



CARI

Shining a Light for Children

Annual Report 2008/2009



CARI Helpline
1890 924567

Email: helpline@cari.ie www.cari.ie
Tel. 01 830 8529 Email: info@cari.ie

www.cari.ie

contents

Chairpersons Remarks – <i>Mr Richard Treacy</i>	page 3
CEO's Review – <i>Ms Mary Flaherty</i>	page 4
Clinical Services Report – <i>Dr Niall Muldoon</i>	page 8
I. Introduction	
II. Helpline	
III. Therapy	
IV. Court Support Services	
V. Education & Training	
Fundraising Report	page 22
Financial Statement	page 25
Company Information	page 27

chairpersons remarks

two years of serious challenge

CARI is the only charity which specialises in services to children aged 2 to 18 who have been affected by child sexual abuse. A number of voluntary agencies provide services to adults and adolescents. CARI alone amongst the NGO sector exists primarily to provide services to children. The historical problems have been quite rightly highlighted recently by the Ryan Report and the Dublin Diocesan Report. But the issue is not a historical one only and sadly very little attention is given to the needs of the children suffering abuse today.

The most recent figures supplied by the HSE show that in 2008 the number of allegations of sexual abuse were 2,379 and of these only 289 were confirmed. For all of these 2,379 children and their families there are very few services indeed. CARI is one of the few offering services in Dublin, Limerick and Cork.

The Ferns 4 (Children) Committee which had been tasked with examining and assessing the need for counselling services for children has finally reported to the HSE. CARI is all too aware that services for children experiencing abuse are hopelessly inadequate and lag far behind those now quite rightly available for adults. CARI argues the need for a nationwide service involving the voluntary sector, the core recommendation arising from the report.

Despite the above facts, in 2008 CARI had to commence a radical reduction in its staff and services due to lack of funding. Our services remain in demand. In the last two years calls to our Helpline grew by 11% and therapy offered by 22%. Waiting lists exist in all centres. It is widely known that if therapy is not offered and available at the time the client is ready the opportunity may be lost. Children close up and seem to cope until problems arise later, in many well known destructive pathways at huge societal and individual cost.

The Ryan Implementation Recommendations gave us all in this sector cause for hope but as the months go by our situation, and that of the other support organisations deteriorate rather than improve. Meanwhile Ferns 4 is sitting on a HSE shelf.

For children's services the result is that we risk failing this generation of children just as surely as earlier generations were failed. An adequate, accessible therapy services for this generation of child victims surely is a minimum requirement of any civilised society and campaigning for this will remain at the core of CARI's mission into the future.

In 2009 CARI weathered one of the most challenging years in it's history, though not the only financial crisis faced in my time at the helm. However the scale and extent of the challenge involved sacrifice by all staff and the loss of excellent staff members. I need to extend the appreciation of the Board for the way in which staff worked with us to meet these challenges and to ensure the survival of the organisation and our vital work with children and families. We sought to ensure that the cuts would be implemented in a way that would have least impact on services and the stability of our statistics suggest that we have largely succeeded.

I must record my thanks to my colleagues on the Board of CARI who give their time and expertise on a voluntary basis. In particular I am grateful to Colman Duggan, Childcare Expert and Peter Quinn, Accountant who joined the Board in challenging times and have brought great additional clinical depth to our board, along with significant management experience.

I also wish to record the thanks of the Board to the CEO, Mary Flaherty, the National Clinical Director, Dr Niall Muldoon, the staff of CARI and all our funders for their ongoing commitment to the mission of CARI.

Richard Treacy

Mr Richard P Treacy,
Chairman



Richard Treacy

CEOs review

2008 came in like a lamb and went out like a lion

CARI 20 years of service to children

2008 came in like a lamb. CARI was all set to celebrate 20 years in existence and the commemoration committee was in place. While we had recorded losses in 2007 the prospects for recouping those in 2008 looked good, due to the buoyant state of the economy, fundraising events and healthy national coffers.

CARI was poised to open its fine new centre on the Ennis Road in Limerick and to sell the existing premises in Garryowen to help fund the costs of the re-design, expansion and fit-out. In the Summer of 2008 agreement was reached with another local charity to purchase the building at a price that was just 10% lower than the valuation of one year earlier.

Critical funding issues take-over

By summer of 2008 the winds of change were being felt in CARI as in the general economy. As the year progressed it was clear that we were into a fight for survival. The house sale collapsed as the purchaser could not access funds from the local authority. Yet the move to the new premises and all the costs of the fitting out had to be met putting extra pressure on CARI's cash flow. Without the assistance of the JP Mc Manus Charitable Trust and the support of our bankers AIB we would not have made it through to 2009. A major grant from the former and bridging finance from the latter allowed us to reach the end of 2008, recording a second year of substantial losses which effectively eliminated any remaining cash reserves and heralded the need for deep cuts in 2009.

Redundancies and Cost Cutting measures

In the Autumn of 2008 we commenced cuts, making redundancies in the Helpline Department following a review and benchmark with other organisations which indicated overstaffing. In addition two part-time contracts in administration and fundraising departments were not renewed. In December we implemented a pay freeze, reductions in mileage allowance, and reduction in training. Despite these measures and faced with the failure of the Limerick property to sell it was clear that we were going to need emergency

support with cash-flow until our major grant from the Family Support Agency arrived in February 2009. As the year ended we were in discussions with the AIB regarding this funding which thankfully was successful. It is good to note that we were one of the small to medium employers in this country that was successful in securing additional lending from our bank. This was due to our good track record with them and to our commitment to further cost cutting measures.

In 2008 despite the difficulties the good work continued.

Against this background we continued to provide a quality helpline and therapy service and recorded significant growth in numbers availing of both of these services. Detailed statistics on all services are provided in the body of the report. Training programmes were affected by the downturn but we had a number of successful events and a well attended Conference on "Internet Safety" all reported on in more detail in the body of the report.

We commenced the roll-out of our new hopeful logo, the multi-coloured sunburst, in a low cost incremental campaign. Despite the financial restraints we view this to be important for our staff, clients and work. It emphasises the hope, and the reality of recovery from the trauma of child sexual abuse which inspires our work.



CARI
Children at Risk in Ireland



Politically the stalemate around the Children's Rights Referendum continued although the Joint Oireachtas Committee made progress on some of the other issues by recommending legislation in the area of exchange of soft information and strict liability.



Mary Flaherty

CEOs review

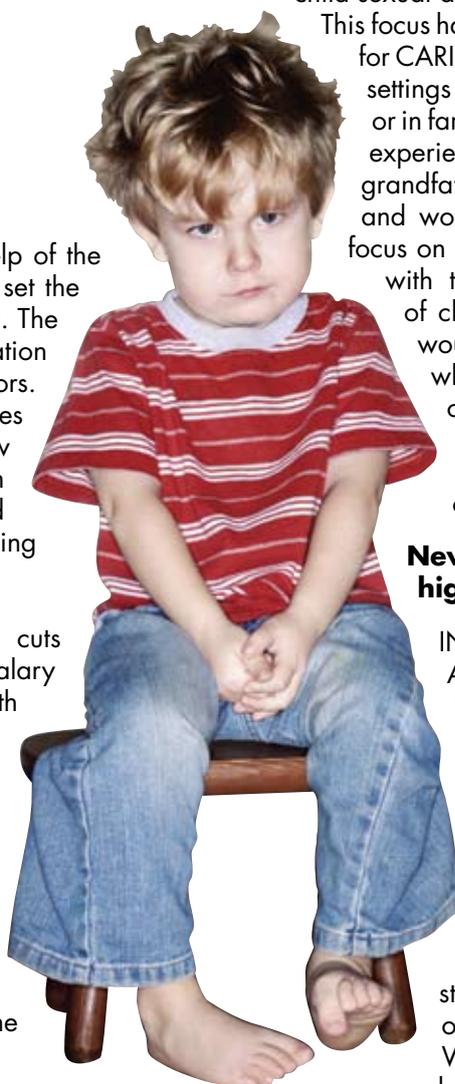
CARI's National Clinical Director Dr Niall Muldoon represented CARI on the Ferns 4 (Children) Committee which had been tasked with examining and assessing the need for counselling services for children. CARI is all too aware that services for children experiencing abuse are hopelessly inadequate and lag far behind those now quite rightly available for adults. CARI argues the critical need for a nationwide service involving the voluntary sector.

2009—A year of unprecedented challenge.

CARI's struggle to survive

CARI survived January 09 only with the help of the short term loan from our Bankers AIB. This set the tone for the year which focussed on survival. The critical state of the finances of the organisation was brought about by a number of factors. These included the failure of the old premises to sell in time to meet the final bills on the new premises, the dramatic drop in income from events and cutbacks in statutory grants allied to the elimination of all cash reserves following the losses in 2007 and 2008.

It was clear that severe and dramatic cuts were needed over and above the salary reduction of 10% already negotiated with staff. Redundancies were inevitable and focussed initially on the non-clinical areas. Fundraising, administration and press were the focus of this first round of redundancies. Sadly these were not sufficient to fully stabilise the organisation and later in the year two therapy posts were made redundant. In addition we dropped two outreach services in Meath and Wicklow and concentrated all therapy in our Drumcondra centre in the Eastern Region.



As the year came to a close it was clear that we had succeeded in making ends meet and even ended the year with a very small surplus. The negative consequences were that clients from the satellite areas had either to travel long distances or end therapy at CARI. In addition we have ended the year with waiting lists that are far too long in terms of numbers and length of time waiting for service, due to the loss of trained experienced therapists.

The year of the Ryan and Murphy Reports

2009 was a year that saw immense public focus on issues of child sexual abuse, albeit historical and clerical abuse.

This focus has not led to any extra resources or support for CARI's clients, as all of our clients are abused in settings other than clerical ones, usually the home or in familiar settings. The typical abuser in CARI's experience is not a cleric, but a father, stepfather, grandfather, uncle neighbour and, increasingly and worryingly, siblings. CARI wishes to see a focus on this reality in the years ahead in tandem with the ongoing struggle of adult survivors of clerical abuse to have their needs met. It would be great, if the huge wave of concern which has focussed media, political and church attention onto this huge betrayal, could galvanise support for the children who are still today experiencing abuse on a daily basis in all settings.

New reports of CSA remain alarmingly high

IN 2008 the HSE figures in their Review of Adequacy indicated that there were over 2300 new child sexual abuse allegations in that year. It further indicates that of those, 722 cases were not even investigated. It begs questions of how the original number of complaints resulted in only a tiny number 289 (12.5%) of confirmed cases. CARI suggests that there are many concerns arising from those statistics. International studies suggest that only a tiny percentage of allegations are false, less than 2%. What is happening to those reports and what is the situation of those children?

CEOs review

Ferns 4 - the forgotten report?

Even for cases of confirmed abuse the services available are limited, and mainly concentrated around Dublin. Children in many regions have as their only recourse the underresourced general child and adolescent mental health services which often only offer services to victims when they exhibit symptoms such as self harm and suicidal ideation. It is a scandal that where adults in Ireland who experienced abuse have quite rightly a designated service there is no such services for children in most parts of Ireland. Unconscionably, the Ferns 4 Committee, which looked at services, for child and adult victims is the only one of the five committees not to have been accepted yet. CARI calls on the HSE to produce the report and act urgently on the recommendations of that committee to ensure that a service is provided on a nationwide basis as a matter of urgency. Such a service should be linked in to primary care centres, should draw on existing expertise and could be linked into a general child therapy service to complement the general psychiatric services and thereby allow lower cost longer term therapy to be provided to children who have experienced this trauma and perhaps even other trauma also.



A light in a naughty world

On a positive note CARI was able to gradually roll out the new logo, the multi-coloured sunburst, with support from key sponsors. We replaced the old logo of the crying teddy with the more uplifting and optimistic sunburst to reflect the reality of children's experiences in therapy. CARI houses are sunny and colourful places with safe playrooms, therapy and counselling spaces and they are places of healing and recovery. At a time when the mere thought of a child being abused sends many into despair we in CARI know that we are part of the solution to a sad reality for many children. We offer hope that the journey can end in light and the integration of the very difficult experience so that it becomes one of life's experiences and not the defining one. Our new tagline 'Shining a Light for Children' encapsulates the message we wish to send out to the many families who are and will be dealing with the reality

of child sexual abuse in their family, groups or communities.

Strength in numbers - welcome co-operation between children's charities.

Another bright spot in 2009 was the coming together of the major child protection charities to lobby government for change in the constitution, the law and child protection practices. CARI wishes to give credit to the CEO's and senior staff of Barnardos, The Children's Rights Alliance, the ISPCC, One in Four and the Rape Crisis Network for finally achieving an effective co-operation in influencing decision-making for the betterment of children's lives. While progress is painfully slow and often takes two steps back when you have inched one step forward, we now have government commitments on putting Children First Guidelines on a statutory basis and an agreed, robust, all party wording for a Constitutional Referendum on the Rights of the Child. In addition legislation is underway on the exchange of so-called soft information in vetting processes for those who may work with children.

Conclusion. Thanks to so many...

I would conclude by thanking all the staff of CARI for working with management so constructively to meet the really difficult challenges we faced in late 2008 and throughout 2009. My colleague, Dr Niall Muldoon, deserves special mention for his leadership at this time and the Board were also supportive and active in helping us steer a course through the very stormy waters. As always our clients showed me the way in dealing bravely with adversity and I also wish to sincerely thank those funders and supporters who were able to stay with us as the financial storm raged and they faced similar challenges.

Mary Flaherty

Mary Flaherty
CEO

CARI Charter, Mission and Philosophy

The original founding CARI Charter:

- 1) CARI's primary aim is to provide therapy for children and young people who have been affected by child sexual abuse. CARI also provides information, support and counselling to non-abusing parents, carers and siblings as appropriate
- 2) CARI's secondary aims are:
 - A. To increase public and professional awareness of the existence of, and dynamics of, child sexual abuse.
 - B. To prevent child sexual abuse by providing information, support and training to adults, thus equipping them to better protect children.
 - C. To contribute to change in the responses made, and resources available, to children and families affected by sexual abuse.
 - D. To undertake research about child sexual abuse.
- 3) To achieve our aims CARI must obtain adequate funding. Fundraising methods will never be allowed to exploit our clients or staff, or to compromise their situation or reputation.
- 4) Our Code of Ethics reflects our philosophies regarding our work and our clients and will guide all our work. We will respect and value our staff and volunteers.
- 5) We recognise that the nature of our work may lead to stress for staff and volunteers. We aim to ensure that appropriate support is offered to all who work for CARI.
- 6) Our primary aim will never be compromised by any of our other aims or objectives.

This Charter encapsulates the spirit and ethos of the organisation, alongside the more recent CARI Mission Statement:

CARI aims to provide a professional, child centred therapy and counselling service to children, families and groups who have been affected by child sexual abuse, to support and assist their recovery process.

Alongside this we aim to provide the most up to date education and information service for children, adults and professionals on the dynamics of child sexual abuse, and, moreover to raise public and political awareness of these issues.

We, as a non-governmental organisation, will at all times operate on a not-for-profit basis ensuring that our services are accessible, regardless of a child's means or situation.

Both statements are used alongside one describing the Philosophy of CARI:

CARI believes that children have the right to a service that respects their freedom of expression and their right to child-centred services. We respect the strength and resilience of children and design our services to build on this strength, enabling children to grow into adulthood defined not by their abusive experiences but by their individuality and creativity.



clinical report

Introduction

It is difficult to look back on 2008 without wondering “what happened?!” – We entered the year with a great sense of optimism and drive to move our services forward. We had plans for expansion to some new satellite centres, we had the new Limerick building well on track for a September opening and we had managed to bring our staff levels up to full compliment. It was a year in which we managed to create a positive dialogue with all of our HSE regions and we secured funding from the Family Support Agency, the HSE Dublin North Central and the HSE Mental Health to support our work. Each one of these negotiations were painstaking and precise so it was a great vote of confidence to garner final approval for such funding. A lot of time and energy was devoted to ensuring our staff team were cohesive and well motivated for what is a very difficult and challenging career and this has been achieved with regular team meetings and training alternating between Limerick and Dublin. There was a lot of excited talk about how we could properly acknowledge the 20th Anniversary of the foundation of CARI in 2009 ensuring that the children and their families were included in as many ways as possible. It was also a year in which we finally put our theory of therapy down on paper after a lot of very hard work by Monica Murphy and Majella Ryan. So I can unreservedly say that 2008 was one of the best years in the history of CARI.

Always put the client first

However, from September onwards 2008 turned somewhat sour, because of a serious financial crisis which had as big an impact on our organisation as the national crisis has had on Ireland. The final four months of the year saw us having to cut back on expenses, freeze wages, withdraw from tow of our three satellite centres and eventually seek a voluntary 10% cut in wages from all our staff. This is certainly not the most conducive atmosphere in which to bring therapy to our clients but that is exactly what the teams in all centres did. They never faltered in their professionalism, they remained consistent in offering safe, top quality, child centred therapy to all of the children and families who seek our help. I believe that no more could have been asked of a great team who

consistently took the blows thrown at them by the economic downturn and always put the clients first.

It has been said that “out of crisis comes opportunity” and I certainly believe that this crisis has given me the opportunity to see the CARI staff at their most committed best. It has also forced us to review our clinical practice and model of operation to determine if we can find better ways to work and perhaps offer our service to more people. That work is ongoing and we are struggling to find the right balance between quality and quantity in a therapeutic sense – that is, can we see more people without sacrificing a model of working which we know to be effective but labour intensive?

New Centre in Limerick:

It was with great pleasure that our staff undertook the arduous task of transferring their belongings from our old home in Garryowen to the new, state of the art building on the Ennis road in September 2008. This re-furbished facility is a true reflection of the worth we place on our clients and our staff as it is a beautiful, airy and warm building that radiates a sense of welcome and calm.

Great credit for the transformation of the premises goes to John Quinn (Architect) and our main contractor, Nash Builders who both did an outstanding job in understanding the spirit we were trying to generate within the building. Their innovativeness and attention

to detail now allows us to provide the children of Limerick and the Mid West a safe, comfortable and child friendly environment in which to help them heal from the pain of the traumas they have experienced. This centre offers six fully fitted therapy rooms with excellent play, art and sand facilities so that all levels of expression are catered for. These rooms are designed so that no child should have to struggle to find a medium with which to communicate their feelings to their therapist. CARI House on the Ennis road is also a much more positive setting for the great staff who work there and it allows them each to have the space and quiet to do their work well and without fear of being overheard or disturbing others.



Niall Muldoon

clinical report

The only concern we had in initiating this move was the impact that travelling may have had on some of our clients but, thankfully, this has not been an issue and indeed from the very first day we entered the building our referral numbers began to increase. That increase saw us receive 50% more referrals in the first six months after we moved to the Ennis road.

It is a constant refrain from all who visit the house that the light is strong and the whole building is bright and we believe this is symbolic of the message we want to give to the children and families who attend – Hope is here, the light WILL shine again. Finally, I want to offer a huge thank you to all the people of Limerick who have contributed enormously to the success of the move. The people of the city and county never fail to respond to the needs of its children through the ongoing support of our services by very many businesses and individuals. This support does not go unnoticed and we will always be grateful.

The Ferns 4 (Children) Working Group

The Ferns Inquiry Report (2005) identified over 100 allegations of child sexual abuse made between 1962 and 2002 against 21 priests operating under the aegis of the Diocese of Ferns. As part of its final recommendations it set out five main areas which needed to be improved upon and in response to that the HSE established five working parties to further explore those areas and make recommendations.

The Ferns 4 (Children) Working Group was the last to be set up by the HSE and it was charged with determining the assessment, therapy and counselling needs of children who have been sexually abused, and their families. The committee was gathered under the Chairmanship of Mr. Paul Harrison, National Specialist, National Children's Services, Office of the CEO of HSE and included many experts in Children and Family Services from within the HSE as well as a number of professionals from the child sexual abuse assessment units in Dublin and Cork. However, CARI was the only Non Governmental Organisation to be represented on the committee highlighting its standing as a leading provider of specialized therapy and support for children and families affected by sexual abuse. This committee met on a regular basis across 2008 and 2009 and generated a number of draft reports before presenting its final report to the HSE in October 2009. This set out the needs of children who have

been sexually abused in relation to assessment, therapy and aftercare and there is a very clear recommendation for a more co-ordinated method of delivering these services in an equitable manner throughout the country.

Terms of reference

- To examine the assessment, therapy and counselling needs of children who have been sexually abused and their families, and
- To make recommendations concerning service requirements

Recommendations

This working committee made a range of recommendations including the establishment of a National Steering Committee with a mandate to manage and co-ordinate assessment and therapy services throughout the country; and to have governance oversight of these services. It also recommended the piloting and evaluating of an American concept called the Child Advocacy Centre which is aimed at providing integrated inter-disciplinary and inter-agency services. This model seeks to recognize the strength of interdisciplinary co-operation and allows individuals to dismantle their professional silos while recognising the added value that others bring their own work. An ideal model includes child protection services, community health and paramedical services, specialist units, the medical profession, the Gardaí, the voluntary sector and the legal profession.

There were recommendations on the Medical Requirements of this client group which called for the establishment of designated centres for medical assessment on a regional basis to ensure ready access to medical examiners with training, skills and expertise in this area and to ensure an adequate number of examinations to maintain these skills. There was support for the Expert Advisory Group Sub Committee on Medical Assessment of CSA (2008) which recommended that Paediatricians are the appropriate medical professionals to undertake this role.

The Ferns 4 Committee was also very strongly in favour of appropriate Monitoring, Research and Evaluation of all services set up to play any role, no matter how small, in the area of child sexual abuse. They set out the importance of establishing an integrated dataset for sexual abuse covering

clinical report

all HSE services. There should be a link to the Gardaí, the Court Service, the Prison Service and Probation; with a unique case identifier where a case could be tracked from the point of entry to final outcome. A system for monitoring and evaluating services must be introduced and maintained on an ongoing basis. It should provide an opportunity for staff and service users to participate and make suggestions for service improvement. It was also considered vital that resources need to be allocated for ongoing research in the area to demonstrate an evidence base for what interventions are effective and lead to better outcomes both for individual children and for their family systems.

From the CARI point of view the most important set of recommendations were around the Needs Led Services for Children and Their Families – this covered the establishment of more assessment services in the community to facilitate the ease of access, which is a vital element of this new national strategy as well as giving guidance on the therapeutic requirements of those affected by child sexual abuse. These are listed below:

- All children who require access to therapeutic services should be linked to a free therapeutic service as soon as possible after assessment. It should be recognised that children may need to access therapeutic inputs a different stages.
- Children and families should be able to avail of a range of interventions such as individual therapy, family therapy, parent support work or group therapy.
- Consideration to be given to reviewing the role of existing specialist units in relation to assessment and therapy to include all forms of abuse.

Child care services at LHO level should be resourced and mandated, as appropriate, to carry out therapeutic interventions. As with assessment services, this will require the provision of initial training; and appropriate child friendly facilities which allow the child various mediums of expression for their feelings within therapy e.g. sand, water, paint, music, drama, dress up. These community services should be located within the Primary Care structure.

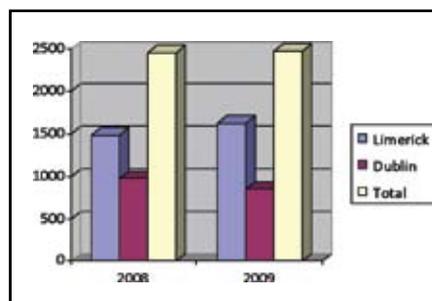
CARI now urgently calls on the HSE to take on board all of the recommendations so that the lessons learned through the Ferns, Ryan and Murphy Reports in 2009 can lead to a better response for children affected by this terrible crime. We insist

that the Government should provide the necessary resources to bring the Irish health service response up to the best international standards and thereby minimize the potential harm done to children who suffer in this way.

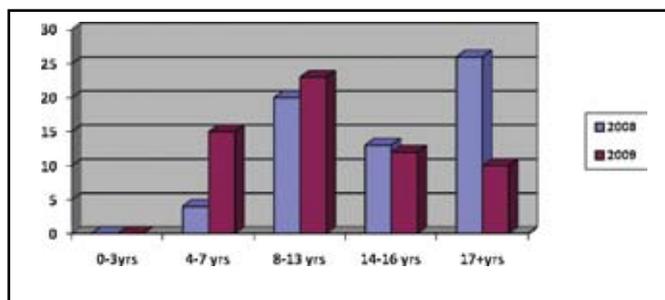
THERAPY STATISTICS 2008 & 2009

Limerick total number of appointments given (Therapy and Advice Appointments)	=	1484
Dublin total number of appointments given (Therapy and Advice Appointments)	=	975
Total for 2008	=	2459
<i>(21% increase on 2007)</i>		
Limerick 2009 total number of appointments given (Therapy and Advice Appointments)	=	1625
Dublin 2009 total number of appointments given (Therapy and Advice Appointments)	=	846
Total for 2009	=	2471
<i>(.5% increase on 2008)</i>		

Appointments Offered in 2008 & 2009



Age Breakdown of Children Attending CARI in 2008 & 2009

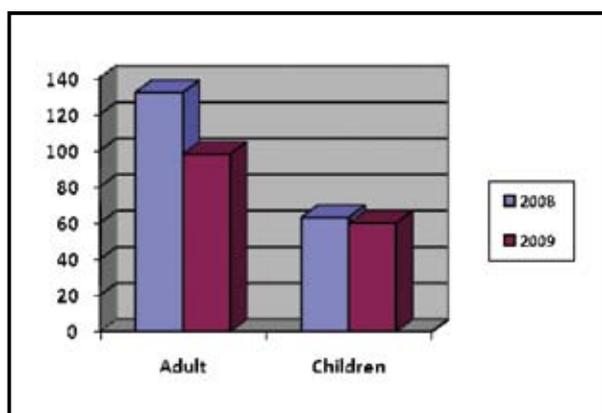


clinical report

22% Increase in Appointments Offered Despite Economic Downturn

Our statistics show that CARI have increased the number of appointments offered by 22% over the past two years. In that time we have helped 182 new families (103 in 2008 & 79 in 2009), 230 Adults (132 in 2008 and 98 in 2009) and 123 Children (63 in 2008 and 60 in 2009). This is a clear indication that CARI is continuing to meet its commitment to the children and families for whom it offers so much hope at the darkest time of their lives. The growth in numbers attending the Limerick service (which incorporates our Cork satellite) can be directly attributed to two main factors, the move to our new purpose built centre on the Ennis Road and our much improved relationship with the HSE and therefore a much wider array of referral sources in the region. The Dublin centre has seen a decrease in appointment numbers solely as a result of the financial crisis as that has led to the loss of two therapists one redundancy and one moving to full time work as a result of coworking, these losses have huge knock on effects to the appointments offered. The impact of a staff member leaving in this work is that not only do their direct clients lose out on appointments but often, if they are seeing a child then the parent may decide not to come to their therapist until the client has been re-allocated therefore reducing the overall number of appointments further. We are working hard in 2010 to bring the appointments available up and are hopeful that the long waiting list in place at present can be shortened, but without an increase in resources it is very hard to see it being eliminated in the near future.

Number of Adult & Child Clients



Value of Parents & Carer Work in Helping Children

Of the almost 5000 hours of appointments offered over the past two years approximately 2/3 went to parents and 1/3 to children – indicating the very delicate balance required when evaluating the timing of therapy for a child. They need to be in a safe environment at home/care, they need to have parents or carers who will be supportive of their therapeutic work and they need to be willing to engage themselves. Therefore a lot of time is often spent in working with parents/carers prior to the child entering therapy so that the most productive environment is established within which the child can prosper and grow. Thus the adults may appear to get a disproportionate amount of appointments but each one is geared toward assisting the child in their recovery from the affects of abuse regardless of whether they are actually attending the session or not.

103 Children Helped Directly

63 children (ranging in age from four to 17 years) were seen in 2008 of which 32 were new to CARI, they consisted of 36 female and 27 male children and teenagers and the biggest number were in the 17+ age group. In 2009, 60 children and teenagers were seen, of which 37 were new clients with the biggest number being aged between eight and 13 years old. There were 39 female and 21 male children and teenagers. The statistics showing a change in the biggest age group from 2008 to 2009 can be explained by the fact that clients in their late teens tend to come to an agreed end much quicker than the younger children.



clinical report

This is because of a number of factors, including their level of maturity which facilitates insight and self reflection thereby increasing the overall benefits of therapy, but it may also be related to their practical circumstances around moving into third level college or work at a certain age and then needing to find a conclusion to their therapeutic journey.

Advice Appointments as a result of crisis

Our Advice Appointments to parents and carers who have concerns about issues around sexual abuse continues to be well subscribed and is found by the majority of those who avail of them to be hugely beneficial. They are seen as allowing them the opportunity to move from crisis to a calmer position which allows for plans of action that are better thought out. The families who avail of this service often come as a result of a recent disclosure and are unsure as to what they should do next. Therefore the availability of a service like ours provides that safe, neutral space in which to process all the information, both practical and emotional, that has been swirling around in their heads. Advice appointments often act as an important bridge between individuals and the reporting agencies of the HSE and the Garda Síochána. CARI is grateful to the HSE for their ongoing financial support for this service which was available from all our centres in Dublin, Limerick, Meath, Wicklow and Cork.

Maintaining Quality through the downturn

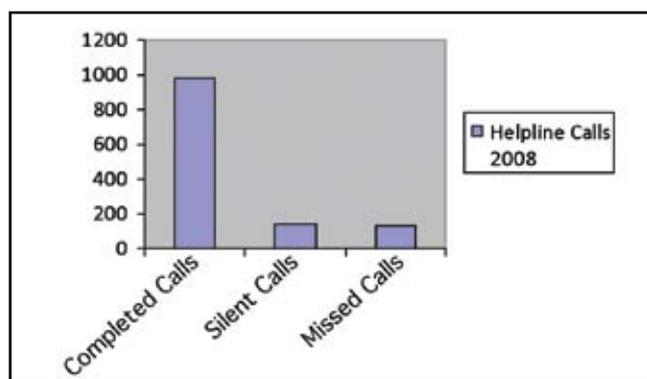
The dramatic increase in appointments offered since 2007 must be seen in the context of the onset of the economic downturn. This led to the necessity of closing of both the Meath and Wicklow Satellites and the loss of two therapeutic posts. Therefore, despite these regrettable decisions which were taken with great reluctance in order to reduce our overheads, we have managed to stay focused on our core objective of providing a safe, reliable therapeutic and supportive service to the families who need it. As with all great teams, when they were hit with adversity (pay freeze, redundancies, reduced budgets) the CARI therapists responded positively by maintaining their standards and increasing their throughput.



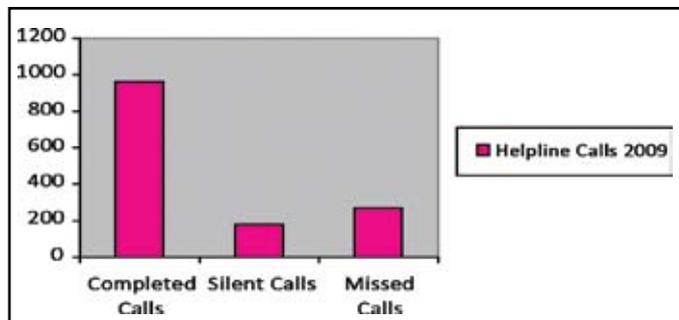
clinical report

Helpline Statistics

Total Calls in **2008** = 1251
(Includes 977 completed calls; 132 Silent Calls & 142 Missed Calls)



Total Calls in **2009** = 1404 (11% increase on 2008)
(Includes 960 completed calls; 177 Silent Calls & 267 Missed Calls)



11% Increase in Helpline Figures

These headline figures show that our Helpline team has managed to increase the overall number of calls they have handled in 2009 despite undergoing a re-organisation that led to two posts being made redundant. This is a very clear indication of the strength of the team and their ability to set up a system which is capable of handling so many important calls. It is also noteworthy that the number of completed calls was lower by a fraction but the average length of each call has increased by one minute over the course of 2009 to 21 minutes. The figures indicate an increased demand for the

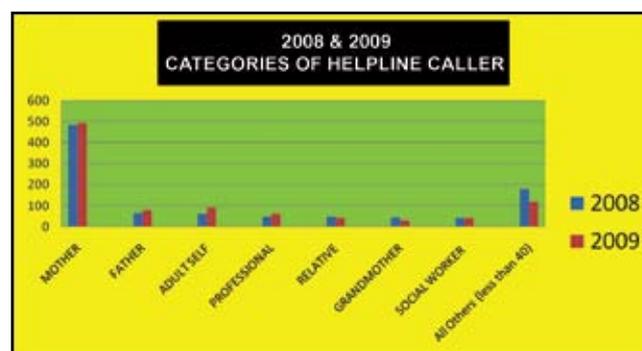
service provided and offers more proof that many individuals are in need of the range of support that CARI offers through our Helpline operators. A mother (our biggest category of caller) who has just received a disclosure from a child has very few safe places to seek expression while they try to come to terms with the full scope and implication of such a revelation. Our operators are skilled at putting every caller at their ease and allowing them to feel fully supported while also providing sufficient information to them which allows them to make informed choices. The operators have also got the option of providing the caller with the possibility of a face to face Advice Appointment with a therapist if they sense the situation may be critical. Finally, from these figures it is clear that the number of Missed Calls has almost doubled from 2008 and that is a challenge for us as the records show that 136 were within office hours but 131 were outside those hours. The Helpline Team Leader and I are working on improving the figures for within office hours and also looking to begin recruiting volunteers with the possibility that some extended hours may be possible in the future. Extending our opening hours may provide more chances to pick up those missed calls.

Breakdown of Helpline Calls

Category of Callers

2008 Major Categories of Caller =
Mother (483); Father (65); Adult Self (62), Professional (50); Relative (48); Grandmother (47); Social Worker (42); All others – less than 40 (180)

2009 Major Categories of Caller =
Mother (493); Adult Self (92); Father (79); Professional (62); Relative (44); Social Worker (42); Grandmother (29); All others – less than 40 (119)



clinical report

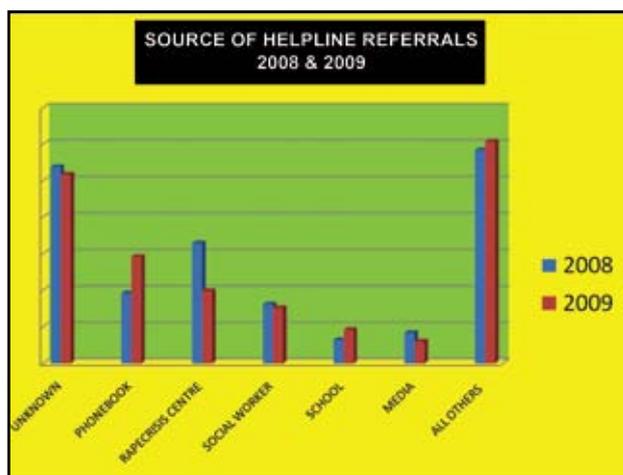
Mothers are again the biggest category of callers to our Helpline and this has been the case over the history of the Helpline. We continue to be delighted that we can be such a source of support, comfort and guidance to so many women who are in the throes of dealing with sexual abuse within their circle. However, one of the interesting figures in these statistics is that the Adult Self (i.e. adults who have experienced abuse themselves) has increased by 33% since 2008 and it is directly attributable to the increased distress created by both the Ryan and Murphy Reports. Our operators saw a very clear increase in this category of caller subsequent to each report being published. They heard some heart wrenching stories including the one from the elderly man who had never told anyone about his abuse at the hands of a school teacher. What he wanted at this point was just to have someone hear it from him, but his wife and siblings were all dead and he did not want his children to know. His call was just a cry to have his truth heard and someone non-judgmental to listen to him. He was extremely grateful and thanked the operator for listening – he has never called back.

We are also encouraged to see an increase, in 2009, in the number of Fathers and Professionals who seek out CARI to help them around the issue of sexual abuse and these are two categories we have specifically targeted and will continue to focus on throughout 2010.

Major source of referrals

2008 Major Sources of Referral =
 Unknown (269); Rape CC (165); Phonebook (96); Social Worker (81); Media (42); School (32); All Others (292)

2009 Major Sources of Referral =
 Unknown (259); Phone Book (146); Rape CC (99); Social Worker (76); School (46); Media (30); All Others (304)

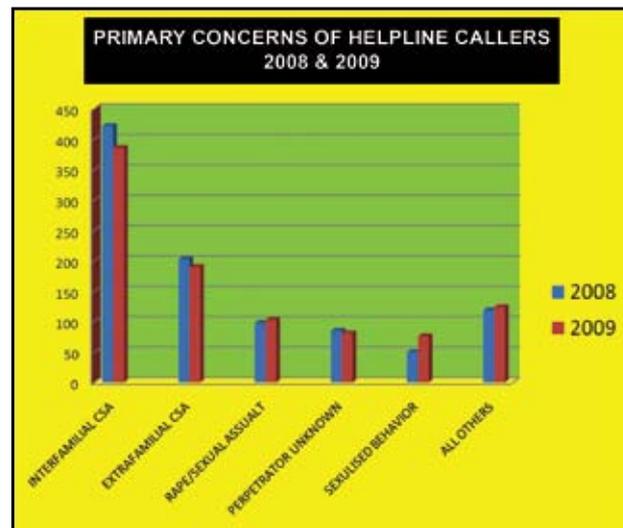


The figures here are consistent and indicate that the top five sources from which our callers gain their first knowledge of our Helpline have not changed over the past two years. We are indebted to our colleagues in the Rape Crisis Centres and to the Social Workers and School staff who point people in the direction of our Helpline. These relationships have been cultivated over the years and we invest a lot of time and energy in reaching out to possible referrers over the course of a year so that we can be assured that no person who may need our assistance will be left wondering where to call. Our aim for 2010 is to build on our strong profile through increased media work and a specific focus on the Internet as a possible source of referral.

Intrafamilial abuse is still most prevalent and sexualised behaviour in children is a growing concern

2008 Major Primary Concerns =
 Interfamilial CSA (422); Extrafamilial CSA (203); Rape/Sexual Assault (98); Perpetrator Unknown (85); Sexualized Behaviour (50).

2009 Major Primary Concerns =
 Interfamilial CSA (386); Extrafamilial CSA (190); Rape/Sexual Assault (103); Perpetrator Unknown (81); Sexualized Behaviour (76).



clinical report

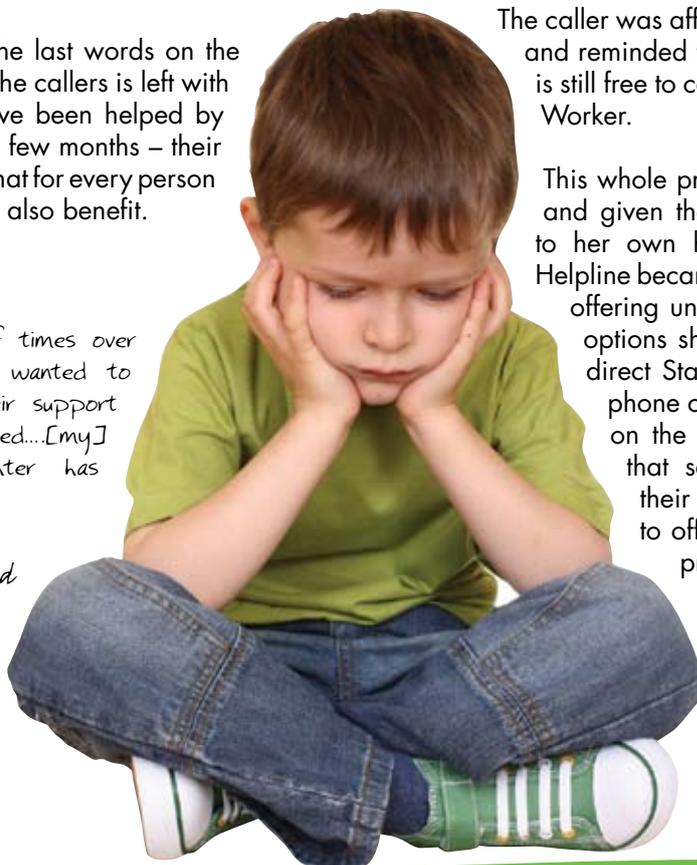
The main point of note in our top 5 Primary Concerns, as stated by our callers, is that there is no change in the order of these concerns – **Intrafamilial abuse continues to be the most prominent concern highlighting, once again, the huge dangers that exist for children within a familial setting.** This is a point too often forgotten or unheard in today's media. It is also very noteworthy that, for the third year in a row we have seen an increase in the reported concern about sexualised behaviour and in 2009 it was up 25% from the year before. This is a phenomenon that is likely to grow even further as our children become exposed to even more sexualised and adult type content in a more diverse range of online, web enabled and mobile devices and games. We offer therapeutic help to children 12 years and under who have engaged in sexually inappropriate behaviour and this area of our work has also increased over the past number of years. **We urge all parents to be more vigilant than ever with regard to this area** and recommend that they educate themselves as to the capabilities of the computers, laptops, game consoles and phones their children are using because while they are fantastic tools they also have the potential for corruption if unsupervised. **Our advice is to Educate (yourself), Communicate (with your child) and Enforce (agreed rules) with your child** so that each one of you knows what is expected from the other with regard to content and time spent online.

Finally, I feel it is vital that the last words on the importance of this service to the callers is left with some of the people who have been helped by the CARI Helpline in the past few months – their statements also show clearly that for every person who calls a number of others also benefit.

Quote from Helpline callers:

"I have phoned a number of times over the past few months and wanted to thank all the staff for their support and advice...I felt encouraged...[my] relationship with my daughter has grown stronger.

"I did not feel judged and the Helpline operators were a great support to me"



Themes Arising from CARI Helpline & Therapy during 2008 & 2009

Helpline Callers Progress As a Result of Getting Support

One caller was a concerned mother who has watched for two years as the children of her best friend have regularly reported sore bottoms. She is also aware that the two children have, on a number of separate occasions, said that their "Daddy hurt my wee wee." Rather than directly discuss/confront her friend the caller decided to talk it over with our Helpline. This led to a decision to speak anonymously to a Social Worker and ask for their advice. When this did not offer the caller sufficient insight/guidance as to what to do she decided to go directly to her friend and lay out her concerns.

This was not an easy thing to do and needless to say led to a lot of anger and upset on the part of her friend. The friend was also able to offer a series of, what the caller described as, "plausible explanations" as to the concerns she expressed. Subsequent to this discussion the caller returned to the Helpline and stated that she had, since telling her friend, confided in her own husband and between them they had made the decision to go no further with the suspicions.

The caller was affirmed for making the efforts she did and reminded that if further concerns do arise she is still free to contact us or go directly to the Social Worker.

This whole process took approximately 4 weeks and given that the caller had not even spoken to her own husband about her concerns, the Helpline became a huge resource for listening and offering unbiased advice around the possible options she could look at. While there is no direct State involvement as a result of these phone calls there is now at least awareness on the part of the mother of the children that someone has serious concerns for their wellbeing. This could be enough to offer a sufficient level of support and protection to those children – should they need it.

This example offers a great

clinical report

insight into the "tightrope" that is walked by our Helpline staff in offering support to the individual callers while also remaining neutral in relation to the possibility of abuse having occurred. It is for this type of work that I commend all of our Helpline operators for their unstinting empathy and support to the caller whilst also keeping the needs of the child foremost in their mind – they all do a brilliant job in a very stressful area of work.

Constitutional Reform is vital to prevent Mothers from facing jail in order to protect their children

Our helpline has also been regularly receiving calls from parents, primarily mothers who are struggling with concerns about allowing their child/children to have access with a partner whom they do not trust to take proper care of them. The callers are often in the category of having supported their child to make a complaint of abuse against the partner/father and if the assessment of that complaint, by the relevant professionals, is found to be inconclusive then access is generally granted to the partner. Even on the occasion where access is judged as needing to be supervised the mother is often not reassured by the fact that the supervision is done by one of her partner's family. The Helpline staff are regularly encountering and assisting callers with the huge trauma and upset visited upon those parents who are in this "double bind" and our staff are very well aware that without a constitutional amendment which gives the child an independent voice in these cases then very little can be done.

CARI is also aware of a small number of mothers who have faced trauma and distress at being forced by court order to send their children to access visits where the children have reported being abused. If these allegations are not proved within an assessment process the HSE and courts will allow access. Assessments and legal proceedings take place in the shadow of our constitution and the inadequate protection it provides for children. The child's voice is often silenced by the rights of a possible abusive parent who can rely on the

constitutional rights of family to support their claim for access. This very difficult dilemma facing some non-abusive parents is exacerbated by the lack of supervised access centres which might offer the courts the option of a middle ground between child protection and parental rights. A robust and clear amendment of the constitution which asserted the primacy of the best interests of the child and the wishes of the child could end this disgrace. It would assure that an end to the situation where this current generation of children is being failed by the HSE and the Courts as surely as were earlier generations.



CARI staff deal with the most harrowing and challenging work whether it is with children who have been traumatised or supporting mothers facing the dilemma of jail for ensuring their child is protected from abuse. I challenge any parent reading this to consider sending your child into a situation where they have said, and you believe, they are being harmed. Imagine then having to do that every week or fortnight with the weight of the state saying you will be jailed if you do not. Many might say they would gladly face jail rather than allow their children to face possible harm however the constitution will also come to the aid of the other partner (if they are the biological parent) and say that in the case of a mother going to jail the primary care role may revert to the father.

Non Prosecution of Cases by the DPP.

While progress has been made in taking evidence from children with the introduction of specially trained Gardai and the use of video link rooms to allow a child give their evidence outside a courtroom setting, decisions by the DPP not to prosecute certain cases continues to cause huge anger and hurt to victims and their families. As with the issue highlighted above it proves again and again that the adversarial legal system is continuously failing victims of sexual crime and structural change is needed if things are to improve.

Sexualised harmful behaviour by young people.

CARI continues to receive calls on our helpline and receive

clinical report

therapy referrals in significant numbers regarding sexualised behaviour among children and we are currently drafting a leaflet to respond to this in conjunction with Kieran Mc Grath, (Childcare and Social Work Consultant). CARI believes that working therapeutically with a child (12 years or younger) who has acted out in a sexual manner can be very successful. We can prevent the long term stigma of that child facing the label of “abuser” when he/she grows up. There is a vast amount of research which indicates that intervening at that stage with someone who has acted out sexually can lead to very positive results.

Working with complex cases

All the cases of sexual abuse of children are extremely harrowing and difficult for the children and families to cope with and overcome. However, where there is good family support, a strong legal case and appropriate therapeutic interventions the majority of children and families can lessen the impact and find a brighter future. A future where the abuse can be carried with a lot less strain and it moves from being the sole focus of life to being a part of their life which has come and gone. While that is certainly our experience with a lot of the families we provide services to, the year 2009 saw us meet a variety of situations in which such recovery was hampered by the complexity of the cases. I would like to highlight just two of those situations below.

Abuse by a Female

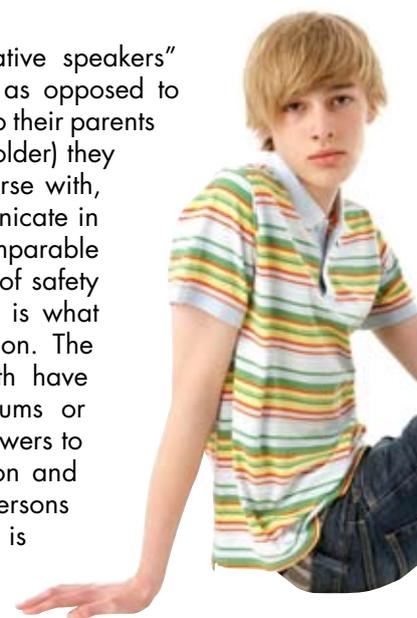
Since 2009 saw the huge publicity afforded to the “Roscommon Case” (where the mother of 6 children was arrested and jailed for Incest relating to her sons) we felt it was important to draw out clearly the impact of such an event on a child in today’s Ireland. Abuse by a female is by no means an unusual scenario (7% of all offences are committed by Females according to SAVI 2002) but having them reported and the victims referred to us for therapy is a very positive, but rare, occurrence. We have highlighted this issue previously (CARI Conference 2007 - “The Last Taboo - Women who sexually offend against children”) and are very aware of the perceived differences between a child being abused sexually by a male as opposed to a female. In 2009 the children who we worked with in this regard presented as being very slow to trust their therapist and they also displayed huge levels of ambiguity about the right and wrong of reporting the abuse. Each of these responses is expected from victims of sexual

abuse but the degree to which it occurred in these cases was much more than might be expected generally. Another issue to arise in these cases is the impact on the child’s trust and faith in women in general, since society tells us consistently that it is the female who is the nurturer, carer, one you can trust to heal the pain – then where do these children turn when such promises have been broken? It is important to also state that the children involved in this situation are making good progress despite these added issues.

Abuse via Culture of Multimedia Instant Access

The second of the complex scenarios we feel it is important to highlight in this report is that of children who suffer as a result of the new “Multimedia-Instant Access” culture, a culture which was barely even dreamed of 10 years ago. We have worked with a number of children in the past year who would probably never have suffered abuse had they been born a decade earlier because the means by which they were contacted and harassed did not exist. These children were safe within their family, they were not at danger from relatives and did not engage in unsafe socializing activities but yet they were still the victims of intense, intrusive and dangerous sexual abuse. The great advantages of the Internet has always been said to be the 3 A’s – Accessibility, Affordability and Anonymity. However, as a means to find and influence/groom vulnerable young children and adolescence the 3 A’s provide cover to persons who are so inclined.

With children now being “native speakers” when it comes to technology, as opposed to “immigrants” when compared to their parents (or even children 3 or 4 years older) they expect that anyone they converse with, message, tweet with or communicate in any way online will be of a comparable age. There is a massive sense of safety inherent in this belief and this is what the online predator will play on. The children we have worked with have possibly looked at some Forums or Boards or Websites to seek answers to their questions about orientation and from those interactions older persons have recognized someone who is vulnerable and open to being



clinical report



exploited. This scenario is not new and has been played out in bars and clubs all over the world since time began but there is "the rub" – a parent, a friend or a schoolmate could accompany or advise a young person if they were to physically travel to such a place. However, in this bold new world of technology all of this happens without such external assistance. Thus the teenager is in a much more vulnerable and dangerous situation than a person of their own age ten years ago. They tell themselves that it feels safe online and despite all the warnings it never really feels dangerous and anyway, the person on the other end of the message is obviously another teenager otherwise they would not understand what they are saying.

Therapeutically, the work to be done with these young people is to help them move away from the self-blame and guilt for a situation that they believe they brought on themselves. This too is a regular theme in our work but it is possible to point to the

physical differences between a young person and adult who abuses them and ask the young person to recognize a glaring inequality. However when the young person knowingly (even if the age was a lie) invites an abusive person into their world then it is not easy for them to allow the blame to sit with the adult. That is the focus of our work for many of the sessions with these young people.

I have chosen to highlight just two of the complex case types so that the reality of abuse in these situations can be more easily spoken about. It is not just our role to offer therapy and support to these children and young people we are also dedicated to advocating for the necessary changes in society that help protect children and prevent such abuses occurring. One such change is the education of the public about the truth behind female offending and the dangers of the huge technological advances of the past ten years.

clinical report

Court Accompaniment Support Service

This service grew slowly throughout 2008 and at the beginning of 2009 the decision was taken to widen our remit so that we will accept referrals to assist children attending court no matter what the crime. Originally we were specifically set up to cater for children who were giving evidence in sexual abuse cases but once we had established our protocols and standards it was evident that our support could be equally beneficial to all children giving evidence no matter what the criminal case related to.

While 2008 was very much a time to set out our stall and learn the ropes 2009 saw our service really make a positive contribution to the well being of children entering the difficult and testing judicial system. The continued reliance on an adversarial court system means that those few children who are asked to give evidence within a court are placed under enormous pressure, both real and perceived when asked to make a formal statement in the court setting.

Our Court Support officer is specially trained to help alleviate as many of the anxieties as possible most especially for the child but equally for the parent or carer so that they can better support the child in their care. He will facilitate them in a pre-trial visit to the court so that the child will get to see the surroundings which acts as a great method of lowering the anxiety for all concerned. Such a visit will often include the video link suite so that the child will learn about the remote room, away from the formal court, where they might be giving evidence from. The use of video links has been a huge step forward in making the judicial system more child friendly. However, it still does not eliminate all the fears and concerns that children have when the burden is placed on their shoulders to provide sufficient evidence so that their abusive parent/relative/teacher/coach or acquaintance can be found guilty. Throughout the course of a trial and in the post trial period our CASS officer will remain in contact with the child and carers so that they can ask any questions or seek assistance. He will also offer them support (and attend if requested) around the time of the sentencing so that the child and carer never feel that they are going through this ordeal alone.

A clear indication of the lack of focus on children within the judicial system is the total lack of statistics available in relation to how many were actually asked to act as witnesses and in what cases this happened. It has been extremely difficult to

determine the level of need for a service such as this because such statistics do not exist and no single agency seems willing to take on the task of collating them.

The Court Accompaniment Support Service is very much a work in progress and we have spent a lot of time in 2009 generating new literature and seeking to raise the awareness of the service through Radio Ads and mailshots to relevant agencies. We are extremely grateful to the Commission for the Support of Victims of Crime for their ongoing funding of this initiative and their assistance in linking us in with other victim support groups so that we can increase their understanding of what we offer. I will finish with these quotes from one of the mothers of a child we supported during 2009 –

"[he] was very good, brilliant"

"great to have support for myself as well as my child"

"he was not judgmental and it gave me and my family peace of mind"

"I'd recommend that any family in this situation should have support like that"

Education and Training

CARI Programme 2008 & 2009

Some of the courses offered in 2008 included

- An Introduction to Child Protection and the Dynamics of Child Sexual Abuse;
- An Introduction to Counselling Children;
- Working Therapeutically with Play and Other Creative Mediums;
- Intellectual Disabilities and Sexual Abuse;
- Working with Children in Care;
- Working with Sexualised Behaviour;
- Working With Families;

As with all things in 2008 the take up for courses in the early part of the year was very strong and we ran 4 courses in the first six months. However as the HSE cutbacks set in and self-funding for training was a major problem for other interested parties all the rest of our courses were eventually "pulled" due

clinical report



to low numbers. However, each of the courses that were run were all extremely well received and led to requests for further training in 2009. One in particular led to a co-operative piece of work with the SPHE trainers around the area of inappropriate sexual behaviour in children and adolescents and how best to handle this in an educational setting.

Our Annual Conference was a big success and focused on a very topical and important element of concern for many people working with children – the Internet. The title **“Internet Realities - Safeguarding our Children”** led to a wide range of attendees that included teachers, social workers, psychologists, lawyers, Gardai and youth workers. Our keynote speakers included Jim Gamble (Child Exploitation and Online Protection Centre) Michael Moran (Interpol), Michael Lynch (Paedophile Unit - DVSAU), Paul Durrant (Hotline.ie), Dr. Yvonne Quinn (Adolescent Mental Health, St. James Hospital) and Spunout.ie which provided the teenager’s perspective of the internet, and the Chairperson was Birgit Roth (INHOPE).

Throughout the day our speakers looked at the pros and cons of the Internet with regard to child safety. We were confronted with the organised criminal element involved in child abuse images. We heard stories of the children rescued from abduction, sexual exploitation, serious injuries and death. CARI called for a multi-agency approach in Ireland which is adequately resourced to counter these dangers and to support international efforts in the field of detection of these horrendous crimes against children.

Furthermore, the conference also heard a profile of those convicted in Ireland of possession of child abuse images. We need to invest resources to divert those with a tendency to view such material to deal with and prevent this behaviour continuing or escalating. Treatment programmes in prison and in the community are essential along with support for campaigns like Stop it Now, in tandem with criminal sanctions. INHOPE’s Global Internet Trend Report for 2008 concluded that there was a global increase in child abuse images on the Internet. A staggering 9,600 confirmed reports of child abuse images is processed per month.

clinical report



Spun Out offered us the direct voice of teenagers on their experience of the internet which was largely positive and offered a refreshing reminder of the many positive sides of the new frontier.

By bringing together this cross section of speakers we attempted to examine the scale of the problems on the internet, and how best to address it to better protect children. All of the speakers and the many delegates who attended gave very positive feedback about the benefit of the day.

Training in 2009

Unfortunately, 2009 saw us take a break from providing training ourselves as we re-committed ourselves to the necessity to keep our clients moving through therapy and looked to cope with the loss of two satellite centres and eventually the loss of two therapy posts due to redundancy. However, in order to keep our name to the fore of professional development training we were very fortunate to be able to form a co-operative with Dr. Una McCluskey so that we could promote one of her quality workshops in Limerick. The day was entitled "To be met as a Person - Exploring the Core of the Therapeutic

Alliance" and was very well attended and the support from the Mid-Western area was very encouraging as this was the first time we had ever offered this form of training in that region.

As another way of fulfilling our commitment to education we offered a very special one day conference in the beautiful Dublin Castle. The title of the conference was "**Restorative Justice and Child Sexual Abuse – Can it work ?**" - Restorative Justice seeks to move beyond condemnation and punishment to address both the causes and the consequences of offending in ways that promote accountability, healing and justice. This groundbreaking conference invited the audience to learn about the different roles Restorative Justice has played in the therapeutic and judicial systems around the world. The question as to whether it might work within the area of sexual abuse was held up for consideration and with quality speakers such as Dr Anne-Marie McAlinden (Queen's University Belfast), Geoffrey Corry (Independent Mediator), Peter Keely (Director, Restorative Justice Ireland), Vince Mercer (AIM Project, Manchester, UK), John Kelly (Irish SOCA) and Maeve Lewis (Director, One in Four) there were many points of view for the audience to ponder. The day was well managed by the chairman, Mr. Colm O'Gorman (Executive Director, Amnesty International-Ireland) and we finished off with a beautiful wine reception kindly sponsored by the Minister for Children to acknowledge the 20th Anniversary of the founding of CARI. We also wish to acknowledge support from the Department of Taoiseach and Minister for Health and Children in making this conference a success.

It is our intentions to begin offering training and education again in 2010 but we expect this to be on a much smaller scale as we continue to manage a heavy therapeutic workload. We plan to make more links with schools (both Primary and Secondary) in order to offer talks and facilitate discussions around the area of abuse prevention, protection and recovery.

Niall Muldoon

Dr Niall Muldoon
National Clinical Director

fundraising report



Bonchon Diamonds and Time Pieces, Malahide. Frank and Margaret Donnellan have donated valuable pieces each year.



Cecilia & Miriam Ahern, Ball 09



Brian Kennedy & Alan Hughes Ball 09



Ball 08



Mini Marathon in Dublin and Limerick, Thanks to all who took part

Lunch

Cruzzo's in Malahide was again the venue for the annual Newbridge Silverware Summer Lunch. Guests enjoyed a champagne reception before a gourmet lunch, which was followed by live entertainment from top Frank Sinatra impersonator Dougie Breslin. MC for the day was Alan Hughes.

Ball Time

2008 was unique in that on the same day and in two different Irish cities a Ball took place in aid of CARI. In Dublin the Shelbourne was the venue for the Annual CARI Ball a spectacular success as usual while in Limerick the Saffron Ball in aid of CARI took place in the newly opened and magical Thomond Park. In 2009 the CARI Ball was one of the few charity balls to run successfully.

Cuba Trek

The Sierra del Alhambra mountains in Cuba in November 08 provided this years challenge, which was given an additional twist by unseasonable and unprecedented monsoon rains. Music and dance provided light relief and enhanced the whole experience for all participants. Transport in Soviet trucks was another quirky element.

Charity of the year

GAA

In 2009 we were delighted to be selected by outgoing President Nicky Brennan to receive their corporate donation of €40,000. In such a difficult year this funding provided vital support for our work. The GAA Museum also ran a quiz night raising over €2000.

THANKS TO ALL OUR FUNDERS BIG AND SMALL YOUR CONTRIBUTION HAS MADE A DIFFERENCE TO MANY IRISH CHILDREN.



*B Watch Dublin Firebrigade
Collection*



The Halleluia Gospel Choir



*Sponsors Raphael Mulally and Celia
Homan-Lee at the
Midsummer Feast of Fashion*



*Aidan Cooney, Celia Homan-Lee
& John Gilligan, Mayor of Limerick*

Carambola Kidz

Carambola Kidz selected CARI as Charity of The Year for 2009. Carambola Kidz supply up to 20,000 lunches to children in schools across the Republic of Ireland. They are also expanding into the School Books, Uniforms and Healthy Lunch Products markets, creating a one stop shop for your school needs. Carambola Kidz presented CARI with a cheque for €10,889.

The Halleluia Gospel Choir have supported us in 08/09 as have **Springboard mortgages** who have chosen us as their Charity of the year for both of those years.

Colours Day with Limerick's Live 95 FM

This was a truly magnificent event, which raised not only over €12,000 in money but also showcased CARI's work and greatly enhanced understanding of child sexual abuse in the region. Working with first

class journalists through interviews and a review of the house allowed CARI to showcase its fine new Limerick premises and its way of working with children in our bright new playrooms and therapy setting.

Irish Games Association

Amid gothic castles and battlefields on the final night of their annual convention, the GAELCON, CARI's CEO was presented with a hefty €10,000 cheque as part of their ongoing commitment to charitable giving, a core element of their activities. Thanks to all the members we enjoyed your GAELCON.



*CARI CEO Mary Flaherty
at The Saffron Ball*



Cuba Trak
2008



Thomond Park, venue for
The Saffron Ball



Inca Trek 2009



Charity Partners EUROSPAR
Dave Downes of Eurospar Rathkeale

Sona Nutrition and Rob Ross of ICE fame joined forces to help CARI and many other charities in 2009. Sona sponsored the celebrity Boxing Challenge and CARI was one of the beneficiaries

Charity Partners - EUROSPAR

To our delight we were selected as Charity of the Year for EUROSPAR, the first year that they chose such a partner. Working with such a professional and committed team has been a great experience for CARI. The target for the year to Mid 2010 is €100,000 and as we go to print we are over 60% of the way there and rising.

Trek to the Andes - Machu Pichu

Trek 2009 was a great success, the only fundraising event to reach and exceed its target in the year of the total collapse of the Celtic Tiger. Twenty trekkers stormed through the peaks of the Andes and all had a the time and the challenge of a

lifetime and raised well in excess of €100,000! Remarkable feat.

Further thanks for ongoing support is also expressed to.....

Dalkia, Stephens Green Shopping Centre, Dublin Fire Brigade B Watch; Ciara O'Callaghan the face of CARI's Mini Marthon 2009/2010, The Duke Public House in Duke Street for their ongoing support over the last 4 years, Denis Canty and the Macroom Lions Club.

Along with these major events thousands of individual donations and many small events all contributed to our grand fundraising total in 2008/2009, even as the downturn in the economy began to be felt in the world of charity fundraising.

financial statement

Statement of Accounts

For year ended 31st December 2008/2009

	2009	2008	2007
Income,			
Donation, Grants, Services			
Total	749,548	782,266	533,060
Fundraising Events			
Total	256,888	393,394	582,772
Expenditure			
National Expenditure	993,265	1,419,746	1,313,495
Total	993,265	1,419,746	1,313,495
Deficit/Surplus on Ordinary Activities	+ €3.171	244,086	197,684

Balance Sheet

As at 31st December 2008/2009

Fixed Assets			
Tangible Assets	1,972,847	2,009,992	1,412,746
Current Assets			
Bank	42,249	12,549	227,654
Debtors & Prepayments	42,249		
Total		12,549	227,654
Current Liabilities			
Creditors (Amount failing due within one year)	77,155	143,137	42,853
Net Current Assets/Liabilities	34,906	130,588	184,801
Total Assets less Liabilities	1,937,941	1,879,404	1,597,547
Creditors (Amounts failing due after more than 1 year)	911,995	918,753	€17,005
Revenue & Reserves			
Accumulated Surplus	1,025,946	960,651	880,542
Total	1,937,941	1,879,404	1,597,547

Grants

Grants were received from the following

STATUTORY

HSE		387,138	
Family Support Agency	169,300	158,100	
Commission for the Support of Victims of Crime	64,000	€0,000	
FAS	13,416	9,959	
HSE	286,498		
HSE MW		10,000	
An Pobhal		690	
Dept. of Health and Children	15,000		
Total	548,214	635,197	

financial statement

	2009	2008	2007
CAPITAL GRANTS For Purchase/renovation of buildings			
NON STATUTORY			
J P Mc Manus Charitable Foundation Ltd		300,000	
Civil Service Charity Fund		6,405	
Irish Youth Foundation		6,400	
Community Foundation of Ireland		700	
Dublin Bus	1,000		
People in Need	20,000		
Community Foundation of Ireland	1,000		
The Body Shop	3,573		
Total	25,573	324,195	

Note

CARI also benefits from FAS support via our two CE schemes and JI part-funding for five posts in CARI. These funds are accounted for separately to FAS and have a different accounting year. Only a net material grant of €13,416 is visible in our accounts.

The value of the FAS support is substantial as it helps subsidise core running costs in Limerick. The gross turnover of the Limerick CE scheme in the year to Sept 09 was €189,845 and the figure for Dublin was €184,000. The gross contribution to CARI from JI in 2009 was €83,120 for Limerick and €45,000 for Dublin.

company information

Company Solicitors

Rory Benville & Co., Riverview House, Seapoint, Bray, Co. Wicklow

Auditors

Kilbride Marshall & Co., 12 Joyce Avenue, Foxrock, Co. Dublin

Registered Office

110 Lower Drumcondra Road, Drumcondra, Dublin 9

Company Number

Registered Number: 148760 Charity Number: 9491

Board Members

Richard P Treacy – Chairman

Ronan Boylan

Noel Hughes

Myra Barry

Claire O'Hora

Peter Quinn

Colman Duggan



CARI National Helpline 1890 924 567 | helpline@cari.ie
CARI National Office: 110 Lower Drumcondra Road, Drumcondra, Dublin 9
Tel: 01 861 1240 | Fax: 01 882 8120 | Email: info@cari.ie | Web: www.cari.ie

CARI Helpline
1890 924567

Email: helpline@cari.ie www.cari.ie
Tel. 01 830 8529 Email: info@cari.ie



CARI
Shining a Light for Children