



Provided by the author(s) and University of Galway in accordance with publisher policies. Please cite the published version when available.

Title	Farranree and Knocknaheeny Springboard Project Cork: evaluation report
Author(s)	O'Sullivan, Patsy
Publication Date	2007
Publication Information	O'Sullivan, P. (2007). Farranree and Knocknaheeny Springboard Project Cork: evaluation report. Galway: Child and Family Research Centre, NUI Galway.
Publisher	Child and Family Research Centre, NUI Galway
Item record	http://hdl.handle.net/10379/255

Downloaded 2024-05-16T07:32:48Z

Some rights reserved. For more information, please see the item record link above.



Farranree and Knocknaheeny Springboard Project Cork

Evaluation Report

July 2007

Patsy O'Sullivan

Child and Family Research Centre



Thanks and acknowledgements

The researcher would like to thank the Project Leader and Project Staff for their unstinting assistance in the work of this evaluation. They were open in their views on the project and on challenges and areas for improvement. They encouraged service users to speak to the researcher and facilitated the process. Thanks are also due to the parents and children who took part in the research in a spirit of goodwill and at some inconvenience to themselves. Representatives from agencies and voluntary groups are also thanked for their willing participation in the research and for their thoughtful comments on improving project effectiveness. John Canavan has provided considerable support to this study in terms of guidance, discussions around theoretical aspects and substantial editorial inputs and this is very much appreciated.

Table of Contents

Thanks and acknowledgements	2
Table of Contents	3
List of Figures	5
 Chapter One: Introduction	
1.1 Introduction	6
1.2 Policy in relation to Family Support	6
1.3 The Springboard Family Support Project for Children at Risk	7
1.4 Farranree and Knocknaheeny Springboard Project	8
1.5 Evaluation methodology	8
1.6 Sample selection	10
1.7 Ethics	11
1.8 Methodological limitations	11
1.9 Report structure	12
 Chapter Two: Springboard Model in Context	
2.1 Introduction	13
2.2 Model description	13
2.3 Farranree and Knocknaheeny Springboard objectives	16
 Chapter Three: Springboard – Context and Programme of Work	
3.1 Introduction	19
3.2 Springboard in context	19
3.3 Establishment of Farranree and Knocknaheeny Springboard	20
3.4 Profile of service user families	21
3.5 Springboard – programme of work	23
3.6 Staff activity breakdown	27
3.7 Staff views on Weissberg model	28
3.8 Staff views on challenges and improvements	29
3.9 Project administration and monitoring processes	30
3.10 Chapter summary	31
 Chapter Four: Characteristics of Parents and Children in Study Sample	
4.1 Introduction	33
4.2 Methodology	33
4.3 Profile of families	33
4.4 Results of research measures with parents	33
4.4.1 Measure 1: General Health Questionnaire	34
4.4.2 Measure 2: Social Network Questionnaire	34
4.4.3 Measure 3: Social Provision Scale	36
4.5 Summary of findings with parents	37
4.6 Results of research measures with children	37
4.6.1 Measure 1: The Strengths and Difficulties Questionnaire	38
4.6.2 Measure 2: Social Network Questionnaire	39
4.6.3 Measure 3: Social Provision Scale	41
4.7 Chapter summary	44

Chapter Five: Views of Service Users	
5.1 Introduction	45
5.2 Methodology	45
5.3 Profile of respondent sample	46
5.4 Views of service users	46
5.4.1 Location of project	47
5.4.2 Service quality	47
5.4.3 Aspects that service users most enjoy	48
5.4.4 Aspects that service users enjoy least	49
5.4.5 Impact of the service on individuals and on their families	50
5.4.6 Suggestions to improve the service	51
5.5 Chapter summary	51
 Chapter Six: Views of Professionals	
6.1 Introduction	53
6.2 Methodology	53
6.3 Views of professionals	54
6.3.1 Professionals' involvement and familiarity with Springboard	54
6.3.2 Service quality	54
6.3.3 Weissberg Model and its' impact on service delivery	56
6.3.4 Key strengths of Springboard	56
6.3.5 Service gaps, limitations and possible areas of improvement	57
6.3.6 Overall value of Springboard	57
6.4 Chapter summary	58
 Chapter Seven: Discussion	
7.1 Introduction	59
7.2 Project objectives and outcomes	59
7.3 Key factors in the success of Springboard in Farranree	61
7.4 Impact of Weissberg model on service delivery	63
7.5 Integrating the research measures into project evaluation processes	63
 Chapter Eight: Review of Evaluation Objectives and Recommendations	
8.1 Introduction	64
8.2 Review of evaluation objectives	64
8.3 Summary of recommendations	65
8.4 Conclusion	66
 Bibliography	67
 Appendices	
Appendix A: Coded activity form	69
Appendix B: Farranree and Knocknaheeny Springboard Project Survey Self Completion Questionnaire – Service Users	70
Appendix C: Farranree and Knocknaheeny Springboard Project Evaluation Professionals and Agencies Self-Completion Questionnaire	72
Appendix D: Farranree and Knocknaheeny Springboard Project Survey Professionals and voluntary groups Personal interview – Theme guide	78
Appendix E: Farranree and Knocknaheeny Springboard Project Survey Personal Interview guide – Service Users	80

List of Figures

	<i>Page</i>
<i>Fig 3.1: Sources of Referrals</i>	<i>22</i>
<i>Fig 3.2: Composition of referred family</i>	<i>22</i>
<i>Fig 3.3: Principal issue that family is dealing with</i>	<i>23</i>
<i>Fig 3.4: Hardiker Levels of need of client group</i>	<i>25</i>
<i>Fig 3.5: Type of intervention families receiving</i>	<i>26</i>
<i>Fig 3.6: Staff Activity</i>	<i>28</i>
<i>Fig 4.1: GHQ Scores</i>	<i>34</i>
<i>Fig 4.2: Quality of relationship with partner</i>	<i>35</i>
<i>Fig 4.3: Age range and gender of young people</i>	<i>37</i>
<i>Fig 4.4: Strengths and Difficulties of young people</i>	<i>38</i>
<i>Fig 4.5: Quality of Mothers', Fathers' and Carers' relationships</i>	<i>40</i>
<i>Fig 4.6: Quality of young people's friends networks</i>	<i>40</i>
<i>Fig 4.7: Young People – Concrete Support</i>	<i>42</i>
<i>Fig 4.8: Young People Emotional Support</i>	<i>42</i>
<i>Fig 4.9: Young People Esteem Support</i>	<i>43</i>
<i>Fig 4.10: Young People Advice Support</i>	<i>43</i>
<i>Fig 5.1: Age Range of Service Users</i>	<i>46</i>
<i>Fig 5.2: Time service user has been with the project</i>	<i>46</i>
<i>Fig 5.3: Quality of service</i>	<i>48</i>
<i>Fig 5.4: Aspects service users least enjoy</i>	<i>50</i>
<i>Fig 6.1: Professionals' organisations</i>	<i>53</i>
<i>Fig 6.2: Quality of Staff Work</i>	<i>55</i>

Chapter One

Introduction

1.1 Introduction

Despite increasing prosperity in Ireland there still remain a significant number of families who experience disadvantage and many of these families are clustered within deprived communities where their disadvantage is compounded by infrastructural and social support deficits. In these deprived communities there are an increased number of young people who evidence severe signs of distress. They may have experienced family break up, witnessed substance misuse or extreme psychological problems and this can in some instances lead to them engaging in anti-social behaviour or other risk behaviours. Some of these children may have had dealings with the legal system or spent time in care facilities. Although these behaviours have an evident impact on the individual, the family and often on the immediate community, it can be very difficult to reach the young people in order to help them. Despite many initiatives with young people there have been mixed outcomes, as levels of early school leaving and other evidence of risk behaviours have not decreased significantly. (NESC. 2001)

Finding new ways of reaching and interacting with these young people is a challenge. It calls for an ability to understand and to perceive through the eyes of the young person, on their own 'turf' and in a way that respects them whilst also gaining their respect and trust. It requires developing new ways of interacting effectively with people from the target group within their own community. This is the challenge that the Farranree and Knocknaheeny Springboard project have set themselves since they established in 2003 and this study is an evaluation of the development, progress and outcomes to date.

This chapter provides a brief overview of policy in relation to family support and then outlines the national Springboard programme aims. This is followed by details of the evaluation objectives and of the evaluation methodology that was used to gather the data used in the study.

1.2 Policy in relation to Family Support

Social support for families with children at risk of coming into care has become integrated into government child care and welfare policy. This policy emphasis is directly underpinned by the Child Care Act, 1991, which charges the Health Services Executive with delivering family support services to vulnerable children and their families. It involves a more preventive approach to child welfare and concentrating on supporting children and families within their own communities wherever possible.

Many children at risk of entering state care live in disadvantaged communities. A feature of such disadvantaged areas is that they contain a

unique mix of service delivery that has arisen in response to local and historical conditions. These services include local community and voluntary organisations, who emerged often before there was a State response, and government agencies. Integrating these services; endeavouring not to overlap, whilst also trying to fill the gaps in service provision, is a recurring challenge. A recent policy initiative, the RAPID¹ programme was initiated by the government in 2001 specifically in order to promote partnership at local level in disadvantaged areas. However, it still remains a challenge for each agency that they collaborate with colleagues and other services effectively so that the service user does not become overwhelmed by the number of agencies that they have to deal with when they are in crisis and are particularly vulnerable.

1.3 The Springboard Family Support Project for Children at Risk

As part of the response to the need for community based family support, the Department of Health and Children established the Springboard Family Support Project for Children at Risk in 1998. At the outset, 15 projects were established countrywide in disadvantaged areas on a pilot basis. Springboard aims as outlined by the Department of Health and Children (2001) are the following:

- To identify the needs of parents and children in the proposed areas. Specific attention given to those families where child protection concerns exist to families with ongoing health and welfare problems and/or families in once-off crisis situations
- To target the most disadvantaged and vulnerable families in the areas specifically focusing on improving parenting skills and child parent relationships
- To work in partnership with other agencies, key groups and individuals in the community and with families to develop programmes of family support services
- To provide a structured service through a structured package of care, intervention, support and counselling to the targeted families and children and to families in the wider community.
- The Springboard initiative will work with children mainly in the age group 7-12 who are at risk of going into care or getting into trouble and their families
- The establishment of formal collaborative structures involving relevant public agencies, the voluntary sector, the local community and the identification or establishment of a local centre within each community which will act as a focal point for the delivery of services for young people. (Dept of Health and Children 1999)

McKeown (2001) produced an evaluation of the pilot Springboard project and established that participating parents and children experienced improvements in well being which they attributed to the support they received from Springboard. He also made recommendations in relation to aspects of the delivery of interventions to this target group.

¹ RAPID – Revitalising Areas by Planning and Integrated Development.

1.4 Farranree and Knocknaheeny Springboard Project

Following the success of the pilot programme, Springboard was rolled out to other disadvantaged areas in the country. One such is the project established by the Health Services Executive Southern Region (HSE South) in two disadvantaged areas in north Cork – Farranree and Knocknaheeny. These areas are geographically near to each other and although they differ in significant respects they are similar in that they have higher than average social welfare dependency and a higher number of children living in poverty. There are significant numbers of children at risk of coming into care (compared to the larger population) or where there are welfare concerns. In a study by O'Toole (2001) for the HSE South they were identified as 'places of social, economic and infrastructural disadvantage'. Critically, the study established that there was no agency delivering intensive and focused family support to disadvantaged families in these areas and that there was a need to provide a planned rehabilitation process to them.

Following on from this, the HSE South established the Farranree and Knocknaheeny Springboard project and the project manager was appointed in September 2003. Premises were obtained in Cushing Road, Farranree and the first year was spent in recruiting professional staff, networking and developing relationships with the local residents. In addition, the project set about establishing networks with other agencies in the area, establishing a foundation for the family support work of the project and delivering support to families and children at risk. In order to assess the progress of the work of the project to date and to establish baseline measures for further monitoring and evaluation, the project engaged the NUI Galway Child and Family Research and Policy Unit, now the Child and Family Research Centre, which commissioned the researcher to carry out an evaluation in Autumn 2005.

1.5 Evaluation methodology

The evaluation research plan was agreed after extensive meetings with the Springboard project manager and staff team. There were regular meetings throughout the research planning and fieldwork periods to provide support to the staff team, to the researcher, to provide training where this was needed and to deal with any methodological issues. Data collection methodologies included a literature review, a review of project files and documentation, surveys and personal interviews and the use of standardised psychological tests.

This study took place over an extended period, as the initial phase involved work around clarifying the project objectives and establishing the project model of work. In a sense, the evaluation has been formative in its process because as some project level issues have arisen, they have been discussed and solutions have emerged. The specific methodologies used in the study are detailed under the following three evaluation objectives:

(i) To clarify the project objectives in line with the project model which are guiding the work of the specific project.

- A literature review was carried out to establish the policy context and background to the project
- The project objectives were clarified, and refined in a consultation process with the project manager. This was an extensive process as the initial objectives were not a clear fit with the project model. A lengthy period of time was spent in consultation and reflection around achieving a coherent set of objectives that could be used to measure outcomes and for ongoing monitoring. The objectives were redrafted in line with the model and detail the project activities that are associated with each objective.
- The theory underpinning the project model of preventive intervention (Weissberg) was elaborated and the model was discussed with the project team and with professionals who have collaborated with the project. The results of these discussions along with findings from the service user survey were used to assess perceptions of its impact on service delivery.

(ii) To document baseline measures at the early stage of project life that will assist in the future longitudinal evaluation of project outcomes.

○ *Selection of appropriate assessment tools*

In order to assess the impact of the service on the service users, it was important to create baseline measures. The main impact indicators chosen were the well being of the parents and children and the network of relationships and the quality and level of support from these relationships. This emphasis reflects the project goal of strengthening the child and family by increasing the network of support and relationships they engage with.

Research measures (which were all reliable, validated and had been tested in many settings with similar types of samples) were implemented with selected parents and children. From the current database of 65 families, 22 families were selected. The fieldwork period was from mid September to December 2006. The research measures used with the parents were:

- General Health Questionnaire (12 item shortened version).
- Social Network Questionnaire.
- Social Provision Scale

The research measures administered to the children were: -

- Strengths and Difficulties Questionnaire.
- Social Network Questionnaire (Child and Adolescent version).
- Social Provision and Well-being Scale – Child and Adolescent version.

In order to administer the measures the project team was trained in their use. This involved a training day with a trainer from HSE West and the staff team in the use of the assessment tools with follow up training and review sessions. This was the first time that staff had an opportunity to use these measures and there was considerable learning curve in their utilisation. Although each staff member had extra work involved in administering the measures they found their use helpful in their own assessment and review process, with the families and plan to implement them in future work. The team now have a valuable set of research measures to add to existing assessment processes.

- *Project database and staff questionnaire used to build profile of parents and children.* The project database was used to gather information on the service users to inform the service user profile section of the report. Staff completed questionnaires to build on the profile data on each of the 22 families who took part in the assessment tests.
- *The design of an appropriate data collection/monitoring system.* This is to assist ongoing project monitoring and longitudinal project evaluation. This was carried out in conjunction with project staff to ensure that it facilitates and compliments their work.

(iii) To examine the achievement of project objectives and project outcomes to date including the perceptions of the project service users, members of the two communities, agency colleagues and other relevant professional groups.

- Data collection for this work involved extraction of data from project database / files / forms / project reports.
- All project staff were personally interviewed. In addition, the clinical psychologist who provides support to the staff team was interviewed.
- A survey was carried out with 62 service users (age range six years to 49 years) using a short self-completion questionnaire. This was handed out in a group situation and a staff member assisted where there were literacy issues.
- Personal interviews were carried out with 10 parents and 10 children to obtain more in depth views of the service.
- 18 representatives from agencies, community groups and voluntary groups working with families and children in the two areas completed self-completion questionnaires.
- 10 representatives from agencies, community groups and voluntary groups working with families and children in the two areas took part in in-depth personal interviews.

The SPSS statistical analytical package was utilised to analyse the project's service user database and the questionnaires.

1.6 Sample selection

Initially a random sample of families was selected for administration of the assessment tools by project staff. The ideal was that one parent and the reference child would be selected from each family. In practice, it did not

prove possible to operate a random selection sampling process because some families were at a very vulnerable stage (such as going through the courts process or experiencing health problems) or at the early stage of assessment. Either staff felt this would not be a good time for them or selected participants refused.

Each team member was given a list of their selected families and where refusal or non-availability occurred, they were requested to select from the replacement list. Finally when numbers were still falling short, it was agreed that each staff member would try for a mix of families who had been with the project longer term and from newer families who had been with the project for at least three months. Staff were also asked to try for at least two fathers (out of the 22 parents/carers) to take part and this was achieved.

It is a feature of the work that the families are more vulnerable than the general population and may be already completing a wide number of questionnaires, forms and interviews with professionals. It is integral to the work of the project team that they attempt to reduce the numbers of professional and voluntary encounters that the families undergo and to create a positive experience of the 'caring' intervention. The researcher appreciates the team's efforts in achieving the required number of responses for the assessments and for supervising the self-completion surveys with the service users. The trust that service users hold for the project also helped gain their co-operation in the personal interviews with the researcher.

1.7 Ethics

The research was guided by key ethical requirements of doing no harm and gaining informed, voluntary consent for participation in the research. All those who took part in individual interviews and research measures were asked for and gave their consent. Each selected family and young person was approached by their project worker and asked to participate in the study, having previously received a letter explaining the research aims. If agreeable, both the parent and child completed consent forms and the parent/carer also completed a consent form for their child. Critically, all children and parents were informed of their right to discontinue their involvement in the data collection process at any time.

1.8 Methodological limitations

While this evaluation has been wide ranging, resources and time constraints limited the work on outcomes to generating baseline studies using the research measures. The study has looked at a 'snap shot' of the progress of the project to date and it has been possible to assess some of the impacts of the project, based on the views of service users, staff and professional and voluntary agency personnel. These impacts are described in section seven of the report.

For this study, there was a mixed sample of respondents with regard to length of intervention, in that some service users had been receiving intervention for more than 18 months and others were in the early stages of intervention. In order to effectively assess the longitudinal impact of the service on the service

users, it would be necessary to carry out pre-intervention assessments and then carry out a follow up evaluation post intervention. Project staff have stated that they would like to carry this out at a later date and now have a powerful set of tools to use in their own assessments of progress and for the further long term evaluation and monitoring process.

1.9 Report structure

Following this introduction, the report is structured around seven chapters:

Chapter 2: Springboard Model and Project Objectives: This chapter gives the theoretical underpinnings of the model of preventive intervention used by the project. It contains the project objectives that have been clarified in line with the model as part of the evaluation process.

Chapter 3: Springboard in context and programme of work: This deals with the needs analysis, project establishment, project facilities and staffing. It profiles the service user cohort and the project programme of work with the staff input on aspects of service delivery. The chapter concludes with an analysis of the existing project administration and monitoring process and makes recommendations in relation to these.

Chapter 4: Characteristics and profile of sample of service users: This looks at the sample of 22 children and 20 parents who participated in the research measures.

Chapter 5: Views of service users: Sixty two service users completed questionnaires and this was supplemented by twenty personal interviews. The findings informed this chapter to give a wide ranging view of their opinions on the service and on ways that the service can be improved.

Chapter 6: Views of professionals: An extensive sample of representatives from local agencies and voluntary groups contributed to this chapter. They discussed their experiences of collaborating with project staff and make considered recommendations in relation to the future development of the project.

Chapter 7: Discussion: The project objectives are assessed in the light of project outcomes and the findings from the research. The successful features of the project in Farranree are identified and suggestions made in relation to applying these factors to the development of the service in Knocknaheeny. The impact of the project model on service delivery is explored and the chapter closes with a section on the project evaluation processes.

Chapter 8: Review of evaluations:

This final chapter revisits the objectives that guided the study and these are briefly assessed in relation to the evaluation outputs. The recommendations arising from the findings of the study are summarised and the chapter closes with a brief conclusion.

Chapter Two

Springboard Model in Context

2.1 Introduction

This chapter places the work of the project in its theoretical context. It examines some of the theories underpinning the work of the project, most particularly Weissberg's (2003) model that influences the project's style of service delivery. In doing so, the research is responding to the project team's desire to establish the validity of this model and its impact on practice. The chapter is in two parts, the first outlining key dimensions of the model of work, the second setting out the project objectives, as they relate to the model.

Before going onto the chapter proper, it is necessary to place the model in the context of its development. From the outset, the project has been committed to working within the theoretical model outlined below. The reason for adopting this position was in order to anchor the project in a preventative orientation and to support staff in the challenge of working across two different communities. More widely, working to this model has been seen by the project as an opportunity to put 'theory into practice'. In this respect, the project's approach is somewhat different from others operating within the Springboard programme.

2.2 Model description

It is important to examine briefly what the term 'family support' means. In an effort to present a clear and detailed definition for family support Dolan, Canavan and Pinkerton (2006) provide the following:

'Family support is recognised as both a style of work and a set of activities that reinforce positive informal social networks through integrated programmes. These programmes combine statutory, voluntary, community and private services and are generally provided to families within their own homes and communities. The primary focus of these services is on early intervention aiming to promote and protect the health well being and rights of all children, young people and their families. At the same time particular attention is given to those who are vulnerable or at risk.'(p.16)

It takes experience, skill, knowledge and to a degree the ability to take risks, to identify effective interventions. In the course of time these become absorbed into what is seen as the 'common sense' approach. It is only when practitioners have an opportunity to interrogate the theory behind their practice that they can select the most helpful theoretical tools in the practitioners armoury.

Healy (2005) found that service users preferred social workers that appeared clear about what they were doing and why they were doing it.

‘Service users and service managers expect social workers to be able to explain the assumptions underpinning their practice and theory can assist in this task. Theory and particularly theory that is grounded in direct practice can help to develop and explain the ‘what’, ‘why’, ‘how’ and ‘where’ of our practice’(p.95.)

Fook (2002) argues that professionals in social work need to adopt critical reflectivity in order to reframe their practice within the context of the service user’s environment (that is their social context as well as their local community context), the welfare and social system and in the worker’s own professional institutional context. The opportunities to create change and possibilities for change by understanding and analysing these contexts are integral to the ability of the worker to be an ‘agent of change’. Healy (2000) also discusses the importance of context and of examining social structure in the analysis of service user’s problems.

Considerable research has been done on the causes of children developing problem behaviours such as conduct disorders, violent behaviours, substance abuse or depression. Kumpfer and Alvarado (2003) discuss that the presence of risk factors increases the likelihood of a child developing problems. The risk factors can include family conflict, lack of parent –child bonding, disorganisation and lack of parenting skills. Stressors include parental depression and substance abuse amongst others. In addition risk factors operate in a variety of domains such that if a child lives in a deprived community where there are increased social problems then this can exacerbate the effect of individual level problems. Protective factors that can help or improve adolescent behaviours include effective discipline methods, positive parent-child relationships, positive role models, monitoring and supervision, and communication of pro-social and healthy family values and expectations (Ary et al, 1999; Centre for Substance Abuse Prevention 2000)

In order to overcome or reduce risk factors, preventive intervention programmes aim to introduce protective factors at an early stage in a child’s life with a higher intensity required for the children most at risk. The interventions are designed to have impacts on many levels and are most effective when they are delivered in school, family and community settings and where they are tailored to meet the requirements of the individual service user and their community. As Weissberg (2003) identifies, problem–prevention strategies are most effective for young people when they enhance their competence, building on their connectedness with others and increasing their ability to contribute to their community. (Cicetti et al 2000; Durlak and Wells, 1997; Elias et al 1997)

Springboard project workers adopt a ‘strengths perspective’ in their approach to their work with service users in identifying problems and in developing the family support plan. The strengths perspective developed initially in the mental health practice context from the work of Saleebey (2002). This approach is to emphasise respect for service users’ and communities capacities and potential to develop and build on the individual and the communities’ resiliency. It is important though, not to over emphasise the

ability to create change where vulnerable communities experience higher than normal risk factors and where they are operating in a system where they experience unequal power relations. As Jack (2005) states, the impact of family support services is affected by existing social conditions and there is a requirement for these services to be supplemented by effective national policies that address the range of inequalities that people living in deprived communities experience.

Reflecting these family support, preventive, reflective, strengths-based, risk / protective factor informed and structural power-aware dimensions, the project has developed its practice using the classification system described by Weissberg (adapted from Mrazek and Hagerty (1994)). This categorises preventive interventions into three types, which the project applies:

- (i) **Indicated preventive interventions** target high-risk individuals and families where there is evidence of problems and where individual work with children or youth and families is needed. The work is intensive and usually longer term with agreed targets and regular supervision and review. The target groups for the indicated interventions include the following: -
 - A core group of children and families, where there are high child protection concerns and who are experiencing chronic difficulties.
 - Families whose children are in the care of the HSE.
 - Families who are experiencing difficulties (not of a serious child protection nature) for whom access to focused support will address the issues and help ameliorate the problems.
- (ii) **Selected preventive interventions** are usually done with groups who evidence some risk factors and have identified needs. Interventions to this group include parenting programmes, gardening or arts activity programmes, coffee mornings, with a variety of aims such as expanding social competence, creating social links and other factors as required.
- (iii) **Universal preventive interventions** targeted at the whole community and include community events and other activities open to all. These are designed with differing objectives such as developing networks between residents, increasing community cohesion, improving civic pride by cleaning the area or by reducing graffiti, increasing the profile of the project and reducing the stigmatising effect for those families that have increased involvement.

The interventions to the target groups are usually coordinated with a range of service providers. As Weissberg states

‘Children will benefit most when families, schools, community organisations, health care and human service systems and policymakers work together to strengthen each others efforts rather than working independently to implement programmes that attempt to compensate for perceived deficits in social settings’ (Weissberg, 2003 p.427)

This collaborative, inter-agency focus is critical to how the project defines itself.

2.3 Farranree and Knocknaheeny Project objectives

As part of the evaluation process staff with the researcher reflected on the project objectives. These were then clarified and refined in line with the model of work that the project has adopted for the delivery of preventive interventions to the target groups. Set out below and explicated linked to the Weissberg framework are the project’s objectives and the means by which these were being addressed at the time of the evaluation.

A. Indicated preventive interventions

1. *Improve well-being of targeted children and reduce their risk of going into care, early school leaving or getting into trouble with the Garda by:*
 - i. Individual casework programme working with 63 children currently
 - ii. Focussed interventions to address the children’s current problems/crisis situations as they arise.
2. *Improve well-being of targeted families and parents supporting them to develop existing strengths by:*
 - i. Focused interventions and casework with 65 families (with 186 children).
 - ii. Personal development programme for parents
 - iii. Programme for Liberty House Outreach Clinic for those families at risk of homelessness.

B. Selected preventive interventions

Connect families with supportive networks within identified communities by the use of:

- i. Mentoring programme for interested parents in both communities to create set of mentors to provide positive role models and advice.
- ii. Advocacy with other agencies and community associations.
- iii. Assisting by bringing professional services to the two areas and referral of families to other services.
- iv. Involvement of families in community events and programmes e.g. ‘Games on the Green’
- v. The Garden Project
- vi. Arts and Activities Programme

C. Universal preventive interventions

1. *Improve civic involvement of adolescents including a reduction in levels of vandalism by:*
 - i. Midnight Basketball for group of 10-12 adolescents
 - ii. Community events around issues such as joyriding, and sexual health.
 - iii. Graffiti Programme
 - iv. Car Crime Initiative in Knocknaheeny
2. *Increase civic involvement within the wider community in designated areas by:*
 - i. Community interagency initiatives – garden and environmental enhancement programmes.
 - ii. Personal development programme for elderly residents with aim of increasing intergenerational community awareness and empathy.
 - iii. 'Niche Project' – joint initiative involving residents with objective of drawing up set of guidelines for professionals working in the two target areas.

D. Process objectives aimed at improving service delivery

1. *Improve co-operation and networking among agencies working in the target communities by:*
 - i. Outreach meetings with community welfare officers, HSE social work principals, team leaders and statutory and voluntary agency staff
 - ii. Joint initiatives with HSE (NICHE Project), NYPs Anger Management Initiative, 'We the People' arts and activities programme, work with Cork Mandala of Community Gardens Project.
 - iii. Work with Liberty House Outreach Clinic collaborating with other local organisations working with families at risk of homelessness
2. *Ensure that the Project remains relevant and needs focused by the use of evaluation, monitoring and planning process to include:*
 - i. Production of evaluation report to be used to assess progress and achievements of Project objectives. To be carried out by Child and Family Research and Policy Unit. National University of Ireland Galway.
 - ii. Design of monitoring and recording system for the Project to be produced as part of the above evaluation process.
 - iii. An annual schedule of meetings to produce a strategic plan.

While requiring a significant amount of the resources available to the evaluation, the process of connecting the project's objectives more strongly with its guiding theoretical model should benefit the project in two clear ways. First, it should bring greater clarity to the process of monitoring and maintaining balance in the project's activities. Second, it should allow for ongoing reflection on and assessment of the value of the project's model. While this chapter located the project in its theoretical context, the next places Farranree and Knocknaheeny Springboard in its geographical context and outlines its programme and process of work in more detail.

Chapter Three

Springboard – Context and Programme of Work

3.1 Introduction

This chapter outlines the background to the project and how it came to be established. It provides a profile of the service user base and details the programme of work and how the project coordinates with other professionals. It closes with an examination of the current administrative and monitoring systems and makes recommendations to improve these.

3.2 Springboard in context

This section of the report provides a brief description of the two catchment areas the project staff team and facilities.

Farranree and Knocknaheeny

The Farranree area² is located in North side of Cork city and consists of approximately 2,900 households of which 2,300 are local authority housing. There is a large young population – almost half are under 25 years – and 18% of all families are lone parent families. The area is hilly and exposed with few amenities and is currently experiencing change as flats in the Cushing road area have been vacated and are awaiting refurbishment. The residents from the flats have been re-housed temporarily in the interim but delays in these works are contributing to the difficulties experienced by the residents by destabilising the community and resulting in increased antisocial activity. Much of the housing is in poor repair with vacant flats and other buildings boarded up.

Knocknaheeny is near to Farranree and is a much larger area. It was established in 1970 to address the need for social housing and has in excess of 5,200 households with nearly half of the population of teen or younger ages. Many of the social problems are more acute than in Farranree in that there are higher numbers of incidents of joyriding, youth offending and more problems with substance abuse.

Both Farranree and Knocknaheeny score highly on the deprivation index³ and both are in a RAPID (Revitalising Areas by Planning Investment and Development) area. The large youth population evidences high rates of early school leaving, high unemployment and anti-social behaviour. There are insufficient youth amenities or appropriate training opportunities for these

² Much of this background material is taken from O'Toole S. October 2002 'North Lee Springboard Initiative' Report compiled for the Child Care Manager's Office and North Lee Community Work Department. It is supplemented with findings from the research for this study.

³ RAPID areas are selected using the Fritz Hoare Index that uses data collected from local authority housing areas and schools designated as disadvantaged. Farranree and Knocknaheeny are classified as being amongst the most disadvantaged areas in Cork City.

young people. The younger, under 5 years age group, does not have adequate pre-school facilities.

Research on the area undertaken by O' Toole as part of the needs assessment work underpinning the eventual development of the Springboard project identified a range of issues. For example, over 70% of residents depend on social welfare and unemployment is at nearly 50% with a high proportion of the employed people in part time and low paid employment. In relation to education, school attendance officers believe that there were relatively high levels of non attendance at school and that the main reasons for this were poor literacy, poor health, poor self care and large families. The higher figures for girls were due to the fact that they stayed at home to help care for younger children.

Within Farranree and Knocknaheeny, there were a relatively high number of children in care, at the time the research was being undertaken. Some of these children are in residential care and others are in full time fostering, day fostering or in the care of a relative. Because Farranree is longer established than Knocknaheeny there is a perception of a stronger community spirit in that area, with a wide number of voluntary and professional groups involved in a large range of issues. There has been a history of groups working in isolation but this is beginning to change under the partnership approach taken by Springboard and others.

3.3 Establishment of Farranree and Knocknaheeny Springboard

As part of her research O'Toole consulted with community group representatives and service providers. Based on their input, the resulting report recommended the establishment of a family support project. It was suggested that there should be one project in each of the target areas and that the main differences in each area would be that the project in Farranree should be a 'stand alone' project located in its own building and that the Knocknaheeny project should 'incorporate aspects of its work into existing projects' (O'Toole, 2002). The advisory group to O'Toole's research, which included staff from the Childcare Department and North Lee Community Work Department as well as other stakeholders working in the target areas, agreed that a single project working in both areas would be appropriate, with the immediate sourcing of premises in Farranree. Subsequently, a successful application was made to the Health Services Executive Southern Region for funding the Springboard project.

The Project Leader was appointed in September 2003 and set about securing premises for the project in Farranree. A rented three bed roomed local authority house in the heart of the community was obtained. This needed extensive repairs and alterations and these were carried out to make it suitable for initial project work. A group of local women were involved in the redecoration of the house as part of building relationships in the community. Networking with the local residents and with local agencies and voluntary groups helped to build a profile in the community and identify the community needs more clearly. Simultaneously the project team were recruited.

Staff team

In addition to the project leader, the Project team comprises four full-time and three part-time members. Team roles are as follows:

- One project leader
- Four full time project workers (1 social worker, one social care leader, one youth and community worker and one worker with a background in addiction counselling)
- Two job sharing project workers (one of whom is a youth and community development worker.)
- One part time clerical officer

Skills within the team include various forms of counselling and other professionals are employed when needed. In addition, a student (Social Science – Youth and Community Work) has been on job placement with the project while the evaluation has been taking place.

Facilities and premises

The centre in Farranree is a refurbished 3-bedroom local authority house. It is appropriate for small meetings and small group work although not for larger groups. The project is presently identifying alternative spaces for larger group activities. In line with the collaborative approach adopted by the project, joint interventions with other agencies and voluntary groups are undertaken where possible, utilising existing premises and activities where these are appropriate for the service users. Group activities to the selected groups aim to reduce isolation, strengthen networks and increase social support provision between service users and other residents within their areas. The gardens are used for social skills training as well as to encourage civic enhancement and pride in the local area.

In the Knocknaheeny area, Springboard is awaiting the completion of a multi-agency complex, which will house the project along with the Knocknaheeny Family Centre and 'Youthlinks' a youth project under the aegis of Ogra Corcaí. This building will be completed in 2007. At present, the project operates from a variety of buildings in the Knocknaheeny area including the local Secondary School, the Community Development Project as well as in individual family homes for individual interventions.

3.4 Profile of service user families

The service user families are profiled below in relation to:

- ☐ Referral Source
- ☐ Area of Origin and Family Composition
- ☐ Primary Person being Worked with
- ☐ Principal Issue facing Families

Referral Source

Referrals to the service are from a variety of sources. Examining the 65 families currently involved in individual work, the most referrals (44%) originate from the HSE including the social work department and public health nurses; self-referrals constitute 27% of referrals. In order to ensure adequate

time for participation by staff in evaluation related activities, the project operated a waiting list for new referrals at the time of the research.

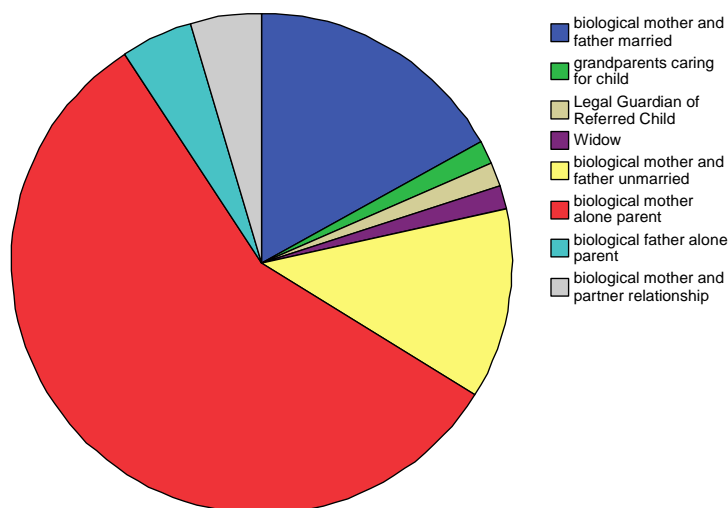
Fig 3.1 Sources of Referrals

Organisation	Numbers	Percent
HSE Social Work Department	22	33.8
Self referral	18	27.7
Schools	11	16.9
Community based agency	5	7.7
Public health nurse	4	6.2
Community Development group	2	3.1
Garda	1	1.5
Youth organisation	1	1.5
HSE Residential care facility	1	1.5
Total	65	100

Area of origin and Family Composition

Currently 40% of families receiving intervention are located in Knocknaheeny and 35% are located in Farranree. The remaining 25% of families are in adjoining areas including Gurranaברה, Churchfield and Hollyhill. The recent temporary re-housing of families from the Farranree area into outlying areas has required the project to ensure the continuity of care to them whilst the flats are being renovated.

Fig 3.2 Composition of referred family



The mother is the lone parent in more than half (58%) of the families and the parents are living together in 29% of families. More than three quarters of families are between three and five people.

Primary person being worked with

Mothers are the largest group (43%) receiving intervention; the referred child with their mother comprises the next largest group (35%). Both parents together account for 14% of the total while fathers only comprise 5%. In one

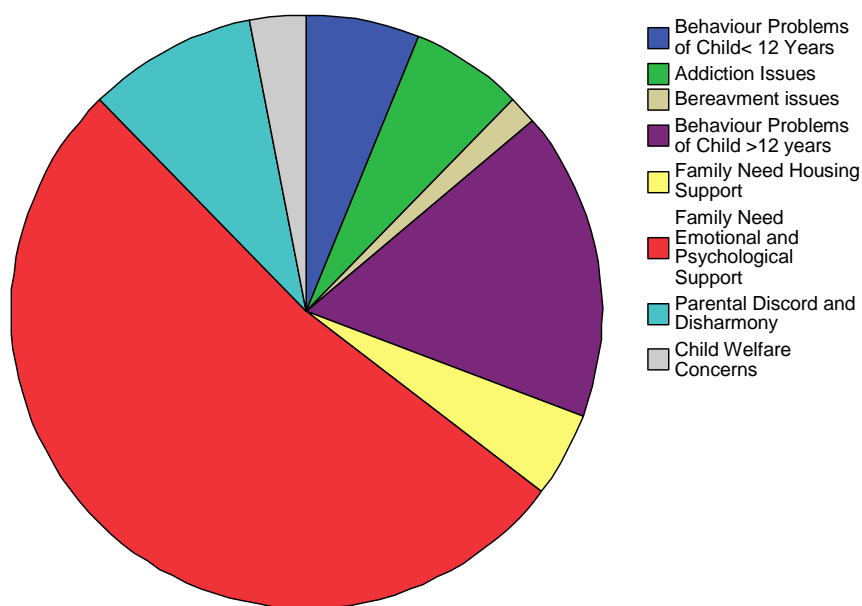
case the grandparent is the primary carer being worked with and in one case the child is the sole person receiving intervention.

In many instances providing support to just the parent can create a positive change in family dynamics and functioning. In these cases, the individual intervention will only be with the parent. Typically in these cases (but not always) the children will engage in group activities. In 34% of cases, there are multiple interventions with the family.

Principal issue facing families

The most frequent issue for families as identified by project staff is that they need emotional and psychological support (52%). Nearly one quarter (23%) of families have problems with the behaviour of their children. Nearly one tenth (9.2%) of families experience parental discord and disharmony. Lower numbers of families experience addiction issues (6%), child welfare concerns (3%) and bereavement issues (2%).

Fig 3.3 Principal issue that family is dealing with



3.5 Springboard – programme of work

Springboard was established in 2003 and has now been in full operation since 2004. It has been involved in individual (indicated) work with 85 families in that time and currently works with 65 families. It has engaged in considerable group (selected) work and also works with the wider community (universal interventions). Each project worker is allocated a number of families for individual work as well as being involved in specific group work and work with the wider community. This is in line with the preventive model of working. Staff mention that it helps them to focus on the fact that prevention is at the core of the work and it also helps them to reflect on the way that they allocate their own time. The project believes that using the model helps to reduce 'burn out' from the intensity of individual indicated work by balancing it with interventions to the selected and universal target groups. Their involvement

across the different levels of intervention is also seen as providing a balance for service users.

The details of the project's work programme are set out below under the following headings:

- ☐ Street Work
- ☐ Assessment Phase
- ☐ Level of Need Identified
- ☐ Type of Intervention Provided
- ☐ Indicated Interventions
- ☐ Interventions to Selected Groups
- ☐ Universal Interventions
- ☐ Interagency Co-operation

Street Work

A large part of the initial trust building work in establishing the project, included street work with residents. This work has continued and includes stopping for a chat, on the street, in the car or in the local shops and is often followed with a request for assistance with other agencies or for information or occasionally self-referral to the project. This street work is an integral part of the dynamics of the two-way relationship between the residents and the project team. It is usually unplanned and often unrecorded but forms a core element in the teams' style of working.

In order to embed the project within the community one of the first actions was to establish a garden project. The Garden project was established in collaboration with the Cork Mandala of Community Gardens group and with other groups including The Lodge, Ogra Corcai and Farranree Anti Drugs Agency (FADA). It was used to help in the enhancement of the project house and surrounding areas and also to involve residents in improving the general environmental aspect. It has helped greatly to establish the project and has served as a base for many other interventions.

Assessment Phase

Springboard aims to design interventions around the needs of the family and individual child. The new family or child is allocated to a project worker who visits them in home. The initial assessment stage is a process that involves considerable consultation with the family, child and other professionals. It can take up to six sessions to come to mutual agreement on difficulties and a joint definition of problems. A family support plan for the family/child is devised jointly and builds on the family and child's strengths. This is goal oriented and time-limited with built in reviews and details the contribution of other agencies involved with the family/child. The entire process is designed to be transparent and inclusive. Each case is reviewed monthly or more often if necessary.

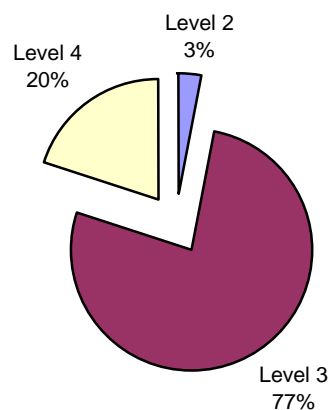
Level of Need Identified

The project uses a variety of assessment measures in order to assess the needs and level of support required by their service users. One methodology utilised is the Hardiker Model (Hardiker et al., 1991), which assists in

weighting and prioritising the cases. The Hardiker Model identifies 4 levels of need for preventive services:

- ❑ Level 1 - This includes those services, which are available to all children – such as health care, education, and the range of other community services
- ❑ Level 2 - This includes services to children with increased needs and would usually be through referral with parental involvement. The work is typically short term with the goal of restoring personal and social functioning. This could include extra educational support, parental programmes, behaviour modification programmes.
- ❑ Level 3 - This is intervention to families and children where there are serious problems. There is usually multiagency involvement which needs to be highly coordinated in order to deliver the most effective support.
- ❑ Level 4. - This is support to children and or families where the family may have broken down temporarily and where the young person may be in Care or in Youth Custody or dealing with the courts system. This is usually longer-term involvement and involves a high level of multiagency planning and co-ordination.

Fig 3.4 Hardiker Levels of need of client group



Using this classification 20% of families are at level 4. More than 50 (77%) of families are at level 3 and 3% of service users are at level 2.

Type of Intervention Provided

Once the service user's support needs are identified a family support plan is devised in collaboration with the family as already described. More than half (52%) service users receive individual work once per week. Thirty percent of service users have fortnightly interventions and 5% monthly interventions. In

reality, the level of intensity of intervention also varies in relation to the stage of intervention. Thus, in the early stage a service user may need more frequent support and typically this will reduce as problems start to be addressed. Intermittently crises will arise within some service user families and this requires very intensive work on the part of team members. In addition to individual work, one third of service users and service user families receive multiple interventions including group work/advocacy for other family members as well as the service user child or parent.

Fig 3.5 Type of intervention families receiving

Intervention Work	Number	Percent
Individual work weekly	34	52.3
Individual work fortnightly	20	30.8
Individual work monthly	3	4.6
Group work weekly	1	1.5
Other	1	1.5
Assessment	5	7.7
Consultation	1	1.5
Total	65	100

Indicated Interventions

Individual work is always needs based and includes counselling, behaviour modification programmes, advocacy, advice on health and hygiene, social skills, budgeting and other skills. Staff make referrals to specialised therapeutic services where these are required.

Interventions to Selected Groups

The interventions to the selected groups can vary depending on the identified need. The range of group work activities includes:

- Staff involved with Justice Project initiated by the Department of Justice and run by the local Juvenile Liaison Officer.
- 'Artlink' arts and activities for children <12 and Age 12-14 yrs. Run jointly with 'We the People' CDP in Knocknaheeny.
- Weekly garden workshop after school and during summer holidays.
- After school activities for 6-12 age group in Farranree.
- Summer outings to the beach, children's activity centres, cinema.
- Midnight Basketball for adolescents – programme to improve activities for adolescents and to address anti-social behaviour.
- Graffiti project with adolescents. The hoardings around the flats have been painted by adolescents and their parents alongside project staff to improve the appearance while waiting refurbishment.
- Personal Development Programme for parents
- Personal Development Programme for older residents.
- Outings to the cinema for parents.

Universal Interventions

- Personal Development Programme for older residents.
- Community Events – 'Games on the Green'.

- Springboard/NICHE Initiative – joint work with HSE with local parents running focus groups to improve policy and practice for professionals working with families in the communities with the objective of producing a set of guidelines.
- Coffee mornings open to residents and elderly group.
- While the Farranree residents await the refurbishment of the flats the level of destabilisation in the community grew and there was vandalism of the flats. The project saw their role being to hold the community and bridge the gap between Cork City Council and the residents. They did this by continuing to involve families/children who had moved out of the area and this enabled children and parents to discuss their feelings around a difficult transition.

Chapter five details the survey carried out with service users on their opinions on the range of services described above, on the project team and on their style of service delivery.

Improving interagency co-operation and networking – acting as a hub for service delivery by other agencies

Project staff devote considerable time to outreach meetings with other agency personnel including CWOs, HSE South, Social Work Principles, Team Leaders, Psychologists and statutory and voluntary agency staff. Other projects and individuals include, the HSCL teachers in the schools, Drug and Alcohol Project, NICHE Project, FAS, Knocknaheeny Family Centre, Citizens Information Centre, Youth Centre.

The project has operated as a base for other agency personnel for example; community welfare officers to informally attend group activities such as cookery classes and be available for questions on welfare entitlements. This has helped to create an informal style of information giving and it is a service that the project plans to offer to other agencies, with the centre possibly operating as a hub for services integration where this is appropriate. Twenty eight personnel representing a wide spectrum of agencies and voluntary groups were asked their opinions on their interactions with the project and the findings from their responses are detailed in chapter six.

3.6 Staff activity break down

Project workers were asked to break down their activity, assigning the approximate time spent on each type. Each project worker is assigned 10 families for individual (indicated) work but they also co-ordinate at least one group activity with selected service users and contribute to the community (universal) events and activities. The activity breakdown is summarised below.

Fig 3.6 – Staff Activity

Staff Activity	Time Allocation Range %
Individual and family work	38-50
Group work	14-31
Advocacy	6-17
Collaborating/Networking other agencies	12-16
Administration	5-14

Individual and family work consume the bulk of project workers time for between just over one third to one half of the working week. Time assigned to group work during a typical week varies, as one worker may have three or four group activities to manage, whilst another worker is running the drop in and information session in Knocknaheeny. As a proportion of time universal activities do not consume a large proportion of day-to-day work. Coffee mornings are regularly scheduled for residents and for older residents to drop in. When events such as the street party or other large community activities are scheduled the whole team become involved for a limited period.

3.7 Staff views on Weissberg model

All staff were personally interviewed for this study and this has informed the preceding section on project activity and work processes. They were asked about the ways in which they utilise the Weissberg model in their daily work and how they feel it impacts on the project outcomes.

The researcher examined the breakdown in time and activity between the 3 levels of need and the different types of preventive interventions and as we have seen in the preceding section staff estimate that they spend 38%-50% of their time on individual and family work and 14% - 31% of their time on group work. They spend much less time on universal work, which is usually focused around a community event or activity. Although staff thought the ideal was equal time allocation to each of the 3 levels, this is not the reality. In effect the time is allocated firstly to indicated work as each worker has an assigned number of cases. This is in keeping with the project's brief, as part of the Springboard Programme, to work with the most vulnerable families. Additionally, each worker has at least one group to co-ordinate and all workers contribute to the universal activities, which are scheduled intermittently.

Utilising the model assists staff in reviewing and planning their work as it helps them to structure their workday and be aware of the context of the work with individuals and families within their community. Staff members state that it helps them to reflect on their work and helps to keep them focussed on the fact that prevention is at the core of the work. At the same time, it is not very clear as to how they actually use the model in day-to-day decisions on time allocation. The exigencies of casework can often determine the way that time is allocated. From the staff perspective, this reflects the challenge of applying a theoretical framework in practice, rather than a problem with the framework per se.

One clear perceived benefit from the framework is that it ensures each worker delivers scheduled selected (group) interventions and community (universal) activities so that there is not too heavy an emphasis on the indicated (individual) work that can result in 'burn out'. It would be useful if the project regularly assessed the amount of time that is allocated to each level of interventions in the light of the stated objectives. The objectives will help to decide where the foci of activity should be concentrated.

Understanding the model of intervention and how it is applied by the project has proved quite a demanding task for the researcher. During the evaluation, she worked with the team to redraw the objectives under the 3 levels of the model and this helped to clarify its operation in practice. When professionals were interviewed (Chapter six) their input helped considerably to understanding how the 3 levels of the Weissberg model interplay to help to support the service users as the project delivers preventive interventions to them. One staff member said 'It doesn't hinder me. It's a template, a guide. The need of the child or the family dictates what to do with them. If I link them into a group or community I facilitate the processes.'

When reviewing the project's progress the staff team were generally pleased and surprised at the way the project has been accepted by local residents and by the achievements, which have been more than they expected. Among responses by staff on the project's progress to date were references to keeping families together through slow, incremental work, impacts on children's behaviour through group work and the level of trust built with children and young people, parents and within the wider communities.

3.8 Staff views on challenges and improvements

Staff members were also asked to make suggestions that would make the project more effective. These are summarised below.

Staff expressed concerns about the development of new premises for the service in Knocknaheeny. They are currently operating at capacity and when the new offices in Knocknaheeny are open in May/June of this year the numbers being referred to the service will escalate. In addition, when the flats are refurbished in Farranree and the residents return to occupy them there may be increased referrals in this area. They would like to be well prepared for this and expressed the views that considerable planning and increased staffing needs to take place prior to both of these occurring. In sum, key issues for the staff are:

- Separate integrated service plans for both projects
- Additional staff for the expanded service in the new offices in Knocknaheeny.

In relation to resources / level and range of services staff had the following suggestions:

- Service to be open in the evening and at weekends.
- Space for larger group activities in Farranree.
- More secretarial support.

- Staff on site to man the phone at all times.
- More sessional workers to deliver group activities.
- Homework facilities for the children.
- More transport to get groups to activities.
- More activities for younger children and toddlers.
- More information for families on nutrition and integrate this more into group activities.

Staff made additional suggestions in relation to training:

- More team reflection days.
- On-going training in cognitive behaviour therapy.
- Counselling training.

More widely, staff felt that there was scope for there to be greater involvement by local people in running the service and developing it further.

3.9 Project administration and monitoring processes

The following details on administration and monitoring are the results of discussions with staff members and of examination of the projects records files and database. This is not an exhaustive description and only the aspects of administration and monitoring that need modifying are included.

The project utilises several sources to record service users' details: -

1. Case files that have a standard format with sections.
2. A detailed service user database on SPSS that can be used for analysis.
3. Aggregate data is returned to National Springboard programme office to record progress.

Case files.

The case files could be improved by:

- Ensuring that a copy of the relevant data from the SPSS database for each service user is included in the case notes. The database has all the relevant details on area of origin, age of referred child, family composition, parental status, source of referral, level of support needed, principle issue that the family is dealing with. This is a summary of the initial situation for the service user/family and can give a brief synopsis for those new to the case.
- Giving each new case a code. If this is used on the appropriate forms it will ensure congruency throughout the administration system and assist in confidentiality on documentation, when it is by necessity carried outside the office.
- Ensuring that copies of all letters concerning the service user are included in the case notes in the relevant sections

If the above amendments were made it would make administration less onerous to some degree and would improve the coherence of the administration system.

Service user database on SPSS

The service user database, which is inputted into SPSS, is an excellent source of service user information and can be used for analysis of the selected variables. It was very helpful to the researcher during the course of the research for this study. During the course of utilising the database some possible improvements were noted including the following additions:

- Details of service user housing circumstances.
- Details on ethnic status.
- Socio-economic data such as highest level of education achieved by parent, employment status.
- The start date of intervention with the family.
- The time period of the agreed family support plan.
- A closing date for when the indicated intervention is closed.
- A variable on the (Hardiker) level of need post intervention as assessed between the case project worker and project leader.

General administration

Suggestions to improve general administration include the following:

- Print templates for all regularly used letters and forms so that only staff need to complete details on date, recipient name and address and secretarial staff can type these up.
- Print template form for service user appointments, which only need completion of recipients name, address, and time of appointment and project worker who will be visiting.
- Print appointment card for service user appointments.
- Print calling card for missed appointments (by service user), with name of project worker, date of next appointment and contact details.
- As part of the evaluation the researcher was requested to design a form to assist in recording the daily actions of staff. A draft template form has been prepared that can be stored in the car and used for recording the staff daily activities. The form will more effectively identify the 'unplanned' interventions such as street work or responding to service user crises and difficulties. These interventions are a vital aspect of the project's work but have heretofore often gone unrecorded in the general daily routine. The form will be in the format of a tear off form from a block for daily and weekly records and will have codes for the different types of activities and for recording service user details. The abbreviated details can then later be transferred to the relevant service user case notes. A copy of this form is in the appendices.

3.10 Chapter summary

This chapter placed the Springboard project in its context of operation, profiling its catchment areas, service user families and its programme of work. Springboard is based in Farranree and Knocknaheeny, areas of severe

disadvantage as identified by previous studies, operating out of a local authority house in the former estate. The project comprises four full time staff and three part time staff and delivers individual intervention to families and children and services to other residents. The project utilises innovative ways of locating hard to reach service users and acts as an informal hub for service delivery by other agency personnel.

At the time of the evaluation, the project worked with 65 families. Forty percent of families using the service live in Knocknaheeny and 35% are in Farranree, the majority living in local authority rented accommodation. Fifty-eight percent of families are single parent families and 29% families have both parents present. More than half of families present with problems classified by the project broadly as requiring emotional and psychological support. Nearly one quarter (23%) of families have problems with the behaviour of their children. The most referrals (44%) originate from the HSE including the social work department and public health nurses; self-referrals constitute 27% of referrals. Mothers are the largest group (43%) receiving intervention. In 34% of cases there are multiple interventions using individual and group activities.

Project staff engage in a variety of work activities, spanning street work to intensive work with individual children and families. Just over half of families participated in weekly individual, or indicated, work, with 31% engaging on a fortnightly basis. Alongside this, a wide range of group-work programmes operate, both for targeted children and families and for the wider community. At between 12% of 16% of staff time, collaboration with other agencies takes a significant minority of the time of staff.

The research has indicated that staff believe the project model to be useful and that they have been successful in key areas. Among key concerns of the staff is the expansion of the service in Knocknaheeny as new premises are established. The research has also identified scope for improvements in the project administration and monitoring processes.

Chapter Four

Characteristics of the Parents and Young People in the Study Sample

4.1 Introduction

In order to explore in a more detailed way the needs of those families receiving intensive support, a set of standardised research measures was implemented with 22 families, selected from the service user database of 65 families. This chapter presents the findings from the measures. It starts with an outline of the methodological approach, before going on to profile the families. The main body of the chapter is devoted to the findings from measures implemented in relation to participating parents and their children.

4.2 Methodology

Each selected family and young person was approached by their project worker and asked to participate in the study. They subsequently received a letter explaining the research aims. If agreeable, both the parent and child completed consent forms and the parent/carer also completed a consent form for their child. The measures were implemented with families from September to December 2006.

4.3 Profile of families

This section details the background characteristics of the families in the study sample, noting any additional data or differences with the main cohort of service users. In the main this sample of families are representative of the wider group of service users that have been described in chapter three. Extensive data was collected and analysed on a sample of 20 parents who received indicated intervention. Two of the group were fathers and the rest mothers. Two thirds of families were single parent households.

Seventy five percent of families are in local authority rented accommodation. One quarter of families are in private rented accommodation and one family are private homeowners. Four (18%) families have a parent who completed the junior cert cycle of education. Out of the 22 families, two have a parent who is employed full time and two are employed part time. The mother and referred child were the largest group (40%) receiving intervention with the mother alone (35%) the next largest. Parents received weekly intervention in 59% of cases and fortnightly intervention in one quarter of cases.

4.4 Results of research measures with parents

The following section details the findings from the three research measures carried out with the parents.

4.4.1 Measure 1: General Health Questionnaire (short version 12. Goldberg, 1998)

The General Health Questionnaire (12 item shortened version) was included in order to measure stress levels experienced by the parents. This is a well-validated measure of mental health and is composed of a 12-item questionnaire.

Fig 4.1 – GHQ Scores

	Below GHQ Threshold	Above GHQ Threshold	Well above GHQ Threshold	Total
% of Parents	75	15	10	100

One quarter of the parents scored above the GHQ threshold score. The GHQ threshold score is 2 so one quarter scored more than 2 on this questionnaire. If this is compared to other categories in the Irish population we find that unemployed and widowed people (McKeown, 2001) score a similar percentage above the GHQ threshold to the study group.

The results show that in the sample group, eight (40%) parents felt constantly under strain. Seven (35%) lose sleep rather more or much more than usual. Six parents have not been able to concentrate in the last few weeks either rather more or much more than usual and four felt that they could not overcome their difficulties. Three (15%) parents had been feeling unhappy or depressed and three respondents had been losing confidence in themselves.

4.4.2 Measure 2: Social Network Questionnaire

The Social Network Questionnaire is used in order to examine the relationships and networks that people are involved with. As this study has established, the presence of a strong social support network is seen as vital in creating resilient children and parents able to withstand stress and difficulties. It is one key target in the work of the project and so it is important to establish baseline measures in order to measure the projects impact.

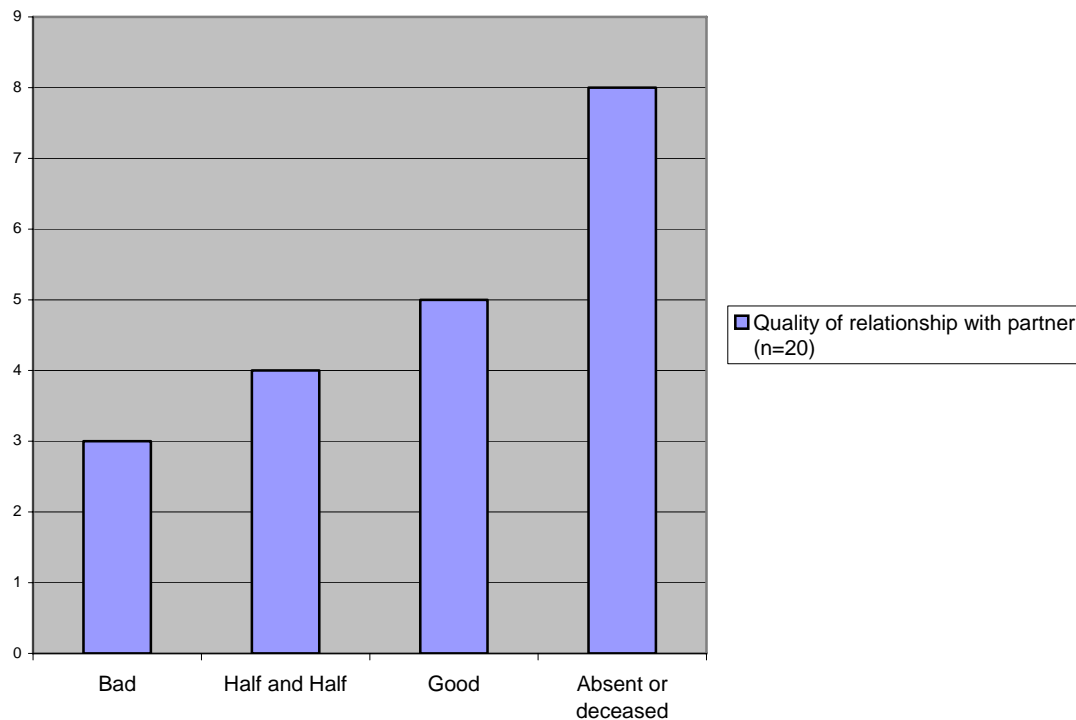
This measure assesses the respondent's views on the quality of the relationships they have with the people they see most often. They are asked to list the people they are most in contact with and to state if they live with them. They are then asked to classify the relationship they have with this person and the quality of the relationship. The possible scores are: 1 = 'bad'; 2 = 'half and half'; and 3 = 'good'. The respondent is then asked a battery of questions on the quality of the relationships with regard to whether they feel personally responsible for the other person; whether the relationship provides companionship, advice and guidance; if they make the respondent feel competent and worthwhile; and whether they provide a feeling of closeness and emotional security. In addition the respondent is asked to identify which of the relationships they can count on for help no matter what. Twenty parents completed the questionnaire

Total network size

The total size of the network was 237. The range was from 6 to 17 people with an average of 12 per respondent. This indicates a healthy social network for the group but the global picture hides the reality for six participants where the networks are not so robust. In one case the bulk of emotional, advice and guidance support is provided by two relationships one of which is a project worker. For one parent a network of seven comprises no friends but four professionals and only one person in the network that can be relied on. In another case three professionals are included but only one friend and the family support is limited.

Presence of Partners in family home.

Fig 4.2 Quality of relationship with partner (n=20)



Partners were living with seven (35%) respondents. Four of these relationships were 'good' and three were 'half and half'. Of the partners living outside the home one was described as 'good' one as 'half and half' and three as 'bad'. The rest of the partners were either absent (7) or deceased (1) and not mentioned as being in the social network.

Quality of relationship with family in home

The network comprised 60 family members living in home (average of three). These were described as 'good' in 42 cases and 'half and half' in 18 cases. There were no 'bad' relationships in home.

Quality of relationship with family outside home and extended family

There were 83 in this social network; an average of four family members outside the home per respondent. The relationship was described as 'good' for 79 (95%) of these.

Quality of relationship with close friends

There were 50 close friends. One respondent had 11 close friends but four respondents had none. All the close relationships were described as 'good'. There were 20 casual friends; eight described as 'good' and 12 as 'half and half'.

Quality of relationship with professionals

Twenty five professionals were nominated and the quality of the relationship was described as good in 22 cases and 'half and half' in 3 cases. There were no 'bad' responses. Included in this group were Springboard project workers (mentioned 10 times), teachers, social workers, childcare worker, family support worker, doctor and a St Vincent de Paul worker. The number of nominated professionals is very high and indicates the level of need for this group. In cases where there is a small social network, their importance to the respondent is obviously more significant.

4.4.3 Measure 3: Social Provision Scale

The Social Provision Scale is used to assess the level of support in the relationships identified by the participant in the Social Network Questionnaire. The scale has been used in many settings, which have tested the reliability and validity of this measure (Cutrona, 1987). The scale looks at 6 provisions;

1. Guidance (advice or information).
2. Reliable alliance (assurance that others can be counted on in times of stress).
3. Reassurance of worth (recognition of one's competence)
4. Attachment (emotional closeness)
5. Social integration (a sense of belonging to a group of friends)
6. Nurturance (providing assistance to others)

The scores under each of the provisions can be totalled to achieve the overall global score. The scores from this measure have been used to predict a population's ability to adapt to stress in a variety of environments and with different groups of people. It is composed of a 24-item list of statements to which the respondent has a choice of four possible replies, which are 'strongly disagree', 'disagree', 'agree' and 'strongly agree'. The respondent ticks the reply that most applies to their current relationships with their partner, friends, family, co-workers, neighbours and community members.

Twenty parents completed the Social Provision Scale. As a group they scored highest at 92% of the possible score for the nurturance provision. Statements under this measure included 'I feel personally responsible for the well being of another person'. Respondents scored lowest at 76.8% of the possible score for the 'reassurance of worth' aspect of their relationships. A statement under this provision is 'I do not think other people respect my skills and abilities'.

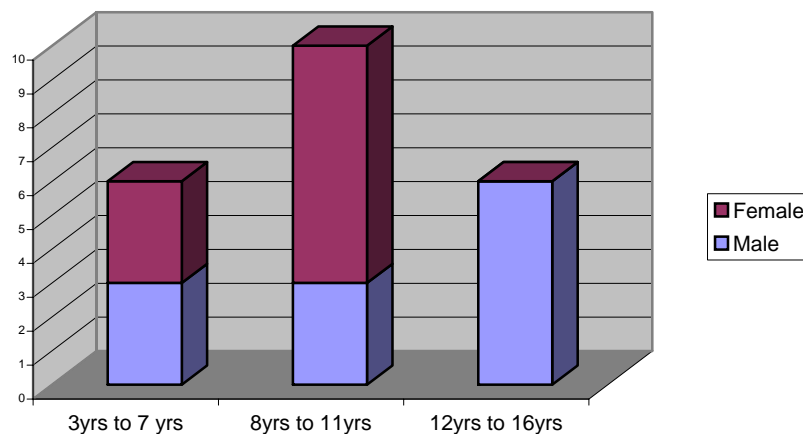
The social integration provision was scored almost equally low at 77.5%. The statements under this provision include 'there is no one who shares my interests and concerns'. When the group's global score is examined at the individual level there are six parents who have a low total score below 72% of the possible total score. Of the six provisions, this group showed that they had a deficit in support in relation to attachment and emotional closeness in their relationships and would need additional help in this provision.

4.5 Summary of findings with parents

The research measures show that for this group of twenty parents, one quarter suffer from mental health problems that are significantly higher than in the national population. As a group they experience higher levels of feelings of strain and sleeplessness due to worry. Within the group there are a notable number of parents who have a restricted social network and professionals especially project workers feature as important in half of the parent's social networks. Many of the parents scored low scores for the reassurance of worth and social integration aspects in their relationships. A noticeable minority of 6 (30%) parents scored very low in the attachment and emotional closeness aspect of social support. These findings would indicate that the project is serving the desired target group and that project staff have, with other professionals, taken on an increased significance for the parents in the sample.

4.6 Results of research measures with children.

Fig 4.3 Age range and gender of young people (n=22)

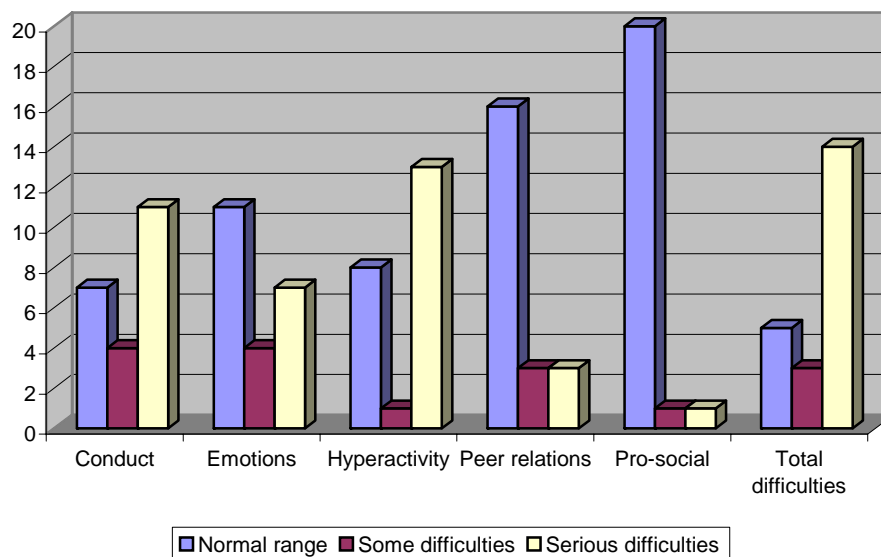


Twenty-two children were selected for assessment ranging in age from three to age sixteen with an average age of 9½ years. There were 12 boys and ten girls in the study group. Currently, of the 22 children, one child is in pre-school, 11 are in primary school, one child attends a special school, four are in secondary school, one is in FAS and one attends Youthreach. Three young people do not attend school. The following section details the results of the research measures carried out with the young people.

4.6.1 Measure 1: The Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) is a behaviour screening tool with 25 items which is used to screen behaviour examining the young persons conduct, emotions, hyperactivity, peer relations and pro-social behaviour. When completed the results can be totalled to give a score that can be categorised into one of three categories as compared to the common scores of the rest of the population. It has been used extensively in Britain, (Meltzer et al, 2000) and other European countries and for previous evaluations of the national Springboard programme by McKeown (2001, 2004). For the purposes of this study (and to avoid the labelling of 'abnormal' which is used by Goodman) the labels applied are 'Normal range' (80% of the population), some difficulties (10% of the population) and serious difficulties (10% of the population). In this current study parents completed the SDQ on 22 of the children.

Fig 4.4 Strengths and Difficulties of young people (n=22)



Conduct problems

Eleven (50%) of the children had serious problems with conduct and a further 20% had some problems. The average score for these young people was 4.45. The British norm for this scale is 2.2 (SD 1.7)

Emotional problems

Thirty five percent of children had serious emotional problems and another 20% had some emotional problems. The average score for the group was 4.23. The British norm for this scale is 1.8 (SD 2.0)

Hyperactivity problems

Sixty percent of children had serious hyperactivity problems and 5% had some problems. The average score for the group was 5.77. The British norm for this scale is 4.0 (SD 2.7)

Peer relations

Most of the children (16 - 70%) didn't have problems with peer relations but three (15%) did and a further three (15%) had some problems. The average score for the group was 2.72. The British norm for this scale is 1.5 (SD 1.7)

Pro-social behaviour

One child had serious pro-social behaviour problems and one child had some pro-social behaviour problems. For the majority (20) the scores fell within the 'normal range'. The average score for the group was 6.95. The British norm for this scale is 8.4 (SD 1.7).

Total difficulties

When the overall scores were totalled (the pro-social score is excluded from the totalled score), 64% percent (14) of the children had serious difficulties. The average total score for this group was 16.7. The British norm for Total Difficulties is 9.1 (SD 6.0).

Parents felt the children had difficulties that upset them which had lasted for more than a year in over half (55%) of the children. The parents felt that the difficulties interfered in their home life (64%), with their classroom learning (55%) and with their leisure activities (36%). A majority (59%) felt that the difficulties made it harder for the child's close network of family and friends.

Summary

When these findings are compared to a UK national survey of young people it can be concluded that more than sixty percent of the group have considerably more problems especially in terms of conduct, hyperactivity and emotional difficulties than the comparison group. The fact that more than sixty percent of the group experienced serious difficulties when this is usually found in only ten percent of the population indicates that the project is working with the appropriate target children as identified in the project objectives.

4.6.2 Measure 2: Social Network Questionnaire (Adolescent version)

The Social Network Questionnaire is used in order to examine the relationships and networks in which young people are involved. The respondent is asked to list the people they are most in contact with and to state if they live with them. They are then asked to identify whether the person is brother/parent/friend/professional etc and to classify the relationship they have with this person and the quality of the relationship. The possible scores are: 1 = 'bad'; 2 = 'half and half'; and 3 = 'good'. Eighteen children completed the Social Network Questionnaire.

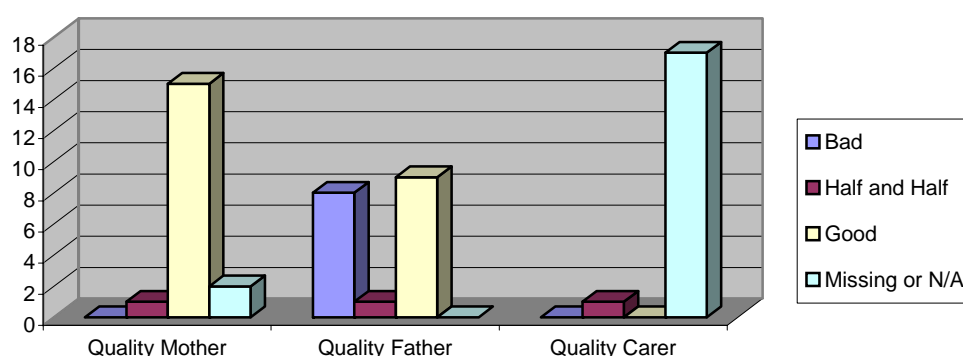
Total Network size

In total the children had 238 people in the network of people that they mention seeing each week – an average of 13 per child. Numbers in the network ranged from one child with only six in their network including a father, sister and four friends to one person with 21 in their social network. This included parents, eight other siblings and other relatives living outside the home and 11 friends.

Family and Carer networks in home

There were 61 in the family and carer networks. Sixteen (89%) of the mothers were present and the relationship was good with all but one where it was 'half and half'. Of the three cases where mothers were missing, the child was being cared for by the father alone in one case, and by foster parent in another case. Fathers were present in seven (39%) homes and the child reported all these as 'good'. Of the 11 (61%) fathers not living with them children saw their fathers during the week in three cases and the relationship was reported as 'good' in two cases and 'half and half' in one case. Children did not have contact with the remaining 8 fathers. Most relationships in home were reported as 'good' but three children reported the family or carers relationships as 'bad' or 'half and half'.

Fig 4.5 Quality of Mothers', Fathers' and Carers' relationships

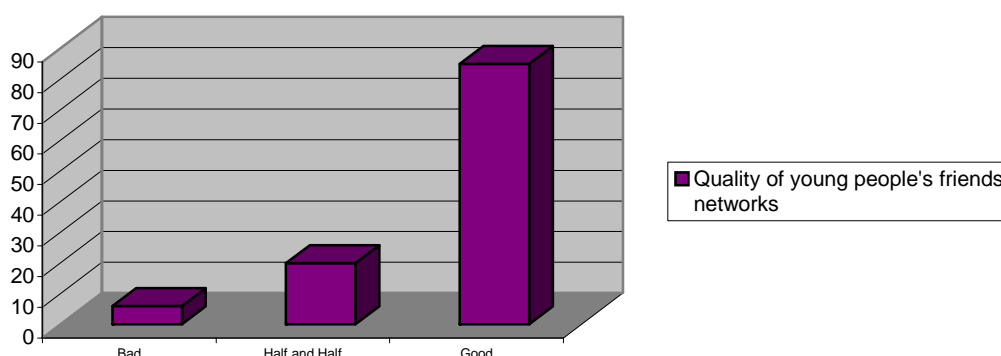


Family and Carer networks outside the home

Children mentioned 56 siblings and other relatives who lived outside the home but whom the child saw during a typical week. In the majority of cases, the relationships made them feel 'good' but in three cases the relationships were reported as mostly making them feel bad or 'half and half'.

Friendship Networks

Fig 4.6 Quality of young people's friends networks (n=111)



Children had sixty-six close friends (average three) ranging from two children who had no close friends to one child with 11 close friends. In the wider friendship network respondents nominated 45 'casual friends'. Six of the

friends relationships were reported as making them feel 'bad' and twenty as 'half and half' the remaining 87 (77%) made them feel 'good'.

Professional Networks and other relationships

Nine (47%) young people mentioned 12 professionals. Six of these were teachers where the relationship made them feel 'good' in three cases, 'half and half' in one case and 'bad' in two cases. Springboard project workers were mentioned twice, both described as making them feel 'good'. A childcare leader, a childcare worker, a social worker and a coach were also mentioned and these were 'good' relationships. Other relationships included a 'bully' mentioned by one child who made them feel 'bad' while another child mentioned the friend of an older brother who made them feel 'half and half'.

Summary

The group of young people had an average of 13 within their social network and this indicates a fairly healthy status. Mothers were present in 16 (89%) of homes and the relationship was good with nearly all of these. Fathers were present in seven (39%) homes and relationships were reported as good. This is half of the figure for the national population where 78% children live with both parents. For those with non-resident fathers, more than 50% of relationships were bad or non-existent. This indicates an aspect of the young people's lives where more activity and support could be focused on developing relationships with fathers. Professionals feature significantly in the young people's networks – nearly half mentioned professionals and the relationships were good in the majority of these.

4.6.3 Measure 3: Social Provision Scale (Adolescent version) - Levels of social support experienced by the young people

Eighteen young people completed the Social Provision scale Adolescent Version that has been adapted by Dolan and Cutrona (2006) for adolescent use. This version contains 16 items and measures 4 provisions of social support for the child (as opposed to 6 provisions for the adult version). The types of support are advice support, concrete (tangible) support, esteem support and emotional support. The child is asked to rate each type of support they receive, from parents/carers, siblings, from friends and other adults. Available responses are 'no' 'sometimes' and 'yes', in response to the 16 statements. This tool can be scored to measure overall support.

As a group, the children felt the most supported by their parents and secondly by their friends. They felt least supported by their siblings. The following figures identify the types of support and which people in the child's network provide the support to them.

Concrete support

Fig 4.7 Young People - Concrete Support (n=18)

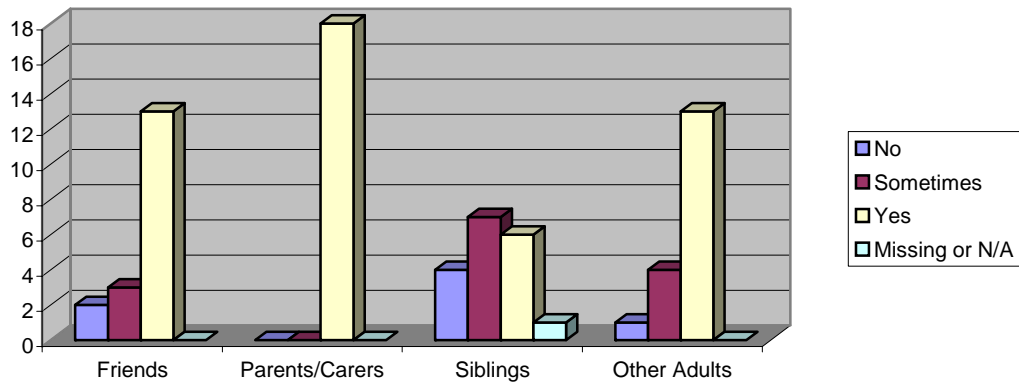
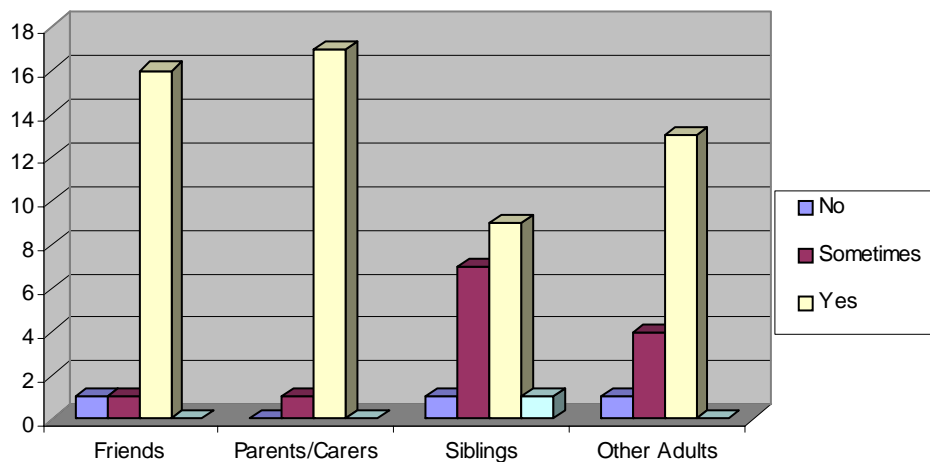


Fig. 4.11 depicts the sources of concrete support for the young people. They felt in all cases that their parents could always be counted on if they needed help. Friends and other adults were seen as equally reliable by thirteen (72%) of respondents.

Emotional support

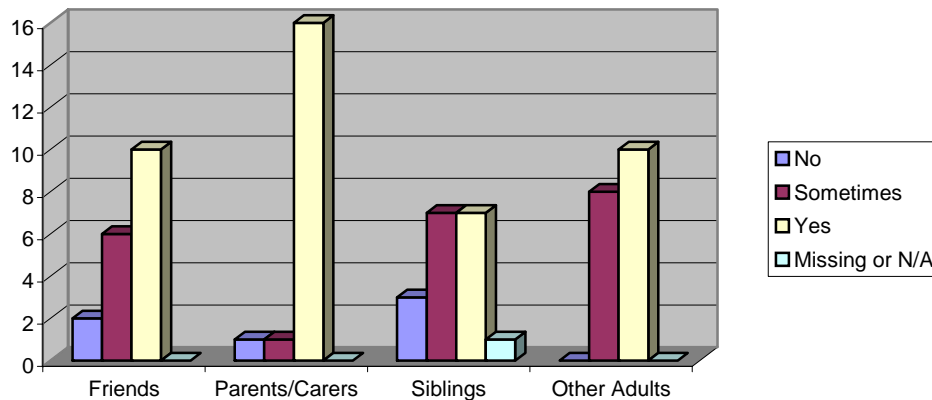
Fig 4.8 Young People Emotional Support (n=18)



In almost all cases (17) parents and friends (16) were seen as providing the young people with a sense of acceptance and happiness. Siblings were the least likely (50%) to provide emotional support – in seven (39%) cases, the response was 'sometimes'.

Esteem Support

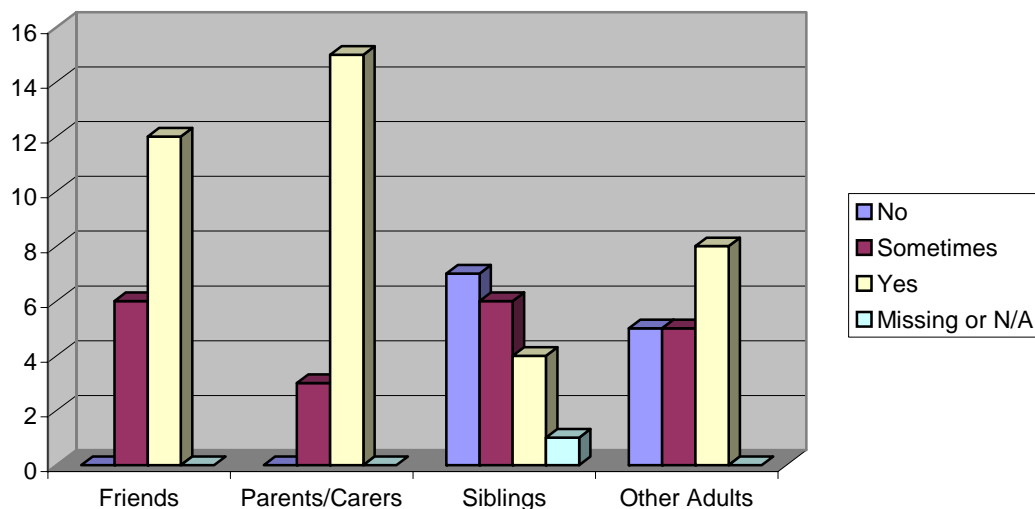
Fig 4.9 Young People Esteem Support (n=13)



Nearly ninety percent of young people felt that their parents recognised their talents and abilities compared to 39% of siblings. Friends and other adults were seen as equally providing esteem support in 55% of cases.

Advice Support

Fig 4.10 Young People Advice Support (n=18)



Parents and friends were the main sources of advice for the young people, with nearly 83% of young people feeling able to always turn to their parents and 68% feeling always able to turn to friends if they were having problems. Siblings were much poorer sources of advice and did not provide advice in 7 (39%) of cases and only sometimes in six (33%) of cases. They were a good source of advice in four (22%) cases.

Summary

Eighteen children completed this measure. They felt that:

- Parents were reliable sources of concrete and tangible support closely followed in reliance by friends and other adults also contributing to a lesser degree.
- Emotional support was reliably provided by parents and friends and siblings were seen as the least likely to provide this.
- Esteem support was seen as mainly coming from parents with friends and other adults as also providing this in half of cases for both these sources.
- Parents and friends were the main sources of advice support with other adults providing a lesser level. Siblings were not seen as good sources for advice.
- For the global picture on types of support, the group felt most supported emotionally and scored lowest for advice support. This indicates that as a group there is potential for accessing additional support in these areas.

4.7 Chapter summary

A significant dimension of the methodology employed for this evaluation was the commitment by project staff to use it as an opportunity to pilot a set of standardised measures both as tools for their practice and as baselines for measuring progress in their work. Overall, this proved to be a successful exercise, generating data for the purpose of this study and 'skilling up' staff on their future use. Key findings from the measures in relation to the subsample which have been fully detailed in the chapter include:

- ☐ A significant minority of parents experiencing mental health difficulties
- ☐ A majority of children with serious problems as judged by their parents
- ☐ Limited social networks for a number of parents
- ☐ Positive ratings of professionals in networks, including Springboard staff
- ☐ Almost half of the subsample of children having a poor or no relationship with their father
- ☐ Advice support for the children as the lowest rated form of support

This kind of information should be useful for the project in its planning for the future. However, for the more strict purposes of the evaluation an important issue arises in relation to its interpretation. Because the measures were not strictly baseline in that they were taken at different times in the intervention with families, it may be the case for example, that the project's early work is not reflected. More specifically, the social support data gathered may not reflect successful social network building activities. Similarly, the level of difficulty perceived by parents in relation to the children may be lower on average than it was at the start of the interventions. The key point is that in order to be useful, baselines should be taken at the earliest possible opportunity with service users, in order not to miss change, positive or negative, that can be attributed to the intervention.

Chapter Five

Views of Service Users

They are outstanding...did a lot for us, if you want to pour your heart out they let you...you never leave here with an empty mind...you are at a kind of ease.'

5.1 Introduction

This chapter presents the voices of those using the Springboard project. It is based on findings from a simple, short questionnaire and a number of face to face interviews. It reflects very positive and enthusiastic support for the service, and the desire of those using it to see the project continue and expand. The chapter is structured around the following methodology section, a detailed description of service user views and a brief summary.

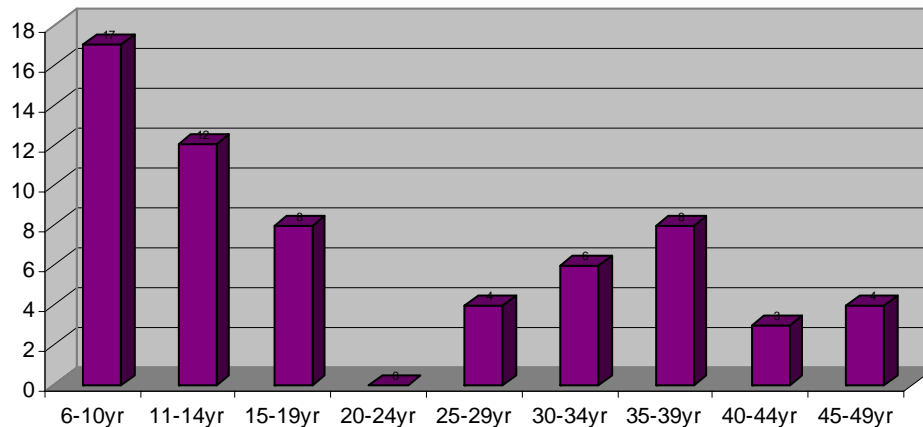
5.2 Methodology

Sixty-two service users of the service filled out a two-page self-completion questionnaire. Respondents were asked background information on their age, gender, and the length of time they have used the service and on whether the project had benefited them or their families. They were also asked about on ways in which they felt the service could be improved. Respondents included users from the indicated, selected and universal target groups.

Additionally ten parents and ten children were personally interviewed in depth. These respondents came from those families with whom the standardised measures were completed. Because they were personal interviews it was possible to gain comments that gave a deeper flavour of what service users feel about Springboard. These comments are used throughout this chapter to supplement the responses from the self-completion questionnaires.

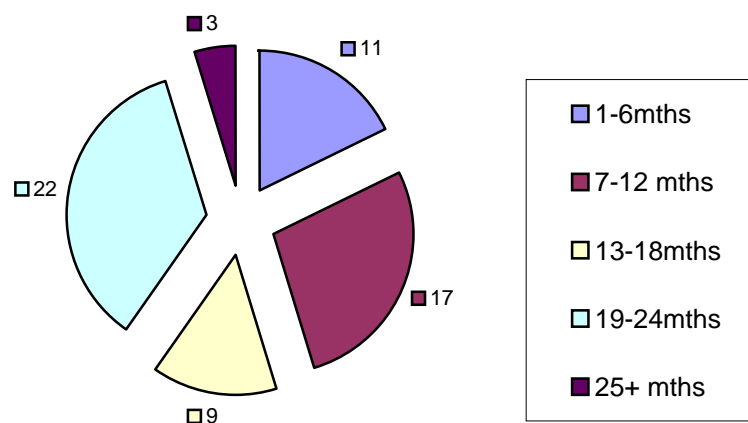
5.3 Profile of respondents

Fig 5.1 Age range of service users (n=62)



Two thirds of respondents were female and one third of respondent's male, with respondents ranging in age from six to 49. More than 90% of respondents had been attending the project for 3 months or more. Twenty six percent of those who completed the questionnaire had been involved with the project for 24 months or more.

Fig 5.2 Time service user has been with the project (n=62)



5.4 Views of service users

The following section outlines the views of services users in relation to: location of project; service quality; aspects that they most/least enjoy; the impact of the service on individuals and their families; and suggestions to improve the service.

5.4.1 Location of Project

In personal interviews respondents were asked what name they had for Springboard. In the main they called it 'The House' but the centre was also referred to as 'a homely home'. Respondents liked the centre being nearby and being able to drop in and the house being part of the community, something that came through as important in nearly all personal interviews. For the respondents it was very significant that the service was accessible, resulting the project being perceived as having a higher stake and a higher profile in the local area.

5.4.2 Service quality

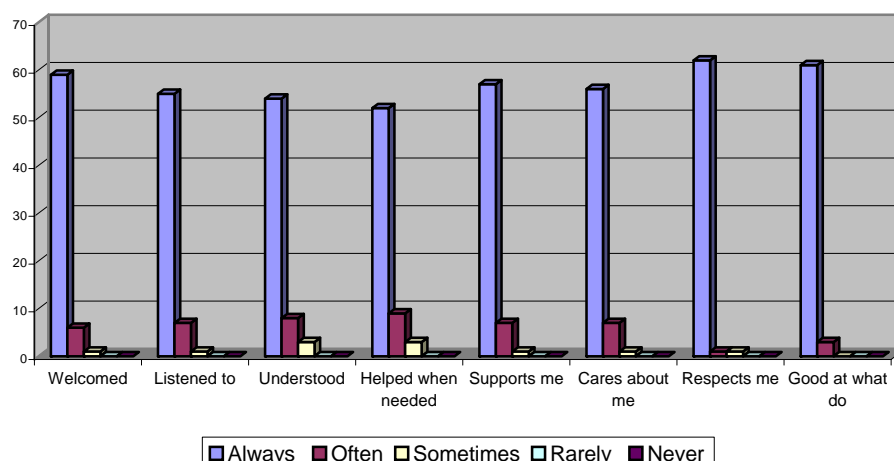
Service users were very satisfied with the service in 80% of cases. Sixteen percent of respondents were satisfied and two (3%) service users (who were new to the service) were unsure. Service users were provided with a battery statements relating to specific dimensions of service delivery and asked the frequency with which these were encountered. The statements were

- ☐ 'I am made to feel welcome by the service',
- ☐ 'I am not listened to by the service',
- ☐ 'I am understood by the service',
- ☐ 'I do not enjoy coming to the service',
- ☐ 'the service gives me help just when I need it'; 'the service is not there to support me'.

The responses they were asked to choose from were 'always', 'often', 'sometimes', 'rarely' and 'never'.

More than eighty five percent of respondents feel that they are always welcomed, listened to, understood, supported by and enjoy coming to the service. When asked if the service gives them help when it is needed 79% indicated always and 21% either often or sometimes. Service users were asked to respond in the same way to the following statements about staff: staff in the service care about me, staff in the service do not respect me, staff in the service are helpful, staff in the service are not fair, staff are very good at what they do. More that nine out of 10 service users felt that staff care about them, are helpful and are very good at what they do always. More than 90% of respondents feel that staff respect them and are fair.

Fig 5.3 Quality of service



'If you have a problem we sit down and talk about it and they do the utmost best to solve it'

These high ratings represent a very positive response to the quality of the service. It indicates that the project team are on the right track in the model of work that they use for work with the target group. It demonstrates that the team are working well together and have the support of the local community, which is a good platform for moving forward to developing the project in collaboration with the service users.

5.4.3 Aspects that service users most enjoy

In terms of the activities most enjoyed, the majority of children mention activities such as basketball, art, the garden and trips away as being the most enjoyable and 'good fun'. Other comments by children included

'The way they quietly help people'
'[The service] helps me think'

Those parents receiving individual support (belonging to the indicated group) talk about how helpful the home visits are and the benefits to them of discussing problems with the staff member.

'[They] helped me an awful lot. Got me back on my feet ..helped me to hold on to my child'
'They made me aware of issues I had to deal with and helped me with the kids'.
'Its adult conversation for me'
'Everything is fantastic in the area [now]'
'Helped me to become stronger'
'There is something for everyone in my family - they are always light-hearted not serious – humour in it.'

Respondents highlighted the difference in the way that they are treated by the project staff compared to some other agency personnel. Service users found that the friendliness and helpfulness of staff was very important. Other comments relating to this aspect were:

‘People are afraid of social services. They think “oh don’t draw them down on your back” Springboard is like a modern social service’
‘Well its like after opening a new door to our lives – people say there is so much out there but we don’t know how to go about it. If you want to get a sliced pan at the shop you don’t want to have to go all round the shop and that’s what some people do to you. The staff get the information and the right people instead of waiting.’

This is an important point as it has facilitated service users from the target group in engaging with Springboard in cases where they were reluctant to engage with other agencies. As the above comment shows, some respondents were reluctant to draw the attention of social services and so were not sure about where or who to go to if they needed help.

Those service users that attend group activities only such as coffee mornings and other activities (belonging to the selected group) discuss the social aspects, meeting other people and making new friends as the most enjoyable. Service users contribute voluntarily to organise events and some activities at times like Halloween and Christmas. They enjoy participating and one parent was keen to contribute more.

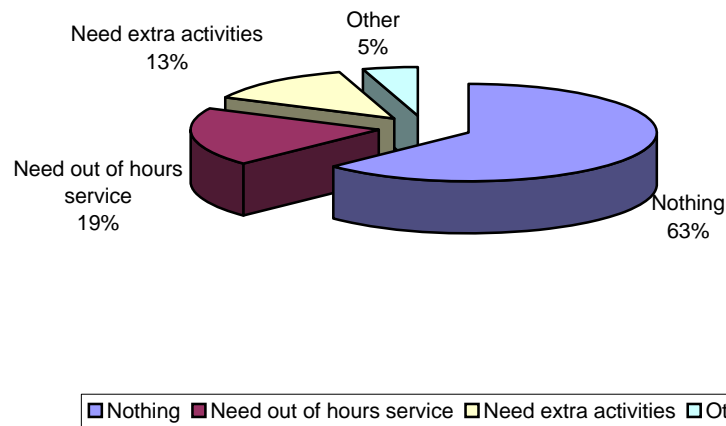
‘I can help out too if they want me to do anything’

This comment is indicative of the potential in the community that could be further tapped to assist the project team with certain events and activities and more significantly to develop the community and universal objectives of the project.

5.4.4 Aspects that service users enjoy least

The majority (63%) of children and parents replied ‘nothing’ or left this question blank. (Fig. 5.6) One child said ‘I don’t like going home. I’m having too much fun’. Another commented ‘do not like talking about things’. Six children said they would like more activities. Five parents mentioned that the service was not available in the evenings or at weekends. One parent asked for more activities for adults and another for activities for babies and toddlers. Overall, there is some support among respondents for both longer opening hours and an expanded range of activities.

Fig 5.4 Aspects service users least enjoy



5.4.5 Impact of the service on individuals and on their families

All respondents said that they have benefited from the service. More than 90% said that the service is always a big help to them and their families and were very clear on the benefits they had gained from the project. Children could see the way that their own behaviours had been improved and they were also able to describe the impact on their parents and families. Comments from children include:

‘Helped me to be kinder to people. My friends at home I used to shout at them when they were annoying me but now after being here I just say if you’re fighting with me then don’t play with me and I don’t shout’

‘We’re [the family] finally able to talk’.

Other children said the service had helped their parent(s) or a sibling.

Parents were enthusiastic in their praise for staff. They talked about the support they had received in relation to behavioural problems with children, support in their personal relationship and critically that they were listened to. Six parents mentioned help with confidence building. Comments from parents included:

‘They gave me back my life’

‘Helped me to clear my head and be there for my family’

‘Family tell me I am better.. .not so hyper’

The social aspects of their involvement were important to parents, as well as the advice and information they receive on entitlements and housing. In relation to the latter four respondents mentioned help to get onto FAS or Youthreach courses or assistance to get a job.

5.4.6 Suggestions to improve the service

Suggestions that would improve the service concentrated on extending service hours to weekends or later in the evening, as was indicated in responses to what those using the services least enjoy. One parent suggested an out of hours help line.

'Maybe a help line for after hours.. I get very anxious and can't sleep'

Among the additional activities and services suggested were :

- A course in confidence building for parents.
- Small discussion groups dealing with family issues.
- Community and parenting groups.
- Activities and events for elderly people.
- More walks.
- Picnics for parents and children.
- Activities for babies and toddlers.
- Another street party.

5.5 Chapter summary

- Sixty-two service users completed self-completion questionnaires on the service and 20 service users were personally interviewed. The age range was from six to forty-nine years and more than 90% of respondents had attended Springboard for three months or more.
- Respondents were enthusiastic in their comments about the service and the staff. More than 97% of service users stated they were satisfied or very satisfied with the service. They felt listened to, understood and supported by project staff and enjoyed coming to the service. Eighty percent of respondents felt that they received help when they needed it. Many service users described the help that they received either for themselves or by others in their families. More than 90% of service users feel that staff care about them, are helpful and are very good at what they do. They feel they are respected and that staff members are fair in their dealings with them.
- The importance of the location of the centre in Farranree was emphasised with service users who colloquially named it 'The House'.
- The difference in the way that service users are treated by the project staff compared to some agency personnel was highlighted. Respondents found that the friendliness and helpfulness of staff was very important. This is an important point as it has facilitated service users from the target group in engaging with Springboard in cases where they were reluctant to engage with other agencies delivering caring interventions.

- Service users were able to give concrete examples of the ways in which the service had helped them and their families and were very appreciative of this help. They were keen that the service should continue and expand.
- Respondents talked about how they helped the project in work activities and events and one parent wanted to be asked to do more to help.
- Recommendations for improvement were generally around increasing staff numbers, extending service hours to evenings and week ends, increasing activities for various groups and to 'keep up the good work.

Chapter Six

Views of Professionals

'The team is a major strength and their dedication is a testimony to them'
'A wonderful example of how a multidisciplinary team can operate'

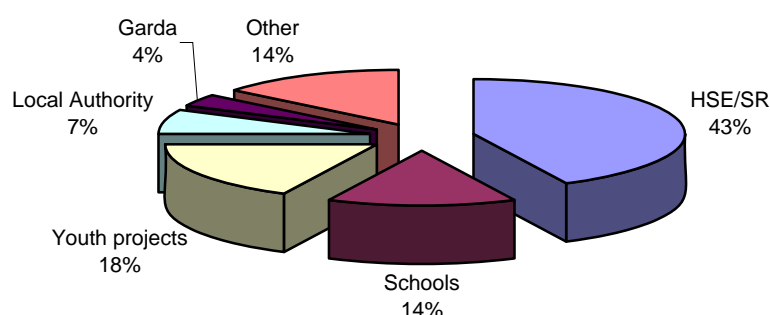
6.1 Introduction

The Springboard project collaborates with other professionals and voluntary agency personnel in the delivery of interventions and advocacy to service users. This collaborative style of working is part of the remit from the national Springboard Programme as well as an aim of the project. For this reason, the evaluators were asked to look at project networking and interagency work and to survey personnel from state and voluntary organisation on these and other aspects of service delivery. This chapter presents the findings from data gathering with these groups.

6.2 Methodology

Twenty-eight professionals who work regularly with Springboard were surveyed during November and December 2006. The responses came from a wide spectrum of organisations working in the two target geographical areas and represent the views of these organisations' representatives.

Fig 6.1 Professionals' organisations (n=28)



Eighteen professionals returned self-completion questionnaires and 10 others were personally interviewed either in person or by telephone.

The breakdown of respondents is as follows:

- HSE South (12) which included social workers, PHNs, child care workers, community welfare officers and the clinical psychologist who supports the project team,
- Local Authority including housing officers (2),
- Teachers and Homes School, Community Liaison Officers (4)
- Garda (1)

- Youth project (5)
- Voluntary organisation (2)
- Community Development Project (2)

6.3 Views of professionals

This section outlines views of professionals on: their involvement and familiarity with Springboard; quality of service; the Weissberg Model and its impact on service delivery; key strengths; service gaps and the overall value of Springboard.

6.3.1 Professional's involvement and familiarity with Springboard.

Professionals were asked about the ways in which they interact with the project. Set out below are the main categories of their responses.

- The majority (66%) of respondents refer young people and parents to the service.
- 39% take referrals from Springboard
- 55% work with the project as part of a committee.
- 22% work jointly with Springboard staff in delivering programmes to children/young people.
- 22% link with the project in other ways.

More than 90% of professionals said they were familiar or very familiar with the work of the project. All had networked or collaborated with project staff for between two and four years. Some of the respondents (39%) were involved at the initial consultation phase before project set up. Three have been on the advisory group to the project and one respondent had minimal contact (on two or three occasions) with the project.

When asked about the role of the project, responses showed good understanding of Springboard. Comments included:

'An intervention to help children stay in their families and 'out of care' system.. To work with the whole family towards self help'
 'Trying to reduce too large multi-disciplinary professional [involvement]'
 'They work with families where we fail'
 'Young people have very little power or control to change anything in their families – the parents are the people who need the support in order that they can move towards change'

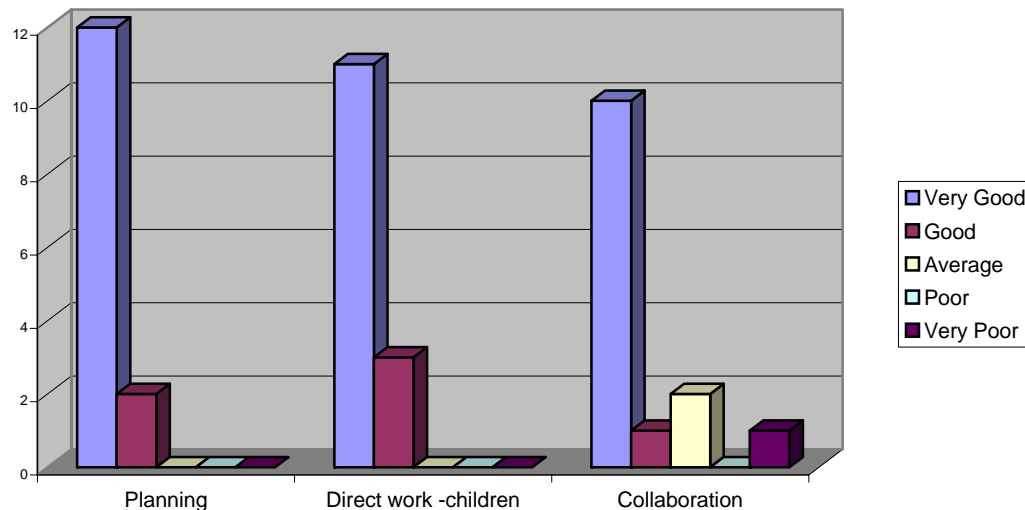
Respondents felt that there was good awareness of the project among professionals. They felt that the project was gaining awareness in the area through word of mouth in Knocknaheeny. Others said that sections of the Knocknaheeny community were not aware of the project because they did not have need of the service. Two out of the 18 questionnaire respondents suggested that there were needy families in Knocknaheeny who were unaware of Springboard.

6.3.2 Service Quality

Professionals were asked to rate the quality of staff under the three headings of planning, direct work with children and young people and in working collaboratively. Only 14 respondents completed this question because others

felt they had not collaborated sufficiently to give an opinion. The responses they could choose from were Very Good, Good, Average, Poor and Very Poor. In relation to planning and direct work with children and young people, all professionals said the project was Good or Very Good. Responses for working collaboratively were Good or Very Good in 79% of cases.

Fig 6.2 Quality of Staff Work (n=14)



Generally, comments under this question were very positive:

'Joined up approach to service delivery'
 'Good planning, openness so all information shared..[They] look to see who is involved with the family and include [them] Great effort not to overlap when not necessary.'
 'The Springboard staff member we worked with was very professional at all times. was approachable and open and understanding and very available to the family and team. Very respectful and boundaried'
 'Working with management and staff has been very satisfactory..This service has helped to settle down a disorganised area'

Two respondents were not so happy with the collaborative aspects.

One professional replied 'very poor' under this question and commented 'Difficulties in relation to confidentiality – slow to share with regard to families'
 "Competing interests of other agencies militate against each other"

There was general consensus from respondents that project staff are very good at what they do. Responses indicated that professionals felt that service users are made to feel welcome, listened to, understood and enjoy visiting the service. It was felt that staff give service users help when it is needed, that the help given is significant, that they are there to support service users and that they genuinely care about and respect them. There was unanimity that all would recommend the service to parents and children.

6.3.3. Weissberg Model and its impact on service delivery

Forty percent(11) of respondents had some awareness of the Weissberg model used by the project for the delivery of targeted preventive interventions. Generally professionals commented that, by using the model, Springboard was 'more open to different approaches' that it is very effective in relation to the wide [range] of service users which they target' and that it reduces stigmatisation. One professional commented that

'It should be the public health model'.

One professional wasn't so sure – his / her detailed comment below indicates a set of issues associated with the model.

'Not sure if they have been able to implement in full – maybe overstretched. That kind of model you need the luxury of more workers to meet the need. ... to work at the three levels ..at least 12 workers to cover both areas. If the project spread themselves too wide they may get to where families who need the service don't get it. I think the main resources should be targeted at the most needy families. I think they should concentrate on individual work'

There was consensus that Springboard did not duplicate or overlap with other agencies. It was felt that social work services were limited and that the project filled the gap and was able to respond more quickly. One response was:

'I feel that the project is very careful not to duplicate work and have clear boundaries in relation to their work.'

It is accessible in the geographic as well as the psychological sense'

The point made by professionals reiterates that made by service users in relation to this Springboard being a more flexible and more accessible form of service delivery compared to existing services. For professionals, the project has filled gaps as well as being perceived favourably by service users.

6.3.4 Key Strengths of Springboard

Responses were positive and can be grouped under 4 headings

- Staff qualities, in particular, the multi-disciplinary team, their service delivery and style of working:
 - *'The team is a major strength and their dedication is a testimony to them'. 'The project has a can-do philosophy'*
- The project base in the Farranree community.
 - *'It is in the heart of Farranree'*
- The way that staff network and collaborate with other professionals:
 - *'the peerness of it. They have broken down the hierarchical model'*
- The support system that they provide to other professionals:
 - *'There would be families [with children] in care if not for the project'*
 - *I'm surprised at how well they have survived. We needed the Project, it's bedded down now and took on the broad opinions of people'*
- The fact that Farranree and Knocknaheeny Springboard is funded by HSE South has conferred legitimacy on the project and has facilitated the reduction in bureaucratic delays and difficulties.

6.3.5. Service gaps, limitations and possible areas of improvement.

Professionals were asked if they could identify service gaps in which Springboard could play a role based on their knowledge of the two areas. The suggestions were the following:

- Expand the age group of the targeted children
- After school clubs
- More counselling available
- Area too big
- 'Education projects to help parents to recognise importance of schooling for their children.'
- 'More family support workers helping parents with basic parenting, Hygiene and budgeting.'
- 'More collaborative work with teenagers'
- 'Set up a YAP to complement Springboard.'
- 'Over subscription to the service means there is a significant wait'

The limitations of Springboard perceived by professionals can be grouped under four main headings

- Resource needs – including more staff
- The lack of therapeutic skills/psychological skills
- Lack of an out of hours service
- Lengthy delays for referrals

Other concerns raised by a small number of respondents related to the geographical divide between the two communities and the challenge of achieving continuity of care in the context of job-sharing and maternity leave.

Most of the suggestions for improvement were around increasing resources. Eighteen of 28 respondents believed that premises were needed in Knocknaheeny. A larger premises in Farranree to do group work was mentioned by five respondents. Sixteen out of 28 respondents believed that the service demand was greater than that team's current capacity to respond, with 13 suggesting that more staff are needed. More specific individual suggestions included

- 'More two way sharing'
- 'More regular and shorter advisory meetings.'
- 'Maybe a newsletter or further advisory group meetings would be helpful'

6.3.6 Overall value of Springboard.

The majority of professionals (84%) said Springboard was very valuable in their day-to-day work.

- 'Project takes pressure of my workload also reassures me when having another professional involved in difficult cases for sharing concerns and way of management'

The project then can be seen as a support to other professionals as well as to the service users. This reinforces the importance of continuing to take time to forge and maintain linkages with other professional and voluntary agencies

6.4 Chapter summary

The key message from this part of the evaluation is that, overall, professionals hold Springboard in high esteem and regard it as very valuable in their day to day work. This is reflected in perceptions of the quality of the service provided, across three domains of planning, direct work and collaboration. Viewed from the outside, those professionals who are aware of the project model think that it is useful. Critically, the project is seen to add value to service provision in the area, rather than duplicating existing actions. The team, the location of the project, networking and collaboration are among key strengths identified by professionals. The project's major limitations are perceived to be resource related; that said, professionals identified a number of additional potential areas of intervention for the project.

Chapter Seven

Discussion

7.1 Introduction

This chapter is concerned with drawing out the main themes that have emerged and how these impact on the future development of the project. It opens by examining the project objectives and the outcomes of the project work and assesses the achievement of objectives. It identifies the main factors in the success of the work in Farranree so far and explores how these factors can assist in the development of the service in Knocknaheeny. Staff utilise the Weissberg model in delivering preventive interventions and the next section reviews how this impacts on service delivery. The chapter concludes with an examination of the way in which the research measures used for this evaluation can be integrated and improve project assessment and evaluation processes.

7.2 Project objectives and outcomes

The following section examines the project objectives that have been clarified with the project as part of the work of the evaluation. The objectives have been ordered under the three classifications of the project model of preventive intervention. The objectives are described in more detail, including the actions under each objective, in chapter two of this report. In order to avoid repetition, the objectives are summarised here:

- 1. Improve well being of targeted children and reduce their risk of going into care, early school leaving or getting into trouble with the Gardai.*
- 2. Improve well being of targeted families and parents supporting them to develop existing strengths.*
- 3. Connect families with supportive networks within identified Communities.*
- 4. Improve civic involvement of adolescents including a reduction in levels of vandalism.*
- 5. Increase civic involvement within the wider community in designated areas.*
- 6. Improve co-operation and networking among agencies working in the target communities.*
- 7. Ensure that the Project remains relevant and needs focused by the use of evaluation, monitoring and planning processes.*

Project objectives 1 and 2 identify improvements in the well being of targeted children and parents. Currently, operating at capacity, the project is working with 65 families and 63 children currently, one quarter of families who self-refer. There is enthusiastic support for the project by parents and children who have a trusting and caring relationship with project staff.

Due to resource and time constraints the evaluation has not been able to measure changes in well being attributable to project intervention because pre-intervention measures and post intervention measures are not available for comparison purposes. What the evaluation has been able to do is to utilise attitudinal responses from children, parents and professionals and staff to indicate that the project is making a positive difference to the lives of those using it. Parents and children and other service users are able to give concrete examples of ways in which the project has benefited them and their families. Professionals state that project staff have supported families, advocated for them, sometimes preventing children going into care. The recommendations already made in relation to integrating the research measures into project assessment and evaluation processes should assist in providing objective measures of the impact of interventions. This should supplement attitudinal data collected on an ongoing basis.

There is evidence that the project is achieving contact with the desired target families. One fifth of the service user base of families score four on the Hardiker classification, and more than half of families score three, which indicates that they are from the desired target group. The team's innovative style of working results in the project achieving contact with more difficult to reach families and children using street work and other creative approaches. The male/ female mix on the team facilitates more effective accessing of fathers and young men.

In relation to objective 3 the team are particularly strong on connecting families with supportive networks and in mobilising local/community responses to problems. The future challenge is to further strengthen families and the community so that they may become more and more involved in coordinating, and delivering support themselves. In the process of doing so, over time, they should become less reliant on outside agency support.

Objectives 4 and 5 identify the improving civic involvement of adolescents and the wider community. Springboard is now well established and embedded in Farranree and Knocknaheeny. The project has helped 'hold' and support the community in Farranree during a difficult time while the flats are vacant and awaiting refurbishment. Staff and professionals comment on the fact that the premises has not been vandalised as one indicator that the project has established itself well and gained a sense of ownership in the community.

Certainly the area is safer in relation to children playing on the street. The erection of hoardings to screen the vandalised buildings and the graffiti project that worked with adolescents, children and adults was effective in creating enhanced civic pride. The garden project has also fostered civic pride in those service users interviewed some of whom were able to show colourful,

well maintained gardens, which they have made with the advice and support of project staff and the Cork Mandala of Gardens Project. The area of Farranree is undergoing regeneration and hopefully this will improve when the flats are refurbished.

Objective 6 is being achieved very successfully. There is good awareness of the project by a wide selection of professionals evidenced by referrals from a large variety of local organisations and agencies. The team works hard at collaborating with and involving other agencies in service delivery. They have used the centre as a hub for service delivery by other agencies. Professionals state that they have been encouraged to try new ways of working and have been effectively supported by the project in their work. Chapter six details the comments that professionals have made with regard to their collaborative style. This does not come without a cost in terms of the amount of time that the team devote to networking with other agencies and making sure that all involved professionals are kept informed.

Objective 7 concerns the improvement in administration and monitoring and evaluation processes and this is a key part of the work of the evaluation. The study examined project administration and monitoring processes by referring to files, case notes and database data as well as by interviewing staff and the findings and recommendations are detailed in chapter three. The main recommendations are around improving the content of case files by utilising standard format and templates for regularly used letters and forms. In addition the SPSS service user database could be usefully improved by the addition of more variables on client profile, assessment details and support plan timings. A coded form was designed to assist in the recording of unplanned interventions and for the general analysis of staff activity in relation to the project model and other work activity. As indicated, in order to improve the project evaluation processes it is recommended that the use of the research measures is implemented at the early stage of case assessment and then repeated at mid term and at the end of the intervention.

7.3 Key factors in the success of the project

As the project team move forward it is useful to note the factors that have made project successful so far.

The staff team is the project's key strength. They have used new ways of working and have been given support to try out different approaches, which are bearing fruit both with service users and with professionals. Residents trust the team and accept the project. They are trusted by professionals who state that they have been supported by staff members in their own work and that Springboard has collaborated with them very well.

The way the service is accepted and perceived by service users. They see it as a service that keeps families together as opposed to more formal child protection services which service users don't want to 'draw down on themselves.' Development of trust is important in that it can reverse previous experience of recipients and communities of 'caring interventions'. O'Connor (2001) found that previously intervention by caring agencies with families was

often followed by removal of children into care and stigmatisation of the family.

The model of preventive intervention delivery which operates at the indicated (individual), selected (group) and community (universal) levels is seen as an asset by professionals and by staff. It reduces the stigmatising effect that would be created if only individual work was done. It helps to develop social supports for service users as they start to address issues. They may start with individual sessions and then join a group activity. It also helps to strengthen the community, increasing civic awareness and reducing antisocial behaviour. It also helps to reduce some of the stress and 'burn out' for staff that constant indicated (individual) casework tends to produce.

The fact that the Springboard project is funded by the HSE South is cited as one way in which the project can 'short cut' bureaucracy and also confers legitimacy and authority with other agencies.

Specifically in relation to the project's success in Farranree, the locating of the project in the heart of the Farranree area. This is a discrete facility which is only associated with the project. It is seen as a 'Homely home' by service users and is the second major component in the project's success. The centre provides a focal point of contact as well as enabling local street work. It also serves as an informal 'hub' for the delivery of information by other agencies on occasion.

The major immediate challenge facing the Farranree and Knocknaheeny Springboard Project is to manage the implications from having a new service base in Knocknaheeny whilst maintaining successes already achieved in working across both communities. Already, the project is undertaking a significant amount of work with families in Knocknaheeny; by having a physical base in the area, working side by side with other services, it is reasonable to expect an increase in demand. With existing staff already stretched, there are significant potential resource implications.

In relation to the new premises in Knocknaheeny, it is less likely that the project will be able to achieve the sense of ownership of the 'space' the project works out of, as happened in Farranree. A challenge for the project will be to develop strategies to achieve a sense of ownership in this larger community. A clear strength of the new location will be its co-location with others in terms of optimising resources and managing boundaries between interventions. A challenge in this context will be to ensure that the project maintains its informal nature.

From a work management perspective, a highly significant issue will be to manage what is likely to be an enlarged overall programme. The question is, would this be better managed via two separate work programmes each more finely tuned to the needs of the different areas, or if one overarching programme will suffice. A related issue concerns the location of the Project

Leader and how he will be able to most effectively support and supervise ongoing work.

While these are significant challenges, it is important to note that they arise in the context of an overall positive perception of the project among service user and professional stakeholders. Notwithstanding the fact that decisions will be required on many issues, the key work of the project is to identify and to give proper consideration to each. A quality assurance check exists for the decision-making process on the project's future in what this evaluation has identified at its key strengths to date.

7.4 Impact of the Weissberg Model on project service delivery

The key message from staff overall is that they believe that the underpinning Weissberg model is helpful to their day to day practice. It provides a frame for reflection and keeps the focus on the preventive nature of the project. The value to the prevention of burn-out by working across group, individual and community level is apparent. That said, there are some questions about the appropriate allocation of time between the different levels of work.

Although only 11 of the 28 professionals were aware of the model they commented that it assisted in service delivery very positively and their comments have been included in the body of the report. Professionals feel that using the model helps staff members to be more open to different approaches. They think that it is a very effective model in use with the target groups and reduces stigmatising effects.

This is a very demanding model to implement. Operating at three levels of intervention is a fine balancing act. It requires huge commitment and time. It also requires adequate personnel and strong planning and review processes. Additionally, it requires a defined catchment and boundary in order to implement; otherwise the local 'strengthening' effect on the community will become diluted and dissipated. It is up to the project to define the best size of catchment for each area taking the local factors into account.

7.5 Integrating the research measures into the evaluation process

Chapters 4 and 7 discuss the utilisation of the research measures. Staff found these useful in the case assessment stage and if these are implemented before intervention and repeated at intervals they can be used to track and measure changes in service users, which can be (in part) attributable to project intervention. In tandem with the utilisation of the service user database, the project will have a powerful tool in the assessment of individual service user progress and project impacts on the whole service user cohort.

Chapter Eight

Review of Evaluation Objectives and Recommendations

8.1 Introduction

This chapter opens by looking at the research study objectives and assessing whether these have been achieved. It closes with a summary of the recommendations that have emerged from the findings for the study and a brief conclusion.

8.2 Review of evaluation objectives

The main task of this study has been to assess the achievements to date of the Farranree and Knocknaheeny Springboard. The evaluation objectives agreed at the start have guided the research and a range of appropriate data collection methodologies have been utilised to inform the research findings. Ninety-eight questionnaires from staff, service users and professionals and 120 assessment questionnaires with parents and children have informed this study. It is therefore a comprehensive and solid basis for the evaluation recommendations.

Evaluation Objectives

(a) To clarify the project objectives in line with the model which is guiding the work of the project.

Weissberg's ideas, which underpin the project model of preventive intervention, were described in chapter two. As outlined in the previous chapter, based on data gathered from with staff and professionals, the model is seen to have a positive impact on the project's work. As part of the evaluation, the project objectives were refined in line with the project model and these are detailed in chapter one. By organising the objectives under the three levels of preventive intervention, the model coheres better with the actual work plan. As a result actions/activity can be traced back to the objectives as they relate to each target group.

(b) To document baseline measures at the early stage of project life that will assist in the future longitudinal evaluation of project outcomes.

The study utilised a battery of research measures with 22 children and 20 parents. This has provided a profile of the service user group, clarifying their current well being and the size and quality of their social network and social supports. Project workers administered the assessment tools although each staff member had extra work involved in administering the measures, they found their use helpful in their own assessment and review process with the families. They now intend to implement them in future work. Linked to the development of baseline measures, the evaluation has resulted in recommendations to improve administration and monitoring systems. A coded activity form was designed to capture the unplanned interventions and this will contribute to improving the administration and monitoring systems.

(c) To examine the achievement of project objectives and project outcomes to date including the perceptions of the project service users, members of the two communities, agency colleagues and other relevant professional groups.

Comprehensive surveys of service users, agency professionals and staff informed the discussion around the objectives in chapter seven. This was wide ranging in scope and the shorter self-completion questionnaires were supplemented with longer depth personal interviews of service users, professionals and staff.

Overall, the view of the researcher is that the evaluation objectives have been achieved, with the result that the study can be seen as a comprehensive overview of the current status of the project, which can form the basis of its future development and expansion.

8.3 Summary of recommendations

Recommendations come from the findings in the body of the report. They are summarised in the following points but for a fuller discussion it is important to read the recommendations in conjunction with the relevant chapter of the report.

1. Give full consideration to the range of issues associated with the development of a physical project base in Knocknaheeny, including resources, community ownership and project and work programme management.
2. Strengthen training and other supports to the team in order to assist them in delivering the interventions to the service users.
3. Consider developing practices to support the young people to develop relationships with absent fathers where this is possible.
4. Develop methodologies around providing advice support to the young people as identified in chapter four.
5. Implement the recommendations on administration and monitoring that have been outlined in chapter three of this report.
6. Integrate the research measures into the evaluation process.
7. Develop initiatives that involve the local service users and residents in project planning and decision making processes.
8. Consider extending service hours to evenings and weekends as recommended by professionals and service users, recognising additional staffing and resource requirements that may be incurred.

9. Examine the possibility of increasing the numbers and types of activities as described by the service users in chapter five.
10. Continue collaborating with other agency and voluntary personnel. Increase the number of (short) advisory group meetings and produce a newsletter for distribution to agency staff with details of project activity, which should lead to an increase in the project profile, especially in the Knocknaheeny area.
11. Pilot the Activity Record Sheet developed during the evaluation.

8.4 Conclusion

The Farranree and Knocknaheeny Springboard project can be satisfied with the progress that it has made to date. The project is well established and has solid support from both service users and professionals. It is delivering effective interventions to the target groups at the same time as supporting the local community during a period of change. For the future, it is important to collect data on the impact of the service utilising objective measures to supplement attitudinal data. An immediate challenge is to progress the service in Knocknaheeny whilst at the same time ensuring that Farranree does not experience a diminution in the quality of service delivery. In this regard, it is envisaged that the discussion and recommendations contained in this evaluation will assist the planning process for the future development of the project.

Bibliography

- Ary, DV., Duncan, T.E., Biglan, A., Metzler, C.W. (1999) Development of Adolescent problem behaviour. Journal of Abnormal Child Psychology. 27, pp. 141-150.
- Centre for Substance Abuse Prevention (2000) The national cross-site evaluation of high risk youth programs: Final report. Rockville MD. Centre for Substance Abuse prevention. Substance and Mental Health Services Administration.
- Cicchetti, D., Rappaport, J., Sandler, I., and Weissberg, R.P. (Eds.) (2001) The Promotion of wellness in children and adolescents. Washington DC. Child Welfare League of America Press.
- Cutron, C.E., and Russell, D. (1990) Type of social support and specific stress: Towards a theory of optimal matching. In I. Sarason, B. Sarason, & G. Pierce (Eds.) Social Support: An international View. New York: Wiley & Sons.
- Cutrona, C. E. and Russell, E. (1987) The provisions of social relationships and adaptation to stress. In W. H. Jones and D. Perlman (Eds.) Advances in Personal Relationships Vol. 1 pp. 37-67.
- Department of Health and Children. (1998) Pilot Projects for Children at risk. Guidelines for Preparation of Protocols. Dublin: The Stationery Office. Department of Health and Children.
- Dolan, P. (2006) Assessment, Intervention and Self-appraisal tools for Family Support. In P. Dolan, J. Canavan, J. Pinkerton, Family Support as Reflective Practice. London: Jessica Kingsley
- Dolan, P., Canavan, J., Pinkerton, J. (2006) Family Support as Reflective Practice. London: Jessica Kingsley
- Dolan, P. (2005) Helping young people at risk through social support: NYP youth study summary report. Dublin: Foróige Publications.
- Durlak, J.A. and Wells, A.M. (1997) Primary prevention mental health programs for children and adolescents. A meta-analytic review. American Journal of Community Psychology, 25, pp. 115-152.
- Elias, M.J. (1997) Promoting social and emotional learning. Guidelines for Educators. Alexandria VA. Association for Supervision and Curriculum Development.
- Fook J. (2002) Social Work: Critical Theory and Practice. London: Sage.

- Goldberg, D.P., and Williams, P. (1988) A user's guide to the General Health Questionnaire. Windsor: Nfer-Nelson.
- Goldberg, D. (1972) The detection of psychiatric illness by questionnaire. Maudsley Monograph No. 21. Oxford: Oxford University Press.
- Hardiker, P., Exton, K. and Barker, M. (1991) Policies and Practices in Preventive Child Care Aldershot: Avebury.
- Healy, K. (2005) Social Work theories in Context. Creating Frameworks for Practice. New York: Palgrave-Macmillan.
- Healy, K. (2000) Social Work Practices. Contemporary Perspectives on Change. London: Sage.
- Jack, G. (2005) The interplay between Inequality, Social Capital and Child Wellbeing. Lecture at NuiGalway 17 November 2005.
- Kumpfer, K. and Alvarado, R. (2003) Family Strengthening Approaches for the Prevention of Youth Problem Behaviours. American Psychologist. Vol. 58 No. 6/7 June /July.
- McKeown, K. (2001) "Springboard promoting family well being: through family support services". Department of Health and Children.
- Meltzer, H., Gatzert, R., Goodman, R., Ford, F. (2000) Mental Health of children and adolescents in Great Britain. A Summary Report. London: The Stationery Office.
- Mrazek, P. and Haggerty, R. (Eds.) (1994) Reducing Risks for Mental Disorders. Frontiers for Preventive Intervention Research. Washington: National Academy Press.
- O'Connor, P. (2001) "Supporting Mothers: issues in a Community Mothers Programme". Community, Work and Family, Vol. 4, No. 1 pp. 63-85.
- O'Toole, S. (2002) "North Lee Springboard Initiative" Report compiled for the Child Care Manager's Office and North Lee Community Work Department. October.
- Saleebey, D. (Ed.) (2002) The Strengths Perspective in Social Work Practice. 3rd Edn. Boston: Allyn and Bacon
- Weissberg, R., Kumpfer, K., Seligman, M., (2003) 'Prevention that works for Children and Youth.' American Psychologist Vol. 58 No. 6/7 pp. 424-432 June/July

W/C _____

ACTIVITY RECORD SHEET

Monday		Tuesday		Wednesday		Thursday		Friday		Key to Code	
Client code	Activity code	Client code	Activity code	Client code	Activity code	Client code	Activity code	Client code	Activity code	Code	Activity
										A	Client appt
										SW	Street work
										F	Follow-up required
										GWA	Group work adult
										GWC	Group work child
										AA	Advocacy with agency
										MA	Meetings agency
										Ad	Admin
										Ccon/FC	Case conference/ family conf.
										S	Supervision/ Staff training/ meetings
										O	Other –brief details

INSERT FAMILY CODE FOR INDICATED CLIENT WHERE RELEVANT.
CODE FOR COMMUNITY RESIDENT ADULT = CA.

CODE FOR COMMUNITY RESIDENT CHILD=CC

Appendix B

Code :

Farranree and Knocknaheeny Springboard Project Survey Self-Completion Questionnaire – Service Users

This survey is confidential

1. What age range do you belong to?

Years *please tick*

- 6 - 10 ()
11 - 14 ()
15 - 19 ()
20 - 24 ()
25 - 29 ()
30 - 34 ()
35 - 39 ()
40 - 44 ()
45 - 49 ()

2. Are you male or female Male () Female ()

3. How long have you been involved with the Springboard Project?

Write in _____ Months

4. In what ways are you involved with the Springboard Project ?

Please describe _____

5. How much do the following comments apply to you? (Please read the statements carefully)

Always Often Sometimes Rarely Never

- | | | | | | |
|--|-----|-----|-----|-----|-----|
| I am made to feel welcome by the service | () | () | () | () | () |
| I am not listened to by the service | () | () | () | () | () |
| I am understood by the service | () | () | () | () | () |
| I do not enjoy coming to the service | () | () | () | () | () |
| The service gives me help just when I need it. | () | () | () | () | () |
| The service is not there to support me | () | () | () | () | () |
| Staff in the service cares about me | () | () | () | () | () |
| Staff in the service do not respect me | () | () | () | () | () |
| Staff in the service are helpful | () | () | () | () | () |

	Always	Often	Sometimes	Rarely	Never
Staff in the service are not fair	()	()	()	()	()
Staff are very good at what they do	()	()	()	()	()
The service is a big help to me	()	()	()	()	()
The service is a big help to my family	()	()	()	()	()

6. Overall how satisfied are you with the service?

Please tick one

Very satisfied ()

Satisfied ()

Unsure ()

Dissatisfied ()

Very dissatisfied ()

7. What do you enjoy the **least** about the Springboard Project?

Please describe_____

8. What do you enjoy the **most** about the Springboard Project?

Please describe_____

9. Has the project benefited you?

Please describe_____

10. Has the project benefited your family?

Please describe_____

11. Would you like to make any other comments about the service?

Write in:_____

Thank you for taking part in this survey!

Appendix C:

Code:

Farranree and Knocknaheeny Springboard Project Evaluation Professionals and Agencies Self-Completion Questionnaire

1. Please indicate the area(s) of your involvement with the Farranree and Knocknaheeny Springboard Project by ticking the relevant option(s).

The Organisation I work for:

- (a) refers young people / parents to the Farranree and Knocknaheeny Springboard Project ☐
- (b) takes referrals from the Farranree and Knocknaheeny Springboard Project ☐
- (c) works with Farranree and Knocknaheeny Springboard Project as part of committee(s) ☐
- (d) works jointly with Farranree and Knocknaheeny Springboard Project staff in delivering programmes for children / young people ☐
- (e) links with Farranree and Knocknaheeny Springboard Project in other ways ☐
- Please Specify

2. Which type of organisation do you work for? *(Please tick)*

- Health board ☐
- Primary School ☐
- Secondary School ☐
- Voluntary organisation ☐
- Youth Project ☐
- Local Authority ☐
- Garda Siochana ☐
- Hospital ☐
- Other (please detail below) ☐

Please Specify

3. Please indicate your level of familiarity with the overall work of the Farranree and Knocknaheeny Springboard Project by ticking the relevant box below?

Not Familiar

☐

Familiar

☐

Very Familiar

☐

Please Comment (You may continue overleaf if you wish)

4. What do you understand the role of the Farranree and Knocknaheeny Springboard Project to be?

5. Please rate the extent of awareness of the work of the Farranree and Knocknaheeny Springboard Project among the general population of Knocknaheeny and Farranree and 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 Farranree and Knocknaheeny Springboard Project in undertaking direct work with children and young people please go to question 10, otherwise please complete questions 6, 7, 8 and 9 before going on to question 10.

6. Based on your experience of collaborating with the Farranree and Knocknaheeny Springboard Project in undertaking direct work with children and young people, please rate the quality of project staff under the following three headings:

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

Please Comment:

7. Overall, how have you found the experience of collaborating with the Farranree and Knocknaheeny Springboard Project in undertaking direct work with children and young people?

8. Are you aware that the Project uses the Weissberg model of preventive intervention in their work with the target groups? (This model delivers 3 levels of intervention – targeted, selected and universal)

Yes ☐ No ☐

9. Does this model have any impact on service delivery in your opinion?
Please Comment:

10. How much do the following comments apply?

	Always	Often	Sometimes	Rarely	Never
Clients are made to feel welcome by the service	()	()	()	()	()
Clients are not listened to by the service	()	()	()	()	()
Clients are understood by the service	()	()	()	()	()
Clients do not enjoy coming to the service	()	()	()	()	()
Staff give clients help just when they need it.	()	()	()	()	()
The service is not there to support clients	()	()	()	()	()
Staff in the service genuinely care about clients	()	()	()	()	()
Staff in the service do not respect clients	()	()	()	()	()
Staff in the service are helpful	()	()	()	()	()
Staff in the service are not fair	()	()	()	()	()
Staff are very good at what they do	()	()	()	()	()
The service is a big help to clients	()	()	()	()	()
The service is a big help to clients' families	()	()	()	()	()

11. Have there been any part of your dealings with the Farranree and Knocknaheeny Springboard Project with which you were unhappy?

Yes ☐ No ☐

Please Comment:

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

Yes ☐ No ☐

Please Comment:

13. Based on your knowledge of Farranree and Knocknaheeny and environs, are there any current service gaps in which you think Farranree and Knocknaheeny Springboard Project could play a role?

Yes ☐ No ☐

Please Comment:

14. Based on your knowledge of Farranree and Knocknaheeny and environs, are there any services which Farranree and Knocknaheeny Springboard Project currently provides that could be provided by other agencies?

Yes ☐ No ☐

Please Comment:

15. As you may know the Project operates in two geographically separate areas – Farranree and Knocknaheeny. Does this have an impact on service delivery?

Please Comment:

16. Based on your experience of working with the project, please rate the overall value of the Farranree and Knocknaheeny Springboard Project 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:

17. Would you recommend the Farranree and Knocknaheeny Springboard Project to a parent?

Yes ☐ No ☐

Please Comment:

18. Would you recommend the Farranree and Knocknaheeny Springboard Project to a young person?

Yes ☐ No ☐

Please Comment:

19. Please indicate your level of agreement / disagreement with the following four statements about your dealings with the staff of the Farranree and Knocknaheeney Springboard Project.

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
<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>ii 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>i 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"/>

20. Please nominate three strengths of the Springboard Project

21. Please nominate three weaknesses of the Springboard Project

22. Please use the space provided for any additional comments

Thank you for taking part in this Survey.

Appendix D:

Farranree and Knocknaheeny Springboard Project Survey Professionals and voluntary groups Personal interview – Theme guide.

Interviewer can follow issues and themes as they arise.-

1. For how long have you interacted with the Knocknaheeny and Farranree Springboard Project?
2. What kinds of contact do you have with them?
3. How familiar are you with the work of Knocknaheeny and Farranree Springboard Project?
4. What do you understand the role of Knocknaheeny and Farranree Springboard Project to be?
5. Awareness of Weissberg model
6. How does the use of the model impact on the delivery of interventions to the clients? (Impact on staff, on the clients, relationship with other professionals)
7. How does the use of the model hinder project staff in the delivery of interventions to the clients?
8. The project works in two areas – Knocknaheeny and Farranree – in your opinion how does this affect service delivery?

9. Are there factors that enable Knocknaheeny and Farranree Springboard Project to collaborate with other agencies? If yes what are these?
10. Are there factors that hinder their collaboration with other agencies and organisations? If yes what are these?
11. What do you see as being the strengths of Knocknaheeny and Farranree Springboard Project
12. What aspects of the service could be improved? How?
13. What factors would make Knocknaheeny and Farranree Springboard Project more effective?

Any other Comments ?

Appendix E:

Code :

Farranree and Knocknaheeny Springboard Project Survey Personal interview guide – Service Users

This survey is confidential

1. What name do you have for this place?

2. When you talk about (their name for the project) to your friends or family what do you say about it?

3. What do you think is the job of the workers here?

4. How long have you been involved with the Springboard Project?
Months?

5. What kinds of things do you do with the staff here?

6. Overall how satisfied are you with the service?

7. What do you enjoy the **least** about the Springboard Project?

8. What do you enjoy the **most** about the Springboard Project?
9. Has the project benefited you? How?
10. Has the project benefited your family? How?
11. What other things do you think that the staff could be doing with people in this area?
12. *Do you have any other things that you want to say about the project?*

Thank you for taking part in this survey!