TRAVELLER FAMILIES' CARE

Community and Residential Resources for Traveller Families
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COMMUNITY AND RESIDENTIAL RESOURCES FOR TRAVELLER FAMILIES

TRUDDER HOUSE
NEWTOWNMOUNTKENNEDY
CO. WICKLOW
TEL: 2819223

DERRALOSSARY HOUSE
ROUNDWOOD, CO. WICKLOW
TEL: 2818355

AFTER CARE +
SHARED REARING
21 VEVAY ROAD
BRAY, CO. WICKLOW
TEL: 2822950
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TRAVELLER FAMILIES' CARE

A History

Trudder House in Newtownmountkennedy, Co. Wicklow was established in 1975 under the auspices of the Dublin Committee for Travelling People. Trudder provided residential care for up to 25 Traveller boys. This service was as an initial recognition of the particular care needs of Traveller children at risk which was subsequently developed and changed over the years.

The development of the service continued in 1983 with the establishment of Derralossary House, Roundwood, Co. Wicklow, to provide residential care for up to 12 Traveller girls.

In 1987 the Board of Management looked at ways of improving care provision and committed itself to staff training and development which was seen as crucial to improving internal child care practice. It was also recognised at this time that many of the boys leaving care were experiencing difficulties and as a result an After Care service was proposed.

Subsequently in 1989 the service was further developed with the establishment of the After Care Project which provided advice, support and guidance to young people leaving the care of Trudder and Derralossary Houses.

Between 1989 and 1990 the Board of Management addressed the long term care needs of the children in its care who could not be cared for by their own families. Recruiting Traveller families as carers to Traveller children unable to live with their own families was proposed.

Service development progressed in 1991 with the establishment of the Shared Rearing Project based in an office in Bray, Co. Wicklow. The objective of the project was to recruit, train and assess Traveller families as carers to Traveller children in care, based on the belief that the physical, social, cultural and identity needs of many Traveller children in care could best be met by placement in a Traveller family.

It was also at this time that the title "Traveller Families' Care" was formally adopted by the organisation.

In the following year, 1992, the Board of Management implemented a major review of its services through a process of consultative evaluation. A review and evaluation
The report was produced following consultation with Traveller families, Traveller groups, the children and staff of TFC, Traveller schools, other organisations working with Travellers and finally with Local Authority and Health Board social workers. The report proposed that in order to enable TFC to provide a more comprehensive, flexible and appropriate service to Traveller families that each residential facility should provide different, but complementary functions and should provide greater access to the services by families in need. The Shared Rearing and After Care Services were regarded as critical to supporting the development of the reorganised residential services.

In early 1994 Derralossary House was extensively refurbished and opened subsequently as a mixed sex, medium term (maximum stay 2 years) residential unit. At the same time Trudder House, whilst awaiting relocation to Dublin, began operating as a mixed sex, short term (maximum stay 6 months) Emergency and Assessment residential unit. A proposal was also placed before the Eastern Health Board to establish a residential unit for adolescent boys.

Traveller Families' Care is an organisation committed to Quality Through Partnership with an approach to service delivery and service development based on regular evaluation of its work through consultation with service users to ensure a tailored response to the needs of Traveller families in crisis.
The guiding principles which inform all TFC working relationships are:

* All working agreements will be in line with TFC policy on Traveller culture.

* The reason for referral, the specific goal of the placement, the work to be undertaken and by whom must be clearly stated.

* Attendance at an agreed schedule of reviews and meetings is an integral art of good practice.

* All parents will be given the opportunity to share in the care of their child as far as possible.

* All children should have the opportunity to live in a family where possible. Residential placements will be strictly time limited.

TFC Steering Group 4/94
THE EMERGENCY AND ASSESSMENT UNIT

The Emergency and Assessment Unit aims to provide care and support for children and their families at times of crisis and where children or young Travellers are deemed to be at risk.

This is done through the provision of a number of facilities:

1. An eight bed unit with the focus on short term assessment and crisis intervention for boys and girls aged 4 - 18 years.

2. A consultancy service for other agencies, Social Work Teams, and Traveller families (both nuclear and extended).

3. An outreach service which engages with families and young people identified as being at risk.

Service Operation

Facilities are available for planned and emergency admissions.

A. Admissions for assessment are by way of written application through the completion of a Traveller Families' Care referral form. A referral meeting is convened to consider placement. If placement is agreed a planning/pre-placement meeting is convened before admission, at which an initial child care plan is formulated detailing roles and responsibilities of child, family, social workers and other professionals.

The child care plan will be reviewed each month or more often where necessary.

B. Emergency admissions may be accepted by the unit, depending on the availability of bed space, the nature of the emergency, the lack of other resources to meet the crisis needs, and the acceptance by the referring agent of the Emergency and Assessment Unit partnership contract.
Within three working days the emergency placement will conclude, unless a planning and referral meeting has been held and agreement reached about duration of placement.

The maximum stay at the Emergency and Assessment Unit is six months. To ensure ongoing availability of places, this will be strictly adhered to.

Case Management

In order to maintain a high quality of care and support for both the child and their family, a Case Worker will be appointed to each child at the pre-admission meeting. The Case Worker will have responsibility for ensuring the highest levels of primary care; working closely with referring social worker in engaging all appropriate care providers. The Case Worker will represent the child's interests at all reviews and in meetings within the agency, network with community care teams, outreach facilities, the nuclear family, the extended family, shared rearing families, school, therapists, doctors, and other involved professionals. To ensure consistency and high work standards the Case Worker is responsible to a supervisor.

Other steps to ensure quality include:

1. A comprehensive childrens' and family complaints procedure.

2. Weekly group meetings with the children and the unit staff to involve them in the control of their living situation.

3. Weekly individual meetings between the children and the unit staff for the same purpose.

4. Traveller Families' Care hold monthly Policy Group meetings to review direction and work practice.

5. Individual child care reviews.
Partnership Contract

Central to our care practices and interventions is the physical well-being and emotional security of the young people in our care. Pivotal to this approach is our commitment to Quality Through Partnership which effects our every action.

This partnership with both social work teams and families is governed by a clearly defined contract in which roles, responsibilities and expectations of all the partners are spelled out clearly. Full agreement of all partners is absolutely necessary to ensure an effective and useful placement.

The partnership will, within six months, arrive at a decision on where the child is best placed; at home, in the extended family or an alternative Traveller family. In some cases a placement at Derralossary House may take place before a long term family placement can be achieved. This medium term placement may not exceed two years. It is our aim to work with the child and their family in order to ensure the minimum separation, where appropriate, from parents and siblings.

TFC Steering Group 4/94
MEDIUM TERM UNIT

Derralossary House

Derralossary House is a medium stay residential unit catering for eight children. Both boys and girls ranging in age from 5 - 18 years will be accommodated. Length of placement will be determined by the presenting needs of each individual child/young person and will be negotiated with their family, field social worker and referring agent. The maximum term of placement will be two years.

Service Operation

Applications will be considered by way of a completed referral form which will be discussed at a subsequent admissions meeting. Such meetings will include referring personnel i.e. field social worker, staff from the Emergency and Assessment Unit, staff from Derralosarry House, proposed Keyworker and where appropriate the child/young persons family.

When placement is agreed the referring personnel and family will visit Derralossary House to abate fears and to clarify any issues that may arise.

A contract will be drawn up which will establish a care plan for the child/young person and will detail roles and responsibilities of child, family, field social worker and other relevant professionals.

In order to minimise length of stay in care for the child/young person, and to ensure the continuing effectiveness of the placement, progress will be monitored at three monthly reviews and more frequently if necessary. Referring personnel will be required to attend such reviews.

Case Management

The framework upon which the service of Derralossary Hose will operate from is based on the guiding principles contained in Traveller Families' Care - "Partnership in Practice".

In order to maintain a high quality of care and support for both the child and their family, a Keyworker or Case Manager will be appointed to each child at the pre-admission meeting. The Keyworker will have responsibility for ensuring the highest levels of primary care; working closely with the referring social worker in engaging all appropriate care providers. The Keyworker will represent the child's interests at all reviews and in meetings within the agency; network with community care teams,
outreach facilities, the nuclear family, the extended family, shared rearing families, schools, therapists, doctors and other involved professionals. To ensure consistency and high work standards the Keyworker is responsible to a Supervisor.

The therapeutic model of keyworking employed in Derralossary is informed by a belief in the importance of the healthy development of the attachment and bonding processes. However the unit will use any other therapeutic approaches which are considered appropriate to the needs of the individual.

**Partnership Contract**

Derralossary House will operate in partnership with the family, extended family, referring agents, Shared Rearing Project and other relevant professionals in order to minimise the length of stay for the child in care and to limit the separation from the natural or extended family.

Derralossary House is committed to ensuring a high standard of care by Quality through Partnership with relevant social work teams and Traveller families.

Where the family and extended family are not an option for the child/young person, placement with approved Traveller families will be sought through the Shared Rearing Service.
AFTER CARE

After Care is concerned with the needs of young Traveller girls and boys who have been in residential care, provided by Traveller Families Care and who are now making the transition back to family and community living.

After Care is community based, and aims at empowering young Travellers to participate in making choices, building on their capacity for fulfilment in the community and providing a support network which affirms cultural diversity, identity and interdependence.

Programme Description

The team is made up of both men and women from different ethnic backgrounds. This is to ensure that Traveller cultural values inform the policies and practice of After Care. We use a multi disciplinary approach which is set within the principles and practice of youth and community work.

The identified priorities for young people when they leave care are:

* positive self image
* positive awareness of their own culture
* relevant life skills
* relevant social skills

PROCESS OF TEAMWORK AND PARTNERSHIP

Contract Planning

A developmental intervention programme from the beginning needs to address itself to the different aspects of the individual.

A. Building a relationship with young Travellers and also with their family and the community.

B. Working in partnership with social workers, welfare officers, probation officers, child care workers, teachers and other relevant bodies or individuals.
After Care works with young Travellers leaving care, their families and the communities where possible, where there is a definite need for intervention. This need would be assessed by After Care, together with the family and those making the referral. The period of time to work with individuals will generally be two years. This period of time to work with individuals will generally be two years. This would involve planning, evaluation and withdrawal process and referral on to other agencies when necessary.

After Care needs to receive reports, records any relevant information to allow the team to make a decision about what After Care has to offer. Every young Traveller leaving Traveller Families Care needs to have a review at least once every three months, the purpose of which is to develop and evaluate an After Care plan. This review would be attended by the young person’s social worker, the Director of Traveller Families Care or representative, the After Care Team, the Keyworker, the family and any other professionals where appropriate. All of this is to ensure effective working partnership to better meet the needs of the young Travellers.

**ROLES**

The programme is committed to a teamwork approach. Work in Traveller Families Care is done in a multicultural situation and policy and methods of work recognise the values, traditions and lifestyles of the Traveller community and is committed to anti-discriminatory practice.

Evaluation is an ongoing process, the policies outlined are assessed continually from the point of view of their effectiveness.
**SHARED-REARING**

Traveller Families’ Care in partnership with the Eastern Health Board operate a Shared Rearing service. Shared-Rearing is a service where Traveller families care for Traveller children who are unable to live with their own families. Families offer care to children from birth to eighteen years, for long or short periods of time, for individuals or a small group of children. Shared-Rearing families may live anywhere in the 26 counties and placements are determined by how the needs of a child/children, and their family can best be met.

Each regional health board has agreed to appoint a social worker with responsibility for developing a Shared-Rearing service.

**SERVICE OPERATION**

**Assessments**

Traveller families apply to the local health board office. The assessment will normally be carried out by the Shared-Rearing worker in the area. Where a family apply for a particular child in a residential unit, a nominated care worker, should, where possible, be involved in the assessment. Approvals will be made locally.

**Placements**

Social workers requiring a Shared-Rearing placement should contact the Shared Rearing social worker in their own health board. They, in conjunction with other Shared-Rearing workers in the country will, where possible, arrange a suitable placement. No placement is guaranteed until the Shared-Rearing family have considered the appropriateness of a particular request.

Where long-term placements are needed, the child’s social worker will be required to use the placement procedures followed by the family's local health board. In the case of the Eastern Health Board, the child's social worker must prepare a Form E and submit it to the Placement Committee, Child Care Services, Park House, Dublin 7.

Placements will occur only when the child’s social worker has a guarantee from their payments section that the family will be paid directly, especially when outside their functional area.
Traveller Families' Care, Shared-Rearing

Traveller Families' Care believe that the physical, social emotional, cultural and identity needs of many Traveller children can best be met by placement in a Traveller family. Where long-term care is identified as necessary, children should be placed with their extended family. Only in exceptional cases should other Traveller families be considered.

T.F.C. employs Travellers throughout the organisation. We also liaise with Traveller groups on an on-going basis in order to provide an appropriate service to the children. Consequently the organisation now has a body of knowledge and contacts which it is willing to share with those involved in Traveller child care.

We encourage, and will assist where possible, the development of a consultative process between health boards, social workers and Travellers on Shared-Rearing issues.

T.F.C. will facilitate the training of social workers working in Shared-Rearing, and the preparation and on-going training of Shared-Rearing families, through seminars, conferences and the provision of training facilities.

TFC Steering Group 4/94
REFERRAL FORM

REF NO: __________ (For office use only)

1. Name of child/children ____________________________

2. Address/Contact Phone No: _______________________

3. Date of Birth __________ 4. Sex _____ Male _____ Female

5. School __________________ 6. G.P. ______________________

7. Referring Social Worker __________________________

8. Address __________________________ 9. Tel. No: _______

10. Brief Personal History: (including medical information)

11. Reason for Referral:

12. Legal Status: ______________________________________

13. Desired Outcome:

14. Wishes of child and family:

15. Is the extended family aware of this referral? _____ Yes _____ No
16. Family Composition:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
</tr>
</thead>
</table>

17. Extended family composition and significant others:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
</tr>
</thead>
</table>

18. Brief summary of social history:

Social Worker: __________________________

Please return to: The Director
Traveller Families Care
Trudder House
Newtownmountkennedy
Co Wicklow
# MEDICAL INFORMATION

(Record in chronological order, doctors, hospital visits, medication prescribed / taken, other important information)

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Issue</th>
<th>Signed</th>
</tr>
</thead>
</table>
Transfer Form

Name of child

Date of Birth

Admission date: Unit:

Transfer date: Unit:

Reason for transfer

Guidelines for access

Future plans

Other relevant information

Signed:
Review Meeting Report

1. Name of child ____________________________

2. Persons attending __________________________

3. Actions agreed ____________________________

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>By Whom</th>
</tr>
</thead>
</table>

5. Summary of discussion:

6. Brief details of any changes to agreed care plan:

7. Agreed discharge date: ____________________________

8. Date and time of next Review Meeting: ____________________________

Signed Key / Case Worker _______ Social Worker _______ Date _______
# General Communications Work Record

(Record in chronological order, phone calls, letters and meetings, briefly noting who initiated contact)

<table>
<thead>
<tr>
<th>Childs name</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Communication / Work</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key/Case Workers Monthly Report
Care Plan Development

1. Child's name

2. Date of birth

3. Keyworker

4. Family contacts (Access visits, phone calls etc)

5. Social Worker contacts (to and from TFC)

6. Care Plan Development:
   Social...
   Emotional...
   Educational...
   Physical...

   Significant Events

7. Date of last Review

8. Date of next Review

9. Persons invited

Form completed by__________________ Signed__________________ Date____
Referral and Planning Meeting Report

1. Name of child

2. Persons attending

3. Actions agreed:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>By whom</th>
</tr>
</thead>
</table>

4. Brief details of agreed care plan:

5. Summary of discussion:

6. Date of Admission and expected duration placement

7. Date and time of first Review Meeting

Signed Key / Case Worker Social Worker Date
DAILY INDIVIDUAL REPORTS
INITIAL ENQUIRY FORM

NO: ____________

1 Enquiry made by: .................................................................

2 Address/Area: ............................................................................

3 Phone No: ...................................................................................

4 Name of Child/Age/Sex: ..............................................................

5 Address: ....................................................................................

6 Summary of Query: ........................................................................

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........................................................................................................
........................................................................................................

7 Action taken: ................................................................................

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........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................

Signed: ________________________________ Date and Time ________________