



Midland Health Board

1999 REVIEW OF CHILD CARE & FAMILY SUPPORT SERVICES

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

The Midland Health Board is one of the ten Health Boards in Ireland and consists of the counties Longford, Westmeath, Laois and Offaly.

The Midland Health Board comprises four Community 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 at April 1999 to be 209,500. This shows an increase of approximately 4,000 since 1996.

1999 Midland Health Board Population 0 – 19 Years (estimated at April 1999)

	0 – 4 years	5 – 9 years	10 – 14 years	15 – 19 years
Male	7,500	8,100	9,600	11,100
Female	7,300	7,900	9,100	10,700
Total	14,800	16,000	18,700	21,800

Source : Central Statistics Office

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.

Total Births (including outside marriage) registered in 1999 for the Midland Health Board area, classified by county of residence of mother

County of Residence of Mother	Total	Male	Female
Laois	750	366	384
Longford	413	216	197
Offaly	840	460	380
Westmeath	1079	563	516
Total	3082	1605	1477

Births outside marriage, registered in 1999 for the Midland Health Board area, classified by county of residence of mother.

County of Residence of Mother	Total	Male	Female
Laois	190	96	94
Longford	102	54	48
Offaly	237	134	103
Westmeath	310	171	139
Total	839	455	384

Total Births (including outside marriage) registered in 1999 for the Midland Health Board area, classified by age of mother at maternity (under 20) and County of residence of mother.

County of Residence of Mother	Total	Male	Female
Laois	42	18	24
Longford	25	15	10
Offaly	60	34	26
Westmeath	74	36	38
Total	201	103	98

Births outside marriage registered in 1999 for the Midland Health Board area, classified by age of mother at maternity (under 20) and County of residence.

County of Residence of Mother	Total	Male	Female
Laois	41	17	24
Longford	19	10	9
Offaly	58	34	24
Westmeath	70	35	35
Total	188	96	92

Source : Central Statistics Office

Foreword

The Midland Health Board provides a wide range of childcare and family support services as required by legislation and in response to the needs of children and families in the four counties. These services are planned and delivered within the context of the Board's Corporate Strategy which in turn is informed by the policy objectives of the Department of Health and Children.

This strategy is underpinned by the key principles of equity, quality of service and accountability. In pursuance of these principles the Midland Health Board has been involved in a number of initiatives in 1999.

Equity in service provision has been advanced through the development of existing services to disadvantaged and vulnerable families and the commissioning of 6 new services. The Board is committed to ensuring that all those who require services have equal access to them. This has particular implications for minority groups within the community, including the travelling community, refugees and asylum seekers.

The quality of services provided by the Board is constantly under review, in order to meet the highest possible standards. A number of initiatives were undertaken during 1999 in order to ensure that the best possible outcome is achieved in return for the resources committed, and that account is taken of the views of consumers.

In pursuance of enhanced levels of accountability the Board has been examining and developing its regulatory functions and standards in child care. The inspection of residential centres by the Social Services Inspectorate has begun in the Board's area and staff have positively engaged in the inspection process.

Childcare and family support services in Ireland have been experiencing major changes in recent years with the introduction of new legislation, the on-going development of a regulatory framework and the continuing commissioning of new services.

The Midland Health Board is committed to meeting the challenge of change by proactively anticipating the needs of the Midland region, in partnership with local communities, voluntary agencies and other statutory bodies. It is only through the development of locally based, easily accessible services, which are integrated and orientated to the needs of service users that our Board will achieve its strategic objective of optimum quality.

I would like to acknowledge the commitment, dedication and sheer hard work of the staff in the Board's Child Care and Family Support Services. Some of these services, particularly those in the residential area, have faced considerable challenges in meeting the needs which have presented to them.

Foreword

We enter the new Millennium in a period of sustained economic growth and prosperity. This brings with it a feeling of confidence. In relation to childcare issues I believe that, as a society we are also developing an openness and confidence. We are now addressing many issues, some of which are rooted in the grim legacy of past decades and others which are arising from the materialism and individualism which is a part of our economic success.

Our Board will confidently face these challenges and opportunities through the on-going development of strategically planned childcare and family support services.

The provision of services in Child Care and Family Support has been greatly facilitated by the work of the Child Care Advisory Committee. I would like to thank all the members of the Committee for their valuable input.

I would like to express my appreciation to the Board members for their continuing support and contributions in regard to Child Care issues in 1999.

Denis J. Doherty
Chief Executive Officer

Acknowledgements

This report is based on information which was contributed by staff within the Midland Health Board and by Personnel in agencies in the Community and Voluntary Sector. These contributions are very much appreciated.

Acknowledgement is also given to Ms. Siobhan Flanagan and Ms. Sandra Hogan of the Child Care Unit who collated and presented the information.

Aidan Waterstone
Director of Child Care Services



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Chapter 1

Introduction

Chapter 1 – Introduction

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.

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.

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

Important service developments in 1999 include

- Twice yearly management liaison meetings have been initiated with Garda Superintendents and senior representatives of child welfare and protection services.
- Twice yearly liaison meetings with representatives of the Irish Foster Care Association have been initiated and are attended by relevant Midland Health Board staff.
- Regular multi-disciplinary reviews of all notifications of allegations of child abuse & neglect have been initiated.
- Consultations with Paediatricians have been facilitated to explore opportunities for improved communication.
- Reviewed policy and procedures regarding funding support regarding play-school placements for children in need have been implemented.
- Review policy and procedure regarding funding arrangements to foster-carers has been partially implemented and will be extended upon in 2000.
- Structures for notifying the Gardai of closure of assessment of allegations of child abuse and neglect have been identified and are in the process of being implemented.
- Recording procedures continue to be standardised i.e. child abuse and neglect Register, alternative care Register, Initial Assessment / Investigation Record, Case Summary Record.
- Establishment of a consistent approach to maintaining a Register of children who are Out-of-Home.
- A Review of the supervision of family access has been conducted.
- A Review of assessment procedures of Foster Care has been initiated
- A Review of Multi-disciplinary Parenting Programme's has been conducted.
- A Review of Filing-System in the Social Work Department has been undertaken.
- The Midland Health Board has participated in National Consultation on Inter-Country Adoption.
- All notifications of child abuse and neglect have been addressed promptly.
- The waiting-list for inter-country Adoption has been considerably reduced.
- The Independent Carers Project has been implemented and carers recruited to the project have undertaken relevant training.
- A new Group-Work approach for the assessment of adoptive couples was devised in line with national guidelines and procedures.

Chapter 1 – Introduction

- With the availability of additional funding Special Programmes were designed and delivered to children and families over the summer months within the Social Work Department.
These programmes included facilitating Day-Trips for isolated and deprived children and their families, supporting children to attend summer camps and providing swimming programmes.
- A multi-disciplinary Parenting Programme was offered throughout the year.
- A Foster-care Support Worker has been appointed and the outcome of the introduction of this service is proving most positive.
- A training programme for Foster-Carers has been designed and is in the process of being implemented.
- A further new post not identified in the Operational Plan 1999 of 1 WTE Social Worker to work in the area of Intercountry Adoption assessments was created and filled during the year.

Chapter 2

Community Development & Family Welfare Services

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Overview

Integration of Services

Services in the Midland Health Board are planned and delivered from the perspective of services 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.

Services for children and families can have more than one function or purpose : a number of issues may require to be addressed in co-ordination including health, welfare, therapy care and protection. This section of the report deals with community development and welfare services.

Liaison and Support

The Midland Health Board in pursuance of its mission to enable families and communities to help themselves, liases 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. In support of this purpose the Midland Health Board will :-

- Place emphasis on the provision of the most appropriate care and in particular on primary health care ;
- Engage in consultation with interested parties to assess needs, set priorities and identify health gain and social gain targets ;
- Improve the quality of services and the manner in which they are delivered ;
- Encourage staff to work together to provide the best quality services in the most effective manner ;
- Develop a culture in which those providing services take explicit responsibilities and are accountable for the achievement of service targets.

Overview

The process of planning and delivery of services for children is informed by corporate strategy and by the body of relevant academic research. In this context the Midland Health Board believes that services will be most effective when :-

- The importance of prevention is recognised and promoted.
- Service intervention occurs at the earliest possible stage.
- Families and communities are enabled and supported in helping themselves.
- The relationship between statutory agencies and voluntary or community organisations is based on a partnership model.
- Services are accessible to families and communities, both geographically and cognitively.

The Pre School Inspection and Information System

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 are secured in line with the statutory Pre School regulations. In so doing, inspections help promote and raise standards in the quality of service provision.
COMMUNITY CARE AREAS	The regional office for Pre-School Services Officer is the Child Care Unit, General Hospital, Tullamore. The service covers the Midland Health Board area.
STAFFING LEVELS	Two inspection teams comprising of a Public Health Nurse and an Environmental Health Officer to cover both Community Care areas in the Board were appointed in February, 1999. The Pre School Services Officer also acted as the E.H.O on one inspection team.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999
PROVISION OF INFORMATION	<ul style="list-style-type: none">The starting point for the inspection was an assessment of the basic information furnished by the provider on the Notification Form. The provider was then contacted to arrange a time for the "First Inspection." Prior to inspection, the provider had the opportunity to avail of advice and if necessary, an advisory visit from the unit. Follow-up inspections were not pre-arranged. <p>At the end of inspections, the team met with the provider or person in charge to give a verbal account of the main findings of the inspection, highlighting the strengths of the service and any issues that needed to be addressed.</p> <p>The inspection team then prepared the written report, which was sent to the provider.</p>

The Pre School Inspection and Information System

NOTIFICATION & INSPECTIONS

- The breakdown of inspections for 1999 is as follows :

<u>Type of Service</u>	<u>Number of Inspections</u>
Sessional	79
Full Day Care	9
Combined	15
Drop-in-Centres	3
Childminders	3

The number of children cared for in these services was 1,938

The most common deficiencies in the Pre School Services as identified by the Inspection Teams were as follows :-

- The adult / child ratio and space requirements.
- The non-availability of a second person in premises.
- The absence of a structured programme of care for the children.
- Insufficient and inappropriate play and rest facilities and equipment.
- Weak record keeping practices.
- Deficient safety and security measures.

The most common problems identified by providers were :-

- Difficulty in complying with legal requirements in relation to space allocation and adult : child ratios.
- Difficulty in accessing and maintaining trained staff in services.
- Lack of funding to upgrade services.
- Anxiety in accepting regulatory controls and inspection procedures.
- Low level profit margins of providers without the benefits of paid holiday, sick leave, maternity or pension cover.

SERVICE DEVELOPMENT

- In order to improve the quality of services to Pre School children, service providers were given information and guidelines on issues such as Meningitis, Cot Deaths, Healthy Eating for Children, Fire Safety, Toy Safety, Headlice, Food Safety and Passive Smoking.

Policies on a range of topics were devised and made available to Service Providers. These included Planning Guidelines for Pre School Services, Design consideration for a Crèche, Food

The Pre School Inspection and Information System

Hygiene, Child Protection, Guidelines on television and video use, guidelines on behaviour / discipline in the Pre School, Care Programme, Polio vaccination advice and guidelines for staff in pre school settings.

In conjunction with the area Partnerships in the Midland Health Board region, and in order to help service providers and their staff to develop their knowledge and skills in Child care as well as helping them to respond to all the changing environment in the Pre School Sector, training in the following areas was developed and commenced :-

- The Pre School Regulations
- Child Protection
- Child Development
- Early Childhood diseases
- Food hygiene in full day care services
- Speech and language development
- Encouraging positive behaviour in pre school children
- Nutrition for under fives.

STAFF TRAINING DEVELOPMENT

The Pre School inspection teams availed of training in the following areas ; Child Protection, Fire Safety, IT Training, Presentation skills, and attended the first National Conference of Pre School Officers in September 1999.

MULTI DISCIPLINARY & INTER-AGENCY INVOLVEMENT

A pre school Steering Committee to act as a forum to discuss issues arising from inspections and to help make policy decisions was established. The committee is chaired by a Child Care Manager and also has representation from the following disciplines, Senior E.H.O., Senior P.H.N., Senior S.W., and the Pre School Services Officer.

The Pre School Inspection and Information System

Links with the following agencies were also fostered

- Pre School agencies in relation to supports to Service Providers
- Area based partnerships in relation to funding for service providers and training.
- Leader group in relation to funding for Pre School service providers.
- F.A.S. in relation to training for Service Providers
- Planning Authorities in relation to planning issues and devising guidelines for Service Providers.
- Fire Authorities in relation to fire safety issues and devising guidelines.
- Health Board staff in relation to the delivery of training.

The Pre School Services Officer represented the Midland Health Board on the Department of Health Monitoring Group for Implementation of Part VII of the Child Care Act, 1991.

EVALUATION

- The structures, systems and procedures established by the Pre School Services Unit will proceed to develop and evolve in line with the Health Board's statutory obligations towards Pre School children.

Evaluation of the service is therefore required on an on-going basis to ensure all efforts are made for an efficient and effective service delivery. In light of an anticipated increase in the pre school sector, feedback from all stakeholders will remain instrumental in ensuring that the service will be responsive to the changing needs of all concerned.

Edenderry Family Centre, Edenderry

Edenderry Family Centre has begun its sixth year of operation as a community based 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 has been 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 **EDENDERRY FAMILY CENTRE, EDENDERRY**

AIM OF SERVICE In the context of the Community the Edenderry Family Centre aims to empower children and families most at risk in achieving a positive experience of childhood through quality childcare.

COMMUNITY CARE AREAS Edenderry, Co. Offaly.

STAFFING LEVEL The team consists of a full time co-ordinator, a full time childcare worker and a part-time childcare worker’s post. The Family Centre also acts as a sponsor for a F.a.s. C.E. Scheme which provides work experience and training for five participants.

TYPE OF ACTIVITY **KEY ACTIVITIES IN 1999**

- 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.
- The Family Centre provides a non-stigmatising service. There is recognition by the community that priority is given to children and families identified as most vulnerable and at risk. Services that cater for the general parenting and childcare needs of our community are also provided.
- The Centre provides a safe and secure environment in which to enhance the personal and social development of each individual availing of the service. Space and time for children and families to identify needs and empower and enable them to meet these needs is provided.

Edenderry Family Centre, Edenderry

The Centre works with 12 referred families from the Midland Health Board.

An agreement is drawn up with each referred family, which outlines clear objectives and goals for the family and a series of meetings are held to plan review and evaluate progress.

The Centre family work interventions include group work programmes, sessional work, individual work with both parents and children and regular home visits.

STAFF TRAINING & DEVELOPMENT

- Throughout the year the staff attended a number of seminars and training courses including Solutions Focus Therapy, Copping on Programme, Behavioural Management, Group Facilitation Skills and I.T. Training.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

- The Centre works in an integrated manner with all relevant statutory and voluntary agencies, the community and families through the provision of connected interventions. The Edenderry Family Centre receives support, guidance and direction from the steering group consisting of local statutory and voluntary community and parent representatives, which meet quarterly.

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.

The Bernard Van Leer Foundation is a private institution, based in the Netherlands – originally created for broad humanitarian purposes. It now concentrates its resources on support for parents and early childhood development.

NAME OF SERVICE	NATIONAL PARENT SUPPORT
AIMS / OBJECTIVES OF 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 areas and most recently in Moate, Ballymore, Ballymahon and Newtownforbes.
STAFFING LEVELS	The programme has one Co-Ordinator and one Assistant Co-Ordinator based in the administrative office in Athlone, one local Co-Ordinator based in Longford, 6 Community Mothers in Athlone and 7 in Longford. The programme also has four Childcare Workers supporting the Parent and Toddler groups in Athlone and Longford.

National Parent Support Programme

TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999
FAMILY WORK	<ul style="list-style-type: none">• 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>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. 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 skill in parenting and communication.</p>
SERVICE DEVELOPMENT	<ul style="list-style-type: none">• “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 two 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 parents experiences and increasing their knowledge and undertaking of child development.
STAFF TRAINING & DEVELOPMENT	<ul style="list-style-type: none">• Community Mothers receive ongoing programme training coupled with a structured 12 month training programme incorporating Food & Health, First Aid and Child development issues.

The Lifestart Project Offaly / Kildare

Lifestart is a home based Education Programme specifically for parents of children from birth to five years. Lifestart has a holistic approach in that it addresses the physical, intellectual, emotional and social development of the child. The promotion of Health Education and personal development for parents forms part of the programme.

The Offaly / Kildare Project was established in November 1997 and is affiliated to the Lifestart Foundation for Pre School Education founded in 1989. The Lifestart Foundation advises projects and facilitates liaison between them in order to retain a common ethos and high standard of practice. There are 19 Lifestart projects in Ireland and one in Barcelona and Macedonia.

AIMS / OBJECTIVES

To inform and enrich the parent child relationship ; such enrichment will help to prevent learning problems and social problems in later life.

To encourage parents to provide a stimulating environment in which their children can reach full potential.

To enable parents to make information relevant decisions about the upbringing of their own children and to empower them to give effect to these decisions.

These aims stem from the founder's belief that educational stimulation must begin in the home at as early an age as possible, as large scale or expensive programmes at a later date will not compensate for "deficiencies and deprivations experienced in the home" (S.O Conchuir, 1994)

STAFFING LEVELS

The Lifestart Team consists of a Co-Ordinator and seven Family Visitors, 3 part time and one full time in Offaly and 3 part time in Kildare. The fulltime worker in Offaly is on the FAS Full time Jobs Initiative. There are 2 part time administrators and 2 part time resource assistants, participants on a FAS Community Employment Scheme.

The Lifestart Project Offaly / Kildare

ACTIVITIES

- The Lifestart Programme was provided to 117 families and 147 children in Offaly and to 77 families, 98 children in Kildare in 1999.
- Each family receives a monthly visit from a trained family visitor who is himself / herself a parent. The visitor and parent discuss each child and 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 relationship between visitor and parent is that between peers rather than between parent and expert.

As an equal parent to parent relationship (between parent and visitor) is established, parents can ask the family visitor for information on other service e.g. further education, health services, support services, Community Groups. The model is one of empowerment such that parents learn to cope with the problems of child rearing and to find as far as possible, their own solutions to problems.

- An age appropriate booklet or tape (Your Growing Child) on Child Development is provided to families each month. The tape is an option for those who might not choose the written word as a means of communication.
- Children's books, toys, nursery rhyme, music and story tapes are provided on loan to parents. Reference books are also available for parents.

The Lifestart Project Offaly / Kildare

- Parent Group Sessions and Parent and Child Group sessions are facilitated by Lifestart personnel and external tutors during the year.

SERVICE DEVELOPMENT

- Two weeks personal development courses were provided for parents in Offaly and Kildare.

Parents from Edenderry Personal Development Group set up Edenderry Education Group.

Lifestart and OAK Partnership facilitated the setting up of a Parent and Toddler group in Derrinturn.

STAFF TRAINING & DEVELOPMENT

- Lifestart family visitors participate in an eight week training programme in the following subject areas : Child Development Theory, Your Growing Child, History and Philosophy of the Lifestart Foundation, Personal Development. There are also modules on Boundaries, Family Systems Theory, Confidentiality, Accountability, Prejudice ; Communication Skills, Presentation and demonstration skills. In addition to this initial training, the Lifestart Foundation provides on going training on all of the above topics. Family Visitors have also attended Training Sessions on Language Development ; Dealing with Difficult Behaviour ; Play Therapy (organised by ASK and Edenderry Family Care).

MULTI DISCIPLINARY & INTERAGENCY INVOLVEMENT

- Lifestart is funded by OAK Partnership, Co Offaly VEC, the Midland Health Board ; The South Western Area Health Board (Eastern Regional Health Authority) and Co. Kildare VEC.

The work of the project involves liaison with the Superintendent Public Health Nurses, Public Health Nurses, Practice Nurses, Primary Teachers, Home School Community Liaison teachers, VEC Adult Education Services ; Edenderry Family Centre ; Oak Partnership and FAS.

Mountmellick Youth Development Centre

OVERALL AIM	The MYDC is an integrated approach to providing a multi-faceted programme targeted at countering educationally and social disadvantaged young people among the local community. The steering group consists of representatives of the MDA, MHB, VEC, Schools involved and parents.
COMMUNITY CARE AREAS	Laois / Offaly
STAFFING LEVELS	The Midland Health Board provides a childcare worker on a half-time basis while the MDA provide a full time co-ordinator. The MDA are currently recruiting a youth worker who will work directly with the children in the Youth Development Centre. Additional support is provided on a voluntary basis by local people and students on work experience.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999
GROUP WORK	<ul style="list-style-type: none">• Each participant engages in an activity session on a weekly Basis facilitated by M.H.B. and M.D.A.
HOMEWORK CLUB	<ul style="list-style-type: none">• A homework club is facilitated four times weekly by volunteers, supported by the co-ordinator and the schools.
COUNSELLING	<ul style="list-style-type: none">• Counselling is provided on a voluntary basis in the M.D.A. by a trained psychotherapist
FAMILY WORK	<ul style="list-style-type: none">• The parents are very involved in the running of the centre are regularly consulted about the child's progress. Both the M.H.B. childcare worker and the M.Y.D.C. work directly with the families in relation to happenings in the centre.

Mountmellick Youth Development Centre

SERVICE FOR SPECIAL GROUPS

- There are five children from the travelling community attending the centre.

STAFF TRAINING & DEVELOPMENT

- There is on-going training available as it becomes available. This would include A.D.M., M.H.B., P& C, N.Y.F., training as well as other training which becomes available. E.g. volunteers have undertaken behaviour management courses as well as courses provided by NASS staff and both the M.D.A. and M.H.B. provide regular back-up and support.

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 and people in all aspects of the Programme.

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

AIM & OBJECTIVES OF SERVICE

The co-ordination and development of services at a local level. Act as a central agency to which anyone can turn in time of need. Encourage all members of the community to take a more active part in the Social Services. Create a work person-like relationship with the Statutory agencies and other Voluntary Bodies. Advise bodies thinking of starting services (or take the initiative with their co-operation) as to what is available and where there is fruitful ground for activity. Maintain a non-sectarian, non-political, non-aggressive approach to address community needs.

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 74. Of these 17 are employed directly by A.C.S.C., two are engaged under contract, five are employed under a FAS Job Initiative Programme and 50 are employed under two Community Employment Programme. In addition a further 30 volunteers would assist with the provision of services.

Athlone Community Services Council

TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999
PRE-SCHOOLS	<ul style="list-style-type: none">• 3 Pre-Schools in areas of social and economic disadvantage – 70 children.
AFTER SCHOOL CLUBS	<ul style="list-style-type: none">• 3 after school clubs for 5-10 year olds – approx. 20 participants.
SUMMER CAMPS	<ul style="list-style-type: none">• Annual camps for primary school children – approx. 150 participants
YOUTH SERVICES	<ul style="list-style-type: none">• Provision of information services to students and young people.• Secretarial services for students• Provision of facilities for other youth organisations and projects.
NATIONAL PARENT SUPPORT PROGRAMME	<ul style="list-style-type: none">• Programme designed to enable parents (particularly first time parents) participate in the development of their children and to provide a supporting and non-threatening role in dissemination of information and encouragement.• Parent and toddler group meets twice weekly.
FACILITIES FOR OTHER VOLUNTARY ORGANISATIONS	<ul style="list-style-type: none">• Meeting rooms are made available to other organisations for their use.• Organisations currently accommodated on a regular basis are:-<ul style="list-style-type: none">– M.O.V.E.– AWARE– A.A.– Gamblers Anonymous

Athlone Community Services Council

- LAUNDRY SERVICES**
 - This service provides laundry vouchers to subsidise laundry costs.
 - Those eligibly for assistance include the elderly, disabled and disadvantaged.
 - Applications for assistance are made through Public Health Nurses and Social Workers.
- COMMUNITY DEVELOPMENT WORKER**
 - C.D.W. networks and supports community organisations as part a community development programme.
- NETWORKING & YOUTH PROJECT CO-OPERATION**
 - 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. liaise with statutory bodies and voluntary bodies regarding programmes directed towards youth issues such as drug abuse, early school leaving, suicides etc.
- 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).
 - Service is primarily directed to the residents of Esker House Refuge and to outreach clients referred through the Board's staff.
 - Service recently extended to include counselling for children whose parents have separated or are contemplating separation.

Athlone Community Services Council

AID TO THE ELDERLY

- Minor and necessary repairs to the homes of elderly.
- Insulation and installation of security devices in the homes of elderly people.
- Personal monitoring alarm systems for elderly living alone (Helplink South).

COMMUNITY ARTS PROJECT

- Programme to teach people street theatre techniques and platform for them to perform for community purposes or for personal gain.

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 formal system. The majority of students are from Traveller families.

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, childcare and estate management programmes.

SUPPORT TO OTHER ORGANISATIONS

- A.C.S.C. continues to provide support to a number of Organisations that were established by the Organisation that are now run autonomously:
 - Community Training Workshop.
 - Shannonbank Training Centre.
 - Dr. Steven's Centre for the unemployed.
 - Citizens Information Centre.
- 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 etc.

Athlone Community Services Council

SERVICE DEVELOPMENT & EVALUATION

- Services are constantly appraised to evaluate,
 - 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.
- Expansion is dependent on financial resources available. Sourcing of funds to carry out programmes is constantly sought from all statutory and support agencies.

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, childcare 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.

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 a UDC house in a local authority estate on the outskirts of Athlone Town.

NAME OF SERVICE:

BARNARDOS FAMILY SUPPORT PROJECT – ATHLONE

AIM & OBJECTIVES OF SERVICE

The aim of the Barnardos Family Support Service in Athlone is; “To influence childrens 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 who 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 deliver.

Barnardos Family Support Project – Athlone

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

COMMUNITY CARE AREAS

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

STAFFING LEVELS

The Athlone team consists of a Project Leader, one full time and one part-time project worker, a childcare worker, a part-time childrens day care worker and a part time administrative/information officer.

TYPE OF ACTIVITY

KEY ACTIVITIES IN 1999

FAMILY WORK

- Individual family work programmes are offered to targeted families where risk, or the potential for risk, has been identified. This activity accounts for 70% of the projects work, such individual programmes include, individual support sessions to parents/carers, 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 primary level 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 program is planned based on an assessment of need with ongoing review and evaluation.
- Between the period September to December 1999 the project worked with five families, referred by the Midland Health Board, in which children were identified as being at risk. By the end of December 2000 the project aims to work with fifteen families.

GROUP WORK

- The project supports its family work with a number of group programs that are open to referred families and also to the wider community.

Barnardos Family Support Project – Athlone

Between September and December 1999 the project ran three After School Groups per week for Children between the ages 4-4-12 years. These groups helped to encourage a feeling of “children and community ownership” of the project. Children participating were able to share their views on what they wanted from such a project in their community.

The project also commenced a Parent and Toddler group and began the formative stages of a teenage mothers group.

COMMUNITY ACTIVITIES

During 1999 the project spent time developing effective relationships with its neighbours and local community. This was achieved through coffee mornings, children’s day celebrations, drop in, Halloween activities and an open door policy. As a result of this the project has been accepted by the community, 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, childcare, and child development has been developed during 1999. This service is used by families, students, community groups and professionals. Plans to develop this service further are in place for the year 2000.

SERVICE DEVELOPMENT

As the project commenced in 1999, much time and resources during the year has been given to developing an effective service. This work has included updating the needs analysis, community and statutory consultation and the development of a Strategic Plan.

STAFF TRAINING & DEVELOPMENT

All staff employed in the project are qualified and experienced in the area of childcare. In keeping with the aim and objectives of the project, it was identified that all staff should receive core training in Child Protection, Solution Focussed Brief Therapy, Social Network Mapping and Direct Work with children. Some of this training took place in 1999 with plans in place for the remaining to take place throughout the year 2000.

Barnardos Family Support Project – Athlone

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 will measure the impact of the projects work on three key areas:-

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

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.

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

Barnardos Family Support Project – Tullamore

In April 1999 Fiona Lane, Barnardos Regional Manager completed a feasibility study in partnership with the Midland Health Board, which involved widespread consultation with representatives from the Voluntary, Statutory and Community sectors in Tullamore. As a result of this study it was proposed that a child and family support project be set up in Tullamore under the Springboard Initiative..

NAME OF SERVICE	BARNARDOS FAMILY SUPPORT PROJECT TULLAMORE
AIM/OBJECTIVE OF SERVICE	To work with vulnerable families in the community to support them in finding positive ways of coping with the stresses of family life and the challenges of parenting.
COMMUNITY CARE AREAS	Offaly/Tullamore.
STAFFING LEVELS	The team in Tullamore is to consist of a Co-Ordinator, a Project Worker and a Child Care Worker with an Administration/Information Officer (½ Time Post). The project will explore the potential of employment initiatives in delivering the Family Support activities.
TYPE OF ACTIVITES	KEY ACTIVITES IN 1999 The project will provide a range of integrated services to provide for the needs of identified families and children at risk. The following are some of the services we hope to provide. – Individual counselling (adult/child) – Parent/Child counselling – Counselling for parents – Information/advice on childcare – Group work with vulnerable young parents – After school groups for children under 7 years
SERVICE DEVELOPMENT	• A Project Worker and a Child Care Worker has been selected for the project, and a suitable property is being identified for an operational base.

Barnardos Family Support Project – Tullamore

STAFF TRAINING/ DEVELOPMENT

- The project has a budget under the Springboard Initiative of £1,500 per year for staff training and development. Staff can also access training through the staff training and development group in Barnardos.

EVALUATION

- As part of the Springboard Initiative the workers in the family support project will be involved in evaluating the service they provide.

MULTI- DISCIPLINARY & INTER-AGENCY INVOLVEMENT

- The ethos of the Project will be to draw on existing strengths in communities and to work in an integrated and complimentary fashion with existing services.
- In this regard before setting up the project the co-ordinator, in partnership with the relevant M.H.B. personnel, will arrange consultation meetings with representatives from the Schools, the Voluntary/Community groups and the statutory agencies.
- The project will invite volunteers from the local community to work in the project and will investigate into the possibility of establishing a Community Employment Scheme/Job initiative.
- An Advisory Committee will be formed, comprising of representatives from the Community, Voluntary and Statutory sector.

Chapter 3

Protection and Treatment Services

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Overview

The Child Care Act, 1991 requires 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 Protection Service provision and the incidence of reported child abuse in the Board’s area in 1999.

Duties and Responsibility

Primary responsibility for the protection and welfare of children rests with parents and guardians. A wide range of other people and agencies also 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. National Guidelines for the Protection and Welfare of Children, “Children First”, have been published by the Department of Health and Children and will come into operation in 2000.

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.

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, 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

Hospital Consultants

Non-Consultant Hospital Doctors

All other Health Board Medical and Dental Personnel

Community Welfare Officers

Overview

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 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.

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.

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 SERVICE

To promote the positive health of each child and to support and provide information to families to enable them in their parenting role.

To offer a screening programme to children identifying abnormalities early and referral to appropriate service.

To provide advice on diet, immunisation, parenting, play and situation.

To work with other professionals in providing child care services.

In the school service to provide screening for hearing and vision.

To be aware of child abuse, identifying children at risk and making appropriate referrals.

COMMUNITY CARE AREAS

Laois/Offaly, Longford/Westmeath.

STAFFING

2 Directors of Public Health Nursing,
1 Acting Director of Public Health Nursing,
3 Assistant Directors of Public Health Nursing,
84 Public Health Nurses.

Public Health Nursing

TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999
SPECIFIC CHILD PROTECTION WORK	<ul style="list-style-type: none">• Activities covered early detection of abuse and referral to Social Work Services, and ongoing monitoring and support to vulnerable families and children at risk of abuse.• Public Health Nurses involved in assessments, notifications, case conferences and case reviews.• 4 Public Health Nurses participated in the delivery of the Health Boards Child Protection training.• 1 WTE Public Health Nurse involved in the C.A.T. – investigations/interviewing.• 66 families received support from the Home Help Service.• Activities covered first visits to new born babies, breastfeeding supplement, screening of babies at Well Baby Clinics and support on Enuresis Clinics. Ongoing monitoring and support to vulnerable families.• In conjunction with Area Medical Officer at Child Development Clinic.• 1 Public Health Nurse provided the 18 hour breastfeeding course to colleagues.
PRE-SCHOOL CHILDREN	<ul style="list-style-type: none">• 3,220 notifications of birth were received. All infants were visited. 22,936 home visits were undertaken to children aged 0-5 years. 3,270 children attended Developmental Clinics with A.M.O.'s and P.H.N.'s. 836 Well Baby Clinics were held. 3,708 children attended the Well Baby Clinics. 55 Enuresis Advisory Clinics were held. 74 new referrals to the Enuresis Clinics.
PRIMARY SCHOOL CHILDREN	<ul style="list-style-type: none">• All 119 Primary Schools, were visited at least twice during the year, in partnership with Area Medical Officers for immunisation and screening programmes. In partnership with A.M.O.'s, P.H.N.'s, a screening programmes was delivered to 74 schools. 6,583 children were screened for vision, 1,547 for hearing defects.

Public Health Nursing

STAFF TRAINING & DEVELOPMENT

- Public Health Nurses participated in case reviews and case conferences.
- Liaison continues to be developed with Maternity Hospitals.
- The Director of Public Health Nursing and Assistant Director attends the monthly review meeting on all notification of alleged abuse for the Community Care Area.
- Director of Public Health Nursing involved with Child Care Advisory Committee.
- 2 Public Health Nurses actively involved in communities in the development of community pre-school crèches.
- 1 Public Health Nurse – member of Voluntary Project which supports mothers and children.
- 1 Public Health Nurse – member of the pre-school Inspection Team.

EVALUATION

- A regional voluntary staff group developed standards for best practice and consulted regularly to develop a protocol for Child Health visiting.

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
AIM & OBJECTIVES OF SERVICE	<p>To improve the health and social gain of children in the region</p> <p>Promoting the physical and mental health of children.</p> <p>Ensuring early diagnosis of defects and prompt referral for assessment and treatment as necessary.</p> <p>Ensuring the early recognition of potential problems affecting development, behaviour and education.</p> <p>Offering protection to children at risk from physical, sexual or emotional abuse or from neglect.</p> <p>Providing a service to support parents in caring for their children.</p>
COMMUNITY CARE AREAS	Laois/Offaly, Longford/Westmeath.
STAFFING LEVELS	2 Senior Area Medical Officers, 10.25 WTE Area Medical Officers.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999
CHILDREN	<ul style="list-style-type: none">• 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.• 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 Area Medical Officer Service

- Health education and promotion activities.
- Involvement with child protection – recognition of possible abuse, attendance at child protection meetings, attendance at case conferences.
- 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.

SPECIFIC CHILD PROTECTION WORK

- The Area Medical Officer service is represented on the Child Protection Management Team. The service is also represented on the Child Health Investigative and Counselling Team.

STAFF TRAINING & DEVELOPMENT

- 1 Area Medical Officer attended Modular Release to Masters in Public Health U.C.D.
- 2 Area Medical Officers attended “Catching Outbreaks” (Computerised Epidemiology Course).
- 2 Area Medical Officers attended Control of Meningococcal Disease.
- 2 Area Medical Officers achieved higher diplomas:
 - (i) Higher Diploma in Learning Disabilities Studies.
 - (ii) Higher Diploma in Medicine Dermatology.
- Professional clinical sessions.
- Faculty of Public Health and Irish Society of Public Health Medicine Scientific meetings.
- Various seminars and conferences.
- Area Medical Officers participated in the Child Protection Training programme.

The Area Medical Officer Service

MULTI- DISCIPLINARY & INTER-AGENCY INVOLVEMENT

- Participation at case conferences, network meetings, case meetings as required.
- Senior Area Medical Officer and Child Care Manager exchange of information/options.
- Senior Area Medical Officer as a member of Protocol meetings chaired by Child Care Manager.

Child Psychiatry Services

NAME OF SERVICE	CHILD PSYCHIATRY SERVICES
AIM & OBJECTIVES OF SERVICE	<p>To provide a psychiatric assessment and treatment service in context of a multi-disciplinary team to children from the Midland Health Board area, who are less than sixteen (16) 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 advise 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 in training, two Social Workers, two Nursing staff and Administrative staff. Nursing staff complements on both teams were increased in 1999.</p>
TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999
SERVICE DELIVERY	<ul style="list-style-type: none"> • 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. • Domicillary visits are provided by members of the multi-disciplinary team. Clinic appointments reduced from 2,765 in 1998 to 2,579 in 1999.

Chapter 3 – Protection & Treatment Services

Child Psychiatry Services

REFERRALS & CLIENTS

- The number of new patients seen from the waiting list in 1999 was 272. All emergencies were seen. The waiting list at 31st December 1999, was 144 children compared to 70 children in 1998. 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

- 29 Children were referred to in-patient assessment in 1999; this is a significant increase over 1998, when 18 children were referred for in-patient assessment and admission. The Board does not have dedicated in-patient facilities for children requiring psychiatric in-patient treatment. Difficulties are emerging 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.

STAFFING TRAINING & DEVELOPMENT

- A wide range of training courses and conferences were attended by staff throughout 1999 in particular, childcare multi-disciplinary training in respect of childcare issues. Training was also provided for a number of staff in the use of electronic clinical information systems. A number of staff are attending diploma/masters level courses in social work and family therapy.

SERVICE DEVELOPMENT

- The Child Psychiatric Service implemented a patient information system in 1999. This will facilitate the monitoring and evaluation of service provision and case load management within the future. The Review Group on Child and Adolescence Psychiatric Service continued its work in 1999 and will report to the Board in 2000 outlining future service development priorities.

LIAISON & SERVICE PROVISION TO OTHER AGENCIES

- An underlining 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.

Chapter 3 – Protection & Treatment Services

Child Psychiatry Services

**WITHIN THE
CONTEXT OF THE
OVERALL CHILD
HEALTH SERVICES**

- Participated in case conference reviews and the Boards child abuse assessment teams. Ongoing assessment and interventions are provided by the Child Psychiatric Team to children who have been abused and who have psychiatric symptomatology.

Psychology Service

The Psychology service facilitates the health and social gain of children, adolescents and their families through appropriate psychological intervention.

NAME OF SERVICE	PSYCHOLOGY SERVICE
AIM & OBJECTIVES OF SERVICE	To develop and maintain an equitable, accessible and high quality psychology service in the community engaged both in the promotion of well being and in the prevention and treatment of psychological difficulties.
COMMUNITY CARE AREAS	Laois/Offaly, Longford/Westmeath.
STAFFING LEVELS	Two Senior Clinical Psychologists, five Clinical Psychologists, four Counselling Psychologists/Developmental/Educational Psychologist. One Clinical Psychologist was on full time secondment to the Child & Adolescent Psychiatric Service.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999
SERVICE DELIVERY	<ul style="list-style-type: none">• 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.• 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, emotional problems, behavioural problems, school related problems and post traumatic stress disorders etc. All the psychologists in the department contribute to this service which attracts a large number of referrals. A number of court reports were compiled in relation to custody, access and care proceedings.• 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.

Psychology Service

- Adolescent sexual offenders programme: The adolescent sexual offenders programme was put on a firmer footing and is now run by a counselling psychologist supervised by a senior clinical psychologist. A comprehensive treatment manual has been developed and a database of all offenders has been established.
- Assessments: Assessments included: clinical, psychoeducational, family and victim impact assessments.
- Therapeutic Interventions: Therapeutic interventions included: individual, dyad, triad family and peer group psycho-therapy, within planned structured therapeutic programmes. Post-trauma interventions was also carried out in residential care and school settings.
- Parent-Plus training programmes were run in Laois and Offaly.
- Groups for adults and children were run in partnership with the lone parents association.
- Seminars were given on behaviour management and play and the pre-school child to pre-school providers in conjunction with the Oak Partnership and the Portlaoise Community Action Project.
- The department participated in the preparation of a training programme on domestic violence.
- Provision of training in: child behaviour management and in specific challenging behaviours of children (e.g. aggression, sexualised behaviour), empowerment of parents to assist their children in key areas of cognitive and emotional development. Preparation of self-help leaflets for use by clients.

EDUCATION & TRAINING

Psychology Service

STAFF TRAINING & DEVELOPMENT

- Staff attended a number of workshops including play therapy. C.A.R.I. sexual abuse workshop, brief solution focus therapy and child protection courses. Several workshops, and training courses were attended by members of staff. These included neuropsychological assessment, adolescent offender assessment, suicide prevention, social phobia and critical incident debriefing. One member of staff continued to third and final year of family therapy training

MULTI- DISCIPLINARY & INTER-AGENCY INVOLVEMENT

- The Psychology Service actively participated in early intervention services, speech and language therapy, palliative care and special needs, Midland Health Board child welfare protection for a e.g., Case Conferences, NAI meetings, and in provision of submissions to the Board.

RESEARCH/ PROJECT WORK

- Psychology Services carried out research, upon request, within residential care services, on quality of life perceptions of children adolescents living in residential care in the Midland Health Board. Also completed was dissertation by one psychologist on etiological factors and treatments in young sex offending, post-trauma information leaflets, waiting-list initiative, parenting assessment framework, updating of referral forms and process, and, information leaflets for consumers and professionals on the Psychology Services.

Chapter 3 – Protection & Treatment Services

The Social Work Service

The Social Work Service has core responsibilities in the area of child protection and plays a central role in identifying and investigating cases of child abuse and co-ordinating Health Board responses.

NAME OF SERVICE	SOCIAL WORK SERVICE
AIM & OBJECTIVE OF SERVICE	<p>To carry out enquiries into child protection concerns, to establish whether grounds for concern exist and to identify the nature and severity or risks:</p> <p>To participate in the assessment and investigation of cases, and in case conferences, care plans and case reviews;</p> <p>To provide support to the child in its own family or while in the care of the Health Board;</p> <p>To implement and review care plans and programmes of intervention.</p>
COMMUNITY CARE AREAS	Longford/Westmeath, Laois/Offaly.
STAFFING LEVELS	Two Senior Social Workers, six Social Work Team Leaders and thirty six Social Workers comprise the Social Work staff in the region and are supported by Family Support Workers, Child Care Workers and administrative staff. Two Athlone Community Services Council Social Workers are seconded to the Health Board in the Longford/Westmeath Community Care Area.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999.
AREA SOCIAL WORK SERVICES	<ul style="list-style-type: none">• Duty services were offered at health centres throughout the region.• Child protection cases were dealt with through the CPN and Case Conference Systems, by network checks and home visits to assess risk.• 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.

Chapter 3 – Protection & Treatment Services

The Social Work Service

- CSA ASSESSMENT**
- In addition to the activities outlined above, a number of Social Workers were specifically designated to C.S.A. assessment and to directly work with children where there may have been C.S.A. concerns. Special skills were required in interviewing children with learning difficulties.
 - Protocols and procedures have been revised and adapted to suit the particular needs of the service, leading to an improvement in responses and to a decrease in the acceptance of inappropriate referrals. Demands of court work has increased significantly, in terms of reports sought.
- COURT SERVICE**
- There were substantial numbers of Section 20 reports required by the courts in each of the areas, which demanded considerable time by the teams. In each of the two Community Care Areas, an agreed format was designed to deal specifically with Section 20 reports. District Court, Circuit Court and High Court work was undertaken.
 - Information and advice was provided regarding adoption and foster care, bereavement (miscarriage, still birth) babies with special needs.
- STAFF TRAINING & DEVELOPMENT**
- Training covered the following areas:
 - Case Conference protocol and chairing case conferences.
 - Child Protection Guidelines, Risk Assessment, Courtroom skills, Staff Supervision, C.S.A. assessment skills relating to children with disabilities, Freedom of Information Act, Parenting Plus.
 - Beyond Blame Conference.
 - T.C.D. Masters in Child Protection, and T.C.D. Masters in Health Services Management.
- 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, A.M.O.'s, teachers, the Gardai etc.

Chapter 3 – Protection & Treatment Services

The Social Work Service

- In Longford/Westmeath Community Care Area, the team works in partnership with Longford Community Resources, and with Foroige. The service works in partnership with Barnardos in both Community Care Areas, in Athlone, Edenderry and Tullamore.
- A number of important links and close collaboration have been maintained with many other voluntary agencies in the region.
- Staff participated in the following:-
 - Adoption and foster care panel.
 - Child Protection Notification Meetings and Case Conferences, Child Care Advisory Committee, Review meetings with the Board’s Child Residential Service, Liaison with the Regional Fostering Group and the IFCA. Inter-agency training with staff from Education and the Gardai. Staff delivered and participated in Child Protection Regional Training.

EVALUATION

- Phase 2 of the study of the Child Protection System was undertaken.
- A review of the Social Work Duty/Intake System commenced.
- A review system to track the outcomes of CPN referrals was set up.

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

AIM & OBJECTIVE OF SERVICE

To work in a supportive role in specific agreed tasks on an individual basis with parents who are experiencing difficulties.

To work with parents in a range of group settings.

To provide services to children on an individual and a group basis.

Developing the families strengths, helping to reduce the risk factors through ongoing support.

COMMUNITY CARE AREAS

Longford/Westmeath, Laois/Offaly.

STAFFING LEVELS

Posts : 12 Family Support Workers, as part of the Social Work Department, supervised by the area Social Work Team Leader and Area Social Worker.

TYPE OF ACTIVITY

KEY ACTIVITIES IN 1999.

SUPPORT PARENTING

Direct work with parents on an individual basis. An eight week parenting programme was provided in Athlone, Co Westmeath in conjunction with the Harmony Community Development Group.

A parenting course was organised in Ballymore, Co Westmeath.

HOME MANAGEMENT

An intensive three week home management course was provided in Ballymore on a daily basis in conjunction with the Home Economics Co-Ordinator.

Chapter 3 – Protection & Treatment Services

The Family Support Services

SUMMER PROJECTS

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.

HOME WORK / AFTER SCHOOL ACTIVITY GROUP

In conjunction with other staff, a homework / after school club was provided in the Granard area of County Longford for disruptive 4 – 9 year olds.

GENERAL ACTIVITIES

Planning family event days.

Parent and Children's Christmas Party.

Day trip to Zoo.

Day trip to families to Fort Lucan Adventure Centre.

Family outing to Pantomime.

Clara Project.

STAFF TRAINING & DEVELOPMENT

Training covered the following areas : Child Protection Guidelines , Risk Assessment, Courtroom Skills and the Freedom of Information Act.

Community Child Care Workers

This service was introduced into the Midland Health Board in 1994 as a front-line therapeutic service to children and families.

NAME OF SERVICE	COMMUNITY CHILD CARE WORKER
AIM & OBJECTIVE OF SERVICE	<p>To provide a therapeutic service on a one-to-one basis directly to referred children in this community.</p> <p>To provide an effective group-work service to children.</p> <p>To work with parents / carers on an individual and a group basis.</p>
COMMUNITY CARE AREAS	Longford/Westmeath, Laois/Offaly.
STAFFING LEVELS	Three staff in Longford / Westmeath (one in each sector)
TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999. <p>Direct work with individual children.</p> <p>Group work with selected children.</p> <p>Direct work with individual parents / carers.</p> <p>Group work with parents / carers.</p>
SOCIAL SKILLS GROUP	Groups were arranged in Mullingar and Longford, in conjunction with Social Work and Family Support Work staff, throughout the year. Agencies external to the Health Board also supported this initiative.
CHILDREN'S ART GROUP	Art workshops were provided in the Mullingar and general area and involved multi-disciplinary input.

Community Child Care Workers

CHILDREN'S DRAMA GROUP

This was arranged in the Mullingar area, over an eight week period, to address such issues as communication, self assertion and trust building.

MOTHER & TODDLER GROUP

A women's group in Granard was re-structured to develop as a mother and toddler group, with multi-disciplinary support

GROUP FOR NON-SCHOOL ATTENDERS

A group was developed to cater for 13 – 16 years olds who have dropped out of school. It proved to be a positive resource in motivating children to return to school and in preventing the anti-social activities associated with non-school attendance.

LONGFORD TRAVELLER YOUTH GROUP

This group, in Longford, is supported by the Child Care Worker, the Social Worker and the Family Support Worker, together with the assistance of women from the travelling community. Homework, dance, drama, pottery and painting are provided for the twelve children who attend.

STAFF TRAINING & DEVELOPMENT

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

- Freedom of Information,
- Courtroom Skills,
- Managing Difficult Behaviour,
- Child Protection Guidelines
- Risk Assessment.

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, and Voluntary Agency Workers.

Chapter 4

Alternative Care Services

Content

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Summary Data

1999 CHILDREN IN CARE IN THE MIDLAND REGION – SUMMARY DATA

CHILDREN IN CARE ON 31 DECEMBER 1999

TYPE OF CARE	LONGFORD/WESTMEATH	LAOIS/OFFALY	
Foster Care	107	54	
Foster Care with Relatives	21	42	
Residential	22	8	
At Home	5	0	
Other	---	--	
Total	155	104	
 Total in Care as % Change on 1999	 +3.87%	 -7.9%	
 In Care per '000 Child Population			
Males	84	61	
Females	71	43	
 Legal Basis for Admission to Care	 Care Order	 Supervision Order	 Voluntary
	111	---	148
 Children in Care by Age Group	 0-5years	 6-12years	 13-18years
	55	81	123
 Length of Stay in Care	 Up to 1 year	 1-5years	 5 years +
	50	104	105
 Status of Parents	 Lone Parent: 56%		 Other: 44%
 Place of Care	 MHB	 Other Health Board	 Other
	257	2	---

Chapter 4 – Alternative Care Services

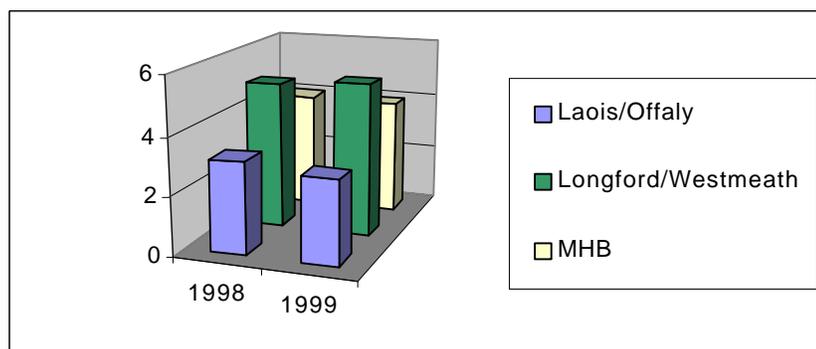
Summary Data

- NUMBERS IN CARE IN THE MIDLAND REGION** • The numbers of children in the care of the Midland Health Board has increased by 6% since 1996. Apart from a decrease in 1997 the trend is upward which is in line with the national situation.
- NUMBERS IN CARE FOR CCA** • There are more children in care (155) in Longford/Westmeath with a child population of 29,516, than in Laois/Offaly (104) with a child population of 35,868.
- NUMBERS IN CARE BY TYPE OF CARE** • There is a higher number of children in residential care from Longford/Westmeath (22) than from Laois/Offaly (8). This is mainly due to the fact that residential services have always been based in Longford/Westmeath. A higher percentage of children are placed in foster care with relatives (44%) in Laois/Offaly than in Longford/Westmeath (16%).
- NUMBERS IN CARE BY AGE GROUP & GRADE** • There are more boys in care (145) than girls (114). The demographics of children in care are weighted towards the older age-group with 48% (13-18), 31% (6-12) and 21% (0-5).
- NUMBERS IN CARE BY REASON FOR ADMISSION** • The major reason for children coming into care (62%) is either “neglect” or a “parent unable to cope/mental illness”.
- NUMBERS IN CARE BY LENGTH OF STAY** • The majority of children are in medium or long term care 81%; 19% are in care for up to one year.
- NUMBERS IN CARE BY FAMILY TYPE** • 28% of children in care are from lone parent families.
- NUMBERS IN CARE BY FAMILY STATUS** • In 1999, 56% of children in care were from lone parent families.
- ANNUAL ADMISSIONS** • The number of admissions to care in 1999 was 132 and reflects a decrease on figures for previous years.
- FOSTERING SERVICES** • 14 new foster carers recruited in 1999.
- ADOPTION SERVICES** • The number of adoption orders granted marked an increase on 1998.

Children in Care

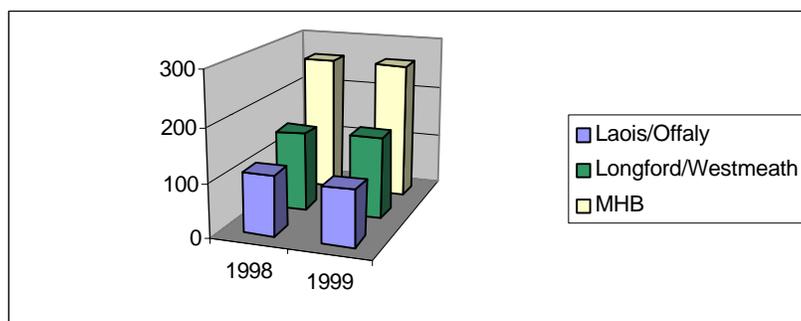
Children in Care per 000 of population under 18

	1998	1999
Laois/Offaly	3.15	2.9
Longford/Westmeath	5.08	5.28
MHB	4.02	3.97



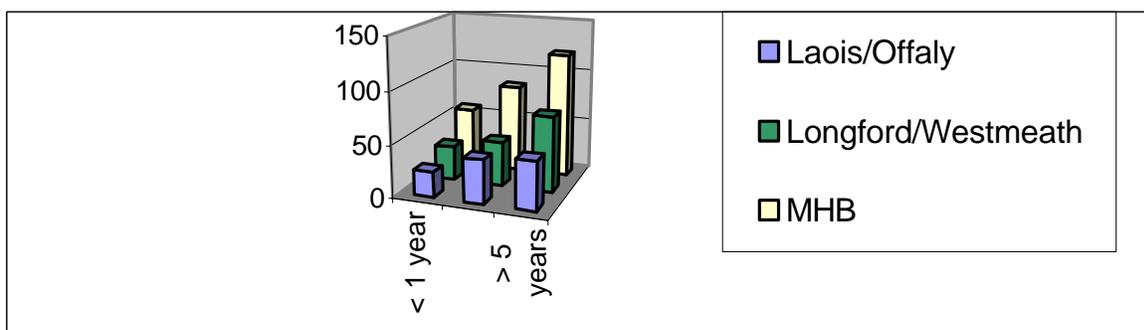
Number of children in care

	1998	1999
Laois/Offaly	113	104
Longford/Westmeath	149	155
MHB	262	259



By length of stay – 1998

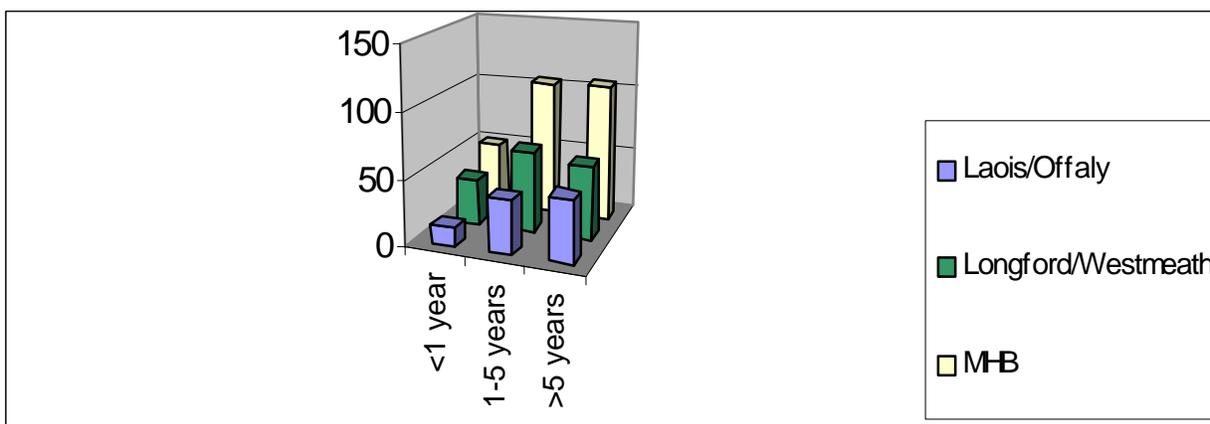
	<1 year	1 to 5 year	>5 years
Laois/Offaly	24	42	47
Longford/Westmeath	33	43	73
MHB	57	85	120



Children in Care

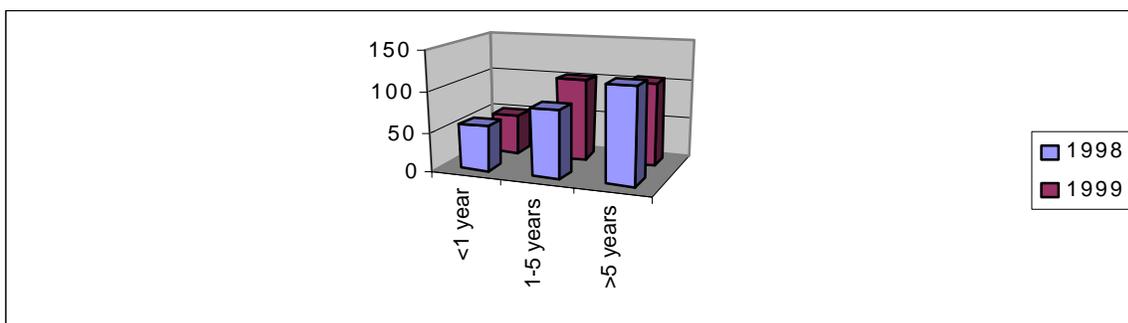
By length of stay 1999

	<1 year	1-5 years	>5 years
Laois/Offaly	14	42	48
Longford/Westmeath	36	62	57
MHB	50	104	105



By length of stay over both years for the MHB

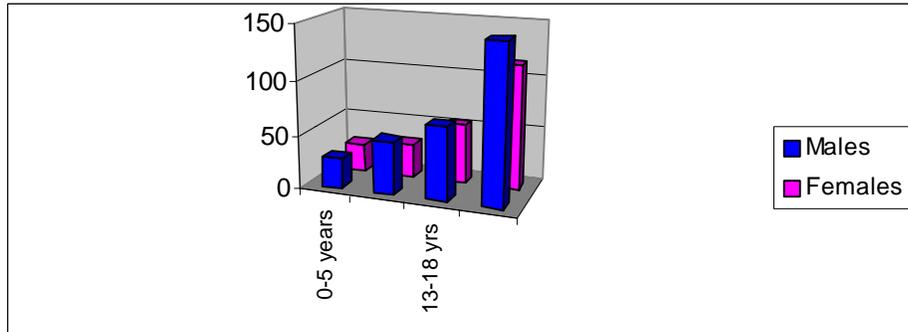
	<1 year	1-5 years	>5 years
1998	57	85	120
1999	50	104	105



Children in Care

Children In Care by Gender and Age MHB 1999

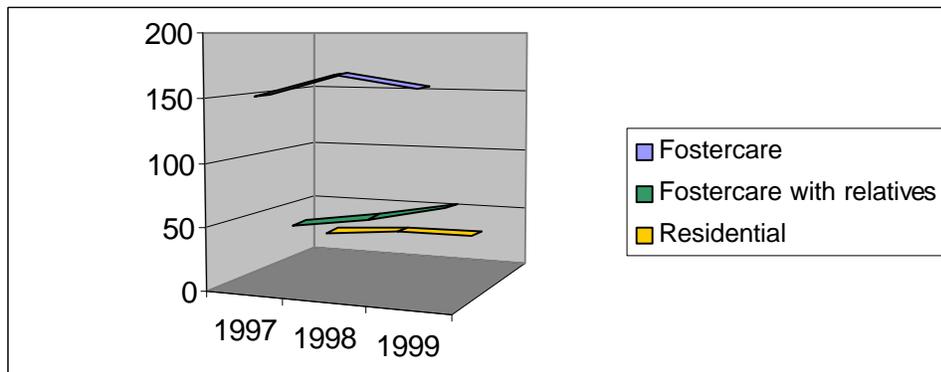
Age		Males	Females	Total
0-5 years	28	27	55	
6-12 years	49	32	81	
13-18 years	68	55	123	
Total	145	114	259	



Children In Care By Type Of Care

	1997	1998	1999
Fostercare	151	169	160
Fostercare with relatives	41	50	63
Residential	24	29	30

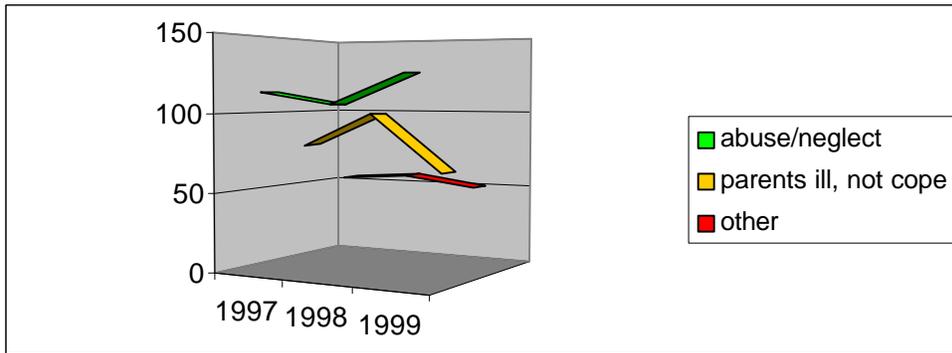
(totals may not match because some categories were counted differently in 1997)



Children in Care

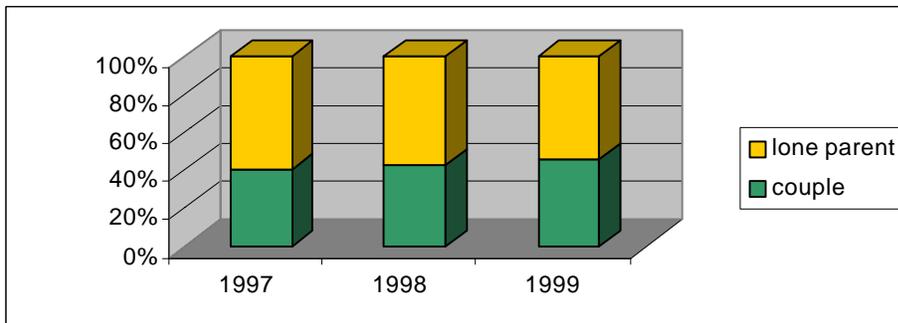
Reasons for Admission to Care

	1997	1998	1999
Abuse / Neglect	114	106	125
Parents ill / Not Cope	78	99	63
Other	54	57	51



Children in Care by Family Type of Origin

	1997	1998	1999
Couple	99	112	118
Lone Parents	146	150	141



Children in Care

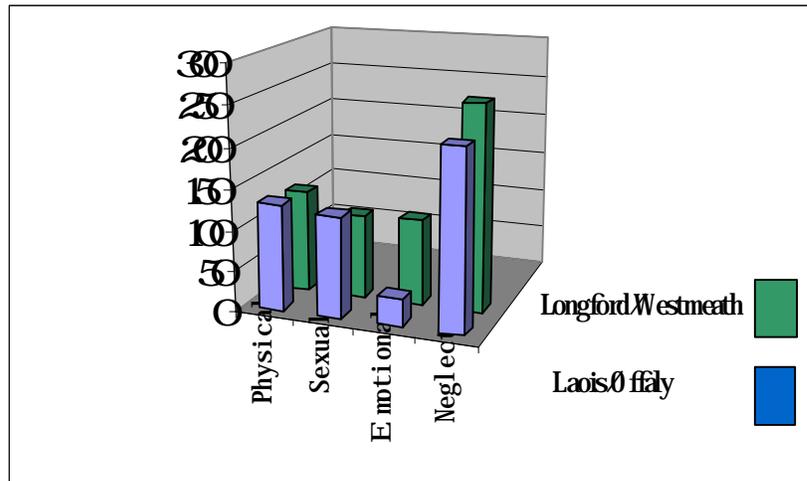
Child Sexual Abuse Investigation

	Referred	Seen	Abuse Confirmed
Laois / Offaly	112	70	32
Longford / Westmeath	40	25	1
Total	152	95	33

Child Protection

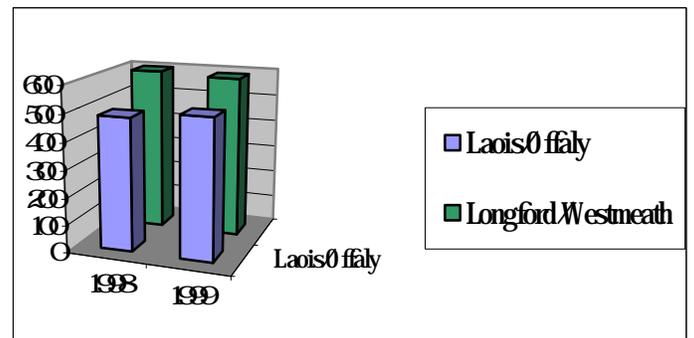
Child Protection MHB 1999

	Reports	No. Children	Physical	Sexual	Emotional	Nelgect	Total
Laois / Offaly	509	345	131	124	34	220	509
Longford/ Westmeath	588	487	126	103	106	253	588



Total Reports 1998 and 1999

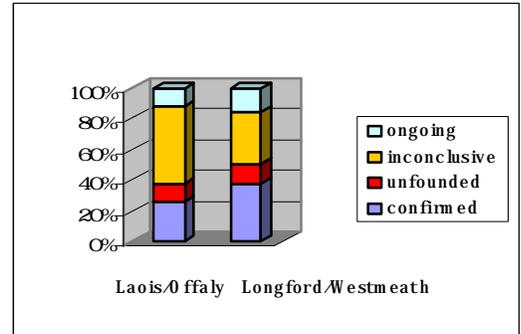
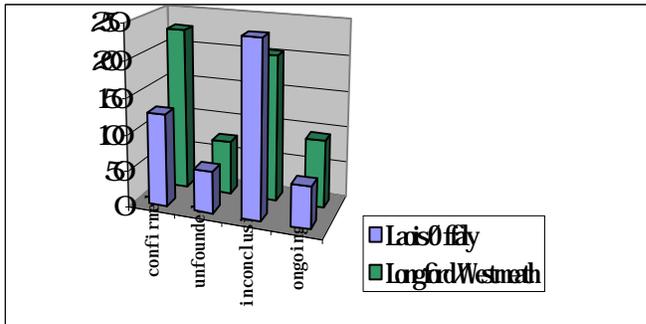
	1998	1999
Laois / Offaly	486	509
Longford / Westmeath	599	588



Child Protection

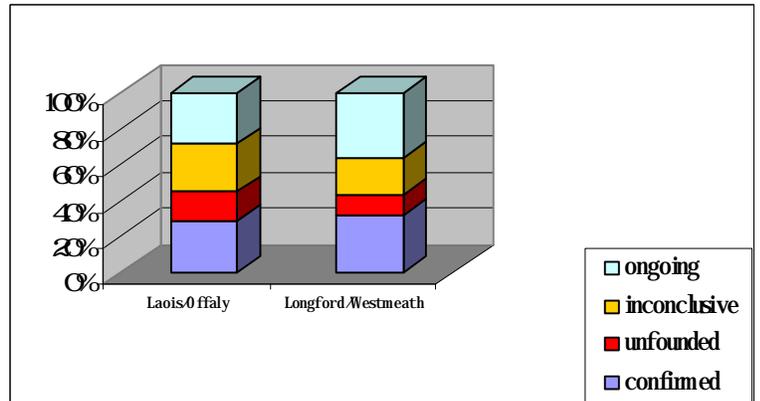
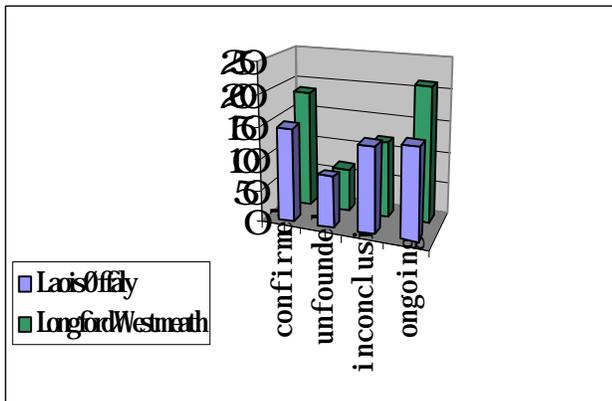
Outcomes 1998

	Confirmed	Unfounded	Inconclusive	Ongoing
Laois / Offaly	128	58	242	58
Longford / Westmeath	227	75	203	94



Outcomes 1999

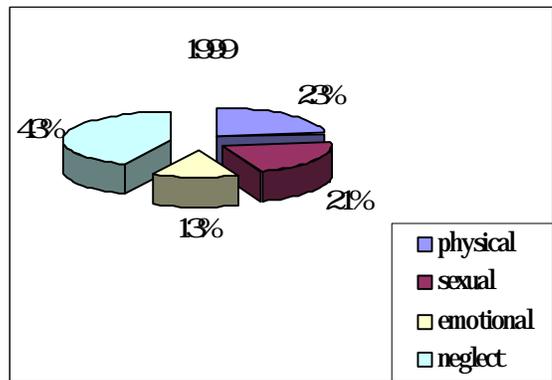
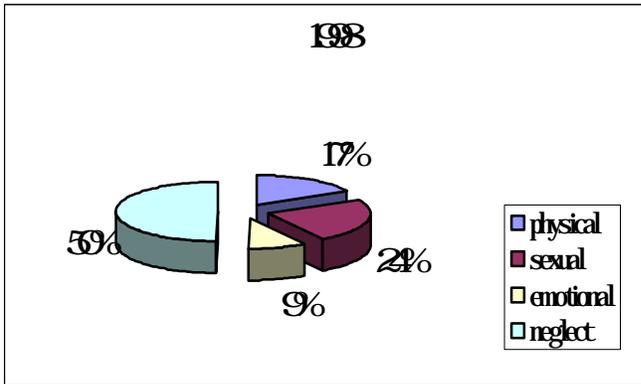
	Confirmed	Unfounded	Inconclusive	Ongoing
Laois / Offaly	148	80	137	144
Longford / Westmeath	187	69	119	213



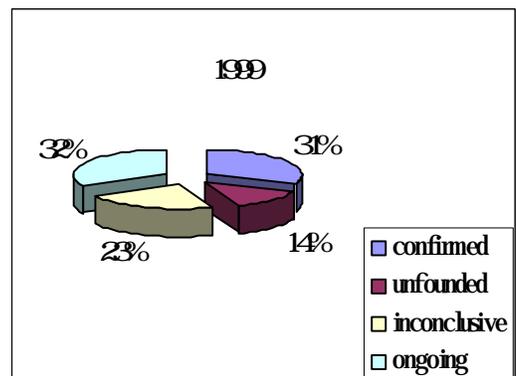
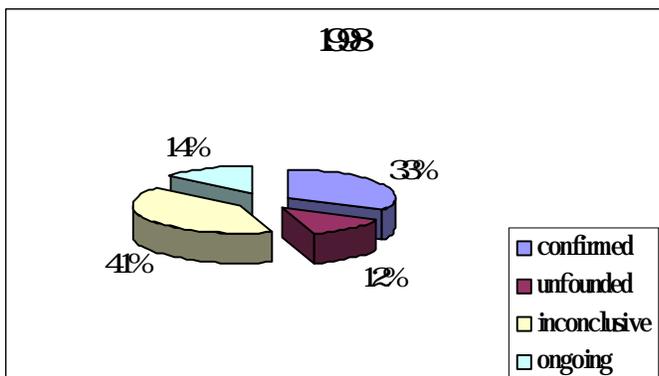
Child Protection

Proportions of Abuse Type for the MHB 1998 and 1999

	1998	1999
Physical	188	257
Sexual	258	227
Emotional	100	140
Neglect	539	473



Proportions of Outcome Types for the MHB 1998 and 1999



Fostering

Fostering services are provided in Laois/Offaly and Longford/Westmeath Community Care Areas. Services are situated in each sector. Foster Care is divided into short-term and long-term foster care, respite care and special foster care for older children, between 10 and 18 years of age, who cannot be placed in mainstream foster care.

NAME OF SERVICE	FOSTERING
AIM & OBJECTIVES OF SERVICE	To recruit, train and assess prospective foster parents; to place children with appropriate foster families; to provide on-going training and support to foster families; to give due consideration to placements with relatives.
COMMUNITY CARE AREAS	Laois/Offaly, Longford/Westmeath. Posts:- Two Social Work Team Leaders and six Social Workers for Foster Care, Adoption and Tracing.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999
RECRUITMENT	<ul style="list-style-type: none">• The strategy to recruit foster carers continued through advertisements in local newspapers, radio and G.P. surgeries.• Activities to promote the concept of fostering were also organised through current foster carers and through Church and other social organisations.
FIGURES FROM SERVICE PLANS FOR MIDLAND HEALTH BOARD	<ul style="list-style-type: none">• Longford/Westmeath and Laois/Offaly – 14 new foster carers, including relatives, were recruited which was an increase on 1998 figures (when 13 were recruited).• There was a total of 177 foster carers available in 1999.
ENQUIRIES & ASSESSMENTS	<ul style="list-style-type: none">• There were 52 enquiries in the Region to foster in 1999 which was an increase on the number of enquiries for 1998.• Following an enquiry, information is forwarded to the enquirer and a home visit by a social worker is arranged for more in-depth discussions. An application form is then provided for consideration.• Approximately one half of enquiries resulted in assessments in 1999 which was a significant increase on the proportion for 1998.

Chapter 4 – Alternative Care Services

Fostering

- 19 assessments were undertaken in 1999.
- 122 requests for placements were made in 1999 in Longford / Westmeath. A number of these requests related to regular respite.
- 212 children were admitted to foster care.
- Day Foster Care is not as frequently used as general foster care as it requires more interaction between the birth family and the foster carer and more involvement by the social worker in each case. 31 children availed of Day Foster Care in 1999.

TRAINING

- Fostering Preparation Training Courses are offered as required and are presented by the Fostering Social Workers and a number of experienced foster carers. The timing and location of the courses aim to facilitate the participants. There was a team trained in each Community Care Area in 1999 to deliver courses at local level.

MULTI-DISCIPLINARY & INTER-AGENCY INVOLVEMENT

- Staff participated in:
 - Regional fostering meetings.
 - Irish Foster Care Association meetings.
 - Fostering Support Groups.
 - Child Care Approvals Committee.
 - Case Conferences & Child Care Reviews.

STAFF

- Staff attended a number of training sessions and conferences:

DEVELOPMENT & TRAINING

- Freedom of Information, Courtroom skills, Managing Difficult Behaviour, Beyond Blame Conference, Regional Child Protection Guidelines, Relative Fostering, IFCO Conference.

Chapter 4 – Alternative Care Services

Adoption

Adoption services in the Midland region are provided by the Midland Health Board.

Over the last ten years there has been a fundamental shift away from the traditional, closed model of adoption to a more open and inclusive model. This involves birth parents and adoptive parents meeting prior to the placement of the child and the continuing exchange of information, photographs, etc., through the placement agency on an on-going basis while the child is growing up.

NAME OF SERVICE	ADOPTION
AIM & OBJECTIVE OF SERVICE	<p>To undertake domestic and inter-country adoption assessments;</p> <p>To ensure that children are placed in appropriate adoption placements and to review placements;</p> <p>To support adoptive and birth parents;</p> <p>To facilitate tracing requests.</p>
COMMUNITY CARE AREAS	Local Service located in each Community Care Area.
STAFFING LEVELS	2.5 Social Workers supported by administrative staff.
TYPE OF ACTIVITY	KEY ACTIVITIES IN 1999.
ADOPTION & ASSESSMENTS	<ul style="list-style-type: none">• Three adoption orders were granted in 1999, which represented a decrease on the previous year.• In seven of the adoptions in 1999, the process involved open contact between both birth and adoptive parents, with on-going contact.• No domestic assessments were undertaken in 1999 as the lists were closed.
PRE-ADOPTIVE CARE	<ul style="list-style-type: none">• The number of pre-adoptive placements increased from 0 in 1998 to eight in 1999. Of those eight placements, four babies were returned to the care of their birth parents.

Chapter 4 – Alternative Care Services

Adoption

SUPPORT

- Counselling was provided to parents considering adoption for their babies. A comprehensive report of the counselling offered is submitted to the Adoption Board with all adoption placements.
- Counselling and advice was provided to prospective adoptive couples who were assessed during the year.
- Post-placement support is an integral aspect of the service and included advice, counselling and practical assistance.
- The service has sought to actively involve birth fathers more extensively in the adoption process. The Adoption Board's consent is now obligatory where a birth father cannot be notified.

TRACING

- Tracing has become recognised as an integral element of an adoption cycle and involves significant work. There were 81 cases at the end of 1999 some of which dated back to 1996 and 1997.

INTER-COUNTRY

- The interest in adopting children from other countries continued to grow and the service has been developing in this area. Information sessions were provided at regular intervals and preparation courses are provided following an assessment. Follow-up reports are completed, these may be different for each country.

SERVICE DEVELOPMENT & TRAINING

- The decision of birth parents to place their baby for adoption recognised as becoming more complex. Increased emphasis has been placed on the development of post-placement support for both birth and adoptive parents.

MULTI- DISCIPLINARY & INTER-AGENCY INVOLVEMENT

- The Adoption Panel comprises representatives from medical and public health nursing, psychology, social work and administration.
- Adoption services were available for case conferences in the event that a child previously fostered was adopted.
- Adoption service providers were in regular contact with members of the Irish Adoption Agency and in exchanges with counterparts in other Health Boards.

Chapter 4 – Alternative Care Services

Adoption

STAFF DEVELOPMENT & TRAINING

- Staff attended a number of training seminars organised by the Board including:
 - Freedom of Information.
 - Courtroom Skills.
 - Managing Difficult Behaviour.
 - Beyond Blame Conference.
 - Regional Child Protection Guidelines.

EVALUATION

- Adoption services participated in the national study commissioned by Minister Frank Fahey on inter-country adoption assessment procedures.

Residential Care

AIMS & OBJECTIVES

The objectives of 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

Residential services are provided by the Board at 5 centres at:

1. Chester Lodge
Church Street
Moate
Co Westmeath
2. Auburn
Ballymulvey
Ballymahon
Co Longford
3. Aisling
Edgeworthstown
Co Longford
4. Iveagh House
48 Mayfield Grove
Athlone
Co Westmeath
5. Windy Gap
Ballynagar
Mullingar
Co Westmeath

HIGH SUPPORT SERVICE

- The Midland Health Board also provides a residential High Support Service at Oakville, Delvin Road, Mullingar. All admissions to this Unit are by High Court Detention Order.

CAPACITY

- There is a total capacity of 28 places within the six centres.

Three of these are High Support places.

Chapter 4 – Alternative Care Services

Residential Care

- REFERRALS**
- There were 16 referrals to the service.
- ADMISSIONS**
- There were 14 children placed in residential care in 1999, 6 on an emergency basis.
- DISCHARGES**
- 6 children were discharged from residential care
- STAFFING**
- (A) Manager 1
 - (A) Deputy Manager 1
 - Clerical Officer 1
 - House-parent 6
 - Assistant House-parent 16
 - Acting House-parent 12
 - Relief Assistant House-parent 17
 - Attendant 1

Chapter 5

Training, Research & Evaluation

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Training

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Training

AIMS & OBJECTIVES

The Co-Ordinator of Training post was developed in 1996 to resource all relevant personnel to the Board's statutory responsibilities in child care and protection. The post is regionally based and its objectives are to identify the training needs of staff who deliver childcare services, to provide training based on these stated needs and to ensure that services provided are consistent with best national and international practices. There is currently one person in the post but this is being expanded in 2000 with the implementation of the **National Guidelines for the Protection and Welfare of Children "Children First"**.

MULTI- DISCIPLINARY & INTER AGENCY INITIATIVES

Strategic Approach to training in child protection and welfare: A training strategy was developed 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 trainers to implement a standardised two-day training course on child abuse and protection in the region. 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 CEO under the **Protection for Person's 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 impinges directly on child 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 impinges on children and families in the Board's area. In 1999, 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. This strategy has been developed in conjunction with the Regional Committee on Violence against Women and Children.

Training

During 1999, a Multi-Disciplinary and Inter-Agency Training Team was established, completed initial training and developed a training manual. This manual was researched by the Team and is a compilation of the most recent national and international data available on violence against women and children.

Training initiatives in 1999 have continued to emanate from the identified needs of staff:

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

TYPE OF ACTIVITY

KEY ACTIVITIES IN 1999

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

POLICY & PROCEDURES

- Twenty courses were organised and implemented for Board staff, members of An Garda Siochana and Voluntary agencies on policy, procedures and best practice in child protection and welfare.

BEST PRACTICE SKILLS

- **Courses were delivered on the following:**
 - Supervision Skills for Social Work Managers
 - Child Protection for pre-schools/schools/Voluntary Organisations/Youth Groups and Youth Leaders
 - Therapeutic Crisis Intervention for Residential Child Care Staff
 - Brief Solution Focused Therapy
 - Advanced training for the Regional Child Protection Training Team on Child Sexual Assessments and Group Communication and Facilitation
 - Train the trainers course developed and implemented on violence against women and children in intimate relationships
 - Training on development and management of Sex Offenders Programme Development of intervention skills with young people who sexually abuse.

Training

OTHER ACTIVITIES

- 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 C.A.P.P. teachers and social workers at national level on the Stay Safe Programme.
- Development of Procedural Booklet on Child Protection and Welfare for Pre-School Providers in conjunction with the Pre-School Inspection Team.
- Development of training course for High Support Foster Carers (Independent Care Project) in conjunction with the Laois/Offaly Foster Care Department.
- Involved in the publication of the Women’s Health Booklet.
- Involvement in Foster Care Review Project with Social Work staff.

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 1999, 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 user.

Chapter 6

The Child Care Advisory Committee/ Regional Child Care Protection Committee

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The Child Care Advisory Committee

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Protection Committee

The Board's Child Care Advisory Committee established under Section 7 of the Child Care Act, 1991 completed the first year of its three year term and met five times in 1999.

Membership of the Committee is as follows:-

Appointed by the Midland Health Board:

Ms. K.Samuels, (Chairperson).
Mr. M.Nevin (up to 14/07/99)
Ms. T. Mulhare (up to 14/07/99)
Mr. E. McMonagle, (Vice-Chairperson from 15/07/99)
Dr. K. Browne (from 15/07/99)

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

Dr. Pat Doorley, Director of Public Health
Ms. E. Dowling, Director of Public Health Nursing

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

Ms. M. Enright-Poole, Senior Social Worker (retired 09/04/99)
Ms. S. Keogh, Child Care Manager
Ms. J. McLoughlin, Irish Foster Carers Association.

Residential Care Services:

Ms. I. Finnerty, Manager.

Education Services:

Mr. Donough O'Brien.

Services for Homeless Children:

Ms. Margaret Groarke, Senior Social Worker.

Child & Adolescent Psychiatric Services:

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

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:

Vacant at 31st December 1999.

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

Mr. David Murray, Senior Probation & Welfare Officer.

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.

The Committee met five times during the year as follows:-

- 2nd February, 1999.
- 21st April, 1999.
- 4th May, 1999.
- 9th September, 1999.
- 18th November, 1999.

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

- North Western Health Board – West of Ireland Farmer Case Report.
- Working Group on Foster Care (Submission).
- National Guidelines for the Protection and Welfare of Children – Children First.
- Children's Bill, 1999.
- Report of Expert Group on Child Care.

Protection Committee

Regional Child Care Protection Committee:

During 1999, 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 1999.

**Child Care Services
Midland Health Board
General Hospital
Tullamore
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