

**Minutes of Monthly Board Meeting held in St. Colmans Hospital,
Rathdrum, Co. Wicklow
Thursday 13th May 2004 at 6.00p.m.**

In the Chair

Cllr. Tony Fox

Present

Dr. Mick Molloy	Ald. Joe Doyle
Cllr. Dr. Bill O'Connell	Cllr. Pat Doran
Cllr. Louise Cosgrave	Cllr. Andrew Doyle
Cllr. Laurence Butler	Dr. Bernard Murphy
Cllr. Pat Hand	

Apologies

Dr. Ray Hawkins
Dr. John Fennell
Cllr. Jane Dillon Byrne
Ms. Maria Hoban
Mr. John Dolan
Mr. Michael Murphy
Mr. Gerry McGuire
Ms. Noeleen Harvey

Officers in attendance

Mr. Martin Gallagher, Chief Executive Officer
Dr. Brian Redahan, Deputy Chief Executive.
Mr. Bob Templeton, Assistant Chief Executive Officer, Child,
Youth and Family Services
Mr. Gavin Maguire, Assistant Chief Executive, Acute Hospitals,
Emergency Planning and Ambulance Service
Mr. Brendan Baker, Assistant Chief Executive, Human
Resources and Organisational Development
Ms. Valerie Plant, Asst. Chief Executive, Finance and Strategy.
Mr. John Davis, Board Secretary.
Mr. Alex Connolly, Director of Communications
Ms. Marian Quinn, Director, Child Youth and Family Services
Ms. Margaret Kyne Doyle, Child Health Development Officer
Ms. Claire O'Kelly, Senior Manager, Child, Youth and Family
Services

Opening Prayer

34/2004

Chairman's Business

The Chairman joined with members in extending a vote of sympathy with the relatives of the list of deceased as circulated.

As a mark of respect a minute's silence was observed.

The Chairman proceeded to advise members of the following newsworthy events:

- New G.P. Out of Hours Services for Arklow and South Wicklow
- Health Services to Homeless in Dun Laoghaire

Report was noted.

35/2004

Minutes

(a) Confirmation of Minutes

Minutes of Monthly Board meeting held on 8th April 2004 having been circulated were adopted on proposal of Cllr. Dr. Bill O'Connell and seconded by Cllr. Pat Hand.

(b) Matters Arising

No matters arising.

36/2004

Questions to Chief Executive Officer

Question 1.

Cllr Jane Dillon Byrne tabled the following question

“What steps does this Board take in the matter of support, assistance, directive advice to unaccompanied minors placed in the care of this Board, particularly in the matter of those young people placed in Dun Laoghaire and Killiney?”

Health Board Responsibilities for the care of separated children seeking asylum

Separated children seeking asylum are firstly children, requiring Health Board services.

Services are provided under the provisions of the Child Care Act 1991

The welfare of the child is the paramount consideration.

Population of separated children seeking asylum in care of ECAHB 31st March 04
=364

Accommodated in Hostels

Young people under 16 years	19
Young people 16 to 18yrs	301
Babies with their mothers	37

In Residential care:

- 6 in Clann Housing Registered Children's Home
- 4 Main stream Residential

In Foster Care

- 3 Foster Care
- 3 Supported Lodgings
- 1 Carers family

Referral procedure

Referrals of separated children seeking asylum are made by Immigration Officials at borders, airports or other ports of entry or by the Office of the Refugee Applications Commissioner (ORAC), Lower Mount Street, in Dublin. Those who are identified as separated children seeking asylum at Shannon or Cork Airports are referred to the Mid-Western and Southern Health Boards respectively, and arrivals at Dublin Airport are referred to the East Coast Area Health Board who provide a service on behalf of the three Area Boards within the Eastern Region. Those arriving at night or weekends at Dublin Airport are referred to the Crisis Intervention Service and referred on to us the following morning. However, over 95% of referrals come from the ORAC office.

Most of these young people arrive alone in our office, while adults usually arrive with very young children who have come hoping to be reunited with family members.

Some of the more recent referrals we have received from the Garda National Immigration Bureau at Dublin Airport have been babies and toddlers who have arrived accompanied by adults but where there is a serious doubt about the identity of the child or adult, and where there is distinct uncertainty about the relationship between the parties.

Numbers of Referrals

In the Eastern Region, the pattern has been as follows:

1998/99	97
2000	517
2001	1085
2002	868
2003	789

Children have come from over 60 different countries, they have ranged in age from under 1 year to 17 years, with slightly more girls than boys arriving at this stage. Initially, very few were joining family members but in the last two years up to 50%

have been reunited here. However, there are an increasing number of younger children remaining in care.

Current Service Provision

Each child is met on the day of referral by a social worker who asks them (briefly) about their family and their personal history, their reasons for coming to Ireland and how they have travelled here. In line with good child care practice, the first option to be considered is placement with parents or relatives if possible. If there are no suitable family members immediately available, an assessment is made of their immediate needs, including food, accommodation, medical attention and emotional support. Emergency accommodation is arranged, the type (ideally) depending on the age and vulnerability of the child. Options include:

- Placement in an alternative care family (foster care, supported lodgings)
- Residential placement in unit for Asylum-seeking children
- Residential placement along with Irish children in care
- Hostel accommodation

Each child and young person is received into the Voluntary care of the Board in the Eastern Region, and in line with ECAHB policy in relation to Children in Care policy, a photo is taken of each child and placed on their file. In other Health Board areas, services may be provided under Section 5 of the Child Care Act, 1991.

A social worker is assigned to each child placed with an alternative care family or in a children's residential home. Youngsters placed in hostel accommodation are linked with a project worker assigned to their hostel. The more vulnerable of these may also be assigned a social worker.

Currently there are 11 hostels in operation, with the hope that a further 3 or 4 full board hotels coming on stream in the coming month.

Of the 11 hostels currently in operation 3 are full board, while the remaining are self catering. The expectation is that all the new hostels will be full board.

All hostel providers have entered into a Service Level Agreement with the Health Board. The recommendation is that all young people should be accommodated in hostels with fully trained care staff. This is dependent on funding being available. All 16 and 17 year olds are offered a Medical examination and for those under 16 years it is compulsory. This service is provided by an Area Medical Officer and a Public Health Nurse on a part-time basis and includes the following:

- Full medical examination, including vision testing and audiometry (where indicated) to fulfill requirements of the Child Care Act, 1991, on being received into care.
- Public Health Screening
- This involves Taking blood samples for
Hepatitis B
Hepatitis C
H.I.V.

Rubella Females only
Varicella Zoster Females only

Tuberculosis – referred for chest x-ray
Mantoux test/referral to T.B. clinic if indicated
Faecal samples sent for polio testing - Under 15 years only.

Those of 16 years and over can give their own consent to medical examination and/or treatment. For those under 16 years, application is made to the District Court for dispensing with parental consent to assessment/treatment.

Follow-up care may include some or all of the following:

- Referral to medical services for immediate treatment needs, - G.P or Accident and Emergency Department.
- Ongoing one-to-one social work services
- Psychology services when appropriate
- Ongoing social and emotional support
- Financial Support (Supplementary Welfare Services) if living in hostel accommodation
- Links with English language classes and schools, sport and social networks
- Links with appropriate voluntary organisations
- Support in linking with Gardai and Immigration Authorities for those who have been trafficked for sexual exploitation or other criminal purposes or for those who have been abused
- Advice and assistance with tracing family members
- Voluntary Return home

Each interview with the child is assisted by the provision of interpreter services when required.

All children and young people are given information about the Asylum Process and assisted with their application and subsequent interviews.

Family Reunifications

Reuniting children with parents or relatives in this country or elsewhere is a complex task. To date, children are placed here with relatives following a brief assessment, generally undertaken on the day the child or young person presents. This assessment involves:

- Separate interviews with the child and adult/s
- Review of documentation, both previous and present, linking with ORAC, GNIB, Immigration Section, etc.
- Contact with current service providers - Public Health Nurse, Community Welfare Officer, local Social Work Department.
- Matching Photographs

The interviews focus on gathering information about

- the Child, including the name, age, address and country of origin,

- Family structure and names of family members,
- Education history including class and name of school attended and uniform,
- History of separation from parents, last contact with them, etc.
- Details of caregivers, address, etc. prior to arriving in Ireland
- Knowledge of potential caregivers in Ireland, history of relationship, contact, etc.
- Expectations / Wishes of child

When the information from all parties matches, (or where they are minor, understandable discrepancies) a reunification is agreed and the following are notified:

- The Office of the Refugee Applications Commissioner
- Reception and Integration Agency – if the family are in Direct Provision accommodation
- The Community Welfare Officer, Public Health Nurse and Social Work Office in the area in which the family are living

Where there are considerable discrepancies in the information provided, or serious concerns about the credibility of the story presented, the child may be received into care (voluntarily or on Court Order) pending DNA testing and further investigation.

Health Issues

Research has been carried out in relation to the Health and Social needs of this client group. This research has been funded by the Crisis Pregnancy agency and the final report is awaited

Age Assessment

A system of age assessment was introduced in 2001 and, while it was not perfect, in our experience, it was successful in acting as a deterrent to adults tempted to present as minors. In addition to reducing the risks involved in having single adults in accommodation alongside unaccompanied minors, it also helped in creating a more sympathetic attitude to the minors. Unfortunately, this system has been suspended and difficulties are arising again with ‘older’ people presenting as minors.

Personal Histories

Whether they are arriving to seek asylum on their own or are hoping to join family members here, difficulties exist for children and young people in giving a detailed picture of their history, for two reasons:

- They do not trust state services because of personal experiences or those of their families/friends in their country of origin.
- They probably have travelled to Ireland illegally, on false papers, in order to get through Immigration (assumed a false identity) and have been accompanied by somebody who has probably been paid to ensure their safe arrival and are therefore liable to criminal prosecution here.
- The possible consequences of telling the truth at this stage are 1) getting someone into trouble who has smuggled them for genuine humanitarian reasons (because they are in need of protection), 2) exposing someone who has trafficked them for financial or sexual exploitation and leaving either

themselves, or their family members at home, at risk of retaliation. In either situation, they have been told a story to tell and must stick to it, no matter how inconsistent or frail the story seems to be. Some children also, simply, do not know why they have been sent here, and do not know what country they have arrived in. Thus we have children as young as 10 years of age who are either not willing or able to describe who they really are, who has arranged for them to come to Ireland or why and give little or no information about their family of origin. The reality is that for a lot of the young people, money has been paid to get them here and that has to be paid back in some form or another at some stage. We are gathering information about trafficking in other countries and we have no reason to believe that the same patterns which exist in the rest of Europe are not happening here. The International Organisation for Migration has received funding for research, which includes Britain, Portugal and Ireland, the results of which are due to be published shortly.

- An important part of our job is to help build up a relationship of trust with these children and young people so that they can begin to drop their assumed false identity and live an age appropriate life in as safe an environment as possible, and to try and help them plan for their future.

Cultural Differences

The range of countries and cultures represented in the children and young people who have arrived to date has presented a major challenge to our services in attempting to develop appropriate services, sensitive to their needs. Family relationships, child-rearing practices, religious beliefs, social taboos, are all issues about which we must assume to know very little and be prepared to learn on a daily basis. The need to use interpreters for even the most basic communication means that every intervention is extremely time-consuming, requiring great patience on the part of both clients and service providers. It has been particularly helpful for us to have on our team people from 12 different countries (from 4 Continents) with a mix of language skills and from a range of educational and work experience backgrounds.

Family Tracing

This service is in its 'infancy' here with a very small number of young people availing of the Voluntary Return Home project supported by the Department of Justice Equality and Law Reform and coordinated by the Dublin office of the International Organisation for Migration.

Inter-agency Networking

There is a realisation that a very steep learning curve exists for all agencies in working with this client group. There is a need to network with a much wider range of agencies and organisations than in traditional child care service provision in the interests of working towards a co-ordinated, holistic service package of a high quality for these vulnerable young people. It has been helpful to meet regularly with representatives of the Office of the Refugee Applications Commissioner, Immigration Officials and the Garda National Immigration Bureau, the Refugee Appeals Tribunal, the Refugee Legal Service, the Reception and Integration Agency, UNHCR as well as linking with a range of non-governmental agencies involved in supporting refugees and asylum-seekers.

Appropriate Care Placements

It has become clear that the traditional, mono-cultural system of placement provision for children in Ireland does not work well for these youngsters. Firstly, the already struggling child care system cannot cope with the numbers of placements required. Secondly, the histories of separation and personal trauma, along with the cultural differences, are not issues that foster families or care staff are generally equipped to respond to. However, it must be stressed that there are a number of people in the care system showing a huge commitment to these children and doing a good job in very difficult circumstances. The opening, in partnership with Clann Housing in Dublin, of a small unit specifically for young unaccompanied minors has been a very welcome development but it is only a beginning. Recruitment of families from the ethnic communities of the children requiring placement is an objective which must be actively pursued, and a start has been made in the Mid-Western Health Board. The provision of hostel accommodation, which has been designed for adults, may be appropriate for older teenagers who have a history of cultural expectation of semi-independent living. It also facilitates communication and contact between people from the same countries/cultures and each young person can prepare their own food. However, accommodating children younger than 16 years in such an environment is not an adequate substitute for appropriate care. Girls of 15 and 16 years of age arriving with young babies or in very late stages of pregnancy also need a particularly supportive care environment. Such young women and their babies have been accommodated in dedicated hotels, and links established with Public Health Nurse.

ASYLUM PROCESS

The role of Health Board personnel in relation to the asylum process is, firstly, to decide if it is in the interests of the child or young person to apply for asylum, and in most cases an application is made. An appointment is made with the Office of the Refugee Applications Commissioner in Lower Mount Street and the young person is accompanied by a Health Board representative.

Following this, they are registered with the Refugee Legal Service. Because of their youth and vulnerability, it is our view that unaccompanied minors need legal information and advice at each stage of the asylum process and this requirement begins with the filling out of their Questionnaire. The new Questionnaire is particularly difficult for young people to understand and fill out appropriately.

Subsequently, the young person is accompanied by a Health Board representative and a Refugee Legal Service representative at their Section 11 interview, and also at the Appeal Hearing for those who go to the Appeal stage. The role of the Health Board representative is to, initially, ensure that the young person understands the significance of the procedures and that they are emotionally prepared for telling their history in this formal setting, and then to provide emotional support to them during and after the interview/hearing. This role can include requesting a postponement of a scheduled interview if a young person is ill or emotionally too distressed and vulnerable to be able to adequately participate in the interview. It also may involve requesting breaks during the interview or requesting an adjournment and rescheduling. Following the Section 11 interview, the

representative may make a written submission on relevant details of the young person's history, which may not have been included in the interview.

ISSUES

While attendance by a legal representative at the Section 11 interview is not seen by ORAC as an entitlement, it is our view that it is necessary in order to ensure that the rights of a child in care are protected and also to acknowledge that the position of an unaccompanied minor is different from that of an adult in the asylum process.

For some young people, the asylum system is particularly problematic. As described above, some simply are not free to describe their history or do not understand why they have been sent here. Others can give quite vivid descriptions of very difficult life experiences, e.g. fighting happening in their village/district and witnessing people being badly injured or killed (sometimes family members or friends) but they do not have the capacity to understand the social or political context in which these events have taken place, or do not have the capacity to explain it in terms required to make them eligible for Refugee status. For some, their traumatic experiences have had such an impact on them that they cannot fully recall accurate details or are unable to describe the events. Added to this is the complexity of communication through interpreters - many of whom may be excellent linguists but have not received professional training as interpreters, and issues of bias and confidentiality can arise.

The outcome of all of this is that we have children in our care who, are undoubtedly, in need of care and protection, but who do not qualify for Refugee status. They may have experienced horrific abuse but not in the context of them belonging to a particular social, religious, ethnic or political group. They have no adult family caregiver in this country and nobody identified in their country of origin to take on this role. There is a need for a form of Complimentary Protection to be introduced in order to provide for these children some form of legal status here at least until they are self-sufficient adults.

Dun Laoghaire/Killiney:

The Board has a service level agreement with one hostel in Dun Laoghaire. There are currently 65 children accommodated at this location.

There are two project workers attached to this hostel for minors, and one of these workers also has responsibility for another hostel with mothers and babies. All children avail of the services outlined previously in this.

The Board does not have any hostel in the Killiney. However, the Reception & Integration Agency operates a facility for adult asylum seekers in the area. Many of the Board's clients have been transferred to this facility after reaching the age of eighteen. Current financial resources do not allow the Board to provide an after care service to clients who have transferred to the Killiney facility.

The Social Welfare (Miscellaneous Provisions) Act 2003, commenced on 27th May 2003, restricts the awarding of a rent to asylum seekers. Guidance issued to Health

Boards by the DSFA/SWA Circular No 02/03- stipulates that where an unaccompanied SCSEA reaches 18 years of age, and is discharged from the care of the Health Board they should be offered a placement in adult Direct Provision. In line with this framework, the ECAHB moves separated children seeking asylum into Department of Justice Direct Provision facilities on reaching 18 years of age, unless there are exceptional circumstances. Considerable negotiations have taken place with the Reception and Integration Agency in order to ensure that this move is managed in a way which is least disruptive to the young people. Therefore, the following agreements have been reached with RIA:

- 'Aged out' minors will continue to remain in Dublin for the foreseeable future, having been relocated into Direct Provision;
- Four facilities have been identified by RIA specifically for this client group;
- The move into DP is timed so that it will not coincide with any State examinations;
- Young people are relocated to a facility which is as geographically close to their original location as possible, in order to facilitate ongoing educational participation and links with established supports.

In addition, work has begun between RIA and the ECAHB to identify the support needs for these young people as they make the transition between the care of the Health Board into Justice provision, and it is anticipated that closer links will be developed with the voluntary sector in order to ensure they have access to such supports as they make this move.

Question 2.

Cllr Jane Dillon Byrne tabled the following question:

“To ask the CEO the following regarding cleaning services being provided at St. Columcilles’ Hospital, Loughlinstown:

Who has the contract for providing cleaning services?

The annual cost of such services?

Is the manager of the hospital satisfied with the quality of service being provided?

Is the manager satisfied with the annual cost of these services?

How often does the contract go to public tender? If so, when?

Answer

There is no contract cleaning service at St Columcille’s Hospital. Cleaning is carried out by the Hospitals own Household Services Staff.

37/2004

Chief Executive Officers Report

The Chief Executive Officer’s Report (copy appended to the Official Minute) was circulated. The Report dealt with the following issues:

- European Health Insurance Card
- Addiction Service in the Bray Area
- New Psychiatric Unit in St. Vincent's University Hospital
- Health (Amendment) Bill 2004
- Disability Services 2000 – 2003
- Employment Policies and Procedures
- Smoking Ban
- Best Health for Children Annual Report 2003
- May Day
- Update in respect of Initiatives in Travellers Health – May 2004
- Developments to date in the East Coast Area Health Board

There followed a debate on the Chief Executive Officers Report to which the following members contributed, Dr. Bernard Murphy, Dr. Mick Molloy, Cllr. Andrew Doyle, Cllr. Dr. Bill O'Connell, Cllr. Laurence Butler and Cllr. Tony Fox and to which the Chief Executive Officer responded.

The following key points were noted:

- Members welcomed the establishment of the new G.P. Out of Hours Service for Arklow and South Wicklow and complimented all concerned in providing this significant improvement to local services in South Wicklow.
- Members acknowledged the contribution made by Mr. Joe Lewis, Project Manager, and a member of our Board's staff in relation to the European Health Insurance Card. This Card Project was developed by our Board on behalf of all the Health Boards.
- Members noted second annual report Best Health for Children 2003 (circulated) and thanked Child Health Development Officer, Ms. Margaret Kyne Doyle who prepared and presented report.
- Employment Policies and Procedures document as circulated will be updated and amendments made as Policies and Procedures change.

The report was noted and agreed.

38/2004

Report of Standing Committees

On the proposal of Cllr. Tony Fox and seconded by Cllr. Pat Doran the progress reports from the following Committees were adopted.

- | | |
|---|-----------------------------|
| • Child Care Advisory Committee | 1 st April 2004 |
| • Development Review Committee | |
| St. Columcilles Hospital | 6 th April 2004 |
| • Continuing Care Committee | 27 th April 2004 |
| • Acute Services and Primary Care Committee | 29 th April 2004 |
| • Child Care Advisory Committee | 6 th May 2004 |

39/2004

Review of Adequacy Child Youth and Family Services – Report 2003.

There followed a presentation by Ms. Marian Quinn, Director of Child Youth and Family Services on the Review of Adequacy Child Youth and Family Services Report 2003. The provisions of the Child Care Act 1991, section 8 require a Health Board to have a report prepared annually on the Adequacy of Child Care and Family Support Services in its area.

The report dealt with the following key issues.

- Legislative background
- Mission statement
- Demographics
- Child Care Strategy – Key issues 2003
- Separated children seeking asylum
- Family welfare conference
- Residential care provision
- Public health nursing
- Pre school inspection service
- Social work service
- Children first
- Family support services

There followed a debate on the Report to which the following Members contributed, Dr. Bernard Murphy, Cllr. Andrew Doyle, Cllr. Tony Fox, Ald. Joe Doyle, Cllr. Dr. Bill O'Connell, and to which the Chief Executive officer responded. The following key points were noted.

The needs of Primary Dental Care Services were highlighted. The Chief Executive Officer agreed to review staffing levels with a view to rectifying the deficit

The Chairman joined with Members in thanking the Child, Youth and Family Services Team for their report.

The report was subsequently adopted by the Board on the proposal of Cllr. Andrew Doyle and seconded by Ald. Joe Doyle.

40/2004

Notice of Motions

No motions tabled

41/2004

Correspondence

Circulated

- Health (Amendment) Bill 2004
- European Health Insurance Card leaflet

In conclusion the Chairman and Members thanked the Director of Nursing and catering staff of the Hospital for facilitating Board Members.

Meeting concluded at 8.00p.m.

MARTIN GALLAGHER
CHIEF EXECUTIVE OFFICER

DATE

Cllr. TONY FOX
CHAIRMAN

DATE