

## Regional Children and Family Health Services

### Mission Statement

Promoting the well-being of children and families. Ensuring early diagnosis of health related problems and prompt referral for assessment and treatment. Ensuring the early recognition of problems that may affect health, development, behaviour and education. Supporting parents and guardians in caring for their children and families.

### Introduction

Multidisciplinary teams, consisting of health professionals, including general practitioners, consultant paediatricians, medical/nursing, dental and other para-medical staff, provide child health services in the Board's area. Acutely ill and injured children form a large part of the target group for health care services provided within the episodic care sector. Primary care provides treatment and support for the many minor illnesses of childhood. In general these are self-limiting illnesses and rarely require referral for more specialised care in the acute services. However, a proportion of children present with more serious illness or injuries which may require hospital care.

Community services provided include Medical, Public Health Nursing, Community Nutrition Service, Community Welfare, Community Development, Ophthalmic, Health Promotion, Psychology, Family Support Workers, Dental Health and Therapy Services.

The Board works in partnership with a number of non-statutory / community groups by grant aiding appropriate services and initiatives (Section 65). Initiatives and services provided to meet the needs of Children and Family Health Services include immunisations, dental screening pre-schools services, adult homelessness, teenage sexual health promotion, women's health, prevention of violence against women, breastfeeding promotion, child safety awareness, Social, Personal and Health Education (SPHE) and continence advisory service.

## Achievements

### Women's Health

- The Maternity Review consumer consultation was completed.
- Staff Breast Awareness sessions were carried out throughout the Board's area.
- A Falls Prevention Steering Group was established.
- An Osteoporosis Strategy Sub Group of the Falls Prevention Steering Group was established. Key elements contributing towards this strategy included the investigation of the possibility of rolling out a bone health programme in schools.
- Involvement in the Women's Health Council looked at the restructuring of women's health in the absence of women's health advisory committees.
- The Women's Health Officer, as a member of the Women's Health Council, was involved in the national planning forum and has contributed to the "Why Target Women's Health?" document.
- An antenatal committee was established to review the content of health promotion messaging and antenatal classes.
- A database of women's groups in the Board's area was established.

### Child Safety

- All Public Health Nurses who are involved in child health have received training in the Board's Child Safety Awareness Programme (CSAP). Implementation of the CSAP has commenced its second year of operation by PHNs to parents/carers of children in the 0 to 5 age group.
- The evaluation of the Child Safety Awareness Programme (CSAP) was completed with very positive findings.
- Traveller health: Longford Primary Health Project for Travellers: Health information sessions on Child Safety and the CSAP developed and delivered. Hazard identification regarding child safety and unintentional injuries within the Travelling community carried out. Caring for Children Foundation module on safety delivered.
- Public Awareness Raising: Health information sessions on Child Safety and the CSAP were delivered to community groups and sessions were developed specific to the target audience. Interagency working took place with the National Safety Council (NSC) in the provision of safety promotion information sessions on both road and fire safety. A National Child Safety in Cars poster was developed in conjunction with NSC that complements the CSAP.

- National Injury Prevention Committee: Work has been undertaken on safety promotion and accident prevention in conjunction with this Committee.

### **Public Health Nursing Service**

- Appointment of a PHN specialist in child health.
- Standardisation of 7-9 month PHN led developmental assessment.
- Continued training of PHNs to implement the Edinburgh Postnatal Depression Screening Tool.
- Area PHNs initiated the development of mother and toddler groups in two sites.

### **Dental Services**

- The waiting list for general anaesthetic service was reduced to two weeks.
- An out of hours trauma and accident service was introduced.
- Dental hygienists are in post across the Board's area.
- Oral Health Promoter was assigned to Travellers and is making significant progress.
- An Oral Health Promoter deals specifically with post-natal mothers and children.

### **Psychology Services**

- Delivery of education and training packages to other staff: e.g. 'Moving from Control to Connection – Understanding and Managing Behaviour for Residential Child Care Staff'. Psychology Service information for Child Care Staff; Child Development and issues which may arise (Adoption and fostering area), Post natal depression, (to PHNs), Attachment disorder, Sexual development of children (Residential Care Staff), etc.
- Finalisation and presentation of research project 'Listening to the needs of young people in residential care'.
- Response to community requests that require immediate response (as opposed to waiting list work), e.g. sudden deaths of children in the community, psychological first aid to families and schools; post trauma response in individual cases; debriefing for staff/
- Provision of training placement for Trainee Clinical Psychologists.
- Wide range of community based parenting courses delivered.
- Statistics (Children & Families) 2004

Number of New Referrals: 1004

Number of Clients seen: 938

Number of Cases Closed: 522

Number on Waiting List: 116

### **Adult Homelessness**

- Regional training and awareness raising on adult homelessness issues held in Tullamore.
- Homelessness Liaison resource worker for Laois / Offaly appointed.
- Service level agreements agreed and signed by voluntary agencies working on adult homelessness issues.
- Health and social needs assessment on adult homelessness completed and recommendations drawn up.
- Continued working in partnership with key agencies, statutory and voluntary, in implementing the local county action plans.
- Regional Adult Homeless Health Fora was reconvened with regular meetings. The forum has been extended to include a broader range of services.

### **Crisis Pregnancy Counselling Service**

- The mission statement of the Crisis Pregnancy Counselling Service (CPCS) is 'to support anyone affected by crisis pregnancy through the provision of a holistic service, to facilitate the exploration of all available options and to make referrals to medical, counselling and support services as necessary.'
- The Crisis Pregnancy Counselling Service is a free confidential service provided by accredited counsellors funded by the National Crisis Pregnancy Agency. The service can be accessed by dialling the Freephone, 1800 200 857. Appointments can be arranged quickly with an accredited counsellor located at Athlone, Edenderry, Longford, Mullingar, Portlaoise and Tullamore. In addition, GP's, Social Workers, Psychologists, Public Health Nurses, Family Support Workers or other relevant health care personnel can refer clients.
- Users of the CPCS are facilitated in exploring all available options. The service can make referrals to medical and support services as necessary.
- The uptake of the service in the second half of 2004 showed an increase of 40%.

### **Violence against Women**

- Completion of the publication, "Lean on Me Guidelines for personnel who come in contact with women living with domestic abuse"
- Completion of the publication "Domestic Abuse Guidelines for Emergency Department Personnel"
- Development and piloting of the training presentation accompanying the roll out of both of the above mentioned guidelines

- Completion of research into the accommodation needs of women and their children living with violence
- Identification and development of a three tier training strategy based on a needs assessment of the range of statutory and voluntary staff who come in contact with women living with violence.
- Identification of the capacity building and developmental needs of the Midland Regional Committee on Violence against Women, together with the development of a strategy aimed at addressing those needs

## Emerging Issues 2005

There is an increase in the number of notifications of Sexually Transmitted Infections (STIs) nationally. Comprehensive data from the Board is not available. However, in the absence of a local specialised service, there is very little opportunity to curtail the spread through contact tracing. STIs are statutorily notifiable infections that require a Public Health response. An STI service is required within the Board to ensure early detection, appropriate treatment and contact tracing.

The Board has made an application to the Department of Health and Children for a consultant to support the establishment of an STI service in the region. The *"Report by the Care and Management Sub-Committee of the National AIDS Strategy Committee on HIV/STI Services in Ireland"* released in June 2004, recommends that this application should be given consideration, particularly given the large prison population in Portlaoise which currently uses the services of the Dublin hospitals.

There are a large number of children in the asylum seeker population, especially in Athlone. A need for a dedicated PHN post has been identified to provide a comprehensive service.

There are insufficient resources to implement the new Infectious Disease Legislation in full.

Demographic changes- Increase in population in developing towns such as Kinnegad, Rochfortbridge and Portlaoise. Some families have difficulty accessing services. Need to monitor accessibility of service for clients and to assess need for outreach service to health centres in the area.

Increase in births in Longford/Westmeath. Earlier discharge home of postnatal mothers. This has led to increased pressure on PHN service.

Decrease in family supports, parents commuting long distances to work. Need to ensure that parents can access child health service.

Increase in number of non-national families. Greater movement of families in and out of areas. This places additional pressure on PHN service, tracing and tracking families.

- Increasing demand for developmental assessment of children under six years.
- Complex individual and family cases that necessitate significant multi-disciplinary and interagency co-ordination and involvement
- Increased demand for educational assessments due to patchy nature of National Educational Psychology Service.
- Increased numbers of children with Autistic Spectrum Disorder and ADHD referred to service.
- Capital funding required to further implement the recommendations of the Forum on Fluoridation.

## Continuous Quality Improvement Initiatives

### Communicable Diseases

Levels of infectious disease continued to be monitored through improved surveillance systems and computerisation. These systems act as early warning systems for detection of outbreaks.

Levels of childhood immunisations are monitored to ensure continued improvement of systems. In 2004 the 95% target was achieved for the majority of the primary childhood vaccines and an uptake of 92% was recorded for the MMR (the highest ever documented nationally). These figures are higher than the national average and it is one of the success stories in the prevention of infectious disease.

The impact of the influenza vaccination campaign is evaluated on an annual basis. An Area Medical Officer (AMO) and Public Health Nurse (PHN), appointed as Programme of Action for Children Trainers for the Board, continued to develop the curriculum for the clinical part of the training.

PHNs, AMOs and other staff were trained to deliver elements of the Child Health Surveillance Programme.

Training provided to residential care was evaluated early in the year and adaptations made for continued training later in the year.

GP Information pack and presentation plan developed to ensure appropriate referrals reach psychology department.

DNA (i.e. 'Did Not Attend') research project and participation in Suicide Prevention group in Mullingar.

Psychology Service Manual Update

Principal and Senior Psychologist joint work (with other disciplines and agencies) on service development initiatives.

In keeping with guidelines to develop Irish Language accessible services, an evidence based, schools delivered prevention programme tackling anxiety, has been identified and the process of translating it into Irish has begun. This will be delivered and evaluated in Irish speaking schools in September 2005.

A number of evidence based universal prevention programs were identified, which will be implemented and evaluated in 2005.

## Research, Quality and Value for Money

- The SARI project commenced in August, 2004. Implementation of this project will result in the adherence to best practice guidelines and to cost-savings from the reduction of inappropriate use of antimicrobials.
- A review of service agreements with voluntary/community groups.

## National Performance Indicators

### National Performance Indicator – Breastfeeding

The percentage of mothers who successfully initiate breastfeeding:

30% breastfeeding on discharge from hospital

14% breastfeeding at three months

**National Performance Indicator – National Childhood Immunisation Programme**

QUARTER 4, 2004.

CH5								
(a) Percentage of children 12 months of age who have received three doses of vaccine against Diphtheria (D <sub>3</sub> ), pertussis (P <sub>3</sub> ), tetanus (T <sub>3</sub> ) <i>Haemophilus influenzae</i> type b (Hib <sub>3</sub> ), polio (Polio <sub>3</sub> ), Meningococcal group C (MenC <sub>3</sub> ).								
(b) Percentage of children 24 months of age who have received three doses of vaccine against Diphtheria (D <sub>3</sub> ), pertussis (P <sub>3</sub> ), tetanus (T <sub>3</sub> ) <i>Haemophilus influenzae</i> type b (Hib <sub>3</sub> ), polio (Polio <sub>3</sub> ), and an age appropriate number of doses of Meningococcal group C (MenC <sub>3</sub> ).								
(c) Percentage of children who have received MMR at 24 months of age.								
Area	No.in cohort	D <sub>3</sub>	P <sub>3</sub>	T <sub>3</sub>	Hib <sub>3</sub>	Polio <sub>3</sub>	MenC <sub>3</sub>	MMR
(a)	1040	91%	91%	91%	91%	91%	91%	-----
(b)	964	95%	94%	95%	95%	95%	95%	-----
(c)	956							92%

**National Performance Indicator – Child Health Surveillance (Infants)**

Percentage of new babies visited by a Public Health Nurse (PHN) within 48 hours of hospital discharge – 93%.

**National Performance Indicator – Public Fluoridation Water Schemes**

Percentage of public water fluoridation schemes monitoring results within statutory limits – 53%

**National Performance Indicator – Oral Health Promotion**

Percentage of school children designated within national schools who have received dental screening – 37%

**Child Care and Family Support Services**

**Introduction**

Services for children and families are provided in the context of child care legislation and the U. N. Convention on the Rights of the Child. Services seek to support families



as the natural environment for the well-being and growth of all their members and particularly children. Services also seek to afford families the necessary protection and assistance to enable them to assume their responsibilities in the community.

Services are provided by the Board and in partnership with the non-statutory, voluntary and community sectors. Services include child protection assessment and treatment, alternative care placement and a range of family support services.

## Child Care Strategy

Irish society is currently confronting the challenges of creating an environment in which all children can grow and develop to their full potential. The National Children's Strategy is providing a national framework for this process. The Midland Health Board has established a strategic management process for child care and family support services. Our strategic vision is to provide a range of community oriented, high quality, integrated and individually tailored child care services. These services will be child centered, strengths based and therapeutic.

A number of developments are already in place including :

- Four new community based, high support services for young people at risk of care or detention placement.
- Introduction of the role of Manager of Family Support Services.
- Support and development of social work training in the region.
- Expansion of the Child Care Training and Development Department.
- Development of Child Care Management Information System.

A range of further developments are being planned and are currently taking place to further enhance the capacity of the service to anticipate and respond to the needs of children and families in the region.

## Achievements

- Parents/guardians were invited to 96.7% of child protection case conferences with 71.7% attending
- Social work department dealt with 2925 child protection and welfare reports.
- Nineteen sessions of 'Keeping Safe Child Protection Awareness Training' provided for community groups.
- Twelve new foster families recruited.
- 227 referrals to Barnardos Family/Springboard Centres.
- Family Support Workers supported 312 families.

- 279 pre-school centres inspected in accordance with Regulations.

## Continuous Quality Improvement Initiatives

- N.U.I. Certificate in Education for Child Protection developed by the Training Department in partnership with University College Dublin.
- Practice teaching placements provided for 10 social work students
- Keeping Safe Disability Awareness Training introduced.
- Community based high support services expanded with introduction of Extern Ireland service to the region. 31 referrals to these services.

## ACTIVITY TABLES

CATEGORY	LONGFORD/WESTMEATH	LAOIS/OFFALY	TOTAL 2004
CHILDREN IN CARE at 31.12.04			
<i>Foster Care</i>			
Foster Care	102	108	210
Care of Relative	24	56	80
Pre-Adoption	0	0	0
<i>Other Arrangements</i>			
Residential Care	18	9	27
Special Care Units	1		1
High Support Units			
Mainstream Units			
<i>No of Foster Carers</i>	95	103	198

CATEGORY	TOTAL 2004
Number of reports to Social Work Departments (as reported to MIS database)	
Emotional	385
Neglect	433
Physical	369
Sexual	301
Welfare	873
Total	2361

Category	Out-Turn 2004
PRE-SCHOOL SERVICES	
No of new Centre	34
Notification in 2004	233
No of annual inspections and advisory visits in 2004	279
No of pre-schools closed prior to inspection	N/a
No of pre-schools closed following inspection	25

CATEGORY	TARGET 2004	OUT-TURN 2004 1
INTERCOUNTRY ADOPTIONS		
No waiting for 1 <sup>st</sup> assessment		33
No waiting for 2 <sup>nd</sup> assessment		8
No of 1 <sup>st</sup> assessment completed		38
No of 2 <sup>nd</sup> assessment completed		10
Projected waiting time for 1 <sup>st</sup> assessment (from receipt of application)		21 Months (18mths in L/O, 24 L/W)
Projected waiting time for 2 <sup>nd</sup> assessment (from receipt of application)		3 Months
NUMBER DEFERRED		1 <sup>st</sup> . Assessment = 9 2 <sup>nd</sup> . Assessment = 0