



# Ballinasloe Family Support Service

## **Evaluation Report**

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### **Note on terms used:**

BFSS refers to Ballinasloe Family Support Service.

HSEWA refers to Health Service Executive, Western Area / Western Health Board.

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# **Chapter 1: Introduction**

## **1.1 Background**

Ballinasloe Family Support Service (BFSS) was established in 1996 in response to needs identified by a small group of key actors, working in professional and voluntary capacities in Ballinasloe town and its environs. Since then, the project has been involved in a range of programmes with children and families in the area. It operates as part of a wider set of services operated by the HSEWA and other statutory and voluntary agencies. BFSS operates a wide range of activities, incorporating preventive and supportive work with children in group settings and on an individual basis. It delivers both universal and targeted services, working with the wider population of Ballinasloe and its environs and referred parents and young people.

In the time since the BFSS has been established, there has been a significant expansion of services in the wider family support area reflecting a board-wide commitment to this strategic approach. As services have expanded, so have demands for evidence of their overall value and success. In this context, reflecting a desire within the programme and HSEWA Management, it was decided to undertake an evaluation of the project, with a view to assessing the value of the operation and to help focus the project's future direction.

## **1.2 Evaluation Aims and Objectives**

The evaluation plan and methodology was designed in consultation with project staff, the Galway Community Services Family Support Manager, and two adults and two young people using the BFSS services. The aim of this evaluation is to document in detail the work of BFSS with a view to establishing the overall value of the service and to making recommendations regarding its future direction. The specific objectives of the evaluation are:

1. To describe in detail the operation of Ballinasloe Family Support Service including key milestones and issues in its development since inception and its costs.
2. To examine the initial rationale for the establishment of the service in relation to current needs in the area.

3. To assess the general strategies and specific approaches adopted by BFSS, the mix of services provided, as well as the processes involved in planning and prioritising activities.
4. To explore the views of key stakeholders (service users, staff, health board management, referral agents and partner agencies) on the quality and value of the programmes and services provided by BFSS and in relation to key issues for its future development.
5. To identify key outcomes for children and families from their involvement with BFSS where possible.
6. To explore links between the project and other service providers and the wider community, as well as levels of awareness about the project in Ballinasloe and its environs.
7. To develop recommendations in relation to the current and future operation of the BFSS.

### **1.3 Methodology**

The evaluation has focused on the totality of the project's operation. In particular, it is oriented towards the historic development and current implementation of the project. It has involved a number of methods and has focused on the following areas:

- Context
- Strategy and implementation
- Objectives
- Attitudes

The report is based on findings from the following data sources:

- Interviews with the Project Leader and Project Workers.
- Interview with Family Support Manager for Galway Community Services.
- Interviews with crèche workers.
- Interviews with local social work team.
- Telephone interviews with principals from local schools.
- Interviews with members of the initial advisory group.
- Interview with Home Management Advisor.
- Interview with Rapid Coordinator.
- Parenting questionnaires.

- Group interviews with five groups: young women's group; crèche parents; the World Cup soccer group; parenting group and members of the Ballinasloe Women's group.
- Questionnaires from referrers and linked services.
- Anonymous documentary analysis of service files undertaken in conjunction with the Project Leader.
- Observation of After-school groups.

#### **1.4 Report Structure**

Following this introduction chapter, chapter two describes the project and its local context of operation. Chapter three frames the project in relation to relevant research and policy literature on Family Support while in chapter four, group and individual work is examined in detail. Chapters five and six focus on attitudes to the project. In chapter five, stakeholders' perspectives contained in questionnaires and interviews are examined and in chapter six results of the survey with parents who undertook parenting programmes are presented. In chapter seven, the main conclusions of the evaluation are outlined along with a set of recommendations to inform the project's future operation.

#### **1.5 Evaluation Implementation**

Planning and the main fieldwork for the BFSS evaluation was undertaken between October 2003 and June 2004. While a range of circumstances delayed the full write up of the report, a document containing comprehensive information on conclusions and recommendations from the evaluation was made available in autumn 2004. The researcher found BFSS staff to be open, supportive and positive in relation to all aspects of their engagement with the evaluation.

## **Chapter 2: Description of Ballinasloe Family Support Service**

### **2.1 Introduction**

Ballinasloe Family Support Service is a generic service that provides a wide range of adult, adolescent and child programmes on an individual and group basis. The main aim of the service is to be accessible to all of the community, to help alleviate stress that may cause disruption and difficulties within the family setting and to work with individuals, families and / or groups to help promote self-esteem and overcome family related issues. This chapter considers how BFSS addresses itself to its aim, by outlining core elements of its operation and its local socio-economic, geographical and service context.

### **2.2 Ballinasloe Family Support Service**

#### *Background*

The idea for BFSS existed a number of years prior to its establishment in 1996, when a number of local individuals from the community<sup>1</sup> had discussions about the need for a service to cater for families who were experiencing problems. At the time, no such service existed in the catchment area. The group formed an advisory board and began work on a critical agenda to bring about a family oriented service that would cover all areas of family need and provide a crèche facility. They developed a proposal that was presented to the Western Health Board in search of funding and support.

The original proposal aimed to provide:

- Crèche Facilities – to allow parents freedom to participate in programmes and to attend to their own personal needs.
- Family Development Programmes – to provide information, skills programmes, support groups, crisis intervention support and health care.
- Access facilities for children in care – providing a suitable environment to accommodate crisis situations and offer respite care.
- Adolescent service – providing outreach activities, self-development groups, access to adult carers and professional support.

Underlying the proposal's service objectives was the central theme of community involvement:

- Utilising community strengths.

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<sup>1</sup> Social work, Community Care, the Gardai and local people.



- Encouraging voluntary workers from the community to work in conjunction with professional staff.
- Inviting established groups from the community in the areas of social, business and entertainment to provide opportunities for referred children and families to experience their activities.

### *Initial Development*

The Health Board agreed to support the service and in March 1996, the Project Leader began the BFSS operation. Immediately, he worked collaboratively with staff from the local health centre, (psychology services and speech and language services), schools, NYPs in Galway city and in particular, a local social worker (a member of the initial advisory board) who informed him of the expectations surrounding the service. The Project Leader identified groups in need of a local service at the time; young mothers; parents of young children experiencing problems; and young people in general. In December 1996, the project leader moved into the current premises on Society Street and the service was opened officially in March 1997. Primarily responding to expressed needs a number of services had emerged relatively quickly including a support group for young parents (which led in time to the development of a full crèche facility), parenting programmes and an 'open house' group involving activity based groups on an open-door basis after school. Once the service was successfully up and running with health board funding, after the first two / three years, participation levels in the original committee began to decline and the group ceased to meet. Individual members of the original group spoken to during the evaluation indicated their continuing support for the work of the project.

### *Ballinasloe Family Support Service - Aims and Objectives*

The aim of the service, as outlined in the annual reports, is to provide a community based support service open to all age groups which will aspire to providing opportunities for people to:

1. Overcome difficulties involved in parenting and family related issues.
2. Avail of respite crèche facilities.
3. Avail of ongoing health / educational programmes.
4. Avail of parenting programmes and child / adolescent centred programmes which take place outside office hours.
5. Work closely with schools in provision of programmes for young people.

Adolescents and parents represent a core focus of the BFSS which aims to provide them with therapeutic and personal development supports in a number of areas.

### *Target Group*

The project provides a service to anybody who needs it in Ballinasloe town and outlying rural areas. Thus, while significant numbers of service users come from a number of local authority housing estates, many others come from other parts of the town and surrounding rural areas (for example Ahascragh, Woodlawn, Aughtim, Eyrecourt among others). In some cases individuals and groups are referred to the service, or come to its attention informally through collaborative group work, and in other cases parents self-refer themselves or their children.

### *Referrals for Individual Support*

While during its initial phase, referrals to the project for individual work were not always suitable, within the last two years, a formal referral form has been put into place, resulting in a more effective referral system overall. The referral process is as follows:

- Referrer completes and sends referral form to BFSS.
- Referred families are contacted within 72 hours of receiving the referral.
- The Project Worker meets the referrer to discuss the case.
- A joint visit to the family is arranged.
- An assessment is carried out to identify the family's problems and the family are included in this process.
- An intervention designed by Project Worker / Leader to meet their needs is agreed upon.

At the time of the evaluation, individual work had begun to take on increased significance within the activities of the project.

### *Group Based Programmes that operated in 2003*

Since inception, the project has been engaged in a wide variety of work, primarily group based. At the time of the research, the project was providing or had just finished delivering the following programmes and services to its clients on its own or in partnership with other agencies:

- Two Parenting Groups
- Primary School Projects (school preparation, after-school, transition from primary to post-primary)
- Summer Projects (activity based and community arts)
- Adolescent Groups ('World Cup' soccer group, adolescent girls)
- Open House Group
- Young Mothers Group
- Anti-Bullying Group
- Adult Communication Group

Critical to the possibility of undertaking this level of group work is collaboration with a range of agencies, identified in detail in chapter four.

In 2003 as in previous years, BFSS was also involved in co-ordinating short summer breaks for small numbers of families. The BFSS also works closely with the local women's group providing facilitation, premises and other supports. In addition, the following groups and services make use of the premises and have ongoing contact with BFSS: Alcoholics Anonymous, Home Management, G.R.O.W., Families in Transition and the local Community Employment Scheme.

### *Crèche*

One of the earliest services provided by the project was a respite crèche. This emerged in the context of supporting parents to participate in programmes, but evolved to become a three morning per week service catering to a maximum of 14 children. While justifiable as part of a service such as the BFSS (i.e. in relation to providing targeted support for young children and their parents), the costs of operating it directly affected the possibility of employing a full-time project worker, to engage in a wider range of intervention activities with children and families. Just prior to the commencement of this evaluation, the decision was taken to hand over the running of the crèche to a voluntary committee, with the longer term aim of increasing the level of service available, through increased capacity and longer opening. The project intends to continue to link with the crèche in

the future. The consequent effect of this was to make the employment of a second full-time project worker possible.

### *Staff, Management and Work Process*

At the time of the research there were six staff members working with the service: one Project Leader, two full-time Project Workers and three part-time crèche workers. As stated, the Project Leader was hired in 1996 and ran the project alone (aside from a crèche worker) until 2000. In 2001, he became part-time Project Leader for the BFSS and Monksland Family Support Service in Roscommon, working between both projects. During the course of the research the Project Leader left the position. Until that time, he reported to the Family Support Manager for Galway Community Services in relation to BFSS. Of the two full-time Project Workers, the first joined the project in 2000 and the second in 2004.

At the time of the evaluation, both the project leader and the project worker were actively involved in group and individual work activities. The project leader also was involved in wider HSE activities outside of the BFSS role including Children First and Supervision training. Both project leader and project worker were actively involved in committee work for a number of local projects and initiatives.

At the time of the research team meetings took place every fortnight between BFSS staff and Monksland Family Support Centre staff. The meetings discussed running the projects effectively, difficulties that arise, forthcoming events and yearly plans and provided a forum of support to the centre workers. Supervision for staff took place every four weeks with the Project Leader for an hour and a half following a structured format, with notes taken and retained in supervision records.

## Location<sup>2</sup>

The service is located on Society Street and occupies part of the first floor space of a larger building. The space comprises an office, two small rooms and a large room incorporating a kitchen.

## Costs

What is clear about the work of the BFSS is that relative to the amount of activity that it supports, it is undertaken at a low cost base as evidenced in table 2.1 below.

**Table 2.1 - Pay and Non-Pay Costs 2000 – 2004 for Ballinasloe Family Support Service**

	2000 €	2001 €	2002 €	2003 €	2004 €	TOTAL €
<b>Pay</b>	45,258	76,041	91,274	126,847	124,689	464,108
<b>Non-Pay*</b>	10,690	15,296	13,559	21,650	25,649	86,844
<b>Total</b>	55,948	91,337	104,833	148,497	150,338	550,952

\* Estimate based on Travel, Telephone, Rent, ESB and Project Funding

## 2.3 Ballinasloe Town

The context of the work of the BFSS is Ballinasloe town and its environs. Ballinasloe is located in East Co. Galway, on the main Galway to Dublin road. The town-land covers more than 4,000 acres making it the county's largest urban area after Galway city. The 2002 census reports a population of 5,977, highlighting a growth of 6.1% from 1996. Just over 20% of the population are aged between zero and 14 years, slightly lower than the national average.

Ballinasloe is the major industrial, commercial and service centre for east Galway. During the 1980's when national unemployment was at an all time high, the town recorded high employment levels. Since that time, the town has developed further commercially and there is continued growth in the small business sector and the tourist industry sector. Currently, health, education and training facilities are provided in a number of centres throughout the town. That said, in recent times, the town has been victim to increased unemployment levels and in the past five years alone, the closure of major employers has led to significant job losses. In the context of this economic decline and the wider social problems faced by many large rural towns, Ballinasloe was selected for participation in the State sponsored RAPID (Revitalising Areas by Planning,

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<sup>2</sup> Appendix 1 locates the service on a map of Ballinasloe (© Ordnance Survey Ireland [2005]), while Appendix 3 contains some photographs of the premises.

Investment and Development) programme. RAPID aims to increase investment, to improve the delivery of public services and to enhance the opportunities for communities to participate in the strategic improvement in the town. As a result of its work a range of actions have been identified and developed across thematic areas of youth, Traveller community, elderly and health, physical development and education.

#### **2.4 Existing Youth and Community Services in Ballinasloe**

While Ballinasloe town was less well served when the BFSS was established in the mid-1990s, over the last decade a number of new services have been put in place. Currently, there are a number of important youth and related services working with similar populations to the BFSS. These are considered below.

##### *Ballinasloe Youth Initiative (BYI)*

In 2002, a number of groups and individuals concerned with meeting the needs of young people in Ballinasloe established BYI as an umbrella organisation. Identified priorities include a non-alcoholic venue for young people, development of leisure facilities, early school leaving and giving young people a voice in the development of the town.

##### *Galway Youth Federation (GYF)*

Galway Youth Federation is a voluntary organisation working with young people in Galway City and County. It supports the establishment and delivery of youth programmes on a voluntary basis and also develops services to young people, delivered by paid staff. The federation works in partnership with a range of agencies in developing and promoting youth services.

##### *Youth Information Centre*

Operated by the Galway Youth Federation (GYF), the Youth Information Centre (YIC) is a free information service for young people and professionals. Information is available on a full range of subjects including careers, education, employment matters, rights and entitlements, leisure, sport, travel and European opportunities. Centre staff work in collaboration with other relevant agencies, referring young people on if further information or specialist support is necessary.

##### *The Junction Project*

Together with the Gardai and supported by a local multi-agency advisory committee, GYF provides an integrated service to young people known as the "Junction Project".

The project, which is a Youth Diversion Projects funded under the National Development Plan, targets marginalised young people and engages them in educational and development programmes.

#### *The HIP Project*

The H.I.P (Health Initiative Promotion) Project works in the area of teenage health, helping young people develop relationships in which their health and emotional needs are met. The project is a partnership between the HSE Western Area and GYF.

#### *Step-up Services*

Step-up services provide a youth worker who is involved with up to one hundred young Travellers aged between five and twenty five years of age. The youth worker promotes a better lifestyle for young Travellers and works at empowering them and integrating them within the wider community.

#### *Other Youth Clubs*

There are a number of other youth clubs in the town including Ballinasloe No Name Club, Fusion, the Deanery Youth Ministry Group, St. Grellans Youth Development Group and Killalaghton Youth Club.

#### *Youth Café*

Following the publication of a report that identified gaps in service provision and specified the need for a youth café to be set up in the town to reach a greater number of young people (Corcoran and Gormley, 2004), a Youth Café has been established in the town.

#### *Ballinasloe Therapeutic Project*

The Ballinasloe Therapeutic Project is a partnership project between the Ballinasloe Social Services and the HSEWA Community Services providing specialist early intervention to children and families. The project aims to encourage early referrals, to provide an assessment facility for children and carry out appropriate programmes, and to provide practical support training and advice to parents.

## **2.5 Educational Facilities**

In all there are three primary schools located in the town, two of them located in close proximity to the BFSS. One of these schools caters for a significant number of children

who come from disadvantaged backgrounds. According to information from the RAPID programme, facilities in each primary school are seriously in need of development. The town is served by two post-primary schools.

#### *Other Training and Education Provision*

County Galway Vocational Educational Committee and other funders provide a range of other training and education programmes in the town including:

- Vocational Training Opportunities Scheme which provides two years full-time education for unemployed adults over the age of twenty-one.
- Youth Reach which caters for approximately twenty students over the age of 15 years and provides FETAC (Further Education & Training Awards Council) certification and some Junior Cert subjects.
- Canal House Training Centre caters for participants over the age of 15 who are on probation and offers junior cert and integrated assessment. Referrals come from the court, ex-prisoners and early school leavers. It is funded by the Department of Justice, Equality and Law Reform, through the Probation and Welfare service, and with support from the VEC and FÁS.
- Madonna House Traveller Training Centre caters for Traveller young people over fifteen years of age, offering FETAC certification and equipping Travellers with skills to reach their full potential, be that to further their education or have a functional literacy level.

#### **2.6 Summary**

BFSS was established in response to identified need in Ballinasloe town in the mid 1990s. A HSE service, it has engaged in a range of activities since then, spanning early years provision to parenting programmes. Given the small scale of the operation, central to its capacity to deliver has been its collaboration with a wide range of other services. Recently, it has taken on a second project worker, moved out of the direct provision of crèche facilities and is having to work with an increasing number of referrals requiring individual intervention and support work.



## **Chapter 3: Putting Ballinasloe Family Support Service into Context**

### **3.1 Introduction**

The purpose of this chapter is to define the nature of the BFSS and locate it within theoretical approaches and within its societal, legislative, policy and service contexts. The chapter is in five sections as follows:

1. Family Change in Ireland
2. Family Support Theory and Approaches
3. Family Support Policy and Legislation
4. HSEWA Family Support Provision
5. Locating BFSS

Because of their significance in helping understand the work of the BFSS, the work of Family Centres in the UK is considered in detail under the Family Support theory and approaches heading.

### **3.2 Family Change in Ireland**

A core point for this report is that the needs of children arise in the context of families and meeting these needs will involve a family focus. In this context, there is little doubt that family has undergone huge change in Ireland over the last thirty years. Modernisation of the underlying economic base, more active State and EU policy, and fundamental changes in values has all impinged on structure and meaning of family. Within this there has been increased pressure on family, reflecting the universally experienced pressure of living in modern society, for example in terms of the demand (and not the choice) that both parents work. A good indicator of change is the extent to which support with parenting is sought by parents from all parts of society.

Also, specific pressures have arisen for families living in the context of separation and divorce and families headed by never married single parents, a subset of families who are increasing in significance in Irish society. Thus, 1996 and 2002:

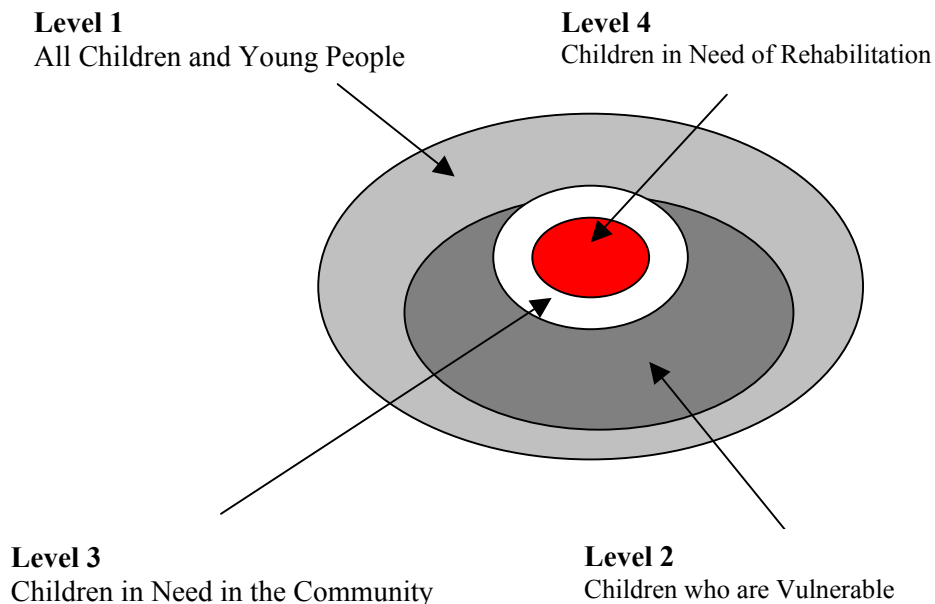
- The number of separated (including divorced) increased by over fifty per cent.
- The number of persons recorded as divorced trebled from 9,800 to 35,100, reflecting the legalisation of divorce in the state in 1997.

- There were close to 153,900 lone parent families, an increase of 24.5% from 1996.
- In almost 40% of lone parent families, a widowed person was the parent.
- 32% of lone parent families were separated or divorced.
- Never married single parents accounted for 24% of all lone parent families.

One of the most significant issues for lone parent families is the increased risk in poverty that implies (Nolan et al, 2002).

The BFSS works with the more specific effects of pressures on families as these are played out in the form of risks to the safety and development of children. Thus, its primary focus is children and families who come to the attention of the HSE care and welfare services, under the provisions of the Child Care Act, 1991 discussed below. The primary focus is on children who are at risk of abuse and neglect, with the service responding either to support children and families where risk is confirmed, or to prevent such risk arising. One way of framing the role of the BFSS is in relation to the needs of children at different levels. Hardiker's 1991 model is now quite well known and useful in thinking about how service responses should be developed.

**Figure 3.1 –Hardiker's Levels of Need Model**



Following Hardiker, and reflecting on the range of activities in which the project is engaged, it is possible to locate a role for the BFSS in relation to children at each of these levels of need.

### **3.3 Family Support Theory and Approaches**

Given that the project under consideration here styles itself as a family support service, it is necessary to clarify what family support might mean. Broadly speaking, research publications have reported time and again that inadequate natural supports and poor living environments can affect children's normal development (Quinn, 2002; Warren, 2001). As a result, there has been an increased focus on the needs of families who live in disadvantaged communities, who are headed by lone parents or who are at risk of breakdown, with a corresponding emphasis on responses that encourage children's development within the context of the family and local community. These approaches are often referred to as family support.

The family support approach to care and welfare provision for children and families has gained a high national profile within Irish service sector since the end of the 1990s. It has been described as a means of achieving new and effective ways of delivering services by using "the power and authority of the state to promote the welfare of children but does so in a manner that enhances parental capacity and responsibility within the context of the family as a key institution of civil society" (Pinkerton et al, 2004). According to Gilligan (Gilligan, 2000, p.15) services within family support fall within three categories:

1. Developmental Family Support: seeking to strengthen social supports and the coping capacities of children and adults in the context of their families and neighbourhoods.
2. Compensatory Family Support: seeking to compensate family members for the disabling effects of disadvantage or adversity in their present or earlier life.
3. Protective Family Support: seeking to strengthen the coping and resilience of children and adults in relation to identified risks or threats experienced within individual families.

Pinkerton et al (2004) provide the following definition of family support:

"Family support is both a style of work and a set of activities; which reinforce positive informal social networks through integrated programmes; combining statutory, voluntary community and private services, primarily focused on early intervention across a range of levels and needs with the aim of promoting and protecting the health, wellbeing and rights of all children and young people in their own homes and communities, with particular attention to those who are vulnerable or at risk".

Pinkerton et al also set out ten practice principles for its effective delivery:

1. Working in partnership is an integral part of family support. Partnership includes children, families, professionals and communities.
2. Family Support interventions are needs led and strive for the minimum intervention required.
3. Family support requires a clear focus on the wishes, feelings, safety and well being of children.
4. Family support services reflect a strengths' based perspective which is mindful of resilience as a characteristic of many children and families lives.
5. Family support promotes the view that effective interventions are those that strengthen informal support networks.
6. Family support is accessible and flexible in respect of location, timing, setting and changing needs and can incorporate both child protection and out of home care.
7. Families are encouraged to self-refer and multi-access referral paths will be facilitated.
8. Involvement of service users and providers in the planning, delivery and evaluation of family support services is promoted on an ongoing basis.
9. Services aim to promote social inclusion, addressing issues around ethnicity, disability and rural/urban communities.
10. Measures of success are routinely built into provision so as to facilitate evaluation based on attention to the outcomes for service users and thereby facilitate ongoing support for quality services based on best practice.

While there is an emerging literature on the Irish experience of family support reflecting these definitions and frameworks, there is little written that reflects the experience of a centre-based provision of the type provided by the BFSS. In order to help frame the work of the BFSS, the next section outlines some key messages from the experience of UK family centres.

### *Family Centres in the UK*

Since they have been established in the UK, family centres have catered for families in need of support within local communities and have raised important questions about 'community', disadvantage', 'need', 'prevention', 'participation', 'empowerment', as well as service delivery (Smith, 1996). Similar to the Irish context, family centres arrived in response to a shift in the values of society and social work practice that sought to work in partnership with parents and offer them a sense of empowerment (McMahon and Ward, 2001). According to Pithouse et al 1998, they emerged during a period that featured an awareness of the sometimes harmful effects of residential care for children; concerns over child abuse, and the inadequacies of traditional casework as a preventative medium in family work (1998).

Family centres provide a range of activities within existing social and geographical communities mainly to vulnerable families with high levels of need (McMahon and Ward, 2001). On the whole, they aim to offer a friendly, non-stigmatising service that will engage families who might otherwise avoid formal guidance (Pithouse et al, 1998). It is accepted that such family oriented projects aim to bring change in three main areas:

1. Family functioning: Parents physical and mental health, self confidence, self image, social skills, use of family and social networks, family relationships.
2. Children's functioning: Behaviour, confidence, language, concentration, cognitive development, social skills.
3. Community environment and families' material circumstances: Welfare services, housing, employment. (Smith, 1996).

There is no singular universal mode of practice. Staff use a number of different methods of practice from community work, clinical work and work with families within a building that has a range of facilities and opportunities (McMahon and Ward, 2001). Generally, centres claim a set of broad characteristics:

- A focus on the whole family;
- A capacity to strengthen family functioning and help prevent breakdown;
- An interest in the needs of the local community and with social and environmental factors associated with children entering care (Pithouse et al, 1998).

Their flexible nature means that the underlying purpose of the work - to identify and address needs in individuals and groups - is achievable in accordance to the specific needs of the specific client group. Some centres provide specialist therapeutic work, while others provide a more educational role to clients. Some of the work is done on the basis of planned sessions either for individuals, families or groups. Other times, the work can be more informal and carried out on a drop-in basis. For this reason, McMahon and Ward make the point; "family centres are therefore a hybrid creation, and perhaps they might be thought of as an offspring of a number of different traditions and cultures" (2001; p.17).

Holman (1988) and De'Ath (1988) distinguish three different types of family centre:

1. Client focused which works with referred clients, often on an individual basis.
2. Neighbourhood type, located usually in areas of high social need which offers a broad range of activities and encourages user participation.
3. Community development type which is characterised by collective action, local control and workers offering indirect support to community groups rather than direct provision of services.

Cannan (1992) adds a fourth type:

4. The service centre similar to the community nurseries established in the 1970's to meet a range of day care needs not restricted to health or social problems.

The ultimate aim of family centres work is to help children who are unhappy or anxious and insecure to feel better about themselves and to have some trust that adults will take care of them (McMahon and Ward, 2001). Therapeutic work refers to providing clients with a sense of empowerment and support through various different programmes: "Where such work helps families to function better and their members to become happier this could be said to be therapeutic" (McMahon and Ward, 2001, p.15).

Activities that are available to clients often include:

<ul style="list-style-type: none"><li>• Play group / toddler group / baby clinic/ crèche</li><li>• After school / homework club</li><li>• After school activities</li><li>• Youth club</li><li>• Teenage mothers group</li><li>• Women's group</li></ul>	<ul style="list-style-type: none"><li>• Support group / counselling for abuse / bereavement</li><li>• Adult education classes</li><li>• Parenting classes</li><li>• Access visits</li><li>• Community work</li><li>• Cooking / Sewing / Computers</li></ul>
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Much of the research on family centres to date has tended to be descriptive and the best studies have provided good accounts of policy and practice (Smith, 1996). As family centres are still young, their innovative nature poses difficulties for research seeking outcomes (*ibid*). However, the research to emerge to date, primarily ethnographic in nature, has been relatively positive. Smith<sup>3</sup> (1996) and Cannan (1992) report a high level of effectiveness. Smith concludes that the open access nature of the projects successfully met a range of needs identified by clients who were bringing up small children and projects with an adult education approach were successful at helping people develop self-confidence and learn new skills.

McMahon and Ward (2001) said parents found most support and help from:

- working in partnership
- having time to build trusting relationships with staff in a safe and secure centre
- feeling empowered
- having strengths identified as well as weaknesses
- working openly and honestly with effective communication
- having their needs met as well as their children's

Tisdall et al (2005) found that parents valued the 'one-stop shop' aspect of family centres and continuity in services and relationships.

However, while user satisfaction is a key indicator of service quality, it is not a sufficient basis to claim that the service is appropriate, effective or needed (Pithouse et al, 1998). Pithouse suggests that an evaluation of such a service must proceed from a clear description of what the particular service is trying to achieve, by providing descriptions of

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<sup>3</sup> 97% of service users saying they would recommend the project to someone else and 86% saying the project made a difference to them.

the sorts of families and needs that exist within the specific clientele who attend the centre (*ibid*). More recent and more rigorous research by Gardner (2003) on the work of NSPCC family centres highlighted some positive outcomes for children and parents (especially those with good informal networks), with these changes frequently attributed by children, parents and other agencies to the work of the centres.

### **3.4 Family Support Policy and Legislation**

The Child Care Act (1991), which is the primary legislation in relation to the care and protection of children, is the key framing legislation of family support as provided by BFSS. Specifically, as well as identifying the statutory responsibility of the HSE to:

- Promote the welfare of children not receiving adequate care and protection.

it also aims to:

- Strengthen the capacity to provide childcare and family support services.

However, only in the late 1990s did the potential of the act in relation to family support begin to be realised nationally, with the establishment of the Springboard programme (see below) (Canavan and Dolan, 2003).

Other policy and legislative developments that reflect a family support orientation are:

- the Commission on the Family Report (1998) which challenged public policy to focus on prevention and support as key themes in strengthening families capacity to fulfil their roles
- the Children Act, 2001, juvenile justice legislation which gave the HSE responsibility to meet the needs of children and young people whose behaviour put themselves and others at risk – one result of this is the adoption of family support type interventions to meet these young people's needs
- the National Children's Strategy (2000) which stresses the importance of family and community in children's lives
- Best Health for Children (2000) programme which promotes a multi-modal flexible approach for developing an adolescent friendly health service
- the Family Support Act, 2001 which gives a statutory basis for the work of the family resource centre programme (see below)
- the Health Strategy (2001) which emphasises the impact of social, environmental and economic factors on the health status of individuals
- the National Anti-Poverty Strategy (1997) which highlights the significance of child and family poverty and sets policy goals in relation to their alleviation



Other legislation with relevance for family support policy and provision is in the education arena. The Education Act, 1998 incorporates a focus on educational disadvantage while the Education (Welfare) Act 2000 establishes a national educational welfare service to address school attendance problems. For the BFSS, activities in this area represent an important part of the work.

### **3.5 HSEWA Family Support Services**

Unlike most other areas, the HSEWA (Galway, Mayo, Roscommon) committed to developing family support services quite soon after the Child Care Act, 1991 came into force and as a result its services are amongst the most well developed in the country. Set out below are some of the range of sister services to the BFSS operated by the HSE.

#### *Neighbourhood Youth Projects*

Neighbourhood Youth Projects are community-based adolescent and family support programmes that provide support for children and young people from disadvantaged areas who are at risk of or experiencing difficulties at home, in school or in the community. Supported by the HSE, NYPs help young people to address difficulties in their lives through activity and discussion based individual and group work (Canavan, 1992). There are seven NYPs located in the HSEWA region: Ballybane, Westside, Castlebar, Ballina, Westport, Boyle and Castlerea. They provide an integrated approach to combating individual problems by working closely with families, schools and other agencies concerned with their welfare in the local area. An evaluation of the Westside NYP in Galway city found the project's methods to be highly successful in general. It was found that discussion groups and exercises dealing with issues affecting the well being of young people increased participant's ability to take responsibility and offered opportunities to consider potential solutions to their problems (Canavan et al, 2000). A review to strengthen existing practice and future strategic and operational practice indicating key directions in the region has recently been completed (Dolan and Kane 2005).

#### *Springboard*

The Department of Health and Children established Springboard on a national level in 1998 as a Family Support initiative for children and young people at risk. There are currently projects in Westside, Ballybane and Ballinfoyle, under the auspices of the HSEWA. The projects aim to facilitate children, young people and their parents to reach

their full potential. Services include counselling, personal development groups, after school activities, drop-in facilities and family outings. An evaluation of twenty one of the projects nationwide was positive, finding that the number of children at high risk of abuse or entering care had been halved (McKeown, 2001). Children, parents and professionals involved in the project believe that it has improved the personal and family life of those involved. "Significant progress has been achieved in promoting the well being of children and parents" (McKeown, 2001,p.79)

#### *Other HSEWA Services*

The HSEWA directly provides or funds a range of other services, with a family support remit. These include:

- **Family Centres:** Aside from BFSS there are a number of family centres based in the region. Some of these (Castlebar, Boyle and Roscommon) are only part funded by the HSEWA and have a remit far wider than child care and welfare. More akin to the BFSS is the Monksland family service in Roscommon.
- **Teenage Health Initiatives:** Aiming to prevent early sexual activity and to promote personal development sexual health, THI provides home visits as well as services in local NYPs.
- **Home Management Advisory Services:** Provides a practical, educational and support service to families experiencing difficulties.
- **Home Helps:** work with families in the home setting.
- **Health Promotion:** provides a range of courses for families in the community, including stress management, parenting, developing a healthy lifestyle and assertiveness and communication.

### **3.6 Other State Funded Centre Based Family Support Interventions**

A significant development has been the establishment of a network of **Family Resource Centres** throughout the country. These are funded under the Family and Community Services Resource Centre Programme, one of three programmes under the umbrella of the Community Development Support Programmes (CDSPs) operated by the Department of Social, Community and Family Affairs. Family Resource Centres are

involved in anti-poverty and social inclusion initiatives in communities. They have a specific focus in identifying the needs of family and community and in the main work with groups, rather than on a casework basis.

*The **Community Development Programme*** provides financial assistance to fund community development projects in disadvantaged areas. It also provides support for self-help work in specific target groups that experience disadvantage in order to help them articulate their point of view and participate in a process of personal and community development. The programme is included in the National Development Plan as a sub-measure in the social inclusion measures in the Regional Operational Programmes.

### **3.7 Locating Ballinasloe Family Support Service**

How then can the BFSS be characterised? First and most obvious, it is a family support service, which takes its mandate from the Child Care Act, 1991 and operates as one of a range of family support services in the HSEWA region. Given the outline of the work of the project in chapter two, it is clear that it fits well into the definitions and frameworks for family support provided in this chapter. It could be argued that its work spans each of Gilligan's developmental, compensatory and protective family support. In relation to the family centre models outlined, it is closest to a 'neighbourhood' type of family centre, although having a strong emphasis on working with referred clients. Also, the BFSS supports community development activities, for example in the form of the women's group and staff participation in various local fora. In terms of meeting need, the range of activities in which it is engaged place it within each of the levels of the Hardiker model.

## Chapter 4: Group and Individual Work

### 4.1 Introduction

The aim of this chapter is to outline in detail the individual and group work activities of the BFSS. It is based on detailed documentary analysis of its work, undertaken in conjunction with project staff and derives from material contained in the project's records. The analysis also derives from statistics provided as the project's contribution to the HSEWA's report on adequacy of its services, required under the Section 8 of the Child Care Act, 1991. The chapter is in two parts, the first focusing on the project's group work activities, the second on its work with individual families.

As is clear from chapter two, BFSS provides a comprehensive range of programmes for adults, children and young people on an individual and group basis, to a substantial number of people from the community. In 2002, the service worked with 320 individuals and in 2003, the number increased to 374. The high level of referrals from schools indicates the project's work in after school groups and summer projects. Other voluntary youth services and projects referred a large number of individuals to the youth orientated programmes. In both years, there were a significant number of self-referrals. Among HSEWA community services, social work was a key source of referral.

**Table 4.1 Source of Referral to Ballinasloe Family Support Service in 2002 and 2003**

	<b>2002</b>	<b>2003</b>
Family / Friends of Family (including extended family)	19	24
Self	63	72
Psychology	8	3
Community Care Agencies (Public Health Nursing, Speech and Language)	8	3
Other Voluntary Youth Services / Projects	86	110
School	125	130
Residential Care	1	0
Child Guidance	0	12
Childcare	0	1
Youthreach	0	1
Social Work	10	14
Other	0	4
<b>Total</b>	<b>320</b>	<b>374</b>

## **4.2 Group Work**

BFSS groups are designed to respond to the needs of local people with aims varying from group to group. Some are set up to provide a social outlet to people at risk of experiencing isolation, while others address issues such as confidence, self esteem or bullying. Many are focused at reaching a specific target group / age group. For example, the young mother's group was established when a number of young women with young children were identified as having limited social outlets. By partaking in a variety of activities within this group, the service aims to provide young mothers with respite and address their support informally.

### *Structure and Objectives*

The groups are planned around sets of specific objectives. In general, they are structured in three parts; the first part provides an introduction to participants and discusses what they are going to do over the coming sessions; the middle part focuses on engaging in activities; and the end part or the closure sums the course up for participants. Most groups incorporate simple evaluation processes in the form of session reviews by staff and evaluation sheets. However, there are no rigid methods of evaluation to measure group outcomes.

Many groups are operated in collaboration with other local services and while this reflects good interagency practice, it is also indicative of the difficulties of doing group work when staff numbers are limited. In providing group work activities in 2003, BFSS worked closely with the Junction Project, Step Up, GYF, local schools, HSE Health Promotion, Home Management and Psychological services, Ballinasloe Social Services, Catholic Church Diocesan Family Services and the County Council Community Arts workers. Groups are run in a number of different locations in the town including the BFSS centre and premises of collaborating agencies.

Set out in Tables 4.2, 4.3, 4.4, and 4.5 are details of 13 groups that were facilitated by the BFSS in 2003. As the table demonstrates, a high level of diversity and flexibility is evident in the response of the BFSS, while the capacity of the service to work on an interdisciplinary and interagency basis is also clear. As the table indicates, attendance at the groups, an important indicator of satisfaction with a service, was generally good.

**Table 4.2 - Children's Groups - Ballinasloe Family Support Service**

	<b>Group</b>	<b>Duration</b>	<b>Frequency</b>	<b>Target Group</b>	<b>Objective</b>	<b>Attendance</b>
1	Open House Group	Mar 6 <sup>th</sup> - May 29 <sup>th</sup> 2003	Weekly	School Children Aged 8 - 10	<ul style="list-style-type: none"> <li>To provide activity based approach to life skills – games, arts, crafts and others</li> <li>Integrate range of social skills in a warm and friendly environment</li> </ul>	On average 7/10 per session
2	After School Project 2003 / 2004  <i>Run with: GYF / Step-Up</i>	Sep 2003 – June 2004	Four times a week (2 afternoons by 2 groups)	Children from local schools Aged 7 - 11	<ul style="list-style-type: none"> <li>Homework support</li> <li>Increased self-esteem</li> <li>Confidence in completing tasks</li> <li>Developing skills through various activities</li> </ul>	Nearly full attendance
3	Ready for School Programme  <i>Run with: Ballinasloe Social Services</i>	Aug 18 <sup>th</sup> – Aug 29 <sup>th</sup> 2003	Five times per week	Children Aged 4 - 5	<ul style="list-style-type: none"> <li>School readiness</li> </ul>	Almost full
4	OK Lets Go	May 1 <sup>st</sup> – May 21 <sup>st</sup> 2003	Weekly in four weeks	6 <sup>th</sup> class students	<ul style="list-style-type: none"> <li>To help students in 6<sup>th</sup> class for transition to secondary school</li> </ul>	A few parents did not want children attending

**Table 4.3 - Youth Groups - Ballinasloe Family Support Service**

	<b>Group</b>	<b>Duration</b>	<b>Frequency</b>	<b>Target Group</b>	<b>Objective</b>	<b>Attendance</b>
5	World Cup 2004  <i>Run with: Junction Project</i>	Dec 8 <sup>th</sup> 2003 – June 5 <sup>th</sup> 2004	Weekly	Teenage boys Aged 13 - 17	<ul style="list-style-type: none"> <li>Provision of Outlet</li> <li>Engaging in service and building relationship with team</li> <li>Committing and sticking to something</li> </ul>	Not dropping below 15 / 16
6	Adolescent Girls  <i>Run with: GYF / Step-Up</i>	October 2 <sup>nd</sup> – November 6 <sup>th</sup> 2003	Weekly	Girls Aged 13 – 14	<ul style="list-style-type: none"> <li>To allow young people to develop self-esteem, self-efficacy, to explore decision making, negotiation skills, and personal behaviour goals</li> </ul>	On average 50%
7	Rainbows 2003  <i>Run with: Diocesan Family Centre</i>	March 5 <sup>th</sup> – April 9 <sup>th</sup>	Weekly	Twelve young people from the town Aged 7 - 15	<ul style="list-style-type: none"> <li>To allow young people to discuss issues about separation and loss in a non-judgemental and non-directional way</li> </ul>	Average 7

**Table 4.4 - Adult Groups - Ballinasloe Family Support Service**

	<b>Group</b>	<b>Duration</b>	<b>Frequency</b>	<b>Target Group</b>	<b>Objective</b>	<b>Attendance</b>
8	Parenting Programme 1 2003	Feb 11 <sup>th</sup> – March 25 <sup>th</sup>	Weekly	Parents from Mullagh and surrounding areas	<ul style="list-style-type: none"> <li>Help parents to build / develop skills around parenting issues</li> </ul>	12 on average
9	Parenting Programme 2 2003  <i>Run with: HSE Psychology</i>	Nov 3 <sup>rd</sup> – Dec 4 <sup>th</sup>	Weekly	Parents from Ballinasloe and surrounding areas	<ul style="list-style-type: none"> <li>Help parents to build / develop skills around parenting issues</li> </ul>	Less than 50%
10	Young Mother's Group  <i>Run with: HSE Home Management GYF Community Worker</i>	Oct 14 <sup>th</sup> 2003 – May 2004	Weekly	Young mothers Aged 17 - 20	<ul style="list-style-type: none"> <li>Support for young mothers – network, emotional, practical, building self confidence, wider mental health issues</li> </ul>	Highest 14 – lowest 5 or 6
11	Adult Communication Course  <i>Run with: HSE Health Promotion</i>	Jan 21 <sup>st</sup> - March 4 <sup>th</sup>	Weekly	Mixed	<ul style="list-style-type: none"> <li>To develop skills in different types of communication</li> </ul>	Almost 100%

**Table 4.5 - All Aged Groups - Ballinasloe Family Support Service**

	<b>Group</b>	<b>Duration</b>	<b>Frequency</b>	<b>Target Group</b>	<b>Objective</b>	<b>Attendance</b>
12	Bullying Workshop	October 17 <sup>th</sup> 2003 January 9 <sup>th</sup> 2004	3 workshops in one day	Children, teachers and parents	<ul style="list-style-type: none"> <li>To help recognise and deal with bullying</li> </ul>	-
13	Boomerang Summer Project  <i>Run with: GYF / Step-Up</i>	Mid July	Two days for each group	3 different Age Groups: 5-7 Years 9-12 Years & Teenage Programme	<ul style="list-style-type: none"> <li>To provide activity based programme for children / young people</li> <li>Space for parents during the summer time</li> </ul>	<ul style="list-style-type: none"> <li>Group 1 – 95%</li> <li>Group 2 – 75%</li> <li>Group 3 – 80%</li> </ul>

### *Other Groups*

In 2003, BFSS co-ordinated a holiday in Inverin for twenty socially disadvantaged families from the local community and also supported the work of the Community Arts Summer Project run by the community county council. The service also supports and works closely with the local women's group providing them with use of the premises and kitchen facilities, and supporting their activities.

### 4.3 Individual Work

#### *Therapeutic Focus*

In recent years, the emphasis of the service has become increasingly focused on delivering therapeutic work to individuals and in doing so it has worked very closely with the HSE social work department, in particular. When the service takes on a referral, it considers the individual family circumstances and designs an intervention to match the requirements. For example, a lone parent family of four who had been experiencing parenting / family difficulties was engaged in a number of different programmes including one to one counselling, parenting sessions and Rainbow sessions.

#### *Referral Details*

Thirty-five individuals were referred to BFSS in 2003. Of this number, nineteen were worked with individually to some level, eight were asked to become involved in parenting programmes and eight referrals did not progress in spite of the staff's efforts. Approximately half of the families referred came from Ballinasloe town and half from outlying rural areas. Of the nineteen families who were provided with individual intervention, nine were referred from social work and five were self-referrals. Other referrers included the Public Health Nurse Service (1), schools (3) and a GP (1). Figure 4.1 provides a breakdown of the referral sources for this group.

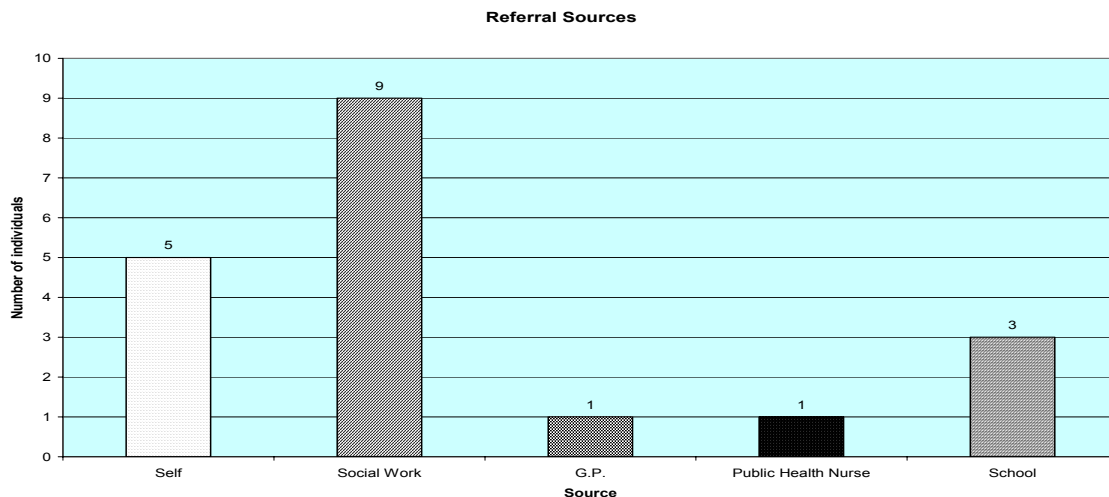


Figure 4.1



### Household Circumstances

The household circumstances differed from family to family. Two of the families were from the Traveller community and the remainder were from the settled community. A large number of families were from lone parent households (9), while in five cases both parents were living in the household. Two were foster families experiencing problems and in another family, the grandmother was at the head of the household. In one case, the parents were experiencing difficulties with their relationship and the father lived in the household 'on and off'. One young person was living alone.

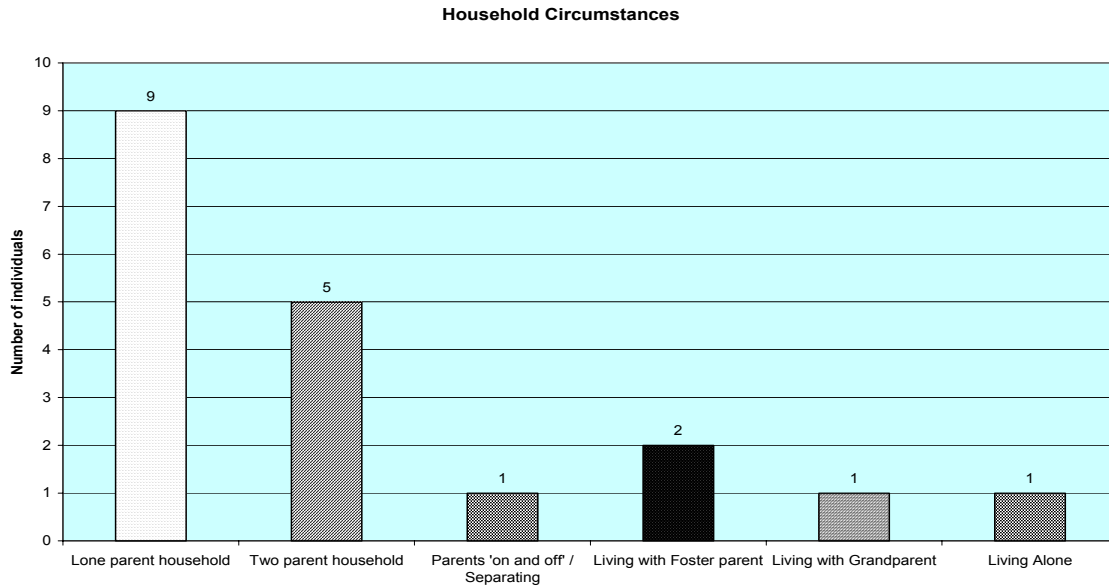


Figure 4.2

### Varied Problems

Reasons for referral to the service varied. The most common cause of referral was parenting difficulties / family difficulties (6) followed by bullying issues (3). Poor school attendance / behaviour (2) and family support issues (2) were prominent. Other reasons for referral included abandonment (1), mental health difficulties (1), maternity support (1), separation from parent (1), isolation (1) and drug addiction (1). In all cases, the focus was on concerns for the well-being of children, either directly or as a consequence of parents' difficulties.

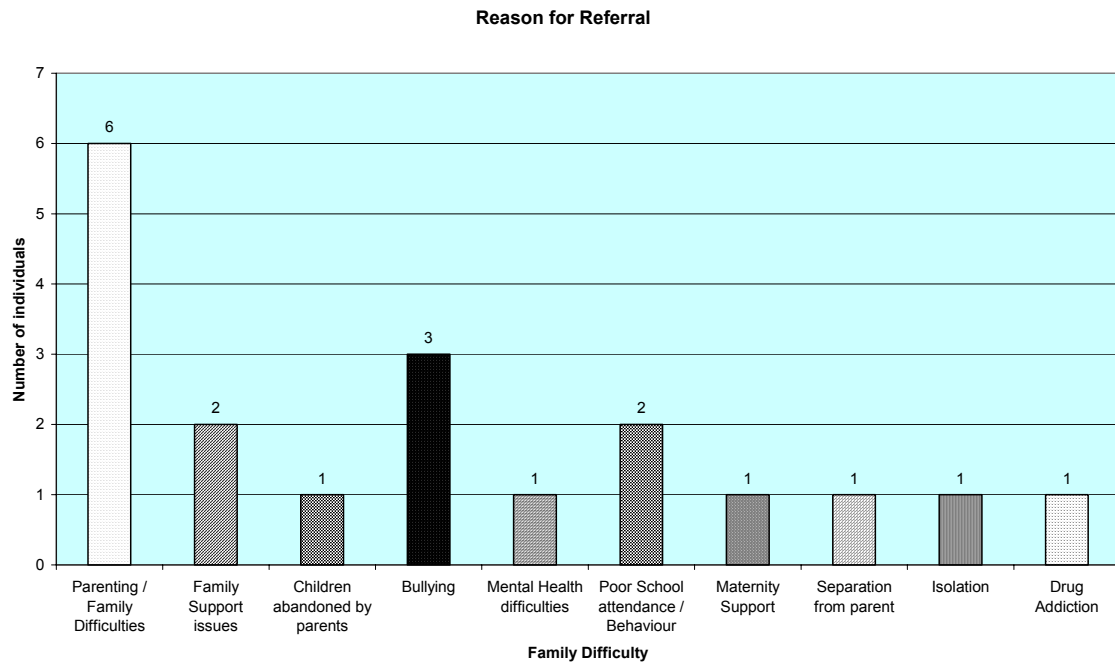


Figure 4.3

### *Duration of Intervention*

The amount of time spent working with families varied from case to case and ranged between one and six months. Just under one third of the group (6) were worked with for six months, one family was worked with for five months, three for three and a half months, three for two months and two for one month. Of the 15 families with whom the BFSS had finished its work, the average duration of intervention was between three and four months. Four families were being worked with at the time of the research.

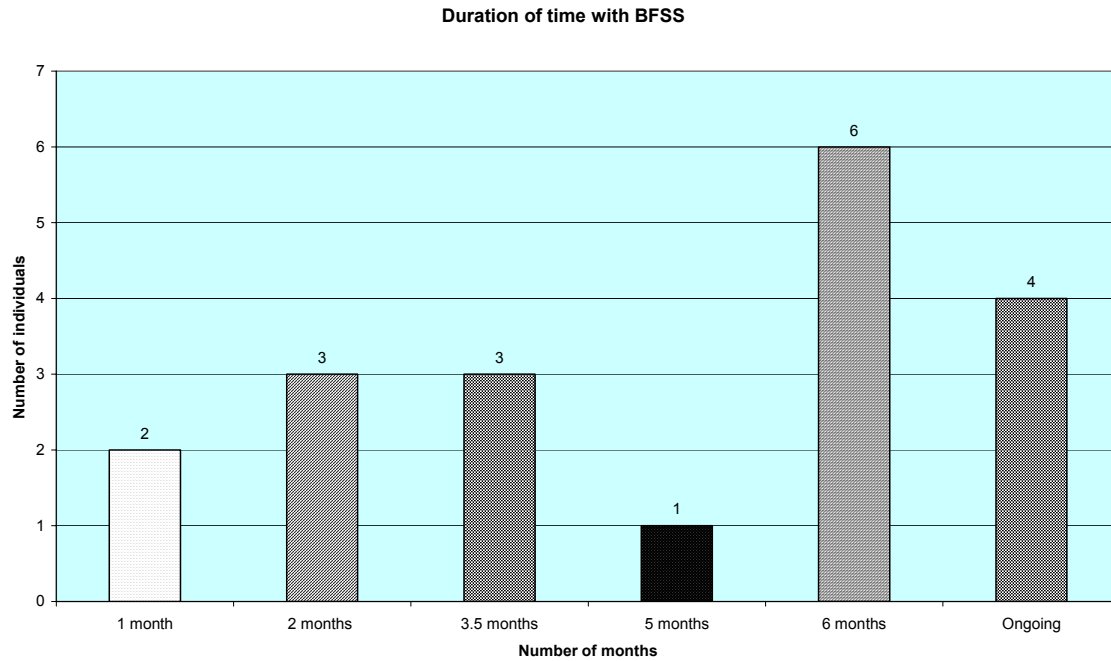


Figure 4.4

### *Nature of Activities*

The activities involved in individual work with families clustered around the following areas:

1. structured advice and information giving
2. linking parents and children to services
3. informal counselling and support in relation to various issues
4. advocacy
5. helping parents and children cope with / deal with bullying
6. practical support with managing home
7. identifying and organising meeting of material needs

For some of the individual work, staff focused on specific issues, giving guidance or suggesting techniques and approaches that parents / children could use themselves. In others, the focus was more on providing information, linking families with other more appropriate services and advocating on their behalf. Informal counselling and support is a key underlying theme in relation to all of the interventions, while in some of the cases, the help provided focused on families' practical and material needs. In about half of the cases, the work took place in the service-users' homes, the remainder between their homes and the BFSS or the Health Centre.

The level of intensity of interventions varied greatly among the nineteen cases. In some of the cases, the work of the project started and ended with an intensive home visit, with issues identified and advice given. In others, staff worked intensively over short periods with different family members. Although difficult to state categorically given the nature of data recorded, for about half of the cases, the level of work was relatively intensive involving daily to weekly contact, while for the other half contact was fortnightly to monthly. Around all of the direct contact is a set of independent work by staff including planning and organisational activities for contact with families and follow-up work arising from the contact.

## Outcomes

The nature of the available data was such that there was limited capacity for objective analysis of outcomes. Based on the documentary of cases, it is apparent that a number of cases experienced positive results to some level on completion of their time with BFSS. In cases where a positive outcome was suggested, the evidence was based on:

- The service user's opinion.
- The social worker reporting an improvement in family circumstances.
- The service users becoming linked to another service.
- Meeting material needs of the family.
- Maintaining a daily structure by the family's commitment to attend the service.

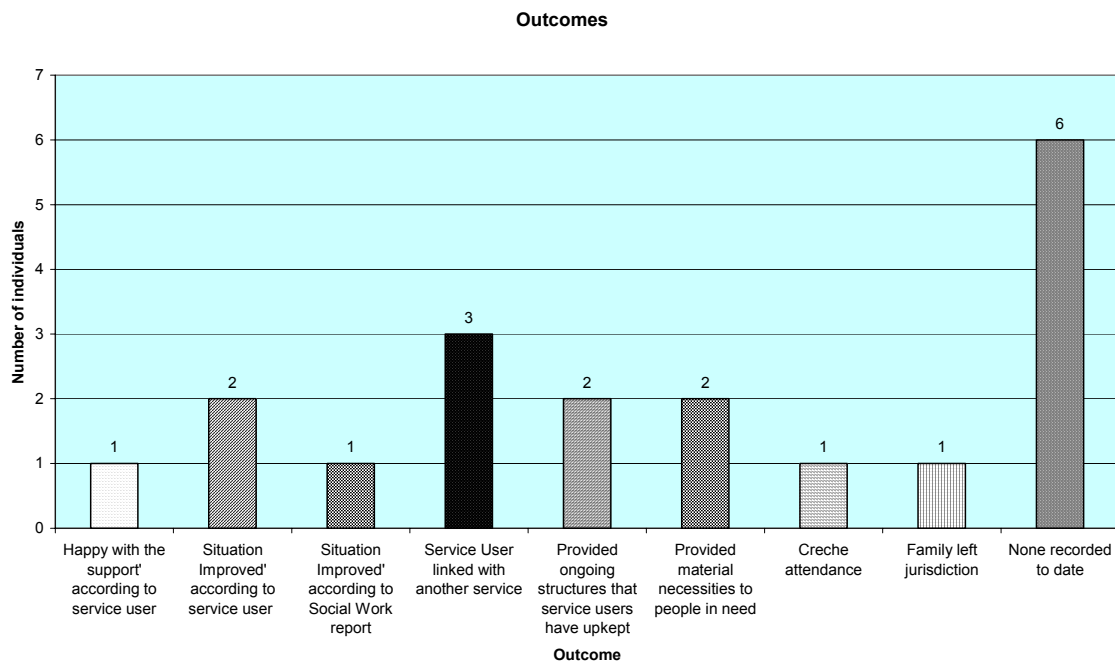


Figure 4.5

## 4.4 Summary

The most significant and positive message to draw from the foregoing analysis is that the BFSS has demonstrated a capacity to develop and implement a wide range of responses to meet needs. Given the staffing levels during 2003 when this group and individual work activity was undertaken, it is a remarkable achievement. Central to the delivery of group work has been the capacity to work effectively with other agencies in the town in meeting common needs. As with the group work activities, the documentary analysis illustrates a strong capacity for engagement with families in working towards solutions, across a range of areas of need, throughout the town and wider catchment area. One problem with the current work of the project relates to its capacity to evidence

the effectiveness of its work. Currently, there are no formal systems in place for assessing outcomes, either in its individual or group work activities. Notwithstanding the challenge that will be involved in developing systems that reflect that nature of the project, such a development is critical step to the project's future.

## **Chapter 5: Stakeholders' Perspectives**

### **5.1 Introduction**

This chapter examines the attitudes of the relevant stakeholders towards BFSS. It is based on findings from the following data sources:

- Individual Interviews with the Project Leader, two Project Workers, the Family Support Manager for Galway Community Services, three crèche workers, the Rapid Co-ordinator, the Principal Social Worker with responsibility for the area and two members of the original advisory board (one of whom is also a community worker in the area)
- Group Interviews with two social workers, members of the women's group, the young women's group, a group of crèche parents and members of the 'World Cup' soccer group
- Telephone Interviews with three advisory board members, seven school principals and a Home Management Advisor
- Completed Questionnaires from four referrers and five linked services
- Observations of two homework clubs in which the BFSS are collaborators

The findings emerging from this data are presented below under six headings: understanding of the project; awareness, accessibility and responsiveness; relationships; service value; needs and gaps; and other issues. Findings from the various sources are interwoven under these headings, with some stakeholders having more knowledge in different areas, and therefore more to say, than others.

### **5.2 Understanding**

In line with an important underlying aim of the evaluation, stakeholders were asked their views on the nature of the project. Not surprisingly, the responses clustered around the notion of help and support for families with particular needs. Some of the areas identified included parenting, marital difficulties, mediating between home and school, supporting families from disadvantaged areas and supporting lone parents. Running through the responses was a sense of an open project providing a range of services on a flexible basis. Interestingly, in discussing this issue with members of the women's group the words 'community project' were seen to characterise the nature of its operation. One of the Project Workers spoke about the project as involving a mix of community development, an NYP and a Springboard, while another spoke about

supporting families, particularly emphasising parenting. The Project Leader saw his initial brief as to work with families in Ballinasloe, with his role akin to a Project Worker in an NYP – he also noted at the time that he felt that this would not restrict the way he could approach developing the service. The view of the HSEWA Family Support Manager for Galway Community Services is that the project reflects dimensions of the Neighbourhood Youth Project and Springboard models of intervention.

### **5.3 Awareness, Accessibility and Responsiveness**

One of the objectives of the evaluation was to gain a sense from respondents of the extent to which the project is known in the community. The data on this point is mixed, with some people suggesting that the project is widely known, others that it is known only in certain areas and communities and others that it is not well known. For example, one of the soccer group suggested ‘sure, everyone knows Eamonn’, and highlighted the role of the Summer Camps in raising the service’s profile, one of the young mothers group said while ‘some people do’ know the service, there is ‘not enough advertising out there’. Perhaps, significantly, one of the original advisory board who works as a community worker in the town felt that there is scope for greater awareness of the project. Overall, while it is difficult to be definitive based on the data provided, it appears the project may not be as widely known as it should be.

Those services linked with and referring to the BFSS all saw the project as accessible and responsive. For example, the view from four school principals were that they:

- were able to get information when it was needed.
- found the response to queries immediate and generally quicker than other HSE services.
- felt that they had direct access to the team and that the team would do its utmost to help.
- are not dealing with ‘faceless’ people.

Responses to questionnaires by other referrers and linked services indicated, with one exception, that all found it easy to contact the staff and that the staff responded to their inquiries in a timely fashion. The social workers and home management advisor who were interviewed expressed similarly positive views.

### **5.4 Relationships**

Overall, relationships with the project and its staff were extremely positive amongst stakeholders. For example, all five of the linked services either agreed or strongly



agreed that the staff are easy to work with. School principals were similarly positive. One saw the project as 'open and friendly', another said that there was great relationship with the project. From the perspective of the social workers, their involvement with the BFSS is characterised as involving 'a real sense of all in it together' with staff perceived as 'easy to get on with'. The social workers expressed a positive view of their experience of co-working cases with the project staff. Likewise, project staff see themselves as having good relationships with the other agencies working in the town.

Interviews with all of the service user groups indicated similar positive relationships. One young man in the soccer group spoke of the Project Leader thus: 'Eamonn is alright he is; fair man', a point echoed by his peers in the interview, with similar positive responses from the participants in the young mothers group, women's group and crèche parents interviews regarding their relationships with staff. The evaluator's observations of the homework clubs indicated good relationships with the participating children and with the staff from the collaborating organisation. The only minor dissenters to this position was a view from one school where there was a sense that relationships could be improved and from one linked service, where there was a sense that the project could have a greater involvement in the wider locality and network of groups. The latter point does not accord with the evaluators' understanding of the extent of the collaborative work in which the project is involved.

### **5.5 Service Value**

The overwhelming message from stakeholders is that the BFSS is highly valued by them. Each of the young mothers, soccer, women and crèche parent group interviews demonstrated the value of the work of the project to them. For example, when the evaluator highlighted the fact that the soccer group is running for a number of years, one of the participants suggested that this 'means that it's a good thing'. In the same group, when asked if they had been involved in other project activities, another participant highlighted importance of the homework club. In his view, if he hadn't attended it, his homework wouldn't have been done. For the young mothers, the activities involved in the group were seen to be 'brilliant'. When the evaluator asked if it makes a difference to them, one of the young women answered 'if it didn't I don't think we'd bother coming back' while another said 'it does, it's brilliant' with no one disagreeing with these views. Parents of children attending the crèche and the women's group members valued the project similarly, the former group highly praising of the staff and emphasising the

affordable support that it provides. For the women's group, the support the project offers in physical space terms and in relation to group activities is highly appreciated.

Other stakeholders echoed service-users' views on the value of the project. For referrers, in ten cases for which they provided details, the project had met their initial expectations in terms of the services provided and activities undertaken. All four referrer questionnaires confirmed that the project staff did what they said they would. In relation to outcomes, in six out of ten cases, referrers felt that there had been positive change, while in the other four cases, they felt that lack of progress did not reflect the work of the BFSS. On a scale of one to five, with five representing the highest value possible, three of the referrers rated BFSS as a '4' and one rated BFSS as a '5', in terms of the project's value to them in terms of their day-to-day work. Among the comments made were:

- 'I feel that Ballinasloe benefits greatly from this service'
- 'Well done to everyone at BFSS and keep up the good work'

All of the referrers said that they would refer to the service again in the future.

The linked services questionnaire contained broadly similar findings. All five respondents agreed or strongly agreed that the staff do what they say they will do in relation to their experiences of collaborating with the BFSS. While rated slightly lower in relation to the importance of BFSS to their work overall, the respondents all said that they would recommend the project to a parent, with one suggesting that the project is 'held in very high regard in the community'. The Home Management Advisor rated the project very highly in terms of its usefulness to her in her own work. She described the project as vital – a term used by respondents in a number of questionnaires and interviews.

Social workers interviewed as part of the evaluation were extremely positive about the work of the project. For them, the project is seen as a significant resource, particularly in the context of limited child care worker / family worker resources within their team. Significant for them is the knowledge that the project staff have in relation to families – this aids decision-making about the level of intervention necessary in certain cases. Additionally, social workers see project staff as having generally better relationships with service users than themselves, and are happy that as well as providing support within families, the project staff also monitor risk. For the Principal Social Worker, the BFSS is a significant support to the work of the Social Work team. He would like to see further strengthening of the links in future. School principals valued the project highly, speaking

of the excellent work that is done, and the value of specific programmes, for example, in relation to preparing for transition to post-primary and dealing with bullying. As with the response of Social Workers, key themes concerned having someone to talk to in relation to specific family situations and the capacity of the project to successfully engage with families.

## **5.6 Needs and Gaps**

Stakeholders were asked if there were existing needs not being met by the BFSS. A number of areas were identified and these are discussed below.

*Provision for Teenagers:* An important theme in data from the referrers, original steering group and schools is the need for intervention with teenagers. For the Rapid co-ordinator, while this was an issue, also significant is the co-ordination of different services for young people in the town and optimising of the total quantum of resources available, in the best interests of the young people. It is notable that project staff identify this as an important area but see their role in provision declining in the future.

*Additional Staff:* It was evident in the responses from referrers and service users that there is a strong demand for the services provided by BFSS. In response to questions about gaps, there were a number of references to the need to increase the number of staff, in recognition of the fact that staff are quite stretched. It is important to note that these points were made in data collection prior to the employment of the second Project Worker.

*Improved Premises:* Parents of children attending the crèche identified the unsuitability of the premises in relation to that aspect of the work of the programme, in particular the stairs up to the crèche facilities. While the future of the crèche is no longer the concern of the BFSS, the point about the 'un-family-friendly' nature of the premises was also made in interviews with project staff and the social workers. One significant change since the fieldwork is that the premises has been painted, brightening up what the evaluator found previously to be a dark and unwelcoming service provision setting.

## **5.7 Other Issues from Stakeholder Interviews**

Two other important issues were discussed during interviews with project stakeholders, in part reflecting thoughts and opinions of the evaluator involved in the data collection. These are considered below.

*Participation:* As highlighted earlier, the initial project advisory group ceased to meet when the project was well established. The evaluator raised this issue both in relation to the links between the project and the wider service community and in relation to planning processes within the project. While the Project Leader spoke positively about the role of the advisory group in getting the BFSS established, he felt that the group was happy to let him 'get on with the job' after this. In relation to keeping them involved in the work of the project, he referred to difficulties in organising a meeting of the group for a medium-term planning exercise. He believed that any future group would have to feel strong ownership of the project for it to be of value. While recognising that such groups are not always effective for the services for which he is responsible, the Family Support Manager took the view that the project should consider re-establishing an advisory committee on the basis of potential benefits for co-ordination and planning.

Also discussed in relation to participation was the greater involvement of service users in planning the work of the project and the participation of men. In relation to the former, the Family Support Manager proposed that there may be scope for greater participation by service-users in the project, given general developments in this direction among services and, specifically, in the National Children's Strategy. While project staff said that consultation with young people is inherent in the individual and group, they agreed that this does not really happen at the level of the overall service (although it did in the initial establishment phase of the project when the Project Leader visited schools). Project staff were amenable to looking at this area in the future. In relation to the second point, based on an input from the evaluator, staff recognised that their involvement of men was a gap in the service that they are willing to address.

*Future Developments:* By the time this evaluation was in train, a shift had already begun in the work of the BFSS towards case-work with families and a greater focus on therapeutic group work (as opposed to general support and activity-based groups). This emerged for different reasons, reflecting among other things: the increase in the staff complement; greater attention in the project to meeting the specific responsibilities of the HSEWA under the Child Care Act, 1991; making the most of the staff skill base; changes in the services landscape in the town with more providers in place; and significant increases in referrals for individual work. The shift was most obviously reflected in the withdrawal of the BFSS from the operation of the crèche and its hand-over to a voluntary committee to oversee its future development. Interviews with staff suggest that they are enthusiastic about this change but recognise that any such transition needs to be

carefully managed in order to maintain relationships with existing service-users and the wider service-provider community.

### **5.8 Summary**

In summary, the overall view of project stakeholders of the operation of the BFSS is extremely positive. It is seen to be accessible and responsive, relations with project staff are generally very good, and it is viewed as a valuable service for families, the wider community and other agencies. The service was identified as particularly valuable by a number of schools and by the local HSEWA social work team. Dissenters to this general view were few. Areas of change and improvement identified by stakeholders include increasing awareness, examining participation and planning processes, and enhancing the physical space in which the project is located.

## Chapter 6: Parenting Questionnaire Responses

### 6.1 Introduction

Because of its consistent place in the work of the project over a number of years, the parenting area was given special attention in the evaluation. Thus, in order to assess the value of the parenting courses it has operated, questionnaires were sent to eighty parents who participated on parenting courses between 1996 and 2004.<sup>4</sup> Respondents were asked to rate the parenting course on a number of areas including clarity, relevance, participation, value and outcomes. Thirty-eight questionnaires were completed and returned. This chapter provides details of the results.

### 6.2 Parents and Families

#### *Participant Profile*

Reflecting what has already been said about gender inequality in participation in the work of the BFSS, a large majority of questionnaire respondents were female (34) (n=36). The majority were parenting with a spouse when they attended the programme (33) while four were parenting alone and one was parenting with a partner. Thirty-six parents completed one course, with one parent attending two and another attending three. Figure 6.1 illustrates the year in which participants attended the course, with the modal (or largest) group of respondents doing so in 2004. The majority of respondents attended the course alone (33) while five attended with their partner / spouse. Family size varied with the modal number of children standing at two (see figure 6.2). Only three parents (and / or their children) had previously participated with other BFSS services, including summer camps, after school programmes and individual therapeutic work. Thirty had no previous contact with the service and four were unsure (n=37).

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<sup>4</sup> This number represents all those parents for whom names and addresses were recorded.

**What year did you complete the parenting course?**

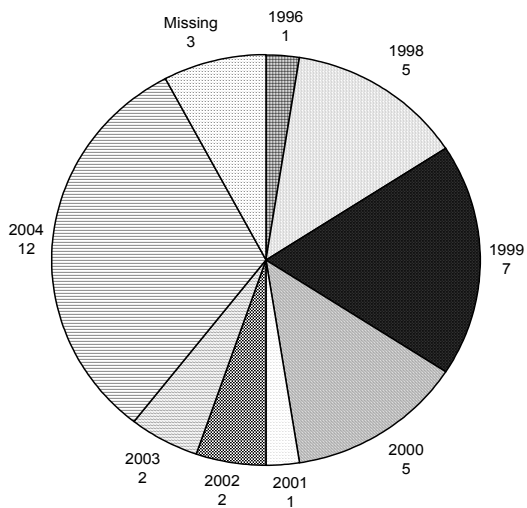


Figure 6.1

**Number of children in participants families**

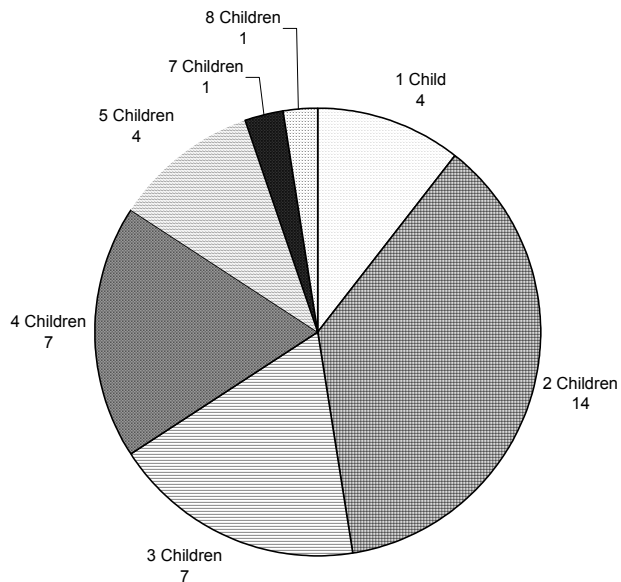


Figure 6.2

### 6.3 Course Delivery / Process

Respondents were asked to rate various aspects of the programme on a scale of one to five, with five representing the highest rating possible and one representing the lowest rating.

#### *Clarity*

Out of thirty-three respondents, the vast majority of parents rated the clarity of the presentation of material at 'five', indicating that they considered it to be very clear. Comments praising clarity of delivery by the Project Leader were frequent. His own status as a parent meant the participants related to him well and encouraged participation on their part.

*“Found the course leader very clear and understandable, easy to communicate with”*

*“Leader was very clear, very enthusiastic, very much a parent, made everyone comfortable and wanting to get involved”*

One woman said that she felt reservations when she initially discovered the course facilitator was male. As the course got underway she was impressed by him.

*“Initial reservations about course being facilitated by a “man” but he was very clear, concise ... and a good time-keeper”*

#### *Relevance of Material*

Respondents rated the relevance of the material highly. Twenty-one rated it at 'five', eight respondents rated it at 'four' and five gave it 'three' out of five rating. One respondent regretted the course had not been available to her in previous years:

*“Found the material very relevant only felt I should have done the course years ago but did not know there was such a thing”*

One parent commented on the accomplishment of learning new methods of controlling children without resorting to slapping them.



*“Found the course very helpful with ways to deal with kids without getting physical”*

### *Ease of Understanding*

In all, thirty-one respondents rate the course at either a ‘five’ (23) or a ‘four’ (8) in terms of how easy the course was to follow. The combination of the Project Leader’s style, group discussions and the video and book accompaniment were key factors.

*“Especially due to numerous examples, which are very illustrative and easy to identify with”*

One parent commented that while the course was easy to follow, the knowledge was hard to put into practice.

### *Participation*

The vast majority (37) agreed that they were given the chance to ask questions and to offer their opinions during the course, while 30 parents recall taking the opportunity to do so. The facilitator encouraged questions and discussion and allowed the parents talk about specific problems. Many appreciated how respectful he was about what they had to say.

*“Questions were answered appropriately and efficiently, often examples were given. Group participation was very good”*

*“Eamon has a great respect for the wisdom of the group”*

In general, the respondents enjoyed the discussion forum that allowed them to give their opinions and to listen to others’ experiences.

*“I felt it most helpful when participants spoke about their own experiences at home etc. It made me feel better about coping with parenting and I learned a lot from other participant’s experiences”*

Two parents commented that more time for discussion would have been beneficial.

### *Conflicting Views*

Among the respondents, there was a small minority who perceived the aspects of course delivery just discussed (clarity, relevance, ease of understanding, participation) negatively. This represented at most one to two parents in relation to each question.

## **6.4 Outcomes**

Parents' views on outcomes from the programmes and possible improvements are set out below under four headings:

- Improved Parenting
- Value of the Course
- Suggested Changes
- Summary Statements

### *Improved Parenting*

Thirty-six parents tried out the new parenting skills as they learned them, and of this number, 31 thought it helped their role as a parent and one said it did not (n=32). Thirty-one said the ideas had stayed with them when the course ended, one said they had not and three were unsure (n=35). Some mentioned learning alternative coping methods as opposed to confrontational methods and others spoke about changing their attitude towards their children's behaviour.

*"There were lots of little things that stayed with me. Not giving in so easily. Saying no means no. Eye contact and listening"*

Many respondents said they learned the importance of listening to their children and giving them responsibility and the right to make choices.

### *Value of the Course*

Respondents were asked to comment on what were the most value valuable aspects of the course. Responses included:

- Informal discussions.
- Learning that all parents share similar problems.
- Realising there is no 'right or 'wrong' way to parent.
- Learning difference between a *good* parent and a *responsible* parent.
- Learning to listen.
- Facilitation and material.

- Knowing support is there.
- Learning new skills and making changes.
- Time out for reflection.

When asked if there was anything they did not like about the course, 24 parents said that there was nothing they did not like, two said that there were aspects that they didn't like and four were unsure (n=30). Some took the opportunity to praise the course.

*“An excellent course that should be made compulsory for all parents”*

*“It was excellent, well presented, lots of interaction and colourful examples”*

Others had criticisms around feasibility of putting the information into practice and the lack of follow up service.

*“I just felt that while all the information was highly beneficial I felt that a lot of it was for the ideal world. I felt that it could have dealt more with the world we live in”*

*“There was no follow up and if we had an issue there was no one to turn to without feeling like a neglecting parent”*

Another parent thought that the course might benefit from co-facilitation by a female.

### *Suggested Changes*

Nine parents said there were changes they would make to the programme, five were unsure and 18 parents were happy with the course as it is (n=32). Suggestions included:

- Greater availability
- Dealing more with teenage years
- More discussion, hints about dealing with stressful situations
- Summarising using PowerPoint software
- Longer duration
- Advertise more
- Make compulsory for all new mothers

### Summary Statements

A summary question asked respondents to consider a list of eight statements (primarily covering course impact) and to indicate their level of agreement or disagreement with them. The statements were phrased both negatively and positively in order to ensure that they were each given proper consideration. The responses to this question indicates that:

- The course had an effect on the majority of participants.
- The majority of parents felt supported in their role as parents.
- The course leaders were easy to work with.
- Many picked up ideas and approaches that were of benefit to them in parenting their children.
- Many continue to use ideas and approaches learned from the course.
- Many are happier in their role as parent since doing the course.
- Many would recommend the course to other parents.
- Many believe their children have benefited from them doing the course.

Details of the responses to the question are provided in figures 6.3 and 6.4.

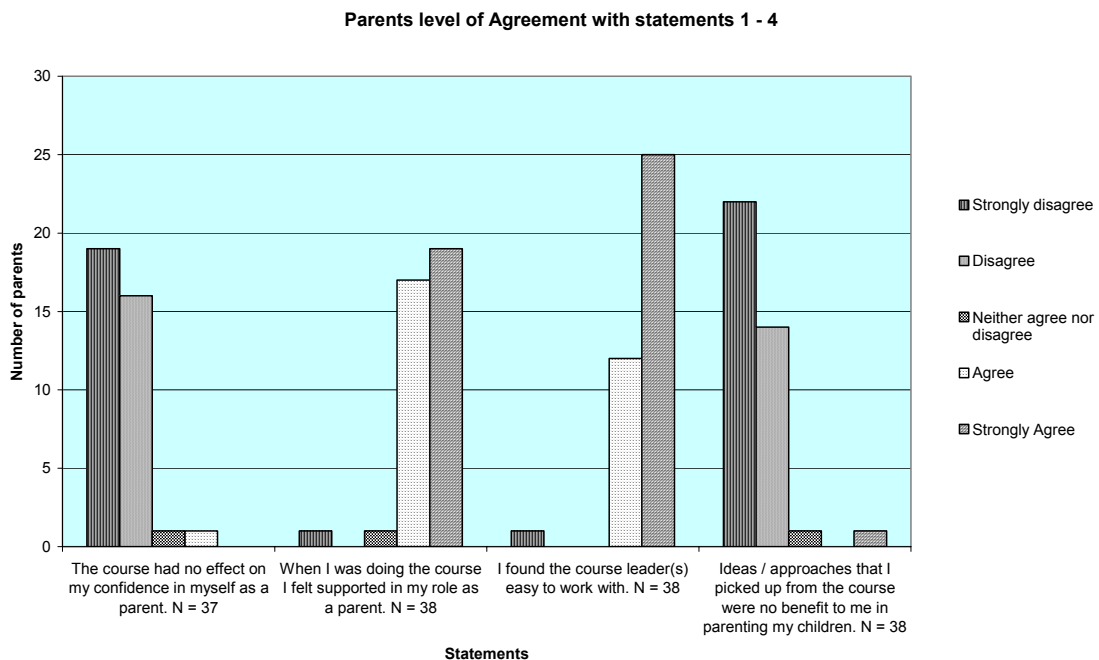


Figure 6.3

Parents level of agreement with statements 5 - 6

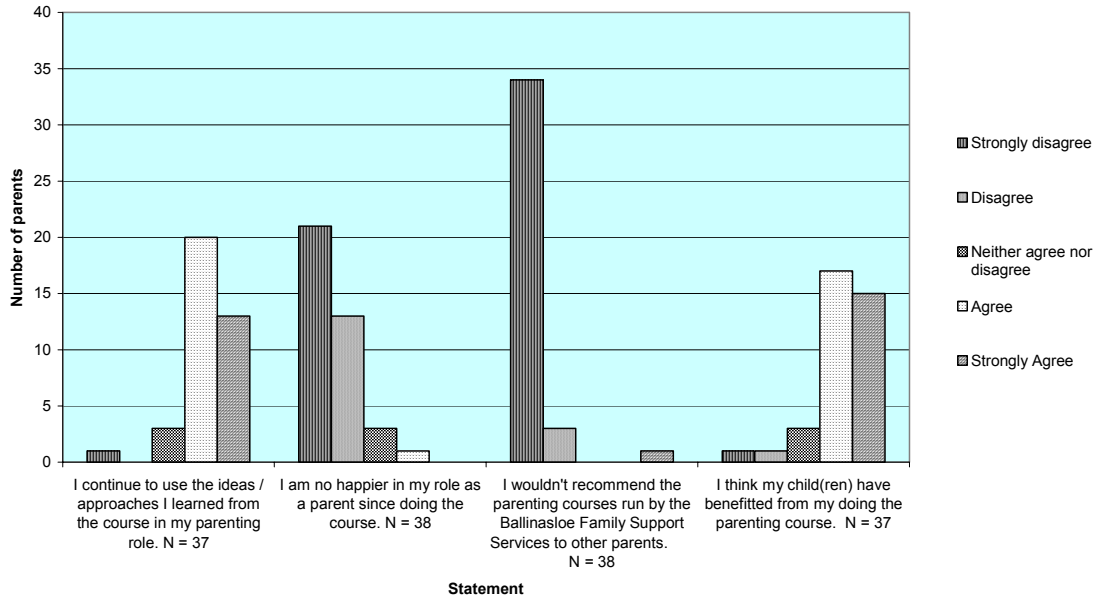


Figure 6.4

### 6.5 Summary

Thirty-eight out of eighty parenting questionnaires were returned, representing a response rate of just under 50%. The majority of participants (most of whom were female) found the course clear, relevant, easy to follow and participative in style. Most importantly, most parents believed that their participation on courses operated by BFSS resulted in enduring learning for them, with positive impacts on themselves and their children. While some minor changes were suggested, the main thrust of findings from the questionnaire is high levels of satisfaction with the work of the BFSS in this area. It is important to note that a brief group interview with parents attending one of the parenting groups completed in late 2003 replicated the findings from the survey in terms of satisfaction with the programmes and the learning that it generated for them.

## **Chapter 7: Conclusion**

The aim of this evaluation was to document in detail the work of BFSS, with a view to establishing the overall value of the service and to make recommendations regarding its future direction. This has involved documenting its development, current operation, its strategies and approaches and its links with other services and the wider community. Central to the evaluation has been establishing the views of key stakeholders about their experience of the project and its value. The evaluation work involved a range of methods including interviews, questionnaires, documentary analysis and observation.

Based on the findings in the previous chapters, a set of key conclusions are presented below under two headings:

1. Implementation and Outcomes
2. Planning for the Future

The first section focuses on the successes of the project to date while the second highlights areas of potential improvement and development. The chapter finishes with a set of recommendations for the service.

### **7.1 Implementation and Outcomes**

The first key conclusion from this evaluation is that the BFSS has been developed and implemented in line with the responsibilities of the HSEWA to provide family support services as required by the Child Care Act, 1991. In doing so, the service has met needs in the wider community (universal provision) and more specific care and welfare needs of individuals and families (targeted provision). Overall, significant numbers of children and families have accessed the services of the BFSS, both from the town and its hinterland.

What is particularly notable about the project is that its evolution has largely reflected a needs-led approach, with interventions developed primarily in response to expressed need or the local knowledge of project staff and its key collaborators. Also significant is the extent to which the project has delivered a range of services from a very low cost base. As highlighted, what has made this possible is the capacity to collaborate effectively with a range of services facing the same types of resource constraints as the BFSS. In terms of how the project has undertaken its work, the evidence in this evaluation strongly suggests a picture of an accessible, available, interested and flexible service, willing to say 'yes' rather than 'no' when asked for help and support.

The available evidence in relation to outcomes takes the form of subjective analyses of change by service users themselves, staff, or referrers. The message from this attitudinal data is that the project has the capacity to bring about changes in the lives of the people it works with, whether this is small scale or more significant in nature, change for example in relation to parent's personal development or a young person's behaviour. The strongest evidence on outcomes is in relation to the project's work on parenting, with parents taking the view that what they learned and implemented during the parenting programme endured beyond the programme's life.

## **7.2 Planning for the Future**

As with any social intervention, there is much scope for refinements, developments and reinforcement of BFSS's work in key areas. Framed in relation to the future development of the project, this section identifies and discusses the following core areas for future attention by the project:

- *Aims, Objectives and Target Group*
- *Planning and Recording*
- *Unmet Needs*
- *Key Referrers and Collaborators*
- *Organisational Structures*
- *Focusing On Outcomes*
- *Transition Processes*

### *Aims, Objectives and Target Group*

At this stage, a key question for the BFSS is what are the directions in which it intends to develop? With the expansion of the team to a complement of one full-time project leader and two full-time project workers, the range of possibilities is quite different to what existed when this evaluation commenced. Perhaps the first thing to point out is that a change in direction is already in train with an increased focus on therapeutic work, either in group formats or on an individual basis.

As highlighted in chapter five, there are solid reasons for pursuing this direction, which sees the project shifting more towards the 'referred client' type of family centre identified to earlier. Yet, one of the strengths of the project to date is the sense of it being community rooted and not just a 'faceless' HSE service. It has proven itself as an acceptable point of access for people who need the kinds of services for children and families that the HSEWA provides.

While it is impossible to predict, radically changing the direction of the service may have implications for how it is viewed in the town and in turn reduce its value as the 'acceptable face' of HSEWA services. One way of thinking about this issue is to relate it to basic planning processes encompassing the elaboration of service rationale, aims, objectives, target groups, strategies and actions. Before it moves too far in a particular direction, there are strong arguments for revisiting these basic questions as part of a general planning process.

### *Planning and Recording*

Linked to the foregoing suggestion is the scope for a number of developments in relation to the BFSS planning processes. Until recently, the nature of the project meant that planning was undertaken on an informal basis reflecting some of what staff felt 'worked' and specific requests to the project. The day-to-day involvement of the project leader in intervention activity also constrained the development of a more formal planning process.

In the future, formal planning processes should be led by the project leader, in relation to the general review as proposed above and on an ongoing basis so that a rational process is adopted in developing annual or term work-plans. Such a process would ground resource-use decisions in an objective analysis of various sources of information, for example, the types of referrals received, feedback from service users and specific requests for support. Incorporated in this should be the development of a mechanism to decide the balance of group and individual work and case-loads for individual workers. As a general guide, the recently completed review of the work of Neighbourhood Youth Projects could inform this planning work (Dolan and Kane, 2005).

More widely, an opportunity exists for the project to work towards greater participation by services users in planning, developing and monitoring services. The involvement of a small group of service-users in the initial steering group for this evaluation, although quite limited, is indicative of the potential to involve those using the services to help ensure that they remain relevant to children and families. In highlighting this issue, the evaluators are aware of the energies and time required to make service-user participation in planning meaningful and value-adding.

Also in relation to planning, it was recognised by project staff during the evaluation process that improvements could be made in relation to all aspects of information and information management in the project. While some positive development has occurred



in relation to the use of referral forms in advance of the evaluation, much more could be achieved in relation to the formalisation of recording processes for all intervention work, be that individual or group based. Similarly, physical storage and security of data requires review. Any work in this area should be related to the emerging HSEWA electronic family support information system.

### *Unmet Needs*

Apart from the original work by the project leader in developing the services, the BFSS has not engaged in any significant promotional work, for example in the form of a service brochure. This may explain mixed data in relation to the levels of awareness about the project. While a project as limited in size as the BFSS had to be cautious about creating excessive expectations about its capacity, there is scope in the current staffing situation for greater promotion of its services. In terms of specific target groups, it is certainly the case that men have not featured strongly in the life of the project to date. Doing more in this area would be in line with research and policy findings on the importance of working with men, for services to children and families generally (Daniel and Taylor, 2001; Ferguson and Hogan, 2005).

Looking more widely, it is difficult to know whether there are other individual parents and young people in the catchment area who would be willing to access services if they were aware of them. The development of a promotional strategy, for example, using a leaflet outlining its services is something for the project to consider.

### *Key Referrers and Collaborators*

Notwithstanding the importance of the BFSS being available as a source of support to a range of referrers, the report highlighted the local social work team and schools as key referrers to its services. Both sets of referrers are generally happy with the service they receive and both want more of it. From a HSEWA perspective, it is important that the BFSS continues to link effectively with the social work team – indeed there is a desire to enhance this relationship within social work management. The role of the BFSS in relation to the schools sector is also critical given the degree to which issues of concern to the service will often arise in the school. On the other hand, the project should be careful that its involvement with the schools is focused on meeting the needs of children and families in areas for which it has responsibility.

Similarly, the project has demonstrated capacity to work effectively with other agencies in optimising collective resources to meet local needs. This has meant working to a significant degree with a number of local youth and education and training providers, the Galway Youth Federation in particular. In any future scenarios where the project moves out of particular forms of provision, it will be important that the good relationships developed in the past are maintained and continually monitored. These collaborative relationships with referrer or co-working agencies groups are sites for the further development of effective inter-disciplinary and interagency family support work. Opportunities exist for accumulating and disseminating learning from this activity.

### *Organisational Structures*

As highlighted in chapter two, as the project evolved, the original steering group ceased to meet. At one level, this reflects the fact that the project was given formal support by the HSE and given strong leadership by a highly regarded project leader. In the context of the points made above in relation to planning and participation, a question emerges as to the potential value of a reconstituted project advisory group. While the evaluators are aware of mixed anecdotal evidence on the value of such committees, an additional support structure for the future development of the project bears consideration as part of any planning process. Different arrangements are possible, stretching from formal committees to more informal specially assembled groups to give advice and support to the project on specific areas.

### *Focusing On Outcomes*

One of the limitations of this evaluation is that it does not include objective information on the achievement of outcomes by the BFSS. The main reason for this is that potential time costs of putting systems in place to measure outcomes of interventions, many of which were group based, outweighed the benefits to the evaluation process that such measures would create. This was particularly the case given the broad nature of the work of the project and the absence of any existing measurement systems. The fact that it does not focus strongly on measuring outcome makes the project not much different from many existing community based services for children and families. However, for the future, a key challenge will be to develop appropriate ways of assessing needs and measuring outcomes from the project's work towards meeting these needs. There is scope for the tentative conclusions regarding outcomes evidenced earlier to become more robust in the future. The development of electronic information systems for

HSEWA Family Support services offers a ready basis of enhancing needs assessment, planning and outcomes measurement by the BFSS.

### *Transition Processes*

To state the obvious, the project's local credibility, developed over almost ten years, based on its capacity to meet needs in an appropriate, low-key way, could be undermined if the process of transition currently underway is not managed carefully. Key words in this transition process should be information, communication and consultation. Formal and informal procedures are required, both to assist any refocusing of its work that the project decides to undertake, and to support collaborating agencies in dealing with any implications for them. It is notable that while the transition process that emerges may see the project move away from more generic, preventive and supportive work with adolescents, locally, there remains a perception that this is a key need area. For the project, maintaining a 'holding' role in relation to this group may be appropriate.

### **7.3 Recommendations**

The overarching conclusion of this evaluation is that the BFSS is delivering a worthwhile service. In order to assist it in continuing the success it has achieved so far, the following recommendations are proposed:

1. The project should engage in a comprehensive planning process, focusing on its aims, objectives, target groups, strategies and actions in order to provide clear directions for its future development.
2. As part of this comprehensive planning process, specific attention should be paid to the involvement of men, and more widely, the issue of involving hard to reach parents and children who could benefit from its services.
3. Specific processes should be developed and put in place for annual and term planning.
4. The project should examine ways in which those using its services (both children and parents) can actively contribute to its planning and review processes.

5. The project should consider the ways of incorporating external advice and support (outside of existing line-management functions) into its management structures.
6. The project should develop a clear strategy for the promotion of its services.
7. The project should examine all of its recording and information management processes with a view to introducing policies and procedures to govern this part of its work.
8. The project should develop an overall strategy and specific systems for ensuring an outcome-focus in its work. This should be informed by learning from the electronic information system currently being piloted in HSEWA Family Support services.
9. The project should put in place a plan encompassing formal and informal processes required to manage any transitions out of certain areas of provision and into new ones, which the project may undertake. Critical to this will be methods to maintain relationships with existing service user, referrer and linked services groups.

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Appendix 1 – Location of Ballinasloe Family Support Service indicated by X





## **Appendix 2: Questionnaires** **Evaluating Ballinasloe Family Support Service**

### **Ballinasloe Family Support Service Evaluation** **Questions for Women's Group Interview – 22/01/04**

1. Tell me a little about the group
  - Who is it for?
  - What kinds of things are you involved in?
  
2. My understanding is that the BFSS was important in getting the Women's Group started up in the first place.
  - Is that true / accurate?
  - Can anyone recall what exactly happened?
  
3. What is the connection now between the BFSS and the women's group now?
  - Just use the space provided or is it more?
  - If more, what are the connections?
  - Why have a connection / What are the benefits for your group?
  
4. One way of seeing the relationship between this group and the BFSS is that this group can be somewhere that BFSS can refer a parent to for support / outlet.
  - Do people here see the relationship in that way?
  - Are people happy with that sort of a relationship?
  
5. Are people here familiar with the work of the BFSS? / Familiar with the staff? The reason I ask is that I am interested in finding out what a variety of people think about it.
  - a) What do you think of it?
  - b) What kinds of things does it do well?
  - c) Are there any aspects of the work of the BFSS that aren't so good?
  - d) How is the BFSS viewed in the town?
  - e) Are there people who should be using it but aren't?
  - f) Are there things that it should be doing but isn't?

**Soccer Group**  
**Focus Group Questions**

1. How did people come to be involved?
  - who can join?
2. How does the club work – what happens?
  - Where is it run?
  - Do you have to pay?
  - Just games – one game or a few?
  - Any skills work?
  - Have you got rules?
3. What's the connection between the club and the World Cup?
  - Have people here been involved in the World Cup?
  - Tell me about it?
4. How do you get on with Eamonn?
5. Anything that people don't like about the soccer club / Anything that could be improved?
6. What else is there for young people to do in Ballinasloe?
7. Are people here in any other clubs / involved in any other organised activities?
  - How does this compare?
8. Do people know what other things happen here – anybody involved in afterschool group or anything like that?
  - Do you know if the family support service is known in the town?

## Young Women's Group

1. How did people come to be involved?
  - Contact from Sinead / others
  - People open / enthusiastic or not
2. What were people told about what would be involved
  - Is it as people expected it to be?
3. How does the group work / what happens when you arrive here
  - Is there a plan?
  - Who decides?
  - What would be the main activities?
4. How have people found the group so far?
  - Likes
  - Dislikes
5. Do people see the group as a help?
  - how / in what ways?
  - meeting others?
  - advising people involved?
  - material covered?
6. Did people know each other before coming here?
7. Who runs the groups?
  - SOS / HM
  - How do you find the people involved?
8. How long will the group run?
  - See yourselves staying involved over that time?
  - Would you like to continue beyond this?
9. Are any of you involved in any similar groups?
  - What do you think of the venue here?

## Ballinasloe Family Support Service Evaluation Referrer Questionnaire

1. Please indicate your level of familiarity with the overall work of the Ballinasloe Family Support Service by ticking the relevant box below?

**Not Familiar**

**Familiar**

**Very Familiar**

2. What do you understand the role of the Ballinasloe Family Support Service to be?

3. Please indicate what you expected the Ballinasloe Family Support Service to achieve in relation to the case(s) that **you referred in 2003?**

Case 1 \_\_\_\_\_

\_\_\_\_\_

Case 2 \_\_\_\_\_

\_\_\_\_\_

Case 3 \_\_\_\_\_

\_\_\_\_\_

4. Please indicate to what extent the Ballinasloe Family Support Service reached your expectations in relation to the case(s) that **you referred in 2003?**

Case 1 \_\_\_\_\_

\_\_\_\_\_

Case 2 \_\_\_\_\_

\_\_\_\_\_

Case 3 \_\_\_\_\_

\_\_\_\_\_

5. Please indicate the extent of change you perceive in the case(s) that you referred to the Ballinasloe Family Support Service **in 2003?**

	<b>Dis- improvement</b>	<b>No Change</b>	<b>Positive Change</b>	<b>Don't Know</b>
Case 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please Comment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please indicate your level of agreement / disagreement with the following six statements about your dealings with the staff of the Ballinasloe Family Support Service.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Disagree nor Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<i>1. I found it easy to make contact with staff</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>2. I found staff to be courteous</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>3. Staff responded to me in a timely fashion</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>4. Staff kept me informed of progress</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>5. Staff did what they said they would do</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>6. I found it easy to work with the staff</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please Comment:** \_\_\_\_\_  
 \_\_\_\_\_

7. Have there been any part of your dealings with the Ballinasloe Family Support Service with which you were unhappy?  
Yes  No

**Please Comment:** \_\_\_\_\_  
 \_\_\_\_\_

8. As it currently operates, are there areas of the service that you think could be improved?  
Yes  No

**Please Comment:** \_\_\_\_\_  
 \_\_\_\_\_

9. Based on your knowledge of Ballinasloe and its environs, are there any current service gaps in which you think Ballinasloe Family Support Service should play a role?  
Yes  No

**Please Comment:** \_\_\_\_\_  
 \_\_\_\_\_

10. Based on your knowledge of Ballinasloe and its environs, are there any services which Ballinasloe Family Support Service currently provides that could be provided by other agencies?  
Yes  No

**Please Comment:** \_\_\_\_\_  
 \_\_\_\_\_

11. Based on your experience of referring families / children to the service, please rate the overall value of the Ballinasloe Family Support Service as a resource that you can depend on in your day-to-day work. A score of 1 = No Value, a score of 5 = Very Valuable.

1                      2                      3                      4                      5

12. Will you refer to the Ballinasloe Family Support Service again?

Yes  No

**Please Comment:** \_\_\_\_\_  
\_\_\_\_\_

13. Would you recommend the Ballinasloe Family Support Service to a colleague?

Yes  No

**Please Comment:** \_\_\_\_\_  
\_\_\_\_\_

14. Please use the space provided for any additional comments

\_\_\_\_\_  
\_\_\_\_\_

**Ballinasloe Family Support Service Evaluation**  
**Linked Services Questionnaire**

1. Please indicate the area(s) of your involvement with the Ballinasloe Family Support Service by ticking the relevant option(s).

**The project I work for:**

**(a) refers young people / parents to the Ballinasloe Family Support Service**

**(b) takes referrals from the Ballinasloe Family Support Service**

**(c) works with Ballinasloe Family Support Service with as part of committee(s)**

**(d) works jointly with Ballinasloe Family Support Service staff in delivering programmes for children / young people**

**(e) links with Ballinasloe Family Support Service in other ways**   
**Please Specify**

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2. Please indicate your level of familiarity with the overall work of the Ballinasloe Family Support Service by ticking the relevant box below?

**Not Familiar**

**Familiar**

**Very Familiar**

Please  
Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you understand the role of the Ballinasloe Family Support Service to be?

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4. Please rate the extent of awareness of the work of the Ballinasloe Family Support Service among the general population of Ballinasloe and its environs by circling the relevant option. A score of **1 = Not Known** and a score of **5 = Very Well Known**:

**1                      2                      3                      4                      5                      Don't Know**

Please  
Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you haven't collaborated with the Ballinasloe Family Support Service in undertaking direct work with children and young people please go to question 7, otherwise please complete questions 5 and 6 before going on to question 7.

5. Based on your experience of collaborating with the Ballinasloe Family Support Service in undertaking direct work with children and young people, please rate the quality of project staff under the following three headings:

	<b>Very Poor</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Very Good</b>	<b>Don't Know</b>
<b>i. Planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ii. Direct Work with Children / Young People</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>iii. Working Collaboratively</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>iv. Evaluation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please  
Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Overall, how have you found the experience of collaborating with the Ballinasloe Family Support Service in undertaking direct work with children and young people?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have there been any part of your dealings with the Ballinasloe Family Support Service with which you were unhappy?

Yes  No

Please  
Comment: \_\_\_\_\_  
\_\_\_\_\_

8. As it currently operates, are there areas of the service that you think might be improved?

Yes  No

Please  
Comment: \_\_\_\_\_  
\_\_\_\_\_

9. Based on your knowledge of Ballinasloe and its environs, are there any current service gaps in which you think Ballinasloe Family Support Service could play a role?

Yes  No

Please  
Comment: \_\_\_\_\_  
\_\_\_\_\_



10. Based on your knowledge of Ballinasloe and its environs, are there any services which Ballinasloe Family Support Service currently provides that could be provided by other agencies?

Yes  No

**Please**

**Comment:** \_\_\_\_\_  
 \_\_\_\_\_

11. Based on your experience of working with the project, please rate the overall value of the Ballinasloe Family Support Service as a resource in your day-to-day work. A score of **1 = No Value**, a score of **5 = Very Valuable**.

**1                      2                      3                      4                      5**

Please

**Comment:** \_\_\_\_\_  
 \_\_\_\_\_

12. Would you recommend the Ballinasloe Family Support Service to a parent?

Yes  No

**Please**

**Comment:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Would you recommend the Ballinasloe Family Support Service to a young person?

Yes  No

**Please**

**Comment:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Please indicate your level of agreement / disagreement with the following four statements about your dealings with the staff of the Ballinasloe Family Support Service.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Disagree nor Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<i>i. I find it easy to make contact with staff</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ii. Staff respond to me in a timely fashion</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>iii. Staff do what they said they would do</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>iv. I find it easy to work with the staff</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Please use the space provided for any additional comments

\_\_\_\_\_  
 \_\_\_\_\_

**Ballinasloe Family Support Service Evaluation  
Questionnaire for Parents who participated in Ballinasloe Family Support Service  
Parenting Courses**

**Background Information**

1. Please indicate your sex by circling the relevant option below:

Male	Female
------	--------

2. Please indicate your current parenting situation by circling one of the options below

Parenting alone	Parenting with Spouse	Parenting with Partner
-----------------	-----------------------	------------------------

3. What year did you do the course?

*Please Write Year* \_\_\_\_\_

4. Did you do the course:

On my own	With my spouse / partner
-----------	--------------------------

**Please circle one option**

5. Please give details of current age and gender of each of your children in the table below

Age															
Gender (M or F)															

6. Have you or your children participated in any other services operated by the Ballinasloe Family Support Services?

Yes    No    Unsure

If yes, please list services:

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**Course Delivery / Process**

7. Please rate **how clear** was the presentation by the course leader on a scale from 1 to 5 (where 1 equals very unclear and 5 equals very clear).

1                      2                      3                      4                      5

Please comment:

---

---

8. Please rate the **relevance** of the materials covered during the course on a scale from 1 to 5 (where 1 equals completely irrelevant and 5 equals highly relevant).

1                      2                      3                      4                      5

Please comment:

---

---

9. Please rate the extent to which the material covered on the course was **easy or hard to follow** on a scale from 1 to 5 (where 1 equals very hard to follow and 5 equals very easy to follow).

1                      2                      3                      4                      5

Please comment:

---

---

10. Did you get to try out ideas / approaches that you were learning from the course, during the time that the course was running?

Yes    No    Unsure

10.a. If yes, did they help you in your parenting role at that time?

Yes    No    Unsure

Please comment:

---

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11. Did participants get a chance to ask questions during the course?

Yes    No    Unsure

11.a. If yes, did you ask questions?

Yes    No    Unsure

Please comment:

---

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12. Did participants get a chance to offer their own opinions?

Yes    No    Unsure

12.a. If yes, did you give your own opinions?

Yes    No    Unsure

Please comment:

---

---

**Course Impact**

13. Have any key ideas / approaches from the course stayed with you?

Yes    No    Unsure

13.a. If yes, please list it / them below:

---

---

14. What was the most valuable part of the course?

Please comment:

---

---

15. What was the least valuable part of the course?

Please comment:

---

---

16. Was there anything that you did not like about the course?

Yes    No    Unsure

Please comment:

---

---

17. Are there any specific changes you would suggest to the course?

Yes    No    Unsure

Please comment:

---

---

18. There are eight statements listed below on the left hand side. Please indicate your level of agreement / disagreement with the statements by ticking the relevant box. Please read each statement carefully before answering the question.

Statements	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The course had <b>no effect</b> on my confidence in myself as a parent					
2. When I was doing the course I felt supported in my role as a parent					
3. I found the course leader(s) to be easy to work with					
4. Ideas / approaches that I picked up from the course were of <b>no benefit</b> to me in parenting my child(ren)					
5. I continue to use the ideas / approaches I learned from the course in my parenting role					
6. I am <b>no happier</b> in my role as a parent since doing the course					
7. I <b>wouldn't recommend</b> the parenting courses run by the Ballinasloe Family Support Service to other parents					
8. I think my child(ren) have benefited from my doing the parenting course					

Please use the remaining space for any other comments you would like to make

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## **Appendix 3 – Photographs of Ballinasloe Family Support Service Premises**

Photo 1 – Building Containing Ballinasloe Family Support Service Premises



Photo 2 – Main Entrance and Stairs



Photo 3 – Upstairs Hallway



Photo 4 - Office





Photo – 5 Main Project Space (including kitchen)

