



Midland Health Board

2000 REVIEW OF CHILD CARE & FAMILY SUPPORT SERVICES

“pursuing health gain for the people of Laois, Offaly, Westmeath and Longford

Midland Health Board Review of Child Care & Family Support Services 2000

Foreword

This report sets out the work during 2000 in relation to child care and family support services of staff of the Midland Health Board and of voluntary and community organisations funded by the Board. It forms part of the essential accountability process for these services whereby staff have an opportunity to detail the work carried out, and this information is made accessible to the public and all stakeholders.

The term "child care" covers a wide range of services; however, in the context of this report it refers to those services which address the needs of children who are not receiving adequate care and protection. This report is prepared under the requirements of the Child Care Act, 1991 Section 8.

Responsibility for the welfare and protection of children and young people rests primarily with parents: health boards have a major role to play in providing support to parents through the provision of a wide range of services (as are detailed in this report). In addition, however, it has been said that it takes a community to raise a child and, in this regard the role of health boards is becoming increasingly significant in enabling communities to address the needs of their young people. This role for health boards becomes more relevant at this time of economic affluence in which economic imperatives are increasingly infringing upon community cohesiveness. The Midland Health Board is committed to providing its child care and family support services on a local basis and in partnership with local communities.

I am pleased to note the growing awareness at a societal level of the importance and significance of the childhood and adolescence years. The foundations laid down in the formative years will determine, to a great extent, outcomes in life and quality of life for those young people in their adult years. The publication of 'Our Children Their Lives' The National Children's Strategy by the Dept. of Health and Children and the Inter-Departmental Group is a landmark for everyone involved in working with children. It sets the agenda for future thinking and for the development of services. The work currently underway in the development of the Midland Health Board Child Care Strategy is guided by the National Strategy.

Child care and family support services in the Midland Health Board have faced a series of new challenges in recent years including:-

- A major increase in demand for services
- Introduction of new legislation and additional statutory responsibilities
- Expansion of services
- Restructuring of services

This process of change and development will continue in the coming years as our services adapt to and anticipate the needs of children and families in the region. This is a complex process requiring a strategic management approach. The Midland Health Board is developing a 3 year Child Care Strategy for the years 2002-2004 which will equip the Board to meet and anticipate these challenges.

I would like to thank all staff involved in child care and family support services in the Midland Health Board for their hard work and dedication during 2000. It is the positive attitude and motivation of staff which ensures the high quality of service provision. I would also like to express my appreciation to our colleagues and partners in statutory, voluntary and community organisations with whom we work closely.

The Child Care Advisory Committee has continued to play an important role in giving advice on the performance of functions . I would like to thank the members for their insightful contributions .

Denis J. Doherty

Chief Executive Officer

Midland Health Board Review of Child Care & Family Support Services 2000

Acknowledgements

Many staff within the Midland Health Board and in voluntary and community organisations have contributed to this Report . Their efforts are very much appreciated.

Thanks also to Karen Leonard who compiled the report and to Siobhain Keogh and Felicity O'Brien who provided administrative services.

Aidan Waterstone

Director of Child Care Services

Contents

Chapter 1 Introduction	5
Chapter 2 Support Services for Families	11
Chapter 3 Child Welfare and Protection Services	45
Chapter 4 Alternative Care Services	95
Chapter 5 Training, Research & Evaluation	117
Chapter 6 The Child Care Advisory Committee	130
Chapter 7 Conclusions	135
Reference List	137

Midland Health Board Review of Child Care & Family Support Services 2000

Chapter 1

Introduction

Midland Health Board Review of Child Care & Family Support Services 2000

Chapter 1 – Introduction

REVIEW OF THE CHILD CARE AND FAMILY SUPPORT SERVICES

Section 8 of the Child Care Act (1991) places an obligation on Health Boards to review the adequacy of child care and family support services in their areas.

Child care and family support services, in broad terms, encompass a range of social, nursing, medical, para-medical and other services. However, the function of this report is to review the adequacy of those services which are designed to promote the welfare of children (and their families) who are not receiving adequate care and protection. Section 3 of the Child Care Act (1991) places a statutory responsibility on health boards in this regard.

A wide range of statutory, voluntary and community organisations provide child care and family support services. This report is only concerned with those services provided directly by the Midland Health Board or services funded by the Midland Health Board.

Ferguson and O'Reilly (2001, p. 204) point out that “achieving the correct balance of child protection and family support is now regarded as critically important in the design and delivery of child care services”. With this in mind this report sets out to describe the actual services provided by the various different agencies in the year 2000 while also highlighting links that exist between the different organisations that strive to promote the welfare of children in the region.

The next section provides a description of the Midland Health Board Region by highlighting some of the demographics of the area and how these may impact on the care and protection of children in the area.

THE MIDLAND HEALTH BOARD AREA

The Midland Health Board is one of the ten area health boards in Ireland and it serves the population of counties Longford, Westmeath, Laois and Offaly.

The Midland Health Board comprises of two Community Care Areas; Longford/Westmeath with its Headquarters at Mullingar Health Centre, Longford Road, Mullingar; and Laois/ Offaly with its Headquarters at Tullamore Health Centre, Arden Road, Tullamore.

The population of the area is estimated by the Central Statistics Office in April 2000 as 210,200.

Chapter 1 – Introduction

The estimated population classified by sex and age group, in the Midland Health Board Area in April 2000 by the Central Statistics Office (2000) is represented in the table below.

Estimated Population classified by Sex and Age Group April (2000)

	0 – 4 years	5 – 9 years	10 – 14 years	15 – 19 years
Male	7,500	7,900	9,500	11,000
Female	7,500	7,700	8,700	9,900
Total	15,000	15,600	18,200	20,900

Source: Central Statistics Office (2000)

According to the 1996 Census there are 1,071,972 children in Ireland. Ireland has the highest proportion of children in the EU representing 29% of the population as compared to an EU average of 21%. The dependency ratio (derived by expressing the young population (aged 0 – 14 years) and the old population (aged 65 years and over) as percentages of the population of working age (15 – 64 years) is higher in the Midland Health Board than the national ratio.

PLACING CHILD WELFARE IN CONTEXT

The delivery of child care and family support services occurs within particular social, cultural and political contexts that pose opportunities but also challenges for families in meeting the needs of their children. While it may be difficult, or even impossible, to establish the actual reasons why a child or family may come to the attention of child protection services there are some general ideas from research that can be drawn on in terms of what effects the welfare of a child. The National Children’s Strategy (2000) proposes that a set of more specific child well-being indicators should be developed based on the idea of the “whole child”. The “whole child” perspective identifies nine key dimensions that are involved in a child’s development and says that these must be met for a child to enjoy a satisfactory childhood and make the transition to adulthood.

In the absence of these specific child well-being indicators this report looks at a number of factors that can influence a child’s welfare namely poverty and unemployment, lack of positive social support and family breakdown.

Chapter 1 – Introduction

Poverty

Mc Keown (2000, p.10) says that the work of offering support to families is “embedded in a broader socio-economic context of poverty and social exclusion and this can have a direct outcome on the work”. He cites research conducted by the Combat Poverty Agency that found between one quarter to one third of Irish children are at risk of poverty. Whittaker (1997) says that no matter how pro-active services are they are no substitute for adequate housing, income, medical care and education. The National Children’s Strategy (2000) notes however that sustained economic growth coupled with increased government expenditure on education and health services particularly when targeted to disadvantaged areas has brought about improvements for children and families. It looked at early results of the Living in Ireland Survey (1998) which shows a drop from 17% to 12% of children consistently living in poverty. It found that more than 50% of these children were in households affected by unemployment. The table below represents the number of people in the Midland Heath Board Region who were unemployed at the time of the last Census according to Central Statistics Office (1996). Of the total population of people unemployed in the State in 1996 this region accounts for 4.98% of those unemployed.

Number of people’ unemployed in the Midland Health Board Region (1996)

No. of persons who are unemployed	Laois	Offaly	Longford	Westmeath	Total	State
	2,432	3,120	1,463	2,910	9,925	199,136

The National Children’s Strategy (2000, p. 22) noted that “there continues to be a significant number of children for whom the benefit of economic success have not been a reality.....(and) much work remains to be done to tackle the multi-dimensional causes and effects of poverty”.

Lack of Social Support/Social Isolation

Looking at the issue of social support is important according to McKeown (2000) as it gives workers information on the context in which families live but also strong social support can improve the physical and mental health of families. Vulnerable families he goes on to say can often be characterised by a lack of positive support in their locality. Scallan, Farrelly, Sorensen and Webster (1998) conducted a survey of 235 families in the Eastern Health Board Region (now Eastern Regional Health Authority) and found that half of these families were experiencing social isolation and had three serious problems. A Report by the Department of Health (1988) in the United Kingdom points out that it is important to look at the family’s networks socially and professionally, and these should be assessed in terms of whether they are useful for the family or whether they are confusing and stressful. Of interest to this report is how the “whole child” perspective as outlined by the National Child Care Strategy (2000) stresses the importance of relationships between the child and family members or friends but also the importance of their interaction with the local community and formal services.

Chapter 1 – Introduction

Family Breakdown

The quality of the relationship between parents and also the experience of the breakdown of family relationships can affect the stability of the family. Sweeney (1998) notes that a person's well-being is positively associated with income and employment but these benefits can be eroded when family relationships break down. McKeown and Sweeney (2001, p. 61) say that marriage may be the biggest contributor to the well-being of adults but the breakdown of the marriage may do most to diminish one's well-being. When related to children they say that children are affected by the quality of the relationship of their parents rather than the marital status. Furthermore the "effects of good and bad marriages affect children as well as adults and occur not just at one point in time but can extend over the generations". Increasing numbers of marriages ending in separation/divorce coupled with an increase in one-parent families present new challenges for families and child care services.

REVIEW OF THE CHILD CARE AND FAMILY SUPPORT SERVICES REPORT (2000)

This report sets out to review the child care and family support services provided in the Midland Health Board Region in the year 2000. Chapter two describes the activities of some of the voluntary organisations in the area in terms of support offered to children and their families. A community development approach is evident in the delivery of these services in that the emphasis is placed on the involvement of the local community, aiming to be responsive to the needs of the localities while fostering a sense of community ownership of the service.

Chapter three outlines the services that are provided by the Health Board to protect the children that may not be receiving adequate care and protection. It describes the activities of the Social Work Service and Child Care Manager who have primary responsibility with regard to providing these protection services and goes on to look at the other significant services involved in this task. The Child Care Manager role is described in detail. The Treatment services provided by the Social Work Service, the Community Child Care Worker Service, Family Support Service, Child Psychiatry and Psychology, Area Medical Officer Service, Physiotherapy, Speech and Language Therapy and Public Health Nursing Service are also described.

The issue of family support cannot be related to specific services but it can be seen to transcend both statutory and voluntary services. It has been described as "the collective title given to a broad range of provisions developed by a combination of statutory and voluntary agencies to promote the welfare of children in their own communities" (Murphy, 1996, p. 78).

Chapter four presents a description of the services provided to children for a variety of reasons who cannot remain in their own home. It outlines the Residential Care Services and how they are changing to meet the varied needs of children and young people. The fostering services are similarly outlined and of interest here are developments that are underway in terms of provision of foster care for teenagers.

Chapter 1 – Introduction

Adoption and Inter-Country Adoption Services are described in terms of their activities this year. This chapter also presents data on the number of child protection referrals and details on the admissions to the care system for the region in 2000.

Chapter five outlines the Training provided by the Midland Health Board directly this year and also outlines the process of implementing the Children First: National Guidelines for the Protection and Welfare of children (1999) in the area.

Finally, the Child Care Advisory Committee is profiled in chapter six and its role described within the context of child care services.

Chapter 2

Support Services for Families

Chapter 2 – Support Services for Families

Contents

	<u>PAGE</u>
Overview	13
The Pre School Inspection and Information System	14
Edenderry Family Centre, Edenderry	18
National Parent Support Programme	21
The Lifestart Project Offaly / Kildare	24
Granard Action Project	28
Mountmellick Youth Development Centre	30
Athlone Community Services Council	32
Barnardos Family Support Project – Athlone	37
Barnardos Family Support Project – Tullamore	41

Chapter 2 – Support Services for Families

Overview

Services for children and families can have more than one function or purpose as a number of issues may require to be addressed in co-ordination. These may include health, welfare, therapy, care and protection. As outlined in the introduction social support and poverty are major influences on the Welfare of Children. This section of the report deals with community development and welfare services. It outlines how the individual services described strived in 2000 to promote the child's welfare by supporting families while providing an arena for a sense of community to be fostered. Some of the services are actively trying to address the issue of poverty through very particular practical services offered when a family is in need.

Services in the Midland Health Board are planned and delivered from the perspective of service users. In many situations, more than one service is involved simultaneously with a child and family; the Midland Health Board strives to ensure that those services are co-ordinated and working in integration to ensure a quality response.

LIAISON AND SUPPORT

The Midland Health Board in pursuance of its mission to enable families and communities to help themselves, liaises with and supports a wide range of voluntary and community groups and agencies. These include Partnership companies and community groups funded under A.D.M. Ltd, youth services, community groups, support groups and others.

This work is indicative of the importance placed by the Midland Health Board on developing a range of partnership relationships in the wider community and facilitating a “community informed” approach to service development.

CHILD CARE STRATEGY

Child Welfare Services for children and families in the Midland Health Board region are planned and delivered in the context of the Corporate Strategy of the Midland Health Board.

The Corporate Strategy states that the Midland Health Board exists to improve the health (health gain) and quality of life (social gain) of the population of the area. The process of planning and delivery of services for children is informed by this corporate strategy and by a body of relevant academic research. Of particular relevance to this section is the importance that is placed on preventative services. This stresses the value of offering support at the earliest possible stage. The aim is that families and communities are enabled to support one another through accessible services.

This chapter describes the support offered to families within a community organisation or voluntary sector framework. This is not to say that this activity is confined to this sector. The support offered to families by the statutory services is also outlined in this report. The Midland Health Board believes that the relationship between statutory agencies, voluntary organisations and community organisations should be based on a partnership model with different services working collaboratively to promote child welfare.

Chapter 2 – Support Services for Families

The Pre School Inspection and Information System

The services provided by the Pre-School Inspection and Information System in the Midland Health Board are underpinned by a commitment to raising the standards of child care. As well as this, it must meet the Board's statutory obligations which are that it should implement and monitor the Child Care (Pre-School Services) Regulations (1996).

NAME OF SERVICE	THE PRE SCHOOL INSPECTION & INFORMATION SERVICE
AIMS & OBJECTIVES OF SERVICE	The purpose of pre-school inspections is to ensure that the health, safety and welfare of children in pre-school services is secured while promoting child development. The inspection system is driven by a commitment to the provision of quality services for pre-school children.
COMMUNITY CARE AREAS	The regional office for Pre-School Services Officer is the Child Care Unit, General Hospital, Tullamore. Additional accommodation for staff was secured in 2000 at Harbour Street, Tullamore. The service covers the Midland Health Board area.
STAFFING LEVELS	The staff complement for this service comprises of an Environmental Health Officer and a Public Health Nurse to cover both Community Care Areas. The Pre School Services Officer continued to act as the E.H.O on one inspection team.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000
ASSESSMENT OF INFORMATION	<p>The key activities for the service in 2000 continued to be the assessment of basic information on the notification of services to the Health Board. This was followed by some advisory visits to build on the requirements in the legislation and first inspections by appointment. Subsequent inspections are unannounced.</p> <p>On inspection the service provider is given a verbal outline of the outstanding requirements that need to be addressed to ensure compliance with the legislation. The service provider, in line with the team's commitment to the development of good quality child care, is given recommendations for good practice and observations are offered on how the service was perceived to be operating on the day of inspection. This is reinforced by a written report to the service provider, which is prepared jointly by the Inspection Team.</p>

Chapter 2 – Support Services for families

The Pre School Inspection and Information System

NOTIFICATION & INSPECTIONS

The breakdown of inspections for 2000 is as follows:

<u>Type of Service</u>	<u>Number of Inspections</u>
Sessional	85
Full Day Care	14
Combined	20
Drop-in-Centres	3
Childminders	5

The number of children cared for in these services was 2,015.

In order to bring about consistency in how the Regulations are implemented; the Department of Health and Children provided uniform inspection forms to all Health Boards in 2000. The wide variant in the standard of service provision remained a common feature of the inspection process in the Board area. Barriers that service providers emphasised in relation to complying with the Regulations included:

- The demand for places
- Accessing and maintaining trained staff
- Lack of suitable premises
- Planning issues.

SERVICE DEVELOPMENT

To improve the quality of services provided to pre-school children and to further encourage service providers to develop a co-ordinated approach to the delivery of high quality pre-school services an Information Pack was purchased by the Health Board from the Border Counties Childcare Network (BCCN).

Areas covered in the pack include legislation, the management of a pre-school, planning the curriculum, an evaluation system, and introducing the Irish Language into a pre-school setting.

The Health Board also provided a once off grant payment of £1,000 to Community Pre-school Services and £500 to Private Pre-school Services in 2000. This funding aimed to assist service providers to:

- Upgrade their services
- Purchase age appropriate toys/furniture and equipment
- Carry out work recommended by the Pre-School Inspection Teams.

Chapter 2 – Support Services for Families

The Pre School Inspection and Information System

To help service providers and their staff develop their knowledge and skills in child care in conjunction with the area based Partnerships and Local Community Development Groups training involving a multi-disciplinary team was provided which included:

- The Pre-School Regulations
- Child Protection
- Child Development
- Early Childhood diseases
- Speech and Language development
- Encouraging positive behaviour in pre-school children
- Nutrition for children under five years of age

The Pre-School Services Officer gave a presentation on Child Care Policy developments at a seminar organised by Westmeath Enterprise Board and a presentation on the Offaly County Child Care Committee at a seminar organised by OAK Partnership, Tullamore Wider Options and West Offaly Partnership.

STAFF TRAINING & DEVELOPMENT

The Environmental Health Officers and Public Health Nursing staff on the Inspection teams continued to avail of in-house training organised through their respective disciplines.

EVALUATION

There have been increasing demands on this service not only in relation to inspections but also regarding efficient and effective service delivery.

These demands include an increase in the number of notified services from 183 in 1999 to 197 in 2000.

There is a greater demand for advisory visits prior to opening a new service or the altering of an existing one.

Evaluation of the service is therefore required on an on-going basis in light of the changing needs of parents, the changing environment in the pre-school sector and the variety of agencies who are actively involved in the planning and development of services. The Pre-School Service within the Health Board will continue to develop and evolve in line with the Board's statutory obligations to pre-school children.

Chapter 2 – Support Services for Families

The Pre School Inspection and Information System

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

In addition to involving other disciplines in the delivery of training, links with other agencies were strengthened. These Agencies included:

- Area based Partnerships and Community Development Groups in relation to funding.
- Enterprise Boards with regard to funding.
- Planning Authorities in relation to planning issues.
- Development Groups in relation to the development of services.

AREAS FOR DEVELOPMENT

The provision of optimum standards of child care requires the harmonisation of several streams of expertise.

The establishment of County Child Care Committees began in May 2000. These Committees while having a direct bearing on pre-school services, are the mechanism by which child care services will be planned, co-ordinated, supported and indeed monitored in the years to come.

The introduction of the **Equal Opportunities Child Care Programme 2000-2006** by the Department of Justice, Equality and Law Reform has implications for the Board's pre-school service. Funding under this programme has increased the number of new services coming on stream, and the number of existing services that are now willing to meet the requirements of the 1996 Regulations. This in turn has resulted in the further development of the Pre-School Advisory service as opposed to an inspection service. This is a welcome development.

Meeting the needs of the EU and the Government in relation to assessing the impact of funding regarding the supply of child care has placed **demands regarding statistical returns** and the development of this process.

The allocation of additional staff to the service, namely a Pre-School Trainer and 2 Childminder Advisor Officers will broaden the services made available to service providers. This will be achieved by the development of the services training capacities and its support to childminders. This will encourage this vital sector within the child care system to come forward, be recognised as a valuable service and avail of support services as opposed to working in isolation or as an underground service.

Chapter 2 – Support Services for Families

Barnardos Family Support Project Edenderry Edenderry Family Centre, Edenderry

Edenderry Family Centre is in its seventh year of operation as a community based Family Support Service to vulnerable children and families in the Edenderry area. Established in 1994 as a partnership initiative between Barnardos and the Midland Health Board, its objective was to provide a service which “was responsive to local needs, facilitated community ownership and participation and promoted and stimulated the development of other family support services in the area.”

NAME OF SERVICE

BARNARDOS EDENDERRY FAMILY CENTRE

AIMS & OBJECTIVES OF SERVICE

Within a community context the Edenderry Family Centre aims to support and empower families most at risk harnessing their strengths in order to provide positive childhood and family life experiences for their children.

To provide a welcoming, safe and secure environment in which the personal and social development of service users can be maximised.

To maximise support and resources. The project works in an integrated manner with all relevant agencies and community groups.

To provide space and time for children and families to identify needs and empower and enable them to meet these needs.

To respond in an effective and flexible manner to the ever changing needs of the family and children in the community.

To provide a non-stigmatising service. There is a recognition by the community that priority is given to children and families identified as most vulnerable and at risk. However, services are also provided that cater for the general parenting and child care needs of the community.

To heighten awareness of the needs and rights of children and their families including the provision of a quality information and advice service.

To work in partnership with the Midland Health Board in responding to the needs of referred families including the participation in case conferences and the development of joint strategies where appropriate.

Chapter 2 – Support Services for Families

Barnardos Family Support Project Edenderry Edenderry Family Centre, Edenderry

COMMUNITY CARE AREA

The Family Centre is located in the Laois/Offaly Community Care Area and is based in Edenderry town.

STAFFING LEVEL

The team consists of 1 full time Co-ordinator, 1 full time Project Worker, 1 full time Child Care Worker and a part-time Administration/Information Worker. The Family Centre also acts as a sponsor for a FAS Community Employment Scheme, which provides work experience, and training for four participants.

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000

GROUP WORK

The Centre provides a number of group programmes consisting of parenting support group, afterschool groups, a teenage programme, women's groups and a parent and toddler group. These programmes facilitate children and adults in developing support networks while promoting community ownership and participation in the project.

INFORMATION SERVICE

Through the employment of an Administration/Information Worker, families, students, professionals who are working with or on behalf of the community, can avail of an information and advice service on child care and family issues. This service is supported by Barnardos National Children's Resource Centre and has links with other information services.

FAMILY WORK

The Family Centre provided targeted support to families referred by the Midland Health Board. A working agreement is drawn up with each referred family, which outlines clear objectives and goals for all parties. Both children and parents are supported through various programmes such as:

- Individual work
- After-school groups
- Outreach work
- Parent and toddler groups
- Women's Group
- Involvement with other agencies/professionals.

The Centre also operates an open door "drop in" facility for parents and children.

Chapter 2 – Support Services for Families

Barnardos Family Support Project Edenderry Edenderry Family Centre, Edenderry

STAFF TRAINING & DEVELOPMENT

The staff have a range of qualifications and experience in the child care field.

Throughout the year the staff attended a number of seminars and training courses including: Midland Health Board Child Protection Training, Solution Focused Therapy, Behaviour Management, In Touch with Children, Family Support Evaluation, Group Facilitation Skills and I.T. Training.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

The project works in an integrated manner with all relevant statutory and voluntary agencies, the community and local families.

The Edenderry Family Centre receives support, guidance and direction from the project's steering group, which consists of local statutory, voluntary, community and parent representatives.

AREAS FOR DEVELOPMENT

Due to the demand for **a parenting programme** for parents of teenagers with special needs the Project in partnership with the Sisters of Charity plan to establish a Working Group to investigate needs and devise service responses to these needs. All relevant groups including a parent's representative will be invited to participate.

In response to needs identified by the local national schools **a Breakfast Club** will be established starting September 2001 to support school attendance and offer support in relation to a core group of vulnerable children.

Chapter 2 – Support Services for Families

National Parent Support Programme

The National Parent Support Programme was established in the Midlands in 1994. It is funded jointly by the Midland Health Board and the Bernard Van Leer Foundation in the Netherlands. The programme is operated through Athlone Community Services Council and Longford Social Services Council.

NAME OF SERVICE	NATIONAL PARENT SUPPORT
AIMS & OBJECTIVES OF THE SERVICE	The National Parent Support Programme is a community-based programme aimed at enabling parents to enjoy and participate fully in each child's development and supporting parents to achieve this by encouraging and sharing experiences and information with other parents.
COMMUNITY CARE AREAS	The programme is currently available in the Athlone/Longford urban and rural areas and Moate.
STAFFING LEVELS	<p>The programme has 1 Co-ordinator and one Assistant Co-Ordinator based in Athlone. 2 Assistant part-time local Co-ordinators are based in Longford and Athlone. 6 Community Mothers are involved in Longford and 7 are involved in Athlone.</p> <p>There are 4 Child Care Workers (1 of whom is a participant in a FAS Job Training Scheme) who are facilitating the Child Project.</p>
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000
FAMILY WORK	<p>The National Parent Support Programme is a structured Programme, using materials developed by the Early Childhood Development Centre, Bristol University and is aimed at enabling parents to enjoy and participate more fully in their child's development and supporting them in their role by encouragement.</p> <p>The programme is offered to all first and second time parents and to others in the catchment area, based on information provided via the birth registration system and the Social Work Services. A Community Mother visits fortnightly and continues for up to 12 months depending on progress made. Community Mothers are recruited locally on the basis of their parenting and communication skills.</p>

Chapter 2 – Support Services for Families

National Parent Support Programme

PARENT& TODDLER GROUP

“Paradise” and “Tír na nÓg”, Parents & Toddler groups in Athlone and Longford commenced in May 1999. They are open two mornings per week for an average of three hours each morning. Both are fully equipped with educational toys, catering for children up to school going age. It is a place where parents feel comfortable and relaxed with their children, while gaining strengths from sharing other parent’s experiences and increasing their knowledge and undertaking of child development.

SERVICE DEVELOPMENT

As the Parent and Toddler Group expanded time and resources have been given to two areas of development in the last year:

- The Asylum Seekers Site, Athlone
- A proposed new Child Care Initiative in Longford.

In 2000 the programme set up by request, a Parent and Toddler Group running two mornings per week.

Negotiations continue with the Department of Justice, Equality and Law Reform, through the Equal Opportunities Child Care Programme and the Reception and Integration Agency for the provision of a pre-school on the site. The projected starting date is September 2001.

The service is currently exploring the possibility of basing the Longford Programme in St. Michael’s Road in a new purpose-built building incorporating a Child Care facility. This is in conjunction with Cluid Housing Association. The proposed starting date is 2002.

STAFF TRAINING & DEVELOPMENT

Community Mothers receive ongoing programme training coupled with a structured 12 month training programme incorporating Food & Health, First Aid and Child development issues. The Child Care Workers are trained to NCVA Level 2.

Chapter 2 – Support Services for Families

National Parent Support Programme

EVALUATION

Evaluation of the service is carried out on an ongoing basis to ensure efficient and effective service delivery. Structures, systems and procedures are constantly appraised to develop in line with Health Board standards and the changing needs of the community.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

The N.P.S.P. continues to work in co-operation and consultation with all relevant statutory and voluntary agencies in an integrated manner in the communities they serve.

Chapter 2 – Support Services for Families

Offaly / Kildare Lifestart Project

Lifestart is a home based Education Programme for educating and empowering the parents of children from birth to five years so these children are able to reach their full potential. Lifestart has an holistic approach in that it addresses the physical, intellectual, emotional and social development of the child. It seeks a role in primary prevention, assuming a supportive role so that the normal development of a child can occur.

The Offaly / Kildare Project was established in Offaly in November 1997 and expanded to Kildare in 1999. It is affiliated to the Lifestart Foundation for Pre School Education founded in 1989. The Lifestart Foundation is comprised of the 20 Lifestart Projects in Ireland and also projects in Spain and Macedonia. The role of the Lifestart Foundation is to advise and liase with all projects to maintain a common ethos and share ideas on best practice.

NAME OF SERVICE

OFFALY/KILDARE LIFESTART PROJECT

AIMS & OBJECTIVES OF THE SERVICE

To encourage parents to provide a stimulating environment in which their children can reach full potential as it recognises the home as a child's most important learning environment.

To provide parents with information on child development in an accessible supportive way, while recognising parents as equals in this process.

To empower parents to see their own existing parenting skills while supporting the development of these skills to enable parents make informed decisions regarding the upbringing of their children.

COMMUNITY CARE AREAS

The service has 2 offices 1 in Edenderry, Co. Offaly and 1 in Allenwood, Co. Kildare serving both these towns and surrounding areas.

STAFFING LEVELS

The Lifestart Team consists of a Co-Ordinator an Administrator, a full-time Family Visitor and 6 part-time Family Visitors. There are also 2 part-time Administrative Assistants on a work placement with the Community Employment Scheme. The Edenderry office is the main administrative centre housing the Co-ordinator, Administrator, Administrative Assistants, the 1 full-time and 3 part-time Family Visitors. The remaining Family Visitors are based in the Allenwood office.

Chapter 2 – Support Services for Families

Offaly / Kildare Lifestart Project

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000

The programme is based on a curriculum for children from birth to five years old. It is based on an American Publication entitled “The Growing Child” (Dunn and Hargitt, 1986) which has been adapted for Irish culture. The Publication is in serial form comprising of 61 issues. Each issue covers the child development stage relevant to the age of the child. The material is also available on tape.

The programme is facilitated by trained Family Visitors who on a monthly visit, brings the relevant monthly issue as well as other age-appropriate learning materials to the participating family. A fundamental principle of these visits is the equal relationship between the parent(s) and the Family Visitor who is himself/herself a parent. The Family Visitor spends as much time as necessary discussing the material and the child’s development and together they exchange ideas on child development, play activities and child care. The visitor recommends and demonstrates activities such as story telling, art and games to stimulate the child’s development.

The programme is open to all families regardless of family structure or income and all families on the programme are voluntary participants.

In 2000 the Co-ordinator and Family Visitors facilitated parent group sessions e.g. evening talks with guest speakers and also parent and child group sessions such as play, art and music mornings. The purpose of these was to highlight issues related to child development and education. These activities were also aimed at developing the community by providing an opportunity for parents to meet and get to know each other.

By the end of 2000 the following were the number of participants in the programme:

	Families	Children
Offaly	134	171
Kildare	93	127
Total	227	298

There is now a waiting list of families who have applied to join the programme.

Chapter 2 – Support Services for Families

Offaly / Kildare Lifestart Project

SERVICE DEVELOPMENT

Under the Equal opportunities Child Care Programme from the Department of Justice, Equality and Law Reform, administered by Area Development Management (AMD), an award of £60,000 over 3 years will be given to Lifestart to staff a part-time child care facility in Edenderry.

A 10 week parenting programme was provided by 2 Family Visitors to participants on the Clonbullogue pre-employment course run by OAK Partnership.

STAFF TRAINING & DEVELOPMENT

All Lifestart Family Visitors undergo an initial 8 week training period covering: child development theory, family systems theory, the curriculum of “The Growing Child”, personal development, boundaries, confidentiality and accountability.

On-going training was provided by the Lifestart Foundation and included:

- Child Development
- Play Therapy
- Parenting Education
- Special needs in early childhood settings
- Communicating with children and adults
- Understanding and managing children’s difficult behaviour
- Pre-school arts and crafts
- Dance and movement.

RESEARCH & EVALUATION

During the year the project received a grant from Combat Poverty Agency to undertake a feasibility study, measuring the impact of the service. This study is being undertaken by the Centre of Social and Education Research (CSER) from the Dublin Institute of Technology (DIT) and began in the latter half of 2000. The final report will be available at the end of 2001.

Chapter 2 – Support Services for Families

Offaly / Kildare Lifestart Project

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

Lifestart is funded by OAK Partnership, Offaly VEC, Kildare VEC, the Midland Health Board and the South Western Area Health Board. Grants have also been received from the National Lottery and the Combat Poverty Agency.

The project liases with Public Health Nurses and the Health board funders, the Barnardos/ Edenderry Family Centre, OAK Partnership, the adult education services from Offaly and Kildare VEC and FAS.

AREAS FOR DEVELOPMENT

There are proposals currently being considered regarding **accredited training for Family Visitors**. The NCVA Level 2 in Child Care is being investigated, in co-operation with OAK Partnership and the VEC.

Offaly/Kildare Lifestart and the Barnardos/Edenderry Family Centre will be working on a joint initiative in 2001. The aim will be **to investigate the feasibility of facilitating the establishment of a Community Parent and Toddler Group in Edenderry.**

Chapter 2 – Support Services for Families

Granard Action Project (G.A.P)

Social Workers, Community Child Care Workers and Family Support Workers of children and families in the Granard area established the Granard Action Project in mid 2000 following a needs analysis.

This involved close consultation with local voluntary, community and statutory bodies.

NAME OF SERVICE

GRANARD ACTION PROJECT

AIMS & OBJECTIVES OF THE SERVICE

To provide community based family support services in the Granard area.

The project aims to draw on existing strengths in the local community , to work collaboratively with existing services and in partnership with statutory and voluntary bodies.

To develop support networks for children and families.

To provide support and advice to parents in the areas of child development, parenting and child health.

COMMUNITY CARE AREA

The project is located in the Longford/ Westmeath Community Area.

STAFFING LEVELS

There are 2 Community Child Care Workers in this project.

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000

AFTER SCHOOLS ACTIVITIES CLUBS

These groups cater for some selected primary school pupils in Granard. All groups meet once a week. Activities include art, drama, taekwondo, swimming and rounders. The aim of these activities is to help children develop social and communication skills while improving concentration and tackling other relevant issues like bullying.

Chapter 2 – Support Services for Families

Granard Action Project (G.A.P)

PARENT & TODDLER GROUP	Parents meet with other parents on a weekly basis to discuss relevant issues with each other while the children engage in play.
UNDER 21 MOTHER & TODDLER GROUP	This group is aimed at mothers under 21. Mothers meet to discuss their children and engage in play with them. Parenting and cookery sessions also take place.
WOMEN'S GROUP	A small group of women meet weekly and with the Family Support Worker engage in cookery, home management and budgeting.
TEENAGERS GROUP	This group is aimed at teenage girls. They meet on a weekly basis and participate in making murals, art or day trips.
STAFF TRAINING & DEVELOPMENT	Staff attended a number of training sessions organised by the Health Board these included: <ul style="list-style-type: none">- Child Protection Guidelines- Domestic violence awareness- Inter-cultural awareness- Techniques for Crisis Intervention.
MULTI DISCIPLINARY & INTERAGENCY INVOLVEMENT	Granard Action Project works in collaboration with local community, voluntary and statutory services. Liaison is ongoing with Social Workers, Community Child Care Workers, Family Support Workers, Public Health Nurses, Teachers and Gardai.
AREAS FOR DEVELOPMENT	The need to create and develop the post of Project Leader and the creation of the post of Family Support Worker . The further development of facilities within the project. Some examples of this are the creation of a child's playground and enhancing the "child friendly" environment through a wall murals project.

Chapter 2 – Support Services for Families

Mountmellick Youth Development Centre

NAME OF SERVICE

MOUNTMELICK YOUTH DEVELOPMENT CENTRE

**AIMS & OBJECTIVES
OF THE SERVICE**

The MYDC uses an integrated approach to providing a multi-faceted Youth Development Programme. It targets young people who are educationally and social disadvantaged in the local community. The steering group consists of representatives of the Mountmellick Development Association, Midland Health Board, VEC, schools and parents.

**COMMUNITY CARE
AREAS**

Laois / Offaly

STAFFING LEVELS

The Midland Health Board provides a Child Care Worker on a half-time basis. The Mountmellick Development Association (MDA) provide a full time Co-ordinator who is responsible for overall development and co-ordination. The MDA provide a full-time Youth Worker who works with the young people but also has an organisational role. 2 staff members are provided by the Community Employment Scheme. 1 facilitates the Homework Club and provides administrative back-up while the other works directly with the young people. Local people and students on work experience provide additional support on a voluntary basis.

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000

GROUP WORK

Each participant engages in an activity session on a weekly basis. This involves sport, personal development, cookery, art and crafts, projects and games. Participants also partake in Modular programmes with outside facilitators e.g. Leadership Training and First Aid.

HOMEWORK CLUB

A Homework Club is facilitated four afternoons per week in the primary schools. It is managed by a C.E Worker assisted by a group of volunteers.

Chapter 2 – Support Services for Families

Mountmellick Youth Development Centre

COUNSELLING

Counselling is provided on a voluntary basis in the Midland Development Association by a trained psychotherapist. Participants affected by bereavement or separation can take part in a Rainbows Group facilitated by volunteers.

FAMILY WORK

The Co-ordinator works directly with the families in relation to happenings in the Centre. Parents are invited to events and their ideas are sought and welcomed.

SERVICE FOR SPECIAL GROUPS

There are 9 children from the travelling community attending the centre.

STAFF TRAINING & DEVELOPMENT

Staff participate in ongoing training. This would include training provided by Area Development Management, National Youth Federation, Peace and Reconciliation, Network of After School Support, Midland Health Board (M.H.B) and Mountmellick Development Association (M.D.A).

MULTI DISCIPLINARY & INTERAGENCY INVOLVEMENT

Interagency and Multi-Disciplinary Involvement is a key element of all components of the programme. There is close involvement from the M.D.A., M.H.B., schools, parents and other local organisations who work closely for the benefit of the Project. The Co-ordinator liaises with all relevant statutory and voluntary organisations.

AREAS FOR DEVELOPMENT

It is hoped to begin working with younger children in the community to support them in their formative years at school.

There are plans to provide more services to support parents.

Some participants are non post-Junior Cert so it will be necessary to provide them with support to complete their secondary education and help with accessing further education and/or employment.

Chapter 2 – Support Services for Families

Athlone Community Services Council

The Athlone Community Services Council exists to improve the well being of people of Athlone town and its environs by establishing, providing, promoting and supporting social services which seek to;

- *Relieve poverty*
- *Advance education*
- *Increase participation in the community*
- *Increase social awareness*
- *Contribute to personal development, safety and well-being.*

NAME OF SERVICE

ATHLONE COMMUNITY SERVICES COUNCIL

AIMS & OBJECTIVES OF THE SERVICE

The co-ordination and development of services at a local level.

To act as a central agency to which anyone can turn in time of need. The service aims to maintain a non-sectarian, non-political, and non-aggressive approach to address community needs.

To encourage all members of the community to take a more active part in the Social Services.

To create a working relationship with the statutory agencies and other voluntary bodies while advising bodies thinking of starting services.

COMMUNITY CARE AREAS

Services are located primarily in Athlone for the people of the town and its extensive environs.

STAFFING LEVELS

The number of persons engaged in the delivery of all services is 68. Of these 17 are employed directly by A.C.S.C., two are engaged under contract, four are employed under a FAS Job Initiative Programme and 45 are employed under two Community Employment Programme. In addition a further 30 volunteers assist with the provision of services.

Chapter 2 – Support Services for Families

Athlone Community Services Council

TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000
PRE-SCHOOLS	3 Pre-Schools in areas of social and economic disadvantage serve 70 children.
AFTER SCHOOL CLUBS	3 After School Clubs for 5-10 year olds are provided for approx. 20 children.
SUMMER CAMPS	Annual camps for primary school children involve approx. 150 participants
YOUTH SERVICES	<p>The provision of information services to students and young people as well as secretarial services for students.</p> <p>Provision of facilities for other youth organisations and projects are also made.</p>
NATIONAL PARENT SUPPORT PROGRAMME	<p>The Programme is designed to enable parents participate in the development of their children and to provide a supporting and non-threatening role in dissemination of information and encouragement.</p> <p>A Parent and Toddler Group meets twice weekly. A second Group for families seeking Asylum meets twice weekly on the site.</p>
FACILITIES FOR OTHER VOLUNTARY ORGANISATIONS	<p>Meeting rooms are made available to other organisations for their use.</p> <p>Organisations currently accommodated on a regular basis are:</p> <ul style="list-style-type: none">– M.O.V.E.– AWARE– A.A.– Gamblers Anonymous
LAUNDRY SERVICES	<p>This service provides laundry vouchers to subsidise laundry costs. Those eligible for assistance include older people and persons living with a disability or who are socially disadvantaged.</p>

Chapter 2 – Support Services for Families

Athlone Community Services Council

C.D. WORKER

The Community Development Worker networks and supports community organisations as part a community development programme. The worker also co-ordinates the activities of an Asylum-seekers Support Group in Athlone.

NETWORKING & YOUTH PROJECT CO-OPERATION

The Youth Development Officer facilitates other local youth projects and organisations and represents A.C.S.C. on Westmeath Voluntary Youth Council, Westmeath VEC Sports Sub Committee, Athlone Streetwise Housing Association (residence for homeless young people), Athlone Youth Enterprise Workshop, and the Athlone Youth Festival Committee.

Y.D.O. liase with statutory bodies and voluntary bodies regarding programmes directed towards youth issues such as drug abuse, early school leaving, and suicide

REFUGE FOR VICTIMS OF DOMESTIC VIOLENCE

This service provides a secure, homely and supportive refuge for victims of domestic violence and their families.

COUNSELLING SERVICES

This service provides counselling to victims of domestic violence (Female and Male).

The service is primarily directed to the residents of Esker House Refuge and to outreach clients referred through the Board's staff.

Counselling is provided for children whose parents have separated or are contemplating separation.

SUPPORT TO OLDER PEOPLE

This includes minor and necessary repairs, insulation and installation of security devices in their homes of elderly people and personal monitoring alarm systems for older people living alone (Helplink South).

Chapter 2 – Support Services for Families

Athlone Community Services Council

COMMUNITY ARTS PROJECT	This includes a programme to teach people street theatre techniques.
MEALS ON WHEELS	Provision for up to 70 meals per day, delivered on a daily basis to members of the community in the town and environs of Athlone.
ST. ANTHONY'S SCHOOL	Assistance with delivery of second level education, up to Junior Certificate level, to children who have dropped out of the formal system.
ST. MEL'S PARK COMMUNITY CENTRE	Provision of facilities in the disadvantaged area of St. Mel's Park in which the local residents are serviced with development, child care and estate management programmes.
SUPPORT TO OTHER ORGANISATIONS	<p>A.C.S.C. continues to provide support to a number of Organisations that were established by the Organisation that are now run autonomously:</p> <ul style="list-style-type: none">• Community Training Workshop.• Shannonbank Training Centre.• Dr. Steven's Centre for the unemployed.• Citizens Information Centre. <p>In addition A.C.S.C. acts as a contact source point for many other community support agencies; e.g. Samaritans, M.A.B.S., Marriage Counselling.</p>
SERVICE DEVELOPMENT & EVALUATION	<p>Services are constantly appraised to evaluate,</p> <ul style="list-style-type: none">- That they are meeting the changing needs of the community.- That the quality of service is being delivered to the best of our ability.- That they are cost effective.- That they are being delivered to the targeted areas. <p>Expansion is dependent on financial resources available. Sourcing of funds to carry out programmes is constantly sought from all statutory and support agencies.</p>

Chapter 2 – Support Services for Families

Athlone Community Services Council

STAFF TRAINING & DEVELOPMENT

The policy of the Organisation is to identify and provide training to all staff relevant to their work.

In addition members of staff attend seminars and information conferences organised by Government Departments, Health Boards, and statutory agencies.

Particular emphasis is currently placed on the training of staff working in the pre-schooling, child care and Refuge services.

MULTI- DISCIPLINARY & INTER-AGENCY INVOLVEMENT

The policy of A.C.S.C. is to continuously work in co-operation with all statutory and support agencies and in partnership with other voluntary and community organisations.

The A.C.S.C is involved in the co-ordination of support services for asylum-seekers delivered by voluntary organisations locally. This includes social inclusion projects child care support and cultural/social activities.

Chapter 2 – Support Services for Families

Barnardos Family Support Project - Athlone

The Barnardos Family Support Project in Athlone has been established as part of a national Department of Health and Children initiative called “Springboard”. This initiative is aimed at establishing effective family support services throughout the country and is currently being piloted in fifteen different locations. The Athlone project is managed by Barnardos with funding from the Midland Health Board.

The project commenced working with families in the east urban district of Athlone on September 6th 1999. The centre is located in an UDC house in a local authority estate on the outskirts of Athlone Town.

NAME OF SERVICE:

BARNARDOS FAMILY SUPPORT PROJECT – ATHLONE

AIMS & OBJECTIVES OF THE SERVICE

The aim of the Barnardos Family Support Service in Athlone is: *“To influence children’s quality of life by empowering families to harness their strengths, resources and abilities in enabling children to achieve their full potential and realise their rights”.*

To support and empower vulnerable families where risk has been identified, to use their strengths and resources in providing their children with a safe and positive family life experience.

To develop self-esteem and support networks for children and young people who have been referred, or whom the project feels would benefit from these additional supports.

To heighten awareness of the needs and rights of children and their families through the provision of a quality information and education service.

To provide a range of community based direct access support services to local families living within the projects target area.

To encourage and support positive parenting skills in order to promote the development needs of children through quality family life.

To promote the quality of support services to families in Athlone by working collaboratively with other groups and statutory agencies in responding to locally identified needs and gaps in service delivery.

To participate in and to influence national and regional developments within Barnardos through our involvement in working groups and in developing and promoting child care standards and models of family support.

Chapter 2 – Support Services for Families

Barnardos Family Support Project – Athlone

COMMUNITY CARE AREAS

The project is located in the Longford/Westmeath Community Care Area.

STAFFING LEVELS

The Athlone team consists of 1 Project Leader, 1 full time and 1 part-time Project Worker, a Child Care Worker, a part-time Children's Day Care Worker and 1 part-time Administrative/Information Worker. The project also receives staffing support from students throughout the year.

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000

FAMILY WORK

Individual family work programmes are offered to target families where risk, or the potential for risk, has been identified. This activity accounts for 70% of the project's work. Such individual programmes include individual support sessions to parents/carers, parenting programmes, direct work with individual children, family sessions and practical and therapeutic support.

Many of the parents and children referred for individual work also participate in the non-stigmatising community based services also run by the project. Referrals for individual family work are accepted from the Midland Health Board Community Care Social Work Team, the Public Health Nurses and directly from families themselves.

Each individual programme is planned based on an assessment of need with ongoing review and evaluation.

GROUP WORK

The project supports its family work with a number of group programmes that are open to referred families and also to the wider community. During the year 2000 the project ran 3 After School Groups per week for children between the ages of 4-12. 1 group worked specifically with children who were in their first year at school. These groups help to foster a feeling of "children and community ownership" of the project and children were able to share their views of what they wanted to receive from such a service.

Chapter 2 – Support Services for Families

Barnardos Family Support Project – Athlone

The project worked in partnership with Harmony Community Development Project and the Department of Education in providing a homework support club to children from the travelling community who are living in a Halting Site.

The service runs a community based Parent and Toddler Group in the local Community Centre that is open to referred families, targeted families and self-referrals.

COMMUNITY ACTIVITIES

The project continues to spend time developing effective relationships with its neighbours and local community. This was achieved through coffee mornings, drop in, holiday activities and an open door policy. In addition the project supports the running of two local Resident Associations by providing a venue for their meetings. The project has also responded to requests from local parents in setting up initiatives such as a parent toddler swim session at the local pool and Keep Fit classes for mothers. The project has a child and parent book lending library and an outdoor toy lending library. As a result of such activities the community has accepted the project. This is evident through the self-referrals and offers of help the project has received from local families.

INFORMATION SERVICE

An Information Service on parenting matters, child care, and child development is available for use by families, students, community groups and professionals. The service can be accessed by telephone, letter, e-mail or drop in. This is supported by the Barnardos National Children's Resource Centre in Dublin. This project will welcome the arrival of a branch of the National Children's Resource Centre in Athlone in 2001.

SERVICE DEVELOPMENT

The project is in the third year of its pilot phase. A review of service provision will be undertaken in mid 2001 to ensure that the mainstreaming of the project is in accordance with local needs

Chapter 2 – Support Services for Families

Barnardos Family Support Project – Athlone

STAFF TRAINING & DEVELOPMENT

Project staff have individual training plans based on a completed training needs analysis. Training undertaken throughout the year included:

- Child Protection
- In touch with Children
- Solution Focused Therapy
- Motivational Interviewing
- Girl Power
- First Aid
- Drug Misuse

The project is part of the Barnardos Midlands and West Regional Team, which means that core training needs of all the staff have been identified and are in the process of being met.

EVALUATION

The Barnardos Family Support Project in Athlone is part of the National Evaluation System in place to evaluate the effectiveness of the fifteen Springboard projects throughout the country. This is a three year study commencing in 1999 and conducted by Kieran McKeown, a Social and Economic Researcher. The evaluation system is measuring the impact of the project's work on three key areas: -

- Impact on Children
- Impact on Parents
- Impact on the organisation and delivery of services.

The evaluation will be completed in October 2001.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

The project is managed by Barnardos with the support of a service agreement from the Midland Health Board and a local Advisory Group representing a range of statutory and community interests.

The projects provision of services is in collaboration and consultation with other community, statutory and voluntary groups. The project participates in local and national inter-agency working groups, committees and practice networks.

Individual work with families has involved the project in multi-agency child protection plans and communication.

Chapter 2 – Community Development & Family Welfare Services

Barnardos Family Support Project – Tullamore

The Barnardos Family Support Project in Tullamore is one of 15 Family Support Projects nationally, which have been established by the Department of Health and Children under the Springboard Initiative. The Project is managed by Barnardos and funded by the Midland Health Board. The Project commenced working with families in December 2000.

NAME OF SERVICE

BARNARDOS FAMILY SUPPORT PROJECT TULLAMORE

AIMS & OBJECTIVES OF THE SERVICE

The aim of the Tullamore Family Support Project is:

“To work with families in the community to assist them in finding positive ways of parenting their children and to enable them and their children reach their full potential”.

The objectives of the service are:

To devise a range of family support services that seeks to engage families in a non-stigmatising way and promote their participation with the wider community. These services include:

Groupwork that provides programmes which support positive parenting and the development of social networks.

An Information/Advice Service on child care and family issues.

Direct work with families where risk has been identified in order to support and empower parents to provide safe and nurturing family life experiences for their children.

Direct work with young people and children in conjunction with their parents to support them to develop their full potential -emotionally, socially, physically and intellectually.

The service has as an objective the development of partnerships with other service providers that fosters inter-agency co-operation in a way that compliments existing community efforts and promotes the development of a quality support service to families.

To evaluate the approaches and services adopted and to assess their impact on referred families.

To contribute to the overall development of strategies to promote the development of an integrated network of family support services in the region.

Chapter 2 – Support Services for families

Barnardos Family Support Project – Tullamore

COMMUNITY CARE AREAS	<p>The service is located in the Laois/Offaly Community Care Area servicing Tullamore Town. The Project is located in Patrick Street, Tullamore. While awaiting refurbishment of the premises a number of Programmes and activities operate from St. Mary’s Youth Centre Tullamore.</p>
STAFFING LEVELS	<p>The team consists of a Co-Ordinator, a Project Worker and a Child Care Worker and a part-time Administration/Information Officer. The project also acts as a sponsor for a FAS Community Employment Scheme, which provides work experience and training to 2 C.E. Scheme participants.</p>
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000
GROUPWORK	<p>A number of group work activities have been developed which aim to:</p> <ul style="list-style-type: none">- Support targeted family work with “at risk” families- Facilitate the development of social networks by service users- Promote community ownership and participation.
PARENT & TODDLER GROUP	<p>The children participating in this programme get an opportunity to use natural materials such as clay, dough and sand. They also develop their language, pre-writing and reading skills through pegs, beading and threading.</p> <p>Through physical play and interaction with other children they learn how to interact socially.</p> <p>Parents who attend the Parent and Toddler Group get the opportunity to learn the value of play and meet other parents in similar situations, which can reduce social isolation.</p>
YOUNG PARENTS GROUP	<p>The parents in this group benefit by meeting other parents in similar situations. They can also have time away from their own children to look at their needs as individuals, while learning more about parenting and child development. Their children benefit as they interact with other pre-school children in a safe and stimulating environment. Crèche facilities are provided to support this programme.</p>

Chapter 2 – Support Services for Families

Barnardos Family Support Project – Tullamore

AFTER SCHOOL GROUPS

At present a total of 16 children participate in an After School Programme that targets children aged 4-7 and 7-9 years old. Parental involvement is a core aspect feature of this group. A programme of activities is planned which takes children's wishes into consideration while promoting creativity.

Activities are selected which give the children an opportunity to learn about trust, sharing, co-operation, resolving conflict while promoting the development of their self-esteem.

DIRECT WORK WITH FAMILIES

Family Work Programmes are provided to targeted families where risk or potential risk in relation to children has been identified.

Referrals come from the Health Board personnel, such as the Public Health Nurse or the Community Care Social Work Team and/or families self-referring.

Direct work includes working directly with children and young people as well as individual family work programmes adapted to the particular needs of each family.

SERVICE DEVELOPMENT

The Project commenced its work with children and families in December 2000. Work with regard to project development in 2000 included updating its needs analysis and extensive inter-agency and community consultation.

STAFF TRAINING & DEVELOPMENT

Following an audit of staff training needs all project staff have participated in the following training courses:

- Child Protection
- Solution Focused Training
- In Touch with Children
- First Aid.

Barnardos provided computer training for all staff nationally.

On an individual basis staff accessed training on courses such as Family Support Evaluation, Anger Management Training and Domestic Violence Training.

As part of the Springboard Initiative the staff team participated in training on Community Development

Chapter 2 – Support Services for Families

Barnardos Family Support Project – Tullamore

EVALUATION

As a Springboard project the Tullamore service is involved in a national independent evaluation process which aims to measure the effectiveness of the work.

This three year study is being conducted by Kieran McKeown a Social and Economic Researcher. The evaluation system is measuring the impact of the project's work on three key areas: -

- Impact on Children
- Impact on Parents
- Impact on the organisation and delivery of services.

Included in this evaluation process are the views of the parents and children using this service in December 2000 and June 2001.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

Inter-agency collaboration is an integral part of the work of the project. The aim of the group is to link the project to the needs of the wider community and promote inter-agency co-operation. The Advisory Group is made up of representatives of service-users as well as representatives from a number of statutory and voluntary groups.

Additionally, the project is involved in a number of collaborative initiatives including the following agencies and groups: the Lan Elo Housing Association, Arden View Homework Club, The Tullamore Travellers and the Tullamore Integrated Initiative to tackle educational disadvantage and early school leaving.

EMERGING ISSUES-SUPPORT SERVICES FOR FAMILIES

The Benefits of support services for families has been acknowledged in terms of addressing presenting needs as well as preventing future needs. A specific statutory function has been assigned to Health Boards under Section 3 of the Child Care Act 1991 “ to provide Child Care and Family Support Services” in this regard.

The development of support services for families has taken place to date in the absence of an agreed national policy. Such a policy is required in order to give coherence, co-ordination and direction to the development of this area of service provision.

The Midland Health Board is addressing this issue in the context of its Child Care Strategy in which support services for families is one of three distinct areas of Child Care Services. A model of service provision and a management and organisation structure will be established in 2002 which will ensure that these services are integrated, accessible, flexible and therapeutic.

Chapter 3

Child Welfare and Protection Service

Chapter 3 – Child Welfare & Protection Service

Contents

	<u>PAGE</u>
Overview	47
Public Health Nursing	49
The Area Medical Officer Service	54
Physiotherapy	59
Child Psychiatry Service	64
Psychology Service	68
Speech and Language Therapy	75
The Social Work Service	78
The Child Care Manager	84
Child Protection	86
The Family Support Service	89
Community Child Care Workers	91

Chapter 3 – Child Welfare & Protection Services

Overview

The Child Care Act (1991) requires the Health Board “to promote the welfare of children in its area who are not receiving adequate care and protection”. This chapter gives details of Child Welfare and Protection Service provision and the incidence of reported child abuse in the Board’s area in 2000. It also outlines measures taken by the statutory services to support families and protect children in the region.

CHILD PROTECTION DUTIES

Primary responsibility for the protection and welfare of children rests with parents and guardians. A wide range of other people and agencies have duties and responsibilities in regard to the protection and welfare of children. These include extended family, local community, school, youth services, sports organisations, Gardai and statutory organisations.

Health Boards have particular legal responsibilities with regard to supporting and enabling parents, families and the wider community in ensuring the welfare and protection of children. Health Boards also provide specialist assessment and treatment services in this regard. In order to ensure that all of these services are effective it is essential that they are accessible, trusted and that all those involved are informed of their duties and responsibilities and are supported in carrying them out.

The Midland Health Board follows standard operating procedures in responding to child abuse referrals as laid down by the Department of Health and Children in (1987) and (1995). They will also be informed by the new guidelines espoused in the document *Children First: National Guidelines for the Protection and Welfare of Children* (1999).

This section looks at the nature of referrals made to the Midland Health Board child protection services this year and gives information on the main forms of abuse or neglect coming to the attention of the services. The outcome of these referrals following assessment and investigation by the Child Protection Services is profiled. It also provides information on the reasons why children entered the care system in the past year.

SERVICE PROVIDERS

Primary responsibility for protection services rests with the Child Care Manager and the Social Work service under the direction of the General Manager. The role of the Child Care Manager in this regard is outlined in this chapter.

Other Health Board services, which have a significant, but not primary, responsibility for Child Protection, include the Community Child Care Worker Service, the Public Health Nurse Service, and the Area Medical Officer Service. In addition, under Section 2 of the Protection for Persons Reporting Child Abuse Act (1998), a wide range of categories of Health Board staff are designated with responsibility in relation to Child Protection. The following categories of staff are included:

Social Workers

All Child Care Workers

Public Health Nurses

Chapter 3 – Child Welfare & Protection Services

Overview

Hospital Consultants

Non-Consultant Hospital Doctors

All other Health Board Medical and Dental Personnel

Community Welfare Officers

Speech & Language Therapists

All Health Board Nursing Personnel

Physiotherapists

Psychiatrists

Occupational Therapists

Ambulance Personnel

Health Education Officers

Play Therapists

Substance Abuse Counsellors

Care Assistants

Home Helps

Treatment services for children and families include the Social Work service, the Community Child Care Worker Service, the Family Support Worker Service, the Child Abuse Treatment Service, the Child Psychiatry Service and the Psychology Service.

Chapter 3 – Child Welfare & Protection Services

Public Health Nursing

The Public Health Nursing service to the Child & Family Care Group is primarily directed to Child Health. Providing a screening service and advice and support to families. It also plays a key role in the area of child welfare, care and protection.

NAME OF SERVICE	PUBLIC HEALTH NURSING
AIM AND OBJECTIVES OF THE SERVICE	<p>To promote the positive health of each child and to support and provide information to families to enable them in their parenting role.</p> <p>To offer a screening programme to children identifying abnormalities early with referral to appropriate service.</p> <p>To provide advice on diet, immunisation, parenting, play and situation.</p> <p>To work with other professionals in providing child care services.</p> <p>In the school service to provide screening for hearing and vision.</p> <p>To be aware of child abuse, identifying children at risk and making appropriate referrals.</p>
COMMUNITY CARE AREAS	Laois/Offaly, Longford/Westmeath.
STAFFING	2 Directors of Public Health Nursing, 3 Assistant Directors of Public Health Nursing, 47 Public Health Nurses.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000
SPECIFIC CHILD PROTECTION WORK	This covered the early detection of abuse and referral to Social Work services, and ongoing monitoring and support to vulnerable families and children at risk of abuse. This was aided by the following activities described.

Chapter 3 – Child Welfare & Protection Services

Public Health Nursing

Public Health Nurses were involved in assessments, notifications, case conferences and case reviews. As a result of the development of the RGN Services more support can be offered to vulnerable families.

6 Public Health Nurses participated in the delivery of the Health Boards Child Protection training.

2 Public Health Nurses were involved in Child Advisory Team investigations and interviewing.

124 families received support from the Home Help Service.

Activities covered first visits to newborn babies, breast-feeding supplement, screening of babies at Well Baby Clinics and support on Enuresis Clinics. Ongoing monitoring and support to vulnerable families was offered.

The service worked in conjunction with the Area Medical Officer at a Child Development Clinic.

2 Public Health Nurses provided the 18-hour breast-feeding course in the Community Care Area. A Breast-feeding support group was facilitated by a PHN in Longford. The Assistant Director of Public Health Nursing for Longford /Westmeath was involved in the Implementation Group for Breast-feeding Policy and the pursuance of an integrated service between Maternity Units and Community Services.

A Pre-School Accident Prevention Programme was developed. This is to be implemented in 2001.

PRE-SCHOOL CHILDREN

3,059 notifications of birth were received. All infants were visited. 28,712 home visits were undertaken to children aged 0-5 years. 2,245 children attended Developmental Clinics with A.M.O.'s and P.H.N.'s. 1,601 Well Baby Clinics were held. 7,399 children attended the Well Baby Clinics. 35 Enuresis Advisory Clinics were held. 43 new referrals were made to the Enuresis Clinics.

Chapter 3 – Child Welfare & Protection Services

Public Health Nursing

PRIMARY SCHOOL CHILDREN

210 Primary Schools, were visited at least once during the year, in partnership with the Area Medical Officers for immunisation and screening programmes. 13,199 children were screened for vision, and 5,283 for hearing defects.

SERVICE DEVELOPMENT

Public Health Nurses participated in Case Reviews and Case Conferences.

The service continues to liaise with the Maternity Hospitals.

The Director of Public Health Nursing/Assistant Director of Public Health Nursing attends the weekly meetings to review the notifications of alleged abuse for the Community Care Area. The Director attends the monthly meetings.

The Directors of Public Health Nursing are involved with the Child Care Advisory Committee.

4 Public health Nurses are actively involved in communities in the development of community pre-schools in the Laois/Offaly Area.

A Public Health Nurse was actively involved in the establishment and running of a community playschool in the Longford/Westmeath Area while also being a member of the Longford Area Development Committee regarding child welfare. The service was also involved in the preparation of leaflets on home accidents involving pre-school children.

2 Public Health Nurses are members of the voluntary project that supports mothers and children.

An Assistant Director facilitated the establishment phase of the Laois County Child Care Committee and another Assistant Director acted as Midland Health Board representative on the Westmeath County Child Care Committee.

Public Health Nurses were involved in training adoptive parents in Longford/Westmeath.

A weekly satellite child health clinic was established in a housing estate in the Longford/Westmeath Area.

Chapter 3 – Child Welfare & Protection Services

Public Health Nursing

STAFF TRAINING & DEVELOPMENT

2 Public Health Nurses completed a Developmental Mediation Course.

4 Public Health Nurses completed an 18-hour Breast-feeding Course.

2 Public Health Nurses were involved in the Parent Plus Programme.

Public Health Nurses attended workshops on Children First and a two-day Child Protection Course. They also attended seminars and courses including The Healing Power of Play, Autism Overview and Promoting Travellers.

RESEARCH

1 Public Health Nurse funded under “Best Health for Children” completed research for the Demonstration Project (Child Health) and Parenting Programme to commence in Tullamore Town Area in June 2001. A Regional Group has developed a pilot demonstration project in the Longford/Westmeath Area also in line with this Report. The aim is to intensify the input of the Public Health Nursing Service in Child Health. This Programme is to be implemented and evaluated in 2001/2002

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

The Public Health Nursing Service has worked closely with Barnardos and local voluntary groups in providing Needs Based Interventions for families.

An Assistant Director facilitated the establishment phase of the Laois County Child Care Committee.

AREAS FOR DEVELOPMENT

To implement the pilot project on the “Child Health Service” in line with the “Best Health for Children” Report.

To improve the child health service to socially excluded groups such as members of the Travelling Community and people seeking Asylum. It is proposed that a Public Health Nurse be assigned to Traveller Health.

Chapter 3 – Child Protection & Welfare Services

Public Health Nursing

To work towards establishing better communication between social workers and the PHN Service to improve services to children at risk, children in care and adopted children

One Assistant Director has been accepted to enrol in the Diploma in Child Protection in Trinity College Dublin.

To ensure all Home Help Organisers and Public Health Nurses have had Children First training. Training for Home Helps is also a priority.

To put in place a system for recording information on birth notifications, referrals and screening tests at Health Centre level.

An audit to be carried out on the uptake of screening for hearing loss for children who are 7-9 months old.

A Pilot Project is to be developed aimed at offering every child who is 2 years old a clinic appointment. An evaluation of this project is to be carried out.

Chapter 3 – Child Welfare & Protection Services

The Area Medical Officer Service

The Area Medical Officer service is primarily involved in community medical services. It also plays a key role in the identification, notification and assessment of child protection issues.

NAME OF SERVICE

THE AREA MEDICAL OFFICER SERVICE

AIMS & OBJECTIVES OF THE SERVICE

Promoting the physical, mental and social health of children in the region by:

Early identification of avoidable impairment and prompt referral for appropriate services.

Ensuring early diagnosis of defects and prompt referral for assessment and treatment as necessary.

Anticipation of conditions that produce avoidable impairment, and making recommendations on the best course of action to take to reduce risk of it.

Ensuring the early recognition of potential problems affecting development behaviour and education.

Offering support to parents in caring for their children.

To be aware of children at risk of abuse or neglect and make appropriate referrals.

Where barriers to meeting the needs of children are present resulting possibly in avoidable impairment, prompt referral to Child Protection services occurs outlining concerns and providing an opinion on options.

COMMUNITY CARE AREAS

Longford/Westmeath and Laois/Offaly

STAFFING LEVELS

In 2000, there was 2 Acting Senior Area Medical Officer and 6 to 6.5 WTE Area Medical Officers. 3-3.5 WTE AMO positions were vacant in Longford/Westmeath area.

Chapter 3 – Child Welfare & Protection Services

The Area Medical Officer Service

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000

KEY ACTIVITIES

Involvement in the prevention, investigation and management of childhood disorders and infectious diseases.

Involvement in the recognition, management and/or placement of children with intellectual, physical and sensory disability.

1,677 children attended developmental clinics in 2000.

Liaison with partners in child health care, including, amongst others; other community care professionals, department of public health, local authorities, schools and non-governmental organisations.

The Senior Area Medical Officer service for the Laois/Offaly area is represented on the Child Protection Management Team. An Area Medical Officer (Qualified Psychiatrist) is on the Child Health Investigative and Counselling Team.

Health education and promotion activities e.g. answering queries from the public on vaccines, diet and exercise.

Involvement with child protection – which includes the recognition of possible avoidable impairment, advising on possible solutions, advising on implications of the avoidable impairment, attendance at case discussions, case conferences and child protection meetings.

Providing data for both needs assessment and the implementation of service provision to children.

Assessment of children for various grants and allowances, for aids and appliances, for eligibility for long term illness drug payment scheme or personal medical card

SERVICE DEVELOPMENT

The medical department frequently reviews its service, prioritising activities that are most urgent and most important towards meeting service goals. Due to staff shortages, resources are focussed on achieving maximal effectiveness.

The Senior Area Medical Officer is a member of Protocol meetings chaired by the Child Care Manager.

Chapter 3 – Child Welfare & Protection Services

The Area Medical Officer Service

STAFF TRAINING & DEVELOPMENT

Area Medical Officers attend Faculty of Public Health and Irish Society of Public Health Scientific Meetings.

Where no guidelines or protocols exist, the medical department strives to standardise services and introduce “best practice” models in the provision of service. Training to implement quality initiatives is arranged within the department.

Professional clinical sessions

Area Medical Officers in Laois/ Offaly participated in the following programmes:

- Violence against women
- Inter-cultural seminar
- Dietary Nutrition seminar
- Women’s Health seminar
- CPR.

1 AMO in the Laois/Offaly Team achieved the Masters in Public Health (Honours) in 2000. 2 Area Medical Officers on this Team are attending the computer skills workshops organised by Management Service.

Training days of the Area Medical Officer Team take place and have involved discussion of the Child Care Strategy.

RESEARCH

In order to improve medical services, the staff review medical literature to explore opportunities for increasing health and social gain within existing resources.

The Longford/Westmeath Team point out that when it is apparent that a service needs improvement, the department researches the issue and wherever possible, changes are made based on quality service criteria – relevance, effectiveness, accessibility, efficiency, equity and acceptability.

Chapter 3 – Child Welfare & Protection Services

The Area Medical Officer Service

In the Laois/Offaly Team the “Cold Chain” for vaccine delivery from the Health Centre to school clinics was assessed. Improvements were set in place as a result.

EVALUATION

Evaluations of the services in Longford /Westmeath area are carried out on a regular basis. Currently these are being made based on qualitative data. Quantitative evaluation requires the use of considerable resources, and in the future such evaluation programmes will be built into the services as appropriate.

In Laois/Offaly the Area Medical Officers compared their child developmental clinical work with the “Best Health for Children” guidelines and made appropriate changes. The protocol for dealing with an adverse medical incident was compared to the Best Practice Guidelines and new equipment and protocol were provided.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

The service participates in case conferences /network meetings.

They also participate and chair the Children and Families Care Group meetings.

Area Medical Officers identify avoidable impairment, and then liaise with the appropriate agencies – e.g. schools and clinical services.

The Senior Area Medical Officer and the Child Care Manager exchange information and advice.

The Senior Area Medical Officer is a member of Protocol Meetings chaired by the Child Care Manager.

AREAS FOR DEVELOPMENT

The Longford/Westmeath Team point to the following as areas for development:

The main functions of the Community Care Medical Department in relation to Child Care are the promotion of health and the early identification of avoidable impairment.

The department will strive to improve their skills and knowledge base with regard to these functions.

Once an avoidable impairment is identified, it is important that there is a timely completion of assessment and follow-up support services. Delays in this area can have a detrimental effect and so consideration should be given towards an evaluation of post-assessment services.

Chapter 3 – Child Welfare & Protection Services

The Area Medical Officer Service

The expectations of all staff towards their own and other disciplines may need to be examined so that all roles are clarified.

As unmet need is closely related to avoidable impairment, an urgent Needs Assessment Project on “Unmet needs in Children” is recommended.

The Laois/Offaly Team point out the following:

The attendance of the Senior Area Medical Officer at the Child Protection Team meetings commenced in 2001. A senior member of the Medical Officer Team who would also work on the Child Health Investigative and Counselling Team would ideally provide this increased service commitment.

The increased involvement of the AMO’s in the Child Care Strategy will ensure ownership in the process is achieved.

Chapter 3 – Child Welfare & Protection Services

The Physiotherapy Service

Physiotherapy is a health care profession, which adopts a physical approach aimed at the prevention, treatment and the alleviation of a wide range of disorders

NAME OF SERVICE	THE PHYSIOTHERAPY SERVICE
AIMS & OBJECTIVES OF THE SERVICE	The service in the area is directed at the provision of a quality, patient focused service to infants and young children referred to physiotherapy outpatients departments with childhood conditions, which are not classified as disabilities.
COMMUNITY CARE AREAS	Longford/Westmeath and Laois/Offaly
STAFFING LEVELS	<p>Physiotherapy staffing for Child Health is included with the Episodic Care Group. Child Health accounts for approximately 2% of this. Currently, children falling into this care group are provided a service from the physiotherapists working in the acute hospitals and the generic community care services.</p> <p>Service plans for 2001 in the Laois/Offaly area provided for a 0.5 W.T.E to work exclusively in child health by July 2001.</p>
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000
KEY ACTIVITIES	<p>In the Laois/Offaly area services are delivered from Physiotherapy Departments in Birr, Edenderry and Tullamore. A Women's Health Service is provided from Banagher Health Centre. Domicillary visits are also provided. Physiotherapy adopts a physical approach to the assessment, treatment and education of women and children with a variety of disorders e.g. incontinence, musculoskeletal disorders, respiratory conditions and developmental disorders. Services are also provided to women in the antenatal and post-natal period.</p> <p>Physiotherapy Departments in Longford/Westmeath provide a service to infants and young children referred with a variety of medical conditions that are not normally classified as disabilities. These referrals generally come from hospital, paediatric or obstetric departments or developmental clinics and include such conditions as Torticollis, Erb's Palsy, Talipes, CDH, Developmental Lag, and Low Tone.</p>

Chapter 3 – Child Welfare & Protection Services

The Physiotherapy Service

Antenatal and Post-Natal classes are run in association with the Maternity Department in Mullingar and with the Public Health Nurses in Athlone. The table below demonstrates the level of activity that the service in Longford/Westmeath area in this year.

LEVEL OF ACTIVITY IN PHYSIOTHERAPY SERVICES IN LONGFORD/WESTMEATH AREA IN 2000

Location	Athlone	Mullingar	Longford	Total
Carried from 1999	4	2	0	6
New Patients 2000	15	34	15	64
Total Patients 2000	19	36	15	70
Total No. of Contacts 2000	46	220	45	311
Carried Forward to 2001	0	6	0	6

In the Laois/Offaly area the service catered for 48 new patients with 256 new patients using the Physiotherapy Department.

EDUCATION & TRAINING

Physiotherapists are involved in the running of Ante-Natal Classes in Mullingar and Athlone.

SERVICE DEVELOPMENT

In line with developments in Women's Health 1 WTE Physiotherapist has been appointed on a temporary basis, providing services, in this area, to women in Tullamore and Athlone. It is expected to fill this post on a permanent basis from the current competition.

Proposals for 2000 also included the development of antenatal services, with the provision of additional weekly evening classes in line with the current review of antenatal classes in the region. This has not been implemented due to current staff shortages.

The appointment of the Physiotherapist for Women's Health for Westmeath/Offaly from the acute services has allowed the development of the Women's Health Service at Tullamore, Birr and Athlone. For the first time women can access physiotherapy at Banagher Health Centre. Women with incontinence or with disorders related to pregnancy are seen as a priority.

Chapter 3 – Child Welfare & Protection Services

The Physiotherapy Service

In conjunction with the Public Health Nursing Service, the setting up of antenatal classes in Birr is planned. A streamlining of antenatal classes is also planned to ensure that women receive an equitable, quality service throughout the region. Continence promotion is also a priority.

The 0.5 W.T.E. post for Child Health has not yet been filled and it is hoped to have a Physiotherapist in post by mid July 2001. The priority is a review of existing Child Health Physiotherapy Services and research into best practice.

STAFF TRAINING & DEVELOPMENT

Education in Child Protection and the Children's Strategy is ongoing. Physiotherapists have attended courses on incontinence and exercise in the childbearing years. Continuing Education courses included ortotics, splinting, gait analysis, neurodevelopment physiotherapy and basic paediatric updates.

RESEARCH

Within the acute services, a clinical audit of the Women's Health Service will be carried out.

EVALUATION

Evaluation is based on subjective and objective assessments and the outcome of treatment interventions.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

Physiotherapy staff continually work as part of the multi-disciplinary team be at local level or with outside referral agencies. Physiotherapists involved in antenatal education work closely with local mothers' support groups.

Physiotherapists continue to work closely with Public Health Nurses, G.P's, Area Medical Officers, Occupational Therapists and Speech and Language Therapists to provide a package of care to the client. Co-operation with the Health Promotion Unit is ongoing. Physiotherapists form part of the Child and Family Executive Care Group.

AREAS FOR DEVELOPMENT

The appointment of the 0.5 W.T.E in Child Health will allow a needs assessment and research of best physiotherapy practise in this area be carried out.

The Women's Health Service will continue to be developed with emphasis on the promotion of an equitable and accessible service.

Chapter 3 – Child Welfare & Protection Services

The Physiotherapy Service

The role of physiotherapy in post-natal care will have to be developed.

Children and Families

In line with the Community Child Health Models identified in "Best Health for Children" a designated physiotherapy service would encompass the following:

Therapeutic Intervention for a variety of developmental conditions including:

- Infantile Torticollis
- Talipes/Intoeing/Orthotic Screening
- Congenital Dislocated Hip
- Erbs Palsy
- Early Gait Training
- Toe Walkers
- Developmental Lag
- Low Tone

Early intervention and advice for parents, young babies and toddlers which will facilitate the attainment of normal gross motor developmental milestones.

Prevention strategies, screening, exercise promotion and therapy for children with asthma.

Therapeutic services as required for children with chronic illness such as Cystic Fibrosis, Epilepsy and others.

Health Promotion for families around back care and ergonomics especially for school-going children and handling and backstrain following childbirth.

The benefits of this service include:

- Providing an accessible and user-friendly service for this client group,
- Facilitating a multi-disciplinary and team approach to Child Health
- Support the current developmental and screening programmes for young children
- Facilitate exchange of information and education between physiotherapists and others members of the Child Health Team
- Provide access for mothers to information and services around Women's Health
- Health Promotion.

Chapter 3 – Child Welfare & Protection Services

The Physiotherapy Service

A Proposal for a new development in 2001 is to run a pilot project in each Community Care Area based on the above criteria. The service will be based at a Health Centre and will liaise closely with the local Physiotherapy Department, Public Health Nursing Service, Area Medical Officer Service, Maternity Units, Paediatric Departments, G.P'S and other relevant professionals in the area.

The Staffing required would be a 0.5 W.T.E Senior Physiotherapist and Clerical Support and resources needed include office accommodation, a bookable clinical group and equipment for assessment and treatment estimated at £1,000.

Other emerging issues are the increase in the number of referrals to physiotherapy for CDH, Erb's Palsy and Infantile Torticollis. Currently these are catered for in the acute service. It is a priority that there is a physiotherapy structure to provide the interventions and ongoing long term support where required for these conditions as well as other childhood conditions.

It is hoped to combine this service with a Physiotherapy Women's Health Service, when suitable facilities become available at Health Centres.

Recruitment and Staff retention difficulties may prove to have an impact on this area in the short term.

Development priorities for 2002 include the implementation of the Child Health Physiotherapy Model in two sectors following a pilot project in Athlone. This would require staffing of 0.5 W.T.E Senior Physiotherapist in Longford and the same for Mullingar with secretarial staff required at each location. The accommodation needed would be a workstation and bookable clinical rooms at each station.

Chapter 3 – Child Welfare & Protection Services

Child Psychiatry Services

NAME OF SERVICE	CHILD PSYCHIATRY SERVICES
AIMS & OBJECTIVES OF THE SERVICE	<p>To provide a psychiatric assessment and treatment service in the context of a multi-disciplinary team to children from the Midland Health Board area, who are less than sixteen years of age.</p> <p>To act as a secondary or tertiary referral for young people and their families who require multi-disciplinary team assessment or treatment where the psychiatric disorder is severe or persistent.</p> <p>To provide consultancy and advice to hospital and community services for children attending their care.</p>
COMMUNITY CARE AREAS	<p>The child and adolescent mental health services are organised on a catchment area basis for the counties Laois/Offaly and Longford/Westmeath. The Laois/Offaly Child Psychiatric Team is based in the General Hospital, Portlaoise and the Longford/Westmeath Team at the Longford/Westmeath General Hospital, Mullingar.</p>
STAFFING LEVELS	<p>The Laois/Offaly Team has a complement of nine staff, comprising of a multi-disciplinary mix of Consultant Psychiatrist, Registrar (Non-Consultant Hospital Doctor), Clinical Psychologist, Social Workers (2), Child Psychiatric Nurses (2), and Administrative support.</p> <p>The Longford/Westmeath Team has a complement of nine staff, including Consultant Psychiatrist, Registrar, Psychologist, 2 Social Workers, 2 Nursing staff and Administrative staff. There was an increase in staffing levels during 2000.</p>
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000
SERVICE DELIVERY	<p>Services from each catchment are delivered from a team base at the General Hospital, Portlaoise and Longford/Westmeath General Hospital, Mullingar. In addition, a Social Worker is based in Tullamore Health Centre, and Athlone Health Centre. Clinics are provided in Longford, Athlone, Mullingar, Portlaoise, Birr, Clara and Tullamore.</p> <p>Domicillary visits are provided by members of the multi-disciplinary team.</p>

Chapter 3 – Child Welfare & Protection Services

Child Psychiatry Services

REFERRALS & CLIENTS

The waiting list at 31st December 2000, was 147 children compared to 144 children in 1999. Waiting lists increased primarily due to difficulties in recruitment of staff during the year.

Referrals to the service were primarily from General Practitioners, Area Medical Officers, Hospital Consultants and Community Care Psychologists. A consultation and advice service is also available to referral agencies.

SERVICE

The Board does not have dedicated in-patient facilities for children requiring psychiatric in-patient treatment. Difficulties continue to be experienced in accessing in-patient bed facilities for children requiring such services outside of the Boards area.

A range of services are available to children attending services including individual psychotherapy, family therapy, medication as required, individual case work, group work, one-to-one counselling and behaviour modification programmes.

THE SERVICE IN THE CONTEXT OF THE CHILD HEALTH SERVICES

Participation in case conference reviews and the Boards child abuse assessment teams is part of the service.

Ongoing assessment and interventions are provided by the Child Psychiatric Team to children who have been abused and who have psychiatric symptomatology.

STAFFING TRAINING & DEVELOPMENT

A wide range of training courses and conferences were attended by staff throughout 2000 in particular, ongoing child care multi-disciplinary training in respect of child care issues.

A number of staff are attending Diploma/Masters level courses in social work and family therapy. 1 member of staff is undertaking a doctorate in Clinical Psychology and another a Masters in Art Therapy.

Consultants attend “Best Health for Children” and National Review of Child Psychiatry Services Committee meetings.

Psychologists receive clinical and personal supervision from the service.

Staff attend Child Psychiatric Nursing fora.

Non Consultant Hospital Doctors attend local and national training programmes.

Chapter 3 – Child Welfare & Protection Services

Child Psychiatry Services

SERVICE DEVELOPMENT	A number of Programmes were provided in Laois/Offaly for children at risk due to behavioural difficulties.
RESEARCH	A research project into parent satisfaction with the services offered commenced during 2000.
MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT	<p>An underlying principle of this service is the facilitation of, and engagement in communication networks and working arrangement with other service providers, e.g. general practitioners, community care services, hospital services, adult and mental health services, voluntary organisations and learning disabilities services.</p> <p>Assessment and Treatment Programmes involving children with Attention Deficit Hyperactivity Disorder (ADHD) and behavioural difficulties requires liaison and giving advice to schools.</p> <p>A significant amount of time is expended by the service in providing reports to and appearing at courts in relation to children.</p>
AREAS FOR DEVELOPMENT	<p>Day Hospital facilities are required within the region specifically targeted at children at risk and those discharged from hospital or who are presenting with complex problems.</p> <p>There is a need for guaranteed access to in patient beds at 5 locations throughout Ireland.</p> <p>There is a need to provide additional skills to provide for the assessment and treatment of children e.g. Occupational Therapy, Speech and Language Therapy, Play and Art Therapy. Additional facilities for sensory integration are required.</p> <p>Improved physical facilities are required at Birr, Athlone and Tullamore in order for full assessment and treatment services are provided on an outreach basis.</p> <p>The enlargement of the existing teams and provision of an additional Consultant-led team could develop dedicated services for children with ADHD.</p>

Chapter 3 – Child Welfare & Protection Services

Child Psychiatry Services

There is a need to provide a full range of physical facilities and a team base for the Longford/Westmeath team.

The development of a regional management structure and the provision of administrative support to facilitate planning, monitoring and evaluation is required.

Chapter 3 – Child Welfare & Protection Services

Psychology Service

The Psychology service facilitates the health and social gain of children, adolescents and their families through appropriate psychological intervention. It aims to promote, maintain and improve the psychological health and well-being of people in the region.

NAME OF SERVICE

PSYCHOLOGY SERVICE

AIMS & OBJECTIVES OF THE SERVICE

To develop and maintain an equitable, accessible and high quality psychology service in the community through the application of psychological knowledge and skills in areas such as assessment, therapy, education, training and research.

To focus on the early recognition of potential difficulties which may affect the cognitive, behavioural, emotional and social development of children, adolescents, parents/carers and families.

To prioritise early intervention in cases referred.

To ensure an open, accessible referral pathway for assessment and intervention.

To ensure community-based assessment, therapeutic intervention, counselling and remediation.

To deliver supportive psychological interventions that empower parents and carers in their respective roles with their children/adolescents.

To provide appropriate education and training to children, adolescents, families, parents/carers, professionals and community groups.

To provide psychological input into significant Child Health and Welfare structures and working parties including case conferences, CPN meetings, training initiatives, the Social Service Inspectorate and Residential Care.

To maintain optimum knowledge and skills base on the Psychology Team through commitment and continuing professional development and training.

COMMUNITY CARE AREAS

Laois/Offaly, Longford/Westmeath.

STAFFING LEVELS

On the Laois/Offaly Team there was 1 Senior Clinical Psychologist with 3 Clinical Psychologists and 4 Counselling Psychologists. 1 Clinical Psychologist was on full-time secondment to the Child and Adolescent Psychiatric Service.

Chapter 3 – Child Welfare & Protection Services

Psychology Service

On the Longford/Westmeath Team there was 1 Senior Clinical Psychologist with 4 Basic Grade Psychologists (consisting of 2 Clinical, 1 Developmental/Educational and 1 Counselling Psychologist) A 5th Basic Grade psychologist joined the Longford/Westmeath Team in October 2000.

The Longford/Westmeath Team noted that the number of psychologists on their team were not adequate to meet the needs of the population at all levels of prevention.

The Psychology Service Review, commenced in 1999 and was conducted in 2000. It identified needs and gaps and made clear and detailed recommendations to address these. Many of these recommendations involved significantly increased staff numbers, staff recruitment initiatives in addition to the implementation of a career structure in Psychology.

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000

The Psychologists provided services to the following care groups: Children and Families (Child Health and Child Care and Protection) Disabilities (physical/sensory and intellectual), Older Adults and Episodic Care.

Services were provided also to Child and Adolescent Psychiatric Services, Residential Care and Traveller Health.

CHILD HEALTH TEAM

The Child Health Team is a multi-disciplinary team which investigates/validates allegations of child sexual abuse and provides treatment to victims and their families including parents and siblings. This is a rapid reaction service, which does not operate a waiting list, and staff commitment depends on the current caseload at any given time. A Senior Clinical Psychologist leads the team and there are also one Clinical and two Counselling psychologists on the team. During the year team members appeared as witnesses in a number of court cases as well as compiling victim impact reports.

TRAUMA COUNSELLING

Trauma counselling was provided to individuals and groups in relation to fatal accidents and teenage suicide. Counselling was provided both in a clinic and school setting.

Chapter 3 – Child Welfare & Protection Services

Psychology Service

CHILD & FAMILY SERVICE

The Child and Family Service provides an assessment and treatment service for a wide range of psychological problems experienced by children and families. These include bereavement, separation, social, emotional, cognitive and behavioural problems, anxiety, adolescent difficulties, school related problems, bullying difficulties and chronic illness and Post Traumatic Stress Disorders. All the Psychologists in the Department contributed to this service which attracted a large number of referrals. A number of court reports were compiled in relation to custody, access and care proceedings.

The Longford/Westmeath Team identified many gaps or areas of need in the service. These included an increased demand around chronic childhood illness, chronic pain management and increased services to areas of general psychological difficulties e.g. Asylum seekers and refugees.

CHILD CARE & PROTECTION

A significant number of referrals received were in this care group. Areas of service included psychological assessment and therapeutic intervention in the areas of abuse aftermath/impact; court requested assessments, interventions, reports and appearances, custody/access reports and Detention/Care Order Reports and interventions. In addition, psychological assessment and therapy, education, training, consultancy and advice to residential care staff and clients were provided.

The cases accepted in this Care Group were very complex and the time spent on each case was significantly higher than that spent on cases in other areas/care groups. In addition, the indirect client work in this area was significantly greater. Because of the in-depth nature of the psychotherapeutic work in this area and the accompanying indirect client workload, psychologists found this caseload very demanding.

CHILD & ADOLESCENT PSYCHIATRIC SERVICES

Psychological assessments were carried out in respect of the referrals were received from this team.

ADOLESCENT SEXUAL OFFENDERS PROGRAMME

Adolescents allegedly involved in sexual abuse of other children were referred to the adolescent sexual offenders programme. Parental co-operation was excellent and it was not necessary to apply for a Supervision Order on any occasion.

Chapter 3 – Child Welfare & Protection Services

Psychology Service

DISABILITIES

A significant number of referrals were received in this care group. Areas of service included psychoeducational assessment services to the Speech and Language Therapy Department Language units, broad neuropsychological assessment (i.e. ADHD, Specific Learning Difficulty, Dyspraxia), services to special needs and physical/sensory disability.

A significant area of need/demand in the area of Autism could not be met in 2000 because of a scarcity of resources. In addition, many other service demands/needs could not be met due to insufficient numbers of psychology personnel. The number of referrals in 2000 showed an increase, as has been the pattern over the past number of years. The ratio of psychologists to the population was insufficient.

EDUCATION & TRAINING

Parent-Plus training programmes were run in Longford and Westmeath and Laois and Offaly.

The department participated in the delivery of a training programme on domestic violence to Midland Health Board staff.

Public lectures on behaviour management were delivered in Portlaoise and staff education programmes on behaviour management were delivered in Longford and Westmeath.

Provision of training on child behaviour management was provided to foster carers as part of the Special Care Alternatives for Teenagers (S.K.A.T.E.S) project.

Training on behaviour management was provided to Pre-school Workers in co-operation with Tullamore Wider Options.

Training in parenting was delivered in co-operation with Barnardos in Edenderry. Lectures on bullying were delivered to Primary Teachers and parents in Laois and to parent groups in Longford and Westmeath .

SERVICE DEVELOPMENT

One of the major service development initiatives carried out in 2000 was the Psychology Service Review. Other service developments included:

The development of a training strategy (PSI postgraduate Clinical Diploma) to ensure adequate psychology staff to meet demands/needs for the next five year period.

Expansion of psychometric and reference materials, and skills to meet specific demands/needs in the areas of Autism, Neuropsychological assessment and Residential Care.

Chapter 3 – Child Welfare & Protection Services

Psychology Service

Expansion of psychometric and reference materials, and skills to meet specific demands/needs in the areas of Autism, Neuropsychological assessment and Residential Care.

Continuation of development of professional work practices and structures to ensure effective, accessible Psychology Service, which represents the needs of the identified client groups.

The development of IT infrastructure (hardware and software) within the Psychology Department.

Project Work e.g. Parenting Plus and Parent Teen plus Groupwork.

Parent empowerment groups to assist children in key areas of cognitive and emotional development.

The development of recruitment initiatives.

Groups for parents and children on child development and child management issues were organised.

Updates on the Psychology Service manual (policy, protocol, procedures, and practices) were undertaken.

The preparation of further information leaflets for use with client groups.

The provision of training in child behaviour management/challenging behaviour within Residential Care.

Chapter 3 – Child Welfare & Protection Services

Psychology Service

STAFF TRAINING & DEVELOPMENT

Staff attended a number of workshops including:

- Irish Hospice Foundation Courses on Children and Bereavement and workshops on Bereavement and loss for children and adolescents.
- Domestic violence Training for Midland Health Board staff
- Brief Solution Focus Therapy
- Depression and suicide
- Assessment and Treatment of Child Sexual Abuse
- Play Therapy
- Parenting Plus Programme/Parent Teen Programme
- Cognitive-Behavioural Therapy
- Assessment and Treatment of sexualised behaviour in young children
- Children First Training.
- Post Traumatic Stress Intervention
- Sexuality in relationship
- Working with adults who have experienced child sexual abuse.
- Continuous Quality Improvement Seminars
- “Child Protection is Everyone’s Business”
- Preventing suicide among young people
- Child Focused Practice: Extended skills in working systemically with children
- The completion of the final year in the three year course on Systemic Family Therapy at Clanwilliam Institute.
- Microsoft Access
- Challenging Adolescents-Mental Health and Community Care response, meeting what needs?

As it can be seen staff in the region undertook extensive training during 2000 as part of their commitment to continuing professional development. Staff also attended conferences included the Psychological Society Annual Conference and the Psychotramatology Conference

RESEARCH

A Thesis was submitted to the National University of Ireland by Margretta Nolan, Clinical Psychologist entitled “Child Sexual Abuse: Characteristics of Victims and their responses to two Treatment Programmes”. A significant research project was carried out by Longford / Westmeath team within the Residential Care Services on quality of life perceptions of children and adolescents living in Residential Care in the Midland Health Board. A major dissertation was carried out by Marian Naughton, Developmental and Educational Psychologist, on a Systemic Family Therapy treatment programme for adolescent sexual offenders.

There was provision of postgraduate placement provision and supervision for a number of postgraduate psychologists in Clinical Training.

Chapter 3 – Child Welfare & Protection Services

Psychology Service

EVALUATION

All work undertaken by the Psychology Services is evaluated appropriately. The evaluation measures include client satisfaction questionnaires in both education initiatives and in therapy, analysis of data related to client referrals in order to shape and inform service developments.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

The Psychology Service was involved in the provision of services on a multi-disciplinary basis with a wide variety of allied health professionals such as Public Health Nurses, Area Medical Officers, Social Workers, Speech and Language Therapists, Occupational Therapists, Community Welfare Officers, and the Department of Child and Adolescent Psychiatry.

In addition services were provided in co-operation with a wide range of statutory and voluntary agencies including An Garda Síochána, the Probation and Welfare Service, Barnardos, Laois Lone Parents Association, Pre-school Playgroups Association and Tullamore Wider Options.

Activities also included interaction with Speech and Language Units, Residential Care, Palliative Care, Special Needs, Child Protection and Welfare fora including Case Conferences, case meetings, CPN Meetings, submissions/attendance and input into various working parties e.g. Residential Care and Children First. They also participated in care group meetings for Heads of Service (Child Health, Child Welfare Protection, Disabilities, Older Adults, Mental Health Strategy Meetings).

AREAS FOR DEVELOPMENT

Dr Alan Carr of University College Dublin completed a comprehensive review of the Psychological Services in the Midland Health Board in December 2000. The implementation of the recommendations of the review is due to begin in 2001.

The Implementation of the Children First: National Guidelines for the protection and welfare of children (1999) and the Child Protection Management system is due to begin in 2001.

Specific Resource scarcities in 2000 noted by the Longford/Westmeath Team included accommodation, secretarial support, psychology staff and IT support. It is planned that these areas are addressed in 2001 to ensure current demands, increased population needs and new gaps in the service are adequately met.

Chapter 3 – Child Welfare & Protection Services

Speech & Language Therapy Service

The Speech and Language service aims to provide a quality, customer oriented service to clients presenting with speech, language, communication and feeding problems in the region.

NAME OF SERVICE	SPEECH & LANGUAGE THERAPY
AIMS & OBJECTIVES OF THE SERVICE	<p>To provide quality speech and language therapy service to clients to include assessment, diagnostic, treatment and preventative components.</p> <p>To work within a multi-disciplinary approach to achieve health and social gain for each client.</p>
COMMUNITY CARE AREAS	Laois/Offaly, Longford/Westmeath.
STAFFING LEVELS	2 Managers, 3 Seniors, 5 Basic Grades.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000
SERVICE DELIVERY	Speech & Language Therapy services are delivered from base clinics at Mullingar, Longford, Athlone, Portlaoise and Tullamore. From the base clinics there are outreach clinics to various centres across the Board.
SCREENING CLINICS	Quarterly screening clinics are held to ensure that maximum waiting time for an initial appointment is 16 weeks. Following initial speech and language therapy assessment, clients are given guidelines to facilitate language development and placed on therapy waiting lists according to priority.
SUPPORT SERVICES	<p>Individual and group therapy is provided at centres throughout Midland Health Board region.</p> <p>A Hanen Parenting Programme consisting of evening sessions and domicilliary visits was completed in Longford and Laois.</p> <p>The management of feeding difficulties in young children.</p> <p>Advice and information provided to parents/carers, teachers, pre-school teachers, nurses and other staff regarding language development and stimulation, referral procedure and therapeutic processes.</p>

Chapter 3 – Child Welfare & Protection Services

Speech & Language Therapy Service

School visits were provided where appropriate and when resources allowed it.

Training of different groups working with children with a learning disability i.e. teachers, pre-school teachers, parents was provided.

ASSESSMENT

Differential diagnosis of Specific Language Impairments secondary to e.g. Learning Disability, Physical/Sensory Disability.

Referral of clients to other specialist services both within the Midland Health Board and to external agencies.

SERVICE DEVELOPMENT

A screening assessment to determine the incidence of speech and language difficulties present in children from the travelling community was completed in two primary schools in Mullingar. Following this, it was recommended that to increase uptake of the service a designated speech and language therapy post was required.

Two sponsorship programmes were offered to final year students as previous recruitment driven posts had remained vacant.

STAFF TRAINING & DEVELOPMENT

A wide range of training courses and conferences were attended by staff throughout 2000. These included inter-cultural awareness and child protection training hosted by the Health Board.

Information Technology training was completed.

Staff members undertook ongoing study in Healthcare Management.

Speech & Language Therapy staff attended Derbyshire Language Training.

Staff attend departmental meetings on a monthly basis to facilitate service co-ordination across locations and to monitor achievements of targets as set out in Service Plans.

Chapter 3 – Child Welfare & Protection Services

Speech & Language Therapy Service

RESEARCH

A project was completed to examine stakeholders perception of Speech and Language Therapy services.

As a result of this project an advice leaflet on language stimulation was designed and produced in collaboration with the Health Promotion Unit.

EVALUATION

Service delivery and procedures were standardised across locations to ensure Best Practice was maintained.

Outcome measurements were recorded manually using Therapy Outcome Measure. (T.O.M.S.).

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

Participation of staff at case conferences as required.

Participation as part of the Early Intervention Team.

Referral to Specialist Services including Autism Team, Child Guidance, Psychology Services, Social Work, Public Health, Audiology and Hospital Consultants.

Training was provided for Pre-school teachers by staff in conjunction with the County Development Boards.

Ongoing contact with referral sources.

Consultation with members of Language Class Admission Team including Department of Education Personnel.

Training for Midland Health Board staff and personnel employed by the Department of Education and Science was devised and delivered by Speech & Language Therapists.

Chapter 3 – Child Welfare & Protection Services

The Social Work Service

The Social Work Department is an integral part of the Midland Health Board's child protection and welfare service. It plays a central role in the identification and investigation of child abuse while co-ordinating the response of the Health Board with regard to child protection concerns.

NAME OF SERVICE

SOCIAL WORK SERVICE

AIMS & OBJECTIVES OF THE SERVICE

In fulfilling their child protection functions the Social Work Team's objectives are to provide the following services:

Child Protection work including carrying out enquiries into child protection concerns, to establish whether grounds for concern exist and to identify the nature and severity or risks.

To participate in the assessment and investigation of cases. The role includes the planning and implementation of responses to child protection and welfare concerns through supervision, Strategy Meetings, Child Protection Case Conferences, care plans and case reviews.

To provide support and services to the child in its own family or while in the care of the Health Board.

To implement and review care plans and programmes of intervention.

To provide support to families and to assist them in establishing support networks. This includes providing family support and community child care worker services to children living in their own families.

To recruit, assess train and support foster carers.

To provide a domestic and Inter-country Adoption Service that includes assessment and tracing work.

COMMUNITY CARE AREAS

Longford/Westmeath, Laois/Offaly.

The Laois/Offaly team are based at 2 locations: The Child and Family Centre, Portlaoise and O'Carroll Street, Tullamore. The Longford/Westmeath area comprises of 3 sector teams at Athlone, Longford and Mullingar.

Chapter 3 – Child Welfare & Protection Services

The Social Work Service

STAFFING LEVELS

2 Principal Social Workers, 8 Social Work Team Leaders and 38 Social Workers and a half Social Work post comprise the Social Work staff in the region. They are supported by Family Support Workers, Community Child Care Workers and administrative staff.

On the Longford/Westmeath team 1 Social Worker is allocated to the Child Assessment Team and 1 allocated to support and assist with the development of services for children who are members of the Travelling Community in the Longford area.

On both teams staffing vacancies at Social Worker and Team Leader level were evident and staffing levels fluctuated in 2000.

On the Longford/Westmeath team the position of Team Leader in Longford was vacant for the major part of the year being filled during the last quarter. In May 2000 a Team Leader was appointed to the position of Reviewing Officer for children in foster care however, due to staffing difficulties the appointee was unable to transfer to the position until January 2001. Staff shortages also prevented the filling of posts of Court Worker and Hospital Social Worker for young mothers.

In Laois/Offaly approval was given to develop an additional Team Leader and additional Social Worker post but it was not possible to fill these posts.

TYPE OF ACTIVITY

AREA SOCIAL WORK SERVICE

KEY ACTIVITIES IN 2000

Duty Social Work Services were offered throughout the region.

Child welfare and protection concerns were identified, assessed and responded to. New referrals were responded to by network checks and home visits to assess risks. The outcome of child abuse assessments were determined by reviews.

Staff undertook detailed child protection plans in monitoring the welfare of children, supporting parents and in direct work with the children themselves. Staff were involved in the support and supervision of children in residential care, foster care and in relative foster care. Staff were involved in the preparation and presentation of court reports and the provision of alternative out of home placements for children where necessary.

Chapter 3 – Child Welfare & Protection Services

The Social Work Service

CSA ASSESSMENT

In addition to the activities outlined above, 2 part-time and 1 full-time Social Workers were specifically designated to the Child Abuse Assessment Team (sexual abuse assessment/validation). An additional Social Worker from the Laois/Offaly team could not be provided due to recruitment difficulties.

On an ongoing basis a number of area Social Workers co-work assessments with the team.

Protocols and procedures were regularly reviewed to ensure that the service was adequately meeting the needs of the service-users.

Due to resource issues around staffing a considerable waiting list exists for assessment.

COURT SERVICE

As in previous years an increasing number of Section 20 reports were required by the courts. In the Laois/Offaly team 1 Social Work post was dedicated to this task which enhanced their capacity to respond to these requests and to develop a standardised approach.

Social Work staff undertook District Court, Circuit Court and High Court work.

INFORMATION & ADVICE

Information and advice were provided regarding adoption and foster care, bereavement and children with special needs.

Counselling advice was provided to women considering adoption in the Longford/Westmeath area.

TRAVELLING COMMUNITY WORK

In the Longford area a Social Worker is seconded on a full-time basis to provide support and develop services for members of the local Travelling Community. This work is carried out in conjunction with Longford County Council.

Activities in 2000 included:

- A Children's Homework Club
- A Children's Activity Group
- Sessional support groups for travelling women
- Teenage Traveller activities which involved the painting of a mural in the Granard Court building
- Various day trips for travelling children.

Chapter 3 – Child Welfare & Protection Services

The Social Work Service

STAFF TRAINING & DEVELOPMENT

Training and conference attendance by the area teams covered the following areas:

- Domestic Violence Awareness and Training (Participation and Provision)
- Child Protection Guidelines and Training (Participation and Provision)
- Children First Briefing
- Inter-cultural Awareness
- Gardai/Health Board Training on drug misuse
- A Convention on Traveller Health
- A Conference on sexual abuse offending
- Suicide Risk Assessment
- Solution Focused Therapy
- Sexual Abuse Training
- Irish Foster Care Association Conference.

Courses that were pursued by some staff members included:

- M. Phil. in Social Work Research and Masters in Child Protection and Welfare at Trinity College, Dublin.
- Open University Courses.

MULTI- DISCIPLINARY & INTER-AGENCY INVOLVEMENT

Social Workers work closely with other disciplines and agencies in relation to child protection such as Clinical Psychology Services, Child Psychiatry, Public Health Nurses, Area Medical Officers, Teachers, Gardai, other community care and hospital personnel and voluntary organisations.

In the Laois/Offaly area key contact was maintained at area worker and management level with the Barnardos projects at Edenderry and Tullamore. The staff also participated with the Mountmellick Youth Project; residential care staff and Sisters of Charity of Jesus and Mary staff.

In the Longford/Westmeath area the team worked in partnership with Longford Community Resources and in Athlone the Social Worker worked in partnership with Barnardos. Joint training also took place with the Gardai.

Chapter 3 – Child Welfare & Protection Services

The Social Work Service

In both areas staff participated in the following:

Adoption and foster care panels, Case Conferences, Child Notification meetings, the Child Care Advisory Committee, Review meetings with the Board's Child Residential Service, Liaison with the local fostering Groups and the Irish Foster Care Association.

AREAS FOR DEVELOPMENT

The Longford/Westmeath team pointed to the following as areas for development:

The establishment of an Intake System in Athlone and Longford.

Improving administrative support to staff including access to telephones and computers.

The development of a database for referrals and an index of cases.

The Laois/Offaly highlighted the following:

Staff recruitment and staff retention. This has been particularly challenging in the Social Work Service to the extent that service plan targets are unmet in this context despite resource allocation.

Staff retention is also a key area for attention when there are new posts in all areas of social work being developed nationally offering different opportunities outside child protection work. Workload management and the issue of large workloads need to be addressed to aid retention staff. This would mean a review of the workloads of social work staff and the review of internal systems for managing workloads.

The implementation of the Children First National Guidelines for the Protection and Welfare of Children (1999) will involve significant changes that will require an enhanced training programme for staff.

Chapter 3 – Child Welfare & Protection Services

The Social Work Service

It is also anticipated that the number of initial referrals for suspected child welfare and abuse concerns would increase. Earmarking Intake and Assessment social work posts should enhance the service.

Staff participation in planning for new child residential services should help in developing local integrated services in Laois/Offaly.

To facilitate staff to develop parenting programmes in targeted towns.

To move the Fostering and Adoption Team to new rented premises in Tullamore.

To develop integrated links with the Tullamore Springboard Project.

To appoint a Reviewing Officer to chair reviews of children in care.

To plan Aftercare Services for young adults leaving care who have a disability.

Chapter 3 – Child Welfare & Protection Services

The Child Care Manager

The Child Care Manager has a role in ensuring that statutory obligations are fulfilled in relation to Child Care Services and to develop strategic plans in the Area of these services.

NAME OF SERVICE	CHILD CARE MANAGER
AIMS & OBJECTIVES OF THE SERVICE	<p>To provide a high quality and effective Child Care Service in a changing environment.</p> <p>To ensure that statutory obligations are fulfilled in relation to Child Care Services.</p> <p>To ensure specific steps are taken and put into action with regard to the care and protection plan for a specific child and/or family.</p> <p>To act as Freedom of Information decision-maker.</p> <p>To gather and collate relevant statistical information. Acting as Complaints Officer for the Board is also part of the role.</p> <p>To develop strategic plans for the Board's Child Care Services.</p>
COMMUNITY CARE AREAS	Longford/Westmeath, Laois/Offaly.
STAFFING LEVELS	<p>For the Laois/Offaly Area there is 1 Child Care Manager with 1 Grade III Administrative support staff member and one research person for Freedom of Information.</p> <p>The Longford/Westmeath Area has 1 Child Care Manager with 2 Grade III Administrative staff.</p>
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000.
COMMUNITY DEVELOPMENT & FAMILY SUPPORT	<p>This included liaising with and advising community groups and</p> <p>Ensuring through service planning that support services to families are developed and implemented.</p>
ALTERNATIVE CARE SERVICES	This encompasses residential and foster care arrangements where the Child Care Manager is involved in planning and developing services, formulating policies and influencing resource allocation.

Chapter 3 – Child Welfare & Protection Services

The Child Care Manager

PROTECTION & TREATMENT SERVICES

This included the following functions:

Receiving all the notifications of child abuse.

Making decisions on holding Case Conferences.

Ensuring inter-agency co-operation on child protection and welfare.

Having an input into staff training programmes.

Negotiating service agreements with voluntary service providers.

REGIONAL LEAD RESPONSIBILITIES

This part of the role includes:

Working with the Community Services General Manager in meeting the Board's child care obligations at an area and regional level.

Participation in policy formation fora.

The Child Care Managers should liaise and consult with each other to ensure regional standardisation of policy and practice.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

The Child Care Manager works with other agencies in the following ways:

The negotiation of service agreements with voluntary service providers and the evaluation of services provided.

Ensuring a high level of inter-agency co-operation with regard to assigned services including liaising with the Gardai, schools, Probation and Welfare services and other relevant agencies.

Establishing and maintaining good working relations with voluntary organisations involved in the provision of Child Care Services.

Assisting in establishing and maintaining good inter-professional and inter-programme co-operation with regard to all aspects of services.

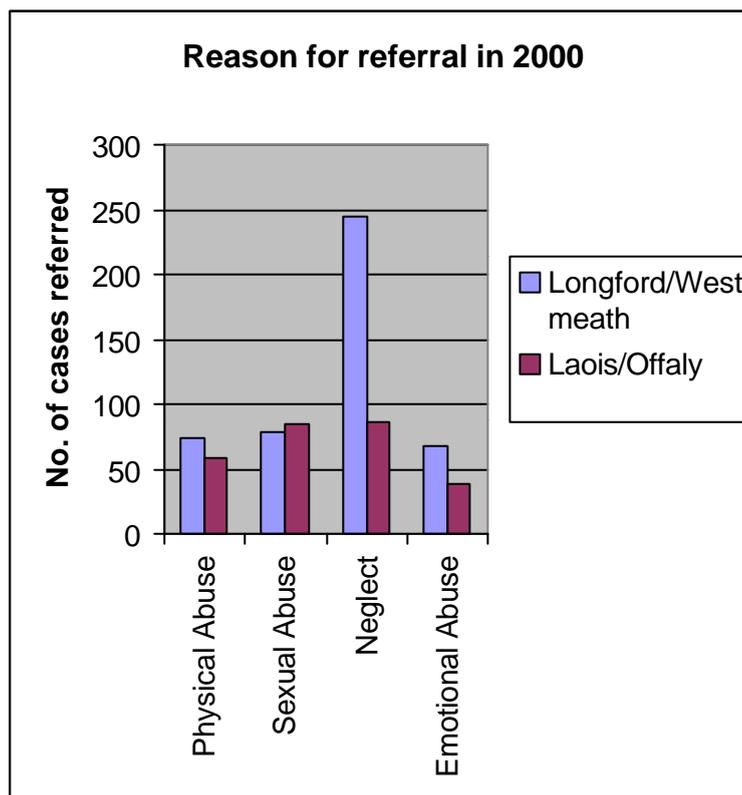
Ensuring that relevant information is available to staff, other professionals, the general public and voluntary organisations in regard to services for children.

Child Protection

The table below represents the number of child abuse cases referred to the Midland Health Board area in the year 2000. It can be seen that total reports of child abuse in the region were 730 in this year. The greatest number of referrals related to neglect in both areas with both areas having similar numbers in relation to physical and sexual abuse.

	Longford/Westmeath	Laois/Offaly
Physical Abuse	74	58
Sexual Abuse	78	84
Neglect	245	86
Emotional Abuse	67	38
No. of Children	412	403
Total Reports in 2000	464	266

REASON FOR REFERRAL TO THE MIDLAND HEALTH BOARD AREA IN 2000



Chapter 3 – Child Welfare and Protection Services

Child Protection

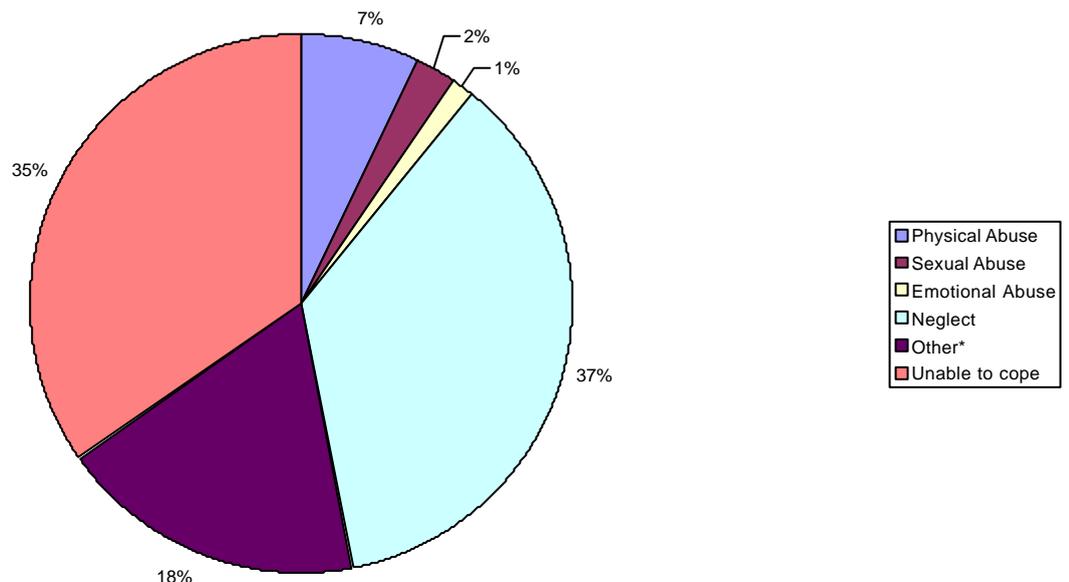
It can be seen from the following table and chart that the category of abuse most prominent in this year across the region was neglect. Neglect is defined as the omission in meeting basic needs over time whereby a child “suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, medical care” (Dept. of Health and Children, 1999, p. 31). This is interesting in terms of the family support services outlined in chapter two as these services can therefore play an important role in preventing child abuse.

When interpreting this data it must be done with the awareness that defining the main presenting problem can be complex. Ferguson and O’Reilly (2001, p. 29) say that the “true complexity of the process of definition is apparent in the multi-faceted nature of most referrals”. The notion of a main presenting problem does not mean the absence of other issues in the family but implies that professionals at times may have to choose a single most important category for the purpose of intervention.

PROPORTIONS OF ABUSE TYPE FOR REGION IN 2000

	% of Abuse Type
Physical Abuse	18%
Sexual Abuse	22%
Neglect	46%
Emotional Abuse	14%
TOTAL	100%

Referrals by abuse type



Chapter 3 – Child Welfare and Protection Services

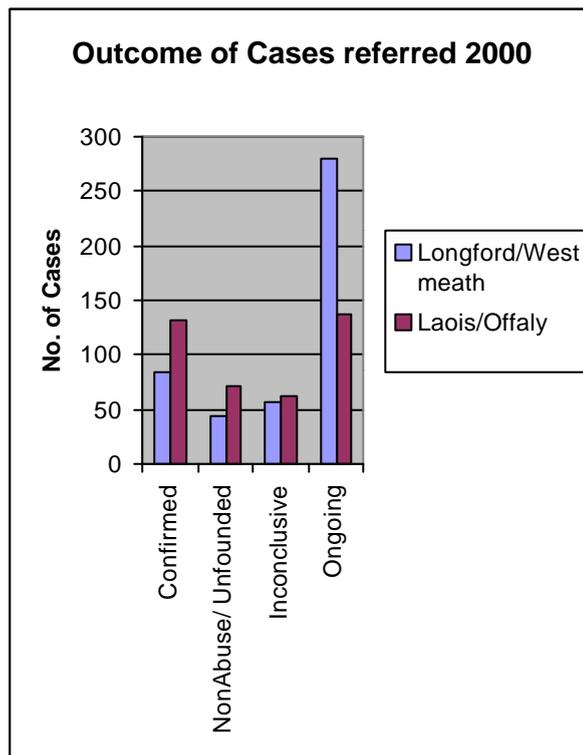
Child Protection

OUTCOMES OF REPORTS OF CHILD ABUSE/NEGLECT INVESTIGATED IN 2000

The table below shows the outcome of referrals and reports of child abuse/neglect made to the Midland Health Board area for the year 2000. It can be seen that on both teams the majority of cases are ongoing

Outcome of Referrals 2000	Longford/ Westmeath	Laois/ Offaly
Confirmed	84	132
Non Abuse/ Unfounded	44	72
Inconclusive	56	62
Ongoing	280	137

THE OUTCOME OF CASES/REPORTS RECEIVED BY THE MIDLAND HEALTH BOARD IN 2000



Chapter 3 – Child Welfare & Protection Services

The Family Support Services

The Family Support Service has core responsibilities in the area of providing support and training for families who need help with the day to day care of their children.

NAME OF SERVICE	THE FAMILY SUPPORT SERVICE
AIMS & OBJECTIVES OF THE SERVICE	<p>To work in a supportive way on specific agreed tasks with parents and children who are experiencing difficulties in the community.</p> <p>To work with parents in a range of group settings.</p> <p>To provide services to children on an individual and a group basis.</p> <p>Developing the family's strengths, helping to reduce the risk factors through ongoing support.</p> <p>To prevent avoidable entry of children into the care system by providing support and training to families on the day to day care of their children.</p>
COMMUNITY CARE AREAS	Longford/Westmeath, Laois/Offaly.
STAFFING LEVELS	<p>There are 7 Family Support Workers employed in the Laois/Offaly Community Care Area. They are supervised by a Family Support Co-ordinator (2/3 Social Worker post). There are 6 Family Support Workers in the Longford/Westmeath Area divided between the 3 sector teams: Longford, Athlone and Mullingar. Supervision for this group is provided by the area Social Work Team Leaders in addition to monthly peer supervision/support meetings.</p> <p>Referrals are co-ordinated by the area Social Work Team Leaders. Family Support Workers work closely with Social Workers, Child Care Workers and Team Leaders formulating interventions with families.</p>
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000 <p>Working with individual parents to develop relationships and parenting skills while offering them support through listening and befriending is part of the work that this service provides.</p>

Chapter 3 – Child Welfare & Protection Services

The Family Support Services

The role of the Family Support Worker also includes advocating and networking with agencies in the area while linking parents with community activities.

Assisting in the reintegration of children into their families from the care system informs some of their work. The following section outlines these activities in more specific terms.

SUPPORT WITH PARENTING

The Family Support Service works with families to develop relationships and parenting skills while reinforcing positive parenting in families.

As a follow-on to the successful group held in 1999 with Harmony Community Development, a similar 8-week parenting support programme was run in conjunction with Athlone Community Task Force.

A Parenting Support Group for young mothers was provided in Mullingar involving 4 young mothers and 6 young children. This group was restricted due to extensive fire damage to the Child and Family Centre in Mullingar.

A Mother and Toddler Group was held in the Longford area.

In the Laois/Offaly area 1 worker co-ordinated a Parent And Toddler Group with Barnardos in Edenderry while another worker commenced a Parent and Toddler Group in Clara involving 16 mothers and 18 children.

HOME MANAGEMENT

The workers provide advice on household money management. Family Support Workers in the Longford area linked with the Granard Action Project in providing home management courses.

SOCIAL SKILLS GROUP

As per previous years, the Mullingar team provided a social skills group for children aged 4-10 years old.

The Group aims to enhance and develop the participant's social skills through the medium of art and craft. 10 children participated but further groups were hindered due to fire damage.

Chapter 3 – Child Welfare & Protection Services

The Family Support Services

SUMMER PROJECTS

Part of the Family Support Workers work includes encouraging parents in their communication and play with their children while linking them with community activities and resources.

This year this encompassed organising family event days and summer projects.

In the Laois/Offaly area the workers organised a day trip to the zoo for 2 adults and 70 children. They organised a day trip to Fort Lucan Adventure Centre for 25 adults and 70 children and a family outing to a pantomime in Dublin for 20 adults and 30 children.

Throughout the summer in the Athlone, Longford and Mullingar areas, day activities and trips were arranged for families and also for children who would not otherwise have had such an opportunity.

In conjunction with the Community Child Care Workers and the assistance of the Social Workers the Longford/Westmeath workers, a Christmas party for children was held in Mullingar and Longford. In the Laois/Offaly area a Christmas party was organised for 60 families and 180 children.

WOMEN'S SUPPORT GROUP

A Women's Support Group was held in the Mullingar area in conjunction with the Community Child Care Workers.

The aim of this group was to encourage women/mothers to develop local support networks and to develop their self-esteem.

The Athlone area team organised swimming mornings for women so they would have access to leisure activities.

FACILITATION OF ACCESS

Supervision of contact between children in care and their parents is part of the work this service has been involved with.

Chapter 3 – Child Welfare & Protection Services

The Family Support Services

STAFF TRAINING & DEVELOPMENT

9 training days were provided by the Midland Health Board's training unit in late 2000 tailored to the needs of Family Support Workers. Staff also participated in training in the following areas:

- Child Protection Guidelines
- Children First Briefing
- Risk Assessment
- Courtroom Skills
- Freedom of Information Act
- Parenting Plus Programme
- Domestic Violence Awareness
- Inter-cultural Awareness
- Mental Illness Education Awareness
- Family Support Work.

EVALUATION

Families that avail of the service are reviewed with the Co-ordinator, Family Support Worker, Social Worker and Team Leader.

In the Laois/Offaly area all staff were involved in preparing a brief report on a case they had worked on in order to demonstrate their role in making a difference with the families they are working with. Their presentations were useful and affirming in highlighting the workers' skill base.

An evaluation of the Family Support Worker Service in the Longford/Westmeath area incorporated the view of service providers and service-users which highlighted the service's overall effectiveness in the area of prevention and in improving the situation of children and families.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

Family Support Workers work closely with other disciplines and agencies in relation to child protection and welfare. These include Social Workers, Psychologists, Child Care Workers, Public Health Nurses, Teachers, Gardai, hospital staff, G.P's, Psychiatric Services, the Money Advice and Budgeting Service (M.A.B.S) and financial institutions.

Chapter 3 – Child Welfare & Protection Services

The Family Support Services

Family Support Workers have undertaken joint initiatives with other agencies and community groups.

They have participated in case conferences case reviews and attendance at court.

The workers participated in and delivered child protection regional training programmes.

AREAS FOR DEVELOPMENT

The development of structures to enhance the participation of service-users in decisions regarding the service.

Greater resourcing of the service in respect of staffing and access to budgets or petty cash.

Training needs that have been identified are around engaging fathers more in relation to their children, and equipping Family Support Workers to run parenting courses.

To develop and implement after care plans with Social Workers for vulnerable young adults leaving the care system.

The possibility of the service designing an information pamphlet on the service for distribution.

Chapter 3 – Child Welfare & Protection Services

Community Child Care Workers

NAME OF SERVICE

COMMUNITY CHILD CARE WORKER

AIMS & OBJECTIVES OF THE SERVICE

To provide a therapeutic service on a one-to-one basis directly to referred children in this community.

To provide a specialised service to young people at risk in the community.

To provide an effective group-work service to children.

To work with parents / carers on an individual and a group basis.

To complement the objectives of the social work department in planning and implementing work plans for vulnerable children and young people.

COMMUNITY CARE AREAS

Longford/Westmeath, Laois/Offaly.

STAFFING LEVELS

There are 3 full-time permanent and 3 part-time temporary staff in Longford / Westmeath area divided between the 3 sector teams. In addition 2 part-time temporary staff are allocated to the Child Assessment Team (sexual abuse assessment team).

In the Laois/Offaly team there are 3 whole-time posts: 1 permanent, 1 full-time temporary and 2 half-time temporary. There is a ½ specialised project post in the Youth Development Centre, Mountmellick.

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000.

The work of the Community Child Care Worker Service in the two areas spanned the following areas:

Direct work with individual children. This work included Anger Management, Behaviour Modification and Identity work as well as Group work with selected children.

Chapter 3 – Child Welfare & Protection Services

Community Child Care Workers

Direct work with individual parents / carers. This can include parenting and family support programmes to meet the needs of specific families.

Group work with parents / carers.

Contact work and the facilitation of access for children in care. The service has a role in ensuring that young people are provided with opportunities to maintain contact with parents, siblings and significant others while in care through access visits, letter writing and phone calls.

Outreach work to support vulnerable and unattached young people in times of change.

Encouraging advocacy by enabling young people to participate in the decision-making process.

Facilitating mediation during times of crisis to help carers and young people to engage in constructive dialogue in a safe and supported environment,

ART & CRAFTS WORKSHOP

A children's art and craft workshops took place in the Athlone area.

MOTHER & TODDLER GROUP

This group was a continuation of the group established in the Granard area with multi-disciplinary input.

WOMEN'S GROUP

This group took place in the Mullingar area on a weekly basis over a 3 month period in conjunction with the Family Support Service. It was hoped that the group would run for the year but fire damage to the Child and Family Centre restricted the group's lifespan to 3 months

The aim of the group was to encourage women/mothers to develop and identify supports within their local community and in turn develop their self-esteem.

Chapter 3 – Child Welfare & Protection Services

Community Child Care Workers

SELF-ESTEEM BUILDING PROGRAMME

This programme was implemented in the Athlone area with the assistance of Student Child Care Workers and proved to be very successful.

SUMMER ACTIVITIES

In conjunction with the Family Support Workers summer activities were established in the Mullingar and Athlone areas.

These included day trips to a local outdoor activity centre, week long swimming and tennis camps as well as locally based summer camps.

CHRISTMAS PARTY

For the third consecutive year in conjunction with the Family Support Workers and Social Workers Christmas Party's were organised in Mullingar and Longford.

THE YOUTH DEVELOPMENT CENTRE

A Community Child Care Worker is engaged in the delivery of after school services, summer camps and individual and group programmes at the Youth Development Centre, Mountmellick.

STAFF TRAINING & DEVELOPMENT

Staff attended a number of training seminars organised by the Board including:

- Children First briefing
- "Child Protection is everyone's Business"
- Child Protection Guidelines
- Brief Solution Focused Therapy
- Copping On Programme
- Domestic Violence Awareness
- Inter-cultural Awareness.

Other courses undertaken by members of the Laois/Offaly team included a BA Degree in Applied Social Studies in Social Care (Athlone Institute of Technology) and B. Sc. in Social Science (Open University).

Further Training participation identified by the Longford/Westmeath team includes staff being involved in the Higher Diploma in Adult and Community Education, Degree in Applied Social Studies and Parenting Plus training. The team also notes that Community Child Care Workers assisted in the preparation and facilitation of training in child protection and inter-cultural awareness.

Chapter 3 – Child Welfare & Protection Services

Community Child Care Workers

MULTI-DISCIPLINARY INTER-AGENCY INVOLVEMENT

Community Child Care Workers work within the Social Work Department, and work in conjunction with Social Workers, Family Support Workers, Teachers, the Gardai, Juvenile Liaison Officers, Voluntary Agency Workers, Public Health Nurses, Child Guidance, G.Ps and Community Welfare Service.

2 Community Child Care Workers on the Longford/Westmeath area are working with the Child Assessment Team.

AREAS FOR DEVELOPMENT

The The Laois/Offaly team identify that they would like to develop their role within the department by specialised posts in terms of Fostering, Outreach work and Aftercare.

The Longford/Westmeath team has identified the development of groupwork specific to the identified needs of children/young people presenting to the service e.g. a support group for teenagers and a group of children who have experienced violence.

The Longford/Westmeath team indicates that the demand for the service coupled with it's proven effectiveness necessitates waiting lists at present.

EMERGING ISSUES – CHILD WELFARE AND PROTECTION SERVICES

Health Boards have a statutory obligation under the Child Care Act 1991 for the welfare and protection of Children. Procedures for Child protection services have been published in Children First National Guidelines for the protection and Welfare of Children.

The Management and organisation of child protection services is at the distinction of Health Boards. A coherent management and organisation structure is required which:

- Enures high quality service provision
- Gives clarity to roles and responsibilities of staff
- Integrates all staff / disciplines / care groups / organisation with a formal or informal role in child protection

The Midland Health Board Child Care Strategy addresses this core issue.

Child protection services in the Midland Health Board are currently hampered by the difficulty in recruiting staff to front line positions. Child Protection services have expanded greatly in recent years, however account was not taken until recently of the need to expand the number of graduates required to field the

Chapter 3 – Child Welfare & Protection Services

Community Child Care Workers

Child protection services in the Midland Health Board are currently hampered by the difficulty in recruiting staff to front line positions. Child Protection services have expanded greatly in recent years, however account was not taken until recently of the need to expand the number of graduates required to field the increased number of posts. It is anticipated that the current difficulties will continue until 2004 at which point the number of Social Work graduates will increase significantly.

The Social Work service will continue to operate in extremely difficult circumstances until there are sufficient qualified Social Workers available to fill posts. One of the consequences of this situation is that staff are working under high levels of stress.

Chapter 4

Alternative Care Services

Chapter 4 – Alternative Care Services

Contents

	<u>PAGE</u>
Overview	101
Children in Care	98
Fostering	101
Adoption	105
Inter-Country Adoption	107
Residential Care	110

Chapter 4 – Alternative Care Services

Overview

The main philosophy of the Child Care Act (1991) is that the welfare of the child is the paramount consideration and secondly the best place for a child to grow up is within his/her own family. However the Act also recognises that at times, for a myriad of reasons, the child's care and protection cannot be safeguarded in their own home. There is an onus on the statutory services to provide alternative care for these children under the Act.

This chapter provides a profile of the children in the care of the Midland Health Board in 2000 by age, gender, and length of time in care. It describes the type of placements and care provided for children and young people in the care of the Midland Health Board and the activities of different Departments like Fostering, Adoption, Inter-country Adoption and Residential Care Services.

In each section developments are noted in terms of the service's attempts to meet the varied needs of children and young people. Some of the examples of this are the developments of High Support Services in residential care as well as fostering programmes aimed specifically at adolescents. The emergence of relative foster care is also discussed.

Chapter 4 – Alternative Care Services

Fostering

Fostering services are provided in Laois/Offaly and Longford/Westmeath Community Care Areas. Foster care is a service that provides a range of quality care options within a family setting for varying lengths of time including pre-adoptive, emergency, day, short term, long term and respite fostering. The service is necessary when children cannot remain at home and the service is underpinned by the philosophy that the child's welfare is paramount.

NAME OF SERVICE

FOSTERING

AIMS & OBJECTIVES OF THE SERVICE

To recruit, train, assess and support foster parents in line with the Child Care (Foster Care) Regulations (1995).

To place children with appropriate foster families to ensure their needs are met.

To provide on-going training and support to foster families.

To review placements with carers and to work in partnership with foster carers.

To develop uniformity and standardisation of practices, policies and procedures throughout the Midland Health Board.

To educate the public regarding the challenges and rewards of becoming a foster family and about the needs of children in care.

To maintain good working relationships with existing foster carers as this is a vital component in attracting new foster carers.

To recruit new foster families through periodic use of local media.

To maintain statistics and records.

COMMUNITY CARE AREAS

Laois/Offaly, Longford/Westmeath.

STAFFING LEVELS

Across the two areas there are 2 Team Leaders and 8 Social Workers for Fostering and Adoption. The posts cover fostering, adoption and tracing work along with the specialised care post for teenagers' aged 13-18 called S.K.A.T.E.S (Specialised Care Alternatives for Teenagers).

Chapter 4 – Alternative Care Services

Fostering

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000

RECRUITMENT

During 2000 meetings took place between the Team Leaders and Fostering Support Workers in each Community Care Area with representatives from the Irish Foster Care Association Branches from the four counties to look at effective ways of recruiting new foster carers. It was agreed that raising awareness about fostering on an ongoing long term way would be more effective than a once off specific campaign.

A recruitment campaign for S.K.A.T.E.S carers was planned by the Laois/Offaly Team but had to put on hold due to staff shortages.

ENQUIRIES & ASSESSMENTS

There were 66 enquiries in the Region to foster in 2000.

Following an enquiry, a social worker met with the families to provide more information and application forms.

22 assessments were taken on in 2000. 11 assessments were completed in the Laois/Offaly area and 6 new foster families were approved in the Longford/Westmeath area this year.

142 request for placements were received in the Longford/Westmeath area while 224 separate admissions (covering 49 children) to care were made in the Laois/Offaly area.

A regional fostering assessment manual was devised and agreed in 2000.

TRAINING

Training for foster carers was provided in the Region using the Irish Foster Care training pack “Fostering, a New Horizon- the Challenge to Care in Ireland” was facilitated in 2000. This course can be used for prospective and existing foster carers and aims to build on their own knowledge, values and skills and channel these into the task of fostering.

In the Laois/Offaly area a training course for S.K.A.T.E.S carers was designed by that services Project Worker. Information sessions on specific topics were provided on topics highlighted by foster carers e.g. child sexual abuse, managing difficult behaviour and Traveller culture.

Chapter 4 – Alternative Care Services

Fostering

SUPPORT TO FOSTER CARERS

Support services to foster carers provided included organising social events such as coffee mornings, a summer BBQ and a Christmas Party.

A quarterly newsletter was compiled by the 2 Fostering Support Social Workers in the two areas and sent to all foster carers.

S.K.A.T.E.S

Specialised Care Alternatives for Teenagers (S.K.A.T.E.S) aims to respond to the needs of teenagers (13-18years) who are out of home, experiencing difficulties at home, or require alternatives to their current placement within the care system.

It aims to provide the teenager with a safe and nurturing environment and it offers emergency, respite and short term placements. A clear assessment and training model was formulated between the two teams in the region in relation to this service.

In the Longford/Westmeath area the post for this project was filled in July 2000 but became vacant in December 2000 and in the Laois/Offaly area recruitment had to be put on hold due to staff shortages.

SERVICE DEVELOPMENT

A number of new initiatives were undertaken as part of the development of the fostering support role:

A branch of the Irish Foster Care Association was re-formed in Mullingar.

The designing of the S.K.A.T.E.S project based on a previous Supported Lodgings Project.

Attendance at the new Midland Health Board/Irish Foster Care Association forum where representatives discuss issues relating to foster care provision.

STAFF TRAINING & DEVELOPMENT

Staff attended a number of training sessions and conferences including:

- The I.F.C.A Conference in November 2000
- I.F.C.A Training seminar entitled “Foster Care and Therapy- An Exploration towards a Positive Response” in May 2000
- Children First Briefing
- Domestic Violence Training.

Chapter 4 – Alternative Care Services

Fostering

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

Staff participated in:

- Regional meetings with foster carers.
- Irish Foster Care Association branch and executive meetings and training.
- Midland Health Board and Irish Foster Care Association forum meetings and branch consultative meetings
- Sub-Committee meetings of the I.F.C.A Executive and of the Midland Health Board/I.F.C.A forum.
- Case Conferences & Child Care Reviews.
- Regional Fostering and Adoption Team Meetings.
- I.F.C.A meetings on the 2001 conference.

AREAS FOR DEVELOPMENT

The further development of the services requires a sufficient number of staff and provision for additional staff as indicated in the service plans for 2001.

The aim would be to devise comprehensive written policies, procedures and protocols in relation to all aspects of fostering. This could aid future expansion and delivery of services.

Research and evaluation could include the evaluation of service provision, the retention and recruitment of foster carers, the changing nature of foster care and the extent to which foster care meets the needs of children.

The further development of the foster care training package to meet the needs of all carers would be welcomed. Group preparation for people considering fostering whereby they would be made aware of the challenges of the fostering could be offered.

The establishment of a 3 yearly review with foster carers to ascertain their strengths, training needs, support required and their projected availability.

The need for care plans and regular reviews for children in care is essential to a quality foster care service in terms of establishing the child's needs and tasks allocated to all involved with the child in meeting these needs.

The further development of the fostering support role to allow for a more proactive approach.

Chapter 4 – Alternative Care Services

Adoption

The Adoption services in the Midland region undertake domestic and inter-country adoption assessments while ensuring those children are placed in appropriate adoption placements. Over the past ten years there has been a fundamental shift away from the traditional closed Model of Irish Adoption to a more inclusive and open model.

NAME OF SERVICE	ADOPTION
AIMS & OBJECTIVES OF THE SERVICE	<p>To facilitate open adoption.</p> <p>To ensure that children are placed in appropriate adoption placements and to review placements in conjunction with the Adoption Board.</p> <p>To support adoptive parents, adoptees and birth parents.</p> <p>To facilitate tracing requests.</p> <p>To maintain statistics and records.</p>
COMMUNITY CARE AREAS	Laois/Offaly and Longford/Westmeath.
STAFFING LEVELS	The staff allocated cover both the Fostering and Adoption Service as previously outlined in the section on Fostering.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000
ADOPTION & ASSESSMENTS	In the Laois/Offaly area in 2000 2 babies were placed for adoption. 1 Adoption Order was granted and 3 adoptive families are waiting for final papers to be signed by birth mother or Orders to be made. 5 open adoption cases were being facilitated, as were 10 new tracing enquiries. There were 9 domestic adoption enquiries and 2 domestic adoption second assessments completed.
SERVICE DEVELOPMENT	In the Laois/Offaly area the domestic adoption list was opened for the first time since 1996. The first 10 applications will be placed on a waiting list for assessment.

Chapter 4 – Alternative Care Services

Adoption

STAFF DEVELOPMENT & TRAINING

Staff attended a number of training seminars organised by the Board including:

- Domestic Violence Training
- Adoption Law Conference
- Children First Briefing.
- Inter-cultural Awareness
- 1 Social Worker completed the PostGraduate Diploma in Social Work obtaining first class honours.

MULTI- DISCIPLINARY & INTER-AGENCY INVOLVEMENT

Staff participated in a number of different types of meetings with other professionals including I.C.C.A. meetings, regional fostering and adoption meetings, and national adoption managers meetings and departmental meetings.

AREAS FOR DEVELOPMENT

Post Adoption Support could be developed by offering 3-4 days training per year for Irish and Inter-country parents who have adopted children. The purpose of this would be twofold: to provide a forum for positive contact to be maintained between this service and the adoptive couple and also to provide support to deal with issues that may arise for them in childhood.

Written Policies and Procedures would involve having a comprehensive written policy and procedure manual in relation to adoption and tracing work.

Staffing levels to be sufficient to allow further development with adequate training and resources/equipment available to staff.

Research into open adoption and an evaluation of the current assessment model is required.

To develop strategy plans for future service expansion and delivery.

Chapter 4 – Alternative Care Services

Inter-country Adoption

NAME OF SERVICE

INTER-COUNTRY ADOPTION

**AIMS & OBJECTIVES
OF THE SERVICE**

To undertake inter-country adoption preliminary assessments.

To undertake inter-country adoption assessments and preparatory training.

To provide support to adoptive parents.

To undertake post placement reports.

To maintain statistics and records.

**COMMUNITY
CARE AREAS**

Laois/Offaly and Longford/Westmeath.

STAFFING LEVELS

The staff allocated cover both the Fostering and Adoption Service as previously outlined in the section on Fostering.

The actual number of social workers involved in Inter-Country Adoption in 2000 was 5.

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000

**ADOPTION &
ASSESSMENTS**

The duration of assessment from the beginning of the preparation stage to the date of decision by the placement Committee was 12months for first assessment and 8 months for second assessment.

The table below represents some of the assessment activities of the service in 2000

INTER-COUNTRY ADOPTION ASSESSMENT ACTIVITY IN MIDLAND HEALTH BOARD IN 2000

	1st Assessment	2nd Assessment
No. of Applications awaiting for assessment	50	3
No. of completed Applications received	51	5
No. of Assessments completed	23	2

Chapter 4 – Alternative Care Services

Inter-country Adoption

The number completed applications for assessment received in comparison to other years are represented below:

No. of completed applications received	1998	1999	2000
	3	15	44

The number of assessments completed in 2000 that reached decision-making stage was 23 for first assessments and 2 for second assessments.

SERVICE DEVELOPMENT

A standardised framework for Inter-country adoption was adopted by the Health Board.

STAFF DEVELOPMENT & TRAINING

Staff attended a number of training seminars organised by the Board including:

- Infertility Workshop
- Inter-country Adoption standardised framework Training
- Children First Briefing
- Managers in Development Training.
- Domestic Violence Training
- Adoption Law Conference.

EVALUATION

A group work package developed in 1999 was evaluated by course participants and redesigned for use with prospective Adopters in 2000 in the Laois/Offaly area.

MULTI- DISCIPLINARY & INTER-AGENCY INVOLVEMENT

Staff participated in a number of different types of meetings with other professionals including I.C.C.A. meetings, regional fostering and adoption meetings, and national adoption managers meetings and departmental meetings.

Chapter 4 – Alternative Care Services

Inter-country Adoption

AREAS FOR DEVELOPMENT

Staffing levels to be sufficient to allow further development with adequate training and resources/equipment available to staff.

Research into post-placement service provision for children adopted through this process.

An evaluation of service-users experience of the new standardised framework assessment process.

The provision of post adoption support services.

Having a comprehensive written Health Board policy and procedure manual in relation to the service in keeping with the standardised framework.

Training for staff and material resources/equipment.

Chapter 4 – Alternative Care Services

Residential Care

The Child Residential Services aims to provide the best quality care to young people where their unique worth and individuality is respected and supported.

NAME OF SERVICE	RESIDENTIAL CARE												
AIMS & OBJECTIVES OF THE SERVICE	The objectives of Child Residential services is to provide a caring environment for children and young people in short or medium term care, who cannot remain in their own homes, for whom placement with relatives is not appropriate or for whom foster care is not an option.												
COMMUNITY CARE AREAS	The current service provision is in the Longford/Westmeath Community Care Area. It is planned to develop services in the Laois/Offaly Area in 2001.												
STAFFING	<p>A permanent service manager and deputy manager were employed in February and June respectively. A Grade III Clerical Officer was appointed in June 2000. Provision was made in the service plan for six new posts of Unit Leaders. Interviews for these posts were scheduled for early 2001. There are 51 permanent and 49 temporary members of staff, which comprise of the following:</p> <table><tbody><tr><td>Manager</td><td>1</td></tr><tr><td>Deputy Manager</td><td>1</td></tr><tr><td>Clerical Officer Grade IV</td><td>1</td></tr><tr><td>Clerical Officer Grade III</td><td>1</td></tr><tr><td>House-parents</td><td>9</td></tr><tr><td>Assistant House-parents</td><td>87</td></tr></tbody></table>	Manager	1	Deputy Manager	1	Clerical Officer Grade IV	1	Clerical Officer Grade III	1	House-parents	9	Assistant House-parents	87
Manager	1												
Deputy Manager	1												
Clerical Officer Grade IV	1												
Clerical Officer Grade III	1												
House-parents	9												
Assistant House-parents	87												
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000												
SERVICE S	<p>The Residential services for children comprise of the following:</p> <p>STONEY COTTAGE, HOPESTOWN, BALLINEA, MULLINGAR</p> <p>This is a two-bedded unit, which replaced Windy Gap residential unit in November 2000. This service provides specialised care to young people.</p>												

Chapter 4 – Alternative Care Services

Residential Care

**AUBURN, BALLYMULVEY, BALLYMAHON, CO. LONGFORD
CHESTER LODGE, CHURCH ST., MOATE**

Staffing ratios in these units are higher to meet the more challenging needs of young people.

**AISLING, DUBLIN RD., EDGEWORTHSTOWN, CO. LONGFORD
IVEAGH HOUSE, MAYFIELD GROVE, ATHLONE**

Care Provision in these units is aimed at young people who do not require as much high support from staff.

HIGH SUPPORT SERVICE

There were 22 residential placements available in the service this year. 3 of these placements were in Oakville High Support Unit, Delvin Road, Mullingar where young people are detained by a High Court Detention Order. The management of this unit became the responsibility of Child Residential Services in February 2000. In the last year four young people occupied these places at various times.

IRISH SOCIAL SERVICES INSPECTORATE

The Irish Social Services Inspectorate carried out inspections in two units in 2000 at Windy Gap and Auburn. An Inter-departmental Working Party was set up by the Midland Health Board to implement the recommendations of the ISSI Report.

Some of the work carried out by this group includes a greater focus on a generic statement on the purpose and function of all residential units, which would include policies on the following:

- Absconding
- Complaints procedures
- Restraining
- Care plans
- Staff recruitment and staff development/retention.

Chapter 4 – Alternative Care Services

Residential Care

REFERRALS AND DISCHARGES FROM SERVICE 2000

The referrals, admissions and discharges to the service for the year 2000 are shown below. Of the twelve children/young people discharged from the service, 4 returned home, 2 went to live with relatives, 1 went to foster care, 3 to Independent Living and 2 to other residential care.

	Longford/ Westmeath	Laois/Offaly	Male	Female
Referrals in 2000	8	2	4	6
Admissions in 2000	6	1	1	6
Discharges in 2000	7	5	7	5

STAFF TRAINING & DEVELOPMENT

The Child Residential Services provide placement experiences for students of social care from national training colleges: Athlone, Sligo, Carlow, Waterford and Cork.

Staff members have pursued professional training in Social Studies and Health Care Management to Certificate, Diploma and Degree level.

5 staff members were trained as Therapeutic Crisis Intervention (T.C.I) Trainers and will train all staff in coming months.

Other service and Inter-Agency training pursued included: IT, IMPACT, Fire Safety, Presentation Skills, Group Facilitation Skills and Child Protection.

Staff attended Conferences and Seminars at National level provided by professional associations the Resident Managers Association (RMA) and the Irish Association of Care Workers (IACW).

Chapter 4 – Alternative Care Services

Residential Care

AREAS FOR DEVELOPMENT

The Development of High Support Care. The Midland Health Board with the North Western Health Board, the Western Health Board and the North Eastern Health Board have joined together to develop two six-bedded High support Units at Castleblayney. The Castleblayney Children's Centre (CCC) is currently in train and the Manager of Child Residential Services is one of the Midland Health Board's representatives on the Steering Group and Child Care Committees. The committee carried out site visits to high support services at Ballydowd, Edinburgh and Glasgow this year. It is planned to have this service available in 2002.

Future developments in staff training to include:

- An Induction training package for new staff
- Professional Supervision
- Solution Therapy
- Change Management.

The continuous development of the Child Care Strategy, to take account of the individual and group needs of young people referred to the service. The Director of Child Care Services initiated a process whereby more specialised and streamlined services will be available to take into account each child/young persons particular needs. This will mean a greater range of interventions for young people.

It is planned to develop services in the Laois/Offaly Area this year.

The Midland Health Board purchased premises in Athlone during the year and this unit will be developed in 2001.

Chapter 5

Training, Research & Evaluation

Contents

	<u>PAGE</u>
Overview	119
Training	120
Implementation of Children First (1999)	126

Chapter 5 – Training, Research & Evaluation

Overview

This chapter focuses on the activity of two training services within the Board. In the preceding chapters each service outlined the various types of the training that their staff were involved in at an individual or agency level. What are described here are the specific activities of the Training Department that has developed since 1996. The service aims to resource all relevant personnel in training on the Health Board's statutory responsibilities with regard to child care, child protection and child welfare.

This section sets out the activities of this department for the year 2000 and includes training at inter-agency level in child protection, domestic violence, residential care services, policies and procedures within the Health Board regarding child protection. It also provided training as described to particular groups of professionals on relevant practice issues.

The second part of this chapter focuses on the implementation of the Children First: National Guidelines for the Protection and Welfare of Children (1999). This document provides a national framework for the delivery of child protection and welfare services. It aims at standardising the reporting of suspected child abuse to the Health Boards and Gardai. The activities of the staff employed to implement these guidelines are described here and include the distribution of the Children First documentation and training on the guidelines.

Chapter 5 – Training, Research & Evaluation

Training

AIMS & OBJECTIVES OF THE SERVICE

The aims and objectives of the service include:

To ensure that personnel are equipped with the appropriate skills, knowledge and values to deliver an effective service to children and families.

To ensure that personnel are aware of relevant legislation, national guidelines and local child protection procedures and protocols. To translate learning into a better service for children and families in collaboration with other service providers.

To strengthen partnership relationships between statutory agencies, voluntary bodies the community and the family through multi-disciplinary and inter-agency training initiatives.

During 2000, where possible the structure, process, content and delivery of training reflected the need to enable staff who work together train together.

Training affirmed the principle that child care is a societal and corporate responsibility and no one person has sole responsibility for the total person.

STAFFING LEVELS

On the 31st December 2000 there was 1 post of Co-ordinator of Training with ½ time administrative staff.

The Training Department is based at the Child Care Unit located in the grounds of Tullamore Hospital and it is a regional service.

Chapter 5 – Training, Research & Evaluation

Training

TYPE OF ACTIVITY

KEY ACTIVITIES IN 2000

Training initiatives in 2000 have continued to emanate from the identified needs of staff groups and their managers and have been based on:

- (a) Information
- (b) Policy and Procedures
- (c) Best Practice and Applied Skills

INFORMATION

Courses were delivered on the following:

- Child Care Act, 1991
- Protection for Persons Reporting Child Abuse Act 1998
- Recognising, Responding and Reporting Child Abuse, Regional Child Abuse Guidelines
- Children First Training
- Children’s Bill (1999)
- The Domestic Violence Act (1996)

POLICY & PROCEDURES

Within the Health Board child care and protection is a corporate responsibility, requiring a responsibility from all personnel without exception throughout the entire range of Health Board services. 20 courses entitled “**Child Protection is Everyone’s Business**” were organised and implemented for Board staff, members of An Garda Siochana, Voluntary agencies and Community Groups on policy, procedures and best practice in child protection and welfare.

A comprehensive strategy to resource key frontline and management staff within a multi-disciplinary context on new child protection and welfare guidelines entitled **Children First: National Guidelines for the Protection and Welfare of Children** (1999) was developed in conjunction with the Implementation Officer for Children First. This included briefing sessions to disseminate information expeditiously and widely on these new child protection and welfare guidelines.

BEST PRACTICE SKILLS

Courses were delivered on the following:

- Child Protection for pre-schools/schools/Voluntary Organisations/Youth Groups and Youth Leaders
- Family Support Worker Training
- “Why doesn’t she just leave? Towards a Multi-disciplinary and Inter-agency Response to Violence against women and children in Intimate Relationships”
- “Child Protection is Everyone’s Business”

Chapter 5 – Training, Research & Evaluation

Training

- Train-the-Trainers course developed and implemented regarding Therapeutic Crisis Intervention (T.C.I) with young people in care.
- National Train-the-Trainers course was developed and implemented between An Garda Siochana and Health Boards on new work practices emanating from the Children First: National Guidelines for the Protection and Welfare of Children (1999).

OTHER ACTIVITIES

These include the development of National Training Strategy on Children First. This programme outlines key courses to be provided for relevant personnel on information, policy, procedural and practice changes in the new guidelines.

Advising primary schools on the implementation of the Stay Safe Programme Training of Child Abuse Prevention Programme Teachers and Social Workers at national level on the Stay Safe Programme was part of the work.

The development of a Regional Training Strategy and training modules for staff, in collaboration with the Health Promotion Unit on Inter-cultural Awareness.

The service initiated a strategy with the GP Training Unit to plan, design and implement training modules with the GP Trainees on best practice in child protection, child welfare, family support and domestic violence.

RESEARCH & EVALUATION:

Research and evaluation are increasingly recognised by the Health Board as being central to the development and delivery of quality services. Parallel to the process of planning, appropriate information is seen as an essential means of identifying the service users needs and of measuring the effectiveness of different interventions to meet these needs. During 2000, evaluation continued on the effectiveness of training provided to Health Board staff, other agencies and the public at large and identification of further training needs in line with child care policy and practice changes and professional responsibilities of staff and the changing needs of the service users.

Chapter 5 – Training, Research & Evaluation

Training

MULTI- DISCIPLINARY & INTER-AGENCY INVOLVEMENT

Strategic Approach to training in child protection and welfare: A training strategy was developed in 1997 to provide training, at a multi-disciplinary and inter-agency level in line with the recommendations of the various child abuse inquiries. In 1997, the Board set up a multi-disciplinary team of part-time trainers in conjunction with An Garda Síochána to implement a standardised two-day training course on child abuse and protection in the region.

The knowledge and skill base of this Team is continuously being strengthened and built on through training, course evaluation, team and self-appraisal.

Foundation Training provides an overview of child care and related legislation, national and local policy and procedures and an appraisal of the child care services aimed at enabling staff to apply this learning to practice.

This course is revised and researched on an on-going basis in line with best practice and current research.

Officers of the Board who are designated officers by the Chief Executive Officer under the **Protection for Persons' Reporting Child Abuse Act 1998** are invited to attend this two-day foundation training which is run on a roll-over basis. All new staff whose work relates directly to children and families are included in this training and are given the opportunity to explore professional issues in line with their statutory responsibilities.

Additionally, the inter-agency dimension of the training has been extended to include the Gardai and other voluntary and statutory organisations whose work involves direct contact children and families in the Board's area. In 1999 and extended to 2000 a strategy was developed in collaboration with the Health Promotion Unit to specifically target primary and post-primary school personnel in this inter-agency training initiative. Designated liaison personnel in the schools will be included in this initiative from 2000.

Strategic Approach to training in Domestic Violence:

A similar training strategy was developed in 1999 to provide training, at a multi-disciplinary and inter-agency level, to resource staff on the dynamics of violence against women and children in intimate and personal relationships. This training encourages and develops good working practices among key frontline staff from the voluntary and statutory agencies as it invites them to explore the professional and ethical value base of their work with families experiencing violence.

Chapter 5 – Training, Research & Evaluation

Training

This strategy has been developed in conjunction with the Regional Committee on Violence against Women and Children. During 1999 a multi-disciplinary and inter-agency Training Team was established and a training manual developed compiled from the most recent national and international data on violence against women and children. In 2000 this team continued to build on their expertise and knowledge in the field of domestic violence, through continuous professional development and revision of the training manual in line with new research in this arena.

Strategic Approach to training in Residential Child Care Services:

A training strategy was initiated in 2000 to resource the training needs of staff working in residential child care. The training needs of staff were identified and Therapeutic Crisis Intervention (T.C.I) training was prioritised

A Training Team was initially identified and their continuous professional training was developed, built on and strengthened in 2000. By the end of 2001 all current child care staff in the service will have received comprehensive training on T.C.I. approach. This strategic approach also incorporated a Review Body to monitor the use of this approach by practitioners.

Strategic Approach to Inter-Agency training:

Joint Training involving staff from relevant agencies can be a highly effective way of promoting a shared wider understanding of child care legislation and the wider policy context within which child care professionals work. In a recent Irish Study Buckley, Skehill & O' Sullivan (1997) recommend inter-agency co-ordination and highlight many positive aspects of joint working and training such as:

- The pooling of skills and resources
- The facilitation of each other's work
- Good contact and communication
- Support
- Mutual respect and value for each other's role
- The building of positive partnership relationships.

Based on these fundamental principles in 2000, the Co-ordinator of Training developed an inter-agency training initiative. This was in conjunction with a National Working Group established to develop a strategic approach to joint training with an Garda Síochána and the Health Board Social Workers in relation to new work practices, emanating from Children First: National Guidelines for the Protection and Welfare of Children (1999).

Chapter 5 – Training, Research & Evaluation

Training

A training manual was developed to enhance and strengthen existing partnership and relationships between the two key agencies with statutory responsibility for the protection and welfare of children.

A Training Team involving An Garda Siochana and Health Board staff through a Train-the-Trainers course. This course was also delivered by the Co-ordinator of Training to two Health Boards.

Health Board and Garda Trainers will engage in continuous professional training, which will be developed, built on and strengthened in 2001. All social work staff and designated Gardai will partake in joint training in 2001.

AREAS FOR DEVELOPMENT

The development and expansion of training within the Midland Health Board is necessary. A Children First Training Officer post has been created and additional posts will be created in subsequent years to address the expanding duties and responsibilities in child care and related fields.

The establishment of a Training department to meet the needs outlined above is necessary.

In 2001 an ongoing consultation process with Senior Management, Child Care Managers and Heads of Discipline will take place where individual and collective training needs and priorities will be agreed and updated. With increased capacity in the Training Department in 2001, a Training Needs Analysis will be prioritised by training staff. Focus Groups at discipline level will facilitate the identification of staff training needs.

Chapter 5 – Training, Research & Evaluation

The Implementation of the Children First: National Guidelines for the Protection and Welfare of Children (1999).

The Children First: National Guidelines for the Protection and Welfare of Children (1999) were launched by the Department of Health and Children in September 1999. They provide a national framework for the delivery of child protection and welfare services. The Midland Health Board have taken certain measures to ensure the commencement of the implementation of these guidelines regionally as described in this section.

NAME OF SERVICE	CHILDREN FIRST IMPLEMENTATION
AIM & OBJECTIVES OF SERVICE	<p>The aim of the guidelines is to standardise the reporting of suspected child abuse to the Health Board and Gardai.</p> <p>One aspect the Child Protection Notification System was to be implemented on January 2001.</p>
COMMUNITY CARE AREAS	<p>Staff appointed are based in at the Child Care Unit, General Hospital, Tullamore but the service is offered on a regional basis.</p>
STAFFING	<p>In May 2000 the Midland Health Board appointed the Implementation Officer. An Information and Advice Officer took up the post in late November 2000.</p>
TYPE OF ACTIVITY	KEY ACTIVITIES IN 2000
DISTRIBUTION OF THE CHILDREN FIRST DOCUMENTATION	<p>The method and procedure utilised in effecting distribution has been through the identification of Heads of Disciplines and managers who were requested to submit lists of staff in their departments. The total distribution amounted to about 3,500 members of Health Board staff designated under the Protection of Persons Reporting Child Abuse Act (1998). The distribution of this documentation has been a priority of this service in 2000.</p> <p>With regard to devising an appropriate logging system to record distribution and the “receipt” of receipts substantial work has been undertaken to devise such a system, and emphasis will be placed on obtaining these receipts in the coming year.</p>

Chapter 5 – Training, Research & Evaluation

The Implementation of the Children First: National Guidelines for the Protection and Welfare of Children (1999).

VOLUNTARY & COMMUNITY ORGANISATIONS

In late July and November 2000, this office wrote to various administrators in the Health Board to ascertain which organisations were in receipt of section 65 grants under the Health Act (1953). This office has set as its priority the distribution of documentation to these organisations in 2001.

The Information and Advice Officer will have a goal of the development of a comprehensive list of voluntary/community organisations with a view to the distribution of the Children First documentation. This will also include giving briefing sessions which will assist these organisations to formulate appropriate service agreements which will take into consideration child protection and welfare issues.

BRIEFING SESSIONS

The Implementation Officer has spent a significant amount of time preparing and devising briefing sessions for Children First. These are aimed at the multi-disciplinary team, and covers areas such as:

- The background to Children First.
- Legal developments.
- The recognition and definition of abuse.
- The standard reporting procedure.
- The Child Protection Notification System.

At the end of December 2000 there were 9 Briefing sessions with 165 people attending. The first of these were aimed at the Heads of Discipline and Managers.

An “Issues Log” which completes the session, enables participants to identify difficulties, their needs, training requirements and general comments regarding the implementation process. The proposal is that this will be forwarded to the Director of Child Care Services and the Child Care Managers for consideration.

TRAINING ON THE CHILD PROTECTION NOTIFICATION SYSTEM

The Implementation Officer in conjunction with the Information and Advice Officer facilitated one-day training on the Child Protection Notification System (CPNS) with a view to its implementation in the new year. However, this system represents a new method of dealing with referrals and notifications and will require further training in 2001 with the Multi-disciplinary team.

Chapter 5 – Training, Research & Evaluation

The Implementation of the Children First: National Guidelines for the Protection and Welfare of Children (1999).

SERVICE DEVELOPMENT

Child Protection Committees are in the process of being established and it is hoped these will operate in 2001.

2 people were recruited to two temporary Training posts. These posts were aimed at Garda/Health Board training with regard to the guidelines.

RESEARCH & EVALUATION

The effectiveness of these guidelines will have to be researched and evaluated after a period of implementation. The Health Board will have to examine the effectiveness of these guidelines and their regional adaptation after a period of time. One method of doing this is through the National Review of the Implementation of the Guidelines.

Areas that present difficulties for professionals is the “mandatory” reporting of underage pregnancies specifically where abuse is not suspected.

The Child Protection Notification System and the term “significant harm” is an area where there is an apparent lack of clarity within the document. Additional explanatory booklets may be required on these topics.

These areas will require attention in relation to research and evaluation.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

The Children First guidelines and implementation are aimed at Multi-disciplinary team involvement. The Implementation Officer has also linked in with the Health Education Officer for secondary schools in giving briefing sessions for teaching staff in 3 secondary schools.

Chapter 5 Training, Research and Evaluation

The Implementation of the Children First: National Guidelines for the Protection and Welfare of Children (1999).

AREAS FOR DEVELOPMENT

A forum for Managers of child care services needs to be established in relation to Children First to consider policy, practice and implementation of the guidelines.

The appointment of a Training Officer is necessary to implement a training package consistent with Children First.

The issuing of Children First documentation to new employees by the personnel department needs to be developed.

The Board will develop a graded training programme for staff appropriate to their needs. Specific training needs include:

- Child Protection Conferences
- Child Protection Notification System
- Child Protection Notification Management Meetings
- Health Board/ Garda Training.

Chapter 6

**The Child Care Advisory Committee/
Regional Child Care Protection Committee**

Chapter 6 – The Child Care Advisory Committee/ Regional Child Care Protection Committee

Contents

	<u>PAGE</u>
The Child Care Advisory Committee	132

Chapter 6 - The Child Care Advisory Committee/Regional Child Care Protection Committee

The Board's Child Care Advisory Committee was established under Section 7 of the Child Care Act (1991) and completed the second year of its three year term meeting five times in 2000.

Membership of the Committee is as follows:-

Appointed by the Midland Health Board:

Ms. K. Samuels, Chairperson.
Mr. E. McMonagle, Vice-Chairperson.
Dr. K. Browne.

Officers of the Midland Health Board appointed by the Chief Executive Officer:

Dr. Pat Doorley, Director of Public Health & Planning.
Ms. E. Dowling, Director of Public Health Nursing.
Mr. A. Waterstone, Director of Child Care Services.

Representatives of Voluntary Bodies involved in the provision of Adoption & Foster Care Services:

Ms. S. Keogh, Development Officer, Children First Resource.
Ms. J. McLoughlin, Irish Foster Carers Association.

Residential Care Services:

Ms. I Finnerty, Manager, Residential Child Care Services.

Educational Services:

Mr. Donough O'Brien.

Services for Homeless Children:

Ms. Margaret Groarke, Senior Social Worker – “Streetwise”, Athlone. (Up to 30/10/00, Vacant from 30/10/00).

Child & Adolescent Psychiatric Services:

Dr. A. D'Alton, Consultant Child & Adolescent Psychiatrist.
Ms. A. Kelly, Child Care Manager.

Chapter 6 - The Child Care Advisory Committee/Regional Child Care Protection Committee

Support Services for Children and their Families:

Mr. Alex Carroll, Senior Clinical Psychologist.
Mr. Liam O'Callaghan, General Manager, Laois/Offaly Community Services.

Services for Pre-School Children:

Ms. Fiona Lane, Regional Manager, Barnardos, 6 St. Brendan's Road , Woodquay, Galway.

Probation and Welfare Services – Department of Justice, Equality & Law Reform.

Mr. David Murray, Snr. Probation & Welfare Officer, 36, Connaught Street, Athlone.

Members of An Garda Siochana:

Inspector Tom Mooney, Garda Station, Portlaoise.

Management Representative:

Mr. Derry O'Dwyer, Deputy Chief Executive Officer.

Secretary to the Committee:

Mr. Pat O'Dowd, A/General Manager, Longford/Westmeath Community Services (Up to 11/09/00).

Ms. Susan Temple Section Officer, Office of the Deputy Chief Executive Officer from 11/09/00.

The Committee met five times during the year as follows:

- 1) 15th February, 2000
- 2) 15th May, 2000
- 3) 11th September, 2000
- 4) 30th October, 2000
- 5) 19th December, 2000

Chapter 6 - The Child Care Advisory Committee/Regional Child Care Protection Committee

The Committee made a detailed examination of, inter alia, the following:-

- Annual Review of Child Care Services.
- Report of the Implementation Group on Inter-Country Adoption Services.
- An implementation update of the Children First: National Guidelines for the Protection and Welfare of Children (1999).
- Children's Bill (1999).
- The Child Care Strategy.

Regional Child Care Protection Committee:

During 2000, the Committee continued to carry out its role as Regional Child Care Protection Committee and this is reflected in the agenda items considered by the Committee during 2000.

Chapter 7

Conclusions

Chapter 7 Conclusions

This report reviews the child care and family support services provided by a wide variety of statutory, voluntary and community agencies designed to promote the welfare of children in the region. Chapter two describes the different approaches adopted by services ranging from youth projects, education programmes, parenting support, provision of and monitoring of pre-schools to family work, group work and individual therapy. These services all aim to improve the welfare of children and their families while also developing a sense of community to combat social isolation.

The services that are directly responsible for the protection of children at risk and child treatment services are outlined in chapter three. Ferguson and O'Reilly (2001) found that in addition to the child protection duties of the Community Care Social Work Teams there were links being made between child protection and family support. The family support services in the areas include Family Support Workers and Community Child Care Workers, secondly, family support services in the community provided by voluntary and statutory organisations through community care referrals and finally, family support services like those outlined in chapter two.

Chapter four provides a description of the nature of child protection referrals made to the child protection services in the year 2000 and the outcome of these referrals. A description is provided of the alternative services provided for children and young people who cannot remain at home in this section. A profile of the children who are in the care of the Health Board is provided along with information on new admissions to the care system in 2000.

Training developments and activities regarding the implementation of the Children First: National Guidelines for the Protection and Welfare of Children (1999) are described in chapter five.

Finally, the Child Care Advisory Committee is described in the last chapter.

The child care services in the Midland Health Board aim to promote the welfare of children and families in the area while ensuring the welfare of children is safeguarded and protected. This aim fits within the three goals identified by the National Children's Strategy (2000) in terms of promoting children's rights on a national basis. These goals are:

- That children will have a voice in matters that affect them in keeping with their age and maturity.
- That children's lives will be better understood and they should benefit from research and information on their needs and rights as well as research on the effectiveness of services.
- Children will receive quality supports and services to promote all aspects of their development

When these goals are related to the child care services described in this report, the strategy points out that focusing on the needs of children and providing accessible services in appropriate settings for them should be the main focus of service provision.

The Midland Health Board acknowledge the significant progress which has been and continues to be made in the development of Child Care and Family Support services. However, progress is being impaired by some factors which are outside the control of the Board. One example is the current tight labour market which is affecting the recruitment of Social work and Child Care Staff. The current expansion of services was not anticipated by a natural manpower planning process which would have ensured the timely expansion of educational and training graduate numbers. It is anticipated that the planned expansion of Social Work educational capacity in the university will ease the situation in 2004.

Midland Health Board Review of Child Care & Family Support Services 2000

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