

**YPAR 0-5 Working Group
Meeting 1st March 2012**

Present: Beth Fagan, Claire Devery, Ramona O Reilly, Frances O Keefe, Lesley Strahan, Ann Carol, Patrick Gates.

Apologies: Mark Shinnick, Jenny Heath, Frank Mulville,.

1. Minutes 19th November were noted and agreed.

2. Matters Arising: No matters arising that was not on the agenda.

3. Cuts in Community Employment:

The cuts in Community Employment could result in the closure of some community children's services i.e. CASPr and LYCS. The changes in CE have created a disincentive for local people to apply for places on the programme and this will threaten the ability of some services to survive.

It was agreed that YPAR link in with other groups campaigning for the reversal of the cuts. There has been a meeting with the local TDs in which all the relevant issues re the CE cuts and how they impact on services to the vulnerable families has been clearly presented.

There is not huge confidence that the local TDs will be in a position to influence the final decisions. One of the key difficulties in getting an agreed position on CE as it is viewed and reviewed differently by the different stakeholders. While the state view and measure the programme as an ALMP. The community would argue that the prevention and early intervention work which are major outcomes of the programme are rarely captured by reviews of CE. Neither is its role as a subvention for community services, drug rehabilitation nor income support measured, all of which go to combat poverty, enhances the local economy and supports community development.

YPAR will continue to lobby local politicians and the relevant ministries to urge them to protect those services to young people at risk being provided through CE.

4. Medical Cards

The issue of Medical Cards was highlighted as a serious issue as people are being left without health cover and families reluctant to have illnesses treated due not having the cost of GPs and hospital costs. There is a huge backlog of applications and renewals. The time it takes to process the medical cards is also impacting on childcare subventions.

5. HSE Early Intervention Team

The HSE Early Intervention Team has agreed to participate in the 0-5 WG. It was agreed that the YPAR Coordinator should ask them to make a short presentation at this meeting informing the meeting of the services they deliver.

6. Directory Up-date

With the help of a volunteer student we will up-date the YPAR directory of services of the 0-5 age group. We hope to have the student in place before the end of March.

7. YPAR Protocol and the HSE Deferential Response Model

HSE are rolling out the Deferential Response Model in this area. This is something that should connect to and complement the work of YPAR and particularly the YPAR Protocol. Agency and community services and project staff should make themselves familiar with both the YPAR Protocol and HSE DRM (See one page DRM definition below).

8. Monitoring YPAR Activities

YPAR is endeavouring to capture and measure positive impact from the interagency work and collaboration between the various agencies, services and projects involved in YPAR. To support this YPAR have devised a short reporting form (see below) that we are asking staff from local agencies, services and projects to complete in relation to particular interagency activities they have been involved with and send it back to YPAR who will record it for later analysis. If possible people should try to include feedback or testimonial from young people and their families who have benefited from interagency work

**The next meeting of the YPAR 0-5 Working Group will take place on Wednesday 18th April
12.00noon in Ozanam House.**

YPAR 0-5 Working Group Individual Action Recording Form

Name of Person Completing report:	
Your Project/Agency:	
Which YPAR Working Group are you reporting for?	
Is your activities part of an YPAR protocol case?	

What is the issue/concern/need you are working on?

What do you want to achieve?

What actions have you done to date?

What have been the achievements and benefits of your actions?

Has the issue been resolved, completed or ongoing?

What other organisations/agencies collaborated in this activities/action?

What Helped and/or Hindered you in carrying out this action/activity?

Signature: _____

Dated: _____

Please Return to

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Differential Response Model to Child Welfare:

What is it?

Differential response is an approach to child welfare practice that has been developed in the USA, Australia and New Zealand. The practice grew from a belief that child welfare agencies would be better able to protect child safety by allowing a broader range of responses to reports of child abuse and neglect.

Many reports received by child welfare agencies are not the most severe cases of child abuse and neglect. They are more often cases where families are experiencing some type of stress and need help. Traditionally, many child welfare agencies respond to all families through a rigid nonflexible set of investigative protocols whether it is for the most severe cases of abuse and neglect or a simple enquiry. This approach is creating increased workloads for social workers as well as backlogs and delays in appropriate responses and interventions.

The Differential Response Model (DRM) provides an alternative model that explores different approaches and needs of the child and family. With DRM Children Services will strive to individualise their responses to families according to reported concerns and needs. It will support a more collaborative and corroborative-based practice that engages communities and broad family involvement to offer an alternative approach to child and family welfare. A central tenet of differential response is that many children and families brought to the attention of child protective services can be better served using a supportive and collaborative approach that is free of the constraints and stigma of threatening investigations.

The differential response model should focus on providing services to children and families at the earliest signs of trouble. It should strive to improve the lives of children and families by helping parents when they need support, in order to prevent their family from entering the child welfare system. Because differential response engages families as partners, it also helps to re-position children's services as a resource that families in need can turn to before their problems become a crisis.

The differential response model is built around three guiding principles:

- Children are safer and families are stronger when communities work together.
- The earlier family issues are identified and addressed, the better children and families do.
- Families can resolve issues more successfully when they voluntarily engage in services, supports, and solutions.

Useful Web Resources

- <http://www.differentialresponseqic.org/assets/docs/qic-dr-lit-review-sept-09.pdf>
- http://www.childwelfare.gov/pubs/issue_briefs/differential_response/differential_response.pdf
- <http://www.ms.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj25/a-differential-response-model-for-child-protection-25-pages32-48.html>
- http://www.childandfamilyresearch.ie/sites/www.childandfamilyresearch.ie/files/north_dublin_drm_early_implementation_report_june_2011_1.pdf