occasional basis and when required.

1. Physiotherapy.
2. Occupational Therapy.
3. Medical Examinations.

The centres provide an ideal resource for local community based voluntary organisations who hold meetings, seminars, talks etc. in the centres e.g. Mental Health Association, I.S.P.C.C. Alcoholics Anonymous, National Council for the Blind, Irish Wheelchair Association etc.

Set out below are the locations where day care is provided and also the total attendances and average daily attendance for 1988:-

CENTRE.	TOTAL ATTENDANCES	AVERAGE DAILY ATTENDANCE
ATHLONE.	4,280	22
LONGFORD.	11,886	34
MULLINGAR.	6,653	33
TULLAMORE	6,591	32
BIRR	5,405	27
CLARA	4,737	23
PORTLAOISE	6,778	34
ABBEYLEIX.	3,586	19

Expenditure on Day Care Services 1988.

The expenditure on day care services in 1988 was as follows:-

Athlone	-	Included in Welfare Home.
Longford	-	Included in St. Joseph's Hospital.
Mullingar	-	Included in St. Mary's Hospital.
Tullamore	-	£60,000
Birr.	-	Included in Welfare Home.
Clara.	-	£52,000
Portlaoise.	-	£60,000
Abbeyleix.	-	Included in Abbeyleix Hospital Costs.

Boarding Out of the Elderly.

Boarding Out of the Elderly Schemes represent another option in providing for the long term care of elderly persons. Boarding Out can be a very desirable option for certain elderly people - for those who are no longer able to live alone but do not need hospital care, for hospital patients who no longer need hospital care, but have no where to go or whose relatives are unable to look after them or who are not fit to return to living alone.

Persons who are identified by the Board's Field Staff as requiring comforts, security and support service such as day care etc. are offered accommodation with persons who have been assessed by the Board and are deemed suitable in relation to their prospective compatibility with elderly persons and in relation to the quality and standard of accommodation available.



The premises are assessed by the Board's staff, having regard in particular to the "Minimum Standards for Nursing Homes".

There is ongoing contact with the residents to ensure compatibility and there are also ongoing visits to the houses to monitor standards.

Boarding Out of the Elderly Schemes are in operation in all four counties in the Board's area. While there are variations in the manner in which the schemes are funded within the Board's area because of individually approved cases, the rate payable generally in respect of each person is £23.00 per week.

Numbers Boarded Out in 1988.

	No. of People approximately in Scheme in 1988.	Expenditure 1988.
Longford/Westmeath.	43	£41,765
Laois/Offaly.	24	£26,332

Voluntary Organisations.

The Board works closely with Voluntary Organisations in the provision of services for the elderly. Voluntary Organisations can give preventative care at an early stage and may have the flexibility to respond to particular needs at unusual times such as weekends and nights. These organisations provide some or all of the following services:-

Meals On Wheels: - This service provides the elderly with a substantial meal and also ensures that they receive visits on a regular basis.

Chiropody:- This service improves the quality of life for the elderly and increases their mobility and helps maintain those people in the community who might otherwise require residential care.

Free Fuel: This service assists the provision of heating requirements for persons who are ineligible for assistance under other schemes.

Day Care: This service provides a similar service for the elderly to that provided by the Board.

Home Visitation and Social Functions: This service is an important aspect of social contact for the elderly.

Social Contact: This is essential for monitoring the needs of the elderly in the community and for responding to emergency requirements. There are 28 Social Service Councils in each of the Board's Community Care areas and the total amount of grants paid in 1988 to Voluntary Organisations that provide a range of services for the elderly was -

Longford/Westmeath.	£239,093
Laois/Offaly.	£107,363

Scheme of Special Housing Aid for the Elderly. The primary aim of the works done under this scheme is to render houses occupied by the elderly weatherproof and comfortable for the occupants. Particular attention is paid to improving the security of the houses against forced entry and in appropriate cases the provision of water and sewerage facilities is undertaken. The scheme is operated with the minimum of formality and the co-operation of the voluntary and statutory bodies in the Board's area have been a critical factor in its success.

In 1988 the Department of the Environment made an allocation of £171,000. This brings the total allocation made to the Board since the scheme's inception in 1982 to £898,000. During 1988 a total of 123 jobs were carried out under the scheme and the type of work carried out can be summarised as follows:

	Laois	Offaly	Longford	Westmeath	Total.
(a) Necessary Repairs.	21	24	21	12	89
(b) Provision of Water Supply.	4	3	1	3	11
(c) Provision of Toilet Facility.	9	9	0	4	22
(d) Provision of Bath/ Shower.	2	14	5	4	25
(e) Installation of E.S.B.	0	4	1	1	6
(f) Hot Water System.	0	0	0	0	0
	36	54	28	35	163

The reason for the variance in the actual number of jobs carried out and in the total under the categories listed above is that in some individual cases work was carried out under more than one of the categories listed. The Local Authorities also provide essential repairs and reconstruction grants. The Board's staff works closely with the Local Authorities in the day to day operation of the Housing Aid Scheme. This brings the total number of jobs carried out to date under the scheme to 959. Also, in line with the recommendation contained in the 1988 letter of allocation from the Department of the Environment some 600 Smoke Detectors were provided under the Scheme. The average cost per job in 1988 was £1,390. This compares with an average cost of £884 in 1987. However, there still remains a substantial waiting list of jobs to be undertaken and it is most important that finance continues to be made available to maintain the impetus of a scheme which has been of tremendous benefit to the elderly. In this context it is particularly satisfying to note that the scheme will be continuing in 1989.

Welfare Homes.

Welfare Homes are provided for elderly persons, who, although ambulant are incapable of independent living, but nevertheless do not require ongoing medical or nursing care. In order to establish that support services could not enable the elderly person to continue living at home, assessments of such persons are carried out by the Board's Medical, Nursing, Social Work and Community Welfare staff.

Welfare Homes comprising 40 beds each are located in;

- Athlone.
- Birr.
- Edenderry.
- Tullamore.

Statistics relating to Welfare Homes, 1988.

WELFARE HOME	ADMISSION	DISCHARGES	AVERAGE AGE OF RESIDENTS
Athlone.	7	9	80
Birr.	45	43	77
Edenderry.	33	34	78
Tullamore.	16	14	80
TOTAL.	101	100	

There is a high level of interactivity between the longstay units at Tullamore and Birr and the Welfare Homes at these locations and this is reflected in the foregoing statistics.

The total expenditure by the Board on Welfare Homes in 1988 was- £1,178,051. (included in this figure is the cost of Day Care Facilities in Athlone and Birr).

Active Age Week - National Day on Ageing.

At the initiative of the National Council for the Aged, Sunday 16th October, 1988 was designated as the National Day on Ageing in Ireland. It was intended that the inauguration of the National Day on Ageing would -

- (a) Promote a Social Environment in which relatively early in life, people would be encouraged to develop and maintain social relationships and supports other than those experienced in work or family situations.
- (b) Encourage the cultivation of interests, skills and capabilities among all age groups which could be carried on into later life.
- (c) Encourage older people to more effectively use their skills and experiences both in their own interest and that of the community.
- (d) To encourage understanding and reapproachment between generations through the medium of leisure time shared and educational pursuits so as to ensure that older people continue to be an integral part of society.
- (e) Create a social environment in which factors - Social, Economic and Attitudinal which inhibit older people from participating in society would be eliminated.

Included in the wide range of activities undertaken by the Board during this week were -

1. A number of talks in the day care centres during Active Age Week on various topics including security in the home, healthy living, fire safety, fire prevention and health entitlements.

2. Special social programmes in day care centres on the afternoon of Sunday 16th October, 1988.
3. Exhibitions in the day care centres where advice and information was provided by a number of agencies including the Board, the Gardai, the Community Information Centres, the Fire Authority and Library Committees.
4. The provision of speakers from the Board's staff for talks organised by the various Social Service Councils throughout the region.
5. A seminar for carers in the Laois/Offaly area on "The Care of the Elderly at home" was held in Tullamore on Saturday 15th October, 1988 and was attended by approximately 80 persons.

The Board considered the report on Active Age Week - National Day on Ageing at its meeting on the 17th November, 1988.

Working Party on Services for the Elderly.

In September, 1986 the Minister for Health set up a Working Party with the following Terms of Reference :-

"Accepting that the overall objectives of services for the elderly are:-

- (a) To enable the elderly person to live at home, where possible, at an optimum level of health and independence.
- (b) To enable those who cannot live at home to receive treatment, rehabilitation and care in accommodation and in an environment as near as possible to home.

The Working Party is asked to review:-

1. The role and function of existing health and welfare services in serving these objectives.
2. The appropriateness of existing health and welfare services.
3. The comparative effectiveness, efficiency and cost of alternative models and settings.
4. The planning norms for services both residential and community".

The report called for the appointment of co-ordinators of services for the elderly at community care area level. This person would ideally be a full time Community Physician. In addition it was recommended that a District Liaison Nurse for catchment areas of 30,000 persons should be appointed. The report placed particular emphasis on the expansion of the Home Help Service and this represented the largest single item of expenditure recommended in the report. It also stated that a Specialist Geriatric Department should be provided as a matter of urgency and priority in the Midland Health Board area. It was also recommended that there should be a code of good practice for private nursing homes which would also be the subject to an independent inspectorate. A number of the issues which were addressed in the report have been or are being implemented by the Board e.g. Employment of Part-Time Nurses, Boarding Out of the Elderly, Home Care Attendant Schemes, Ongoing liaison with Local Authorities regarding housing provision and repairs, Appointment of Liaison Nurses.

The implications of the report in financial, personnel and operational terms are being examined by the Board' staff and where appropriate the necessary submissions are being prepared for transmission to the Department of Health. In addition, such improvements in service delivery to the elderly which are postulated in the report are being implemented as quickly as is feasible by the Board.

The Midland Health Board considered the recommendations of the Working Party Report at its meeting on the 17th November, 1988.

COMMUNITY CARE SERVICES 1988

MEDICAL AND NURSING SERVICES

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MEDICAL AND NURSING SERVICES.

Area Medical Officers provide the following Services:

(a) Assessments of the Elderly:

The Area Medical Officer co-ordinates with the Liaison Nurses in the assessment of elderly and terminally ill patients to ensure their appropriate placement - either in the community with support services or if this is not feasible, then arrangements are made for planned admission to the most suitable type of institutional care.

(b) Nursing Homes:

All Nursing Homes in the Board's area are inspected by an Area Medical Officer and the Superintendent Public Health Nurse on a regular basis to ensure that standards are maintained according to the 1985 Department of Health regulations. There was 1 prosecution for failure to maintain standards in 1988. A register of all Nursing Homes is maintained by the Area Medical Officer.

(c) Mental Handicap:

The Area Medical Officer co-ordinates the provision of services for children and young persons with mental handicap. This also involves an assessment to identify special needs i.e. educational, medical, speech therapy, physiotherapy, ophthalmology, audiology. Assessments are also carried out for domiciliary care allowances, house adaptations and special appliances.

In accordance with the Working Party report on mental handicap services in the Midland Health Board 1988, the role of the Area Medical Officer will extend to include the provision of services for the adult mentally handicapped person.



(d) Non-Accidental Injury/Child Sexual Abuse.

The Area Medical Officer as a member of the specialist multidisciplinary team dealing with children at risk, is involved in the investigation, validation, examination and surveillance of cases of non-accidental injury/child sexual abuse which are notified to the Health Board in liaison with other disciplines.

This also involves the maintenance of a register of all such cases, whether suspected or confirmed. In liaison with the Director of Community Care/Medical Officer of Health, the Area Medical Officer is also responsible for ensuring that general practitioners, hospital doctors, teachers, and personnel involved in Child Care are familiar with Department of Health Child Abuse guidelines for the identification and reporting of such cases.

(e) Infectious Diseases:

Area Medical Officers monitor the level of infectious disease within the Community. They liaise with general practitioners, hospital doctors, environmental health officers and laboratories in the investigation and containment of outbreaks and in the tracing of contacts, particularly in relation to tuberculosis, hepatitis, salmonella and shigella. During the past year there have been no major outbreaks.

There are ongoing cases of whooping cough but the level is tending to fall.

There have been 4 small contained outbreaks of hepatitis A in 1988.

Area Medical Officers also offer advice and provide education for general practitioners, hospital doctors, health care workers and educators on various infectious diseases in particular A.I.D.S., and they provide a confidential telephone back-up service to helpline staff if required.

(f) Immunisations and Staff Protection Policy:

Area Medical Officers were involved in a major immunisation campaign of all hospital and key community staff at risk of Hepatitis B. infection in 1988. Flu vaccine was also given to essential front line staff. Area Medical Officers will continue to ensure that all newly appointed hospital staff are immune to rubella, tuberculosis, and hepatitis B. in accordance with the Board's policy.

The uptake of Children Vaccinations i.e. Diphtheria, Tetanus, Pertussus, Polio and the new Measles, Mumps, Rubella vaccine is monitored by Area Medical Officers and in certain areas are administered at special clinics or school sessions.

Immunisations Clinics - 1988.

	No. of Clinics.	No. of Persons Immunised
Longford/Westmeath.	234	1,931
Laois/Offaly.	119	2,589

General Practitioners also carry out Immunisation and Vaccination clinics for the Board.

(g) Traveller Clinics:

Because traveller children are vulnerable to ill health and infectious disease, Area Medical Officers visit the halting sites to developmentally assess and immunise children.

(h) Allowances:

Area Medical Officers undertake medical assessments for Disabled Persons Maintenance Allowances. They also advise Local Authorities on the medical eligibility and appropriate housing needs of applicants for Disabled Persons Grants.

Statistics Re. Allowances - 1988.

	D.P.M.A.	D.P.H.G.	MOBILITY	D.C.A.
Longford/Westmeath.	125	57	7	32.
Laois/Offaly.	105	92	5	47.

(i) Child Health:

Area Medical Officers work in close co-operation with public health nurses in providing child health services. The objectives of the services provided for children are.

- (a) To promote through education, advice and support the proper management, care and feeding of infants.
- (b) To ensure, through screening programmes that pre-school children develop, both physically and mentally in a healthy and normal manner.
- (c) On discovery of conditions to arrange for any further investigation and/or treatment as required.

Public Health Nurses are informed immediately of births to mothers from their area. The nurse pays an initial visit to examine the child and advise the mother on feeding and the importance of the post-natal examination, immunisation and vaccination

Other visits are made in accordance with the needs of the family. If during these visits, the public health nurse becomes aware of other needs of the family such as social or financial, then she engages the support of other relevant personnel working in the community.

Details of Services - 1988.

	No. of Births Attributed.	No. of Public Health Nurse Visits.
Longford/Westmeath.	1,291	15,750
Laois/Offaly.	1,637	23,587

(j) Developmental Clinics.

Developmental clinics are conducted by Area Medical Officers and the Public Health Nurse who is familiar with the child. This ensures continuity as the public health nurse can outline any problems since birth and can follow up as required.

It is the policy of the Board to provide developmental clinics in larger urban areas as resources permits. The service provides for developmental examinations at 6 - 10 months, 12 - 18 months and 2 years.

The purpose of the developmental clinics is the early detection of physical, mental and emotional disabilities. Children who have defects are referred for appropriate assessment and treatment. Developmental Clinics are held in the following towns:-

Mullingar.  
Athlone.  
Castlepollard.  
Kilbeggan.  
Ballynacargy.  
Delvin.  
Killucan.  
Castletown-Geoghegan.  
Longford.  
Ballymahon.  
Lanesboro.  
Granard.  
Tullamore.  
Clara.  
Edenderry.  
Moneygall.  
Birr.  
Portlaoise.  
Mountmellick.  
Graigcullen.  
Mountrath.

In addition screening clinics are held in a number of locations and conducted by public health nurses where developmental clinics are not held.

Details of Service - 1988.

	No. of Clinics.	No. of Children Seen.
Longford/Westmeath.	288	1,776
Laois/Offaly.	253	1,753

(k) School Medical Service:

The aim of this service is to offer.

- (a) A comprehensive medical inspection to all children between their sixth and seventh birthdays.
- (b) Routine annual screening by the public health nurse for vision, posture, cleanliness, audiometric testing of special groups.
- (c) Selected medical examination of nine year old children where possible.
- (d) Examination of any child referred by the parent, teacher or nurse, or children due for re-examination.

Examinations are carried out by the Area Medical Officer and a public health nurse. Children with defects are referred for appropriate assessment and treatment.

Details of Service - 1988.

	Number of Inspections.	Number of Children Examined.
Longford/Westmeath.	114 Classes.	1,937
Laois/Offaly.	306 Classes.	4,507

(1) Measles, Mumps, Rubella (M.M.R.) Immunisation Programme.

A Measles, Mumps, & Rubella Immunisation Programme, commenced on the 24th October, 1988. The programme was introduced against a background of continuous high incidences of these 3 diseases.

Target Population:

The programme is focused on children aged 15 months to 2 years with the objective of achieving and maintaining at least a 90% uptake of the vaccination amongst this age group.

The programme will be in operation to March, 1990.

Promotion of the Vaccine:

A national mass media campaign was launched on the 3rd October, 1988 and will be ongoing to March, 1990. The programme is being implemented through television, radio and newspapers and is highlighting the dangers of contracting the three diseases and the fact that the M.M.R. vaccine, which is safe, simple and effective is now available free of charge.

To supplement the national programme arrangements have been made by the Board to promote the vaccine amongst the parents of children in the target population. This is being carried out as follows:-

1. All parents of children reaching 15 months are being notified to bring their child to their family doctor to receive the vaccine.
  11. Since November, 1988 the Board's Medical Staff are carrying out vaccination programmes on school entrants.
  111. The Board's public health nursing staff propose to meet parents at 12 months and 18 months on a "one to one basis" to explain and encourage attendances for vaccination and to identify defaulters.
- IV. Publicity material will be displayed in all health centres, doctors surgeries and public places.

The administration of the vaccine programme is being organised by the Board and the vaccine given to the general practitioner. The position is being monitored by the Board's staff and in areas where the uptake of the vaccine is low, public health immunisation clinics will be arranged.

### NURSING SERVICE.

Apart from the areas already referred to where the Public Health Nurse collaborates with the delivery of services e.g. Child Health, Immunisation, School Medical Service etc., she is also involved directly in a further range of service provision.

#### Care of the Elderly:

One of the most important and time-consuming aspect of a public health nurse's duties is her role in caring for the elderly. Public Health Nurses maintain a register of all Elderly Persons in their areas.

The following duties are performed by Public Health Nurses for the Elderly.

- (a) Dressings such as for leg ulcers etc.
- (b) Injections.
- (c) Arranging laundry facilities with Social Service Councils.
- (d) Bed Baths.
- (e) Management of Incontinence.
- (f) Arranging for the supply of various appliances.  
Instruction in the use and maintenance of such appliances.
- (g) Arranging of support services such as Meals on Wheels.
- (h) Liaising with members of Social Service Councils regarding visitation of the elderly and the provision of Chiropody Services.
- (i) Disseminating information regarding entitlement to services.

The Public Health Nurses have an important role to play in advising members of the community of their entitlements to services and/or statutory allowances. To complement this role, the Board produced a range of leaflets on the various services and entitlements for members of the public. These leaflets are provided in all health centres as well as large notice boards for the display of Health Education material.

Public Health Nurses prepare report on applicants for Day Care Services, Residential Care, Home Help Services and on cases for consideration under the Housing Aid Scheme for the Elderly. They also have an important role in the Local Community Care Team with regard to social cases, and work with other disciplines in educating, monitoring and supporting families with particular difficulties. Public Health Nurses also provide care for the terminally ill and offer support to relatives at times of bereavements.

Twilight Nursing Service.

In 1987 the Board recognised that with increasing emphasis on the provision of community based services in the prevention of admission to institutional services coupled with the policy of facilitating early discharge of persons from hospitals to community, there was a clearly identified need to supplement and augment the existing community based services.

It was considered that this could best be achieved by the provision of night time and weekend nursing services in appropriate cases through suitably qualified nursing personnel. Towards the end of 1987 a twilight nursing service was established in nine locations throughout the Board's area. The scheme was extended in 1988 because of increasing demands on the service.

Details of Service - 1988.

	Number of Recipients.
Longford/Westmeath.	59
Laois/Offaly.	53



Liaison Nurses.

Liaison Nurses are now employed in both of the Board's Community Care areas.

The Liaison Nurse-

- (a) Acts as an information channel between hospital and community.
- (b) She improves communication, co-operation and eliminates any problems which may arise as a result of a patient going home.
- (c) She implements planned discharges, thus improving primary patient care.
- (d) The Liaison Nurse also visits the patient in the ward of the hospital to familiarise herself with any new procedure to be continued after discharge from hospital e.g. tracheostomy, colostomy etc. and special treatments.

Prior to discharge of independent patients from hospital, liaison is established with appropriate community personnel, to ensure co-ordination in the provision of such services, when they are required by the patient in the community.

The Liaison Nurse also plays an important role in assisting in the supervision of Boarding Out of the Elderly arrangements, by visiting the homes and assessing the elderly persons who are receiving this type of care on a regular basis. The Liaison Nurse who is a member of the "Access to Services for the Elderly" Committee, identifies and reports on problem areas where institutional and/or community services may not be adequate to meet the needs.

The appointment of the Liaison Nurse has helped to facilitate hospital discharges and yet respond to the short-term needs of the elderly by providing relief and floating beds in the Board's long-stay institutions. Crucial to the success of this concept is the designation of specific beds for long stay, relief, floating and crisis purposes.

The Liaison Nurse also has an important role to play in identifying suitable cases for the Twilight Nursing Service described above.

HOME HELP SERVICE.

The Home Help Service is a discretionary service provided under Section 61 of the Health Act, 1970.

A Home Help complements the work of the public health nurse in providing support to persons in the community.

An assessment is carried out on each individual case and the extent of service provided has regard to the needs of the individual and/or family.

The main criterion in determining the priority which attaches to the application is the overall consideration as to the degree to which the provision of the service would prevent admission to a residential service or facilitate the early discharge of persons from hospitals to the community.

Categories in receipt of a Home Help Service.

While traditionally the Home Help Service is perceived as being provided for the elderly, over the past number of years the service has developed to provide support to the following categories.

- (a) Mentally/Physically Handicapped.
- (b) Families where parents are ill or deceased.
- (c) Persons living alone.
- (d) Families with special difficulties.
- (e) Mentally Ill persons.
- (f) Relatives requiring support.

Number of Recipients.

The total number of persons who received the Home Help Service in 1988 was:

Longford/Westmeath.	:	420.
Laois/Offaly.	:	396.

Number of Home Helps Employed:

The total number of Home Helps employed by the Board at present is:-

Longford/Westmeath	:	8 Full Time.	162 Part Time.
Laois/Offaly.	:	5 Full Time.	211 Part Time.

Cost of Service.

The total cost of the service in 1987 and 1988 was:

	1987.	1988.
Longford/Westmeath	: £181,976	£214,965
Laois/Offaly.	: £221,708	£271,265

Future Developments:

The Working Party on Services for the Elderly established by the Minister for Health in September, 1986 made the following recommendations regarding the Home Help Service in its report. "The Years Ahead - A Policy for the Elderly" October, 1988.

- (a) Additional resources are necessary to expand the home help service . The immediate aim should be to develop the service to the extent of the whole time equivalent of 4.5 home helps per thousand elderly people.
- (b) Health Boards should be legally obliged to provide or make arrangements to provide services to maintain persons at home who would otherwise require care in another setting.
- (c) The home help service should be comprehensive enough to assist elderly people with all the tasks of daily living.
- (d) The decision to provide a home help service to an elderly person should be taken locally at district team level.
- (e) An emergency home help service should be available within a day of request. A service should also be available outside of normal working hours and at weekends.

- (f) The Home Help Service should be expanded in scope to provide an evening and weekend relief service for persons caring for elderly relatives at home.

Some of the recommendations have been or are being implemented by the Board e.g.

- (a) Flexibility in the manner of providing the service.
- (b) Emergency service when required.
- (c) Local input by the public health nurse in the assessment of need.

The implications of other recommendations in financial, personnel and operational policy terms are being examined by the Board's staff and where appropriate, the necessary submissions will be made to the Department of Health.

COMMUNITY CARE SERVICES 1988

GENERAL MEDICAL SERVICES SCHEME

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GENERAL MEDICAL SERVICES SCHEME.

Purpose of Scheme:

Persons who are unable without undue hardship to arrange general practitioner medical and surgical services for themselves and their dependants receive a free general medical service.

Prior to 1972 this service was provided by district medical officers, more popularly known as dispensary doctors. They were paid a salary and each was appointed to a specific dispensary district.

In 1966 the then Government set out proposals for the abolition of the dispensary system and for the reorganisation of the general medical service so that those eligible for free medical care would be able to get the same kind of service as others could get through private arrangements. This proposal involved "substituting for the dispensary service a service with the greatest practicable choice of doctor and the least practicable distinction between private patients and those availing themselves of the service". It was also stated that it would be preferable "if those using the service were entitled to get their drugs, medicines and appliances through the same channels as the doctor's private patients, that is the retail chemists or the doctors themselves in areas where there are no chemists".

The Health Act, 1970 made provision for the introduction of a scheme on the lines proposed and following discussion with the medical and pharmaceutical organisations the scheme was brought into operation in 1972. It is generally referred to as the General Medical Services Scheme or the Choice of Doctor Scheme.

Provision of Services under the Scheme:

A person eligible to receive free general practitioner services for himself and his dependants registers with the doctor of his choice, provided that the doctor has entered into an agreement with the relevant health board and is prepared to accept the patient on to his panel. Except in certain circumstances, the doctor chosen must not live more than seven miles from the patient nor have already a patient list of the maximum number allowed. Where an eligible person does not succeed in obtaining registration the health board arranges to have him entered on a doctor's panel.

Drugs, medicines and appliances supplied under the Scheme are provided through retail pharmacies. In most cases the doctor gives the completed prescription form to the patient, who takes it to any pharmacy that has an agreement with a health board. In rural areas, where a doctor has a centre of practice three miles or more from the nearest retail pharmacy participating in the Scheme the doctor dispenses for those patients served from that centre who opt to have their medicines dispensed by him. The doctor is paid a dispensing fee for each of these patients. The medicines he dispenses are obtained by him through a stock order given to a retail pharmacy participating in the Scheme, located in the doctor's normal area of practice, or, if there are no such premises in that area, located reasonably convenient to the area. This arrangement for dispensing to some patients by their doctor was terminated for the most part on 6th. February, 1987 and was restored, with some new monitoring provisions attached, as from 1st. July, 1987.

Persons covered by the Scheme.

The number of persons covered by the Scheme in the state increased in 1987 by 1.45% - from 1,323,035 to 1,342,233 persons but the number covered in the Midland Health Board decreased from 86,931 to 84,541 - a decrease of 2.83%. This decrease was due for the most part to the ongoing systematic review of medical cards undertaken by the Boards staff which resulted in the removal of cards relating to deceased persons, persons who had left the area and ineligible card holders.

Number of Doctors & Pharmacies in the G.M.S. Scheme.

In 1986 in the Midland Health Board area, there were 91 Doctors participating while in 1987 there were 90. The number of participating Chemists increased from 60 to 63.

Visiting Rates:

In the Boards area in 1986 a total of 502,347 consultations took place in Doctors surgeries and this figure rose to 509,113 in 1987 - an increase of 1.35%. On the other hand domiciliary visits by the doctors decreased from 89,802 in 1986 to 84,893 in 1987 - a decrease of 5.78%. The overall consultations accordingly increased by .31%.



Prescribing:

Number of Prescriptions and Number of Prescription items:

1.	<u>Number of Prescriptions</u>		
	<u>1986</u>	<u>1987</u>	<u>%Increase</u>
	406,479	448,948	10.45%

11.	<u>Number of Prescription Items.</u>		
	<u>1986</u>	<u>1987</u>	<u>%Increase</u>
	778,076	869,020	11.69%

Cost Per Eligible Patient

The cost per eligible patient in the Board's area increased from £89.23 in 1986 to £95.99 in 1987, an increase of 7.58%.

By comparison the highest cost per eligible patient in the country was £102.21 and the lowest £86.40.

Cost of Issuing a Medical Card.

The total number of cards effective at 31/12/1987 in the Midland Health Board was 45,709 covering 84,541 persons (40.67% of population). The cost of issuing a medical card in 1987 amounted to £161.37 which represents an increase of 6.7% on the 1986 cost.

Monitoring Arrangements:

The Board, which is the holder of each doctors contract is required to monitor the services being provided to eligible persons. The level of Services being so provided in the Boards area is of a uniformly high standard with patients service complaints being minimal.

Three doctors who were referred in 1987 to Investigating Groups have appealed the decisions of the Groups and their apeals have not yet been heard.

COMMUNITY CARE SERVICES 1988

SOCIAL WORK SERVICES

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SOCIAL WORK SERVICES.

The following are the services provided by the Board's Social Workers:-

1. An advisory and case work service to families and individuals including children.

Social Workers are involved in counselling families who have marital difficulties or where social problems exist. They also provide an information and referral service where an alternative agency may be in a position to provide counselling or support services. Increasing demands are being placed on this service because of the rise in unemployment and the rise in social problems.

2. Receiving into the care of the Health Board at the request of either parents, or guardians, or through a court order, certain categories of children who, in existing circumstances cannot remain at home.

The principal act in the area of child care is the Childrens Act, 1908 and it is under this act that proceedings are brought by the Board. The principle grounds upon which applications are made is that of the failure of a guardian or parent to exercise proper guardianship. The court is bound to regard the welfare of the child as the first and paramount consideration.

If a child or young person has been or is being assaulted, illtreated, neglected or is at risk, then a place of safety order is sought at the district court. Subsequent to the court making a place of safety order, a fit persons order may also be sought. The following statistics indicate the numbers of such orders granted in the Midland Health Board area in 1984, 1985, 1986, 1987 and 1988.

	1984	1985	1986	1987	1988.
Place of Safety Order.	22	31	23	12	8
Fit Persons Order.	21	20	20	17	7
Total No. of Orders.	43	51	43	29	15

The trend in relation to the total number of orders is encouraging in that it means that there is a reduction in the incidents of legal action by the Board in respect of measures for the protection of children at risk. This in part reflects the establishment during 1988 of the Specialist Child Care Teams which were partly funded by a grant from the National Lottery.

The Child Care Bill 1988 which was published on the 24th May, 1988 was considered by the Board at its meeting in June, 1988. The purpose of the Bill is to update the law in relation to the care of children, particularly children who have been assaulted, illtreated, seriously neglected or sexually abused or who are at risk. The main provisions of the Bill are as follows:-

1. The placing of a statutory duty on Health Boards to promote the welfare of children who are not receiving adequate care and protection;
2. Strengthening of the powers of Health Boards to provide child care and family support services;
3. Improved procedures to facilitate immediate intervention by Health Boards and the Gardai where children are in serious danger;
4. Revised provision to enable the courts to place children, who have been assaulted, illtreated, seriously neglected or sexually abused or who are at risk, in the care of or under the supervision of Health Boards;
5. Introduction of arrangements for the inspection and supervision of pre-school services;
6. Revised provisions in relation to the inspection and approval of residential centres for children.

During consideration of the Child Care Bill, 1988, the Board members welcomed the Bill and in particular the provisions relating to revising the age for which Health Boards are responsible for children to 18 years of age and the proposed arrangements for undertaking emergency care of children in immediate danger. The provisions of the Bill for the sale of solvents to children were noted. The implementation of this proposed legislation will involve considerable expenditure by the Boards in terms of pay and non-pay costs. The resources required to deal with the issues covered in the Bill have been identified and costed by the Board and advised to the Department of Health. The estimated revenue costs are fl.3million.

Non-Accidental Injury to Children.

In July, 1987 the Department of Health published revised guidelines and procedures for the identification, investigation and management of child abuse. The guidelines were prepared by a multidisciplinary working group set up by the Minister for Health and their aim is to provide guidance generally for personnel working with children, and particularly for health and social service agencies, on the identification, investigation and management of child abuse. It is important that all those who are likely to be professionally concerned with child abuse have a clear understanding of the main points in the law as it applies to child care and protection and are familiar with their respective responsibilities. These guidelines do not deal specifically with the prevention of child abuse. However, Health Boards, Hospital Authorities and other Statutory and Voluntary Agencies which regularly come in contact with the children in the course of their work, should be continually alert to the contribution they can make to the prevention of this problem. Greater awareness and discussion among Health and Social Services personnel will, it is hoped, encourage the development of alert, compassionate and balanced attitudes in dealing with the problem.

The new guidelines were circulated to all persons involved in child care. Cases are generally brought to notice by General Practitioners, Gardai, Teachers, Neighbours, Relatives and the Board's own staff working at hospital and community level. The relevant statistics indicate that the number of cases coming to notice continues to increase and this is a consequence of a much greater alertness to and awareness of the problem because of the activities of the Board's professional staff in alerting persons in the child care area of the signs and symptoms of non-accidental injury. This increasing awareness has inevitably led to greater demand on the time of the Board's professional staff, in investigating each case, counselling and holding case conferences. In addition the Board has found itself increasingly involved in litigation as a consequence of its activities in this context. During 1988 the Minister for Health advised the Board that he was providing a grant of £80,000 from the National Lottery proceeds for the improvement of services for the assessment of alleged cases of child sexual abuse in the Midland Health Board area. This has enabled additional and complementary staff to be appointed by the Board to work in the area of non-accidental injury and child sexual abuse.

Statistics for the year 1986, 1987 and 1988 are as follows in respect of cases of child abuse.

	1986	1987	1988.
Confirmed	64	111	190
Suspected.	129	111	226

During 1988 the Specialist Child Care Teams were established comprising an Area Medical Officer, Social Worker, Public Health Nurse and Ban Garda. The Board acknowledges the wholehearted co-operation of the Gardai at all levels dealing with the problems of child abuse and closer organisational and operational links are being forged in this context. In addition the teaching profession has collaborated most effectively in assisting the Board staff deal with difficulties in relation to child abuse. Additional statistics contained in the appendix to this section of the report outlines the position in the Midland Health Board, other Health Boards and nationally in relation to child abuse for 1986/1987.

3. The placement of Children received into Care in Foster Homes, where possible or alternatively residential centres and the supervision of children who are placed in care.

Children requiring care continue to be Boarded Out where possible with foster parents in the community. Foster parents are chosen following careful assessment. A legal agreement is drawn up between the Board and the foster parents and visits are made in accordance with the Boarding Out of Children Regulations, 1983. The Board pays an allowance to the foster parents for the child's maintenance. In a number of cases the Board arranges for children to be placed in foster care on a short term basis. This situation arises particularly where children are placed in foster care with the consent of their parents to perhaps allow the parents to cope with the problems they might be having at a particular time and through this arrangement parents are given a break and an opportunity to sort out their problems. Children are also placed in shortterm foster care in situations where a single mother is deciding whether to place her baby for adoption. The Board regularly advertises for prospective foster parents and a record is maintained of available persons who have been assessed as suitable to act as foster parents. Parenting Plus courses continue to be held in both community care areas within the Board. These courses provide a beginning for new foster parents describing what foster care is and what it means to be

a foster parent and provides some suggestions and guidelines. In addition the courses provide an opportunity for new information. The courses draw a lot of material from contributions from experienced foster parents who share their own experiences. The Board recognises that the problems and reasons for needing care are becoming increasingly complex. Consequently foster parents are faced with dealing with a double task, dealing with a child separated from his or her own family and dealing with the reasons for coming into care. In order to meet these needs, foster parents are called upon to exercise an extra measure of understanding patience and knowhow. Parenting Plus Courses provide the necessary training to enable foster parents to carry out these tasks successfully. The following statistics indicate the number of children in care in 1986, 1987 and 1988.

	1986.	1987.	1988.
Foster Care.	156	184	214
Residential Care.	38	24.	20

It is important to note that there is now no institutional type care provided in the Board. Group homes are now provided where residential care is necessary and the new Family Group Home opened in Ballymahon in 1986 continues to be a valuable resource in this respect.

4. Advice and Counselling Service relating to Adoption.

In Ireland legal adoption is governed by the Adoption Acts of 1952 and 1974 which are administered by the Adoption Board. The Board's Social Workers provide Counselling Service to natural mothers. Prospective Adoptive Parents are advised of all details of the Adoption Societies by the Social Workers who also provide information or assistance as required. In some cases the Board's Social Workers place children for adoption i.e.



where a child is hard to place due to, a handicap, an adverse parental medical history etc.

In July, 1987, The Adoption (No.2) Bill was published. This Bill contained some provisions additional to those outlined in the 1986 Bill particularly in relation to the actual procedures for adoption. This Bill was then referred to the Supreme Court and following the decision of the Supreme Court that the Bill is not repugnant to the constitution, the president signed it into law as the Adoption Act, 1988

Persons wishing to adopt under the Act must make an initial applicaiton to the Adoption Board. That Board will assess their eligibility to adopt and their suitability to have parental rights in respect of the child.

The Board is obliged to hear the views of the Health Board for the area in which the applicants reside. The Adoption Board may also hear the natural parents, the proposed adoptors and other persons who have an interest in the child. If, following its enquiries the Adoption Board is satisfied that adoption would be appropriate, it makes a declaration stating that it would be prepared to make an adoption order if the High Court were to authorise it to do so. If, on the other hand the Adoption Board is not satisfied that the child should be adopted, there the matter ends.

Where the Adoption Board has made a declaration, an application must then be made to the High Court for an order authorising the Adoption Board to make an adoption order. The proposed adoptors, must, first of all, request the Health Board in whose area they live to apply to the High Court on their behalf. The Health Board may decline to apply if it considers that it would not be proper to do so. However, the proposed adoptors may make an application in their own right if the Health Board does not do so.

Where the natural parents are refused legal aid, the Health Board involved must pay Court Costs incurred by them that are not paid by any other party to the proceedings. Furthermore, if the cost of any other party, e.g. the proposed adoptors are awarded against the natural parents, the court may order those costs to be met by the Health Board.

As regards the proposed adopters, where an application to the High Court is made by a Health Board on their behalf, the cost of the proceedings will be met by the Health Board. Where however, the Health Board declines to make an application and the proposed adopters apply themselves, the following arrangements apply.

If they are successful in obtaining an order authorising the adoption, the Health Board must meet costs incurred by them that are not met by any other party. If they are unsuccessful they must meet their own costs unless they are entitled to legal aid. During the passage of the Bill through the Oireachtais, the Minister gave an undertaking that he would monitor closely the operation of the Act. The Board must make an annual return in respect of the operation of the Act.

#### The Status of Children Act 1987

The purpose of the Status of Children Act 1987 is to equalise the rights under the law of all children, whether born within or outside marriage. This is being achieved, firstly, by setting out the general principle that, in this and future legislation, relationships are to be determined without regard to whether the parents of any person have married each other. Secondly, the Bill gives effect to this principle by putting children whose parents have not married each other on the same footing or as nearly so as possible as those born within marriage in the areas of guardianship, maintenance and property rights. In addition, important new provisions are being introduced into the law. These include a statutory procedure to enable any person to obtain a court declaration as to his parentage, and provisions governing the use of blood test and civil proceedings. The Bill also amends the law relating to legal presumptions and other evidential matters and to the registration of the births of children whose parents have not married each other. The Bill follows from the Government's consideration of the law reform commissions report on illegitimacy (L.R.C.4/1982).

STATISTICS ON CHILD ABUSE IN 1987 (1986)

APPENDIX.

SUMMARY

<b>HEALTH BOARD:</b>	<b>Eastern</b>	<b>Midland</b>	<b>Mid-West</b>	<b>North-East</b>	<b>North-West</b>	<b>South-East</b>	<b>Southern</b>	<b>Western</b>	<b>Total</b>
1.-No. of cases reported to health boards	793(504)	240(129)	98(65)	96(72)	150(49)	78(51)	80(83)	111(62)	1646(1015)
2.-No. of reported cases of Child Sexual Abuse included above.	452(201)	111(38)	43(33)	64(44)	88(39)	61(39)	44(56)	66(25)	929(475)
3.-No. of reported cases which were confirmed.	350(273)	91(64)	33(20)	60(40)	104(23)	32(22)	44(43)	49(10)	763(495)
4.-No. of confirmed cases which involved sexual abuse.	211(135)	48(26)	19(13)	43(28)	55(18)	26(18)	23(29)	31(7)	456(274)
5.-No. of cases which gave rise to proceedings under Children Act.	59(48)	23(20)	17(13)	6(3)	15(5)	8(2)	11(12)	8(2)	147(105)
6.-No. of children admitted to care under court orders resulting from these proceedings.	50(45)	17(19)	19(9)	6(3)	15(15)	10(2)	11(11)	8(2)	136(106)
7.-No. of confirmed cases where children were placed voluntarily in care.	21(25)	26(17)	3(6)	8(2)	0(1)	4(5)	1(6)	10(4)	73(66)

<b>HEALTH BOARD:</b>		<b>Eastern</b>	<b>Midland</b>	<b>Mid-West</b>	<b>North-East</b>	<b>North-West</b>	<b>South-East</b>	<b>Southern</b>	<b>Western</b>	<b>Total</b>
	<b>Hospitals</b>	148(92)	20(2)	12(6)	13(12)	4(5)	4(5)	19(7)	1(1)	221(130)
	<b>General Practitioners</b>	19(16)	17(8)	14(7)	7(11)	10(2)	12(4)	4(4)	11(2)	94(54)
	<b>Area Medical Officers</b>	19(19)	0(0)	15(2)	2(2)	5(14)	2(4)	2(4)	1(5)	46(50)
<b>Source of Referral</b>	<b>H.B. Social Workers</b>	77(57)	33(31)	2(8)	7(2)	13(5)	2(10)	6(2)	5(3)	145(118)
	<b>Public Health Nurses</b>	94(84)	15(13)	4(4)	11(2)	36(2)	7(5)	5(3)	15(5)	187(118)
	<b>Teachers</b>	60(43)	19(17)	10(2)	6(4)	19(3)	14(3)	8(2)	4(3)	140(77)
	<b>Gardai and Probation service</b>	22(25)	10(9)	3(5)	9(10)	7(0)	6(3)	4(10)	1(6)	62(68)
	<b>Psychiatric Service</b>	25(21)	1(4)	3(0)	2(2)	3(2)	2(4)	3(6)	2(1)	41(40)
	<b>Voluntary Agencies</b>	21(25)	10(1)	22(0)	4(2)	3(0)	3(2)	3(1)	5(4)	71(35)

HEALTH BOARD:		Eastern	Midland	Mid-West	North-East	North-West	South-East	Southern	Western	Total
	Community Welfare Officers	3(3)	2(3)	0(0)	2(0)	0(0)	0(0)	0(1)	1(0)	8(7)
Source of Referral	Neighbours and Relatives	175(79)	100(19)	6(11)	23(18)	17(3)	13(4)	18(21)	32(14)	384(169)
	Self-Referral	69(15)	4(17)	6(19)	6(3)	18(8)	10(3)	5(6)	9(4)	127(75)
	Other than above	61(25)	9(5)	1(1)	4(4)	15(5)	3(4)	3(16)	24(14)	120(74)
	Totals	793(504)	240(129)	98(65)	96(72)	150(49)	78(51)	80(83)	111(62)	1646(1015)

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SUPPLEMENTARY WELFARE ALLOWANCES

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SUPPLEMENTARY WELFARE ALLOWANCES.

The Social Welfare Supplementary Welfare Allowance Act, 1975 was introduced in 1977. It replaced the 1939 Act under which a person had no statutory right to assistance and entitlement was a matter of decision by the Public Assistance Authority.

The main features of the 1975 Act were:

1. A legal entitlement to a standard basic minimum allowance equivalent to Unemployment Assistance.
2. Provision for dealing with cases of special need.
3. A Right of Appeal.
4. Different financing arrangements.

From 1977 to 1985 the Scheme was financed partially by the Local Authority and partially by Central Funds. This method of financing changed from the 1st. January, 1986, with the scheme being financed entirely by the exchequer. Local Authorities are still liable to pay arrears due at the end of 1985.

The following range of payments are made under the Supplementary Welfare Allowances Act.

1. Basic Supplementary Welfare Allowances and Income Supplements.
2. Exceptional needs payments.
3. Footwear Scheme.
4. National Fuel Scheme.

1. Supplementary Welfare Allowances and Income Supplements.

Every person in the state whose means are insufficient to meet his/her needs and the needs of any adult or child dependent is entitled to Supplementary Welfare Allowance. Such payments are made by cheque each week by the Community Welfare Officer. There is provision also under the act for additional payments known as income supplements. The amount payable is determined by the particular needs as provided in Regulations which are implemented by the Board.

2. Exceptional Needs Payment.

Exceptional Needs Payments may be made under the Supplementary Welfare Allowance Regulations. This aspect of the Scheme is designed to meet sudden, urgent or exceptional needs. These payments are intended to help persons who find themselves in difficult circumstances and who would otherwise fall below the standard of living provided by the Supplementary Welfare Allowance Scheme.

Exceptional Needs Payments are generally made for the following: E.S.B. Accounts, Funeral Expenses, Clothing and Bedding, Furniture and Household equipment.

Mortgage Repayments.

The increase in unemployment has led to increasing difficulties for some mortgage holders in meeting repayments. Persons in this situation are advised by the Community Welfare Officer to consult at the earliest possible opportunity with the holders of the mortgage with a view to having the terms of the loan restructured to suit the



financial situation in which the person finds him/herself. There is also the possibility of cheaper alternative housing being provided by the Local Authority for a borrower in financial difficulty. Assistance towards interest repayments is determined having regard to the circumstances of each individual case. Assistance cannot be provided towards the cost of repaying the capital sum due in respect of the loan.

Rent Supplements.

Rent supplements may be paid to persons awaiting rehousing by the Local Authority i.e. County Council and Urban District Council. An application for a rent supplement is considered having regard to the applicants existing accommodation which should reflect family size, age etc. and the rent payable should be in line with current charges for similar appropriate accommodation.

	<u>Leois/Offaly</u>	<u>Longford/Westmeath.</u>
Number of Recipients of Basic Allowance, Income Supplements & Rent Supplement.	3,425	2,496
<u>Total Cost in 1988.</u>	£1,088,804	£704,670

3. Footwear Scheme.

The Footwear Scheme is administered by the Health Boards and it operates within the scope of the Supplementary Welfare Allowance Scheme. The scheme is confined to children (up to 18 years of age) whose parents or guardians are recipients of

- (a) Supplementary Welfare Allowance.
- (b) Social Welfare Benefit.
- (c) Social Welfare Assistance.
- (d) Disabled Persons (Maintenance) Allowance.
- (e) Infectious Diseases (Maintenance) Allowance.

The maximum allowance payable by the Board varies according to the size of the pair of shoes required.

Persons, other than persons in receipt of Supplementary Welfare Allowance, are required to make a contribution towards the cost of footwear provided under the Scheme. The amount of the contribution is dependant on the type of allowance they receive and the size of pair of shoes required.

In 1988 the Board issued cheques to eligible persons to facilitate applicants and suppliers.

	<u>Laois/Offaly</u>	<u>Longford/Westmeath</u>
No. of Families in receipt of Footwear Vouchers.	2,542	2,095
Cost of Scheme in 1988.	£64,404	£42,443

FUEL SCHEME:

The Government decided in July, 1987 to rationalise the Urban and National Fuel Schemes and to extend entitlement to Fuel Allowances to include 30,000 Long Term Unemployment Assistance Recipients. The first phase of this Rationalisation was undertaken in October 1987 when the National Fuel Scheme was extended to Long Term Unemployment Assistance Recipients (apart from Small Holders) who lived alone or with dependents. The Urban Fuel Scheme was simultaneously amended to exclude Unemployment Assistance Recipients subject to a Saver arrangement for existing Unemployment Assistance Beneficiaries. The second phase of Rationalisation was undertaken from the start of the 1988/89 heating season with the abolition of the Urban Fuel Scheme subject to the preservation of all existing entitlements under that Scheme.

New Administrative Arrangements.

From October, 1988 the Department of Social Welfare took over the processing and payment of Fuel Allowances to all Social Welfare recipients who receive their normal weekly entitlements from the Department. As a result the Board has now, only responsibility for the payment of Fuel Allowance to their own regular clients i.e. recipients of D.P.M.A., I.D.M.A., and S.W.A.

The Scheme commenced on 17th. October, 1988 and operates for a period of 26 weeks up to and including Friday 14th. April, 1989. The value of the Allowance remained unaltered at £5 weekly.

In order to qualify, applicants must be (1) Living Alone, (11) Living with a dependant Spouse/Child, (111) Living with an incapacitated person, (IV) Living with a person providing constant care and attention for the applicant, (V) Living with another person receiving one of the specified benefits or allowances under the Scheme.

Individual assessments are carried out to determine whether the basic criteria (i.e. inability to provide for his/her heating needs from his/her own resources) is fulfilled.

	<u>Laois/Offaly</u>	<u>Longford/Westmeath</u>
No. of Persons in receipt of Fuel Allowance.	4,581	2,781
Cost of Scheme in 1988.	£338,465	£295,055

The Statistics above refer to the second part of the 1987/88 Scheme together with the first part of the 1988/89 Scheme.

GENERAL:

The nature and extent of need for Supplementary Welfare Allowance is dependent on many factor including the extent of unemployment and the type of employment in an area i.e. whether seasonal or permanent.

The following information from the Department of Social Welfare "Statistical Information on Social Welfare Services 1987 gives relevant Statistics and trends which affect the extent of Supplementary Welfare Allowances.

Percentage of Total Unemployed by Region at 20th. November, 1987.

North West	6.8%
North East	5.6%
West	7.6%
Mid West	8.6%
Midlands	5.8%
Dublin	32.8%
East	8.1%
South East	11.0%
South West	13.7%
	-----
	100.00%

Persons Unemployed (Live Register) at 20th. November, 1987 by Region shown as a percentage of the total population over 15 years in each Region.

North West	10.8%
North East	9.6%
West	8.7%
Mid West	9.3%
Midlands	7.6%
Dublin	10.6%
East	9.2%
South East	9.8%
South West	8.6%

**Note:** For the purpose of Social Welfare Regions the Midland Region includes Laois, Longford, Offaly, Roscommon and Westmeath.

**Analysis of Social Welfare Payments by County 31st. December, 1987.**

County	Old Age	Family Income Support.	Illness	Unemployment	Total
Laois	3,430	1,820	920	3,090	9,260
Longford	2,860	1,370	920	2,000	7,150
Offaly	3,900	2,110	1,650	4,230	11,890
Westmeath	4,620	2,780	1,580	3,570	12,550
<b>National</b>	<b>239,630</b>	<b>156,390</b>	<b>98,570</b>	<b>256,190</b>	<b>750,780</b>

County	Total	Population	Social Welfare Recipients as % of Population.
Laois	9,260	53,280	17.4
Longford	7,150	31,500	22.7
Offaly	11,890	59,830	19.9
Westmeath	12,550	63,380	19.8
<b>National</b>	<b>750,780</b>	<b>3,540,640</b>	<b>21.0</b>

**Unemployment - Analysis by County**

Number and Percentage of Persons on the Live Register at 30th. November, 1987. Classified by County of Residence.

COUNTY	NUMBER	PERCENTAGE OF TOTAL LIVE REGISTER
Laois	2,927	1.2%
Longford	1,618	0.7%
Offaly	4,082	1.7%
Westmeath	3,380	1.4%

Community Welfare Officers in the Board's area attend at the centres listed in the following 2 pages.

COMMUNITY WELFARE OFFICES LOCATIONS & ATTENDANCE.

<u>Laois/Offaly</u>	<u>Frequency:</u>
Tullamore	Monday, Tuesday Thursday, Friday.
Birr	Monday, Wednesday, Friday
Ferbane	Tuesday,
Kilcormac	Monday, Wednesday
Kinnitty	Wednesday
Cloghan	Friday
Banagher	Friday
Shinrone	Tuesday
Moneygall	Tuesday
Portlaoise	Monday to Friday
Portarlington	Monday, Tuesday Wednesday, Friday.
Mountmellick	Thursday
Rathdowney	Monday, Thursday, Friday
Abbeyleix	Tuesday
Durrow	Tuesday
Mountrath	Thursday
Ballylinan	Tuesday
Stradbally	Wednesday
Borris-in-Ossory	Wednesday
Shannonbridge	Tuesday
Pullough	Tuesday
Edenderry	Friday
Clara	Wednesday, Friday
Daingean	Wednesday
Rhode	Tuesday
Clonbullogue	Thursday

Westmeath/Longford:

Athlone  
Glasson  
Mullingar  
Milltownpass  
Kinnegad  
Killucan  
Clonmellon  
Delvin  
Raharney  
Castlepollard  
Finea  
Coole  
Castletown-Geoghegan  
Rochfortbridge  
Moate  
Kilbeggan  
Ballymore  
Moyvore  
Ballynacargy  
Multyfarnham  
Rathowen  
Streete  
Lismacaffrey  
Lanesboro  
Drumlish  
Edgeworthstown  
Longford  
Newtowncashel  
Kenagh  
Colehill  
Ballymahon  
Legan  
Granard  
Legga  
Smear  
Ballinalee

Frequency:

Wednesday, Thursday  
Tuesday,  
Thursday  
Wednesday  
Wednesday  
Wednesday  
Tuesday  
Tuesday  
Tuesday  
Wednesday  
Wednesday  
Wednesday  
Wednesday  
Wednesday  
Thursday  
Friday  
Wednesday  
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Friday  
Friday  
Friday  
Friday  
Tuesday  
Thursday  
Thursday  
Wednesday, Friday  
Tuesday  
Wednesday  
Thursday  
Friday  
Thursday  
Tuesday  
Wednesday  
Wednesday  
Friday



COMMUNITY CARE SERVICES 1988

SERVICES FOR TRAVELLERS

PAGES 48 - 54

SERVICES FOR TRAVELLERS.

The needs of travellers requires close co-operation between the Health Boards, Local Authorities, Department of Education, State Agencies concerned with the training and employment of travellers, and Voluntary Organisations.

The report of the Travelling People Review body in 1983 recommended that information be regularly collected on the health status of travellers and it also stated that there was an urgent need to establish the reason for the apparently low life expectancy and high infant and childhood mortality rates of travellers.

Arising from those recommendations the Medico-Social Research Board (Now the Health Research Board) was requested by the Department of Health to undertake a study of the health of the Travelling People in the Republic of Ireland .

Statistics from the 1st Report. - "The Travellers Health Status Study. Census of Travelling People November, 1986".  
(Joseph Barry & Leslie Daly) - are listed hereunder.

Distribution, Mean Age and % Age 65 + By County.

County	No. Persons	% Persons	Mean Age	% Age 65+
Laois	245	1.5	18.3	2.4
Longford	382	2.4	19.3	2.4
Offaly	479	3.0	19.7	2.7
Westmeath	330	2.1	18.7	2.1
National	15,888	100.0	18.3	1.8

Age Sex Distribution by County.

<u>COUNTY LONGFORD.</u>			
<u>Age</u>	<u>Sex</u>		<u>Total.</u>
	<u>Male</u>	<u>Female</u>	
1	4	8	12
1- 4	32	36	68
5- 9	43	23	66
10-14	16	28	44
15-24	45	33	78
25-34	7	3	10
45-54	8	12	20
55-64	8	9	17
65-74	2	3	5
75-84	3	1	4
85+	0	0	0
<b>TOTAL</b>	<b>197</b>	<b>185</b>	<b>382</b>

<u>COUNTY LAOIS.</u>			
<u>Age</u>	<u>Sex</u>		<u>Total.</u>
	<u>Male</u>	<u>Female</u>	
1	6	5	11
1- 4	24	21	45
5- 9	19	27	46
10-14	11	13	24
15-24	25	19	44
25-34	20	22	42
35-44	7	4	11
45-54	6	3	9
55-64	4	3	7
65-74	1	5	6
75-84	0	0	0
85+	0	0	0
<b>TOTAL</b>	<b>123</b>	<b>122</b>	<b>245</b>

<u>COUNTY OFFALY.</u>			
Age	Sex		Total.
	Male	Female	
1	6	10	16
1- 4	36	42	78
5- 9	39	41	80
10-14	31	37	68
15-24	38	49	87
25-34	29	34	63
35-44	18	13	31
45-54	14	12	26
55-64	11	6	17
65-74	3	5	8
75-84	4	1	5
85+	0	0	0
<b>TOTAL</b>	<b>229</b>	<b>250</b>	<b>479</b>

<u>COUNTY WESTMEATH.</u>			
Age	Sex		Total.
	Male	Female	
1	4	3	7
1- 4	17	38	55
5- 9	23	28	51
10-14	19	29	48
15-24	42	44	86
25-34	19	19	38
35-44	7	9	16
45-54	8	5	13
55-64	4	6	10
65-74	4	2	6
75-84	0	0	0
85+			
<b>TOTAL</b>	<b>147</b>	<b>183</b>	<b>330</b>

Traveller and Household Distribution by Health Boards.

Health Board	No. Persons.	% Persons	No. Households	% Households.
Eastern	3,869	24.4	691	24.2
Mid-Western	2,048	12.9	370	12.9
Midland	2,436	9.0	273	9.5
North Eastern	1,241	7.8	220	7.7
North Western	658	4.1	124	4.3
South Eastern	1,594	10.0	290	10.1
Southern	2,035	12.8	387	13.5
Western	3,007	18.9	506	17.7
<b>TOTAL</b>	<b>15,888</b>	<b>100.0</b>	<b>2,861</b>	<b>100.0</b>

Household Distribution by Accommodation Type.

% Household.

Accommodation Type..	Laois	Longford	Offaly	Westmeath	National
Local Authority					
House.	18.2	59.0	43.3	72.1	41.2
Other House.	-	7.7	2.2	-	5.9
Chalet.	2.3	9.0	1.1	-	3.1
Caravan Serviced					
Site.	34.1	2.6	21.1	16.4	9.3
Caravan Unserviced					
Site.	6.8	--	4.4	1.6	13.0
Caravan Roadsite.	36.4	21.8	24.4	9.8	25.7
Other.	2.3	--	3.3	-	1.8

A Census of the position regarding the number of Travelling Families in each county for 1988 indicated the following:

LAOIS.

(a)	No. of Families living in standard Local Authority Houses. . . . .	5
(b)	No. of Families living in group Local Authority Houses. . . . .	-
(c)	No. of Families in Chalets on Serviced Sites...	1
(d)	No. of Families in trailers on official sites..	18
(e)	Total number of families on the roadside. . .	25
(f)	Total number of families in the county. . .	49

LONGFORD.

(a)	No. of Families living in standard Local Authority Houses. . . . .	81
(b)	No. of Families living in group Local Authority Houses. . . . .	0
(c)	No. of Families in Chalets on Serviced Sites...	2
(d)	No. of Families in trailers on official sites..	8
(e)	Total number of families on the roadside. . .	12
(f)	Total number of families in the county. . .	103

OFFALY

(a)	No. of Families living in standard Local Authority Houses. . . . .	34
(b)	No. of Families living in private houses. . .	1
(c)	No. of Families living in group Local Authority Houses. . . . .	4
(d)	No. of Families in Chalets on Serviced Sites...	1
(e)	No. of Families in trailers on official sites..	19
(f)	Total number of families on the roadside. . .	38
(g)	Total number of families in the county. . .	97

WESTMEATH.

(a)	No. of Families living in standard Local Authority Houses. . . . .	83
(b)	No. of Families living in group Local Authority Houses. . . . .	--
(c)	No. of Families in Chalets on Serviced Sites...	--
(d)	No. of Families in trailers on official sites..	5
(e)	Total number of families on the roadside. . .	13
(f)	Total number of families in the county. . .	101

Care of Mothers and Children.

Travellers can avail of and receive the same Health Services as other groups living in settled areas. The transient nature of the travellers' lifestyle poses difficulties for health professionals as non attendance at Immunisation or Specialist out-patient clinics can give rise to frequent admission to hospitals. There is also a poor take up level for ante and post natal care. This difficulty is more acute in relation to families who live in caravans, because of overcrowding, dampness, fire hazards, infestation and sanitary conditions.

Area Medical Officers visit the halting sites to developmentally assess and immunise children and in each Public Health Nurse district the nurse has particular regard to the health needs of mothers and families of travellers.

Pre-Schools:

Early intervention is very important in dealing with travellers needs. The provision of a pre-school is therefore a necessary facility in the provision of Health and Education services for travellers. The Board in co-operation with the Department of Education and local Voluntary Organisations assist in the provision of such pre-school facilities.

An additional new pre-school was established in 1988 at a halting site in Tullamore to which 14 children attend.

CENTRE.	NOS. ATTENDING.
Longford.	19
Tullamore.	30.
Portlaoise.	12.

Special School.

Special Classes operate throughout the Board's area in Longford, Athlone, Tullamore and Portlaoise. There is a special class attached to a post-primary school in Athlone. The class was set up by Athlone Community Services Council Ltd. which is grant aided by the Midland Health Board. The Vocational Education Committee employs a part time teacher and 2 helpers for the class. This class concentrates on social training, life skills, reading and writing skills, budgeting, cooking, general craft and work training.

Social Work Services:

Social Workers play a valuable role in providing support services for travellers. Social Workers establish the extent of needs in relation to housing, health, education, employment and research. In the Midland Health Board area Laois and Offaly County Councils employ a Social Worker for travellers and in Longford the Midland Health Board employs and supervises a Social Worker for travellers on behalf of Longford County Council.

Training Centres:

Many teenage and adult travellers require literacy and numeracy skills, together with skills to enable them to obtain further training and employment. The provision of Training Centres/ Co Operatives is a necessary resource to cater for those needs. The aim of the training centre is to develop and provide the physical, mental and social well-being of travellers.

Details of Service 1988.

TRAINING CENTRE.	NOS. ATTENDING
Tullamore.	30
Longford.	29
Athlone.	24

Home Management Courses:

Home Management courses specially designed to meet the requirements of travellers continue to be provided for the residents of halting sites in the Board's Area. The primary aim of the courses is to educate the participants towards a healthy life-style. The courses deal with such matters as basic family cooking, money management, hygiene and general health education.



COMMUNITY CARE SERVICES 1988

MENTAL HANDICAP SERVICES

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MENTAL HANDICAP SERVICES.

Services for the mentally handicapped in the Midland Health Board area are provided in the following manner;

- (a) By the Midland Health Board (A statutory organisation).
- (b) By the Sisters of Charity of Jesus & Mary (A non-statutory organisation).
- (c) By Voluntary Organisations.

The Midland Health Board provides services directly through funding received from the Department of Health. The Sisters of Charity of Jesus & Mary provide services for which they are funded directly by the Department of Health. They also provide services on an agency basis for the Midland Health Board. The Board pays the Sisters of Charity for the provision of these services which include mainly the assessment and counselling services. Voluntary Organisations provide services directly for which they receive grants from the Midland Health Board under Section 65 of the 1953 Act. Organisations providing services for the Mentally Handicapped have the following objectives:-

- (a) To provide for the right of the mentally handicapped to early identification of handicap, the management of the remediable associated illnesses/handicaps, ongoing assessment and follow up services.
- (b) To provide pre-school, training, employment and accommodation facilities appropriate to each individuals need.
- (c) To provide family and/or community support services consonant with a comprehensive service.

The provision of services within the Board's region is based on the principles of normalisation. Normalisation seeks to provide people with a mental handicap with life experiences in ordinary everyday settings. The individuals particular needs and difficulties must be taken into account, but needs should be met as far as possible, in his or her own local community. Implementing the principle of normalisation includes according people the dignity of risk. This means avoiding attitudes and practices based on the expectation that handicapped people would be protected from the challenges of living and should be insulated from potential risks.

Services designed on the principle of normalisation are likely to result in increasing competence and social participation for individual handicapped people and in increasing social acceptance for handicapped people as a group. The following services are provided for persons with mental handicap:-

Assessment and Counselling Services.

Children are identified to the Board's Community Care staff by birth notifications, liaison with hospitals, developmental screening clinics and for older children through school medical examinations and are subsequently referred for assessment by the Director of Community Care/M.O.H. for examination by the assessment team which collaborates with Medical Staff, Psychologist, Social Worker, Speech Therapist, Physiotherapist, and Counselling Nurse.

Following the assessment an appropriate plan of action is then determined for the individual child. This plan will take account of the need for counselling, general community and family supports and future placement appropriate to the child's need, such as a pre-school unit for the handicapped, remedial teaching in an ordinary school, placement in a special class or a special school for the mentally handicapped. Assessment and Counselling Services which are community based are provided on an agency basis for the Board by the Sisters of Charity of Jesus and Mary, Moore Abbey, Monasterevan, County Kildare.

The specific objectives of the Counselling Services are:-

- (a) To provide support and advice to parents at the earliest opportunity.
- (b) To assist parents with the setting up of simple educational management targets.
- (c) To supply information on all services available.
- (d) To ensure parents have a named person available to them.
- (e) To assess the needs of each child and work directly with the parents and others in achieving assessment targets.

Statistics for the Service.

The total number of referrals to the Assessment Team in 1988

was - New Referrals	325
Reviews.	422

The total expenditure on Agency Services in 1988 was £163,000

Day Care Services.

The local voluntary Mental Handicap Associations who are in the main grant aided by the Board provide pre-school day care units for the mentally handicapped children in Tullamore, Birr, Portlaoise, Athlone, Mullingar and Longford. The services provided by these units include training in literacy, numeracy and social skills on a daily basis from Monday to Friday.

The total numbers attending these units during 1988 were

Portlaoise	:	24
Tullamore.	:	17
Birr	:	8
Athlone.	:	18
Mullingar.	:	13
Longford.	:	14

In addition day care services providing care and training on a day basis from Monday to Friday for adolescents and young adults are in existence in Athlone, Longford, Portlaoise and Tullamore.

#### Special School/Special Classes.

There are special schools for mentally handicapped children in Mullingar, Delvin, Athlone, Longford and Portlaoise catering for approximately 200 children. In addition there are also special classes attached to primary schools catering for mild and moderately mentally handicapped children up to 12 years of age in Tullamore, Birr, Edenderry, Portlaoise, Longford and Athlone catering for 180 children. Children from the Board's area also attend special classes at Roscrea, Newbridge and Carlow. The Board pays an annual capitation rate of £85 in respect of Mildly Mentally Handicapped Children and £210 in respect of Moderately Mentally Handicapped Children, Post Primary classes in St. Brendan's Birr and Tullamore V.E.C. were established in 1988.

#### Placement Services.

The Midland Health Board is required under the 1970 Health Act to make available services for training of handicapped persons for open employment. This obligation is fulfilled in conjunction with the National Rehabilitation Board which is a statutory body with responsibility for all matters pertaining to the rehabilitation of handicapped persons. Placement services relates to placement in training and placement in open employment.

#### Workshops.

Workshop facilities operated by voluntary bodies are used by the Board for the training and placement of mentally handicapped persons. These workshops are at present in existence in St. Christopher's, Longford, St. Hilda's, Athlone, St. Cronin's, Roscrea, Coolamber Manor, Tullamore, Portlaoise, Athlone and the Sisters of Charity of Jesus and Mary, Moore Abbey, Monasterevan.

In addition the Board operates training centres in Mullingar and Portlaoise.

Statistics for the Service.

The total number of trainees in receipt of rehabilitation maintenance allowance was:-

1986	257
1987	262
1988	296

Residential Centres.

A residential centre for mentally handicapped persons in the Board's area is run by the Board at St. Peter's Centre, Castlepollard which caters for 102 adolescent and adult mentally handicapped persons. In addition, the Sisters of Charity of Jesus and Mary provide residential centres at St. Mary's, South Hill, Delvin and Moore Abbey, Monasterevan, Co. Kildare. The Board also makes capitation payments in respect of mentally handicapped persons in residential centres outside the Board's area.

Following the P.A.S.S. (Programme Analysis of Service Systems) evaluation and the establishment of a group to oversee the implementation of recommendations contained in the evaluation report, significant developments have taken place in St. Peter's in the last number of years with the main priority being to improve the quality of life for residents by (a) reducing overcrowding, (b) providing community facilities and (c) the development of activational areas within the centre. The developments at St. Peter's which are still ongoing with the aim of improving the quality of life for residents were helped significantly by the support of the staff, the involvement of parents and the financial support received from the Castlepollard Parents & Friends Association and the fund raising undertaken by the staff for the benefit of residents.

The staff have raised in excess of £20,000 in the past year for the benefit of residents. This money was used to purchase soft furnishings and to provide additional outings for the residents in St. Peters. It has also been used to assist in the decoration of the residents rooms and day care/activational areas.

Provision of Hostels.

It is recognised that there is also a need to provide a network of hostels to cater in their own localities, for those who with the absence of such hostels have to be admitted to longterm care. In this context 2 hostels have been provided in Mullingar catering for 8 persons. The building of a further hostel in Athlone to cater for 8 more persons was completed at the end of 1988. It is also envisaged that hostels will be established in Longford and Mullingar in the Westmeath/Longford Community Care area and in Tullamore, Portarlinton, Portlaoise and Birr in the Laois/Offaly Community Care area.

Working Party Report on Services for the Mentally Handicapped.

The Chief Executive Officer appointed a Working Party to prepare a comprehensive development plan for the provision of services for the mentally handicapped in the Midland Health Board area.

The Working Party reviewed the interim report on services for the mentally handicapped/February, 1981 and considered services for the mentally handicapped by addressing the following areas:-

- (a) General Principles, Objectives of Service and Service Requirements.
- (b) The causes and prevention of mental handicap, identification, assessment and counselling services.
- (c) The educational needs of the mentally handicapped.
- (d) Life after school for the mentally handicapped adult.
- (e) The mentally handicapped in the community.
- (f) Persons with major handicapping conditions in addition to their mental handicap condition.

- (g) The mentally handicapped who become elderly.
- (h) Behavioural disturbance among the mental handicap population.
- (i) Structures for Planning and co-ordination of services and staffing needs.
- (j) The mentally handicapped in the psychiatric hospital.
- (k) The role of residential centres.
- (l) An analysis of the total service requirements in each of the 6 sectors i.e. Mullingar, Athlone, Longford, Birr, Tullamore and Portlaoise.

This analysis assessed the need for services in the immediate future and within 5 years. The following statistics indicate the capital cost required over the next 5 years and the estimated revenue cost per annum when services have been put in place for each sector.

SECTOR.	ESTIMATED CAPITAL COST.	ESTIMATED REVENUE COST PER ANNUM.
Athlone.	£495,000	£230,000
Longford.	£325,000	£160,000
Mullingar.	£320,000	£186,000
Birr.	£200,000	£132,000
Tullamore.	£330,000	£190,000
Portlaoise.	£565,000	£335,000

The Board considered the report of the Working Party on Mental Handicap Services at its meeting in September, 1988 and unanimously adopted the recommendations contained in the report and decided that Department of Health approval be sought for the funding required to enable the recommendations to be implemented as quickly as possible.

The Board is at present making arrangements to put in place the necessary structures outlined in the report for the planning and co-ordination of services.



COMMUNITY CARE SERVICES 1988

ENVIRONMENTAL HEALTH SERVICES

PAGES 62 - 68

### ENVIRONMENTAL HEALTH SERVICES.

The concept of Environmental Health while relatively new in the Irish Health Services, is achieving widespread acceptance globally.

The World Health Organisation defines Environmental Health as:

"The control of all those factors in man's physical environment which exercises, or which may exercise, a deleterious effect on his physical development, health and survival".

In this context, environmental health is concerned with:-

- (i) the protection of human populations from the effects of adverse environmental factors.
- (ii) the protection of the environment from the potentially deleterious effect of human activities, and
- (iii) the improvement of environmental quality for human health and well-being.

The designation 'Environmental Health Officer' has been adopted by the World Health Organisation as the generic title for the office. The title recognises a commitment, a philosophy, and an identifiable realm of responsibility. It identifies an officer whose training and experience is based on a broad understanding of environmental health matters as well as providing a suitable foundation for specialisation.

The Environmental Health Officers employed by the Health Board also provide services for Local Authorities on an Agency Basis in the areas of Housing, Planning, and Environmental Services and Public Health. The Environmental Health Services may be sub-divided into 5 areas.

- 1. Housing.
- 11. Planning.
- 111. Environmental Services.
- IV. Food Control.
- V. Health Education Programmes.

The objectives of the services under each of the areas mentioned are as follows:

1. Housing: To assist the Local Authority in the determination of housing needs, the elimination of unfit housing and the improvement of sub-standard housing.

Total Number of housing inspections including re-inspections in 1988 amounted to 2,779

11. Planning: Analysis and Environmental Health Assessment of projects. Advising Local Authorities on Development Plans and Planning Proposals.

Total Number of planning applications dealt with in 1988 was 557

111. To carry out duties relating to the following aspects of Environmental Services.

- (a) Public Health Nuisances and Complaints.
- (b) Temporary dwellings.
- (c) Dance halls and marquees.
- (d) Gaming and Lotteries Act.
- (e) Water Sampling.
- (f) Burial Grounds.
- (g) Refuse Disposal.
- (h) Pest Control.
- (i) Milk, Dairies and Cowsheds.
- (j) Slaughter Houses.

4. Food Control.

To ensure that all types of food premises comply with the minimum legal standards as laid down in the Food Hygiene Regulations by:-

1. Revising and updating the register of food premises.
11. Inspecting all food premises registerable or otherwise.
111. Sampling of food and drugs.
- IV. Investigating of complaints of unfit food (milk, meat, bread, fish etc).

5. Health Education:

To promote better health by:

- (a) Educating persons engaged in the food industry in the principles and practices of food hygiene.
- (b) Assisting the Health Education Officer in promoting Health Education.

6. Tobacco (Health Promotion & Protection) Act 1988.

Specific responsibilities in relation to this legislation has been assigned to the Boards Environmental Health Officers and when the Regulations come into force they will have control duties assigned to them. See also Report on Health Education which outlines the specific measures which the legislation envisages.

FOOD HYGIENE PROMOTION WEEK.

A Food Hygiene Promotion week was held nationally during the week commencing 23rd. May, 1988.

The main objective of the Week was:

To raise the level of public awareness to hygiene and to encourage the public to bring to the notice of the proprietor instances where they encounter poor hygiene. If the public look for better standards, the trade will be obliged to provide them.

Board Activity:

The Board's staff during this week paid particular attention to the following measures:-

- (a) Regular inspections of hotels, restaurants, licenced premises, shops etc. in tourist resorts and areas of high tourist attraction.
- (b) Fully encouraging management to provide in-house training particularly for seasonal staff employed during the tourist season and to avail themselves of the assistance and advisory services provided by the Board's staff.
- (c) Particular vigilance was exercised with regard to establishments open only during the tourist season and to such operations as caravan parks and shops, ice cream vans, mobile chip vans, etc.
- (d) Redeployment of staff when and where necessary to ensure the highest standards of hygiene were in force at special events, e.g. festivals, races etc.
- (e) Such measures were considered appropriate to alert public awareness to the necessity for good standards of hygiene e.g. submission of articles to local newspapers.

Other Activities in 1988:

Other activities in 1988 included the following:

Cheeses:

In early January there was a food poisoning alert, regarding contamination of certain imported cheeses. The Department of Health contacted all Health Boards to urgently put in motion a survey of all likely retail and wholesale outlets and to take samples of the suspect brands where found. This also involved checking out Restaurants and Hotels. Numerous samples of the suspect brands were found during an intensive survey and these were sent for analysis. Results of analysis indicated that none of the cheeses sampled were contaminated.

Wines:

During 1988 some concern was expressed regarding certain Wines which it was thought could be dangerous since glass particles were found in some continental brands. The Wine Importers and Wholesalers were checked at national and local level and instructed to withdraw the product from the shelves.

Cosmetic Regulations:

A number of samples of cosmetics were taken for analysis under the above Regulations. Samples were taken of the cheaper brands sold mainly in discount stores and supermarkets. The samples were tested for, lead, cadmium, chromium, mercury, barium, arsenic and antimony.

Food Poisoning Scare:

Prior to Christmas another major food poisoning scare arose from the suspected presence of Salmonella Enteritidis in poultry and eggs. Numerous samples of poultry and eggs have been taken, and conclusive results are awaited. The investigation of this involved the distribution of Department Leaflets to Butchers, Supermarkets, etc., outlining the proper temperatures at which to cook poultry, turkeys etc., to ensure their safety. It also involved tracing sources of supplies, inspections and advice on handling and notices to the public in national and local newspapers.

LAOIS/OFFALY

WESTMEATH/LONGFORD

DESCRIPTION	NO. ON REGISTER	NO. OF INSPEC TIONS.	NO. ON REGISTER	NO. OF INSPEC TIONS.	TOTAL NO. OF INSPEC TIONS.
<u>FOOD CONTROL INSPECTIONS.</u>					
Hotels	14	63	18	74	137
Restaurants	99	276	130	382	658
Butcher Shops	88	225	98	353	578
Milk and Dairies	114	56	8	55	111
Wholesale Food Premises.	11	30	25	19	49
Manufacturing Premises.	27	94	46	115	209
Retail Food Outlets.		427		623	1,050
Licensed Premises		362		469	831
Hospitals and Nursing Homes		59		21	80
Vans and Stalls		44		62	106
Sub Total		1,636		2,173	3,809
<u>FOOD CONTROL- OTHER.</u>					
Food & Drugs Samples.		520		489	1,009
Food Complaints Prosecutions		85		28	113
Food Hygiene		2		Nil	2
Food & Drugs		Nil		Nil	Nil
Sub Total		607		517	1,124
<u>POISONS REGULATIONS.</u>					
Inspections		54		157	211
Sub Total		54		157	211

LADIS/OFFALY

WESTMEATH/LONGFORD

DESCRIPTION	NO. ON REGISTER	NO. OF INSPECTIONS.	NO. ON REGISTER	NO. OF INSPECTIONS.	TOTAL NO. OF INSPECTIONS.
<u>TOBACCO REGULATIONS.</u>					
Tobacco Regulations		427		214	641
Sub Total		427		214	641
<u>OTHER.</u>					
Infectious Disease		2		Nil	2
Rodent & Insect Control		34		100	134
Sub Total		36		100	136
<u>LOCAL AUTHORITY FUNCTIONS.</u>					
Slaughter Houses		85		103	188
Housing Inspections.		1,256		1,523	2,779
Planning.		451		106	557
Nuisances and Complaints		259		308	567
Dance Halls & Clubs.		54		8	62
Swimming Pools		39		4	43
Burial Grounds		4		-	4
Water Sampling - Bacteriological					
And Chemical		1,172		548	1,720
Flourine		159		121	280
Water and Sewerage Works		41		84	125
Sub Total :		3,520		2,805	6,325
Gross Total:		6,280		5,966	12,246

Cost of Service in 1988: £115,000

£113,000



COMMUNITY CARE SERVICES 1988

DENTAL SERVICES

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DENTAL SERVICES

The Dental Services provided by the Board fall into the following three main categories.

1. School Dental Services.
2. Adult Dental Scheme.
3. Orthodontics.

The total cost of providing these services in 1988 amounted to

Laois/Offaly	£517,000
Longford/Westmeath	£474,000

School Dental Services.

This service covers all children attending National Schools. The service comprises (a) School screening in order to detect dental disease, (b) Treatment of disease, (c) Preventative programmes.

The main priority of the Board is to ensure that all children leaving national schools are dentally fit. An overall objective of the service is that all children be examined and treated on a yearly basis. Emergencies are treated on demand. In effect there are no waiting lists. An emergency service is available to children between the ages of 12 and 16 years of age whose parents are medical card holders. There are 7 dentists employed on a full time basis in Laois/Offaly and dental clinics are held in 11 locations in the Laois/Offaly area. (See appendix A).

In Westmeath/Longford there are 7 dentists employed and dental clinics are held in 9 locations. (See appendix A).

Set out below are statistics in relation to the service in respect of 1988.

	Laois/Offaly	Longford/Westmeath
Total No. of School Children	20,000	16,400
Total No. of examinations carried out.	18,817	9,262(Children examined)
Units of Conservative Treatments. (Fillings).	5,894	3,481
No. of Emergency Treatments.	643	1,024
No. of failed appointments	2,127	3,242

Special Preventative Treatments.

	Laois/Offaly	Longford/Westmeath
No. of Fissure Sealants.	2,509	11,448
No. Topical Fluoride.	1,849	378
No. of Fluoride Mouth Rinse	5,592	7,020
Ratio of Dentists to children.	1 to 2,857	1 to 2,342

Ratio in Permanent Dentition.

Filling/Extraction	4.25 to 1	2.85 to 1
Overall Conservative Treatment	2 to 1	14.07 to 1

Temporary Dentition.

Filling/Extraction	1 to 10.25	1 to 6.4
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Consultant Treatment.

No. of Patients referred	22	101
No. on Waiting List for Treatment	Nil	Nil

General Anaesthetic.

Waiting List	44	37
Patients treated under General Anaesthetic.	149	76
No. of failed appointments	34	57

ADULT DENTAL SCHEME

Following the decision in 1987 by a majority of Dentists in Private Practice to discontinue participation in the Ad hoc Dental Scheme run by the Board for Adult Medical Card Holders no provision was made in the Boards 1988 estimate for the continuation of this scheme.

However, in cases where adults are in pain arrangements are made to have them seen immediately by the Boards Dental Surgeons. Also where patients present a medical certificate from their General Practitioner or Consultant stating that they are at risk medically the provision of dentures is authorised.

Orthodontics.

An Orthodontic Service is provided by the Board for children attending National Schools. Specialist Orthodontics are employed by the Board on a total of 15 days per month in the region. There is, at present a waiting list for Orthodontic Treatment, but where cases are diagnosed as being urgent, arrangements are made to have treatment provided. The statistics in relation to the Orthodontic Service for 1988 were as follows:-

	<u>Laois/Offaly</u>	<u>Longford/Westmeath</u>
No. awaiting Orthodontic Treatment.	300	312
No. of Orthodontic cases completed.	97	161
No. under active treatment	350	237

Fluoridation of Water Supply.

In 1985 the Board considered a summary of the preliminary report of the national survey of childrens dental health. The report highlighted the significant decline in the prevalence of dental caries in Irish School Children in the past 20 years. This decline was most marked in younger children and particularly in

children who had been life time residents in a community served by fluoridated water. There are 22 public water supplies in the Board's area which cover approximately 49% of the population. In areas where a water supply cannot be fluoridated for technical or other reasons, appropriate alternative means of delivery of fluoride is provided e.g. Mouth Rinse/Fluoride Tablets.

The findings of a Survey published in November, 1988 in relation to Fluoridation Results for the period 1985-1987 shows that for 1987 67% of all tests for the Boards area were broadly acceptable. While this shows an improvement on 1986 when only 47% of tests were broadly acceptable there are still some problems which require resolution. In the Laois/Offaly area results were much improved in 1987 with a total of 64% of tests broadly acceptable during the year. However, there is room for improvement especially at the Daingean and Killeshin Supplies. During 1987 of 9 tests taken at Daingean only one was satisfactory while none of the eight tests taken at Killeshin was satisfactory. The results in the Longford/Westmeath area show a decrease in the overall number of tests which were broadly acceptable in 1987. Problems existed at Castlepollard where half the tests taken were unsatisfactory while in Lanesboro the majority of results were well below the acceptable level. The supplies at Mullingar and Athlone had only two tests each within the Statutory limits in 1987.

In late 1987 Committees were established in both Community Care areas comprising Board staff and staff from the relevant local Authorities to examine the general position regarding fluoridation of water supplies and identify problems and formulate options and solutions.

The Reports of the Committees have identified a number of problem areas requiring attention and have also made recommendations in relation to the priorities for extending fluoridation to areas at present unfluoridated as well as highlighting areas where existing plant is in need of replacement.

The Capital costs involved in bringing the various Schemes up to the required standard over a five year period amounts to approximately £300,000 and a submission has been made to the Department of Health for funding to enable the necessary improvements to commence.

Review of Dental Services:

In late 1988 the Report of a Working Party set up to review the delivery of Dental Services at national level was published. Many of the recommendations contained in the Report already form part of the Boards overall policy in the delivery of Dental Services. In particular the provision of fissure sealant treatment to children in first and sixth class in National Schools is a priority in the Boards existing programme. The implementation of the recommendations contained in the Report, while highlighting the major problems which need to be resolved to provide an effective Dental Service would have a major financial implication for the Board.

APPENDIX A.

Location of Dental Clinics:

LADIS/OFFALY

FREQUENCY

Tullamore	Daily
Birr.	Daily.
Edenderry.	Tuesday, Wednesday, Thursday & Friday
Ferbane.	Monday, Wednesday
Portlaoise.	Monday, Tuesday, Wednesday & Friday
Abbeyleix.	Monday, Friday.
Rathdowney.	Tuesday, Thursday.
Mountrath.	Monday, Wednesday, Friday.
Mountmellick.	Tuesday, Wednesday, Thursday.
Portarlinton.	Tuesday, Friday.
Ballylinan.	Tuesday, Wednesday, Thursday.

WESTMEATH/LONGFORD.

Mullingar	Daily
Delvin.	Wednesday, Friday.
Castlepollard	Tuesday, Wednesday, Thursday, Friday.
Granard.	Monday, Tuesday, Wednesday Thursday
Longford.	Daily.
Ballymahon.	Tuesday, Wednesday, Thursday and Friday.
Athlone.	Daily.
Moate.	Tuesday, Wednesday.
Kilbeggan.	Monday, Thursday.

COMMUNITY CARE SERVICES 1988

OPHTHALMIC AND AURAL SERVICES

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## OPHTHALMIC AND AURAL SERVICES

### Ophthalmic Services:

In 1984 the Board approved of a proposal to have out-patient and in-patient Ophthalmic Services provided by arrangement with the Royal Victoria Eye and Ear Hospital, Dublin.

The arrangement resulted in the introduction of an Ophthalmic Service on an out-patient basis in the five major clinic centres in the region i.e. Athlone, Longford, Mullingar, Tullamore, Portlaoise. These clinics are staffed by the Consultant Ophthalmologist, Ophthalmic Physicians and an Orthoptist.

Medical Card holders who are referred by their doctor and children who are referred from Child Health Clinics and School Medical Examinations can avail of Ophthalmic treatment including examination, sight testing and prescription for spectacles.

Total number of clinics held in 1985	=	382
Total number of clinics held in 1986	=	643
Total number of clinics held in 1987	=	785
Total number of clinics held in 1988	=	500

Waiting list for children at December, 1985	=	1,775
Waiting list for children at December, 1986	=	1,567
Waiting list for children at December, 1987	=	1,283
Waiting list for children at December, 1988	=	1,687

Waiting list for Adults at December, 1985	=	1,101
Waiting list for Adults at December, 1986	=	536
Waiting list for Adults at December, 1987	=	634
Waiting list for Adults at December, 1988	=	732

Total number examined (Children and Adults).

	New	Recall	Total
1985	2,455	2,260	4,715
1986	3,382	4,219	7,601
1987	2,887	6,034	8,921
1988	2,153	4,404	6,557

## OPHTHALMIC AND AURAL SERVICES

### Sight Testing Scheme:

This scheme applies to persons aged 16 years and over and who are eligible to be covered by a medical card. Sight testing and prescriptions for spectacles are provided by Ophthalmic Surgeons, Ophthalmic Medical Practitioners and Ophthalmic Opticians in private practice who have an agreement with the Board to provide services in their private consulting rooms. Applicants are allowed to choose the practitioner they wish to provide services. The Board is responsible for the cost of the sight test and lens while the applicant is required to pay for the frames only.

Statistics in relation to this service were as follows:-

	<u>Laois/Offaly</u>	<u>Westmeath/Longford.</u>
No. of Authorisations issued.	2,170	1,290
Total Cost of Scheme in 1988.	£63,800	£41,500

### Aural Services:

The objective of Aural Services are to carry out assessments of hearing ability and provide hearing aids where necessary. Public Health Nurses who are specially trained carry out audiometry tests and the National Rehabilitation Board on behalf of the Board conduct clinics and supply hearing aids where necessary.

These clinics are held in Tullamore, Mountmellick, Portlaoise, Athlone, Mullingar and Longford.

The following statistics indicate the number of clinics held and appointments offered to children who are referred mainly through School Medical Examinations and Child Health Clinics as well as Adult Medical Card Holders.

**OPHTHALMIC AND AURAL SERVICES**

	<u>Laois/Offaly</u>	<u>Westmeath/Longford</u>
Number of Clinics held.		
Children.	33	21
Adults.	32	13
Number of Appointments		
Children	501	295
Adults	461	175

In 1988 the Minister for Health set up a Working Group to review the National Audiology Service. The terms of reference of the Group are:

1. To carry out a general overview of the organisation and administration of the Audiology Service.
2. To review the technical aspects of the Audiology Services regarding the provision and supply of hearing aids, the manufacture and production of ear moulds and the repair of hearing aids.
3. To make specific recommendations with a view to the simplification of client referral procedures and the organisation of testing and review clinics.
4. To make such other recommendations as are considered appropriate to assist in the provision of the most efficient and effective service.

A submission is being prepared by the Board in relation to the Audiology Services provided in the Boards area to assist in enabling the Working Party to carry out a comprehensive Review of the services nationally.

COMMUNITY CARE SERVICES 1988

SPEECH THERAPY SERVICES

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## SPEECH THERAPY SERVICES

Speech Therapy involves the assessment, diagnosis treatment and management of disorders of communication in the community. Disorders of communication cover the fields of articulation, language, voice and fluency, together with the associated language disorders which are reflected in reading and writing problems.

Disorders of communication may be divided into 4 main categories.

1. Disorders of Language
11. Disorders of Phonology.
111. Disorders of Voice.
- 1V. Disorders of Fluency.

Referrals to the Speech Therapy Service come from -

1. General Practitioners.
11. Developmental Paediatric Clinics.
111. Area Medical Officers.
- 1V. E.N.I. Clinics, Psychologists and Hospital Consultants.

The waiting period for initial assessment is approximately 8 - 12 weeks while the waiting period for therapy is 3 - 6 months. Children are seen for assessment in order of priority e.g. children with specific language disorder

Speech Therapy clinics are held in Tullamore, Birr, Edenderry, Portlaoise, Graiguecullen, Rathdowney, Longford, Athlone and Mullingar.

A total of 3,553 Clinics were held in 1988.

SPEECH THERAPY SERVICES

Speech Therapists provide services for Mentally Handicapped Children who attend Residential Centres, Special Schools and Special Classes. A Speech Therapist also attends each General Hospital on a weekly basis.

	<u>Laois/Offaly</u>	<u>Longford/ Westmeath.</u>
Number of Therapists	5	4.5
No. of New Referrals.	439	283
Number of Patients Seen.	991	791
Number of Patients discharged.	121	224
Cost of Service in 1988.	£70,000	£48,000

New Developments 1988:

- (1) A group method of treating children with Cerebral Palsy & Spina Bifida was started one afternoon per week in General Hospital, Tullamore. This development is based on the principles of conductive education as devised in the Peto Institute, Budapest, Hungary. The Group (currently six children) is organised jointly by the Occupational Therapist, Physiotherapist, and Speech Therapist.

COMMUNITY CARE SERVICES 1988

COMMUNITY OCCUPATIONAL THERAPY SERVICES

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COMMUNITY OCCUPATIONAL THERAPY SERVICES

Prior to March, 1987, Community Occupational Therapy Services were provided on a priority basis by the Board's Occupational Therapists employed at its hospitals.

Since March, 1987 the creation and filling of additional full time posts has enabled further development of the Community Services to take place.

The work of the Community Occupational Therapist involves -

1. Taking charge of Occupational Therapy Services and ensuring appropriate professional supervision of Occupational Therapists, within his/her area of responsibility.
2. Assessing the individual needs of all handicapping conditions of people identified to the service in relation to personal independence, employment, social and recreational activities and inter-personal relationships.
3. Advising Health Care personnel and referrals on practical means of meeting these needs.
4. Instructing and supervising referrals and others in the use of appliances and adaptations.
5. Working with Architects and Engineers etc. on design for handicapped people, both in their home and outside environment.
6. Advising on suitable leisure, social and recreational activities to develop, restore to, or maintain a person in their normal place within the community, enjoying the maximum independence in the physical, psychological, social and economic aspect of life.
7. Assessing persons referred to Clinics for the supply of appliances and advising on appropriate follow up of these.
8. Keeping such records and submit such reports as may be requested from time to time.
9. Producing reports in relation to the Service as required.
10. Ensuring good working relationships between Occupational Therapists and other staff.



The community visits take account of:

1. Patients living in the community.
2. Visits relating to Hospital Patients prior to discharge.
3. Calls to other agencies.
4. Out-patient referrals from Orthopaedic Clinic including Assessment and re-referral from Fitters Clinic Referrals.

AREA	YEAR	COMMUNITY REFERRALS	COMMUNITY VISITS.
Longford/ Westmeath.	1988	194	807
Laois/Offaly	1988	406	705

Details of the Service is as follows:-

LAOIS/OFFALY

Referral Agency		Reason for Referral	
Director of Community Care/M.O.H.	47	Aids/Equipment	151
Public Health Nurses.	130	Housing Adaptations	99
Paramedical	120	Wheelchair Assessment.	70
General Practitioner	26	Activities Daily Living.	45
Miscellaneous	83	Miscellaneous.	41

LONGFORD/WESTMEATH

Referral Agency		Reason for Referral	
Director of Community Care/M.O.H.	17	Aids/Equipment	89
Public Health Nurses.	33	Housing Adaptations.	31
Paramedical.	49	Wheelchair Assessments.	17
General Practitioner.	52	Activities Daily Living.	50
Miscellaneous	43	Miscellaneous.	7

COMMUNITY CARE SERVICES 1988

HEALTH EDUCATION

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HEALTH EDUCATION.

Since 1979 the Midland Health Board has employed a whole time Health Education Officer. A plan was subsequently drawn up which consisted of the following elements:-

Alcohol and Drug Education.

Development of Community Support Groups.

Patient Education and Safety on the Farm.

Many groups are involved in Health Education in the community and as a result some of the elements of the above programme are provided by groups who are grant aided by the Board.

The position in relation to alcohol and drug education is that the Irish National Council on Alcoholism operated from a regional centre in Mullingar which was grant aided in full by the Midland Health Board. While the National Council ceased to function towards the end of 1988 the Board has continued with its alcohol and drug education programme from the centre in Mullingar.

The Mental Health Association operate a regional office in Tullamore which is entirely funded by the Board.

While there is ongoing inspection of premises registered under the Food Hygiene Regulations, the main aim of the programme and of the visits by the Environmental Health Officers is to advise the owners of the property of the importance of hygiene and good practice and assistance given by way of information and expert advice in the area of Food Hygiene. The Health Education Officer was involved in 1988 in the Clean Watch Programme which is covered in greater detail in the report on Environmental Health.

In the context of Community Development the Board's professional staff continue to be confronted by problems experienced by many young families who have difficulties in coping with the management of a household. Recognising this need the Board has designed a series of courses for young families and small groups. These courses which are tailored to meet the individual needs of each group generally consist of such activities as basic cookery, sewing, budgeting, parenting, personal development and health education. The courses also deal in an informal way with the importance of immunisation, the dangers of alcohol and substance abuse and general health education. 26 such courses were held in 1988 compared to 22 in 1987. The courses were held in the following locations:-

Athlone.  
Portarlinton.  
Clara.  
Stradbally.  
Portlaoise.  
Longford.  
Mountrath.  
Tullamore.

Some ongoing courses are also provided and groups are assisted into forming Womens Health Clubs. The value of the multiplier effect of this undertaking is apparent and such clubs can be assisted by discussions in an informal way in relation to general Health Education issues.

The Health Education Officer was also involved in co-operating with Health Professionals in organising courses and arranging guest speakers in the areas of drugs, alcohol, stress and adolescence. In addition a comprehensive video library is maintained and updated.

During 1988 the Board's Health Education Officer was involved in a number of Summer projects in Mountrath, Raheen, Athlone and Granard. A total of approximately 600 people attended these projects. The aim of these projects is to provide exposure for young people to activities of a recreational nature. Parents and young adults have also been involved in these projects and thus made aware of the importance of developing leisure time skills amongst the young.

In 1988 a parenting programme was also undertaken. This programme is based on the Veritas Parenting Programme aimed at enabling parents to improve the way they get along with their children and help them acquire skills for more effective and responsible parenting. These programmes were undertaken in Ballymahon, Longford, Athlone, Granard, Tullamore, Mullingar, Mountrath and Portlaoise with an average of 8 to 12 persons attending. The Health Education Officer was also involved in providing support to groups involved in organising activities for the National Day on Ageing in 1988.

In 1988, the Board provided funding to enable the recruitment of a field worker for the Midland region for GROW which is a world wide community Mental Health Movement. At present the field worker is involved in organising self help groups throughout the region.

Tobacco (Health Promotion and Protection) Act, 1988.

It is well established that tobacco smoking and its resultant illnesses impose a considerable burden on the health services. The following statistics indicate the extent of this burden:-

- (a) Approximately 16,000 people die each year from smoking related illnesses.
- (b) 5,000 of these 16,000 are estimated to be directly attributable to smoking.
- (c) In 1982 52% of all deaths of those aged between 35 and 64 years of age were attributable to smoking related illnesses.
- (d) Smoking is the single most significant cause of death in middle age.
- (f) It is estimated that approximately 480,000 days are spent in hospital as a result of smoking related illnesses.
- (g) It is estimated that the hospital costs associated with these illnesses are in excess of £50million.

As part of the Government's ongoing concern with the prevalence of smoking amongst the population legislative measures have been introduced. The Tobacco (Health Promotion and Protection) Act, 1988 provides for the prohibition and restriction on the consumption of tobacco products in designated areas and facilities, the restriction on the sale of tobacco products to persons under the age of 16 years and bans the sale etc. of oral smokeless tobaccos. The act specifically provides for the following:-

- (a) The Prohibition or restriction on smoking on Aircraft, Trains, Public Service Vehicles, Health Premises, Schools, Cinemas, Theatres and the Public Offices of buildings which belong to or are in the occupation of the state or a body established under an act of the Oireachtais or in any other area designated by the Minister.
- (b) The restriction on the sale of tobacco products to a person under the age of 16 years, including the appropriate location of vending machines.
- (c) The restriction on the sale of cigarettes otherwise than in packets of 10 or more cigarettes.
- (d) The control prohibition or restriction on the use of specified constituents of tobacco products.
- (e) The banning of the sale, importation, manufacture etc. of oral smokeless tobaccos.

The Minister for Health is presently preparing regulations to implement Section 2 of the Act. The objective of the controls in Section 2 are broadly (a) to minimise the risks of passive or involuntary smoking, (b) to deter young people from smoking, (c) to provide support to the percentage of smokers who want to quit smoking, (d) to contribute to the development of a non-smoking development and (e) to enact a type of smoking control that has wide public support - apart from consideration of health, social disapproval for tobacco smoking is growing world wide and research shows high level of support amongst smokers and non-smokers alike for environmental controls in this area.

The proposals to implement Section 2 of the 1988 Act are as follows:-

1. To prohibit the consumption of tobacco as appropriate in the medical, surgical and dental areas and in the wards and corridors of (a) acute hospitals, (b) nursing homes, (c) psychiatric hospitals, (d) homes for the mentally handicapped and (e) health centres operated by the Health Board.

The consumption of tobacco products shall be restricted to the staff rooms in each place mentioned above provided that at least 2/3 of the areas are designated as a no smoking area and the tobacco smoke does not pass from the smoking to the no smoking area and in waiting rooms and in day rooms in the places mentioned above provided that self-contained areas, appropriate to the size of the individual hospital etc. area are designated as no smoking areas for the use of patients and visitors. The Board approved of the provisions of the Act at its meeting in May, 1988. The provision of programmes to support the thrust of the legislation is being undertaken by the Health Education Officer at present.



COMMUNITY CARE SERVICES 1988

HELPLINE REPORT

PAGES 88 - 89

HELPLINE.

Since March, 1985, the Board has operated a confidential "Helpline" service in each community care area. The phones are staffed by professional health workers who provide callers with individual confidential advice and counselling on a 24 hour basis. The service is intended to supplement and complement the existing statutory and voluntary agencies in the area of crisis intervention.

The statistics for the service are as follows:-

YEAR	Longford/Westmeath	Laois/Offaly.	Total Calls.
1987.	70	66	136
1988.	47	36	83

An analysis of the types of calls indicate as follows.

TYPE OF CALLS.	NO.OF CALLS.	PERCENTAGE OF TOTAL CALLS.
1987.		
Family/Marital.	28	20%
Personal.	41	31%
Social/Financial	51	38%
Alcohol	6	4%
Miscellaneous	10	7%
1988		
Family Marital.	35	42%
Personal.	20	24%
Social/Financial.	19	23%
Alcohol	5	6%
Miscellaneous.	4.	5%

The breakdown between the 2 community care areas in respect of the statistics reflects a more or less similar pattern of problem distribution. An analysis of the pattern of calls is as follows:-

Between 6.00a.m. and 12noon	20 calls.
Between 12noon and 6.00p.m.	49 calls.
Between 6.00p.m. and 12midnight	13 calls.
Between 12midnight and 6.00a.m.	1 call.

The shortest call was 1 minute and the longest call was 25minutes.

The average length of call was 7.5minutes. An analysis of the calls on a month basis shows the following:-

January,	2 calls.
February,	18 calls.
March,	10 calls.
April,	2 calls.
May,	13 calls.
June,	9 calls.
July,	2 calls.
August,	6 calls.
September,	7 calls.
October,	4 calls.
November,	5 calls.
December,	5 calls.

Because of the inherent confidential nature of the Helpline Service it is very difficult to evaluate its effectiveness. Its successful implementation has been due to a major degree to the staff who have volunteered their services to operate the service on a 24 hour, year round basis.

COMMUNITY CARE SERVICES 1988

ACQUIRED IMMUNE DEFICIENCY SYNDROME (A.I.D.S.)

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ACQUIRED IMMUNE DEFICIENCY SYNDROME. (A.I.D.S.)

In May, 1987 the Midland Health Board adopted a report outlining a strategy for controlling the spread of A.I.D.S.

Control Strategy Committee.

A central Strategy Committee to implement the National A.I.D.S. strategy is in operation under the chairmanship of the Secretary of the Department of Health. The Committee has available to it and draws as appropriate on the advice and assistance of other persons on particular facts of the A.I.D.S. problem. This Committee reviews strategies for dealing with A.I.D.S. on an on-going basis.

Monitoring System:

An A.I.D.S. monitoring system which was established in July, 1984 under which cases are notified to the Department of Health on a confidential voluntary basis continues in operation.

Primary screening for H.I.V. antibodies is provided at local level, however, as it is essential to monitor the number of H.I.V. infected people nationally, confirmatory testing is centralised at the Virus Reference Laboratory.

Midland Health Board Programme:

1. Responsibility for the co-ordination and introduction of A.I.D.S. services has been assigned to the Director of Community Care/Medical Officer of Health, Longford/Westmeath.
2. A co-ordinating committee under the chairmanship of the Programme Manager Community Care and representative of all hospitals and community care services monitors, evaluates and reviews on an on-going basis, the measures being taken and necessary to implement and interface with the national strategy in the context of controlling the spread of A.I.D.S.

3. A Seminar which was addressed by leading experts on A.I.D.S. was held for 104 key personnel and heads of services. It was the responsibility of each local management to ensure that as a consequence of the knowledge gained at the seminar, all appropriate staff were fully appraised of information and procedures relating to A.I.D.S.

4. The Board in conjunction with the Irish College of General Practitioners sponsored a symposium on A.I.D.S. for all General Practitioners in the Board's area on the 17th. May, 1987.

5. A seminar was held by the Board for teachers in all post-primary schools in the Boards area on the 19th. May, 1987.

A further seminar was held by the Board on 11th. May, 1988 to provide information on A.I.D.S. to second level school teachers. This was in line with the Boards policy and with the directive issued following Meetings with the Ministers for Health and Education.

6. A selected number of the Board's staff attended courses organised nationally and in England on the subject of A.I.D.S. and they relayed the information and expertise gained on these courses among the Board's staff.

7. A confidential local telephone advice service, managed by the Board's Community Care Doctors was in operation for the 3 week duration of the National Information Programme.

8. The existing 24 hour helpline service, in each Community Care area, which provides advice inter alia on matters relating to A.I.D.S. was converted to a freefone service.

9. An information booklet on A.I.D.S. is being prepared for distribution to post primary schools.

COMMUNITY CARE SERVICES 1988

CAPITAL PROGRAMME

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CAPITAL PROGRAMME

The following developments have taken place since the Board adopted a schedule of capital proposals for the provision of Health Centres throughout the Board's area.

<u>LOCATION</u>	<u>TYPE</u>	<u>ESTIMATED COST</u>	<u>COMMENT</u>
Portlaoise	Major Health Centre	£1,205,472	Tenders with Department of Health for approval
Athlone	Major Health Centre	£598,600	Completed 1988 and operational
Daingean	Health Centre	£59,000	Completed in 1986.
Kinnitty	Health Centre	£40,000	Completed in 1984.
Mullingar	Health Centre	£25,000	Improvements 1984 and 1985.
Colehill	Health Centre	£32,000	Completed in 1985.
Castletown-Geoghegan	Health Centre	£24,000	Provided in 1985.
Longford	Health Centre	£4,500	Improvements in 1984.
Clonbullogue	Health Centre	£20,000	Completed August 1988



Athlone	Health Centre	Rented from Urban District Council	Provided in Battery Heights in 1985.
Longford	Welfare Home Facility	£12,000	Provided in 1986.
Shannonbridge	Health Centre	£45,000	Completed in 1987.
Drumlish	Health Centre	£45,000	Completed in 1987.

In September, 1987 the Board considered its requirements to meet the most critical gaps in Long-Stay and Community Based Services. The following projects were considered essential.

1. The provision of Nursing Units for the elderly in Edenderry and the extension of the District Hospital, Birr.
2. The provision of a Health Centre and Community Care Offices, Portlaoise.
3. The provision of a Day Care Unit at St. Vincent's Hospital, Mountmellick.

The Board also identified the following requirements for its Health Centre developments.

Improvements

County Clinic Mullingar  
County Clinic Longford  
Health Centre Ballymahon  
Health Centre Kilbeggan  
Health Centre Portarlinton  
The Swan Health Centre  
Luggacurran Health Centre  
Timahoe Health Centre

Provision of new Small  
Premises.

Rathdowney  
Pullough  
Grange, Mullingar

In addition to the above the implementation of the Report of the Working Party on Mental Handicap Services (See Mental Handicap Services Report) would involve major capital outlay on the provision of Hostels, Workshops, Activation Units and Day Care Centres for the Mentally Handicapped. The total Capital Costs of providing these facilities is estimated at some £2.2 million.

In examining the provisions of the proposed new Child Care legislation it has become apparent that there is a need to provide a Child and Family Centre in each Community Care area to provide for assessment, treatment and crisis intervention on a day care basis together with some residential facilities for children/adolescents.

There is also a need to provide at least two hostel facilities in each Community Care area to cater for teenagers who because of marital/domestic difficulties leave home and are seriously at risk.

The total Capital cost of providing the facilities described above are estimated at £250,000.

During 1988, a Committee established in the Boards area to examine the general position regarding fluoridation of water supplies identified a number of areas where existing plant needs replacement and also areas where it is recommended that fluoridation be introduced. The Capital costs involved are approximately £300,000.

COMMUNITY CARE SERVICES 1988

REGISTRATION OF BIRTHS, MARRIAGES AND DEATHS

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REGISTRATION OF BIRTHS, MARRIAGES & DEATHS.

The responsibility for the operation of the Acts relating to Births, Marriages & Deaths falls to the Board under the Health Act, 1970.

Legislation passed in 1863 saw the commencement of the present system for the Registration of Births, Marriages & Deaths. The system established in 1863 remains largely unaltered up to the present day. It is based on local registrars under the supervision of Superintendent Registrars who are employees of the Board and who in turn liaise with the Registrar Generals Office in Dublin.

(a) Registration of Births

The local Registrar is responsible for registering all births which take place in his district. Information recorded is date and place of birth, the name and sex of the child, the name, Surname and dwelling place of the father, the name, Surname and maiden name of the mother and the rank or profession of the father.

The usual sources of information for the Registration of births are the maternity hospitals. The total number of births registered in the Boards area in 1988 was

Laois/Offaly

Longford/Westmeath

1,331

796

(b) Registration of Deaths and issue of Death Certificates.

The duty of registering all deaths which take place in his district is the responsibility of the local Registrar. Details registered are the date and place of death, the name, Surname, sex, conjugal status age and occupation of the deceased and the cause of death. The cause of death is usually certified by the medical practitioner who attended the deceased in his last illness. Where a post mortem or inquest has been held a Coroners Certificate as to the cause of death is sent to the Registrar.

The Total Number of Deaths registered in the Boards area in 1988 was:

Laois/Offaly

Longford/Westmeath

959

866

(c) Registration of Marriages

By legislation passed in 1844 registration of marriages other than those in Catholic Churches was initiated through specially appointed local Registrars of marriages. In 1863 this arrangement was changed and registration through different Channels was introduced when it was arranged that a Certificate signed by the Priest, the parties to the marriage and the Witnessess would be sent to the Registrar of births and deaths. This Registrar was then obliged to maintain a register of such marriages and subsequent procedures regarding checking, copying, indexing and the issue of Certificates were prescribed as for births and deaths.

These parallel procedures for registration of marriages continue to the present day. To register a marriage particulars required are the date of the marriage, and for each of the contracting parties, the name, surname, date of birth, previous marital status, occupation, place of residence before and after marriage, name and surname of father and name and maiden name of mother.

The total number of marriages registered in the Boards area in 1988 was:

Laois/Offaly

510

Longford/Westmeath

426

The Board operates a Registration Service from the following locations, Tullamore, Birr, Edenderry, Portlaoise, Mullingar, Longford, Athlone. In addition to the above there are a number of local Registrars.

The duties of the Superintendent Registrar of Births, Marriages and Deaths include advising on the economical grouping of Registration Districts to ensure greater efficiency and accuracy in the maintenance of vital statistical records. The subsequent computerisation of the records at the Central Statistics Office accelerated the urgency attaching to the need to rationalise existing arrangements. In line with this objective it has been the Board Policy to provide services from the local Board office as local Registrars resign or leave the Service.

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REPORT ON REVIEW OF SERVICES

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REPORT ON REVIEW OF SERVICES - STUDY OF BATTERY HEIGHTS,  
ATHLONE

The Midland Health Board in 1986, in conjunction with Athlone Urban District Council engaged Professor Joyce O'Connor, Director of the Social Research Centre, National Institute for Higher Education, Limerick to undertake a comprehensive survey and analysis of some of the salient problems of the area and to prepare a plan of action to address the problems.

The estate which was provided in 1973 comprises 214 dwellings in a mixture of 2 and 3 storey houses. The aims and objectives of the study were -

1. To identify the major individual and social needs of residents in the Batteries.
2. To survey the social problems associated with housing and the environment in the Batteries.
3. To establish a profile of the Batteries in terms of employment and skill levels.
4. To draw up an action plan for The Batteries.

The study focused on 5 specific areas.

1. The perceived needs of residents in the Batteries.
2. The perceptions of housing and the environment by residents of The Batteries.
3. The levels of employment and skills of residents in the Batteries.
4. The experiences of former residents of The Batteries.
5. The perceptions of professionals working in the area.

The main recommendation was to establish a Task Force under the auspices of Athlone Urban District Council and the Midland Health Board. The immediate objective of the Task Force was to prepare an integrated plan of action for Battery Heights. The guiding principle of the Task Force was to enable and facilitate the residents of Battery Heights to build on their strengths and to address with the active participation of the recipients the current and future needs of the area.

The following outlines the activities undertaken to date since the establishment of the Task Force.

Home Management courses have been provided and have proved to be very successful. The course content consists of basic cookery, sewing, budgeting, parenting, personal development and health education. Creche facilities are provided while courses are running and this is proving very successful with parents showing increasing interests in the development of their children. The following courses were undertaken in conjunction with the Midland Health Board and Vocational Education Committee.

6 intensive courses with a total number of 44 participants were held. Follow-up courses, were also held for 25 participants.

Other courses including literacy, woodwork, upholstery and metalwork have been undertaken in conjunction with the Vocational Education Committee. Many other activities have been undertaken in the Battery Heights area including the establishment of a Resource Centre and a Neighbour Watch Scheme. These developments have been facilitated by the appointment by the National Youth Federation of a full time youth worker for a 3 year period. The work of the Task Force is ongoing with a view to achieving and implementing the recommendations outlined in the Task Force report.



WORKING PARTY REPORT ON CATERING SERVICES.

The Chief Executive Officer on the 28th April, 1986 established a Working Party on catering services within the Midland Health Board with the following Terms of Reference.

- (a) To ascertain the nutritional value of meals served in the Board's hospitals.
- (b) To identify the extent to which nutritional values may be improved.
- (c) To indicate the scope for substituting healthier foods for food items currently being used.

The Working Party considered that the most appropriate method of enabling it to fulfill the terms of reference was to commission a scientific study which would provide baseline factual data for consideration by the Working Party. The group commissioned the division of nutritional sciences at the Department of Clinical Medicine at Trinity College, Dublin to undertake this study, the first of its type within a Health Board.

The study examined the nutritional quality of food served to patients and staff in the Health Board's care and aspects of catering services related to the nutritional quality of food within the selected hospitals. The Working Party also considered the implications for policy and practice of introducing a Cook-Chill System of preparing food.

The Working Party recommended:-

- (a) an increased iron intake.
- (b) reduced fat intake.
- (c) increased fibre and starch.
- (d) reduced salt intake.
- (e) an enhanced menu choice.
- (f) the appointment of dieticians.

The Working Party's assesment of the implications for policy and practice of a Cook-Chill System of cooking food pointed definitively for a need to ensure that adherence to the highest standards of quality control in all aspects of food selection, cooking, chilling, storage and regeneration must be the norm to avoid these concerns becoming a reality. The report was considered by the Board at its July meeting and the recommendations contained in the report are being implemented in line with the available resources.

WORKING PARTY ON MENTAL HANDICAP SERVICES.

In September, 1986 the Chief Executive Officer appointed a Working Party on Mental Handicap Services with the following brief.

To prepare a comprehensive development plan for the provision of services for the Mentally Handicapped in the Midland Health Board area. The Working Party completed its deliberations in the course of 1988 and the report was considered by the Board at its meeting in September. The Board unanimously adopted the recommendations contained in the report and decided to seek Department of Health approval for the funding required to enable the recommendations to be implemented as quickly as possible.

The specific capital and revenue requirements on a sectoral basis contained in the working party report are outlined in the report on Mental Handicap Services.

FINAL PROJECT REPORT FROM ECONOMIC AND SOCIAL INTEGRATION  
PROJECT FOR HANDICAPPED DISTRICTS.

This project was established by the Commission of the European Community in Association with member states, to improve the economic and social integration of disabled people in the local community. It was to achieve this by encouraging existing service providers and agencies to better co-ordinate their activities; to be more effective in the use of their resources and to seek collaboration between relevant members of the local community to better focus their efforts on the objectives of integration. The training component of the project was to be an integral element upon which the co-ordination activity would impact. The Midland Health Board area was chosen by the then Minister for Health to promote the Irish project. The project was given a time span of 4 years in order to carry out its work programme. It was required to report at regular intervals on progress achieved, problems encountered etc. Districts were encouraged to exchange visits, hold discussions and come together, under the auspices of the Bureau for Action in favour of Disabled Persons for meetings, seminars, workshops etc. The project provided the opportunity for people with common objectives, working in different organisations to come together and discuss issues and problems of relevance.

The resulting interaction proved of great benefit in not only clarifying issues but in getting agreement on joint approaches to the resolution of difficulties. This was demonstrated more particularly in joint action with such Bodies as the Midland Health Board, The National Rehabilitation Board, Local Authorities and the Industrial Training Authority in relation to initiatives taken and intervention mounted.

Aontacht Phobail Teoranta.

At the end of the 4 year term of the project a considerable volume of work was still in progress. The importance that the Board attached to ensuring that the initiatives identified and undertaken by the project being worthy of continuing action was demonstrated by its approval to the establishment of Aontacht Phobail Teoranta, a company, limited by guarantee and not having a share capital which exists to promote the economic and social integration of disabled persons, through the stimulation, mobilisation and development of local resources.

The final report of the project was approved at the Board's meeting in July, 1988.

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GRANT AID SCHEME FOR VOLUNTARY BODIES

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GRANT AID SCHEME FOR VOLUNTARY BODIES.

Since 1983 the Department of Social Welfare has operated a scheme of grant aid to Voluntary Organisations in the Social Services area.

Voluntary Organisations make direct application to the Department of Social Welfare in response to the public advertisement of the scheme. In 1983, 1984, and 1985 Health Board views were sought by the Department of Social Welfare on the appropriateness of the developments proposed in the applications submitted. It is regrettable that this consultation did not occur in 1986/1987 and 1988 so that the Board could have a direct input in relation to the priority which should attach to the development of Social Services within its area of responsibility.

In 1988 the Government allocated £750,000 from the National Lottery funds for the scheme of grants to Voluntary Bodies in the Social Services area. The number of applications received was in the region of 600 having a total value in excess of £7million. There is no specific percentage allocation to any Health Board area and the allocation to organisations in the Board's area has varied significantly over the years. The allocation in 1988 represented 2.53% of the total allocation. This compares with 3% in 1985, 1% in 1986, 8.6% in 1987.

YEAR	NAME OF ORGANISATION	GRANT	TOTAL
1988	Committee for the Education and Training of Travellers, Tullamore.	£10,000	
	Marist Rehabilitation Centre, Our Lady's Hermitage, Retreat Rd., Athlone.	£ 3.500	
	St. Hilda's Services for the Mentally Handicapped, Gracepark Road, Athlone.	£ 4.000	
	Westmeath Volunteer Stroke Scheme, Coralstown, Mullingar.	£ 1,500	£19,000

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JOINT ARRANGEMENTS WITH NATIONAL AND LOCAL VOLUNTARY ORGANISATIONS

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JOINT ARRANGEMENTS WITH NATIONAL AND LOCAL VOLUNTARY ORGANISATIONS.

VOLUNTARY ORGANISATIONS.

The Board liaises with & provides resources for many Voluntary Organisations other than Social Service Councils and Organisations concerned with the elderly and the handicapped whose activities have been dealt with elsewhere in this report.

The following Organisations receive support from the Health Board on an ongoing basis.

IRISH SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

The Irish Society for the Prevention of Cruelty to Children is a National Voluntary Organisation providing a range of family support services to children and their families.

The Board in addition to Grant Aiding the I.S.P.C.C. has ongoing involvement with the Society through the Society's activities in Mullingar and Tullamore.

IRISH WHEELCHAIR ASSOCIATION.

The Irish Wheelchair Association is a Voluntary Social Service Agency catering for over 3,500 wheelchair users (participant members). The association aims at achieving total economic and social integration and rehabilitation of wheelchair users. The Association has branches in Longford, Castlepollard, Mullingar, Tullamore and Portlaoise. The Association set up a new branch in Athlone during 1988. The Irish Wheelchair Association also operates a Home Care Attendants Scheme which was introduced in 1986 in Laois. The scheme provides relief for those relatives who bear continuous responsibility for the physically disabled in their homes. The scheme allows disabled people to continue to live at home in their local community because of the care which is provided through the scheme. The essence of the scheme is that a trained, reliable care attendant is available when the caring relative most needs a break, e.g. in the evenings, at weekends or in the event of a sudden illness. Ongoing liaison with the staff of the Irish Wheelchair is maintained by the Board's professional staff, to monitor closely and carefully the development of the scheme. It is hoped that this scheme can be extended to all parts of the Board to cater for the full range of physically handicapping conditions.



4. The North Midland Mental Health Association was also involved in a project to train persons, disabled and able-bodied to earn a living by growing marketable vegetables on a minimum of 2 acres of land and becoming eligible for employment in horticultural- gardening centres- to establish a co-operative producers group to supply local and regional markets. This project was known as the Springfield Growers Enterprise Training Programme.

#### IRISH NATIONAL COUNCIL ON ALCOHOLISM.

In 1980 a Regional Office of the Irish National Council on Alcoholism was set up in Mullingar to facilitate a community based response to alcohol use and misuse with education and prevention as the main strategy. The total cost of providing this facility was paid in full by the Midland Health Board.

In November, 1988 the Irish National Council on Alcoholism ceased to function. The Midland Health Board continues, however, to provide an education programme on Alcohol and Substance abuse from the former I.N.C.A. premises in Mullingar.

#### NATIONAL COUNCIL FOR THE BLIND.

The National Council for the Blind is a Voluntary Organisation, administered by a Committee which includes representatives from some 27 County Committees. The Council's main objective is the rehabilitation of the blind by continuous home visiting, teaching them communication skills, daily living skills, craft-work, mobility and orientation, advising them on their welfare entitlements, training blind telephonists, providing radios and talking books.

#### THE REHABILITATION INSTITUTE.

The Board pays an allowance up to a maximum of £56.10 per week to trainees in the workshops and also a travel allowance up to a maximum of £10.50. The Board also pays a capitation payment to the Institute of £920 per trainee per annum.

MENTAL HEALTH ASSOCIATION OF IRELAND.

The Mental Health Association of Ireland is a National Voluntary Organisation with some 55 local associations and branches working throughout the country. It aims at helping those who are mentally ill and promoting positive mental health. The Mental Health Association operates on 2 levels; National and Local. The national activities include using a variety of methods to promote educational and preventative programmes. These include publications, conferences, and seminars.

The association works through its local Mental Health Associations which are spread around the country. They are made up of groups of people who believe that members of a community should promote mental health by caring for one another. They also attempt to find ways of lightening the burden of the mentally ill and their relatives. Members of local associations work in a voluntary capacity. They share the aims and objectives of the National Body, but the work they do is largely governed by the needs of their own areas and they decide on their own programme of work. With the co-operation and guidance of psychiatrists and psychiatric nurses, local associations play a much needed part in the rehabilitation of patients. Their work has included -

1. The visitation of residents in hospital and community hostels.
2. The organising of a public speaking competition which is a national project undertaken annually by the Mental Health Association of Ireland and aimed at post primary schools throughout the country. Its purpose is to promote among young people an awareness of the causes of mental illness and realisation of the importance of mental health.
3. The North Midland Mental Health Association provide the rent for accommodation for a day activity centre in Mullingar as part of a social programme for persons who are placed in community residences from the psychiatric and mental handicap service.

THE NATIONAL REHABILITATION BOARD.

The National Rehabilitation Board was established by the Minister for Health in 1967. The Midland Health Board's staff work in close co-operation with the staff of the National Rehabilitation Board in the provision of the following services:

- (a) a Hearing Aid and Advisory Service which carries out assessments of hearing impaired persons and provides hearing and associated aids.
- (b) a Vocational Service offering vocational assessment, guidance and counselling and job placement service to disabled persons.
- (c) Psychological, medical and vocational assessment.
- (d) an Industrial Service to assist in the development of training workshops and to help obtain suitable work contracts for those workshops.
- (e) an Aids Information Service.

STATUTORY BODIES - AGENCY SERVICES.

Provision is made under Section 25 of the Health Act 1970 that particular local authority functions may be carried out by appropriate officers of a Health Board if such is deemed desirable by a Local Authority. It is on this basis that the various staff members are involved on a regular basis in carrying out various functions for the Local Authorities within the Midland Health Board area.

The following grades of staff provide such Agency Services:-

Medical Staff.

The staff involved here are Directors of Community Care, Senior Area Medical Officers and Area Medical Officers. Work carried out on behalf of the Local Authority includes housing assessment, assessment of Disabled Persons Reconstruction Grant Applications, Reports on Environmental Health Factors etc.

Environmental Health Officers.

The staff structure here is - Supervising Environmental Health Officers, Senior Environmental Health Officers and Environmental Health Officers. Local Authority work undertaken involves such areas as housing reports, environmental risks, pollution control, public nuisance control, planning reports etc. The extent of services provided on an Agency basis are dealt with in the report on Environmental Health Services.

General Remarks.

The levels of services and recoupment by the Local Authorities for these services is at present being reviewed.

COMMUNITY CARE SERVICES 1988

EXPENDITURE 1988

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EXPENDITURE 1988

The total expenditure on Community Care Services in 1988 excluding expenditure on the G.M.S. Scheme amounted to £17,818,806. This compared with a Budget for the year of £17,875,400.

The out-turn figure for 1988 at £17,818,806 was £61,938 greater than corresponding expenditure for 1987.

Analysis of 1988 Expenditure is as follows:

Pay Costs	£7,449,377	-	42% of total
Non Pay Costs	£10,369,429	-	58% of total

The Board received notification in October, 1987 that the 1988 allocation would be £51.740 million. This sum was £2.56 million or 4.7% less than the allocation for 1987. After making allowance for an adjustment in respect of the transfer of Psychiatric Services for County Meath to the North Eastern Health Board the reduction in 1988 allocation over the 1987 figure was £2.260 million or 4.2%.

It was estimated that the allocation of £51.740 million was therefore £2.011 million less than the Boards requirements of £53.751 million needed to maintain services at 1987 levels.

In view of the fact that in 1987 there had been a reduction in bed provision in the Hospitals the Community Care workload had increased very significantly. It was expected in 1988 that this trend would continue and indeed accelerate and that Community Care staff would be expected to carry out work previously done in Hospitals. Therefore it was not proposed to reduce the Community Care Budget further in 1988.

In the 1988 Pay Budget for Community Care provision was made for the creation of fourteen additional posts to meet increased workload as a consequence of reductions in bed provision in the Boards Hospitals.

In the Non Pay area the Budget for 1988 was not reduced and indeed some additional funds were reallocated to this area for Boarding Out Schemes and for the payment of Rehabilitation Allowances and capitation payments to reduce waiting lists for persons awaiting admission to training facilities.

While overall it was possible to provide services in Community Care within the approved Budget for 1988 there were some areas where expenditure continued to increase.

(a) Disabled Persons Maintenance Allowances

Expenditure under this heading continues to increase and trends in this area are as follows:

		<u>£</u>
1981	-	1,527,674
1982	-	1,970,699
1983	-	2,280,575
1984	-	2,585,876
1985	-	2,884,866
1986	-	3,108,065
1987	-	3,180,615
1988	-	3,280,517

This trend is shown in Graphical Form at Appendix A.

From the above figures it can be seen that in the period 1981 to 1988 expenditure on Disabled Persons Maintenance Allowances increased by 115%.

The Number of persons in receipt of the Allowance for the period 1984 - 1988 is as follows:

1984	-	1,563
1985	-	1,562
1986	-	1,591
1987	-	1,596
1988	-	1,627

(b) Rehabilitation Maintenance Allowances.

The demand for places in Rehabilitation Training places continues to grow and the Board fulfills its obligation to provide Rehabilitation Training in conjunction with the National Rehabilitation Board which is the statutory body responsible for all matters relating to the Rehabilitation of Handicapped persons. The actual Rehabilitation Training is carried out in Workshops operated by Voluntary Bodies and in the Boards own Training Centres.

The Numbers in Receipt of Rehabilitation Maintenance Allowances have increased over the years and the figures below for the years 1984 - 1988 illustrates the trend in this regard.

Total Number in Receipt of R.M.A.

1984	231
1985	252
1986	257
1987	262
1988	296



Expenditure for the corresponding period was:

	£
1984	562,241
1985	680,352
1986	653,406
1987	718,499
1988	754,971

(c) Refund Drugs Scheme.

Expenditure under this Scheme continues to increase at a particularly high rate and as this is a demand led scheme to which all eligibility categories have entitlement the Board is not in a position to exercise any control over this area.

The main reasons for the continuing escalation in costs in this area are that the base figure of £28 above which refunds are made has remained unchanged since January, 1984 and also the fact that the cost of medicines has increased over the years.

The following expenditure figures for the period 1984 to 1988 illustrates the trend in this regard.

	£
1984	271,799
1985	272,263
1986	314,038
1987	326,836
1988	407,570

From the above figures it can be seen that the cost of this scheme increased by 50% from 1984 to 1988.

(d) Appliances

Expenditure on appliances has over the years represented an increasing demand on the Boards resources and despite the success of measures to control expenditure in this area nevertheless due to increasing emphasis on care in the Community this is an area where expenditure trends in recent years is expected to continue. Another factor which has had a major effect on expenditure on appliances during recent years was the commencement of Orthopaedics at General Hospital Tullamore in January, 1986.

During 1988 a total of 1,255 patients were discharged from the Orthopaedic Department in Tullamore and many of these would have required appliances and other aids which has a major effect on the Community Care Budget.

D.P.M.A. EXPENDITURE 1981 - 1988

