Family Support in Practice

An Evaluation of the Naas Child & Family Project
A Springboard Initiative

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AN EVALUATION of the
NAAS CHILD & FAMILY PROJECT
A SPRINGBOARD INITIATIVE

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On behalf of the Co-ordinating Committee of the Naas Child and Family Project, we welcome the publication of this evaluation report. This project which is part of the National Springboard Family Support Pilot Initiative aims to provide "community based support for children, young people and their families in the Naas area. We do this by working collaboratively with other local agencies, community groups and in partnership with families in order to meet local needs". (Extract from NCFP Mission Statement).

This evaluation report highlights the partnership approach with statutory and community agencies and the crucial links and communications that are necessary for effective delivery of high quality comprehensive services to children young people and their families.

We welcome the insights and conclusions of the research team in particular that "The findings highlight the largely positive feedback from all those who contributed to the research process, as they reported on the impact of the project, the experience of those who engage with it and the perceived impact on families and children". (Evaluation Report p. ix)

The Project staff team and the Co-ordinating Committee have actively pursued the implementation of many of the recommendations made with regard to the future development of the project.

We would like to thank the research team from The Children’s Research Centre, Trinity College Dublin for their professionalism and comprehensive approach. We also wish to pay tribute to all those who participated in the research process, not least the Project staff team. Finally the Co-ordinating committee acknowledges the support of the Department of Health and Children who made the funding available for this evaluation project and launch of the document.

In conclusion this evaluation report has reinforced our commitment to high quality, locally based, innovative family support services, which encompass a partnership approach with families and the wider community.

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We would also like to acknowledge the co-operation of the SWAHB in the conduct of the evaluation, and their partnership approach to this project.

The research would not have been possible without the agreement, support, and involvement of all the key stakeholders who generously gave of their time. We would like to acknowledge a number of people in particular:

We would like to thank sincerely the Project Team – Catherine, John, Stephanie, Aisling, and Mary, for their openness, honesty, and hospitality at all stages of this evaluation; for facilitating access to the families; and for responding so promptly and professionally to the frequent demands for information.

We are also grateful to the school Principals and teachers, the representatives from the Social Work Department, An Garda Síochána, Society of Saint Vincent de Paul, Rainbows, and Naas Urban District Council for taking time out of their busy schedules to participate in the research. Our appreciation is also extended to Mary Hargaden, National Co-ordinator, Springboard Initiative, for her participation.

Above all, we want to thank the parents, children and young people who gave so willingly of their time to discuss with us their experience of the Naas Child & Family Project. A special thanks goes to the young people who allowed us to join in their groups and activities.

Finally, we are very grateful to Fiona Daly, Children’s Research Centre, for her help with the analysis of the Gamma Statistics, and to Anne O’Neill, Children’s Research Centre, for her patience and assistance in compiling the final document and for her meticulous editing and proof reading.

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Research is a change agent rather than a judgement. [Smith, 1996: 8]

This research report offers a ‘snapshot’ in time, providing a picture of the Naas Child & Family Project during one point in its evolution. The report should not be used to draw general conclusions about Springboard Projects as a whole, though it may raise questions that may be applicable to other projects. It also does not claim to describe Family Support Projects in general. Finally, it does not claim to present the only truth about the Project. Rather, it represents one perspective on the Project formed by the researchers over one period in its lifetime.

Inevitably, the Project was affected by the process of the evaluation. We believe the evaluation came at the right time because it contributed to, and perhaps gave extra impetus to, a process of review already underway. The Project staff were closely involved both in the design and execution of the evaluation. This process helped staff to take a fresh look at the Project, and stimulated discussion regarding objectives, practice, orientation and style.

The Research Team wishes to acknowledge the spirit with which the Project staff embraced the evaluation and supported the process, difficult as that must have been for them at times. The research team was welcomed warmly into the life of the Project, though at times their presence must have seemed awkward or uncomfortable. Project staff, in their capacity as key workers, facilitated access to parents, children, referrers and all documentation, laying bare their Project and professional practice for scrutiny. Constant requests for information or clarification were responded to willingly and quickly, and always to a high professional standard. The research process was smoother and the evaluation enhanced as a result of this.
This report presents the findings of an evaluation of the Naas Child & Family Project carried out by the Children’s Research Centre, Trinity College Dublin. The Naas project is one of seventeen such projects set up under the Springboard Initiative, which was launched nationally in 1998. This particular project started in 1999. The evaluation was conducted [part-time] over a 7-month period, commencing April 2001 and running until October 2001.

The agreed purpose of the research was to explore the work of the Project from the perspective of a number of identified key stakeholders, including parents, children, key professionals, management personnel and Project staff. The Children’s Research Centre was commissioned to carry out the evaluation in an effort to reflect the nature of the Project’s involvement with children and families, something the Project team felt strongly had not been fully captured in the National Springboard Evaluation, currently in its final phase.

This research aims to focus on what exactly this project does in the delivery of family support, what users of the service have to say about their experience of family life and how the Project engages with them. It also seeks to reflect the views and opinions of other professionals, and of the Project team themselves. Overall, the researchers are seeking to give a sense of the working model of family support that has been developed in the Project, while also identifying the realities and constraints of everyday work.

The Introductory Chapter grounds the research in the Irish context, on a policy, practice and legislative level. It also sets out some of the context of the agency within which the research was carried out. It traces the development of the Springboard Initiative in Ireland, and of the Project under evaluation. The rationale for the research is presented and the research team introduced.

The methods utilised in the evaluation are both qualitative and quantitative. A qualitative approach employed in-depth individual interviews and focus group discussion. Thirty-four individual interviews and two joint interviews were carried out, in addition to two focused groups. Six group activities were observed, four of these on two occasions, and two on one occasion. An in-depth review of the Project’s engagement with six families is also presented. The research team spent a considerable amount of time on site participating in the life of the Project. This was done with a view to capturing something of the flavour and lived reality of the Project’s work.

The gathering and analysis of anonymised Project data informed the participant selection process and provided valuable quantitative data regarding the social and economic status of the families engaged with the Project. Documentary analysis is used as a secondary or supplementary method, where documents relating to service development and provision [both national and local], policy and procedural development, and recording practices are analysed.

A detailed description of the Naas Project is presented, locating it in its geographical, structural and organisational context, and a descriptive account of the Project’s activities and interventions is outlined.

Considerable space and effort is given to illustrate the individual perspectives of the various stakeholders interviewed, and these are presented across four chapters. The case studies reflect the diversity in terms of family form and structure, presenting difficulties and techniques employed. The findings highlight the largely positive feedback from all those who contributed to the research process, as they reported on the impact of the Project, the experience of those who engage with it, and the perceived impact on families and children.

Significant areas highlighted as contributing to positive outcomes include the perceived accessibility and availability of the Project, the diversity of the skill base and intervention techniques available, the innovation and creativity evident in the Project’s work, as well as the variety and diversity of services and programmes on offer to a wide and varied audience. Commitment to the development of inter-agency relationships was also highlighted in a positive capacity.

The evaluation identifies areas of good practice, acknowledges the ethical dilemmas and practice difficulties encountered by the workers, and illuminates issues for training, support and policy development. Proposals for improvement in practice and service delivery are outlined, and the broad ingredients of a Project Policy Statement, drawing on models of ‘Good Practice’, are presented. Inherent in these recommendations is an expectation that governing agencies have a responsibility to provide the Project with the mandate and the resources to consolidate current efforts, while planning for the future in the spirit of best practice.
CHAPTER 1: BACKGROUND TO THE EVALUATION AND TO THE DEVELOPMENT OF THE SERVICE

Introduction

This report documents the evaluation of the Naas Child and Family Project [NC&FP] [Naas Springboard Project], carried out by the Children’s Research Centre [CRC], Trinity College Dublin, over a seven-month period. The CRC was commissioned to carry out this evaluation by the Co-ordinating Committee of the Naas Child and Family Project. The Project is part of Kildare Youth Service [KYS], which has overall responsibility for it, managing it in conjunction with the South Western Area Health Board [SWAHB].

The research was directed and supervised by Robbie Gilligan [Director, CRC], led by Stephanie Holt [Researcher, CRC], with Paula Manners [Masters in Applied Social Research student at TCD] who assisted for the duration of the research period, at design, interview and analysis stages. Their combined research, practice and training backgrounds reflect a range of experience and knowledge in the areas of Family Support, Youth Work, Foster Care, Social Work, Family Work, Teaching, Psychology, Research Methods and Child Psychiatry, both in Ireland and in other jurisdictions.

A research advisory group was established for the evaluation from the outset. It comprised the research team, Catherine Boonstra [Project Leader, NC&FP], Anne Conroy [Regional Director, KYS], Mary Kearney [Child Care Manager, South Western Area Health Board], Kevin Conroy [Society of St Vincent de Paul], and Declan McGovern [Principal, CBS Boys Primary School, Naas]. The research advisory group met three times, once before and twice during the research period to agree the Centre’s proposed evaluation plan, to discuss the progress of the evaluation, and to debate emergent ethical dilemmas or difficulties.

The purpose of the evaluation

_We were at a stage where we were wondering ‘what’s the future going to hold for us?’ We were aware that the Springboard evaluation wouldn’t possibly do justice to the project on a local level. It was very much looking to the future, showing the Department that this [the Project] is working._

[Project Leader]

This quote reflects the original thinking behind commissioning an evaluation of the Project. Although committed to the national Springboards Evaluation, the staff team did not feel that it adequately represented the depth and intensity of their own involvement with families.

The purpose of a local evaluation was to document the nature and range of family support activity undertaken under the auspices of the Naas Springboard Project; to identify the factors that inform and influence the philosophy and practice of the Project, highlighting what the ingredients of good practice in the Project; to establish the needs it is seeking to address; reflect the views and experiences of identified key stakeholders; and assist the Project in looking to the future in a visionary capacity.

Definition of family support

Family support is not easy to define, and there is no definition of it in the Report of the Commission on the Family. Murphy [1996: 78] defines it as:

…the collective title given to a broad range of provisions developed by a combination of statutory and voluntary agencies to promote the welfare of children in their own homes and communities. These services are provided to particularly vulnerable children in disadvantaged areas and often include pre-school, parental education, development, and support activities, as well as home maker and visiting schemes and youth education and training projects.
Family support has become an umbrella term covering a wide range of interventions which vary along a number of dimensions according to their target group [mothers, fathers, toddlers, teenagers, etc.]; professional background of service provider [family worker, social worker, community mother]; orientation of service provider [therapeutic, child development, community development]; problem addressed [parenting problems, family conflict, child neglect, educational underachievement]; programme of activities [home visits, pre-school facilities, youth club, parenting course]; and service setting [home-based, clinic-based, or community-based] [McKeown, 1999].

The following definitions of family support are presented here, for their particular applicability to the Springboard Initiative, and for their emphasis on empowerment and focus on strengths.

Family support is about the creation and enhancement with and for families in need of locally based [or accessible] activities, facilities, and networks, the use of which will have outcomes such as alleviated stress, increased self-esteem, promoted parental/carer/family competence and behaviour, and increased parental/carer/family capacity to nurture and protect the children. [Hearn, 1995: 19]

Family support programmes provide services to families that empower and strengthen adults in their roles as parents, nurturers and providers. [Weissbourd & Kagan, 1989: 21 in Dunst & Trunette, 1990: 31]

The notion of empowerment is central to family support practice, where work is negotiated and paced to support and assist families, rather than taking a punitive, negative and critical approach characteristic of the child protection system. Indeed, central to the family support argument is the belief that the needs of the families for support must be negotiated with them, whereby working with, rather than working on, parents is essential.

Family support needs to be understood not only as a ‘type’ of service offered to families, but also, and perhaps more importantly, as to the method of delivery of that service. It is an ideological framework within which and from which to work, that implies a shift in the balance of power and responsibilities towards partnership with families. It is a way of viewing with a wider lens, avoiding exclusively problem-focused approaches and looking to and beyond the nuclear family for solutions.

Background to the development of the Naas Child & Family Project – history of national and local development

In January 1998, the Government established a fund to facilitate the development of capital and non-capital projects in disadvantaged areas, targeting young people considered to be at risk. Of the £30 million allocated to this fund, the Cabinet Committee on Social Inclusion approved £2.4 million per year in 1998, 1999 and 2000, to the then Minister of State, Frank Fahey TD, for the development of twelve pilot projects. In 1998, this nationwide initiative, ‘Springboard’, was launched, comprising fifteen projects, all located in cities or large towns. One of the projects, located in Letterkenny, was closed in May 2000. Three further projects have subsequently been established.

As stated in the original document entitled ‘Guidelines for the operation of the pilot projects for Children at Risk Fund’, the Health Boards agreed to take the lead role in regard to the development of the pilot project proposals, convening project teams in each of the pilot areas, with participants drawn from a variety of sectors and professional backgrounds. The purpose of the Project team was to draw up a proposal to ‘target gaps in services in supporting multi-problem families ...’ [p. iii]. Such a team was established in the Kildare region and the team submitted its proposal for consideration to the Department of Health and Children. Also in July 1998, KYS was invited to submit a proposal for a project in Naas. This proposal was approved in November 1998. Pre-project development took place over the next six months, including planning and recruitment of staff. In May 1999, the Naas Child and Family Project was established as part of the National Springboard Initiative. The Project is funded directly by the Department of Health and Children, administered by SWAIHB, and managed directly by KYS, with both organisations participating closely in its management, represented on the Coordinating Committee. As a result, significant partnership and reporting relationships have developed.

From the outset, it was intended to have all the projects evaluated. This evaluation formed part of the initial planning and design of the projects, including quantitative and qualitative outcomes. The national evaluation system [McKeown, 1999] was designed to assess the impact of the initiative on families, children and parents,
and on the organisation and delivery of services. To this end, information was collated at three points in time: at the point of entry to each project [baseline data]; in May 2000; and again in May 2001. The objective of this design was to highlight changes in families, children and parents over time, and, in so doing, to assess the impact of Springboard on those changes. One of the main objectives of this initiative was to highlight good practice that could then have a broader applicability for family support and the co-ordination of services generally.

Objectives of Springboard Pilot Projects

From the outset it was agreed that the objective of the Springboard initiative is to prevent at risk children/young people from engaging in antisocial behaviour, through the provision of a pro-active, inter-agency response to support these young people and their families [Guidelines for the operation of the pilot projects for Children at Risk Fund, p. ii]. It was envisaged and understood that this response would be an innovative one, in an effort to ‘find out what works’ for families and in order to develop demonstration practice projects based on these findings. Springboard Projects were set up to target the most disadvantaged and vulnerable families in the area, with a specific focus on improving parenting skills and child/parent relationships, with a clear emphasis on collaboration and partnership with other agencies, the community and the families themselves.

Springboard Projects

While initially shaped by the Guidelines from the Department of Health and Children, each of the individual Springboard Projects has developed its own uniqueness, influenced by its sponsoring agency, location, and the needs of the areas within which it is located. Seven of the projects are managed directly by Barnardo’s; two are managed by a Health Board; two are managed by a partnership between a health board and a voluntary organisation; and three are managed by a voluntary/community organisation [McKeown & Pratschke, 2000].

While starting out as ‘pilot projects’ with a three-year life span, the strength of the findings from the National Evaluation in highlighting the positive contribution of the Springboard Initiatives in combating disadvantage was such that, in June 2001, the Projects received the welcome news that they were to be mainstreamed, their funding was secure and their ‘pilot’ status dissolved.

Outcomes

The National Evaluation has reflected positively on the impact of the Springboard Initiative through the work of the individual projects. The latest results from surveys of professionals, parents, and children highlight that, on a national level, the Initiative is meeting a recognised need to support vulnerable families; it has improved personal and family life; the project approach and skill base are highly respected; its location is ideal in the heart of the communities it is serving; inter-agency partnership is working well; parents experience it comparatively better than other services; and it is value for money [McKeown, K., Galvin, M., 2001] In agreement, the National Co-ordinator for the Springboard Initiative says:

Springboard works. As an overall initiative, it’s having a positive impact.

What about the picture at the local level? The national evaluation measured impact and effectiveness using questionnaires to capture change. This local evaluation illustrates the difficulty of making distinctions between ‘process’ and ‘outcome’, where outcome concentrates attention on more quantifiable aspects of the intervention. In this evaluation, parents talked about process as an outcome, where change in parents’ lives, such as a return to education or employment, growing self-confidence, or increased understanding of their child’s behaviour, were perceived by them to have an indirect effect on their children.

Effectiveness is largely studied though the eyes of the users. This evaluation examines what they have to say about the pressures of family life, and the services and opportunities provided through engagement with the Project.
The Youth Work context

An understanding of Youth Work practice is central to this evaluation. Firstly, the NC&FP is managed by a Youth Service (in partnership with the Health Board). Secondly, three of the Youth Groups currently run by NC&FP were inherited by them, having been developed by KYS prior to the existence of NC&FP. This applies to the Homework Club, Young Men’s Group and Young Women’s Group. The Summer Project and Stepping Stones were initiated by the NC&FP, and are facilitated by NC&FP and KYS. Thirdly, the personnel involved in the facilitation of these groups have a strong background in Youth Work.

“The principle of ‘volunteerism’ is the basis of Youth Work in Ireland” (Galvin, A, 1995: 4), where the literature defines it in terms of social education in an informal context.

The primary task ... will be to offer young people, on the basis of their voluntary involvement, development and educational experiences which will equip them to play an active part in our democratic society as well as meet their own needs through a challenging programme of social education ... which assists the young person to be an active and critical participant in society and social development. (Costello Report, 1984: 114)

According to Tracy (1992, in Galvin 1995), there are a number of defining and distinguishable characteristics to youth work.

It is an informal out-of-school educational experience;

It promotes an experiential learning model where young people are involved in creating opportunities for learning by doing and reflecting in a structured manner upon the experiences created;

It involves young people on a voluntary basis where they can withdraw at any time.

Because of these characteristics, proponents of Youth Work believe that it has the distinct responsibility for effective social education of young people, where social learning occurs through the forum of discussion groups and the day-to-day encounters in the youth setting. Costello (1984, in Galvin, 1985) asserts that the young person’s ability to assess alternatives and make appropriate choices is central to the social education process where responsibility is put back on the young person regarding their participation in a given activity. Mark Smith (1981:6) explores the concept of social education, believing it to be about ‘process’ (relationships and strengthening of competencies) rather than the ‘product’ (outcomes). As a result, young people are supported to become more aware of their role in society and therefore to contribute positively to the development of that society.

Youth work also has an important role to play in community development and social change. The Task Force on Child Care Services (1980:147), recommended the setting up of Neighbourhood Youth Projects, as a ‘community based activity which mobilises community interest and concern on behalf of older children ...’. Furthermore, the Department of Education, Youth Affairs Section, outlined the following areas as prerequisites for good Youth Work practice:

Youth Work Projects should be designed to support the community develop appropriate responses to the needs of their own young people.

The Project should adopt a model which actively engages the community as real partners in both the policy formation and programme implementation.

All aspects of the Project should be evaluated, not just the outcomes for young people. Projects are likely to have a range of objectives in their Annual Plans which relate to the areas such as community involvement, and clear objectives and performance indicators should be recorded as part of a planning cycle.

Specifically, the focus of single youth worker projects should be to support the community respond to the needs of marginalised young people.

A Project should identify target groups of young people based on an effective analysis of needs in the community.
The Youth Affairs Section of the Department of Education operates a number of schemes of assistance, particularly in the area of projects for disadvantaged young people. In general, these initiatives involve consultation with the local community, and representatives of the local community in the management structure.

Set in this context, the focus of the youth groups is on the young person, where contact with parents and schools may be minimal, but the young person must, however, always be seen in the key contexts of their life. Smith (1981:22) highlights the importance of ‘making links’, where setting the ‘personal’ in the social and political context is central to understanding the young person’s issues, before any attempt to alleviate them can be made. Furthermore, heightening the young person’s awareness of their own social and political situation and encouraging them to challenge unequal societal values is central to the youth worker’s role. Smith (1981:21) discusses the challenge for Youth Work in recognising that many personal issues or problems – housing for example – cannot be solved in the individual domain, but can only be fully understood in the public domain as public issues.

While the Youth Work Model has, as its central focus, the young person, the Family Support model takes a systemic and holistic approach to working with children, young people and families. An understanding of all aspects of the child’s life, and connecting these strands together, is central to the family support approach. Communication and liaison with schools, parents and other agencies as appropriate is common practice.

Summary

This chapter has drawn a historical, academic and practice picture of the birth and development of the Springboard Initiative. Given the ongoing national evaluation, the specific purpose of this local evaluation was presented, with the Research Team and Research Advisory Group identified and introduced to the reader.
CHAPTER 2: METHODOLOGY

Given the fact that the Naas Child & Family Project (NC&FP) was involved in the National Springboard Evaluation, the Children's Research Centre sought to have the respective functions of and distinction between this study and the national evaluation negotiated, and clarified. It was expected that the commissioning body would ensure that the necessary courtesies with the national researchers were observed.

The study was conducted [part-time] over a 9-month period, commencing April 2001 and running until December 2001.

Designing the research

An emphasis on collaboration was implicit from the outset, not only for the purpose of gaining access to people or of providing the researchers with information, but, more importantly, because there is good research evidence to support the belief that 'people are more likely to accept and use information, and make changes based on information, when they are personally involved in and have a personal stake in the decision-making process aimed at bringing about change' [Patton, 1982: 61].

Therefore, the research was conducted using an action research approach; that is, research participants were regarded as experts in terms of their own roles and experience. The aim of the research was:

a. to help strengthen and improve what is being done, and

b. for the emerging insights generated by the research process to be shared and discussed at appropriate points with relevant stakeholders.

The research sought to answer the following questions:

- What needs is NC&FP seeking to address?
- What is the nature and range of family support activity undertaken under the auspices of the NC&FP?
- What factors inform and influence the philosophy and practice of the Project?
- How do families and children come in contact with and receive services from NC&FP?
- How do key stakeholders regard the work of the Project and its impact?
- How is the work of the project managed and monitored?
- What direction might the work of NC&FP take in the future, in light of its experience since its launch?
- What are the ingredients of good practice in projects such as NC&FP?

Qualitative approaches

The methods employed for the purpose of this study can be described as mainly qualitative, although the statistics in Chapter 5 regarding the numbers attending the Project were quantitatively gathered. A qualitative approach was selected because the emphasis here is on depth and detail: in-depth interviews, detailed descriptions, and thorough case studies.

Process evaluations are aimed at generating increased understanding of the internal dynamics of programme operations. They focus on how the programme is perceived by the key stakeholders and the effort to generate an accurate and detailed description of programme operations particularly lends itself to the use of qualitative methods.
Conducting the research

Using more than one data collection approach permitted the evaluators to combine strengths and balance any potential limitations of any one source of data. The most important advantage of this approach is the development of converging lines of enquiry, a technique called triangulation. Triangulated evaluations allow researchers to get a ‘fix’ on something by looking at it from two or more perspectives and are aimed at increasing the strength and rigour of an evaluation [Yin, 1994: 92]. Two types of triangulation are employed in this study:

a. Data triangulation, where there were a variety of data sources where people from different status positions were interviewed; and

b. Methodological triangulation, where the use of multiple methods to study a programme such as interviews, observations and documents are employed.

Data collection methods

The methodology comprised the following elements:

- Case studies
- Individual interviews
- Focus group interviews
- Participant observation
- Analysis of documentation

Case studies

The researchers carried out an in-depth review of the Project’s engagement with six families. Case studies are particularly valuable in research such as this when the evaluation seeks to capture individual differences or ‘unique variations from one programme setting to another, or from one programme experience to another’ [Patton, 1987: 19].

- Selection of participants

  1. A purposeful maximum variation sampling technique was employed, whereby nine families were chosen on the basis of anonymised basic family details supplied to the research team by the Project. This technique was employed in order to capture and describe both the variety of family units engaged with the service, and the central themes and principal outcomes that cut across a great deal of participant variations.

  2. Once the initial nine case families were selected, Project staff in their capacity as key workers, approached the families to request their involvement by way of in-depth individual interviews.

  3. With the family’s consent, one or both researchers scheduled an initial meeting with the parent/s and child/children, either individually or together, to explain the purpose of the research, the nature of their involvement, as well as issues such as consent and confidentiality. The families were then given time to reflect on the information given, with a date set for the research interview, should they wish to proceed. Seven of the nine families selected met with the research team at the initial meeting phase, with six families proceeding past the initial meeting stage.

For the purpose of these case studies, individual in-depth semi-structured interviews were carried out with the parents in the six families [five lone parents and one couple]; with the children who were identified as the referred child in each family [seven children in total, with two children in one family]; and with the school teacher for each of six children [one child did not give permission for that contact]. Parents, children and teachers were given a choice of time and location. All interviews were taped, with consent, from which full and partial transcripts were taken.
Individual interviews

In addition to the above, in-depth semi-structured individual interviews were carried out with the key stakeholders identified below. As with the family interviews, all interviews were tape-recorded, with consent, from which partial or full transcripts were taken.

- Project staff [Project Leader, three Project workers and Project administrator]
- Associated staff [CE worker KYS; Sessional worker; youth worker KYS]
- Senior personnel [National Co-ordinator of Springboard; Child Care Manager, SWAHB; Principal Social Worker, SWAHB; Regional Director, KYS]
- Referrers [School Principals, Class teachers, Gardai, Naas Urban District Council (UDC), Society of St Vincent de Paul]

Focused groups

As a form of qualitative research, focus groups are basically group interviews, where:

... [the reliance is on interaction within the group, based on topics that are supplied by the researcher who typically takes the role of moderator.] [Morgan, 1988: 6]

1. Two focus group interviews were carried out with the Project staff team. The first one was conducted at the beginning of the research process. It sought to explore issues such as their understanding and expectations of the evaluation, what they understood to be the focus and purpose of their work, and what the strengths of the Project’s approach were. The second one, held towards the end of the research process, was more focused on issues such as staff development, teamwork, professionalism, and the future development and direction of the service.

2. Focus group interviews were also employed to capture the views and experiences of those who refer cases in to the Project, and to capture the views of parents of the children who attend the playgroup.

3. The Referral Committee and Co-ordinating Committee were interviewed using the focus group technique for the purpose of eliciting their views as to their role and function within the service.

All groups were tape-recorded with consent, from which partial or full transcriptions were taken.

Documentary review

This involved:

- The review and analysis of documentation relevant to the establishment and operation of the Project to which the researchers were given access. By agreement, the researchers were not given access to client files.

Participant observation

Spending time with a service and getting a feel for what is happening by simply keeping your eyes and ears open can be extremely valuable in informing process evaluations. The researchers spent a considerable amount of time participating in the life of the Centre. This was done with a view to capturing something of the flavour and lived reality of the Project’s work, and was done as sensitively and as unobtrusively as possible. Aside from the considerable amount of time spent on site in the initial stage of the research, a number of activities were ‘observed’ by the researchers. This was done by participating in the activity with the children or young people.
Each of the following activities was observed on two separate occasions:

- The Homework Club
- The Young Men’s Group
- The Playgroup
- The Peer Support Group

The following activities were observed on one occasion:

- The Summer Project
- Transitions Programme

Over twenty hours of group activities were observed, and the majority of these observations were conducted within the first month of the evaluation process. As in the case of the interviews, fully informed consent was obtained from senior staff, group leaders, the parents of the children and the children themselves who were attending the groups.

The observational data is drawn from a number of different sources: from the observations of group activity and other observations of Project life in general, and from individual interviews with young people, parents and staff. The data were subsequently sampled to give a fair and balanced impression of the activity, representative of the data available to the researchers. Conclusions are not drawn from any one single source of data. Where conclusions are drawn, the researchers attempt to give examples, in some cases from individual interviews, in order to corroborate the researchers’ impressions. These quotations are used to illustrate the range of data available to the researchers. They are not intended to be representative of the views of the group members as a whole, as group members were not interviewed as part of an observed activity, but they are representative of the whole data set gathered.

Direct observation is a highly valued research tool, with few better ways in social research of gathering an understanding of social interventions or processes. Observation has a distinct advantage over other methodologies, in that it is a direct method of obtaining data. Employing an observational methodology means that people are not asked for their opinions or views or feelings, but their behaviour, their language, their interactions are recorded in detail.

While the central focus of the observations was on programme activities and participant behaviours, it was also important for the researchers to observe the physical environment of the three sites within which the Project is located; the immediate vicinity and surrounding areas; the human and social environment where we observed the way in which people interacted; the informal interactions and unplanned activities; and, finally, what could be understood by observing what does not happen.

Ethical considerations

Increasingly, the requirement to evaluate practice is being seen as an ethical necessity for those professions that deal with people. Yet evaluation is inextricably linked to ethical and political issues, not least because evaluations deal with issues that affect people’s lives.

In the process of recruiting research participants, the principal of ‘voluntary informed consent’ was adhered to. To this end, no one took part in the research, nor did we seek to include anyone in the evaluation, without his or her prior knowledge and informed consent. A number of steps were taken to ensure consent was fully informed and duly considered.

1. All families, whether ‘referred’ or ‘open-access’ families, were sent a ‘flyer’ informing them of the proposed evaluation, the purpose of it, the presence of the researchers on site, and signposting the need for families to be involved in the research [see Appendix A]. A second flyer was sent to all families attending group activities regarding the planned observation component of the research [see Appendix B].

2. The selection process was mindful of allowing families the time to reflect and consider, allowing a number of opportunities to change their minds about participation.
3. Once the field research was complete, the researchers returned to the six case families and discussed the information they had taken from the interviews, with both the parents and children, clarifying and agreeing its use for research purpose, its accuracy and its representation of the individual’s situation.

Consent forms were used, and these served a number of purposes:

1. For parents:
   a. to give permission to be interviewed
   b. to give permission for their child to be interviewed
   c. to give permission for their child’s school teacher to be contacted [see Appendix C]

2. For children:
   a. to give their own permission to be interviewed
   b. to give us the permission to contact their teacher [see Appendix D]

Consent forms were also employed for all other interviews with staff, management, referrers, and other key stakeholders [see Appendix E].

The voluntary nature of the participants’ involvement acknowledged a right to privacy which could be exercised by either refusing to take part in the research or by choosing not to answer certain questions. Participants were also given the option to request something they had said be taken from the taped interview, or to clarify or add to the interview. Some families did request certain material to be excluded, or modified, and these requests were respected. In honouring the principal of voluntary informed consent, the related issues of confidentiality, anonymity, and our responsibility regarding child protection concerns, were carefully explained, and it was made clear how each of these aspects was to be dealt with. Respondents were given a guarantee that the researchers would inform them first of their responsibility to pass on such information.

Attention was particularly given to those we considered to be most vulnerable and most at risk, namely, the children and adults involved who, by virtue of being interviewed about their involvement with the Project, may be exploring difficult personal and family problems. Interviewees were given the option of not answering questions, of turning off the taping device, and the interviewers were sensitive to the emotional and psychological state of their subjects at all times. Children were shown how to alert us to their discomfort, by, for example, leaving the room, raising their hand or switching the tape off themselves.

Summary

This chapter has outlined the methodological approach adhered to in the execution of this evaluation of the Naas Child and Family Centre. The research design sought to maximise the potential for answering the research questions, and the ethical considerations were explicit in the research design and to the forefront of the research process. For the purpose of clarity, consistency, and in an effort to maintain anonymity, those who partook in the interview are henceforth referred to as:

- Project staff: The five Project staff members are referred to as Project Members [1-5];
- Senior personnel: All those referred to under this section are called Senior Personnel [1-4];
- Referrers: This includes the three social workers, Garda, Society of St Vincent de Paul representative, Rainbows representative, Naas UDC, teachers, school principals;
- Staff based at KYS and associated with the Project through joint ventures are referred to as ‘associate staff’.

The next chapter describes the area within which the Project is located, and examines the profile of the Project, which is the subject of the research.
CHAPTER 3: AREA AND PROJECT PROFILE

The Project's local context

Naas is located geographically in the centre of County Kildare [see Map 1], and is the administrative capital for Kildare County Council, the South Western Area Health Board [SWAHB], and the Co. Kildare Vocational Education Committee [VEC], amongst many other statutory services. The last census carried out was in 1996, and according to this, the population of the town and hinterland stood at 14,074, representing a 26.3% increase on the figure of 11,141 recorded in 1991 [CSO, 1996]. This was 2.5 times the population increase for Kildare county as a whole, and over nine times the national population growth. This may be in some part due to the development of Naas as a commuter town, or, as one interviewee stated, 'a satellite transient town'.

Map 1: Co. Kildare

![Map of Co. Kildare](www.countykildare.com)

Physical environment

The proposal submitted by KYS for the development of the Project in Naas highlighted the lack of recreational and play facilities in the local authority housing estates particularly, but also throughout Naas. Other gaps in the locality identified in this document include the absence of Well Woman services, pre-school and crèche facilities, programmes for early school leavers. A local bus service ‘town link’ now serves all parts of Naas. This is particularly significant for those living on the outskirts of the town area, where a previously poor public transport system compounded the sense of isolation experienced by those without private transport. The views of some professionals, children, young people and staff members are reflected here:

I think Naas was very under resourced in terms of any kind of support, whether it be family support, community development initiatives. [Project Worker 3]

Naas is boring. There is nothing to do in Naas. [Alan]

The only place to go in Naas is the cinema and that is crap. [Michelle]

There are thirteen local authority housing estates in Naas. Naas UDC has a policy of housing tenants in private housing, purchased by the Council throughout Naas. Evidence from the ERHA and the Gardai, as presented below, would indicate that, while there is a higher concentration of those families considered to be ‘at-risk’ in the local authority estates, these families are also spread throughout the private housing areas of Naas.

— 11 —
Housing waiting list

Naas UDC is currently (September 2001) maintaining a waiting list of 530 applicants for social and affordable housing. This represents an increase of 240 on the March 1999 figure of 190 applicants awaiting housing. While Naas UDC has, to date, operated a policy of purchasing houses for rent, they currently have plans to build a council housing estate comprising 163 houses, which may go some way towards reducing the waiting lists.

SWAHB referral information

Table 1 below outlines the number of new (child protection & welfare) referrals for 1999 and for 2000 for County Kildare in total and for Naas. Also presented are statistics regarding the open child protection & welfare caseloads for Kildare County and for Naas specifically. As can be seen, the new child protection & welfare referrals for Naas in 1999 represented just over 14% of the total new child protection & welfare referrals for the area. This percentage dropped to 10.4% in 2000. Currently, just under 11% of the open child protection & welfare cases held by the Social Work Department are located in Naas.

<table>
<thead>
<tr>
<th></th>
<th>No. for Kildare</th>
<th>No. for Naas</th>
<th>% of total in Naas</th>
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<tr>
<td>New referrals in 1999</td>
<td>231</td>
<td>33</td>
<td>14.3</td>
</tr>
<tr>
<td>New referrals in 2000</td>
<td>240</td>
<td>25</td>
<td>10.4</td>
</tr>
<tr>
<td>Current caseload</td>
<td>175</td>
<td>19</td>
<td>10.9</td>
</tr>
</tbody>
</table>

Garda Juvenile Diversion referrals in formation

Figure 1 below demonstrates the number of young people dealt with under the Juvenile Diversion Scheme in Naas from 1998-01/09/2001. The dotted line represents the projected number for the total year 2001, based on current trends. The Garda with responsibility for this scheme stated that the young people he is in contact with are from all areas of Naas, both public and private housing areas, and that the most common reasons for his involvement with them would relate to underage drinking, drug use and trespassing, and that the average age group would be 12-15 year olds.

The projected figure for 2001 is 343. This is based on a figure of 257 for the nine months to date this year, and a projected figure of 86 for the final quarter of the year (3 months, based on initial figures to date).

Figure 1: Number of young people dealt with under the Juvenile Diversion Scheme in Naas from 1998-01/09/2001
Socio-economic profile

As stated earlier, the last census carried out was in 1996, and according to this, the population of the town and hinterland stood at 14,074. Further analysis of these figures reveals the following:

- A fairly even gender breakdown of 49.9% males to 50.1% females [Appendix F: Table F1].

- Overall, just under one-third of the total population in Naas are aged 0-18 years, 32.5% (4,581), whilst the remaining 67.5% (9,493) are aged 19 years or more [Appendix F: Table F2].

- Regarding marital status, more than half of the population are single, 53.9% (7,592), and over one-third are married, 40.1% (5,645) [Appendix F: Table F3a]. Table F3b highlights the breakdown of marital status by gender.

- Overall, almost two-thirds of family units comprise a couple with children, 62.7% (2,116) [Appendix F: Table F4a]. Couples with no children make up almost one quarter of family units, 24.0% (809), and lone parent families account for 13.3% (452) of family units.

- The majority of children are in a family unit consisting of two adults (couples and children), 84.9% (428), while the remaining 15.1% (76) are in a lone parent family unit [Appendix F: Table F4b].

- Taking a close look at the lone parent data, we can see that the majority of lone parent family units consist of mothers and their children, 86.1% (389), while the remaining 13.9% (63) are fathers and their children [Appendix F: Table F4c].

- Moving on to examine the economic status of families in Naas, Table F6a [Appendix F] shows that more than half of the population aged 15 years and over classify their economic position as being at work, 58.8% (6,148). Almost one-fifth are involved in home duties, 18.3% (1,914), with just 4.8% (497) unemployed. Breaking this down by gender, almost three quarters of males aged 15 years and over are at work, 72.1% (3,716), compared to 45.8% (2,432) of females [Appendix F: Table F6b].

- The age group that are most likely to describe their economic situation as being at work are those aged 25-34 years old with 82.4% (2,380) of this age group giving this response. The proportion of each of the higher age groups stating that they are at work decreases as the age group increases, 71.3% (1,533) of those aged 35-44 said they were at work compared to 39.9% (309) of those aged 55-64 [Appendix F: Table F6c]. The proportion of those stating that their economic position was being involved in home duties increases with age - 10.6% (306) of those in the 25-34 age group and the age group most likely to be 'at work' gave this response compared to 35.9% (278) of those aged 55-64 and 42.3% (371) of those aged 65 and over [Appendix F: Table F6c].

- The 1996 data on social class highlights that almost one third of the population are classified as being in the Managerial and Technical social class, 31.4% (4,418), with the second highest proportion in the Non-manual social class, 22.9% (3,225). Just 7.9% (1,113) are classified in Social Class 1, Professional workers [Appendix F: Table F7a].

- The breakdown of social class by gender is fairly even across the different social class categories. However, females are slightly more likely to be in the non-manual social class than males - 26.3% (1,851) of females compared to 19.5% (1,374) of males. Also, males are more likely than females to be in each of the three manual social classes, particularly skilled manual, 19.5% (1,371) of males are in the skilled manual social class compared to 11.8% (832) of females [Appendix F: Table F7b].

- Regarding educational attainment, the highest attainment for the greatest proportion of the population that had finished full-time education was upper secondary, with 35.1% (3,273) of the population reaching this level. This was followed closely by those who had attained third level, 30.4% (2,839) of the population [Appendix F: Table F8a].

- The breakdown by gender was fairly similar in each of the education attainment categories, except for those who had achieved third level. However, males were just slightly more likely to achieved this than females - 32.6% (1,483) of males attained a third level education compared to 28.4% (1,356) of females [Appendix F: Table F8b].
Project profile

The Naas Child and Family Project was established in May 1999 as part of the National Springboard Initiative, set up and funded by the Department of Health and Children.

Aims and objectives of service

According to its Mission Statement, the NC&FP will 'provide a community-based support for children, young people, and their families in the Naas area'. The statement expresses belief in the inherent strengths of individuals and the Project's commitment to helping those who use the service to build on and maximise their own strengths.

The stated aims of Springboard are to:

- Strengthen families by enhancing parenting capacity and preventing admission to care: helping children remain within the school system and reducing anti-social behaviour.
- Focus on the integration of locally-based services to support families: advocate community participation and consultation, and partnership with families.

The Service Agreement between the ERHA and KYS, in respect of the Naas Child and Family Project, specifically states the purpose of the Project as follows:

In accordance with the principles of the Springboard Initiative, the purpose of the Project is to work in an innovative way with children and families, with a specific focus on children aged 7-12 who are deemed to be most at risk but not excluding other age groups where an assessment of risk indicates that they can benefit from the service.

Location/s

The Naas Family Support Service operates within the town of Naas from three locations: Main office, The Apartment and KYS. Naas may be described as a 'satellite town', located some 20 miles outside of Dublin City on the south-west bound N7. The town is approached from the main motorway. Many articulated lorries pass through Naas, creating much noise, and at peak times, a certain level of congestion. The town has one main street, with two supermarkets at either end. The majority of the remaining shops are small boutiques and craft shops, and the town portrays a feeling of relative affluence. Every shop front is well maintained and the streets are clean and litter free. During the day the town is a bustling hive of retail activity, with mainly women strolling around with young children in buggies, doing their shopping. In the late afternoon the street is filled with children and young people in school uniforms, collecting around bus stops and outside McDonalds. In the early evening the town is quiet, with most shops closed and through traffic gone.

Beyond the main street lie housing estates. Some of these display obvious affluence, with others showing varying levels of deprivation and neglect. In the more affluent estates, the roads are tree-lined and wide, the houses are set back from the road and are large and generally well maintained. The more deprived estates are characterised by smaller houses, absence of foliage, with the gardens home to pick-up trucks, skips and abandoned toys. On one occasion, the researchers observed young children during school hours, their heads shaved and their clothes unkempt, playing in a skip, without adult supervision. There is a constant noise of dogs barking in the distance.
The main office is located at the top of a main road, off a motorway that intersects with the main through road for the town [see Map 2]. Both roads receive a considerable amount of heavy traffic and although there are traffic lights, there are no safe pedestrian crossings, making access to the building somewhat risky and precarious, as many people have young children in buggies. However, most people interviewed like the location because it is so central to the main town. Also, the shop front appearance seems to reduce some of the stigma that could be attached to entering a more clinical-type building.

On the ground floor of the main office, there is one large room and a smaller office to the back. The large room is the reception area and houses a sofa, coffee table and the Administrator's table and desk. The stairs in the large room lead to the main playroom, which is used for the playgroup. There is a small kitchenette and w.c. in adjacent rooms.

The apartment is about one hundred metres down the same road and is located on the top floor of a threestorey local authority council apartment block. It is a two-bedroom apartment, comprising a large kitchen-cum-living area and balcony; a double bedroom and a small single bedroom. The double bedroom serves as a meeting room, housing a computer and television and furnished with armchairs. The single bedroom serves as the sensory room and is darkened and filled with toys and materials to stimulate the senses.

The KYS office is located on the Canal and is surrounded on three sides by water. There is a small reception area which leads through to the main offices spread over two rooms. The atmosphere is always busy, with people moving around and working on various computers. At the far end of the offices there is access to the cloakroom and toilets [wheelchair accessible]. Adjacent to this is a small kitchen that leads through to a small snug area and the main hall. There is a cartoon mural on the wall in the main hall and locked cupboards line the far wall. The tables and chairs are stacked up and beanbags are stored in a corner. There is also a pool table that is covered.

The only wheelchair accessible building is the KYS office. This is a major issue in particular as one associate member of staff is a wheelchair user and so many of the parents have children in buggies.

All the facilities, however, provide a safe, warm, friendly and welcoming place to work with children and their families, as they cannot be accessed directly by the public without talking first to a receptionist, or, in the case of the apartment, knocking on the door. The practice of locking the front door to the main office, while understandable for safety reasons, may counteract the development of a ‘drop-in’ facility.
The Project is part of KYS and is managed in partnership with the SWAHB. The need for a Co-ordinating Committee was agreed from the outset, and the membership of this committee reflects the commitment to partnership, comprising the Project Leader, Regional Director of KYS, Child Care Manager SWAHB, a representative from 'Action South Kildare', and two community representatives. This committee meets every 6-8 weeks.

The function of the Co-ordinating Committee is as follows:

- To support the development of the Project
- To ensure the requirements of the ERHA and KYS with regard to professional and administrative matters are met
- To deal with work practice and policy matters pertaining to the Project
- To receive and review progress reports from the Project Leader at each meeting of the committee
- To prepare and propose an Annual Service Plan and Annual Budget for the Project
- To act as a forum for the early identification and resolution of any issues concerning the Project.

The Project Leader manages the Project on a day-to-day basis with reference to her line management within KYS, and within the structure outlined above. The Project Leader receives supervision from the Regional Director of KYS, regarding the management and development of the Project. The Project Leader supervises the work of the other Project team members through formal and informal supervision.

Referral committee

The Referral Committee's functions are described as being:

- To determine the suitability of referrals
- To prioritise referrals
- To identify trends and necessary developments within the service
This committee's membership comprises the Project Leader, Regional Director of KYS, Principal Social Worker [SWAHRB] and Principal of a local school.

*Project personnel*

The Project team comprises a Project Leader, three project workers and an Administrator. The gender balance reflects four females and one male and their employment backgrounds include family work, child care, residential work, youth work, community development and work with young offenders. Additional staff has been employed on a sessional basis to supplement the staff complement and to facilitate services that otherwise would not have been provided, for example, the playgroup. Joint initiatives organised and run between NC&FP and KYS involve the deployment of a Community Employment worker or a Youth Worker co-working with Project staff. Staff expressed a clear motivation in applying to join a Springboard Project, and a clear commitment to working with families in a particular way. This commitment and motivation is further enhanced by the skill base [see Appendix G], which highlights the depth and variety of skills and experience that staff bring with them to their work.

*The role of the Administrator*

The role of 'Administrator' is a crucial position, central to the smooth and professional operation of the Project. It is a complex role, where administrative duties are only one part of a multi-functional post. There are a number of dimensions to this, needing further discussion.

For many professionals and families, particularly those who self-refer or who walk in off the street to enquire about the service, the Administrator is the first staff member they encounter, their first impression of the service. Keeping in mind that families may be distressed, or have had difficult and negative experiences of services in the past, the impact and importance of this first impression cannot be overstated; a warm, friendly, non-judgmental, understanding and empathetic encounter is of significant importance. The potential for distressed or irate callers is always there, and the Administrator needs to be able to deal with these situations calmly and with confidence. These situations may be distressing or upsetting, and the Administrator needs to be able to process this distress.

Secondly, at this first point of contact in particular, and at all subsequent times, the Administrator needs to be skilled in information gathering, eliciting information unobtrusively to pass on to the Project Leader for assessment. Knowledge of the Project itself and the services it provides is crucial, as is the ability to communicate this clearly.

Thirdly, confidentiality is vitally important, where the Administrator processes vast amounts of confidential information, through the administrative duties of typing, filing, etc. To this end, the Administrator needs to be trusted with basic, yet essential, information on families. For example, it would be helpful for the Administrator to know if someone visiting the Project had a psychiatric history or propensity for violence.

Fourthly, the role of Administrator in the NC&FP also includes providing cover for staff who may be doing direct work with children on site. Given the small size of the team, the Administrator carries out a key function in this regard.

*Summary*

This chapter has profiled the NC&FP, locating it both within its organisational and geographical context. Relevant socio-economic and other data are provided. The Project location is painted, and the staff team are also introduced.

The next chapter presents the process and the procedure by which families are engaged with, and describes the various activities and interventions provided, primarily by the Project or by the Project in conjunction with KYS.
CHAPTER 4: PROJECT ACTIVITIES – PROCESS, CONTENT & PRACTICE

How do families access the NC&FP, how are they engaged with, and what services and interventions are on offer? This chapter describes the referral procedure and the process of engagement with the families, and outlines the various activities and interventions provided by the Project or by the Project in conjunction with KYS. This chapter also reflects the researchers’ observations on programme content and activity and participant behaviours, and concludes with a discussion and some recommendations.

Accessing the service

The NC&FP engages with children and families in two ways: those who are referred, and those who engage with the Project through the open access activities and interventions. This process is explained in diagrammatic form on the next page.

Referral process

Referrals to the NC&FP are encouraged from a wide cross-section of statutory, voluntary and community agencies and services, including schools, the local Social Work Team, Public Health Nurses, Gardaí, Youth Workers, and the Society of St Vincent de Paul. The Project encourages self-referrals in the belief that if families participate voluntarily in the referral process, they may feel more motivated to bring about change in their lives. A ‘Referral Form’ [see Appendix H] must be completed before a referral can be processed, and it must be signed by the family. The Project Leader then makes contact with the family, to answer any questions they might have, and gather further information if necessary, to assess fully the appropriateness of the referral. The referral then waits for the Referral Committee to sit before it can be taken up by the Project. The Project Leader will maintain contact in the intervening period.

In response to growing dissatisfaction with its current referral form, the Project [in consultation with the Referral Committee] is in the process of drawing up some new individualised referral forms, one specifically for the Social Work Department; one for schools; and one for parents.
Referral sources

Figure 4 below outlines the referral sources for the 26 families processed by the Project. As can be seen, schools [38.5%] and family members [34.6%] are the most significant source of referral, with a further one in five [19.2%] coming from social workers.

![Source of referrals to the Project](image)

Criteria for getting a service

The Project has designed an information brochure, detailing where it is, what it does, and who can avail of the service. This brochure states that:

All of the families who attend the Project have children and are experiencing some sort of difficulties, which they would like to work on. These difficulties could relate to behavioural problems at home or at school, hyperactivity, poor self-esteem, difficulties in making friendships, bullying and many other issues ...

The generalised criteria for a family being taken on by the Project is also apparent at the Referral Committee stage. Apart from a broad statement regarding the primary focus of the Project’s work, there are no written guidelines as to the criteria for accepting a family into the service:

*We don’t have it written down, but if it belonged to Child Guidance, that’s where it would go.* [Referral Committee Member]

But they were quite clear that:

*A social work referral would get priority.* [Referral Committee Member]

Allocation of work to the Project worker

While the decision regarding which Project worker to allocate a case to is seen as the Project Leader’s responsibility, the Committee would at times have a limited role in this decision. Once accepted, the referral either goes back to the team meeting or the Project Leader meets directly with the worker whom she thinks it would suit or who is free to take on additional work.

The family then get a letter from the Project Leader saying who their key worker is going to be and then that worker subsequently contacts the family.

Engaging with the family

This worker explains the process:

*Usually, the first contact is very informal, ring up, introduce yourself, arrange a time to meet, and then the next step would be a meeting that would explain to them what we are going to be doing.* [Project Worker 3]
The ‘Needs Assessment’ is explained by this worker:

_We would usually do a genogram in terms of eliciting as much information as possible about the family and the problem, the functional analysis of the issues._ [Project Worker 4]

**Agreeing the objectives and goals of the work**

The needs assessment referred to above and the agreement meeting inform the initial goals and objectives of work with each family. The agreement meeting involves the referral agent as well as the family and the family worker. The ‘Agreement Meeting’ is recorded in written form, detailing the reason for referral, strengths, concerns, ongoing work and agreed plan of action. Parent/s and referrers receive a copy of this document, with the original copy held on the family case file.

**Reviewing the work**

The Naas Child and Family Project plan for 2001 stated that an objective for this year was to review the family work twice a year. In reality, what has emerged is a practice that responds to the individual needs of each case:

> [Work is reviewed] on a case-by-case basis, the worker would bring it to supervision. It’s part of the work that you would review it with your client. [Project Worker 2]

> Generally speaking, they would be ‘regular’, but ‘regular’ would mean different things to different families or circumstances. [Project Worker 4]

Review meetings are also recorded in written form and copied to the referrer and family.

**Evaluating the work**

As part of its involvement with the National Evaluation, the NC&FP’s work with the families is evaluated using the Strengths and Difficulties Questionnaire as a way of monitoring impact. This aside, the staff team highlighted supervision, feedback from other agencies, and self-completed group evaluation as some of the methods they have employed or use as a yardstick to measure effectiveness:

_Ancedotal reports from parents, school reports, either behavioural or academic, regular visits, gauging the child’s progress, generally subjective rather than scientific. I suppose. I might use a fear questionnaire or an anxiety inventory for children or other forms of ratings scales, but we don’t necessarily use any standard ratings._ [Project Worker 4]

**Project activities: What is on offer?**

**Referred family interventions**

*Family work*

The Project workers initially meet with a referred family over several sessions to carry out a needs assessment of the situation in order to plan the intervention. This needs assessment is completed through playing games, completing genograms/family trees, observational work and family outings or meals. Once this assessment has been completed, the intervention then focuses on individual work with the child, individual work with the parent/s, parent-child work or family work. In addition to interventions – such as direct work with the child through play, the development and implementation of social skills programmes, assessment of social isolation through ‘Social Network Mapping’, and ongoing developmental assessment work – the skill base of the team facilitates a number of innovative approaches to their work such as ‘Sensory Work’, ‘Cognitive Behavioural Work’, ‘Group Work’, and the ‘Marte Meo Programme’. These approaches are described briefly below, before the activities are explored including the researchers’ observations recorded for one activity.

*Marte Meo Programme*

The Marte Meo Method is a video-based communication programme that provides information to parents/careers on supporting the social, emotional and language development of children and adolescents in their daily communication. The name, meaning ‘by my own strength’, illustrates the ‘solution-focused’ approach to working with parents/careers. The thrust of the work is prevention, early intervention and treatment.
The Marte Mee therapist makes a film of moments in the life of the family in the family home, and then analyses and reviews the film with the parents/careers. Parents are given specific and concrete information on effective parenting behaviour in daily communication to enable and support their child’s development.

One staff member is a certified therapist and supervisor of this programme for both residential and family work.

• **Cognitive/behavioural work**

  Behavioural psychotherapy involves an empirical approach to personal and social problems. It is characterised by systematic assessment, explicit treatment goals, well-defined techniques and rigorous evaluation. Home-based behavioural intervention is dependent on a comprehensive assessment with an ecological component, and would be identified by the Project as being compatible with the strengths-based model of family support. Applied behavioural analysis examines the relationship between behaviour and the environment, focusing on variables that have strong effects. This approach is applicable to phobias, obsessional behaviour and depression.

  One team member is a qualified behavioural psychotherapist.

**Individual work**

• **Sensory work**

  Sensory work enables children who have suppressed trauma, separation and loss, and those with learning difficulties, to re-experience their sensory development. It enables the child to become more self-aware, consequently having better contact with and awareness of other people in their environment. Often a child’s senses are dulled by the traumas they experience, and many children ‘shut down’ as a result of severe trauma. Sensory work can work towards ‘re-stimulating’ such children.

  The relationship between the Project Worker and the child is integral to the sensory work process. The initial focus of the work is therefore on trust-building exercises. Following this, the process/work is divided into three phases. Phase One involves renewing and strengthening the child’s basic senses. In Phase Two, the child is invited to explore his/her likes, dislikes, fears, hopes and dreams, their talents and skills. Finally, Phase Three of the work involves helping the child to identify and become more aware of the different feelings they experience. This work is aided by the use of puppets, role plays and feelings games.

  The Naas Child and Family Project set up a sensory room to facilitate specific direct work with children. It is equipped with various materials that stimulate and nurture the child’s senses, namely, those of touch, sight, sound, smell and taste. All of the Project workers, including the Project Leader, have undertaken training in sensory work, which is the focus of approximately half the ongoing family work of the Project.

**Group work**

• **Peer Support group**

  The Peer Support group was introduced as a new initiative in September 2000, running on a weekly basis until June 2001. The group was aimed at referred children and siblings of referred children aged 5-7 years. Emerging themes of separation difficulties, emotional difficulties and hyperactivity amongst an identified group of children known to the Project were manifesting themselves in poor social skills, socially withdrawn presentation, inability to function in a group, and concerns expressed by parents regarding siblings of referred children as they recognised patterns in the child’s behaviour similar to their sibling. The aim of the group was to provide a safe place where children would have the opportunity to experience a positive interaction with other children, to help them cope with difficult home circumstances, to improve their basic communication skills, to improve their self-image and to convey the idea that people can grow and change through making choices.

  Two workers facilitated the group, one male and one female, and the approach taken was influenced by elements of the Marte Mee programme and behavioural psychotherapy. The children were collected after school and returned home by the workers. The children were the main players in the design and process of the group, which was planned and reviewed on a weekly basis, with a comprehensive, written file being maintained. The facilitators met with the parents at two points, prior to the group starting, and at Easter, to review progress, and weekly contact was also maintained with parents. The group was evaluated through reports from parents and general observations recorded by the facilitators.
This group was observed on two occasions by the same researcher for the full duration of the group. The researcher was introduced to the children at the end of one group, and observed for the duration of the following two groups. This process was very child-centred, not assuming that anyone could turn up and join in the group. The children knew in advance that the researcher wanted to find out more about what they did, and they were asked their permission by the facilitators for the researcher to join in their ‘special’ group. Ownership of the group lay with the children, who were consulted and respected at all times. For the first full observation, the researcher accompanied one of the facilitators on the journey to collect some of the children from school. There was obvious familiarity regarding the routine, the car was parked ‘in the usual place’, and the facilitator waited at the gate of the school for the children to come out. While the children remembered the researcher they were clearly focused on the facilitator, with whom there was an obvious rapport.

Upon return to the Project, the other facilitator arrived, having collected the other three children from home. The group was held in the playroom where the table had been set out for the children. One facilitator and one child brought out the snack while the other facilitator and researcher sat with the children chatting informally. The snack consisted of sausages, yoghurts, cheese strings and drinks. Snack time seemed to be a focal time of the group. Some children were observed to be very hungry, eating a large amount in a very focused manner. The children spoke about their group, were enthusiastic about the various activities that they had enjoyed, such as a walk around Nans, taking pictures of places of interest such as the Town Hall. These pictures were compiled into a collage that the children proudly showed off. One boy said he likes coming because he has no brothers or sisters and gets very lonely at home. The children said they had decided what activities the group would be involved in, and that they had also decided the rules of the group. These rules were: no hitting, no spitting, stay at the table, and only one person talks at any one time, so that they can hear what each other is saying.

The activity for that day was clay and all children played with their individual piece at the table, some in a very self-contained manner and others very demanding of attention. The contrast between the children in terms of their presenting need was strikingly obvious to the researcher. The group was observed as feeling safe, structured, child-centred, with obvious attention to detail, and, above all, enjoyable for the children, all of whom appeared to gain from their attendance.

The last ten minutes of the group involved ‘free play’. Before this, the children were encouraged and helped to clean up, taking responsibility for their clay piece, and decided that the next week’s activity would focus on painting their creation. All of the children were brought home by the two facilitators.

Open access activities

Many of the groups described below were developed in or are heavily influenced by the Youth Work tradition as discussed in the Introductory Chapter. These include the Homework Club, Young Men’s Group, Young Women’s Group and Stepping Stones Programme and Summer Project. Other open access group activities include the Play Group, Parenting Programme, Toy Library, Mini-Play Group and Mini-Camp. While all group activities were observed on at least one occasion, our reflections arising from those observations are only documented here for a selection of activities. A broader discussion regarding both referred and open access activities follows, concluding with some recommendations regarding these specific activities.

The Homework Club

The overall aim of the homework club, which has been operational since May 1999, is to provide homework support to ten young people between the ages of 8-12 years, who are in 3rd, 4th, 5th, or 6th class in primary school. Specifically, this programme aims to support those children experiencing school-related difficulties or whose behavioural difficulties or problems completing homework create difficulties in school. The Project describes these young people as having problems maintaining themselves in school for reasons such as lack of parental support, overcrowding in the family home, or parental low educational attainment, inhibiting their ability to help their child. The children are targeted for this group from a number of sources: from families already referred to the Project, referred by the schools, and through other activities such as the Summer Project.
There are four female facilitators allocated to this group, which runs two afternoons a week, on Tuesdays and Thursdays, between the hours of 3:30 and 5:00 p.m.

An Application Form [see Appendix J] is completed by the parent/s or guardians and processed by the Project [this has been changed for the 2001-2002 group]. There is no written policy on non-attendance, contact with parents, or restraint, and the group leaders maintain minimal contact with parents and with schools. This occurs on an individual/needs basis. This means that a child’s absence from the group may not be followed up for up to three weeks.

This group operates under the existing policies of the Project/KYS with regard to child protection procedures and health & safety issues, though these policies and procedures have not been translated into practice guidelines specific to the Homework Club. The group is recorded on a ‘Group Review Sheet’ [Appendix K] after each session. At two points [Christmas and Summer], the leaders meet to review the overall effectiveness of the groups. These reviews are recorded in the minutes of the meeting.

In the 2000-2001 academic year, twelve children attended the Homework Club. These children were aged between 8-13 years of age, eight were male and four were female. Three of the children were from referred families, one child was originally from a referred family that subsequently decided not to take up service. One child was a sibling of a referred child.

This activity was observed on two occasions, by the same researcher, for the duration of the group.

Research observations

The research team observed the attendance to be low, though seasonal factors may go some way towards explaining this [observations took place towards the end of the school year]. Three group leaders [Youth worker, and two Community Employment workers] were observed to facilitate the club, which is held in the KYS building on the canal, and the children appear to like the leaders, who have a calm approach with them. The rules of the club are hand-written and posted on the door.

The children are observed to arrive and leave the building unaccompanied [as they do to school], the exception to this being those children who live some distance away who are accompanied home by taxi. Upon arrival, the children are offered a snack of soup and toast, and sometimes biscuits, this food being prepared for them by staff at their request. The atmosphere was observed to be warm and welcoming.

There is good use of space to distinguish the more casual snack time from the more serious homework time. When it is time to start homework, the children are led into the main room where they are instructed to set out the tables and chairs. Some children use this opportunity to mess about. Many children claim that they do not have homework and so a task is set for them. One child reflects negatively on this:

_We just sit down and do your homework and you can say anytime that you are finished ... even if someone came in, said they had no homework and they had loads of homework, they wouldn’t even check._

The activities observed on these occasions were designing book-markers and making a collage from magazines. During homework, some children were very noisy and other children said that because of this they could not concentrate.

The Young Men’s Group

The Young Men’s group is for referred or non-referred adolescents between the ages of 12-14 years. The aim of the group is to provide a means of ongoing support to ten youngsters who may be at risk of early school leaving, engaging in anti-social behaviour, involvement in petty crime, experiencing long-term unemployment or parenthood at a young age.

To date, all of the group members have been targeted through their involvement with other aspects of either NC&FP or KYS, and whose needs for support would have been observed in this context. In the group just completed, one member was a referred child, two had been involved in the Homework Club in a previous year, five had been involved in Stepping Stones 2000 and one was a targeted child’s friend.
The group offers a programme that is varied, presenting opportunities for the development of social and personal skills, helping the young men develop self-esteem, confidence and social skills. The group also provides an opportunity to discuss issues as they arise. The issues discussed include: homosexuality, drugs and peer relationships.

The group runs once a week, on a Wednesday between 4 pm and 5.30 pm. Two female group leaders facilitate this group. Parental consent is required for the boys’ attendance at the group. There is no written policy on non-attendance, contact with parents, or restraint, and there is minimal contact with parents. This group operates under the existing policies of the Project/KYS with regard to child protection procedures and health & safety issues, though these policies and procedures have not been translated into practice guidelines specific to the issues that may arise in the context of a ‘Young Men’s Group’. The group is recorded on a ‘Group Review Sheet’ [Appendix K] after each session. At two points [Christmas and Summer], the leaders meet to review the overall effectiveness of the groups. These reviews are recorded in the minutes of the meeting.

Nine young men attended this group which ran from September 2000-June 2001, one afternoon per week. Of the nine boys, only one came from a referred family and all were aged between 12 and 14 years of age.

This group was observed on two occasions by the same researcher each time for the duration of the group.

The Young Women’s Group

The last Young Women’s Group ran from May 1999-April 2001, completing its cycle before this evaluation began. It was facilitated by a Project worker and a Community Employment assistant, with a focus on issues of self-esteem, social skills and social education aimed at a mixture of referred and non-referred children, identified through their participation in other programmes. This group was reviewed at two points, Christmas and Summer. The next group, due to commence in May 2001, was abandoned due to low numbers attending. Upon reflection, Project staff believe that May is not necessarily the best time of the year to start a group, with the academic year coming to a close.

Stepping Stones

Stepping Stones is a joint venture between NC&FP and Naas Youth Project, designed to support children to make the transition from primary to secondary school. Those targeted are largely young people who are already experiencing school-related problems. The programme begins with two workers [one NC&FP and one KYS] facilitating sessions in the local primary schools with children in 6th class. The purpose of these sessions is to begin to identify, in consultation with the teachers, children in need of this support. The programme takes place over nine full days towards the end of August, and, through group discussion, activity and drama, many of the fears and concerns of approximately twenty young people regarding their impending move to secondary school are explored. Approximately ten workers facilitate this programme. There is an information leaflet [see Appendix L] for all parents of 6th class pupils before the sessions take place, an information sheet for schools [see Appendix M], and an application form [see Appendix N] to be filled out by the parents of those pupils targeted for the group. This group is evaluated each year, with the young people contributing their views and opinions via a written questionnaire [Appendix O] completed before the end of the Programme, and feedback and discussion amongst the group leaders.

Twenty-six children attend Stepping Stones 2001, with a gender breakdown of fourteen male and twelve female children. The children were all aged between 12-13 years of age, and one child was from a referred family.

Stepping Stones was observed on one occasion for the duration of a specific activity.
The Summer Project

This is a joint venture between the NC&FP and the Naas [Ballycane-Sarto] Youth Project of KYS. It started in 1999 as the Project began to engage with the families in the community. The aims of this intervention are described by the Project as follows:

- To raise the community profile of the Project
- To target families where children would not usually have the opportunity to avail themselves of such programmes for financial reasons
- To include children from referred families as a way of offering support during the summer months
- To create equality of opportunity by offering children and young people from more marginalised backgrounds the chance to participate in and gain from new experiences
- From this intervention, to identify young people who may be at risk or may benefit from involvement in either KYS or NC&FP

The Project runs over two weeks, the first week catering for 7-9 year olds and the second aimed at 10-12 year olds. There is a nominal charge for the activities, which include arts and crafts, games, drama and recreational pursuits. The Summer Project is staffed by two project workers [one from NC&FP and one from KYS], three Community Employment assistants, one childcare student, one sessional worker from NC&FP, and four volunteers. The Project is reviewed and evaluated by the leaders though a discussion forum amongst themselves.

During the Summer of 2001, forty-four children attended this activity, with a gender breakdown of nineteen male and twenty-five female children, and an age range of 7-12 year olds. This group included five referred children.

This activity was observed on one occasion for the duration of a scheduled activity.

The Play Group

The playgroup is a service available for both referred and non-referred children between the ages of 3 and five years. It started in response to a request from the parents living in the local ‘apartment’ complex for some such service for their pre-school children. Initially, playgroup sessions were run for two weeks, similar to the Summer Project, but were extended due to parental interest and the absence of any community playgroup facility in Naas. Though this programme initially facilitated parents living within the complex, it now has a wider catchment area within the community, with potential families hearing about the service from current users. It also attracts interest from people who drop in ‘on spec’ to enquire about services. It runs on a Tuesday and Thursday morning between ten and twelve. In accordance with the Pre-School Inspectorate Regulations, there are two group leaders [one sessional on both mornings, with two Project workers working one morning each] and eight children. Activities include free play, story time, games and focused play activities. Meetings are scheduled with parents approximately three times throughout the year, to look at the individual child’s progress, and discuss any concerns the parents might have in advance of the child starting school. Informal support is also offered to the parents of the children who attend this activity, by way of ‘coffee mornings’, described as informal, casual, and non-directive, where parents are given the space and opportunity to raise and discuss relevant issues. These informal sessions occur approximately three times per year.

The Playgroup operates under the general policies of the Project and is reviewed within the context of the individual children’s needs and the programme content.

Between September 2000 and June 2001, eight children attended the Playgroup. This included five male and three female children, with an age breakdown of 3-4? years.

The Playgroup was observed on two separate occasions by the same researcher for the duration of the group.
The group is held upstairs in a medium-sized room above the main office of the NSP office. The toilet that is used by staff and children is located on the same floor. There is also a small kitchenette with a sink and fridge. There is a safety stair gate at the top of the stairs and there are two doors between the kitchen and the toilet. The children that cannot be brought to, or collected from, the Project by their parents are brought and returned home by the Project workers.

The children are provided with a snack during their time at the Playgroup. This snack is full of choice between flavours of juice drink, cheese strings, yoghurts, etc. After snack time, the children engage in a school-based activity, allowing the staff an opportunity to observe any difficulties. All the toys are age appropriate, attractive and in excellent condition, as was the furniture. The atmosphere in the room is relaxed and fun, and the children are taught to look after the toys and encouraged to tidy up through an appropriate 'tidy up' song. While all the toys are age appropriate, some of the children struggle without adult support.

The Playgroup staff maintain a warm and calm presence with the children, employing a behavioural strategy to manage the children, who are given lots of choices. The children are encouraged to be fair to each other and work out their own disputes. There is a clear routine and structure to the group, and the children behave well as a result of the clear expectations. Notes are kept on the children and, if a concern arises, the parent is informed and is recommended to inform the child's new school. There is a referral form for this service.

**Parenting Programme**

The Parenting Programme was facilitated by two workers in the Project [one male, one female], between November 1999 and March 2000, following an information meeting in October 1999 where Playgroup parents were asked if they were interested in participating in a Parenting Group. Following a process of consultation with the parents, the facilitators researched and designed the programme which included the following topics:

- Self-esteem [parent and child]
- Developmental milestones
- Discipline

The programme schedule ran for ten sessions and included one on the Marte Meo perspective, and one celebratory session to conclude the programme. The facilitators used handouts, small groups and role play to facilitate discussion of the topics. Five parents attended the programme, all were mothers and none were from referred families. The group was reviewed and evaluated, both by the parents through the completion of a written evaluation form, and by the facilitators, who reviewed each session and the overall programme.

**The Toy Library**

The toy library started in September 2000, aimed at the children in the Playgroup and their younger siblings, and for other referred children under the age of six. There is also a book library available to this target group, as well as to the children from the Peer Support group and other referred children.

**Mini-Playgroup**

The Mini-Playgroup started in May 2001 to facilitate a service for the children on the waiting list for the Playgroup, many of whom were due to start school the following September. Six children attended this service, for two hours, one morning per week, for seven weeks.

**Mini-Camp**

This new activity started in Summer 2001, whereby five boys between the ages of 4-6 years [four referred children and one who had previously attended a playgroup] attended a structured summer programme for one week, facilitated mainly by the sessional worker, with the Project Leader assisting on day trips. The impetus for the group came from a request by one school that the boys experience some structured programme before returning to school, and by a parent who referred her child for more intensive support.
The mini-camp programme included free and structured play, group games, and arts and crafts.

This programme was not evaluated, but was reviewed within the context of the individual children's needs, this review being brought to the attention of the family workers and the parents.

Discussion

The research team observed contrasting practice between centre-based activities and KYS-based activities, perhaps influenced by the respective family support and youth work models. This manifests itself in an obvious disparity in resources, staffing, procedural support, structure and focus, between the two locations. Apart from the one staff member who is directly involved in the youth groups, other staff seem detached, unsure, at times confused or even indifferent to the activity taking place in KYS under the name of NC&FP:

_I didn't know where I fitted in to the youth work side of things._ [Project Worker 1]

Family Support groups were seen as more focused, structured and time limited, and for some staff, the open-ended youth model was not compatible to their own individual style of working:

_for me things would have to be more focused, they run for long periods _..._ it would have to be structured and I'd have to know it was finishing at some stage. I couldn't handle the disorganisation of the youth groups, the kind of drop in type _..._ [Project Worker 1]

There was also no real sense of ownership of the youth groups, even though they were advertised as activities provided by the Project:

_Sometimes I feel they're very separate to us and maybe because of our premises we don't have the space. I would always say we have a homework club, but I suppose I don't feel very part of it. It's always felt very much that they were there before we came, we didn't have to work on them or develop them _..._ [Project Worker 1]

These groups do not appear to be discussed at team meetings, which may in some unintended way go towards the sense of separateness and lack of integration. This could easily be overcome with training for all staff on policy and procedures to ensure a consistency of approach.

The children are involved in the planning of the group activities and discussion topics. They are also involved in suggesting rules for the groups, giving them ownership of their group and also a sense that their opinion is valued. Practice and planning reflect creativity and innovation with the introduction of sensory work and the development of the sensory room as described.

Recommendations

- Consideration could be given to extending the homework club to four days a week, so that the children get into the routine of completing their homework. The application of a behavourial approach, with closer school and parental involvement, could maximise this intervention's potential educational, social, emotional and psychological benefit. [The Project had begun to address this issue over the course of the evaluation].

- Consideration could also be given to extending the Playgroup to four mornings a week, to give children the full benefit of pre-school education. As an open-access activity, this group has the primary preventative capacity to reach families in a non-threatening and non-stigmatising manner. This strategy also has the potential to straddle the child's need for quality play and preparation for school, and the parents' need for time off and social support. Increasing the provision of this service to four days a week would also provide increased opportunities to teach and include parents and realistically facilitate parents who are seeking part-time employment.

- Consideration could be given to the Peer Support Group becoming an integrated piece of Project work, with group members and facilitators changing seasonally as appropriate. The potential of the group could be maximised with increased links with schools, parents, and referring agents to monitor progress and change. The target population of the group could be increased, by running the group on a ten-twelve week programme, twice a year, adapting the principles and activities of the group for different age groups.
Mindful that the Project has already undertaken significant steps to strengthen group activities, this evaluation recommends that this process continues and that further steps are taken, as detailed below:

- Continuing the increased links with schools, referring agents, and parents in order to explore and monitor progress and change in children and families, and to continue the relationship building process. Opportunities to teach and include parents could be maximised though greater links for them with the group activities.

- All group activities having a written statement of purpose and structure, both on a session-by- session and overall basis, with a built in written evaluation mechanism, also on a session-by- session and overall basis. If the purpose of the group is to be therapeutic then boundaries around confidentiality and child protection issues should be clear.

- The careful use of rotated facilitators and mixed gender facilitators could be explored, for the purpose of skill sharing, skill building, team collaboration and cohesiveness, in order to maximise the potential opportunities the groups could gain from this. Skill sharing and cross-over of expertise is an established, diverse, unique and rich strategy employed by the Project Workers in their individual interventions with families, and has the potential to be powerful if transferred to the group interventions. For example, a behavioural approach, employing behavioural analysis techniques such as ABC, could be extremely useful in any setting and potentially powerful in a group focusing on issues affecting young men, e.g. anger management. Alternatively, a sensory approach using materials to stimulate discussion around feelings and emotions could be applicable to any group situation, with powerful and therapeutic consequences.

Mindful of changes and plans already in train, this evaluation recommends the following:

- All staff members collaborate to draw up a written statement regarding their policy and procedural stance on a number of specific key issues: Child Protection, Health and Safety, Behaviour Management, Drugs, Anti-Racism, Bullying, all specific to the age group being catered for, with accompanying guides for ‘best practice’.

- There should also be designated personnel responsible for first aid in group activities.

- Regarding the various group activities, a Health and Safety Policy should specifically include:

  - A register of the children’s attendance, with non-attendance being followed up straight away. Given the age of participating children (as young as 8 years), and changing profile (increase in referred families), the importance cannot be understated of following up on non-attendance immediately with such a vulnerable and young age-group.

A policy regarding wetting and soiling including the availability of rubber gloves and a change of clothes for the children, in addition to specific hygiene standards for the Play Group;

High adult to child ratio to ensure a maximised rate of interaction; and

The group area being strictly off limits to adults not involved in the group.

Summary

This chapter outlines how families access the NC&FP, how the Project engages with them, the various procedures and processes inherent in that engagement, and describes the various activities and interventions provided for primarily by the Project or by the Project in conjunction with KYS. This information is presented in a descriptive format, followed by a brief account of the research findings based on observations of group activities. Areas observed to work well are highlighted, with particularly innovative and creative work practice illustrated. Some suggestions are provided to guide the Project in its efforts to sustain and build on its work to date.

The next chapter presents some statistical data regarding the families who attend both the ‘referred’ and ‘open access’ activities and interventions.
CHAPTER 5: WHO USES THE SERVICE? A STATISTICAL OVERVIEW

As stated previously, the NC&FP engages with children and families in two ways: those who are referred, and those who engage with the Project through the open access activities and interventions. This chapter presents a statistical overview of centre use, by both referred and non-referred families.

Referred families

Referrals to the service

Since opening, the Project has received 28 referrals from 26 families [2 families were referred twice]. Of these, 21 families have engaged with the service. As of 1st September 2001, 11 referrals have been closed. Five cases were closed upon completion of the work, two families disengaged from the service, two families did not take up the service and two had been re-directed following an initial period of assessment. As of 1st September 2001, 12 families are currently engaged in work with the Project. A waiting list is now in operation and there are five families awaiting allocation.

Profile of referred families

Family structure

Of the 21 families who engaged, the majority are single parent families, as Figure 5 below highlights. The average age of lone parents was 36.2 years, while the average age range of two-parent families was 35.1 for mothers and 37.2 for fathers. Key characteristics of referred family structure also include a predominance of female parents [see Figure 6 below].

Figure 5: Relationship status

- Couples: 33%
- Lone Mothers: 62%
- Lone Fathers: 5%

Figure 6: Ratio of male to female parents

- Male: 29%
- Female: 71%
These 21 families contain 63 children, 24 of whom are the identified referred children, and 39 siblings. The referred child category reveals a predominance of male children with a 2:1 ratio [see Figure 7], and just over half of the children are in the 7-12 age bracket [see Figure 8].

Figure 7: Ratio of male to female referred children

![Pie chart showing 67% male and 33% female referred children.]

Figure 8: Numbers of referred children by age category

![Bar chart showing the number of referred children by age category, with 8 up to age 6 years of age, 12 aged 7-12 years, and 3 aged 13+ years.]
Housing status of families

Families divide roughly equally between those living in local authority housing and privately owned accommodation [Figure 9].

Figure 9: Housing status

Employment status

An analysis of the employment status of the 21 families reveals 17 households with at least one parent working either full or part-time. The remaining four households [19%] rely solely on state benefit as a source of income.

Figure 10: Employment status of referred families

Issues affecting referred children and interventions offered

The range of referred children’s issues/difficulties include: behavioural difficulties, anger management, poor social skills, low self-esteem, developmental delay, school refusal, and child protection issues. The range of parent’s issues/difficulties include parenting work, behaviour management, relationship difficulties, communication difficulties, social isolation, practical support, and child welfare issues.

The type of intervention is tailored to meet the individual needs of each case, and includes individual work [parent and/or child], parent-child work, family work and group work [Peer Support Group].

A breakdown of the 2000-2001 Peer Support Group highlights that seven children attended initially, with six children completing the programme. All of these children were from referred families. Of these, two were referred children, and the other five were sibling of referred children. The children ranged in age from 6 to 8 years, with the majority of children aged 7. The gender breakdown again reflected a predominance of male children, with a ratio of 5 : 2.

Referred families can also participate in all open access activities, as the next section illustrates.
Open access families

Open access activities

A total of 101 children [referred and non-referred] are engaged with the Project through its open access activities as explored in the previous chapter. Four of these children attend more than one activity and three of these four children are from referred families. A further 11 children are either referred children or siblings of referred children. A total of 14 referred children are engaged in open-access activities. 87 children are attending open access activities only [see Figure 11].

Figure 11: Number of children engaged in open access activities by age category and referred/non-referred status

Figure 12 below highlights the number of children participating in open access activities, categorising them in terms of age and gender. As can be seen, the vast majority of both male and female children fall into the 7-12 years age category, in line with Springboard guidelines. Similar to the referred children, there is a predominance of male children, particularly in the two older age groups, perhaps influenced by the youth activities located at KYS.

Figure 12: Age & gender of children engaged in open access activities
Figure 13: Referred & non-referred child attendance for each activity

Figure 13 above provides a breakdown of each activity, highlighting the number of children/young people engaged in each one, and further distinguishing them in terms of their referred or non-referred status. As can be seen, the activities which include the most children occur on an annual basis for a blocked period of time, for example, the Summer Project and Stepping Stones. The number of referred children engaged reflects their low take-up of these activities. This is not entirely significant, given the specific focus of these activities. Referred children are also linked into other community activities and Summer Projects, such as ‘Sambo Soccer Camp’ and ‘Splash Workshop’.

Figure 14 below offers a further breakdown of activity attendance, in this case highlighting the ratio of male to female children concerned. A more even breakdown is illustrated here, with more males than females engaged in four out of the six activities. This male dominance is again most prominent in the older age groups.

Figure 14: Gender breakdown of children attending the activities
Summary

This chapter has presented a statistical overview of the families that are engaged with the NC&F Project, either in a referred capacity or through their involvement in the open-access activities. The Project’s engagement to date with referred families is discussed, and a detailed breakdown of referred family characteristics is presented. A similar breakdown for open access activities is presented, with referred and non-referred access, male-female ratio, and age breakdowns highlighted.

The next chapter overviews the Projects engagement with the six case families referred to previously.
As stated in Chapter 2, a documentary review of the Project's engagement with twenty-one families informed the case selection process, and a further and more intensive in-depth review of the Project's engagement with six families (including interviews with parent/s and child/children) was carried out as part of the evaluation. In order to preserve confidentiality and maintain anonymity, all identifying information has been removed, and family details changed. This chapter presents an overall picture of the Project's engagement with some typical families, who are selected randomly, followed by a more detailed account of the Project's engagement with the six case families interviewed. As stated above, in order to reflect this involvement while preserving confidentiality and anonymity, a 'composite' family is presented, representing some of the issues, difficulties and experiences affecting the families interviewed. The quotes presented have been taken directly from the case families who were interviewed, with their permission. Some of the themes that were common to all families interviewed are highlighted.

Section 1: Profiles of work done with actual families

FAMILY # 1

Second referral discussion: 45 minutes
Family meeting: 30 minutes
Meeting with referring professional: 1 hour
Meeting with parent: 30 minutes
Referral committee discussion: 30 minutes
Second supervision session with worker: 1 hour
Family meetings: 2 meetings for 2 hours each
Supervision session with allocated worker: 45 minutes

This case highlights the time and effort that goes into engaging with a family, even when the outcome is that they fail to engage with the Project. In the case highlighted above, the family commanded time and attention on nine separate occasions. The initial referral process, between the referral meeting with the referring agent and the discussion of the referral at the Referral Committee stage totalled one and a half hours. Allocation of the family to the worker through supervision, and meeting the family took another four hours and fifteen minutes. A second referral discussion and family meeting took a further one hour fifteen minutes. Both the Project Leader and the Project worker were involved in some of these meetings.

In total, over nine contact hours involving two Project staff was invested in this referral, resulting in non-takeup of the service by the family in question. This is a typical example of the effort the Project invest in families in attempting to bring them on board.
This family engaged with the Project over an eight-month period, being referred in by an external agency, regarding a multitude of issues presenting for all five children, including child protection concerns, parenting support, and behavioural issues. This family was described as experiencing significant social disadvantage. The intervention was terminated abruptly when the family moved to another jurisdiction.

During the time they were involved with the Project, the focus of the intervention was initially on individual sessions with one parent in the family home, comprising 13 one hour sessions over 7 months. During this time, the referred child also engaged in weekly sessions located in the Project. This child also attended the Homework Club. Other children were engaged with the Project primarily through group involvement and non-referred activity. Contacts with referral and other external agency contacts comprised five Project hours.

While one primary worker engaged with this family over thirty hours during this period, three other Project Workers were also involved through the family’s involvement in group work, totalling a further 60 project hours.

In total, 90 contact hours involving four Project staff were invested in this referral, over an 8-month period, averaging three project hours per week.

This case, referred to the Project by a school, concerned a very focused piece of work concerning one child and a school related issue. There was one primary worker and the Project was the only agency/service the family were engaged with.
As the diagram reflects, the intervention was focused on the parent, the child and parent and the school, with the majority of the work occurring at the Project. All interventions involved were of a referred nature, totalling 31.5 contact hours.

In total, 31.5 contact hours involving Project Workers were invested in this referral, over a ten and a half month period.

FAMILY #4

Three Project staff were involved with this family, one in a primary worker capacity and two other Project staff through the provision of the Peer Support Group. Only one other agency was involved with this family.

As the diagram illustrates, there was an intensive focus on individual work with this child, with individual sessions occurring approximately weekly. While the initial focus of this work was on a ‘Play Programme’ for 2 months, this focus of the individual intervention with this child shifted to a ‘Sensory Work Programme’ for the subsequent ten months. These sessions lasted for approximately one hour. In addition the child needed to be collected from school for this intervention, adding a further sixteen hours Project time to the intervention. The Project Worker also maintain phone contact for the purpose of ‘feedback’ on the child’s session to the parent. This took a little over two hours of the worker’s time. There were also individual sessions with the parent, lasting approximately 45 minutes each.

Family work maintained a dual focus of both direct therapeutic sessions in the sensory room lasting approximately 45 minutes, and family outings and trips (for example; bowling), lasting approximately three hours each. In addition the child attended the Peer Support Group.

There is a clear balance of individual and group work, with child and parent individual interventions, family work, family outings, and the Peer Support Group. A variety of meetings as reflected above completes the picture.

In total, just under 190 contact hours involving three Project staff were invested in this referral, over an 18 month period, averaging two and a half Project hours per week.
This family is currently engaged with the service and were referred to the Project by an outside agency. They have two allocated workers for family and individual work, with one other worker involved in the provision of the Play Group facility. There are a number of other agencies also involved with this family, for a variety of support, financial, and child protection reasons.

The diagram illustrates the layers of interventions, which are finely tuned to meet the needs of this family. As with other examples presented, the focus of attention is the family and the parent, with interventions primarily taking place in the family home. Also evident is the mix of therapeutic interventions, practical support, with non-referred activities supplementing the referred work.

NC&FP involvement with this family, over this nine month, period totals 329 contact hours involving two Project Workers co-working the case, and a sessional worker involved with the play group. The two Project Workers also work with the play group. On average, over nine hours of project time was invested in this family on a weekly basis.
This family has been discharged from the service upon successful completion of the intervention. They self-referred, engaging with the Project over a six-month period, being allocated to one primary worker, but with three other workers involved with the family, mainly in relation to the non-referred activity. This Project was the only agency/service they were engaged with.

As the diagram reflects, the intervention was comprehensive and varied. This work took place both in the family home and at the Project, with a balanced focus on individual work (child & parent) and family work, family outings and home visits, and meetings (school, review & evaluation). In addition, this child was offered and availed of a place in the ‘Homework Club’.

NC&FP involvement with this family, over this six month period, totals 169.5 contact hours, averaging seven weekly Project hours. Two Project Workers, one in the capacity of primary worker and one as a result of the Homework Club, were involved.

Section 2: The ‘Brown family’ – Mary, Megan, Tracey, Eoin, and Daniel

This is a ‘composite’ family, based on real features of actual cases.

Family details and reason for involvement with the service

Mary is parenting her four children, Megan [11], Eoin [7], Tracey [6] and Daniel [4], on her own, following her separation from her husband 3 years ago. Mary is unemployed, though she hopes to look for part-time work once Daniel starts school. Mary describes a history of domestic violence, directed primarily at herself, Megan and Tracey, though all of the children would have witnessed arguments and violence in the home. Mary identifies her parents as her main form of support, describing a close and tight-knit family network.

Mary felt that parenting was a difficult task, particularly as a lone parent:

'It's not easy. It was easier when they were younger ... if there's not two parents there, it's harder...

The family’s original contact with the Project arose with Megan’s involvement in the Summer Project 2000. Issues such as low self-confidence, poor self-esteem and poor peer relationships were identified as needing specific intervention. Concerns regarding hygiene standards, diet and nutrition, and behaviour management were also recorded by the group facilitators. Mary presented as reluctant to engage with Project staff and so was given information regarding other ‘open-access’ services provided by the Project, such as the Playgroup. As a result, Daniel was offered a place in the playgroup service two mornings a week, and Megan began to attend the Homework Club two afternoons a week from September 2000.

Early in the school year, the Principal requested a meeting with Mary to discuss concerns the school had regarding both Eoin and Tracey. Eoin was consistently getting into physical arguments in the school yard, and his poor social skills, peer relationships, and poor impulse control were also a source of concern. There were also concerns expressed regarding Tracey, who attends the same school. Mary recalls why the school felt Tracy would benefit from attending the Project:

‘Tracy’s teacher sent for me. Tracey was crying and upset, thought her father hated her because he was very abusive to the both of us. She had no confidence and she couldn’t mix.’

The Principal recommended a referral to the NC&FP. On the advice of the school, Mary self-referred in September 2000, and the family began work with the Project in October 2000.

Description of the intervention

Two Project Workers completed the initial assessment period, involving approximately four family sessions. While the Assessment process identified issues requiring intervention for all members of the family, the ‘Agreement Meeting’, which took place in November, agreed to start with the issues that Mary herself identified as most important: Eoin and his behaviour, the impact on Tracy of the experience of domestic violence, and her own needs for parenting support.

- Eoin began to meet one Project worker on a weekly basis in November 2000, focusing on a behaviour management programme. This programme was completely successfully by March 2001, with the school and Mary reporting a remarkable improvement in his behaviour. Eoin also secured a place in the Peer Support Group one afternoon per week from October 2000-June 2001.
• The other Project worker works directly with Mary, twice a week, on parenting and personal issues related to her experience of domestic violence. Mary describes the purpose of these meetings as:

  ... one day to talk about the kids and the other to talk about me.

• Tracy began individual work in December 2000 on a ‘Sensory Programme’.

• The youngest child, Daniel, continued to attend the Play Group service two mornings a week, until it ceased in June 2001 for the Summer. Daniel also attended the Mini-Camp during this summer.

• Tracy and Eoin attended the Summer Project during Summer 2001

• Megan participated in the Stepping Stones Programme 2001.

• Project staff have accompanied and supported Mary to attend for legal, medical and school appointments.

Project staff completed a child protection referral in February, regarding concerns that arose when they were dropping Eoin home from Peer Support Group and found the children on their own unsupervised. Project concerns were discussed with Mary who was made aware of the need to refer to the social work department, and following a brief period of disengagement, currently continues to work with the NC&FP.

The family have engaged in ten activities at the Project: individual work with two children and two workers [18 sensory sessions for Tracey and 10 behavioural sessions for Eoin], individual work with parent [31 session and five home visits], the Play Group for Daniel [51 Play Group sessions], the Homework Club for Megan[47 Homework Club sessions], Summer Project for Eoin and Tracey [one week each], Mini-Camp for Daniel [one week], Peer Support: Group for Eoin [24 sessions], and Stepping Stones for Megan [two weeks]. Three Project staff and one sessional staff member have been involved with this family.

Prior experience of other services

Given the family’s experience of domestic violence, Mary described how she had previously attempted to access a service that could meet the individual and collective needs of the family, but was having difficulty accessing such a service.

  I had phoned around a few places, they would take me but they wouldn’t take the children ... I wanted something that we could all be involved with, and we could all sit together and discuss ...

Secondly, she describes a dearth of services in Naas addressing the issue of domestic violence:

  No, there’s nothing [in Naas], all I know of is Al-Anon, but that’s for someone if you were married to an alcoholic, but it was more than that for me, John [husband] was the same when he wasn’t drinking ...

Mary’s family doctor had referred Eoin to a Child Guidance clinic, because of his aggressive and defiant behaviour. Mary recalls that:

  I was waiting months and months to get the appointment for [Child Guidance], then they gave me the list of forms for signing, Eoin’s father said ‘no’ and that was the end of that ... I was desperate, but they wouldn’t see him if I didn’t have his [Dad’s] consent and he wouldn’t sign the consent ’cos he said there was nothing wrong with the child ...

Mary contrasts this with her experience of accessing the Naas Child and Family Project:

  There was no red tape, as such. [Project worker] brought in, explained everything to me, in a way that I could explain to John, and because it wasn’t putting John down, the focus was off him, so he agreed with it.
As highlighted, Mary has had social work involvement in the past, describing this as ‘being supervised’ in contrast to the help and support she feels she is getting from the Project. The following quotes from Mary highlight the differences in the relationships that she has with her Project worker and her social worker:

[Project worker] is there I can contact [Project worker] anytime or [Project Leader]. I don’t even know where [social worker’s] office is and I can’t get her on the phone.

... I feel it’s more [Project worker] that’s helping me, [Project worker] works with [social worker] and if she has any concerns she talks to her about them ... she’d talk to me first ... she’s more like a mediator between the two of us ... I trust her an awful lot.

Section 3: Common themes

This section presents some of the themes common to the six families who were interviewed.

Prior experience of other services

Mirroring Mary’s experience of accessing other services prior to her involvement with the NC&FP, two women recall when they were referred to the local psychiatric service. Janice was prescribed Przac®, which she did not feel was helpful:

You go to the hospital and you’re just a number there. There was one psychiatrist there, she was good, but other than that, they couldn’t read each other’s writing. You were telling the same story every time you went up and you just weren’t getting any better.

Amy reflects on her first contact with a psychiatric service:

I was to attend the outpatients [psychiatric], but I got as far as walking through the door and I said, ‘no, I’m not mental, it’s just depression, everyone gets it now and again’ and I walked away ...

For Hugh and Anna whose son Gary was refusing to go to school, they describe their engagement with the Project as the first real help they received. While sympathetic to their plight, Hugh says:

The school weren’t convinced there was a problem, I don’t think they realised that we were trying to do our best ...

He also felt that their referral to Child Guidance was ‘a waste of time’ because

It did absolutely nothing to change anything. They just said he had to go [to school], otherwise we might find ourselves in the courts.

Anna felt that:

They [Child Guidance] were like doctors telling you what to do. [Project worker] wasn’t like anyone in authority ... Gary saw him as someone trying to help him ...

[Project Worker] gave [Gary] an opinion, and then asked for his opinion, whereas the doctors spoke to me over Gary’s head. [Project worker] would break it all down for him.

Prior to engaging with the Project, Lisa describes how her previous negative experience of what she terms ‘people in authority’ impacted on her ability to access other services:

I was nearly pulling out of it [engaging with the Project], because I have met people in authority who weren’t very nice to me. I was at the stage that I didn’t trust anyone at all ... people think that people in authority can’t do wrong, but they can and I learned the hard way, and it’s taken me a long time to trust people ...

Lisa describes her Project Worker as one of the first people in authority that she has trusted.

In relation to her own experiences and her own needs, Christine states that:

There’s nothing in Naas ... I did go to counselling myself before but it was £30 a go ... and I just don’t have that kind of money ...
Amy recalls that two other services were suggested to her:

_I was asked before about getting a social worker, it was the health nurse [who suggested it], but I didn’t want it, I was seriously thinking about it but ... with social workers, they’re always on your back, I’d be on edge all the time._

Following her separation from her partner, Amy came into contact with the Community Welfare Office, and she describes what this contact was like:

_... it’s horrible going to the community welfare, you feel like you are the lowest of the low, you can’t get any lower, you’re on the poverty line ...

... I could be there for an hour and a half to two hours, and if I don’t have everything, like letters or whatever, I have to go away with no money and come back and queue again ... a lot of people have stopped going in there._

**Parenting difficulties and the need for support**

While some families like Mary’s described a close and supportive family network, the lack of ‘time-out’ on one hand, and the stark reality of social isolation on the other hand was a prominent feature of these family’s lives. This quote from Lisa lays bare her limited social network:

_I would say that I’ve no friends in Naas._

The remainder of her immediate and extended family live in other parts of the country, resulting in poor family support networks.

_They live far away and I can’t just hop on a bus with a 7 year old ..._

While she agrees that parents need time away from their children and time for themselves, Christine says that:

_It’s very seldom I get time out, he might take them once a month but that’s it ... other than that, it’s family I rely on._

For Amy, it is the Project that provides her with that kind of ‘time-out’:

_When I come down here, I’m me, I’m relaxed ... it’s like being with a group of friends down here, I come here to relax._

For Andy, a lone father, the support he needed was in relation to helping him understand his teenage daughter. Andy said that he had started to read some books in an effort to understand adolescent girls but that:

_... it’s not the same as talking to someone ... she’s [Project worker] answering my questions in relation to my daughter._

All of the parents interviewed described, with clarity, the struggles and stresses inherent in parenting, particularly on low income and little support. While Janice describes the experience of parenting as ‘a real struggle’, Christine reflects that:

_You have to give in to your children a lot. Even though I love my children very much, I do need a break from them. I wouldn’t see that I have much time to myself, except work._

Amy describes her experience of parenting:

_It’s a struggle, you are trying to give the kids what you never had, and the more I bought them, the more they wanted ..._

**Summary**

In this chapter, we have entered into the lives of the six families that agreed to take part in the research. The families describe with clarity the difficulties they have experienced, and, in some cases, continue to experience, the help that has been provided for them since engaging with the Project, and compare this to their previous experience of other services, in Naas and elsewhere.

The next chapter presents the parents’ perceptions of the impact of the Project on their own lives.
CHAPTER 7: PARENTS’ PERCEPTIONS OF THE IMPACT OF THE SERVICE ON THEIR OWN LIVES

What evidence does this research provide to highlight the impact of the Naas Child and Family Project? Did the Project have any impact at all? Perhaps a measure of the Project’s success can be drawn from the fact that, of the nine parents we interviewed [seven referred parents and two play group parents], all said that they would recommend it without hesitation to other people.

In attempting to answer the question of impact, we asked parents what had the Project meant to them, and what they thought it had meant to their children. We then asked the children and young people what they perceived to be the impact of engaging with the Project for themselves. This chapter reflects our findings on the first question which we addressed to the parents. In the next chapter, we will explore the responses of the parents, children and young people interviewed, regarding the impact of the Project on the children and young people.

Section 1 reflects on the examples the parents gave as they described how the Project had impacted on them in a number of ways. They detailed the improvement they perceived for themselves in terms of improved parenting ability; improved relationships with their children; improved confidence and self-esteem; and reduced stress levels. In the second section, parents identify what it was for them that had facilitated these improvements, leading to a better quality of life.

Section 1: Ways in which the Project impacted on the parents’ own lives

Improved parenting ability

Christine talks about the changes that her mother has noticed about her:

She’s noticed a big change in me. Before, I’d be quiet and I wouldn’t sit for five minutes, the other day she said it was great to see a smile on my face, and that I’m coping better.

While Amy self-referred into the Project because of her son’s behaviour, she reflects now that it was the support and guidance she was given in changing her parenting styles that facilitated the subsequent change in her son’s behaviour:

It was [Project worker] that changed me, and helped me change Mark, because I had no patience and [Project worker] would show me how to go about it. I’ve a lot to thank him for, he listened to me, he taught me.

Anna reflects on the emotional and practical support she feels was helpful regarding her son’s behaviour:

He gave us ideas around discipline, we had no rules ...

The ‘Strengths Approach’, as advocated by the Project in their mission statement, is evident in how Amy describes the intervention with her family:

[Project worker] came up and said, ‘We are going to try this, we are not going to look for Mark’s faults, we are going to look for what’s good in him, don’t correct him for his faults, praise him for his good things’. I’d never done it before, and it worked … he has changed so much.
**Improved parent/child relationships**

An obvious knock-on effect of improved parenting ability and reduced stress levels is an improved relationship between the parent and the child. This improvement was significant for all parents interviewed. As Amy eloquently illustrates:

> I was too wrapped up in punishing him to say 'I love you' to him, he was too much into mischief to know what love was ... there were days I wasn't able to look at him ... the Project has taught me to be a better parent, taught Mark to be a better child, I feel better, I've got confidence in myself now.

Amy goes on to describe a process that evolved over time, resulting in a closer bond with her son:

> He doesn't ignore me, I was on the verge of a breakdown with him, I'd shout at him and he'd shout back at me, the first thing I was told was, 'Be calm'. It nearly killed me. [Project worker] would say, 'Try this and see if it works', and I'd go away and try it and it did work, and the more I came down, the more better Mark got, and me as well, and now myself and Mark are so close.

Andy talked about the difficulties he was experiencing parenting his teenage daughter who had only recently come to live with him, and how the advice he was getting from his worker was helping him to build a relationship with her:

> ... when Michelle gets upset, I would find it hard to put my arms around her, I would do it, but it wouldn't be easy ... [Project worker] explained to me that I have to make the effort, I have to put my arms around her, tell her I love her.

Being able to understand their child and the behaviour led to improved relationships as well, as Andy and Hugh explain:

> I didn't understand all the changes that a girl goes through both physically and mentally until [Project worker] explained it to me. Now if she's moody, I don't react like a disappointed parent, I just let her be.

> It was explained to us in a way that made sense, and we actually understood more about his anxiety. The more we understood, the less awful it was, and the better we handled it, the less rows there were.

**Improved confidence and self-esteem**

Amy's eyes lit up as she vividly and proudly talked about the changes she has witnessed in herself over the period of engagement with the service. Having endured some very difficult and traumatic experiences, Amy describes how she now feels:

> My confidence has gone through the roof. A year ago my self-esteem was through the floor ... when Mark was behaving badly, I was depressed and I had no time for myself. Since I started coming down here, I'm more confident now as a parent.

Lisa explained that she worries all the time about her son, constantly wondering if she is doing the right thing about the ongoing bullying he is subjected to. She feels that her confidence in herself as a parent has been boosted by the approach of her son's worker, as she explains:

> [Project worker] gave me the impression I was doing a good job, I didn't have much praise all my life and I find them so helpful.
Reduced stress levels

For Janice, whose son was involved in anti-social behaviour, and Lisa, whose son was being bullied, engaging with the Project had significantly reduced their stress levels, as they explain:

*I don’t have to worry about him as much, since he’s started these meetings here.* [Janice]

*To know that he can go down there to the group and play with the other boys and I know that he wouldn’t be bullied and that he is safe.* [Lisa]

Hugh and Anna described feeling very stressed in relation to their son’s refusal to go to school. They both agree that their stress levels dropped the day they engaged with the Project, because they felt that it was the first time they really felt supported and understood because:

*...we knew it wasn’t all down to us...* [Anna]

This section concludes with a quote from Amy, who is imminently due her fourth baby, as she considers the changes the Project has helped her bring about for herself, her three children and her unborn child.

*I’ve been more relaxed because of what I was taught, the parenting, where a year ago I was shouting and roaring and punishing the kids, I feel myself I’m a fair better parent. They’ve brought out the best in me, and shown me how to bring out the best in my kids.*

Section 2: What elements in the Project’s service did parents identify as helpful?

Provision of respite/time-out

For one Playgroup parent, being able to do her shopping on her own, stress-free, means a lot:

*It gets you out as well, I think it’s brilliant because I can’t bring Eoin to the shops, because when he sees something he wants... he can be a little git... a lot of the time I don’t give in, but sometimes you just have to give in. Now I pay my bills, do the shopping and be back for him... it’s great.*

An accessible, available, user-friendly service

The availability of staff, either at the end of a phone or knowing you could ‘drop-in’ to the service, was highlighted by the parents as invaluable. Parents said that, even if they never called the Project, the fact that they knew they could was reassuring and stress reducing. The following quote from Janice and a Playgroup parent support this:

*I know that if I ever want to talk, I can pick up the phone, that was a brilliant thing to know that I could talk to someone.* [Janice]

*If I thought I needed help, they’d always be there, someone to explain your problems to without feeling guilty or stupid.* [Playgroup parent]

Playgroup parents viewed the Project as much as a support for themselves as for their children, and as a safe and secure place to go if they needed to talk to someone.

*I went when I was feeling low and they were very nice.* [Playgroup parent]

*The Playgroup is great because they actually talk to us. If we have any problems or anything we need to talk about, we could go to any of the staff, they’re there to listen to you, they’d do anything for you, that helps.* [Playgroup parent]

Hugh found it helpful that, not only that he could access the family’s Project worker when he was feeling stressed about his son’s behaviour, but also he was able to gain an understanding as to why his child was behaving in that way:

*I’d phone [Project worker] if I was losing it, and he’d calm me down. He’d always be on Gary’s side, but it would be an adult’s view on what Gary is thinking, but he’d talk to you simply ... [Project worker] would tell us why Gary was doing what he was doing and he would give us options.*
Provision of services for themselves and their children

The Naas Child and Family Project appears to provide services that are not otherwise accessible or affordable within the community, like the Playgroup. It also engages with families that cannot access other services because of the issue of joint parental consent. Parents also remarked on the non-availability of services to deal with a wide range of family issues and developmental stages under one roof. The following quotes reflect these issues:

There's nowhere [playgroup] unless you can pay for it and I can't afford it. [Amy]

My grandchild goes here, so that's how I found out, and there's nowhere else for kids before school. [Playgroup parent]

Although the 'referred child' is the primary focus of the intervention, for many families engagement with the Project results in other family members receiving a direct service as well, as highlighted by the case studies. In Amy's case, while her son Mark and she were the primary focus of the intervention, her other two children availed of group activities provided by the Project. For Amy, this meant that:

... the other two get a break too coming down here as well.

The dearth of services for men in Naas was commented on by Andy:

... there's no help for men as parents out there ...

The case studies in the previous chapter highlighted the largely negative experiences of other services by the families interviewed. Hugh contemplates what might have been had this service not been available:

Only for the Project, I'd be in court now because of school.

Linking them with other services

Parents commented on the help they had received, both in terms of being given information about other services, and by virtue of the Project workers making contacts for them, arranging appointments on their behalf, and supporting them in accessing these services, as the following quotes reflect:

They'll actually give you numbers of other places [services] if you need them. There's nowhere else does that for you. [Playgroup parent]

Well, [Project worker] tried phoning the psychologist for me, that was really helpful, that Barry was seen, really helped me that I didn't have to go looking for a number; she could have said, 'Do it yourself' but she didn't. [Lisa]

I didn't really know an awful lot of people down here until last year, I really got to know a lot of people ... [Playgroup parent]

Summary

Recalling briefly what parents/carers said about the impact of engagement with the Project, a consistent picture has been portrayed by the nine parents whose views are captured here. Social contact, social support, time-out, consultation and professional intervention are all part of the continuum of practical and psychological help identified by parents as having a significant impact on a social, emotional, psychological and/or behavioural level.

Does this picture remain the same when the impact for children and young people is examined? The next chapter presents the research findings on the perceptions of the impact of the Project for this group.
CHAPTER 8: THE IMPACT OF THE SERVICE ON CHILDREN’S LIVES: PARENTS’, YOUNG PEOPLE’S AND CHILDREN’S PERSPECTIVES

What about the impact of the Project for children and young people? As stated in the methodology chapter, children and young people were regarded as key stakeholders in the Project, and, to this end, five individual interviews and one joint interview were conducted with ‘referred’ children, ranging in age from 5 to 14 years of age, reflecting a gender balance of two females and five males. This chapter begins by reflecting their respective parents’ perceptions on the impact of the Project on the children and young people, before presenting their own perceptions, views and opinions on the services they engaged with.

Section 1: Parents’ perceptions of the impact of the project on their children

Similar to the previous chapter, the parents’ perception of how the Project had impacted on their children may be explored under four headings:

1. Developmental improvements in children;
2. Improvements in self-esteem & social skills;
3. Behavioural improvements; and
4. Improvements in emotional well-being.

Developmental improvements in children

For many parents, there was a marked difference in their child’s ability to achieve age-appropriate tasks as Lisa comments:

Barry is now dressing himself where he wasn’t doing so before ... he’s more inclined to go by himself, before he wouldn’t go without me ...

Improvements in self-esteem and social skills

Improvements in their child’s self-confidence, and ability to interact appropriately with other children, were regular observations, as reflected by the parents whose comments follow, and also as observed by the children themselves and by other professionals, as will be seen later in the report.

As a result of Louise attending the Peer Support Group, Amy believed the following changes had come about:

Louise has come out of her shell a lot, she wouldn’t mix with other kids, the group has made a big difference to her.

For Alan and Elaine who attend both group and individual activities, their parents made the following observations:

He’s not scared any more. He was always a nervous child. He didn’t mix as well, he’s always had friends but they were girls. Now it’s the lads he’s with. [Janice]

She’s mixing better and school’s better ... coming on more in herself, and in her work ... [Christine]

Christine and another Playgroup parent attributed the changes in their charges to their attendance at the Playgroup:

She was a little withdrawn up to Christmas, then she came out of herself, she found it hard to make friends...

She was very into herself [grandchild] and since she’s been coming here, she’s really come out of herself, she plays with other kids now. She’s a different child now altogether.
**Behavioural improvements**

For Amy, whose son Mark’s behaviour had become progressively more destructive, engagement with the Project had not only seen an end to this behaviour but had reversed this trend, as she reflects:

> *If I hadn’t come here God knows what way me and Mark would be ... the changes in him has been unbelievable, as regards behaviour, attitude, the school has noticed too ... Mark can tell me he loves me now, a year ago he was too much into mischief to know what love was, he was too wrapped up in what he was doing.*

Janice describes a very tangible improvement in her son:

> *There’s not one person has knocked on the door giving out about the child, where I had someone every week giving out about him ... now he’s just a normal child ...*

**Emotional well-being**

A marked improvement in her child’s mental well-being is commented on by Anna, whose son’s anxiety and school refusal has abated, and by Christine, whose daughter’s soiling has stopped:

> *It’s not completely gone [the anxiety], but he will do things on his own now, he has stayed away from home, he has got involved in things, sports, school choir ... a little bit more involvement.*

[Anna]

> *[There’s been a] big change, ... she has a better attitude, more outgoing, she’s not soiling herself any more, mixing better with children her own age, doesn’t think people are looking at her and talking about her.*

[Christine]

Janice reflects on her son’s ability to talk about his problems or worries, rather than bottling them in, attributing this new skill to the work of the Project with him:

> *... he never spoke to anybody, he kept it all in, and now he talks about everything. If he has a problem, he’ll come to me, or to his Dad or his sister. He’ll always go to somewhere he’s become very open.*

**Section 2: Children and young people’s perceptions of the impact of the Project on themselves**

**Improved parent/child relationship**

Mark thinks that attending the Project is helping him get on better at home, but not at school. Mark knows that things are better at home because:

> *Mam be’s very proud of me.*

Mark thinks that he is now

> ... a very good boy and before I tried to be good but me mammy was very angry at me.

As a result of attending the individual sessions, Michelle believes that her relationship with her father has improved a lot. She feels close to him and feels that she can talk to him about absolutely anything. She is also using the sessions to talk about her feelings towards her mother.

**Behavioural improvements**

Barry also believes that his behaviour at home is improved. He says he knows this because now he will play quietly on the Psayson™. Conor believes that attending the Project has helped him, as

> *I don’t lose my temper at school. I used to lose it but now I just leave it. I just play on. I don’t bully at school.*

Conor believes attending the Project has made a big difference.

> *I’ll tell ye now ... when he told me to discuss stuff and just walk away, [it] was ten-out-of-ten helpful.*
Emotional well-being

Gary says that the whole experience has made him feel ‘good’, particularly as everyone has noticed the change. He says other people say, ‘Can’t believe you are going into school.’ Conor believes that attending the Project would have the following effect:

It would give ye more confidence.

Conor also believes that it could help people if they had a problem with their anger. He believes attending the Playgroup is helping his little sister:

Because it takes her mind off the trouble.

Alan believes that counselling can help you with your life problems.

Sometimes you draw, sometimes you paint, sometimes you talk ... it really gets you, like, out of your head, like ... it is better, definitely ...

Michelle believes that attending the Project for the individual sessions has been ‘ten-out-of-ten helpful’. She enjoyed the opportunities to talk about what was on her mind. She felt that there were some ‘girl things’ that she did not feel comfortable talking to her father about. She feels that her father understands this.

Alan says that the Young Men’s Group has been helpful because:

It makes me feel alive after school, like. Before I used to feel bored stiff and now I have livened up.

Relationships with peers

Alan does not really know who would benefit from attending the Young Men’s Group. Alan says maybe the club might be good for a boy

... whose parents have split up and, say, if he didn’t have much friends or he wasn’t going outside and he was spending all his time inside ... a bit of a loner, like.

Michelle feels the sessions have helped her in her relationship with her peers. She feels that she is less bothered about some of the things that they say or do, and so she gets less stressed out about it.

Educational

Barry believes that his behaviour is better at school. He says he knows this because his teacher tells him that he is now doing good work.

Gary believes that it has helped him a lot and says that now things are

... way better ... now that I can go into school compared to last year and that I am more helpful to me ma and dad. My mam and dad used to have to take time off to bring me down so I just missed 17 [days of school] this last year.

No impact

Elaine, who attends for both individual work and the Homework Club, while recognising that there had been positive improvements in many areas of her life, was reluctant to attribute these improvements to her attendance at the Project. She said she believed that the sensory work was ‘somewhere in the middle [of a scale 0 to 10] helpful’ but she said it is hard to say in what way. Elaine believes her mother would have noticed a difference as a result of her attending the Project. But Elaine doesn’t feel that attending has really helped her.

Similarly, with regard to the Homework Club, Elaine says she often does not go to the Homework Club and gets out of it by telling her mother that she has no homework.

Summary

What difference did users think the Project had made to themselves and their children? The previous chapter explored parental views on what the Project means to them, and this chapter has filled the picture in with more detail. The final word belongs to the young people. Gary believes that the Project is ‘... just brilliant [because] ... they help people and talk to people.’
CHAPTER 9: THE INSIDE LINE: WORKERS’ PERCEPTIONS OF THE PROJECT

This chapter presents an opportunity to reflect on the views, perceptions and experiences of the staff that essentially constitute the core of the Naas Child and Family Project. There was a strong sense emerging from the staff interviews, both individual and team discussions, that it was still ‘early days’ in terms of the Project’s evolution, and that, in many ways, staff members were coming to the point of consolidating their work and planning for their future:

The length of time it takes to get into that community as well. We are two years now, and really it’s only since Christmas we’ve turned a corner with all the stakeholders ... it’s only now we are starting ... [Project Worker 2]

Section 1: How the service has developed

Recalling the original aims and objectives of the Springboard initiatives, the Projects were set up to target the most disadvantaged and at-risk families, and to focus on those children in the 7-12 year age group. With this in mind, Project staff reflected on how their service had developed and what had influenced this development.

Considering the target population, Project staff were acutely aware that the needs analysis which had informed the original proposal submitted, did not identify Naas as the most disadvantaged location for the Project. For this worker, need did not necessarily equal disadvantage, as this quote explains:

People would argue that maybe Naas shouldn’t have got the Project, because it would be seen as a transient, affluent town, a satellite of Dublin, where people basically come to Naas to sleep and eat and go back to Dublin to work. I could argue to look at any other satellite town, they are much the same as Naas, until you pare away all the gloss, and then you are left with the same issues. Is there a need for family support? There is a need for it in Naas, it has been shown quite clearly from the work we are doing. [Serving] marginalised families was one of the aims of Springboard, but does that mean you turn away people who can buy a service, even though those services don’t exist? There is always the potential to get a referral for a family who are not marginalised ... We don’t discriminate positively or negatively, we work off the basis that we have the resources to work with this particular family or not. [Project Worker 4]

This next worker argues that the socio-demographic changes that have taken place in Naas, and in other satellite towns like Naas, resulted in a different kind of ‘need’, not necessarily related to an individual’s socio-economic status.

I think the fact that we’ve a mix of families from different backgrounds, that probably surprised me in some ways, because Springboard was initially set up to work with the most disadvantaged, but that’s been a good thing. In a growing town like Naas, which is a very affluent town, as people move into it, they move away from their own family support networks, and there is a huge sense of isolation out there for a lot of families who may be financially coping, and independent, but there are quite a lot of risk situations in the family home. [Project Worker 2]

Locating the Project in Naas resulted in a much broader cross-section of clients, as this worker reflects:

The one thing reflected in families is the cross-section of backgrounds and that probably has helped in terms of getting out there, reaching further. There’s no one area in Naas that’s very, very deprived. Families are all over the place, then they are in private accommodation paid for by the Health Board, but, in another way, it has sort of helped us not belonging to any particular area, nobody sees us as working with them exclusively, whereas projects based in estates, it’s only for them and that can cause a lot of difficulties. [Project Worker 2]

The focus on 7-12 year olds had also shifted slightly in that Project staff felt that they were being asked to work with younger children, as this worker explains:

Teachers are actually identifying children at a very young age, 5/6 years of age in Junior Infants, but I think that’s a good thing, because I think it means it’s early intervention and teachers are not willing to sit on the problem. [Project Worker 2]
This worker reflects on a change in the orientation of the Project:

I think we might have been more clinically oriented in the beginning. Things like the Playgroup just evolved by accident. We started it up because we didn’t have any families at the time and we thought we’d just do it as a support for the parents in this building, and as a way to get to know people, but that has become a very important part of the Project. [Project Worker 1]

When Project staff were asked who they thought the service was more effective for, either parents or children, the following response was given:

Both, I would think both. We’ve built very strong links with parents and I would feel there’s not an awful lot of point working with a child if you can’t do that. The parents are very clear that it’s for you as well as your child. I would feel it’s balanced. [Project Worker 1]

Section 2: What is working well?

There is a real sense of achievement around what we have done. [Project Worker 2]

This quote reflects the positive feeling that the staff had about their service, how it had developed, and the pride they felt in this achievement. From the interviews with staff members, a number of key areas were identified as the strengths of the Project approach. For the purpose of presenting this material, four areas are focused on:

1. inter-agency work;
2. empowerment in practice; and
3. what workers described as the ‘unique approach’ of the Project.
4. identifying children at risk

These areas will be addressed separately.

Inter-agency focus

Project staff believed that the relationships they had strived to develop with other agencies and other professionals had resulted in positive inter-agency links. This staff member reflects on what has been a slow and difficult process, what they have done to move it along and what the obstacles have been with this development:

Of the agencies that work with us on a regular basis, I think most would rate us quite highly, especially the schools. The biggest difficulty with the schools was that they’d lost faith in the system. I think when we said we’d do something, we’d do it, keeping in constant contact, informing them of what was happening. But it’s about commitment, dependability, reliability, trust building, being there at the end of the phone, getting back to them. [Project Worker 2]

Project staff also highlighted the Health Board, and in particular the Social Work Department, as another agency that they have developed strong links and a positive working relationship with. The need for open and clear lines of communication, and for clarity regarding roles and responsibilities are explicit, both for the workers involved and for the families. Project staff highlight as significant, their experience of making child protection referrals, yet maintaining an ability to continue to engage with the family.

Empowerment in practice

The Project’s Mission Statement clearly states the Project’s commitment to working from a strengths perspective, respecting, including and empowering families, who are regarded as equal partners in the process. Staff members reflect here on the process of empowerment, both in terms of their work with individual families and at the wider level of community involvement in their service.

In the initial stages of engagement with a family, these staff members explain how empowerment works in practice:

One of the first things I would say to a family when they get here is, ’you’re the person who knows your situation best.’ [Project Worker 4]

We can’t do the work without them [parents]. You can say that to a parent, but you also have to act it and live it. [Project Worker 2]
As this next worker explains, this approach is carried throughout all of their work:

In a way, it’s giving the power to them and making sure that they are very involved in the change that they want to bring about. You’re just going in as a normal person, normalising it for them, taking the clinical side out of things. [Project Worker 1]

In terms of involving the community in the development of the service, this worker recognises the value of community involvement:

So it is good to have people from the community on your advisory boards, people who can understand what you are trying to do and translate that back into the community, be able to allay fears and be a link. [Project Worker 4]

Regarding the planning and development of services within the Project, the next quote cites a tangible method of inclusiveness and empowerment:

The parenting programme we’re planning to run in September, we’ve actually sent out flyers to about 30 parents, asking them do they want it, and asking them to come back with ideas the whole idea of that is that they’d devise their own programme over two or three sessions with the facilitator and run with that for 8 or 10 weeks. [Project Worker 2]

A unique approach

Staff at the Project felt strongly that the approach of their service was unique, and that the key to their success was largely influenced by this uniqueness. This unique approach manifested itself on a number of levels specific to the Project personnel, the Project’s approach to family work, and the services that are on offer.

The stability of the staff team, with no changes in personnel since the Project started, was seen as unique, considering the high turnover of staff in other agencies. It was also felt that this stability resulted in a sense of security for client families – they would know who was at the end of the phone, or who would be dealing with them.

The decision to employ all staff as Project workers was also seen as unique, as this quote illustrates:

I think the other thing that might be quite unique is that everyone is employed as project workers, so no one person was taken on to do family work or sensory work or play or whatever. Obviously you might have strengths or skills in a particular area but there’s also a cross-over. [Project Worker 2]

The team members themselves were seen to contribute directly to the success of the Project and its ability to engage with and work with families, as this worker explains:

Their past experiences, maturity, different types of experiences, training, they accept families, they’re non-judgemental, they have an openness and a warmth that families relate to and seem to respond to. It’s not all about the interventions and the techniques ... sometimes it’s the very basic ‘being there’, the respect, humour is so important. [Project Worker 2]

The mix of ‘open-access’ and ‘referred’ family activities also contributed to the success of the Project and was regarded as a unique approach, as this worker reflects:

So part of it is open access, it’s not stigmatising because there are a hundred and one reasons to come in the front door. So I think people feel it is generally quite accessible. I think people don’t feel the same level of intimidation about using our service. [Project Worker 3]

I think it’s the all-inclusiveness, and the low-key, unflashy, non-clinical, user-friendly, I think that’s reflected here as well. [Project Worker 2]

The ability to intervene at a very early stage was also seen as unique in terms of traditional service delivery, and central in terms of their ability to build trusting relationships with families, where difficulties and concerns could be addressed in a non-threatening manner:

Traditionally it’s been the ‘fire brigade’ where you go in to pick up the pieces and go away again ... we’re going in before it starts, staying with it and the family don’t see us being a threatening presence, but a resource to the family. [Project Worker 4]
Identifying children at risk

As stated earlier, the Project has developed a positive working relationship with the local child protection agency, receiving new referrals from them, or making child protection referrals to them on case families they have already engaged with. In this way, the Project are actively engaging with ‘at risk’ families, either by virtue of their status as a social work case prior to referral to the Project, or alternatively in some cases, where the Project identify child protection concerns in families they are working with, and subsequently involve the social work department. To this end, seven child protection referrals were made by the NC&FP, to the social work department, up to 01/09/01. Five of these referrals involved families previously unknown to the social work department.

Section 3: What the team say about their team

Professional practice

When the Project started in 1999, one of the first exercises undertaken by the team was to draw up a code of ethics which would have covered the areas of confidentiality, record keeping, complaints procedures, and procedures in relation to reporting on a concern.

This worker reflects on what good professional practice means:

Never making commitments or promises you can’t keep, always take time to consider and reflect on practice, good record keeping, preparing well for supervision, really thinking about issues before supervision. [Project Worker 2]

Regarding the availability or need for a forum for feedback on professional practice, this worker reflects on that process:

We’ve had an opportunity to do that but I think there is a need for a lot more for that type of reflection and space. [Project Worker 2]

Supervision

All team members highlighted both formal and informal supervision as a necessary and integral part of their work, and a practice that was working well. Project workers received formal supervision from the Project Leader approximately once monthly, and were very positive about the quality of supervision they were receiving, as the following quotes illustrate:

Supervision is excellent ... you get a clear head talking back at you, and that’s good, it gives you a new momentum to go back into the situation rather than be floored by it. [Project Worker 4]

Access to the Project leader for consultation and advice on an informal basis was also highly rated by workers who explained that there may be issues coming up for them in their work on a daily basis, that may not wait until the next scheduled supervision session to be addressed:

I think her office should have rotating doors, because there is a very informal sort of supervision going on. There’s always the option of knocking on the door and saying, I need to get my head around this, do you have 10 minutes? as well as using the opportunity of supervision. [Project Worker 3]

While there is a clear and much appreciated supervisory system in place for the Project workers, a regular system of clinical supervision is not in place for the Project Leader. However, a positive working relationship has developed between the Project Leader and her supervisor, Anne Conroy, where the Project Leader avails of regular monthly supervision. While the nature of this supervision must include a focus and emphasis on the management and development of the project, the Project Leader highlighted that these supervision meetings also allow for space and time to reflect on and explore work practice issues and professional issues pertaining to the role of Project Leader. The Project Leader stated her satisfaction in relation to the current supervision that is in place and the support that is available from her Supervisor, her team, and the Co-ordinating Committee.

Team work

Team members spoke about the supportive nature of the team, and the value of that support when workers were embarking on new ways of working:

It’s a great team to be part of, getting a lot of support from each other. [Project Worker 3]
Project staff stressed how they respect the clients' right to confidentiality, which has resulted in a practice whereby sharing of case details is guarded against, and the Project leader is the only person who would be fully briefed on all the details of a case:

*Generally we don't discuss our cases with other staff. Confidentiality is very strong.* [Project Worker 1]

Staff members agreed that the team meeting would be an appropriate forum for sharing cases and getting ideas in terms of hypothetical situations, and that this can be very helpful:

>'Issues' may be discussed at team meetings but generally what we do is save it for supervision or, if there is a burning issue, bend the Project Leader's ear immediately. [Project Worker 4]

Project staff explained that this was a practice that had just evolved in response to the individual staff member's own professional practice, rather than in response to a decision that was taken by the staff team:

*I think it's just our way of practising. Families are entitled to their respect and their privacy.* [Project Worker 3]

Team meetings occur monthly and are a forum for gathering as a team to discuss issues such as referrals, training and staff development, housekeeping issues, and for the presentation and discussion of pieces of work. All team members attend this meeting, with the administrator leaving the meeting before the discussion regarding case management.

The associate staff members [those affiliated with KYS, but involved in joint initiatives] are not involved in the Project team meetings.

**Staff development**

Staff generally feel that there are excellent opportunities for professional development. Project staff feel in control of their training and professional development. Options for training are presented and supported, and staff feel confident in their roles as they are in receipt of regular supervision, focusing on both professional practice and personal development. Areas such as recording and legal training were identified as examples of issues for team, Project, and professional development for the future.

**Section 4: Issues highlighted**

**Measuring impact**

Given their involvement in the national Springboard evaluation, Project staff have been very much under the microscope regarding the monitoring of their impact on family life and the measurement of change. On a broad level, staff had the following to say about the measurement of success in the provision of family support:

*There'll always be families who'll need some form of support and I don't think you can measure success on the basis of discharges from the service ... the fact of being able to come back and look for the help is a big step ...* [Project Worker 2]

Staff felt strongly that the 'success' of the Project's approach was evident from:

1. Their ability to reach families that had previously fallen through the net, where other services had failed to engage them;
2. Their ability to provide services to the community, in the community;
3. Their ability to effect real change in family life, as measured by achieving the goals of the intervention; and
4. Their ability to improve the quality of life for families experiencing dysfunction, disadvantage and disharmony.

With the national evaluation coming to an end, staff recognised the need to identify, and incorporate into their practice, recognised and usable tools for the ongoing monitoring and evaluation of their work.
We need to look more at ways of evaluating our work, it’s to look at some kind of system that’s not going to be time consuming and is going to be user friendly. I still would think that we’d probably use Kieran’s [Kieran McKeown, the national evaluator] ‘Strengths and Difficulties’ questionnaire, for the initial process in getting to know a parent and child. [Project Worker 2]

Recording & report writing

Project staff pride themselves on the detailed, quality reports that they provide to other agencies. Families are made aware of the existence of files, receiving a copy of records of review meetings and agreement meetings. The staff group is currently reviewing their report writing and recording practices:

It’s an ongoing issue [access to files], where people write far too much in their session notes, and we looked there recently at just recording the issues and the decisions that are made. And we’ve looked at the whole idea of maybe, at the following family session, that you bring your notes with you and you get the family to see it. [Project Worker 2]

Policy and procedure

Staff highlighted the lack of clear policies and procedures to guide many of the open-access activities, primarily based in KYS, as an area that needed to be addressed. This process had already begun:

We have already drawn up new admission policies and procedures for the Homework Club, because what was happening there was that it was starting to lose its sense of what it was about because some of those young people had other needs and maybe homework support was not what they needed. [Project Worker 2]

What was also apparent was the need for the further development of policies, procedures and practice guidelines, on an organisational level, and again this process had already started. This worker explains the rationale for this process:

It’s being addressed by the organisation on a policy level… to get consistency in all the projects. [Project Worker 2]

Location

Project workers were very positive about the physical location of the Project:

We are right in the heart of Naas, we’re visible, we’re user friendly. [Project Worker 4]

The staff did comment on the problems of the service being located on three different sites within Naas, and this issue is addressed further on.

Partnership with KYS

The staff working for the NC&FP would feel that they work well as a team and have a clear line management structure. There is less clarity for them regarding their relationship with KYS:

I think it works funny. I don’t feel completely a part of over here or completely a part of over there. [Associate Staff Member]

Staff stated clearly that they felt that the non-referred groups and open-access activities based at KYS can be an easier and less threatening way to access families. Given that some of these activities pre-existed the Project [albeit in slightly different formats], and were, to a degree, inherited by them, staff members stated a difficulty in fostering any real sense of ownership over these groups:

I don’t know, I’m a bit confused about that, sometimes I feel they’re very separate to us and maybe because of our premises we don’t have the space. I would always say we have a homework club, but I suppose I don’t feel very part of it. It’s always felt very much that they were there before we came, we didn’t have to work on them or develop them… they were there... I don’t have a sense of them. [Project Worker 1]
Looking to the future of the Project, staff members questioned the viability of the Project’s continued involvement in these activities, and suggested that it posed dilemmas for them in terms of their ability to maintain a community perspective, as this quote illustrates:

*If you were to ask, ‘Can Kildare Youth Service, the mother ship, provide that community outreach’ from the umbrella that we’re under; it would free us up to do other work and maybe develop further along the lines we are going. That would be a good division of resources within the umbrella group, but we would also need to maintain, for ourselves, the community perspective as well. So it’s a question of, What’s more beneficial for the Project?’* [Project Worker 4]

Again looking to the future, focusing on the relationship between the Project and KYS, this worker reflects:

*I think we are going more towards family support and where the youth work model fits in I don’t know.* [Project Worker 2]

**Section 5: Looking to the future**

To say that the NC&FP is at a crossroads would be an apt description of how staff view their situation. With their future funding secure since June 2001 and their pilot status removed, the staff were rid of the uncertainties and apprehensions that hindered the development of a long-term vision. For the first time since they began in 1999, they could plan realistically for a future that was secure. With this security also comes a dilemma regarding their future direction, as this worker explains:

*I worry that we’re trying to do and be all things to all people. I think it was a very good exercise for the first two years, because it’s certainly got this project off the ground and we avoided a lot of issues around being labelled and people not wanting to access our service. I think the time is now for sitting down and refocusing.* [Project Worker 2]

Given that the Project currently provides both open access activities, and interventions open only to referred families, Project staff debated the pros and cons of maintaining this two-track approach, and furthermore, on which ‘track’ should the emphasis, and thereby most resources and time, lie.

*I think, above all else, continuing the non-threatening stuff, I think it’s very important not to move entirely to Family Support work, but to keep the groups going and the playgroup, that’s absolutely vital, it’s crucial.* [Project Worker 3]

Another worker took a more philosophical approach:

*For me, family support is about accessing parents and you’ve a very good opportunity to access parents through a playgroup, through a homework club, when you set up good structures to do so and access them, that we would be bringing in a lot more parents around the needs of their children attending that club, linking up very well with the schools.* [Project Worker 2]

For yet another worker, simply maintaining the current direction and focus of the Project, with a view to building on the established foundations, was preferred:

*Continue what it’s doing. I think it’s established in its own right, I think maybe to broaden out and link up with other agencies to do joint projects that service both needs. It may be a way to go to build up the community link.* [Project Worker 4]

As the above quotes from the workers highlight, there was a determined belief in the value of certain open-access activities, like the Playgroup, as a way to engage with families and deliver the family support ‘goods’, but in a non-threatening manner, and one accepted by the families in the community they are attempting to serve. The staff had very definite ideas about the activities and interventions that they valued holding on to and developing:

*I think the ‘Sensory Work’ approach can be so effective in so many ways. I wouldn’t think we should focus more on it ... But in terms of being able to meet the needs of clients, it certainly seems to, so I think that would be the thing I’d want to be keeping.* [Project Worker 3]
In planning for their future, Project staff had concerns and ideas about two further areas that they felt strongly needed attention. Firstly, regarding the size of the main office, the Administrator highlighted the need for a larger waiting area to accommodate visitors, with a larger play area for children. Two other workers also had concerns about the current premises:

Premises are a big concern, it’s very difficult to work between three premises ... I feel quite fragmented. [Project Worker 3]

I’d love a house with a back garden. I’d like to see us getting more out to the community, bringing the community in more so that they have a stronger sense of use and the project becomes very much the community’s, more ownership. [Project Worker 1]

A second area of concern is highlighted by this worker:

I think there’s a massive amount of potential for the future for the project, but I don’t think a team of a project leader and three project workers can achieve that potential. [Project Worker 3]

As their service has become better known, demand has increased, and the advent of the waiting list has forced the Project to realise they must focus and prioritise if they are to continue to provide depth, intensity and consistency. The following quotes illustrate this situation and the dilemmas it presents:

I think we are at a stage where we need to make some hard decisions about what way we need to go, because there are families on waiting lists, we can’t get to them yet, and I feel we are spreading ourselves quite thin by running all these activities and programmes and groups... It is very much a case of needing to state and name what it is that we want to do well and what we want to continue to do. [Project Worker 2]

The Project has already begun the soul searching and future planning process, safe in the knowledge that their formula ‘works’ and with a grim determination to continue to ‘get it right’.

The more people we are in contact with and the more group programmes we run, the more people we identify as probably needing more intensive work, and it’s looking at how we can respond to them. [Project Worker 2]

**Summary**

In this chapter the Project has been viewed through the eyes of the Project staff, who reflect critically on its development and the factors that have influenced that evolution. Individually and collectively they explore what’s working well from their perspective and identify areas for future development. Inherent in this discussion is reflected a deep awareness of the Project’s relative youth in terms of its evolution, a much stated acknowledgement that it is still ‘early days’.
CHAPTER 10: AIMS AND IMPACT:
VIEWS OF KEY STAKEHOLDERS

As outlined in Chapter 2, it was agreed from the outset of the evaluation that external professionals, either in their capacity as referrers to the service, as part of the management structure or from their position in another community service, would be considered as key stakeholders, and thus would be included in the field research. To this end, the views and perceptions of a number of agencies were sought and there are reflected in this section. Representatives from the following agencies were interviewed, either individually or in a focus group:

- the Social Work Department [three social workers],
- primary and secondary schools [four principals and five class teachers],
- the Garda [one Garda], and
- Rainbows and the Society of St Vincent de Paul [one representative each]

In addition, those involved in the management of the Project, including the National Co-ordinator of Springboard, the Child Care Manager for the South Western Area Health Board, the Principal Social Worker in the Social Work Department for the same Health Board, and the Regional Director of KYS were all interviewed individually. These professionals gave their perceptions regarding the aims and objectives, impact and effectiveness, ethos and function, and target population of the Project, and this feedback forms the basis of the information contained in this chapter.

When the Project was being set up, the team saw it as a priority to develop strong links with other agencies, professionals and community groups. To this end, the Project team went out to other agencies and invited professionals to the Project, giving presentations to advertise their arrival in Naas and clarify their aims, objectives, target population and proposed services. The social work team was invited to the Project, and Project representatives presented at a social work team meeting. An official launch of the Project at KYS was attended by many other local professionals and service representatives. Representatives from the local schools went on an orientation day in the first year of the Project, where they were informed about the Project.

Understanding of service

Aims and objectives

What is the Project trying to do? What did the professionals understand to be the aims and objectives of the service? Who is the service aimed at? These were some of the questions put to the professionals interviewed. Their responses were at times in agreement and, at other times, as diverse as their professional backgrounds.

Let us begin by reflecting on the responses of these referrers as they recall the launch of the Project at KYS.

*My impression at the time was that I didn’t think it was going to be of much benefit because I felt the families would associate a stigma with being involved with the Project, because they would feel that they weren’t responsible for their own children.* [Referrer 6]

*I was sceptical about the Project because it seemed to be focusing on socially disadvantaged and, as far as I could see, disadvantage and problems went far beyond social class. I could see families in need in all classes ...* [Referrer 5]

Over time, this scepticism has faded, replaced for this referrer with a sense that the Project is meeting real need and a trust in their ability to work with all family issues and difficulties:

*In fairness to them, they have covered the broad spectrum of need ... I haven’t met a family yet that I would feel uncomfortable sending [to] them.* [Referrer 5]

Also recalling the initial presentation given by the Project, another referrer reflects on the clarity of purpose conveyed to her at that time:

*It was very clear from the presentation what they were planning to do.* [Referrer 1]
Client group

For some professionals, a typical referral would involve a child who had poor peer relations and was antagonistic towards others. Other professionals saw the focus of intervention being very much on the family situation.

... where the parent needs support. [Referrer 16]

While some professionals saw the Project as focused more on children's needs, they nevertheless understood clearly that the Project was working with the child in the context of his/her own family situation:

They focus with the children, they look at the family unit to see is there anything else that could be done with that... that's very important. [Referrer 5]

Some school personnel wished for clearer guidelines regarding the features of the client group that the Project served:

[There is] a lack of clarity in my mind about is it a child to refer or is it a family. [Referrer 16]

I was wondering why [child/ren] ... had been referred and that information would have been useful. [Referrer 7]

Clarification and communication of the aims and objectives of the intervention could lead to better teamwork between the school, parents and project workers. One teacher felt that if she noticed difficulties she would not necessarily tell the project as some problems would only show up in school and would be best addressed there.

Referral process

All referrers interviewed expressed clarity regarding the referral process, highlighting the quick and personal response as a positive attribute of the Project. The accessibility of the Project team for consultation prior to a referral being made, and the flexibility of the team in responding to a variety of family issues and difficulties, were all commented on positively. Professionals and community services representatives saw the team as a resource to consult with and get valued advice from, within the expressed boundaries of confidential and professional behaviour. The availability of the Project Leader to meet with families to talk about the service was regarded as a positive way of engaging with families in a non-threatening manner, particularly those families who may have had negative and damaging experiences of other services.

For the educational services, however, there was an expressed reluctance to be involved in the referral process, for a number of reasons. While schools understood that there was a preference on the part of the Project for the school to make the referral rather than the family self-refer, personnel expressed a hesitancy to suggest the Project to parents, because they do not want to be seen as making a judgement on a family situation. The next quote reflects this difficulty:

You have to be seen to support the mum and the dad and give them their due respect ... I suppose then I find it difficult to find the words to say, 'maybe the family therapy would be good for you here,' because that might mean that I am in some way making a judgement of their situation. [Referrer 16]

Other professionals commented on the schools' involvement in the referral process, understanding that they might be very slow to refer because:

... they can get a terrible back lashing from the family. [Referrer 5]

Currently, it is largely the project leader who initiates the liaison, with a general feeling among school staff that, if they were to initiate contact, they would be 'prying'. School personnel felt that increased advertising of the Project was called for, so that parents wouldn't have to find out about the service through the schools.

Referral criteria

Understanding of and clarity regarding the criteria for referring into the Project varied among the different referrers interviewed. Some saw a typical referral involving a child who has difficulties emotionally and who doesn't fall easily into any other service. The belief here was that children who may have been under-stimulated at home would benefit from the Project, such children being identified by the fact that they would present as able, but with underdeveloped language or fine motor skills.
For other professions, the referral criteria involved the family unit:

I would be looking at parents having difficulty coping with their children or where there is mild behavioural problems. [Referrer 1]

...young parent finding it difficult to cope, the kids needed an outlet, management skills within the home, supervision of the children skills ... [Referrer 6]

It's mainly just parenting support. [Referrer 2]

Even if the referrer is unsure about the suitability of the Child and Family Project in a specific case, the accessibility of the Project can influence the decision to refer:

If the behaviour was such that they were causing huge problems in the home, I would probably still give the Project Leader a ring and say what do you think, because you are talking about a waiting list with child guidance of 3-4 months where the Project is much quicker. [Referrer 1]

The schools in particular expressed a need to be clearer about the goals of the intervention, to know more about the strategies that are used and clarity regarding the referral criteria.

Impact and effectiveness

There were both common and diverse trains of thought when the referrers interviewed were asked for their views on the impact of the Project. Responses indicated a largely positive impact, though some were reluctant to attribute progress or success to the intervention of the Project and, in one case [discussed below], the intervention was viewed as counterproductive.

Generally, the Project’s holistic approach was considered to be a key to its success. The Project workers’ ability to build trusting relationships with families was considered to be an important and solid foundation from which to address difficult individual and family concerns. Let us turn our attention now to the various areas highlighted by the professionals where significant impact was noted.

Impact on families and children

School principals commented that children who are on a definite path to trouble are intercepted: that children from whom they anticipated trouble settle down and, for both the school and the family, this is a very important turn of events. The following quotes reflect this:

Children who might have been very disruptive ... are able to deal with things in school in the context of sorting out the family situation as well. [Referrer 16]

Regarding specific children, there was some diversity of opinion. One child’s teacher was unable to say what the Project did to help, and couldn’t see any difference that they would attribute to the intervention of the Project. For another child, the principal believed that great progress had been made, but didn’t attribute it to the work of the Project. In this case the principal felt that when the Project worked in partnership with the school, the interventions were very successful, but on this occasion the school was working on one strategy and the Project on another and the principal considered this approach to be counterproductive. The parents however considered that the Project had helped their child enormously.

For a third child, the principal believed great progress had been made, and that the Project gives the child somewhere to turn to. This principal remarked simply that, before involvement with the Project, this child would be in the office [in trouble] but had subsequently settled down.

In the case of Mark, his teacher noted tangible improvements, which were believed to be directly attributable to the intervention of the Project, and, more specifically, the relationship that Mark formed with his Project worker. Mark’s teacher stated that he had had very poor motor control and his language skills also had also appeared to be limited. The teacher believed that he had improved a lot, and ‘has come a long way’.

When he started in September, all his pictures were just all black, do you know, and now he is painting with red and yellow colours and there is definition in his pictures ... that is a big, big difference. [Referrer 8]
In addition to his developmental improvements, Mark’s teacher also observed improvement in Mark’s peer relationships:

*Before he used to be kicking in the yard and that is all stopped and the children are all foned of him.*  
[Referrer 8]

Similarly, Barry’s teacher believes that, since becoming engaged with the Project, there has been an improvement in his behaviour: ‘I can see the progress, definitely.’ While Barry had found separating from his mother at the beginning of school very difficult, the teacher commented that he now comes into school and takes off his coat. Barry’s teacher feels that the progress started at the Project and then it transferred over to school, and that it is a combination of the work at the Project and the extra support that he gets at school, which has made the difference.

Similar to the perception of the impact of the Project on the children, referrers had the following observations to make on how they believed the Project had impacted on the parents who engaged:

*I’ve seen parents able to communicate better, violence down to nil. I can see a different approach to the children, and the children’s behaviour would have changed as well.*  
[Referrer: 5]

*It gives great confidence to the parents. It makes them empowered.*  
[Referrer 3]

*It is very strong dealing with the family and not just the child in isolation.*  
[Referrer: 15]

**Impact on professionals**

For the professionals involved, either directly referring families to the Project, or having indirect contact as another community service, the Project was seen to have a definite and positive impact, both in terms of inter-professional liaison, supporting the work of other professionals, and by virtue of their consistent, intensive and preventative approach.

For some referrers, having another agency to link in with families was highlighted as one of the most important and valued roles of the Project:

*I have very little to do with the families I refer in, because I know they are ok, and if they are not, I know I’ll be told, it’s such a relief. You’re talking about priorities, and if someone else is linking in with them, then they’re not a priority.*  
[Referrer 2]

Similarly, another interviewee reflects on a combined feeling of relief, guilt and envy: relief that someone is watching the families, guilt that she is not able to do what she feels she ought to be doing because of the demands of a heavy caseload, and envy that this caseload prevents her from doing the direct work with families that her training prepared her for.

*The families that I refer in, I am very unfair to the Project workers because I don’t link in with them as much as I should. I don’t see the child and the parents as often as I should, but I know that there is someone there who is keeping an eye and will let me know if anything is up. I’d love to do what they do, to be able to go in and sit with a child, it’s what I trained for.*  
[Referrer 1]

This view is also echoed by senior personnel in the same agency:

*One of the frustrations from this service is that the skills to do the work are also here, the time to do the work is not. If you look at the size of the Project, a Project leader and 3 Project workers, working with an average of twelve to fifteen families at any one time and this department has 20 workers working with 600 families, there’s no comparison. So what you’re looking at is a high level of intervention. I think people [social workers] would value the service that’s there.*  
[Senior Personnel 3]

The regular contact that the workers maintain with the families is mirrored with a similar ethos regarding inter-agency communication, as the next two professionals comment:

*They keep in constant contact.*  
[Referrer 3]

*The detailed reports they give back, it’s excellent.*  
[Referrer 2]
For this service, having another agency involved resulted positively in the following way:

...to a certain extent, it lets us off the hook. We would have spent a lot of time with her, and having another agency involved means you can back off... [Referrer 6]

That sense of the Project workers having their finger on the pulse of family life was highlighted, both as a strength of the Project’s approach, and as to how that ability impacted on the associated professionals.

The fact that they can go into a family, sometimes that can be the hardest thing. They can do it, and it doesn’t come across as intrusive and they very quickly get a good idea of what’s going on. They have weekly contact, they can see a problem cropping up. I as a worker wouldn’t have that contact. [Referrer 1]

The Project hosted another community service, Rainbows, in order to facilitate attendance by local children who could not have availed of the service otherwise due to transport difficulties.

The ability and facility for team working and co-working between different professionals and agencies resulted not only in a clear sense of support for the professionals involved, but was also perceived to have positive repercussions for the families:

...it has made a big difference to my ability to work with families. Things get worked out, not just to our satisfaction, but it leaves the family intact, and it doesn’t lead to safety orders. [Referrer 2]

**Location**

The location of the Project in Naas [as opposed to another town in Kildare], its central location in the town, and the fact that it is spread across three sites, was commented on by all those interviewed. What did they think?

To return to the beginning, when the tender for the Project was first ‘put out’, this professional recalls the determination to locate the service within Naas, despite the perceived need for it in other parts of Kildare, as the following quote explains

_I put up a very hard fight to put that Project into Naas, because it was earmarked for Rathangan. There was a good bit of fighting to get it in Naas, because it was felt that we hadn’t these problems in Naas. My experience on the ground was that we had a small little town up until 7-8 years ago, then we had a massive explosion. Not alone that, but in years gone by, it was a son or a daughter who bought in, now we had the social structure changing, nothing to fall back on, no infrastructure._

[Referrer 5]

This quote reflects a different viewpoint:

_Always involved in that proposal was a different location for the project, because, from the experience of our service, [Naas] was not the ideal location. If we looked at the county in general and our service, it was not where we would have seen the most need._ [Senior Personnel 3]

The location of the Springboard Project in Naas impacted quite significantly on the local schools. Local schools were given a ‘Springboard School’ status, in that they were schools located in the same area as the Springboard Project. This status brought with it additional funding, somewhat similar to the disadvantaged school status allocated to many schools located in designated socially ‘disadvantaged’ areas. One primary school was already identified as a disadvantaged school. The principal was approached to be on the Referral Committee. Another primary school received a letter from the Department of Health or the Department of Education informing them that they were a Springboard School. In the first year of the Project, members of staff went on an orientation day where they were informed about the Project. The schools in general felt surprised at their Springboard status and were at pains to explain that their school does not have a discipline problem and that most of the children come from middle-class families.

_I was a little bit surprised initially as I wouldn’t have seen Naas as an area of disadvantage._

[Referrer 14]

For some services, like the Social Work Department, where Naas is just one of the towns in Kildare they serve, there was a clear perception from their experience that:

_There is not the same scale of need in Naas as there is in other parts of our catchment areas._

[Referrer 3]
In addition, for the types of families that professionals understood to be suitable for the Project, this worker felt that:

For me, what I'd be looking for is the family who are on the border; it's not wilful neglect, they just don't know any better and don't have the parenting skills ... those are the families I would be looking for and you don't see them as much in Naas. [Referrer 1]

Professionals from this discipline, who were very positive about the work and impact of the Project, wished to thought of the families in other areas who they believed would benefit from a similar service:

I'd have at least 5 or 6 families in Athy, off the top of my head, who could do with this service. [Referrer 1]

Those interviewed were very positive about the actual location of the Project Office, as the following quotes portray:

It's in an excellent location, it's easy got to, the location is perfect and couldn't be better. [Referrer 5]

While some of the Springboard Projects have been located within housing estates, and therefore in the very heart of the community they serve, those interviewed would not have seen this as an advantage in Naas, seeing the location as a strength of the Project's approach.

It's very 'out there' ... I think it's community accessible where it is, if it was in an estate, it might block out other estates, it's very town centred. [Referrer 17]

I think the location, the décor, it's a very bright, spacious, friendly and welcoming, in comparison to most health centres ... and you've got staff who have time to sit down and really spend a lot of time. [Senior Personnel 1]

The spread of the Project across three separate sites was seen as a disadvantage to the provision of a comprehensive service:

If it's going to continue and survive, it needs to be all together with all the facilities, for having kids in here it isn't great, it's a busy street, there is nowhere for them to play ... there is a feeling that it is a bit all over the place at the moment. [Referrer 6]

Ethos and function

The accessibility of the Project in terms of the physical location, and the availability and approachability of the staff to other professionals and community services, has already been stated. It was also highlighted by professionals, that the ethos of the Project and the staff contributed hugely to its positive image and ability to connect with and successfully intervene in family life. Professionals interviewed highlighted a number of aspects to this. Commitment to inter-agency relationships, clear communication, respect and trust were some of the key words when the Project approach was described:

It's a question of trust, I have a good relationship with the Project, and the same relationship goes back to the schools. The personalities involved would be important and also saying what you are going to do. [Referrer 5]

The clarity of purpose with which Project staff conduct their work, their honesty and openness with families regarding their child protection responsibilities, and their ability to work with very difficult issues, yet supporting the family, were also commented on:

The families I have involved in the Project, they have such a high regard for the workers. I think it's because the workers are so clear with them and let them know that if they have any concerns they speak to us, but that they'll speak to them first to let them know what they are doing. [Referrer 1]

The stability of the staff team, compared with the fast turnover of staff in other agencies, was seen as promoting inter-professional relationships.

In the Project the staff are there for 2-3 years, it's the same faces, you always know who is at the end of the phone. [Referrer 5]
The role of the Project Leader was seen as important:

*I think the NC&FP is excellently managed, it’s run so effectively. The Project Leader’s experience and her way and her thoroughness and her regard for her staff ... I guess they are very much a team, but if something isn’t right she’ll say so, clear direction and clear guidance which is so important, she knows what she’s about, she knows where she’s coming from and she knows what’s right for the Project.* [Referrer 17]

One interviewee considers that the Project workers’ attitude towards their clients, and their availability, are the key to the Project’s success.

*I think they’ve become known, they’re approachable and they will go after families to help them to use the service.* [Senior Personnel 3]

The workers are all open-minded in their approach to the families. There is a facility to have one-to-one with workers and with families. There is always someone there in a time of crisis.

*I think the quality of the service is very good and I would put that down primarily to the quality of the team, the commitment and the skills that they have and their ownership of it, and the value they put on it, I think that has been hugely important under [Project Leader’s] leadership. All of those things have been emphasised, I think the whole thing of it being user-friendly and accessible and positive for people to engage with.* [Senior Personnel 2]

**Comparison with other services**

Echoing the views expressed by parents in Chapter 6, those external professionals interviewed considered the Project approachable, family-friendly and easily accessed, comparing this positively to other services in the area:

*One of the things that would put me off Child Guidance is it can be quite clinical, the Project is so comfortable and informal.* [Referrer 3]

*There’s no problem just popping in, they are very approachable, I wouldn’t hesitate to phone, where I would send a letter to Child Guidance.* [Referrer 1]

The informality of the Project was contrasted to the clinical approach of other services, which resulted at times in families feeling stigmatised, labelled and intimidated:

*There is a certain amount of stigma attached to Child Guidance and the families will say ‘I’m not mad’ – they have that perception of it.* [Referrer 2]

*When she [parent] attended [local child guidance] she felt like she was being under a microscope.* [Referrer 15]

*I think families find this far more approachable. The thing I’ve heard people say about this particular service is that the people [staff] are very normal and they talk to you in plain English, they explain things clearly. They find it far less threatening than the JLO or [the] social worker. This is far less intimidating. It seems to be a more holistic approach.* [Referrer 13]

*I suppose you are also looking at it [Project] having the capacity to work, other services don’t have the capacity any more.* [Referrer 1]

For the school system, however, where there has not been a traditional experience of linking in with or referring on to social/community type services, there was a real sense that these professionals were grappling with this newly found role, as illustrated by this professional:

*There might be a sense that I would be intruding on their space, which is not my space, whereas with the other agencies you would see well that is your job to do that.* [Referrer 16]
Into the future

This chapter has presented the views of the professional and community service representatives, identified as key stakeholders for the purpose of research. In presenting their views and perceptions, those interviewed made some suggestions regarding how they would like to see the Project develop into the future. While some of these ideas have already been presented and will be developed in the final chapter, it seems appropriate to complete this chapter by touching on some of the ideas and comments that arose throughout the interview process.

For many of those interviewed, the greatest limitation they foresaw on the Project’s development was their growing caseload and future ability to deal with increasing demand. This referrer stated what the Project needed:

> Until they get more staff and get into their own premises, they are going to be curtailed. We’re only touching the tip of the iceberg, we cannot stretch them any further. [Referrer 5]

The same referrer felt that no change was required in the Project because:

> ... the feedback from the families is very good, they might have social workers or whatever but the ear that they can talk to is at the Project. [Referrer 5]

One representative of a professional department highlighted the fact that a high rate of personnel change within their organisation meant that many staff were not familiar with the ethos and general functioning of the Project, and that some additional presentations would heighten awareness and increase familiarity regarding the service.

> We hadn’t actually heard of them until referrals came in on duty. The turnover of workers is quite high, there would be many who would not be familiar with the service. [Referrer 3]

For other professionals, while they clearly saw the benefits of the Project for Naas, and would not advocate for its closure, they nevertheless had a number of questions to raise, as the following quotes highlight:

> I wouldn’t like to think of it being taken from Naas, but I wouldn’t agree with it being expanded at the expense of similar developments in other towns. KYS have an outreach service elsewhere, and if that could be done here it would be great. [Referrer 2]

> I would see it as a positive service within the community, where I would question it is the cost, so in terms of expanding it, I’d still go back to our previous locations ... I’d be resistant to expanding the service here ... I wouldn’t like to see it go ... [Senior Personnel 3]

The benefits and limitations of the location of the Project have already been highlighted and discussed. However, this referrer raised an interesting point regarding the association of the Project with KYS, highlighting the KYS logo on the door of the Project as a possible deterrent to people accessing the service.

> They need to form their own identity, because when you look at that premises there, you see KYS. Nobody ever looks at the Family Support Project, it’s KYS. [Referrer 5]

> It would stop people coming in, because KYS is seen as a place for troubled teenagers, for Summer Project. [Referrer 5]

No service user or other referrer indicated any difficulty with this.

Summary

This chapter presented the views of the relevant referrers, service providers, and managers and examined their perceptions on the operation and functioning of the Project to date, with some suggestions highlighted for future consideration. All key stakeholders have now been represented, and it is time to reflect on the research findings on practice.
CHAPTER 11: FACING THE FUTURE: THE ISSUES DISCUSSED

This chapter presents the reflections of the research team on research findings and involves a critical discussion of the pertinent themes that have emerged, from which conclusions may be drawn. These findings are presented here in five separate sections, with recommendations for each area highlighted at the end of each section.

Section 1: Project ethos

**Empowerment and participation: Structure or style?**

Participation, empowerment, and partnership are fashionable words that need careful analysis. What does participation mean? Three areas of actual use/take-up, involvement in decision-making and accessibility were selected as the basis upon which the degree of user empowerment and participation were evaluated in relation to this Project. Questions relating to these three areas were addressed to the identified stakeholders.

Firstly, looking at involvement in the sense of actual use or take-up of the Project, the research sought to explore the frequency, intensity, and diversity of user contact. Chapter 6 has already confirmed a high level and intensity of use, with the lowest level involving weekly contact with one young person, and the higher level involving five or six weekly contacts for different family members. Diversity of involvement is reflected in one family engaging in referred and open access activities, with individual, family and group work, using sensory and behavioural approaches. From this perspective, participation in the Project is high. This focus on time, intensity, and the availability of a wide range of relevant and appropriate services and interventions, is considered a key aspect of the Project's success, as this quote highlights:

> I think the level of input that's available to families in crisis when they need it, and the variety of interventions ... I think that's where the positive is ... [Senior Personnel 3]

Secondly, the research explored the involvement of Project users in decision-making – informing, running, or planning particular activities, or involvement in the running of the Project as a whole. The 'Mission Statement' of the Project aspires to empowerment and participation, but there is no formal policy on user involvement in decision-making, and there were limited examples of this within the structural make-up of the Project, the exception being the Co-ordinating Committee, where there are two community representatives. Even then, some other members of this committee were critical of the level of user involvement:

> So in terms of equality on the committee, I don't think it's quite equal, some are more equal than others, and I think that works fine, it gets stuff done, and it gets the issues addressed, but I think there might be a different way of doing that. [Senior Personnel 1]

Active participation in decision-making on a broad level was limited from the parents' point of view, but the children's groups highlighted a variance between a high rate of user involvement in the design and content of some of the activities, for example, the Peer Support Group, and a lower rate of user input in activities such as the Homework Club. Regarding parental involvement in the running of the groups, there was limited expression of this, but those who were or had been involved were mindful of the process. For example, one parent spoke with obvious pride about being asked to help run the Playgroup one morning, this request having an immediate and positive impact on her self-confidence and improved parenting knowledge, as her quote reflects:

> I volunteered to stand in with the staff for one day and I picked up loads just watching them. I felt real important, do ye know what I mean, just to be asked ...

Staff described an approach to their work which valued and respected clients and where work was kept at their pace and on their terms, insofar as was appropriate. Staff spoke about negotiating the agreement, listening to what families had to say, including them at all stages in the process, working in partnership with them, and never discussing any concerns they had with outside agencies before having that discussion with the family themselves. This was reflected in the structure whereby families were engaged, as this worker explains:

> They [workers] give them [families] a sense from the very beginning that they have to be involved, that we can't do it without them, the parents are the key people in the lives of children. [Project Worker 2]
This claim is corroborated by this parent who says:

[Project Worker] gave him [child] an opinion, and then asked for his opinion, whereas the doctors spoke to Anna over Gary’s head. [Project Worker would] break it all down for him.

On a management level, there was this understanding of Project activity and an expression of the difficulties in user involvement:

There is client participation in terms of families and how we work with them, we work together. In terms of groups, getting community involvement in groups is difficult ... we would value it a lot more than we can achieve ... it’s about identifying people with the interest and commitment ... In terms of parent involvement, I don’t know ... I think it’s valid but something for the future. [Senior Personnel 2]

Thirdly, we looked at the Project’s ‘user-friendliness’, and whether it was seen as welcoming, relevant, accessible and non-stigmatising, as these factors influence the degree of effective participation. Project users, staff, and other key stakeholders commented positively on the accessibility and visibility of the Project. Accessibility was related to the physical location, which was seen as easy to get to, service availability, already commented on, and staff accessibility and availability, which was highly rated. Users felt the Project was open to them, with first impressions positively contrasting to previous service experience. The Project team acted on the belief that users had rights as well as workers. Their work with individual users in particular seemed to be an empowering and participative experience. Project users rated highly what they saw as a fairly unlimited access to their key workers, though, interestingly, knowing they could have contact was often stated as enough, as the following quote highlights:

I know that if I ever want to talk, I can pick up the phone, that was a brilliant thing to know that I could talk to someone. [Janice]

Referrers also highlighted as a positive attribute the availability of the staff for support, consultation, and advice.

The research also explored user knowledge of the management structure, and their awareness of activities and interventions other than those in which they were already engaged. For some users, there seemed to be little distinction between the group or activity which they used and the Project as a whole. Those who had participated in the running of activities, like the Playgroup parent, spoke of not wanting to appear ‘pushy’ or over-confident by offering to help out again. Level of knowledge regarding various aspects of the Project was mixed and not always accurate. All respondents saw the Project Leader as ‘the boss’, and most had, at the very least, some vague knowledge of the management structure. Interestingly, while some saw the KYS connection as a vague and irrelevant fact, others referred to the Project as ‘the KY [KYS]’. Wider knowledge of both referred and open access activities was surprisingly poor, with many users only familiar with the ones they themselves attended, as highlighted by the quote from this parent:

I don’t know if they do [provide other services] but I think they could ... there was a girl [worker], she was supposed to be setting up a group for mothers in the evening time, but that’s all I know about.

Despite the lack of formal structures, the Project demonstrates the ability to provide empowering experiences for its client group, not necessarily through structures such as users’ committees, but through the process of the professional/client relationship. The importance of the therapeutic relationship has been well established academically [McLennan, 1999], but is perhaps most poignantly portrayed through the eyes of this parent:

I feel my bond with [Project Worker] is very close, he’s my life line, he’s been a godsend ... [Amy]

The style of management was participatory, and the staff group was exploring ways of moving towards a more structured approach to involving users, and actively promoting this involvement. Examples of this included:

- The plan for the next ‘Parenting Programme’ involved parents being contacted and asked to put forward their ideas and suggestions regarding what kind of group would best meet their needs;
- Work placement options for those considering a return to the workplace; and
- Increased parental involvement in the Playgroup.
The ethos of the Project is clearly one that values and respects individuals and families, placing them at centre stage. It regards them as experts in their own lives. It promotes empowerment and inclusion, and focuses on strengths and abilities rather than failures and difficulties. A charter of client rights has been drawn up by the staff team, and a considerable amount of time is spent in the initial stages of engaging with the family, building a trusting relationship, discussing the charter, agreeing the goals of the work and planning the focus of the intervention. Children and parents are included in all aspects of the development and planning of their individual work and in some group activities.

The Project has been responsive to immediate and local need, identifying gaps in service provision, listening to the local community, and planning in accordance with their needs. For example, the Playgroup was started in response to an expressed local need, ‘mini playgroup’ was started to facilitate children waiting for the playgroup service, the ‘mini camp’ was initiated again following expressed need by professionals and parents, and the ‘peer group’ developed in response to an identified and pressing need.

**Recommendations on Project ethos**

- A written statement of Project Policy on User Involvement would be a helpful guide to practice. Team discussion, debate and reflection, on current practice and desired practice, is a necessary prerequisite to this document. Some practical suggestions worth considering include:
  - Parental involvement in the running of the toy library;
  - Client involvement in the design and organisation of their own files to increase understanding and promote ownership of decisions and partnership in the process;
  - Parents Committee with an open agenda for any parent/staff to attend to promote an increased sense of community ownership of the Project;
  - Parental involvement in the organising of annual outings such as the Christmas and Summer events;
  - Harnessing creative client skills such as artistic ability, to build on strengths and individuality.

**Section 2: Project practice**

In the previous chapter, the research findings on the group activities were presented and some recommendations highlighted. The research team acknowledges the commitment of the staff team to the promotion of safe practice, the ground they have covered to date, and the plans they have for the future. The Project also demonstrates excellent examples of liaison work, group work and teamwork, with the creative and shared skills of the team, committed and intensive therapeutic process leading often to successful and satisfactory outcomes.

This section highlights specific aspects of Project practice, which represent core components of professional/good practice.

**Policy and procedures**

The Project team have developed a number of written statements with reference to their policy and procedural standpoint. These include a Child Protection Statement; Complaints Procedure [for families]; Policy regarding Safe Practice; Health and Safety Statement; Code of Ethics for staff, Statement of Clients’ Rights, and a Referral Policy. KYS have their own Child Protection Policy document which is currently under review, and a grievance and disciplinary procedure applicable to the staff of the Project.

**Equal opportunities and anti-discriminatory practice**

Given the emerging multi-cultural nature of modern Irish society, an ‘Equal Opportunities’ and ‘Anti-Discriminatory and Inclusive Practice’ Statement, with relevant and associated policies relating to this, needs to be developed and implemented as a matter of urgency. In the delivery of professional services to vulnerable families, the Project has an obligation through its practice not only to reduce, undermine or eliminate discrimination and oppression, but also to contribute to the promotion of a more participative and inclusive society. A statement of intent would serve to guide this practice. Elements of this might include:
Ethos: Through its ethos and function, the Project must display an explicit intolerance [through mission statements, policies and procedures] of racist, sexist and bullying behaviours.

Access: In the absence of new premises, a more inclusive strategy could be addressed, for example, holding staff meetings in the KYS building where all staff could attend [the NC&FP building is currently not wheelchair accessible, preventing one member of staff from accessing this building for meetings].

Resources: Materials provided for the children, and activities engaged in, should be checked for any possible gender and/or racial bias.

Inclusion: The staff team has an obligation to the parents and children it engages with to ensure that no one feels excluded. They have already achieved this by resisting the temptation to call the parenting group the ‘Mother and Child Group’ for example. Other areas where inclusion can quickly turn to exclusion is through an activity such as the observed talent show at the Summer Project, an activity that primarily suits the more confident/talented children in the group. Awareness of this risk, and the need for greater adult intervention, can prevent children in these circumstances becoming or feeling excluded.

Evidence based practice

Apart from the National Springboard evaluation that is coming to an end, there is no formal measurement of success in place in the Project. Instead, there may be reliance on ‘softer’ anecdotal reports from parents and teachers, and observations on communication, relationships and behaviour. Despite this, staff, teachers, parents and other professionals notice that there has been significant change in many of the users of the service. It is therefore important that quantifiable measures for success are employed (alongside other evidence). Such evidence-based practice can be a key asset when seeking funding. In recognition of the need for quantifiable methods of evaluation, the Project is considering continuing with the ‘Strengths and Difficulties Questionnaire’, an assessment tool in the National Springboards Evaluation.

With particular reference to the groups based at KYS, with the exception of the Stepping Stones Programme, while there is a system of ongoing review, there is a clear absence of a formalised and written evaluation system. The Research Team understand that this is being addressed as part of the KYS Strategic Planning Process. One staff member mentioned a child who was so shy and lacking in confidence that he walked staring at the floor and now he holds his head high and smiles. This is a dramatic change in observable behaviour and ideally, the degree of such change should be possible to document.

Professional development and accountability within the Project relies heavily on internal measures of success. Project files illustrate the clarity with which the aims and objectives of, and progress in, observed case files are recorded. A more regular and standardised review structure would support this process.

Evidence based practice also seeks to include the perceptions and experiences of the child, parents and relevant professionals. The Project team already has a proven track record in this area with their individual work and with some of their group work. The use of agreed and standardised group work principles should involve the child/young person, adult and relevant professional in measuring progress in this area of work.

Evidence-based practice means using approaches that have proven efficacy. There are many approaches such as Cognitive Behavioural Therapy, School Return and Parent Training, etc., which have been used extensively in the UK and the US. While some of these approaches are already familiar to the Project team, benefit could be gained from exploring some of these approaches further.

Success could be defined as achieving the goals of the intervention, but only if these goals are recorded and referred to at regular intervals. Success can also be measured in terms of performance, for example, through the Connors Scale, Depression Scale, and Parenting Confidence Scale. Seeking out and establishing the methods of evaluation that best suit the Project’s approach is something the Project is committed to developing, as the following quote highlights:

I think we really need to look at the direction the Project is going and to come up with some tools to look at, ‘have we worked effectively over the year?’ What has changed? And, if nothing has changed, what has gone wrong? I think up, until the last few years, it’s been very much that agencies provide their annual report, and I don’t think that’s going to be enough from here on in. The Department is looking for results based on investment and I think that if there’s not a result, it needs to be looked at. There has to be a system for doing that. [Senior Personnel 1]
Recommendations on Project practice

- In attempting to take their success to date forward, the Project needs to:
  - Develop and implement an ‘Anti-Discriminatory & Inclusive Practice’ statement, with relevant and associated policies relating to this.
  - Develop and implement a specific policy and procedural guide regarding Group Work interventions
  - Disseminate clear information about policies to all staff, both those working directly under the Naas Project, and those affiliated by their association with KYS, in order for these policies to be effective. Training, seminars, and practice-based team discussions could facilitate a co-ordinated understanding of these issues, resulting in consistency of approach in practice.
  - Build on its success to date by developing an ‘Intervention Bank’, containing examples of interventions and strategies that work, and establishing a forum for the dissemination of this information, as well as the sharing of the success stories and pitfalls, to guide and inform practice and planning.
  - Build on the established methods of evaluation currently employed by the Project, that best suit the Project, and exploring other approaches as highlighted by this evaluation.
  - Develop and implement a formalised, recognised, and written evaluation system for all group work activities.

Section 3: Project staff

Supervision & staff support

The professional supervision they received was highly rated by the Project workers, both formal supervision sessions and the additional informal access the workers had to the Project Leader. This was easily observable, as on many occasions, the researchers witnessed workers putting their head around the Project Leader’s door to request ‘five minutes’. Workers also referred to each other for guidance, support, or simply to bounce an idea off another worker, as this quote highlights:

*I find it extremely useful in terms of support, first of all, and it’s a good place to bounce around ideas as well. [Project Worker 4]*

The importance of supervision is reflected in the daily approach the team take to their work. However, despite the value placed on a clear and accessible supervisory structure at team level, the researchers found no equivalent formal structure for clinical supervision for the Project Leader, although a system of management support and supervision was established between the Project Leader and the Regional Director of KYS.

Confidentiality and team work

Supportive teamwork practice was observed to be somewhat inhibited by a very close adherence to the boundaries of confidentiality. Workers did not discuss the details of their individual cases with anyone other than the Project Leader. This caution contrasted strongly with an otherwise strong sense of ‘team’. The Project staff described their practice of beginning each day by meeting informally over breakfast, to catch up with each other and advise each other of their daily schedule, planning for cover if needed. The researchers not only observed an affable and relaxed staff interaction, but also a protective and supportive one, highlighted starkly in the case of the child death, where two Project workers and the Project Leader who had close involvement with the family were obviously affected.

Clarity on confidentiality is essential. Information can be shared within appropriate limits without confidentiality being breached. This evaluation highlighted that schools appeared reluctant to ask questions for fear of prying. It also shows that staff are reluctant to share information about cases with each other, something that may impair the effectiveness of their collective work. This is not to underestimate the importance of confidentiality in general, and in this setting, as Naas is a small town and everyone does appear to know everybody else. The Project works hard to keep information confidential, and this commitment to and respect for the families’ right to privacy is highly rated, as this interviewee reflects:

*People can see it as somewhere they can go, leave their worries and come home again and know that it will be safe. The people in that centre won’t be dragging it around town ... the families need to be assured of that. That it won’t be gossip around the town next week.*

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Staff development and training

Staff development across a number of areas was discussed at both individual and team level, and requires a brief mention here. The need to develop a team forum for feedback on professional practice was highlighted by all staff who valued the space to reflect and analyse to ensure ‘best’ practice was adhered to. This was commented on by the Project Leader when reflecting on the evaluation process:

I was glad the evaluation started before we knew [that funding was secure], I think we would have wanted it anyway. The whole team have been very open to it, people welcome an opportunity to reflect, we don’t get an opportunity to look at our practice.

A clearly identified strength of the Project’s approach is the diverse skill-base of the individual staff members, particularly the specialisms, such as behavioural psychotherapy, that the staff have developed and apply to their work with families. The Project team had already begun to review their recording practice in an effort to heighten transparency, and involve parents more in the process. The team expressed a frustration at not being able to locate a usable and workable method of more open recording, one that would fulfil their professional obligations and promote a deeper sense of partnership with families. Addressing this issue at a national [Springboard] level may maximise efforts and produce a uniform and consistent approach to recording across Projects. With the increasing involvement of the Project in child protection cases, the potential for court appearance seems real. With this in mind, the Project would benefit from legal training, perhaps also delivered on a national [Springboard] basis. Further training in other specified areas of family dysfunction such as domestic violence could help to inform practice and build on the skill-base of the team.

Given the Administrator’s central role in the agency, further training opportunities regarding interviewing and information gathering skills could usefully be explored, in order to maximise the potential this position has in the overall growth and development of the Project. This may be considered an appropriate area for a nationwide training response across all Springboard projects.

Recommendations on Project practice

- Implementation of a formal structure for the provision of clinical supervision for the Project Leader.
- The issues of confidentiality and the need to know basis of information-sharing on cases needs to be examined in the interests not only of staff development and team work but also as an issue of health and safety.
- Joint training seminars with other agencies and professionals could help clarify the respective boundaries of confidentiality.
- Encourage training opportunities for staff to develop specialisms which may be relevant to their work, for example: counselling, addiction studies, group work, domestic violence.
- Team training to focus on recording practices, legal training, and family issues.
- Interviewing and information gathering training for Project Administrator.

Section 4: Project partnerships

The importance of teamwork is significant on two further levels. Firstly, the Project’s commitment to teamwork values close and active inter-agency liaison, where collaboration, co-operation, commitment, and open lines of communication are fostered. This commitment is reflected in its management structure, in particular the Co-ordinating Committee, where representatives from the SWAHHB, KYS, the Project itself, a local agency and two community representatives work in partnership to support and oversee the development of the Project. Similarly, the Referral Committee comprises representatives from the first three agencies mentioned above. The commitment to teamwork and partnership was also reflected in the views of key stakeholders, who valued the Project’s reliability, and by the families, who saw the Project advocating on their behalf. Some of the children and young people expressed some reserve regarding this contact, particularly with their schools, where they feared the same level of confidentiality would not be adhered to, and they would become a talking point in the staff room. As one young person stated:

Even though it’s confidential [from other students], in the staff room, the teachers talk.
It is therefore important that children see parents, Project workers and teachers working in partnership towards a common goal with their best interests as centre stage. Communication between all parties needs to be clear and regular for this to occur. Referrers need to have a clear understanding of the Project ethos and function, their responsibility as referrers, and the expectations that the Project and the family will have of them in this role. Project staff also need to have a clear understanding of the difficulties certain professionals will have in fulfilling the referee role. Joint training or discussions may go some way to clarify the issues and find a solution that moves the situation forward. Exploring and developing new and innovative models of collaborative practice may help to foster stronger working relationships. For example, co-working, joint facilitation of group activities, or involving an outside agency/professional such as a primary school in the direct or joint provision of an initiative may go some way to achieve this objective. The IT Programme is a clear example of this, where the Society of St Vincent de Paul and the Project are working together to establish this new initiative. Maintaining a good relationship with other agencies and professionals would be enhanced by regular external presentations on the work of the Project, as the high turnover of staff in many agencies results in relevant professionals being unaware of the existence of the Project or being uninformed as to its function or scope.

Secondly, the Project is part of the bigger KYS team, but a sense of this wider team was hard for the researchers to establish, and is perhaps best understood through the words of this interviewee:

*They are seen as almost two separate organisations even though they are affiliated ... I think that's the way they are regarded ... the connection is the community, it's a service, it's dealing with the same types of issues though one may be dealing with them more intensely than the other, but it's the same issues, two different client groups as well even though they overlap in some respects ...*

The main difficulties identified by those interviewed, in terms of what might seem to inhibit the development of a broader sense of team were firstly the different locations which were seen to contribute to the sense of separateness, and secondly the differences between the KYS way of working and the Project's way of working, as influenced by the respective disciplines, ethos, philosophies and client groups. There was an awareness of this issue within KYS and the Project, as it had arisen when KYS undertook their Strategic Planning Process, and there are currently steps being taken to address this issue.

**Recommendations on Project partnerships**

- New models of collaborative practice with relevant agencies to be explored and developed.
- Regular Project presentations in light of the high turnover of staff in some agencies.
- Joint training initiatives, skill sharing, the development of a common policy and procedural statement, and a more inclusive approach to teamwork may go some way to bridge the current gaps identified above between the Project and KYS.
- Given that this process has already begun, the relationship of the Project to KYS needs ongoing discussion to inform the future direction of this liaison.

**Section 5: Project focus**

The Project is at a crucial point in its development, now having the security of funding to plan for its future. Informed planning includes the identification of need, knowledge of other relevant services, combined with the Project skill-base and availability of staff members. There appear to be many gaps in service provision in the Naas area, for young and old alike, both in community services and a therapeutic capacity. The Project team are now faced with the difficult task of focusing for their future so that they don't become 'all things to all people' [Project Worker 2], providing services and intervention that reflect their skill-base, their ethos and their agreed function, while meeting the specific emotional, and behavioural needs of the target population of Naas.

**Referral process and referral criteria**

The research team observed the Project to be easily accessible, with a quick response rate to referral queries, and an availability on the part of the Project Leader to meet with potential user families to explain the nature of the service and what was on offer. The need to wait until the referral committee sat before the referral could be processed was observed to be somewhat bureaucratic, given the informality and accessibility evident in all other areas of Project life.
The relative absence of specific written criteria for the purpose of processing referrals was observed to lead to a situation where referring agents focused on the issues and difficulties pertaining mostly to them, and team members could clearly identify the source of a referral from the information contained in the referral form, as this quote highlights:

*Social work referrals have a strong child protection component, and school referrals would generally be behavioural problems, especially aggressive behaviour in young little boys, isolated in terms of peer relationships, querying ADHD, poor school attendance.* [Project Worker 2]

The research team observed that this open approach to referral conditions may result in a lack of clarity and specificity as to what the Project will and will not take on, and on what basis that decision is made, as the following quote highlights:

*If it’s not suitable [the referral], it would be referred on, but I’m not exactly sure what they [unsuitable referrals] are, I suppose stuff that would be very clinical.* [Project Worker 1]

Another team member concluded:

*I suppose there isn’t a lot we don’t do.* [Project Worker 3]

The Project clearly has a family focus. It aims to support the whole family and not just ‘treat’ the referred child, thus requiring a range of interventions at various different levels. However, without clearly defined and specific criteria for admission, the Project’s function remains open to interpretation. The perception of some referrers is that the Project is there to serve the needs of parents. For others, the focus is clearly on the child, identifying a typical referred child either by the inadequacy of parenting available, or by behavioural issues as they present. This issue needs further discussion.

Firstly, given the reality that most of the families engaged by the Project are, in fact, single-parent families and, much like in the general population, the majority of these single-parents are female, the result is that poor parenting becomes synonymous with single parenthood and there is a danger that the Project, with a few minor exceptions, is seen as a service to support single mums. One child commented that he thought his friend was referred because he was also from a single parent family. During the course of an interview with one young girl, she asked the researcher if her problems were because of her parents’ separation.

Secondly, the referrers’ perception of need in terms of children’s presenting behaviour, and their understanding of the Project’s ability to respond to these difficulties, may be influencing the predominance of male children with behavioural issues being referred to the Project. It is important that the identification of need is not clouded with a perception of need, and that decisions to meet need are based on agreed and recognised methods of needs analysis.

The success of a systemic approach is dependant upon effective communication and liaison with significant bodies such as schools, child guidance, social services, etc. This liaison should not compromise the independence of the Project, which is clearly seen as a strength. The independence means that families do not view the Project as a judgmental authority, in contrast to their possible perceptions of other agencies, and the Project should work hard to maintain this neutral image.

*Focus on women and inclusion of men*

The NC&FP is no different to family support projects both in Ireland and elsewhere; it has tended to reach mothers. Indeed, the National Springboard Evaluation highlighted the relative failure of the Projects to engage men. While focusing on women acknowledges the extent of the childcare burden carried by women and thus their need for such support, it is nevertheless important that professionals involved in family support do not see the word ‘parent’ as interchangeable with that of ‘mother’. Project staff believed that, when they did engage men, they did so effectively, but with many fathers living in other towns, accessing them was difficult.

There is a real and pressing danger of fathers being rendered invisible by professionals who may ignore or even fear them [Milner, 1993]. An analysis of the subject needs to address the challenge of engaging men since so much of the Project’s work is in reality transacted with women. The Project has already begun to address this issue in an innovative way, by planning to involve fathers as mentors and role models in the new IT programme planned for the Autumn. Further consideration could also be given by the Project to taking a more proactive stance in involving fathers in the intervention with the children, both for therapeutic reasons for the child, and
acknowledging the contribution the father may have made to the child's current situation, for example, in the case of domestic violence. This was raised by two parents who felt it was important for the fathers to be involved, to accept responsibility for their actions and to take ownership of the consequences of that behaviour.

Need, distress and disadvantage

The Springboard initiative was set up to serve ‘disadvantaged’ areas and to target a ‘disadvantaged’ clientele. Disadvantage, at one level, is obvious. Some of the parents interviewed in this study described with clarity the financial struggles inherent in bringing up children on a low income, with little or no support. At another level, satellite towns like Naas may present with a high standard of housing provision, but that does not automatically mean that families suffer less from unemployment, youth crime or social isolation. It also does not mean that they are not experiencing distress or that they do not need a service.

The debate regarding the location of the Project has established that Naas was not considered to be ‘disadvantaged’, under the original Springboard guidelines, as this quote reflects:

If you read it [Springboard guidelines] and looked at the profile of Naas, they don’t fit, and that’s not to say that Naas doesn’t need very significant services, but of a different nature than what was being described. I think if the health board social work staff are asked where should the project be located they might not have identified Naas. [Senior Personnel 3]

The social and economic profile of Naas, as presented in Chapter 3, would not indicate significant disadvantage, ‘Springboard style’, but what about the client group served by the Project? Is this Project targeting the most disadvantaged and vulnerable families in the area, in line with the original Springboard guidelines? The research findings reflect some diverse and contradictory views, as illustrated by the following respondents:

In terms of the original intent, I think that currently of the 15 families that they are working with, the majority of them are families known to the [health] board. [Senior Personnel 1]

This contrasts with the opinion of another manager, who states that:

A lot of the referrals wouldn’t be referrals that we would know about and while I’d be clear that the service they are getting is needed and the people who are looking for it need the service, but they’re not yet [social work] clients. I don’t think it fits with the original criteria. [Senior Personnel 3]

The Project staff were clearly focused on responding to identified ‘need’, and working with assessed ‘at-risk’ situations, rather than ‘disadvantage’ per se, as this quote explains:

Marginalised families was one of the aims of Springboard, but does that mean you turn away people who can buy a service, even though those services don’t exist? We don’t discriminate positively or negatively, we work off the basis that we have the resources to work with this particular family or not. [Project Worker 4]

While accepting the need to question and establish the extent to which this Project has developed in accordance with Springboard guidelines in the context of ‘disadvantage’, there is a danger of over-simplifying the debate by focusing exclusively on this argument, to the exclusion of a recognition of an established preventative approach, which is arguably dealing with current, emerging and potential difficulties at an earlier and more manageable point in time. This needs to be explored further.

‘Need’ in terms of service provision has been well established by the key stakeholders in this evaluation. If the Project is to be evaluated on the basis of meeting need, there can be no doubt in anyone’s mind that it is doing this. Services that are otherwise unavailable are being provided, with ‘at-risk’ families prioritised for take-up. In addition, the service compares favourably with other therapeutic services in Naas; it is seen as accessible and available, providing a level and intensity of quality intervention seen as unavailable elsewhere.

This viewpoint is reflected here:

I think it is working very well in Naas, because I think there is tremendous need ... but I think it has really benefited the town and the families, and there are other areas in Kildare that would benefit from a similar type of development. [Senior Personnel 1]
In line with the expectations of Springboard, the Project could demonstrate a commitment to targeting ‘disadvantage’ by developing a Strategy to Tackle Disadvantage. Many of the elements of this strategy are already evident in the practice of the Project, and in its planned future direction and work of the Project, such as a focus on ‘Adult Education’, and ‘Skills Training’ to help parents return to or join the work force, as this is the clearest escape route from poverty. Areas for discussion in the previous section are applicable here, such as the empowering of parents through involvement in activities, also building skills, creating opportunities and broadening horizons. Focusing these efforts into a Project Strategy to tackle disadvantage establishes a statement of intent, purpose and focus.

Looking to the future

As stated previously, the Project is still in its infancy, still growing, forming and evolving. However, it has already earned the reputation of a service that ‘works’. It is seen as being responsive to needs and demands. Perhaps this recognition is reflected in the introduction of the ‘Waiting List’, earlier this year, as demand had started to exceed supply and availability. At this point in its evolution, the Project team would benefit from meeting the challenge posed by increased demand, taking the reins, and controlling the direction their Project will take. The question needs to be asked: ‘how best to provide a broad based preventive strategy to help disadvantaged families?’ Should the Project continue to provide intensive support to a small group of referred families, effective as that has proven, but to the exclusion of those who do not fall into that category? Or should it expand its open-access activities as they could have a ‘multiplier’ effect with wider coverage, reaching more people potentially ‘at risk’ of falling into the referred category? To date, the Project has balanced its open access activities and referred interventions, and efforts should be made to preserve that balance. Returning to the waiting list issue, this is likely to grow and grow as family interventions prove to be longer-term than originally envisaged. How that waiting list is maintained is crucial, if the Project’s emphasis on accessibility and intense provision of intervention is allowed to continue. The Project cannot, in its current format, continue to do everything and hope to survive. Questions need to be asked and answers sought about focus of involvement, as that will influence the direction the Project will take. This should be debated fully, and the decisions communicated clearly to all relevant personnel.

Recommendations for Project focus

- Needs analysis to inform the future development of the service.
- Project Team to agree clear and specific criteria for admission. This should be produced in written form and communicated clearly to all current and potential referrers.
- Need for ongoing presentations to outside agencies to maintain clarity and understanding regarding the aims and objectives of the service, the referral criteria.
- Current system of referral processing to be evaluated.
- Project to consider and explore taking a more proactive stance in involving fathers directly in the intervention with the family.
- Develop a written ‘Strategy to Tackle Disadvantage’ with a focus on Adult Education, and Skills Training
- Project team and management need to debate fully the proposed focus and direction the Project should take. This should be communicated clearly to all relevant personnel. A full exploration of other models of family support and community development would inform this process.

Summary

This chapter has identified and discussed the major themes as they emerged from the findings. It has highlighted the challenges facing this Project, such as the introduction of key policy initiatives, the identification of recognised models of evaluation, the need for a written statement regarding empowerment practice, the need to address issues raised by gender and cultural diversity, and the training practice development issues inherent in these proposed developments.
CHAPTER 12: CONCLUSIONS AND RECOMMENDATIONS

"To be effective, family support must be responsive and accessible: above all, it must connect with the families who need the support when they need it ... Family support must be offered and available on terms that make sense within the lived reality of its target users. In practice this will mean emphasising a low-key, local, non-clinical, unfussy ‘user-friendly’ approach". [Gilligan, 1995: 71]

This evaluation has highlighted the responsive and accessible nature of the NC&FP. Families served by the Project clearly perceived that they were given help and support when they needed it, on terms acceptable to them, and in a manner they understood. It is significant that when asked what they thought worked well in relation to the Project, the friendly, accessible nature of the Project consistently topped the users’ ‘good points’ list. This was also a common theme highlighted by other key stakeholders.

The overall message reflected throughout this evaluation is that this Project is working well, meeting need, and responding to families experiencing distress and disadvantage. The evaluation recommends that the Project maintains its flexible engagement with families, through which it clearly seeks to cultivate the strengths and innate problem-solving abilities of all families and restore family members’ confidence in their capacity to overcome adversity. While these families may need to be supported for an extended period, this is likely to produce long-term benefits, given the Project’s proven ability to build strong supportive relationships with the families. In doing this, it seeks to develop families’ strengths, expand their support networks and cultivate an attitude of hope and optimism that life can be better for them.

In order to consolidate its work to date, sharpening the focus of the Project, and implementing the changes suggested by the evaluators at policy, process and practice levels is likely to strengthen the impact of its future endeavours.

The previous chapter has discussed in considerable detail the issues facing the Project, and the strengths of the Project have been clearly documented throughout this evaluation report. In conclusion, the Project strengths and the areas for further development are summarised in chart form, in addition to suggestions regarding additional resources that may need to be considered for these changes to be realised.
Project strengths

**Project ethos:**
- Ability of Project staff to translate the ethos of the Project, which clearly values and respects individuals and families, into a practice which places them centre stage.
- Commitment to the empowerment of families particularly evident in individual/family work.
- Evidence of ability to provide services to the community in the community.
- Ability to respond to immediate and local need, identifying gaps in service provision, listening to the local community and planning their services accordingly.
- Highly accessible, visible and transparent service.
- Provision of a flexible and responsive service.

**Project practice:**
- Team commitment to the development and provision of a high quality service reflected in the work to date on Policies and Procedures, and the commitment to the need for ongoing attention in this area.
- Ability to reach families other services have failed to engage with.
- Clear examples of interventions and strategies that work, effecting real change and improving the quality of life for the families engaged with.
- Provision of a wide range of relevant, appropriate, diverse and innovative services.
- Provision of a range of both referred and open-access activities and interventions.
- High availability of staff to families, referrers and other professionals for support, consultation and advice.
- Provision of a non-stigmatising, non-threatening service which is perceived to be user-friendly.
- Ability to work intensively, over time, with families.
- Ability to pace intensity of the intervention in response to the individual needs of each family.

**Project staff:**
- Clear structure for the provision of staff support and supervision.
- Stable staff complement with only one personnel change in two years.
- Evidence of mutual support structure among staff members.
- Evidence of diverse and specialised skill base, with stated commitment to continue to build on this.
- Team commitment to training and skill building.
- High quality of report writing and recording practice with a commitment to updating these practices.

**Project partnerships:**
- Stated commitment to collaborative practice involving evidence of co-working, and involving outside agencies/professionals in the direct provision of an initiative or service.
- Clear inter-agency and inter-professional focus apparent, with progress recorded regarding links with schools and social work departments in particular.
- Commitment to working in partnership with families with structures in place to support this.
- Partnership approach evident at management level, with structures developed for SWAHH, KYS and NC&FP collaboration and co-operation.
- Commitment to updating other services and agencies with regular Project presentations given.

**Project focus:**
- Clear commitment to engaging ‘hard to reach’ families, with priority given to ‘at risk’ cases.
Areas for Project development

**Project ethos:**
- Statement of Project Policy on User Involvement to be developed

**Project practice:**
- Policies and Procedural statements with accompanying practice guides regarding behaviour management, restraint practices, and soiling and wetting, to be developed.
- Statement of ‘Anti-Discriminatory & Inclusive Practice’ to be developed
- Policy and Procedural statements with accompanying practice guide to Group Work interventions to be developed.
- Develop channels for the clear dissemination of information to all staff, both in the Naas Project, and those based in KYS.
- ‘Intervention Bank’, containing examples of interventions and strategies that work, to be developed.
- Forum for the dissemination of this information to be established.
- Recognised methods of evaluation to be explored and developed.

**Project staff:**
- Structure for the provision of clinical supervision for the Project Leader to be implemented.
- Current practice of sharing only minimal family information among staff members to be addressed.
- Joint training seminars with other agencies and professionals to help clarify the respective boundaries of confidentiality.
- Training opportunities to be provided for staff to develop specialisms such as counselling, addiction studies, group work, domestic violence.
- Team training to focus on recording practices, legal training, and family issues

**Project partnerships:**
- New models of collaborative practice to be explored, for example co-working pieces of work, and involving outside agencies/professionals in the direct provision of an initiative or service.
- Regular Project presentations to be given, in light of the high turnover of staff in some agencies.
- Need to develop a more inclusive approach to teamwork in order to bridge the current gaps identified between the Project and KYS.
- Relationship of the Project to KYS, needs some discussion to inform the future direction of this liaison

**Project focus:**
- Needs analysis to inform the future development of the service.
- Clear criteria for admission to be agreed and communicated clearly to all current and potential referrers.
- Need for ongoing presentations to outside agencies.
- Current system of referral processing to be evaluated.
- Project to consider and explore taking a more proactive stance in involving fathers directly in the intervention with the family.
- Develop a written ‘Strategy to Tackle Disadvantage’ with a focus on Adult Education, and Skills Training.
- Proposed focus and direction of the Project to be fully explored and debated.
Additional resources necessary to implement recommendations

**Project location:**
- New location, preferably a large house with a garden, outdoor facility, accessible by foot/public transport. The building itself should be located with wheelchair and buggy accessibility, with the internal part of the structures sympathetic to these considerations. Tea/coffee area for parents located at reception level with play space, magazines, and appropriate toys. Pay phone on site for parents to access.

**Project practice:**
- Issues of staff training and development needing to be addressed will likely involve additional expenditure from the Project Budget, which should reflect this need.
  
  - Project team may benefit from a consultative process, focusing on practice and team development, developing a model of 'what works'.

**Project staff:**
- Implementation of the recommendations have obvious implications for staffing resources which will need to be addressed.

**Project partnerships:**
- Joint appointments/posts with other agencies/services such as domestic violence, school or youth work, adult education to further develop the Project's work to date in these areas. This would mean that they would not necessarily have to increase the project personnel, and could gain from further collaborative interactions with these agencies and professionals, strengthening relationships and developing mutual understandings of each others organisations, roles, and responsibilities.

**Summary**

This evaluation has explored key aspects of the Naas Child & Family Project from the vantage point of the families and professionals engaged with it. Emerging strongly from the findings, and consistently highlighted by all key stakeholders, is the responsive, friendly, and accessible nature of the Project, the commitment and motivation of a diversely skilled and experienced staff team, and the provision of an intensive, regular, consistent and focused service. The ability to provide a service to those who need it, when they need it, is also highlighted as a positive attribute. In light of the Project's future development, specified areas such as professional practice and policy development, and the need for close attention to inter-agency issues, are highlighted for team discussion and future planning.

In concluding this research document, it seems appropriate to let parents have the last word:

> Since we've contacted the Project, we've never felt alone ... once he was assessed and accepted, it made us feel that we had a problem, and that we're not the only ones with this problem, everyone else was just telling us to give him a kick in the behind and send him in to school. [Hugh]

> They were a godsend, they've brought out the best in me and showed me how to bring out the best in my kids' ... [Amy]


Do you know who they are?  
HAVE YOU MET THEM YET?  
THEY NEED YOUR HELP

Come and meet Steph and Paula

Steph and Paula are working with the Children’s Research Centre in Trinity College Dublin to find out more about how the project works and what would make it better.

We’d love to hear what you think as this is YOUR PROJECT

They’ll be hanging around, coming to some of the groups, asking questions and trying to find out what it’s all about.

If you have any questions about this, check it out with Catherine, John, Aisling or Stephanie.
Hi

Steph and Paula are from Trinity College Dublin. They work in the Children’s Research Centre there. Research is a fancy name for finding out about something. Steph and Paula have come to Naas to find out all about our project and need your help. We who run the project also want to know more about how the project is going and we have asked Steph and Paula to help us do this.

**What do they want?**

They want to join in some of the groups to find out what goes on.
Is that okay?
They would also love to hear what you think about the project.
Are you happy to talk to them?

(They don’t bite!!)

**Why?**

This is your chance to have your say

The Children’s Research Centre believes that this project should give children and young people a chance to say what they think about things because what you have to say is important.

If you want to find out more just ask Aisling.
APPENDIX C: CONSENT FORM FOR PARENTS

Naas Child and Family Project

Evaluation by Children's Research Centre, Trinity College, Dublin

Consent form

Hi, thanks for helping out

I have met with Steph and she wants to ask me questions all about the project. This is for the purpose of research evaluation, which is being carried out by the Children's Research Centre Trinity College. I understand that what I say is confidential and that if anything I do say is used in the report no one will know it was me who said it because my real name won't be used. I can pick a name for myself if I want. The interviews will be tape-recorded and this is so that I can be quoted accurately. I can ask for the tape to be stopped at any time and I can also ask for the interview to stop at any time. I also do not have to answer any questions I do not want to answer. Steph has explained to me that the tape will be destroyed once it has been transcribed. I can also change my mind about being part of this research at any time. This means that I can call Steph and tell her that I no longer wish to take part.

Steph has explained to me that if anything comes up during the interview which is a worry or a concern about my own well being or the well being of my family Steph may need to talk to somebody about that but she would always tell me first.

I am happy to talk to Steph about my involvement with the project

I am happy for Paula to talk to my child attending the project about
his/her involvement with the project

I am happy for Paula to talk to my child's school with my child's permission
about any impact that the project has made on my child in school

Parent/Carer Signed.......................................................... Date ......................................

Researcher Signed.......................................................... Date ......................................
I have met Paula and she wants to ask me questions all about the project. Paula wants to know a little bit about me and what I think about the project/clubs. Paula will record this on a tape recorder so she doesn’t forget what I say. When we are finished, Paula will write about some of the things I said in a report and this is because what I have to say is important. Paula won’t talk to anybody about the things I say and if the things I say are used in the report no one will know it was me who said it because Paula won’t use my real name. So I can pick a name for myself. If Paula is worried about me she might want to talk to somebody about it. If she is worried she will tell be before she talks to anybody else. I don’t have to answer any questions I don’t want and if I want to stop altogether all I have to do is say that I want to stop. Paula will make a photocopy of this letter for me to keep.

I am happy to talk to Paula about myself and about the project. [ ]

I am also happy for Paula to see my school and chat with my teacher about how this project may have helped me. [ ]

Signed..........................................................................................................................

Signed (researcher)............................................................................................................

Date ...............................................................................................................................
APPENDIX E: CONSENT FORMS FOR ALL OTHER INTERVIEWEES

Naas Child and Family Project

Evaluation by The Children’s Research Centre, Trinity College Dublin.
June 2001

Consent form

I understand that the purpose of this interview is to assist in the evaluation of the Naas Springboard Project (Family Support Service). This evaluation is conducted by the Children’s Research Centre at Trinity College, Dublin.

I am happy to talk about my understanding of the purpose of the project, my involvement with the project as a ________________________, and about the type of children and families that I believe this project sets out to support.

The information that I give will be treated as confidential, within the boundaries explained to me, and my name will not appear in the report. I understand that anonymity cannot be guaranteed, as I may be identifiable from my comments.

The interview will be tape recorded for accuracy of transcription and no other purpose.

I am not obliged to answer any questions I don’t want to answer and I can terminate the interview at any time.

Signed…………………………………………………Date……………… (Project Worker)

Signed…………………………………………………Date………………(researcher)

Further information: The interviews will be tape recorded for accuracy of transcription. The tapes will be destroyed and names on transcripts will be changed. A copy of the consent form will be given to participants.
Steph or Paula can be contacted on 01-608 29 01 at the Children’s Research Centre, Trinity College.
APPENDIX F:  A SOCIO-ECONOMIC PROFILE OF NAAS  
1996 CENSUS OF POPULATION

Table F1: Gender breakdown

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>7,029</td>
<td>49.9</td>
</tr>
<tr>
<td>Female</td>
<td>7,045</td>
<td>50.1</td>
</tr>
<tr>
<td>Total</td>
<td>14,074</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table F2a: Age breakdown by gender

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>0-18 years</td>
<td>2,406</td>
<td>34.2</td>
<td>2,175</td>
<td>30.9</td>
<td>4,581</td>
<td>32.5</td>
</tr>
<tr>
<td>19 years or more</td>
<td>4,623</td>
<td>64.8</td>
<td>4,870</td>
<td>69.1</td>
<td>9,493</td>
<td>67.5</td>
</tr>
<tr>
<td>Total</td>
<td>7,029</td>
<td>100.0</td>
<td>7,045</td>
<td>100.0</td>
<td>14,074</td>
<td>100.0</td>
</tr>
</tbody>
</table>

- Overall, just under one-third of the total population in Naas are aged 0-18 years, 32.5% (4,581), whilst the remaining 67.5% (9,493) are aged 19 years or more.

- 34.2% (2,406) of males are aged 0-18 years compared to 30.9% (2,175) of females.

- 64.8% (4,623) of males are aged 19 years or more compared to 69.1% (4,870) of females.

Table F2b: Age breakdown of the population aged 0-18 years

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>1,285</td>
<td>28.0</td>
</tr>
<tr>
<td>5-9 years</td>
<td>1,189</td>
<td>26.0</td>
</tr>
<tr>
<td>10-14 years</td>
<td>1,137</td>
<td>24.8</td>
</tr>
<tr>
<td>15-18 years</td>
<td>970</td>
<td>21.2</td>
</tr>
<tr>
<td>Total</td>
<td>4,581</td>
<td>100.0</td>
</tr>
<tr>
<td>7-12 years</td>
<td>1,354</td>
<td>29.6</td>
</tr>
</tbody>
</table>

Table F3a: Marital status

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>7,592</td>
<td>53.9</td>
</tr>
<tr>
<td>Married</td>
<td>5,645</td>
<td>40.1</td>
</tr>
<tr>
<td>Separated</td>
<td>368</td>
<td>2.6</td>
</tr>
<tr>
<td>Widowed</td>
<td>469</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>14,074</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table F3b: Marital status by gender

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Single</td>
<td>3,994</td>
<td>56.8</td>
<td>3,598</td>
<td>51.1</td>
<td>7,592</td>
<td>53.9</td>
</tr>
<tr>
<td>Married</td>
<td>2,803</td>
<td>39.9</td>
<td>2,842</td>
<td>40.3</td>
<td>5,645</td>
<td>40.1</td>
</tr>
<tr>
<td>Separated</td>
<td>142</td>
<td>2.0</td>
<td>226</td>
<td>3.2</td>
<td>368</td>
<td>2.6</td>
</tr>
<tr>
<td>Widowed</td>
<td>90</td>
<td>1.3</td>
<td>379</td>
<td>5.4</td>
<td>469</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>7,029</td>
<td>100.0</td>
<td>7,045</td>
<td>100.0</td>
<td>14,074</td>
<td>100.0</td>
</tr>
</tbody>
</table>

- Overall, more than half of the population are single, 53.9% (7,592), and over one-third are married, 40.1% (5,645).
- Slightly more males than females are single – 56.8% (3,994) of males compared to 51.1% (3,598) of females.
- 40.3% (2,842) of females are married compared to 39.9% (2,803) of males.

Table F4a: Family units

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples - no children</td>
<td>809</td>
<td>24.0%</td>
</tr>
<tr>
<td>Couples + children</td>
<td>2,116</td>
<td>62.7%</td>
</tr>
<tr>
<td>Lone parent units</td>
<td>452</td>
<td>13.3%</td>
</tr>
<tr>
<td>Total</td>
<td>3,377</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table F4b: Family units by age of children

<table>
<thead>
<tr>
<th></th>
<th>All &lt;15 years</th>
<th>All 15 or more</th>
<th>Both &lt;15 and 15 or more</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Couples - no children</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Couples + children</td>
<td>1,177</td>
<td>86.7</td>
<td>511</td>
<td>72.4</td>
</tr>
<tr>
<td>Lone parent units</td>
<td>181</td>
<td>13.3</td>
<td>195</td>
<td>27.6</td>
</tr>
<tr>
<td>Total</td>
<td>1,358</td>
<td>100.0</td>
<td>706</td>
<td>100.0</td>
</tr>
</tbody>
</table>

- Overall, almost two-thirds of family units comprise a couple with children, 62.7% (2,116). Couples with no children make up almost one quarter of family units, 24.0% (809), and lone parent families account for 13.3% (452) of family units.
- The majority of children are in a family unit consisting of two adults (couples and children), 84.9% (428), while the remaining 15.1% (76) are in a lone parent family unit.
Table F4c: Lone parent family units by age of children

<table>
<thead>
<tr>
<th></th>
<th>All &lt;15 years</th>
<th>All 15 or more</th>
<th>Both &lt;15 and 15 or more</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. %</td>
<td>No. %</td>
<td>No. %</td>
<td>No. %</td>
</tr>
<tr>
<td>Fathers</td>
<td>11 6.1</td>
<td>41 21.0</td>
<td>11 14.5</td>
<td>63 13.9</td>
</tr>
<tr>
<td>Mothers</td>
<td>170 93.9</td>
<td>154 (79.0)</td>
<td>65 85.5</td>
<td>389 86.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>181 100.0</strong></td>
<td><strong>195 100.0</strong></td>
<td><strong>76 100.0</strong></td>
<td><strong>452 100.0</strong></td>
</tr>
</tbody>
</table>

Table F5: Family cycle\(^2\) of family units with children (couples and lone parents)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-school (0-4)</td>
<td>478</td>
<td>18.6</td>
</tr>
<tr>
<td>Early-school (5-9)</td>
<td>460</td>
<td>17.9</td>
</tr>
<tr>
<td>Pre-adolescent (10-14)</td>
<td>420</td>
<td>16.4</td>
</tr>
<tr>
<td>Adolescent (15-19)</td>
<td>483</td>
<td>18.8</td>
</tr>
<tr>
<td>Adult (20 or more)</td>
<td>727</td>
<td>28.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,568</strong>*</td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

- The total number of family units is 3,377, but 809 of these do not have children, therefore the total number of family units with children is 2,568.

Table F6a: Principal economic status\(^1\)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>At work</td>
<td>6,148</td>
<td>58.8</td>
</tr>
<tr>
<td>Unemployed</td>
<td>497</td>
<td>4.8</td>
</tr>
<tr>
<td>Home duties</td>
<td>1,914</td>
<td>18.3</td>
</tr>
<tr>
<td>Remaining categories(^4)</td>
<td>1,904</td>
<td>18.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,463</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table F6b: Principal economic status by gender

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. %</td>
<td>No. %</td>
<td>No. %</td>
</tr>
<tr>
<td>At work</td>
<td>3,716 72.1</td>
<td>2,432 45.8</td>
<td>6,148 58.8</td>
</tr>
<tr>
<td>Unemployed</td>
<td>316 6.1</td>
<td>181 3.4</td>
<td>497 4.8</td>
</tr>
<tr>
<td>Home duties</td>
<td>17 0.3</td>
<td>1,897 35.7</td>
<td>1,914 18.3</td>
</tr>
<tr>
<td>Remaining categories</td>
<td>1,102 21.4</td>
<td>802 15.0</td>
<td>1,904 18.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,151 49.2</strong></td>
<td><strong>5,312 50.8</strong></td>
<td><strong>10,463 100.0</strong></td>
</tr>
</tbody>
</table>

\(^2\) The classification of family units into the category family cycle is based on the age of the oldest child. For example, those units which are classified as 'pre-school' are those where the oldest child is aged 0-4 years.

\(^3\) The Principal Economic Status is based on individuals’ own assessment of their economic position. It represents the economic status of those aged 15 years and over.

\(^4\) These consist of the categories: 1st job seeker, student, retired, unable to work and other.
Table F6c: Principal economic status by age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>At work</td>
<td>916</td>
<td>40.3</td>
<td>2,380</td>
<td>82.4</td>
<td>1,533</td>
<td>71.3</td>
<td>961</td>
</tr>
<tr>
<td>Unemployed</td>
<td>121</td>
<td>5.3</td>
<td>157</td>
<td>5.4</td>
<td>94</td>
<td>4.4</td>
<td>72</td>
</tr>
<tr>
<td>Home duties</td>
<td>61</td>
<td>2.7</td>
<td>306</td>
<td>10.6</td>
<td>479</td>
<td>22.3</td>
<td>419</td>
</tr>
<tr>
<td>Remaining categories</td>
<td>1,175</td>
<td>51.7</td>
<td>46</td>
<td>1.6</td>
<td>43</td>
<td>2.0</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>2,273</td>
<td>100.0</td>
<td>2,889</td>
<td>100.0</td>
<td>2,149</td>
<td>100.0</td>
<td>1,500</td>
</tr>
</tbody>
</table>

Table F6d: Principal economic status of males and females by age group

<table>
<thead>
<tr>
<th>Gender</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>At work</td>
<td>538</td>
<td>44.6</td>
<td>1,304</td>
<td>91.6</td>
<td>974</td>
<td>91.7</td>
<td>633</td>
</tr>
<tr>
<td>Unemployed</td>
<td>59</td>
<td>4.9</td>
<td>92</td>
<td>6.5</td>
<td>65</td>
<td>6.1</td>
<td>55</td>
</tr>
<tr>
<td>Home duties</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>0.1</td>
<td>3</td>
<td>0.3</td>
<td>3</td>
</tr>
<tr>
<td>Remaining categories</td>
<td>610</td>
<td>50.5</td>
<td>25</td>
<td>1.8</td>
<td>20</td>
<td>1.9</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>1,207</td>
<td>100.0</td>
<td>1,423</td>
<td>100.0</td>
<td>1,062</td>
<td>100.0</td>
<td>724</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>At work</td>
<td>378</td>
<td>35.5</td>
<td>1,076</td>
<td>73.4</td>
<td>559</td>
<td>51.4</td>
<td>328</td>
</tr>
<tr>
<td>Unemployed</td>
<td>62</td>
<td>5.8</td>
<td>65</td>
<td>4.4</td>
<td>29</td>
<td>2.7</td>
<td>17</td>
</tr>
<tr>
<td>Home duties</td>
<td>61</td>
<td>5.7</td>
<td>304</td>
<td>20.7</td>
<td>476</td>
<td>43.8</td>
<td>416</td>
</tr>
<tr>
<td>Remaining categories</td>
<td>565</td>
<td>53.0</td>
<td>21</td>
<td>1.4</td>
<td>23</td>
<td>2.1</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>1,066</td>
<td>100.0</td>
<td>1,466</td>
<td>100.0</td>
<td>1,087</td>
<td>100.0</td>
<td>776</td>
</tr>
</tbody>
</table>

- Looking at the age group 25-34, which is the age group with the highest tendency for people to describe themselves as being at work, 91.6% (1,304) of males said they were at work compared to 73.4% (1,076) of females.
- Females in the 15-44 year age groups are more likely to be at work than involved in home duties, for example 73.4% (1,076) of females aged 25-34 years are at work whilst 20.7% (304) are involved in home duties. After the age of 45, females are more likely to be involved in home duties than at work – 53.6% (416) of females aged 45-54 are involved in home duties compared to 42.3% (328) of those at work.
Table F7a: Social class

<table>
<thead>
<tr>
<th>Class Description</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Professional workers</td>
<td>1,113</td>
<td>7.9</td>
</tr>
<tr>
<td>2 = Managerial and technical</td>
<td>4,418</td>
<td>31.4</td>
</tr>
<tr>
<td>3 = Non-manual</td>
<td>3,225</td>
<td>22.9</td>
</tr>
<tr>
<td>4 = Skilled manual</td>
<td>2,203</td>
<td>15.7</td>
</tr>
<tr>
<td>5 = Semi-skilled</td>
<td>1,264</td>
<td>9.0</td>
</tr>
<tr>
<td>6 = Unskilled</td>
<td>693</td>
<td>4.9</td>
</tr>
<tr>
<td>7 = All others gainfully occupied</td>
<td>1,158</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14,074</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: Family dependants are classified in the highest social class ranking given to their parent(s).

Table F7b: Social class by gender

<table>
<thead>
<tr>
<th>Class Description</th>
<th>Males No.</th>
<th>Males %</th>
<th>Females No.</th>
<th>Females %</th>
<th>Total No.</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Professional workers</td>
<td>616</td>
<td>8.8</td>
<td>497</td>
<td>7.1</td>
<td>1,113</td>
<td>7.9</td>
</tr>
<tr>
<td>2 = Managerial and technical</td>
<td>2,148</td>
<td>30.6</td>
<td>2,270</td>
<td>32.2</td>
<td>4,418</td>
<td>31.4</td>
</tr>
<tr>
<td>3 = Non-manual</td>
<td>1,374</td>
<td>19.5</td>
<td>1,851</td>
<td>26.3</td>
<td>3,225</td>
<td>22.9</td>
</tr>
<tr>
<td>4 = Skilled manual</td>
<td>1,371</td>
<td>19.5</td>
<td>832</td>
<td>11.8</td>
<td>2,203</td>
<td>15.7</td>
</tr>
<tr>
<td>5 = Semi-skilled</td>
<td>709</td>
<td>10.1</td>
<td>555</td>
<td>7.9</td>
<td>1,264</td>
<td>9.0</td>
</tr>
<tr>
<td>6 = Unskilled</td>
<td>398</td>
<td>5.7</td>
<td>295</td>
<td>4.2</td>
<td>693</td>
<td>4.9</td>
</tr>
<tr>
<td>7 = All others gainfully occupied</td>
<td>413</td>
<td>5.9</td>
<td>745</td>
<td>10.6</td>
<td>1,158</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,029</td>
<td>100.0</td>
<td>7,045</td>
<td>100.0</td>
<td>14,074</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table F8a: Highest level of education

<table>
<thead>
<tr>
<th>Level Description</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal education</td>
<td>8</td>
<td>0.1</td>
</tr>
<tr>
<td>Primary education</td>
<td>1,314</td>
<td>14.1</td>
</tr>
<tr>
<td>Lower secondary (Junior Cert., Group Cert., 'O' Levels)</td>
<td>1,533</td>
<td>16.4</td>
</tr>
<tr>
<td>Upper secondary (Technical/Vocational, Leaving Cert., or both)</td>
<td>3,273</td>
<td>35.1</td>
</tr>
<tr>
<td>Third level (Sub-degree level, primary degree, professional qualification, post-graduate degree)</td>
<td>2,839</td>
<td>30.4</td>
</tr>
<tr>
<td>Not stated</td>
<td>358</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9,325</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table F8b: Highest level of education by gender

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>No formal education</td>
<td>4</td>
<td>0.1</td>
<td>4</td>
<td>0.1</td>
<td>8</td>
<td>0.1</td>
</tr>
<tr>
<td>Primary education</td>
<td>598</td>
<td>13.1</td>
<td>716</td>
<td>15.0</td>
<td>1,314</td>
<td>14.1</td>
</tr>
<tr>
<td>Lower secondary</td>
<td>753</td>
<td>16.5</td>
<td>780</td>
<td>16.4</td>
<td>1,533</td>
<td>16.4</td>
</tr>
<tr>
<td>Upper secondary</td>
<td>1,549</td>
<td>34.0</td>
<td>1,724</td>
<td>36.1</td>
<td>3,273</td>
<td>35.1</td>
</tr>
<tr>
<td>Third level</td>
<td>1,483</td>
<td>32.6</td>
<td>1,356</td>
<td>28.4</td>
<td>2,839</td>
<td>30.4</td>
</tr>
<tr>
<td>Not stated</td>
<td>168</td>
<td>3.7</td>
<td>190</td>
<td>4.0</td>
<td>358</td>
<td>3.8</td>
</tr>
<tr>
<td>Total</td>
<td>4,555</td>
<td>100.0</td>
<td>4,770</td>
<td>100.0</td>
<td>9,325</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: Tables F8a and F8b are based on the highest education level of persons aged 15 and over whose full-time education has finished.
### APPENDIX G: STAFF QUALIFICATIONS AND EXPERIENCE

| Project Leader | 1. National Diploma in Child Care – NCEA, DIT Cathal Brugha Street  
2. Certified Marte Meo Therapist  
3. Certified Marte Meo Supervisor in Residential Care  
4. Certified Marte Meo Supervisor in Family Work  
5. Diploma in Management and Industrial Relations – NCIR Ranelagh  
6. Training undertaken in the area of Sensory Development | 1. Childcare Worker in Residential Care  
2. Childcare Worker in Pre-Fostering Unit  
3. Team Leader in Residential Care  
4. Manager in Residential Care  
5. Project Leader in Family Support Project |
|----------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Project Administrator | National Certificate in Business Studies  
[Secretarial Studies] – NCEA | 1. Department Secretary for Industrial Liaison Department and Secretary to Head of Department in 3rd level institution  
2. Clerical Officer with VEC VTOS and Youthreach projects  
3. Administrator with Family Support Project |
| Project Worker | 1. Registered Nurse of the Mentally Handicapped – An Bord Altranais  
2. Registered Psychiatric Nurse – An Bord Altranais  
3. Behavioural Nurse Psychotherapist – EHB  
4. Higher Diploma in Child Care and Protection Studies – UCC  
5. Training undertaken in the area of Sensory Development | 1. Staff Nurse in Child Psychiatry  
2. Behavioural Nurse Psychotherapist in Psychiatric Hospital  
3. Residential Child Care Worker in Centre for young people referred by the courts on remand or needing long-term residential care  
4. Team Leader working in Centre for young offenders  
5. Project Worker in Family Support Project |
| Project Worker | 1. BA degree in Political Science and Sociology and English – UCG  
2. Higher Diploma in Community Work – St Patrick’s College, Maynooth  
3. Diploma in Counselling and Psychotherapy [ACCEPT]  
4. Training undertaken in the area of Sensory Development  
5. Currently studying for the Diploma in Counselling/MSc in Psychotherapy – awarded by DCU | 1. Community Youth Worker, KYS  
2. Project Worker in Family Support Project |
| Project Worker | 1. Diploma in Applied Social Studies – DIT Cathal Brugha Street  
2. Cert in Foundation Skills in Counselling – NUI Maynooth  
3. Training undertaken in the area of Sensory Development | 1. Child Care Worker in Residential Care  
2. Project Worker in Day Care Centre working with Adults with Learning Difficulties and Challenging Behaviour  
3. Project Worker in Family Resource Centre  
4. Project Worker in Family Support Project |
### APPENDIX H: PROJECT REFERRAL FORM

**NAAS CHILD AND FAMILY PROJECT**  
Referral Form for Families

**FAMILY COMPOSITION:**

1. **Parents/Guardian/Carer (if different)**
   - Mother’s name: 
   - Address: 
   - Date of Birth: 
   - Tel: 
   - Contact tel: 
   - Current employed: ☐  Unemployed: ☐
   - Father’s name: 
   - Address: 
   - Date of Birth: 
   - Tel: 
   - Contact tel: 
   - Current employed: ☐  Unemployed: ☐

2. **CHILD/CHILDREN**

<table>
<thead>
<tr>
<th>NAME</th>
<th>D.O.B.</th>
<th>GENDER</th>
<th>AT HOME</th>
<th>IN CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:</td>
<td>D.O.B.</td>
<td>GENDER</td>
<td>AT HOME</td>
<td>IN CARE</td>
</tr>
<tr>
<td>NAME:</td>
<td>D.O.B.</td>
<td>GENDER</td>
<td>AT HOME</td>
<td>IN CARE</td>
</tr>
<tr>
<td>NAME:</td>
<td>D.O.B.</td>
<td>GENDER</td>
<td>AT HOME</td>
<td>IN CARE</td>
</tr>
<tr>
<td>NAME:</td>
<td>D.O.B.</td>
<td>GENDER</td>
<td>AT HOME</td>
<td>IN CARE</td>
</tr>
<tr>
<td>NAME:</td>
<td>D.O.B.</td>
<td>GENDER</td>
<td>AT HOME</td>
<td>IN CARE</td>
</tr>
<tr>
<td>NAME:</td>
<td>D.O.B.</td>
<td>GENDER</td>
<td>AT HOME</td>
<td>IN CARE</td>
</tr>
</tbody>
</table>

3. **Do you or your child have a medical condition which may require assistance when visiting the Centre?**
   - Yes ☐  No ☐
   
   If yes, please give details.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. **Who else lives in the house, and what is their relationship to you and your children?**

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
5. Are any of the following agencies involved with this family? [Please give details, including contact names and telephone numbers]

Schools

Health board

Social worker

Public Health Nurse

J.L.O.

GP

Other

6. What are the reasons for referring the family at this time? [If there is any additional information and/or relevant reports, please note them here and attach to this form]

7. What are your expectations, desired outcomes for this child/family? [Please state how long you expect child/family to be attending the centre.]
8. How do the parents/guardians feel about this referral?


9. How does the child feel about the referral?


Signed: Parent/guardian: ___________________________ Referring agent: ___________________________

Date: ___________________________ Date: ___________________________

FOR N.C.F.P. USE ONLY

Date referral received: ___________________________
Date referral accepted: ___________________________
Date referral allocated: ___________________________
Allocated to: ___________________________
Family I.D. No.: ___________________________
APPENDIX I: REFERRAL POLICY

The Naas Family Support Project recognises that families have the right to be supported within their own communities. All families experience difficulties from time to time and the aim of Naas Family Support Project is to offer support to those children and families who are vulnerable, at risk, and in need of some level of intervention.

The primary focus is to work intensively with children in mainly the 7-12 year-old age group and their families, but not excluding other age-groups where an assessment of risk indicates that they can benefit from the service offered. The project will be a resource to other agencies and therefore referrals will be taken from any of the following agencies/professionals:

- Social workers
- Public health nurses
- Schools
- Probation Service
- Gardaí – JLO
- The Project team
- Any other sources of referrals agreed to be appropriate by the Admissions Committee of the project.

The Referral Committee

The Referral Committee will compromise of

- The Regional Manager of the Kildare Youth Services
- A nominee of the Eastern Health Board
- The Project Leader of the Naas Family Support Project
- A representative of an external organisation

The role of this committee will be to:

- Determine suitability of referrals
- To prioritise referrals
- To identify trends and necessary developments within the service.

The referral process

1. All referrals must be in writing

2. An official referral form must be completed in detail.

3. Where possible, the referral form will be signed by the referring agency and the client. The Naas Child and Family Centre recognises that some families may experience difficulty in making a commitment to working with the Centre. All efforts will be made by the project team to reassure people so that they can be supported to engage with the service. Visits to the Centre are encouraged at this stage of referral.

4. Clients who are accepted will be encouraged to visit the Centre to meet with the project team and to familiarise themselves with the building.
5. Once a referral has been accepted/unaccepted, both the referred and the referring agent will be notified in writing as quickly as possible.

6. Upon admission, a referral meeting will take place between the project worker, the client and the referral agent. The purpose of this meeting is to clarify objectives, roles and expected outcomes and to discuss possible programmes of intervention with an emphasis on client participation.

7. Each client initially will be offered a contract, which will be reviewed at regular intervals.

**Self referrals**

The project encourages people who may wish to avail of our service to phone or call in person to the Centre. They can make an appointment to discuss the possibility of referring themselves to the project for support/intervention with any member of the project team. The project team recognises and welcomes the concept of voluntary participation and will offer whatever support is needed to those who wish to self refer. If the project team is unable to offer help and support to the individual, they will provide information to encourage the person to access more appropriate services.

**Criteria**

1. The referral form must be completed by the client, with the support of the project worker.

2. Both parties must sign the referral form.

3. The referral will be forwarded to the Admissions Committee and the matter will proceed as it would if the referral was made by an external agency.
APPENDIX K:  GROUP REVIEW SHEET

NAME OF GROUP:  

DATE:  

ATTENDED BY:  

NON-ATTENDERS:  

LEADERS:  

SPECIFIC ACTIVITY:  

OBSERVATIONS ON HOW THE GROUP INTERACTED:  

POSITIVE OUTCOMES FOR THE SESSION:  

ISSUES OR CONCERNS:  

PLANNED FOLLOW UP:  

SIGNED:  
APPENDIX L: STEPPING STONES INFORMATION LEAFLET FOR PARENTS

Information for Parents and Guardians on the ‘Stepping Stones’ Programme

Over time spent working with a local homework Club, youth leaders at the Naas Child and Family Project and Kildare Youth Services have become aware of how IMPORTANT going to secondary school is as an event in a young person’s life, and of the FEELINGS AND FEARS some people might have about it …

‘Stepping Stones’ will run again in August of 2001, and has places for about 20 people. Each day the programme will have discussion groups and games in the morning that will help us to look at and talk about the things that are important around this time (last year we talked about friends, how we make choices and bullying, to name a few – and we are open to ideas) and in the afternoon there’ll be fun activities like games and arts and crafts and sports.

And this year your child’s school is getting involved …

This year … as a way of trying to make sure that the 20 places to go young people who most need a bit of moral support at this important time … NCFP and KYS are starting off ‘Stepping Stones’ by running some short discussion groups in school. Following these, we may ask to contact some parents about whether or not they would like their child to join in the full programme in August.

Group discussions that take place in the school will look at:

• Primary school, the good things and the happy memories
• Good things ahead at secondary school, and how people feel about it
• Saying goodbye to primary school
• HAVING FUN!!! There’ll be chats, laughs and games and more!

More information on the ‘Stepping Stones’ programme is available from Aisling at 898623 or Joanne at 897893.

If you would like your child to participate in these sessions, please fill out this consent form and return it to the school with your child tomorrow …

I, __________________________ (name of parent or guardian) by signing below give permission for my child __________________________ (child’s name) to participate in the part of the Stepping Stones programme to be run in my child’s school by the NCFP and KYS, and to being contacted afterwards about my child’s participation.

Signed: ________________________ (Parent/guardian) Date ________________________
Address ________________________ Phone ________________________
APPENDIX M: STEPPING STONES LEAFLET FOR SCHOOLS
Naas Child and Family Project / Kildare Youth Services
INFORMATION FOR SCHOOLS

on
The ‘Stepping Stones’ Programme

Background
Over time spent working with a local Homework Club, youth leaders at the Naas Child and Family Project (NCFP) and Kildare Youth Services (KYS) have become aware of the importance of going to secondary school as an event in a young person’s life, and of the feelings and fears associated with it.

During the summers of 1999-2000, the NCFP and KYS ran a programme called ‘Stepping Stones’, the overall aim of which was to support several young people, who were specially targeted, to make the transition from primary to secondary school.

In the past, the programme sought to target young people who were already experiencing difficulties in school, possibly due to a lack of parental support (often where parents’ own level of education is low, or where there is overcrowding and many children in the family home) or difficulty with class size, and therefore may find it difficult to make the transition successfully.

Aims of the Programme for 2001
The NCFP and KYS are planning to run the programme again in 2001 with the aims of:

• Offering young people a space in which they can name and discuss concerns or fears they might have about going to secondary school
• Addressing, through group discussion and creative medium, the key issues for young people making this transition – as they themselves define them.
• Building up the levels of confidence and self-esteem in the young people involved so that they will be better able to cope with the issues that arise for them.

The programme is planned for August 2001, with a careful balance of issue based work and recreational and developmental pursuits.

Potential for School Involvement
In 1999/2000 the NCFP and KYS received a good deal of support from the schools for the programme in relation to identifying young people who might benefit from participation in the programme.

This year, as before, as a way of better targeting young people who are most in need of support at this time, NCFP and KYS are hoping, with the support of schools and the consent of parents, to initiate the programme within local schools by running one two-hour session with each sixth class group in each school.

These sessions will focus on:
• Looking forward to secondary school, how young people think they might feel on their first day, and the good and bad things about going to secondary school
• Contributing to a sense of self-esteem in pupils/participants
• Having fun – all of the above will be done through group games, small group discussions and creative medium.

In planning all of the above, staff have sought to offer a fun and positive experience to the young people involved – but will contribute to the development of a positive outlook towards second level education and will stand alone, regardless of whether pupils continue to take part in the full programme of activities in August.

Sessions would be facilitated entirely by staff of the NCFP and KYS and materials will be provided.

The programme’s facilitators will need some support from schools around the following, and are happy to meet and discuss and agree on these points:
• The allocation of space in which to run the programme
• The distribution of initial information to parents (this can be done through students)
• Contact with sixth class teacher for guidance on individuals who may have a particular need and should be observed in the course of these sessions.

The NCFP and KYS have drawn up a draft information sheet for parents/guardians and sixth class pupils and a sample consent form, which are enclosed, along with a sample brochure for the programme in August.

We will welcome any feedback on our plans and the information we have provided. A member of staff will be in contact with the school shortly to arrange to meet and discuss the programme.
APPENDIX N: STEPPING STONES APPLICATION FORM

‘Stepping Stones’ Programme
Application form

Name of child __________________________
Age __________________ Date of Birth __________________
Name of parent/guardian __________________________
Child’s home address: ____________________________
Home phone no. ____________________________
Emergency contact ____________________________

Does your child have any medical condition or special need we should know about? [Please give details] ____________________________

Why would you like your child to participate in ‘Stepping Stones’? [Please tick any that apply]

☐ My child asked could he/she do it
☐ Someone else recommended it
☐ My child’s friend is going to be on the programme
☐ My child’s confidence needs to be built up
☐ My child is very nervous about going to secondary school
☐ My child has a special need at school
☐ My child has had difficulties at school (learning/behaviour)
☐ My child needs some extra moral support
☐ My child sometimes finds it hard to keep up at school
☐ My child doesn’t like school

Signed ____________________________ Date __________________

Please return the completed application form to:
Aisling
at
Naas Child & Family Project,
1 New Row,
Newbridge Road,
Naas.
Ph: 898 623

All information given here is confidential to Kildare Youth Services and the Naas Child and Family Project
# APPENDIX O: QUESTIONNAIRE FOR STEPPING STONES MEMBERS

1. The first day when we made wishes was:  
   - Good [ ]  
   - Bad [ ]  
   - Interesting [ ]  
   - Boring [ ]  
   Because ________________________________

2. The day when we looked at *friendships* was:  
   - Good [ ]  
   - Bad [ ]  
   - Interesting [ ]  
   - Boring [ ]  
   Because ________________________________

3. The day we looked at *relationships* was:  
   - Good [ ]  
   - Bad [ ]  
   - Interesting [ ]  
   - Boring [ ]  
   Because ________________________________

4. The day we looked at *choices* was:  
   - Good [ ]  
   - Bad [ ]  
   - Interesting [ ]  
   - Boring [ ]  
   Because ________________________________

5. The day we looked at *peer pressure* was:  
   - Good [ ]  
   - Bad [ ]  
   - Interesting [ ]  
   - Boring [ ]  
   Because ________________________________

6. The day we looked at *bullying* was  
   - Good [ ]  
   - Bad [ ]  
   - Interesting [ ]  
   - Boring [ ]  
   Because ________________________________

7. The day we looked at sexism and futures was:  
   - Good [ ]  
   - Bad [ ]  
   - Interesting [ ]  
   - Boring [ ]  
   Because ________________________________

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One piece of advice I would give people doing Stepping Stones next year would be: ________________________________

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Anything else you would like to add, please feel free

Thank you very much and the best of luck to you all!

When I arrived on my first day, I felt ________________________________

We started with some group games and these made me feel ________________________________

I thought the best thing we did in the last two weeks was ________________________________

I liked it because ________________________________

The thing I thought worst was ________________________________

The most important thing I would change about Stepping Stones is ________________________________

I feel now I can ________________________________