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IAEM Position Paper on Access to out-of-hours Social Worker Services.

1. Background

A number of recent media reports have highlighted difficulties accessing social worker support for out-of-hours crises particularly those involving children. A report on service users' perceptions of the child protection system⁽¹⁾ criticised the lack of an out-of-hours social work service. In their statement of response dated 8th August 2008⁽²⁾, the Health Service Executive (HSE) stated that they have been in discussion for some time with the Department of Health and Children regarding the development of a comprehensive 24-hour, seven day a week, out-of-hours childcare service. They asserted that *"in the current economic climate, it is not possible to progress the fully comprehensive dedicated out-of-hours service"*. The statement also says that *"the HSE does operate on a 24 hour, seven day a week basis and that access is always there to services such as our GP out-of-hours Co-ops and our (sic) A&E services, as appropriate. Child safety and security is at the core of all our work and our new proposals will underpin this goal."*

The Irish Association for Emergency Medicine (IAEM) wishes to emphasise the ongoing, urgent need for comprehensive, consistent, 24-hour, seven day-a-week access to social work services, particularly but not exclusively in relation to child protection issues. As referred to in the HSE statement, Emergency Departments (EDs) **do** offer a continuously available service for children and adults in crisis; however the implication that they may have access to out-of-hours social work services is untrue. The necessary resources available through EDs for such patients are variable and are insufficient in the great majority of cases.

2. Social work services and the Emergency Department

There are three broad areas where social work services have a role in the management of ED patients:

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1. **Emergency child protection** – including non-accidental injury and the obligation on An Garda Síochána to bring a child, thought to be at risk, to a place of safety.
2. **Domestic violence** – often, though not exclusively, against women
3. **General medical social work** – including the homeless and patients with combined acute medical and social issues, where satisfactory timely resolution of the social dimension would allow the patient to be managed outside the acute hospital setting, thereby avoiding hospital admission. This latter group is drawn predominantly, though not exclusively, from the ranks of our older citizens. In the current adverse economic circumstances, the need for such services is likely to increase.

3. Current Access to Services:

3.1 Emergency Child Protection:

Under Section 12 of the Child Care Act 1991⁽³⁾, An Garda Síochána is empowered to remove a child to a place of safety in an emergency, in order to protect the child. The Act requires that “the child shall, as soon as possible, be delivered up to the custody of the Health Board for the area in which the child is for the time being”. The HSE (as the successor of the Health Boards) apparently contends that an ED is an appropriate point of access to services in this case. It is, of course, appropriate that ED care is available to children with social problems and particularly those in danger, when **no** other care options are available. However there has been a failure, to date, to ensure that more appropriate options exist. Emergency Medicine serves as a “healthcare safety net” for a broad range of medical, psychological and social problems in adults and children alike. EDs or GP out-of-hours Co-ops are far from ideal environments to assess and care for children and families in distress. Ideally, the management of such cases should be community-based. Moreover, in our view, it is inappropriate that such problems, which could be more appropriately managed in alternative care settings, are foisted on already overstretched EDs because of deficiencies elsewhere in the healthcare system.

When at-risk children are brought to EDs, medical social work support is required to facilitate their appropriate assessment and, if necessary, placement in alternative accommodation or care facilities. The lack of an out-of-hours social service frequently necessitates the admission of a child to an acute hospital ward, adding to the psychological distress the child experiences. Referral of a child in crisis to an ED is thus, at best, a temporising measure, may be detrimental and does not replace the need for community-based social work intervention. The lack of access to out-of-hours social services means that ED staff cannot liaise with or be briefed on any previous interactions the child or family may have had with social services. This represents an increased risk to the child and may result in an

inappropriate assessment being made and the correct intervention not being undertaken.

3.2 Access to Medical Social Workers in Emergency Departments:

The provision of medical social work services in EDs is variable and over 60% of Irish EDs do not have direct access to a dedicated ED medical social worker⁽⁴⁾. Appropriately trained ED-based medical social workers can play a significant role in the initial identification and assessment of vulnerable adults and of children for whom child protection concerns occur⁽⁵⁾. Medical social workers provide key liaison with community based social services in the initial management of vulnerable children and adults. In addition, the needs of adolescents, whose care needs may span adult and paediatric services, require special recognition. The emergency care requirements of adolescents and particularly those with acute psychiatric problems have not, to date, been appropriately resourced.

4. Summary

- The IAEM insists that there is urgent need for the provision of a 24-hours-a-day, seven days-a-week community based Emergency Social Worker service countrywide.
- It is unacceptable that the provision of this service is delayed for budgetary or economic reasons given the HSE's responsibility for the safety and security of children and vulnerable adults throughout the country.
- Consultants in Emergency Medicine do their utmost to ensure adequate emergency care is provided to children in crisis. EDs should be appropriately resourced (both in terms of staff and facilities^(6,7)) to provide the best possible standards of care for these children.

5. References

1. *Service Users Perception of the Child Protection System*. Buckley H, Whelan S, Carr N, Murphy C. Office of the Minister of Children and Youth Affairs. July 2008.

http://www.omc.gov.ie/documents/publications/CF_service_users.pdf.

Accessed on 4th March 2009.

2. *HSE finalising out-of-hours childcare emergency placement plans*. 8th August 2008.

http://hsenet.hse.ie/Intranet/News_and_Events/Press_Releases/?importUrl=http://localhost:82/eng/newsmedia/2008_Archive/Aug_2008/HSE_finalising_out_of_hours_childcare_emergency_placement_plans.html. Accessed on 4th

March 2009.

3. *Child Care Act, 1991.*

www.irishstatutebook.ie/1991/en/act/pub/0017/index.html. Accessed on 4th March 2009.

4. *Emergency Department access to Medical Social Workers in the Republic of Ireland.* Kennedy U, McGarry S, Hayes R, Geary U. *Irish Social Worker* (currently in press).

5. *Social care's impact on Emergency Medicine: a model to test.* Bywaters P, McLeod E. *Emerg Med J* 2003; 20:134-137.

6. *Standards for Emergency Department Design and Specification for Ireland 2007.*

http://www.emergencymedicine.ie/images/stories/iaem/statements/2007/2007_iaem_standards_for_ed.pdf. Accessed on 4th March 2009.

7. *Services for Children in Emergency Departments.* Report of the Intercollegiate Committee for services for children in Emergency Departments. Royal College of Paediatrics & Child Health. London, April 2007. http://www.rcpch.ac.uk/doc.aspx?id_Resource=2621. Accessed on 4th March 2009.