

# What Parents Want

A Needs Assessment  
in Dublin South City



## Final Report

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FUNDED BY



## Acknowledgments

This report was funded by Tusla and administered by One Family. Staff provided advice and direction, but the overall design, findings and recommendations are based on independent research. We are grateful for valuable academic advice from Nessa Winston and Valerie O'Brien. Maureen Lyons provided tremendous academic and administrative support throughout the project.

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## Citation

Please cite the report in the following format:

Köppe, S., Oak, E. (2018) *What Parents Want – A Needs Assessment in Dublin South City*. Dublin: One Family, Tusla, UCD.

Permanent link: <http://hdl.handle.net/10197/9485>

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## Executive Summary

This report presents the findings on research on family-related services in Dublin with a specific focus on Dublin South City (DSC). The focus of the research concerns awareness of, perceived need for as well as reported usage of these services. For this report parents were interviewed in focus groups in Dublin South City and a city-wide online survey was conducted. The main findings are as follows:

### Awareness

Most parents are aware of universal services, but less aware of specialised and highly targeted services. By and large, parents show a lack of awareness of Tusla services in their local area. Further, even when they are aware of the existence of these services, they do not always know that they are provided and funded by Tusla. While family and friends are key informants in terms of providing awareness of particular family services, the internet and social media are also important in this regard. Professional social service staff (e.g. community workers, nurses) are also highly relevant for raising awareness among disadvantaged families.

### Needs

Parents reported that a number of crucial family services were not accessible or available to them, namely childcare services including affordable creches, schools and afterschool clubs. Also high on the agenda are local playgrounds, sports clubs, youth clubs and community centres.

The parents in the focus groups, predominantly with a disadvantaged background, mentioned also a high need for services specifically geared to supporting vulnerable and disadvantaged parents. These services include contact centres, staff for supervised contact, domestic violence support services, early intervention, and respite as well as support groups for parents, and particularly lone parents.

Further key needs are:

- Tusla provides a broad range services and caters for a diverse client base.
- There is an urgent need for universal services like schools, housing, health and childcare (as defined by Hardiker 1991).
- Disability Services (both learning and physical disability) services are a key priority for parents from all social backgrounds. This includes accessing early intervention services.
- The key problems with special needs services are access, referral and extremely long waiting times.
- There is an urgent need for services for all age groups such as youth and sports clubs for over 3-year olds, not just for early childhood services.

- Local communities need more youth clubs and youth workers, located permanently in the area

The research revealed that additional resources are required in the following areas:

- More special needs assistance in creches and schools
- More resources for early intervention, including more speech therapists

#### Service delivery

- Parents expressed positive views on Tusla staff engagement and comprehensive family support service.
- Parents appreciate the strong advocacy role of Tusla staff on behalf of their clients.
- Parents need more localised services, specifically those living in areas of deprivation. Local childcare facilities have a high priority, but also domestic violence services. Existing local services such as Family Resource Centres should be promoted better and be more accessible (e.g. opening hours, public transport).
- Children with special needs should be prioritised.
- There is a lack of childcare services at certain key times such as on weekends and during term breaks.
- Parents demand better communication between professionals in multi-agency agencies and stronger parental involvement in this communication
- Tusla services require better promotion.

## Recommendations

For the development and investment in family services we suggest the following recommendations (in brackets key departments):

- More investment in universal services, particularly childcare services (DYCA, DPER).
- Strengthen the role of the Child and Family Support Network Coordinator (Tusla, DYCA).
- Stronger multi-agency and inter-agency cooperation on issues such as health, housing and education, especially with regards to the needs of children with special needs (DYCA, Health/HSE, Housing, DoE).
- More logistical planning needed for Prevention and Early Intervention services for children with multiple service needs.
- More investment in local services and reducing waiting times for services in high demand (DYCA, Councils, HSE).
- Investment in services for all ages, especially for those children aged ages 1 -9 (e.g. youth club, sports activities, preschool activities) (DYCA, Councils).
- Contact centres with professionally trained staff to supervise contact arrangements (DYCA, Department of Justice).

- Using professional staff as multipliers to raise awareness of services (DCYA).
- For targeted services: greater investment in disability services, such as speech therapy and early intervention with the aim to reduce waiting times (HSE, Department of Education).
- Repeat evaluation and parental needs assessment in regular intervals. Expand local survey to nationwide assessment (DCYA).

## Key achievements

The key achievements of this report are:

- First comprehensive assessment of parental needs in the Dublin area.
- Gathering of qualitative and quantitative evidence on parental needs.
- In-depth assessment of needs among hard-to-reach parents and area related indicators for Dublin South City.
- Design, testing and delivery of a cost-efficient survey tool for future needs assessment.
- Delivery of robust and valid responses of service needs across the main socio-demographic characteristics.

## Abbreviations and Terminology

Alternative care – Foster, residential or special care.

CFSN – Child & Family Support Network – are voluntary multi-agency networks in smaller geographical areas. The purpose is to coordinate services more effectively for children and their families across statutory, voluntary and private providers.

Child and Family Support Network Coordinator's (CFSN Coordinator) function, in partnership with the Steering Committee, is to a) identify the geographical areas for the CFSNs b) to develop contact list for the professional members of those networks and c) are responsible for mapping and identifying resources to maintain the CFSNs.

DCYA – Department of Children & Youth Affairs.

FRC – Family Resource Centre.

Family support – Any service offered for families by One family or the Tusla family support section, including Meitheal intervention.

Meitheal - Meitheal is one part of a Family Support system of services for children and families that centres on child and family wellbeing and improving outcomes. Included in this system is the Parenting Support Strategy which focuses on supporting parents within their communities.

PEI – Prevention and Early intervention.

Social Worker – A CORU registered social worker employed by Tusla or HSE in a specific field of practice.

Support Worker – A Tusla or One Family member of staff providing family support services and/or other agencies.

### Key Terms

In this report we use the term 'social worker' to refer to the field social workers employed by Tusla or HSE who are working in the fields of mental health, child protection, older people, intellectual and physical disability, asylum seekers, unaccompanied minors or migrant families. 'Support worker' refers to staff employed by One Family, Tusla or other support agencies who work directly with families. Family support workers facilitate parent/child development groups, parenting classes, home visits as well as provide support with child minding, challenging behaviour. Both also provide information and advocacy services concerned with housing, education and benefits services etc.

This is in contrast to how interviewed parents use the term social worker and how this is reflected in interview transcripts. The following are illustrative examples of the usage of the term social worker:

- the 'mental health social worker' (narrative of B5)

- the 'social worker who arranged respite' (narrative of C2) or
- the 'foster care social worker employed by an agency' (narrative of C3).

The examples show that parents use the term very vaguely (narratives of A3, B5, C3) for all the functions and roles described above. In the narratives and survey responses it is therefore not easy to ascertain which social work or family support role is meant by the parents.

# 1 Introduction: Background to the Study

The socio-political context of the research is the government's commitment in 2017 to invest €8.6 million in family support services. Moreover, in 2018, it announced that Tusla was to receive an additional €40.6m from the Department of Children and Youth Affairs (DCYA), a proportion of which is being allocated to expand the remit of family support services. Under this remit the existing 107 Family Resource Centres (FRCs) are being asked to work with their local Tusla offices to identify the need for services in their area. The FRCs are to be provided with an additional €11 million to develop services and Tusla is to receive a further €1.7 million to establish 11 new FRCs. In addition, €15 million is to be allocated for recruitment of 164 staff to meet increasing family support needs, while €110 million is to be deployed to build front-line services and to recruit 199 Supplementary Welfare Services to address crisis and emergency issues including €5 million for the setting up of a national, single agency 'Out-of-Hours' duty service and finally to also deal with unallocated cases (Tusla 2018). This is all to underpin the government's *Child Protection & Welfare Strategy (2015)* introduced under the auspices of the *Children First Act 2015*. In the future all family support services will be predicated on the principles of primary prevention and early intervention (PEI) and the *Children's First Guidance (2011)* with the aim of improving outcomes for children (Tusla 2018). Hence through Tusla, the government is committed to: "ensure those services at the highest level of need are adequately funded" (*Child Protection & Welfare Strategy (2015: 2)*). At the same time Tusla introduced Child and Family Support Networks to coordinate existing resources better and provide families with an anchor within a fragmented and multi-layered service environment (Cassidy et al. 2016, Tusla 2015).

The governance arrangements identified above, are part of a more general trend that has occurred in Western welfare states over the past 30 years and has been accelerated by the global fiscal crisis (2007-11), where the state has shifted from provider to a commissioner and collaborator, in the provision of welfare and social services (Clarke & Newman 2012). This point is pertinent to this study, as Tusla is heavily involved with a host of third-sector agencies and service providers in order to deliver PEI services as well as deliver on its commitments included in the Child Protection and Welfare Strategy. Moreover, Tusla is itself a semi-autonomous agency that operates within the public sector, but is independent of central government administration. This goes to the heart of the key findings in this report, in terms of parents' perceptions, as to what Tusla is, what services it provides, and how it provides those services.

In order to target service interventions more efficiently and improve outcomes for children in line with the new strategy, Tusla commissioned the UCD School of Social Policy, Social Work and Social Justice to conduct research on the needs of parents living in the city of Dublin. The key aim of this study is to ascertain the need for family support services by parents living in Dublin South City. The fieldwork was conducted between August 2017 and March 2018 and is based on a small number of focus groups and an online survey with parents in Dublin. This report presents key findings relating to awareness of family support services, as well as perceived need and reported usage of these services.

The report discusses, briefly the applied methods and reviewed literature. The substantive findings are reported in chapter 4 and 5, highlighting the key findings on the focus groups

and survey, respectively. Chapter 6 summarises the overall empirical findings and the concluding chapter gives recommendations for policy change and investment priorities.

## 2 Design and Methods

A review of the international research on parents' views and experiences of family support services in Ireland (Buckley and Whelan 2009), the UK (Kemp et al. 2009, Dumbrill 2009, MacLaughlin 2006), North America (Alpert 2005) and in Australasia (Munford & Sanders 2004, Nash et al. 2006) identified several methodological shortcomings. The literature highlights the difficulties of engaging parents in the research process, to ascertain their views on needs for services. These difficulties might be: multiple interlocking service needs, where families experience multiple stressors such as poverty, social exclusion, domestic abuse, housing instability, or children with multiple special needs (Littell & Tajima 2000); parents' lack of knowledge as to what support services are available (Kirsh & Tate 2006); or the ability to find a way through the complex maze of services. All these factors have implications for parental ability to engage in research on identifying their family support needs.

Thus, a significant body of high quality national and international literature on this topic indicated that a standard needs analysis was unlikely to capture the views of marginalised groups and those that are most in need (see Bonevski et al. 2014). Therefore, the research had to consider alternative mechanisms for capturing the data which led to the development of a triangulation research design, incorporating interviews, focus groups and an online -survey. Triangulation is a powerful and robust tool to enhance the validity of research data which it does by cross verifying data from two or more sources. The focus groups and the survey generated a large body of data which was useful for both determining how to engage research participants and identify parents' needs.

The focus groups were undertaken, in order to develop a reliable and valid online survey for the research participants. This took the form of five focus groups: two professional focus groups, and three parent focus groups. These focus groups informed the design of the online survey that was conducted among parents in Dublin. At the beginning of each findings chapter the applied methods, sample characteristics and data analysis will be explained in more detail.

### 2.1 Focus Group Data and Methods

Focus groups are one of the most effective methods of collecting rich qualitative data on social issues (Barbour 2018). We conducted three focus groups with parents in Dublin South City. Each focus group had between 8-10 participants. They were recruited through liaising with social work gatekeepers in the relevant communities. Additionally, flyers and online adverts were used, but none of the parents were directly recruited through this route - although it might have raised some awareness on the study. The recruitment strategy focussed on hard-to-reach and disadvantaged parents. In addition, two focus groups with

professionals of key family support agencies working in the area were conducted to contextualise the findings.

Facilitators intervened as little as possible but, steered the conversation around the key topics of the study on awareness and needs. Service usage was not covered explicitly, but participants mentioned their past experiences to discuss their actual needs. Each focus group built on the information obtained from the previous sessions. Focus group discussions were recorded and transcribed for further analysis.

We use Bormann's (1972) framework to analyse the narratives from the focus groups. Bormann (1972) states that developing shared meaning in focus groups is problematic because a situation can develop "where members of a group unintentionally weave a 'story'... as they build on one another's' statements to collectively describe a situation" (see Oak 2005: 197). There is a danger that, in building upon each other's narratives, previous behaviours or perceptions of similar situations may become displaced onto the current context and shape constructions of it. Research has shown that this has been the case in pay negotiations of public sector employees (Bormann 1972) and Looked After Children (LAC) reviewing their foster care services (Oak 2005). Thus, it is important to consider if this problem developed within the focus groups and the extent to which it facilitated or mitigated responses.

It was the case in all three parent focus groups, that members engaged in lengthy discussions about previous and varied experiences of working with Tusla social workers. Inevitably, these discussions evoked strong emotions and affected perceptions of the current discussion which could be said to represent an emotive theme which affected perceptions (both positive and negative) in terms of the roles of social workers and supports workers. These often detracted from the focus group question: "What questions do you think should be included in the survey?" and resulted in the failure to answer the question directly. Often, focus groups members answered the question indirectly. For instance, participants described a lack of a specific service to highlight their needs. Others described services that would be helpful to enable them to parent their children better, or what their local community needed to facilitate a safer environment for their children. Focus group participants revealed distinctly different narratives depending upon whether the respondent had support worker or social worker involvement with their family in the past. Hence, past experience can bias the responses, but the analysis takes that carefully into account.

Asides from the usual limitation of focus groups findings, in that they have no external validity or generalisability, the narratives gave rich insights into complex and interlocking service needs that the survey alone could not reveal.

## 2.2 Survey Data and Methods

The focus group discussions played an important role in the online questionnaire design. They helped to determine the relevant topics that should be included for examination as well as the number of options presented to the respondents and the information required to

appropriately frame the issue. Based on the focus group responses a quantitative online questionnaire was developed, including the topics and needs that the focus group participants mentioned. Several questions were based on pretested questions used in similar surveys and therefore have the advantage of providing a high degree of statistical validity of items. Socio-demographic questions which examine the main background characteristics of the respondents are modelled after the 2016 Census questionnaire (CSO 2018). Several questions addressing the family support services used by parents as well as questions about levels of satisfaction with these services are based on the 2012 Programme for International Study Assessment (PISA) parent questionnaire (OECD 2011). In addition, other questions addressing parental need for family support services as well as level of usage and satisfaction are drawn from the UK family services study (NatCen Social Research 2016). In advance of administering the main online survey, a pre-test with four families was carried out as a pilot to test various aspects of the questionnaire. After 2 weeks of field responses some questions were dropped, and some repeated questions were limited to reduce the response time.

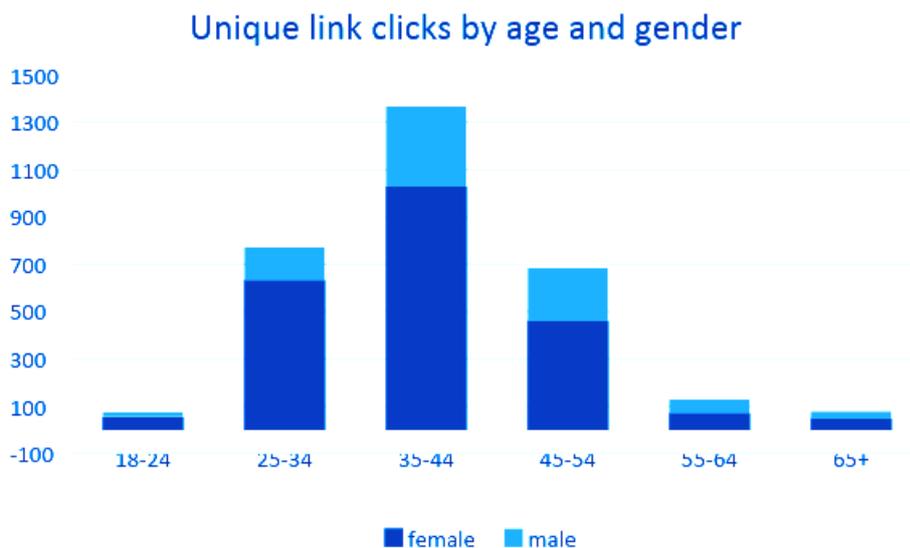
### Recruitment

The survey in total includes 859 respondents who agreed to participate and who also gave their consent (43 for the D8 postcode). After removing ineligible candidates, the total number of total respondents providing valid responses for the main awareness and needs questions is 784 and 686, respectively. For these respondents we have only limited socio-demographic background information. About 35 percent of eligible respondents dropped out while completing the online survey. In total we received 308 completed questionnaires with a full-socio-demographic profile. Compared to similar and much shorter online surveys we were able to reach a larger sample and more detailed information (see Kildare CYPSC (2017: 8) report with 290 online respondents).

The median and average response time for the survey were 17 and 28 minutes, respectively. Considering that no reward was offered, the length of the survey and time constraints of the target population, the response rate is within the expected range. The target population were parents or carers with children 17 years old or younger living at home. Respondents had to be older than 18 years and live in the Dublin metropolitan area consisting of Dublin City and Co. Dublin postcodes.

The survey was open for responses between 5 February and 17 March 2018. Four recruitment strategies of respondents were pursued: 1) general social media, 2) targeted social media, 3) press release, 4) booster sample in Dublin South City. In the first week a general campaign through the funder’s social media accounts (Facebook, Twitter) was launched with a national reach. Hence, many respondents were filtered out as they did not fall in the target population. In stage two (10 February), targeted Facebook adverts to parents with children 17 or younger in Co. Dublin asked for participation in the survey. The majority of adverts were featured on Facebook, but also sister platforms were included (WhatsApp, Instagram). A variety of images and wording was used during the campaign, with a final recruitment drive in the last week. Twenty percent of the campaign budget was targeted at fathers using more relevant wording and images for this demographic. 63,276 individuals had been reached at least once and 2,989 unique link clicks were achieved. While the proportion between reach and clicks remains constant by age group, about 39% of men were reached, but only 26% clicked on the advert.

Figure 5.1: Facebook recruitment unique link clicks by age and gender



Source: Facebook advertising data.

Note: unknown gender excluded.

In week three of the survey a press release was launched to local media, but as far as we are aware none of the radio stations or newspapers reported on the issue. Finally, all local primary schools in D8 were contacted by email with a reminder about a week later. Primary schools were targeted as this would guarantee the widest age range among children, considering that primary students would have older and younger siblings, either in the secondary school and childcare age range, respectively. Five schools responded, out of which 2 accepted flyers and the other three distributed the link in their email newsletter. We were able to trace the email newsletter for one school which resulted in a recruitment

of 20 respondents out of approximately 250 students and anticipate a similar net effect for the other email newsletters.

After about 100 completed responses some minor changes were implemented to reduce the average response time that had been slightly over 30 minutes at that stage. Options were reduced (needs priority of 4 instead of 5, awareness channel limited to 3) and follow-up questions were shortened (service usage and satisfaction questions were limited to 3 services).

Analysis of the survey data followed standard quantitative methods. Descriptive results display frequencies and percentages for all respondents. Further bivariate analysis reports key statistics for the degree of association where possible. However, due to the small sample sizes for some of the variables, some of the traditional statistical tests could not be applied. The survey results and their limitations are explained in more detail in the findings section.

### 3 Literature Review

Existing research on the needs of parents and their children highlights a number of important policy areas (Fahey et al. 2012). First, Fahey et al. (2012) argue that the most important public policy measure to combat family problems involves addressing educational disadvantage. They find a strong influence of parental education on family well-being.

[Education] is the main source of variation in patterns of family formation and persistence and in the individual well-being of parents and their children. In consequence, such intervention can aim to achieve immediate benefit for children at risk of low educational attainment (for example, by improving their reading ability), but the benefits have the potential to be felt throughout children's lives and to spill over into the next generation when they come to form their own families (Fahey et al. 2012: 9-10).

Fahey et al. (2012) also highlight the importance of supporting both one-parent and two-parent families. Their research indicates that the resources of parents (e.g. their level of education, avoidance of poverty) are more important for child well-being than the marital or co-residential status of parents. Recognising that lone parent families often have a high need for income support, they argue that they are not as different from two-parent families as one might expect. They call for reform of income support measures to target them at families on the basis of their low incomes rather than the residential status of their parents (see also Family Affairs Unit 2006). A number of studies reveal that the needs of large families deserve particular policy attention, as they are more prevalent than commonly assumed (Fahey et al. 2012).

Health is another significant dimension of family need. Fahey et al. (2012) highlighted some major issues relating to the mental and physical health of mothers, both of which vary substantially by socio-economic group.

Almost one in ten mothers report substantial symptoms of depression and one in five are daily smokers... Since these factors (particularly mother's depression) also are connected to aspects of children's well-being, they are among the mechanisms by which the effects of parental social background are transmitted to children (Fahey et al. 2012: 11).

Their findings indicate the importance of policy on physical and mental health as a crucial mechanism for meeting the needs of parents and improving family well-being.

The vast literature and research on poverty has demonstrated how income poverty and deprivation are linked with poor outcomes for families on a range of indicators including educational attainment and physical and/or mental health (Derr & Taylor 2004, McLeod & Kaiser 2004; Vaisey 2010). Ceballo & McLloyd (2002) research shows that being poor increases the likelihood of: shorter life-expectancy; having children at greater risk of chronic illness or accidents; being the victim of heart disease or cancer; and experiencing the most demeaning forms of employment, or unemployment (see also Oak 2009). A common theme in this literature is the correlation between poverty and inferior social outcomes, while

controlling for other socio-demographic characteristics (McLeod & Shanahan 1993, Levitas 2003). For example, there is a higher risk of lone parents to experience income poverty (Watson et al. 2018), but living in poverty, and not lone parenthood, has negative effects on child outcomes (e.g. effortful control, Zalewski et al. 2012). The research indicates that children growing up in income poor households score lower on a range of social outcomes such as mental health (Brooks-Gunn et al. 1997; McLeod & Nonnemaker 2000), delayed development (Parker et al. 1998), and increased risk of a psychiatric disorder leading to low educational attainment (McLeod & Kaiser 2004). These children are more likely to live in dangerous neighbourhoods (Ceballo & McLloyd 2002) and are often trapped in cycles of intergenerational poverty. All these factors contribute to an increased likelihood of state intervention regarding 'parenting capacity' (McLanahan 2009). Other risk factors shaping family service awareness and needs are the special needs of both parents and children, parental educational achievement and/or cultural background.

The most recent research on deprivation in Ireland indicates that specific interventions are needed to support lone parents and adults with a disability. Watson et al. (2018) found that there is a significant gap in the rate of persistent deprivation experienced by these groups compared with other adults. Ireland's figures are much higher, the gap was the largest among 11 EU countries, and the Irish figures increased the most during the period of the study (2004-2015). The authors call for targeted interventions to support lone parents and adults with a disability in: accessing the labour market; access to affordable childcare; flexible work arrangements; the protection of secondary benefits (e.g. medical cards); and support in seeking employment, training and work experience.

Proactive steps are required to address the deprivation experienced by lone parents and adults with disabilities, and also to tackle the higher rate of child poverty associated with these households (Watson et al. 2018).

This study focuses on Dublin as a whole, but it includes some areas which are considered to be very disadvantaged according to the Pobal Deprivation Index (Haase 2016). That index also reveals that age dependency and lone parenting rates were significantly higher in the areas of Dublin South City identified as 'disadvantaged' or 'very disadvantaged'. This is very likely to affect levels of 'stress' experienced by families in these communities, their levels of 'resilience' or ability to cope under such circumstances and their need for support services.

There is a large body of international research that reveals that deprivation is closely associated with poorer access to high quality public services. It suggests that those living in the poorest neighbourhoods tend to be the most susceptible to crime, be cut off from the labour market but also lack facilities in terms of shops, but also health and social services (Evans 2005). Furthermore, while Ireland has one of the highest child poverty rates in the EU, it also has a relatively low investment in family services (Eurostat 2017, OECD 2018). In this context, it is recognised that Ireland faces huge challenges to close the service gap to mitigate the effects of poverty on child outcomes. An important part of the context for this research is the changing nature of the welfare state, the global financial crisis (2007-13) and

its impacts on Ireland's social services. These impacts include the introduction of austerity measures and the reorganisation of welfare services (Fahey 2012). There has been a plethora of research as to how the 'crisis of capitalism' (Newman & Clarke 2013, Harlow et al. 2013) has compelled a restructuring of Western welfare states, with the state becoming a commissioner of welfare services, utilising alliances with private and voluntary sector agencies to deliver welfare services to achieve specific policy objectives (Clarke 2007). This has been done using managerial dispersal (Clarke and Newman 2012) as the main auditing and governance mechanism in the delivery of social services. It is also a feature of Tusla's latest *Child Protection and Welfare Strategy* (Tusla 2017) to address the challenges of fragmented and privatised service delivery. Hence, this report aims to understand the awareness, needs and usage of family services within this fragmented provider landscape. The focus on the socio-demographic family background shall help to understand service needs across the social spectrum.

## 4 Focus Groups and Analysis

### Key findings

- Lack of awareness which support services are available and who provides these
- Need for independent, dedicated and stable family support workers to support families directly, liaise between agencies and advocate on behalf of clients
- Need for Local and accessible services
- Need for Tusla staff or community worker located in the neighbourhoods

The first section discusses the data and methods used, followed by a detailed analysis of the parental focus group discussion on awareness and needs. The final section summarises and contrasts the findings of parental focus groups with the perceptions of the professionals.

### 4.1 Demographics

There were 31 parents in the three focus groups, 2 males, 29 females, and the average age of parents being 26. The focus group participants comprised several hard-to-reach and disadvantaged key demographics. There were 12 ethnic minority parents, 8 new migrants and asylum seekers (i.e. moved to Ireland within the last ten years). Lone parents were dominant with a total of 23 (all female). The gender bias among the lone parents is somewhat expected considering that 86% are women in Ireland (Tusla 2018). Further key characteristics were: 7 homeless and living in temporary accommodation, 26 in receipt of One Parent Benefit (OPB) or Job Seekers Transition Allowance (JST), 14 in part-time or casual employment and 3 in full-time employment.

The two professional focus groups comprised: social workers, social work managers, support workers, teachers, policy researchers, community workers, educational psychologists, and educational welfare officers. These were all female.

### 4.2 Awareness

These sections summarise and analyse the overarching themes around family support service awareness and needs. The appendix A.3 contains some detailed transcripts and narratives which are referred to in brackets in the analytical sections (e.g. participant A1).

On a general level, the majority (68%) of focus group members were not aware of the range of services that Tusla provides, or the role of the Family Resources Centres' (FRCs) and Tusla's vision for Family Support Services up to 2020. However, this varied depending upon whether they had support worker involvement. Most of the group members felt that it was

due to very poor advertising regarding the range of services Tulsa offers. In contrast, those parents with support worker involvement commented very positively that their support worker was good at providing information on rights and benefits, advocated on their behalf. The service awareness of these parents was also broader, for instance, they knew about respite services. However, overall the parents had little awareness and knowledge about the range and type of services Tulsa offered. For instance, few of the respondents knew what an FRC was, or that Tulsa provided these. However, those who had FSW involvement (22% of the focus groups) described a range of provided and funded services by Tulsa such as support workers, parent- and child development classes, home visits to help develop strategies for managing challenging child behaviour, advocacy with other agencies and professionals and applying for respite care. For example:

B3: "...like the Family Support Workers don't just help you and you can talk to them and they give you information and help you with everything".

The clearest evidence of this lack of awareness was exemplified in the way several participants did not make the connection between the parent and child support groups they were involved in and the role of their support worker in facilitating these nor Tulsa providing resources for this service (see narratives A2, A4, B2, C3).

### 4.3 Needs

1) The following types of services were highlighted and identified as areas for service development:

- Access early intervention services without waiting times and shortage of child development services
- Affordable and localised creche facilities, including breakfast and after school clubs
- Groups for children of all ages, i.e. 0-16
- Separate support groups for parents
- Respite services and additional family support services over the weekend and during the winter
- More localised family support services
- Playgrounds and community centres
- Adult literacy and numeracy services
- Youth worker in local communities

2) For these services a need of additional resources was emphasised:

- More special needs assistants (SNA) in creches and schools.
- More resources for early intervention services

3) The organisation and delivery of these services would need to improve:

- Improved information/advertising of Tusla services
- One-to-one and multidisciplinary assessment of child(ren)
- More information on the assessment process
- Better communication between professionals and parents
- Prioritise children with special needs for family support services

## Types of Services

### *Contact centres with staff providing supervised contact sessions*

Single parents and parents, who are dealing with issues involving domestic violence or contact disputes, identified that it was important that Tusla provide contact centres *and* specially trained staff to supervise these. One respondent mentioned that this was important in the contexts of ex-partners who had been to prison and where there were domestic violence issues (A1, A2).

### *One-to-one and one multidisciplinary assessment*

Parents identified the need for a one-to-one-assessments, to avoid repetition of information to different professionals, to mediate the anxiety about what happened next in the assessment process, or who was involved, to support dealing with delays and to enhance the social worker's relationship with the family (A3, A3, A7). Parents were not aware of the different organisational affiliations of professionals working with them. While Tusla staff undertakes statutory social work assessment of child welfare risks, HSE staff would assess health needs such as for speech and language services offered by the HSE. These narratives indicate a lack of communication who is conducting the assessment and for what purpose.

### *Access early intervention services and child development services*

Several parents questioned why the service was termed 'early intervention' when this clearly was not their experience due to delays in accessing these services through Tusla or HSE (B1, B4, B5, B6). Despite their children being assessed with a high need for early intervention, parents responded with sarcasm to the 'delayed' intervention, such as speech therapy appointments and a child development assessment a few years later. However, some parents had difficulty acknowledging this was outside of Tusla's remit.

They questioned why Tusla staff were not advocating more with the HSE for more resources to ameliorate staff shortages (B6) and one respondent complained about being a new foster carer for a child with complex needs and developmental delay and having no allocated foster care social worker (C4). Those focus group respondents who had children with a learning disability felt very strongly that there was insufficient early intervention service for pre-school children awaiting developmental assessments and a lack of support and guidance to help their children or to help them manage behaviour while awaiting assessment (B2, B5, B8).

Similar to the previous paragraph, parents report a complex need that would require a multi-agency and multidisciplinary intervention. Some parents are aware of the responsibilities and organisational boundaries between Tusla, HSE and education services, while for other parents these boundaries seem overwhelming and they struggle to navigate between these agencies.

#### *Affordable and local childcare facilities*

Affordable creche facilities were a theme in all three focus groups, with added burden of having it both affordable and localised (A4, A5). Several lone parents, in focus group 3 identified the added pressure of not having family or support networks to help with transport if creche facilities were not nearby (C3, C4).

All the focus groups mentioned the need for breakfast clubs and afterschool clubs and discussed the benefits of these in terms of family support. In focus group three they mentioned, however, that austerity measures had meant reduced hours for afterschool clubs (C3, C1, C5). For some parents, with limited literacy, numeracy, or Irish Language skills, the afterschool clubs were seen as vital in supporting their children with homework, so that they did not fall behind (C2, C5).

#### *Groups for children of all ages i.e. 0-16*

All the three focus groups identified gaps in the parent supports and parent-and-child-development groups for children of different age ranges. In particular, a lack of services in key transition stages such as 3-4, 5-7, 9-13 and for teenagers (16-18) with challenging behaviour were identified (B5, A3, C1, C3, C5, C5). All three focus groups identified the lack of provision for 3-year olds, either in the form of pre-school groups, parent and child development groups or early intervention services including speech therapy appointments and developmental assessment. This in turn led to a discussion on the stresses of finding a school placement at age 4-5 due to a lack of or delayed child development assessment (B1, A4, C2, C1, B5).

#### *Separate support groups for parents*

Whilst all focus group members reported positive feedback on the 'Parent & Child' development' groups several commented that they would like to see separate groups for parents alone (B3, B2, B7, C3 B8).

#### *Respite services and additional support services (weekend/winter)*

Respite care both in emergency for hospital admissions and short-term (overnight) is seen as important need, as is support in accessing the service. In Ireland respite care is only offered to parents if their child has special needs, but the parents expressed a strong need for respite services regardless of child disability. The following narratives highlight the complex and flexible respite needs in challenging family situations:

B6: "I wouldn't have had a clue till I was offered by my social worker [...]. My first [hospital] admission I had six friends, day and night and they helped me out. And after that admission my social worker at the time, mental health, he got in touch with family support [...]and they said: "XXX there's something called respite".

C4: “Well not even a couple of weeks. Even if it was only like...on a Saturday night. So, if I had somebody on the Saturday nights to take XXX overnight it would leave me free to have that”.

There is a clear need for flexible and short-term respite at home. For these parents, (many of whom, are lone parents) babysitters are often unaffordable, and respite could offer these parents a brief period for some personal space from caring responsibilities. At the same time, they require access to respite via family support professionals who can then assist these more vulnerable parents in raising awareness and navigating the service system.

One parent said that they were reluctant to say it out loud but then stated that they felt strongly that children with special needs should be given priority with regards to respite service, and this was endorsed by other parents in the focus group (C3). Still, the discussion revealed that a child’s disability should not be the only criteria to assess eligibility. Both parental (mental) health and other child needs should be considered. Parents clearly expressed that respite would reduce family stress and contribute to better parenting not only in the context of children with special needs, but also in difficult family situations such as parenting alone.

Moreover, people spoke about the need for family support services at weekends to mediate social isolation and the stress of having to manage children’s boredom or inactivity. For some parents, who lived in housing complexes exposed to pervasive drug culture, this was exacerbated because they were both isolated and afraid to go out with their children. This led not only to isolation, but mental health issues related to loneliness, anxiety and depression (B2, B7, B4, C6). The discussion on weekend support services in the communities prompted reference to the need for additional family support services in winter. This was especially important for lone parents with no local family support (B2, B5, C4).

#### *More localised services*

Whilst most respondents did not identify specific family support services, they did identify the need for a Tusla contact point or person in the locality, to maintain a relationship with the community as whole, to mediate the sense of social isolation many parents identified (A1, A4, B5, C3).

#### *Playgrounds, community centres and activity groups*

This theme was only really discussed in focus group three, but all the respondents discussed how this had the potential to generate a sense of community, stop local rivalries, reduce gang behaviour, and teenage offending. These services need to be offered locally to reduce long trips to sports clubs and activities elsewhere which reinforced their alienation with the neighbourhood (C2, C7, C4 C4).

#### *Youth worker in local communities*

The need for local community workers was regarded as essential to facilitate community activities and hence foster a sense of community, but also to address the growing youth

gang and deviant culture. This was particularly the case in focus group three where the gangs are territorial and rival gangs represent the different streets in the neighbourhood. Some of the lone parents in the group mentioned their children (as young as 9) getting involved in these gangs and fighting was a common problem. Moreover, they expressed concern about their children becoming involved into the local drug culture through gangs (C2, C3, C5).

### Needs in terms of resources

All the focus groups spoke about the lack of resources for early intervention services, particularly speech and language and child development for under threes, and a lack of respite opportunities. Staff shortages were the main problem identified by parents, resulting in delays (up to 12-months) in assessment and several respondents mentioned a lack speech therapy services and the need for more SNAs (B2, B4, B5, A2). There was, however, some confusion that this was not within Tusla's remit. Yet, parents demanded that Tulsa staff should act as an advocate with HSE for these services (B2, B5).

### Needs in terms of Information and communication

As stated above, the views about the quality of communication between Tusla staff and families and other professionals varied depending upon support worker involvement. Several respondents highlighted the vital role performed by this support worker in explaining different types of assessments their children needed and provided help with liaising with different agencies to get information (A1, A2, B1, B4,).

Two out of the three parents' focus groups discussed the problem of communication between social workers in different specialisms, and communicating among family members and other support workers. In particular, they identified how the lack of interagency communication created added stress and delays in services, as a result of the need for repletion of information to different professionals. For parents, it was also unclear as to the responsibilities of each professional involved in the assessment process and who would be the key contact person for follow up and service delivery (A2, B3, B4, C2, C3).

## 5 Online Survey and Analysis

Key findings:

- Family, internet and social media main sources of raising awareness
- High need for universal services
- Adult and child mental health service access are a high priority

It cannot be presumed that the mere presence of family support services in an area can create a basis for community-based service awareness and usage or that the availability of these services has substantially improved parenting experiences for those who need particular supports. It is therefore important to commence with baseline research to ascertain what citizens know about the existence of family support services in their area, whether and to what degree they use particular services and not others, as well as how they rate these services in terms of providing meaningful support with parenting.

The online survey provides new data on both actual awareness of particular types of locally based family support services as well as usage and perceptions of any services utilised. In this chapter we present and discuss the main findings of our online survey conducted with parents in Dublin.

This chapter is divided into 4 sections. Section one provides an overview of the sample characteristics of the parents completing the survey and the types of services analysed. The following three sections report the findings regarding awareness, needs and usage of services. Depending on the questions, some findings are based on the full sample and others report only completed questionnaires, which will be highlighted in each section. For information, the appendix also contains more detailed results which are referred to in the text, in particular needs related questions. The final sub-section discusses the overall findings and its limitations.

### 5.1 Sample Characteristics and Types of Services

#### Sample Demographics

The target population for the online survey are parents in the Dublin city and county area. Overall, the socio-demographic profile of the final sample is shown to be representative of the population of parents in Dublin on a number of comparison points, as illustrated in Table 5.2. The first two columns show the overall sample and the Dublin 8 subsample, respectively. The third column shows contextual Census 2016 figures. Yet, survey and census data cannot be compared directly and have to be interpreted with care due to several measurement differences. The Census indicators that are used are a close

approximation to the survey indicators and their differences are explained in the final column. For example, several of the Census figures are for the age-group 25-54, whereas the online survey participants are drawn from a broader age category. Moreover, most Census figures include childless households and individuals, while the survey sample is restricted to households with children. Additionally, for indicators such as stress no comparable data are available. Taking these limitations into account, we believe that the survey covers a broadly comparable sample. It is important to note we are not saying that the sample is statistically representative, especially given the relatively small sample size, but it does report survey findings from a diverse range of Dublin-based families with children.

Levels of parental engagement are shown to differ by socio-demographic characteristics such as class, ethnicity, gender, income and lone parents. One of our objectives in designing this research is to include families characterised as 'hard-to-reach' and are mainly successful in including such respondents in our online survey. Specifically, 20% of the respondents who answered the questions report that they have children with special needs and 13% are lone parents. The income distribution also suggests a good reach both at the bottom and the top, with 19% in income quintile 1 and 7% in income quintile 5. While parents of children of primary school age are slightly overrepresented due to the recruitment strategy involving primary schools, our overall sample is inclusive of families with children across all age groups.

Although the main household characteristics of our sample are inclusive of most Dublin families with children, there is a strong gender bias among respondents. More than 86% of responses are from mothers indicating that mothers are vastly overrepresented compared to fathers. Compared to comparable studies involving face-to-face interviews, it can be argued that a completion rate of 11% by fathers is quite successful (e.g. 5-6% in Maisey et al. 2015: 70). Notwithstanding our success in including fathers, the needs of this group are underrepresented in the aggregate figures and should be interpreted with care when generalising family needs for both parents.

About 5% of the respondents live in the D8 postcode (N = 45 of all respondents, N = 22 for complete questionnaire). Overall the characteristics of this cohort are quite similar to the overall sample, suggesting that these differences are indicative of within-Dublin regional diversity. The only noteworthy difference is the higher third level attainment of D8 respondents (64%) both in terms of the corresponding census figure (36%) and overall survey average (46%) for Dublin.

Table 5.1: Socio-demographic profile of online survey sample

	Dublin City and County	Dublin 8		Census 2016	Comment on Comparability of Census Numbers
<b>Children</b>					
3 or more	27%	23%		22%	<i>Source: SAPMAP 2016 CSO. Family Units with children</i>
4 or more	6%	7%		6%	
<b>Carer Role</b>					
Mother	86%	81%		-	Comparable data not available
Father	11%	9%		-	
Other	3%	10%		-	
<b>Stress</b>					
Stress	8.4 (4.47)	8.4 (4.35)		-	Mean (SD), Comparable data not available
<b>Housing Tenure</b>					
Owning	58%	55%		49%	<i>Source: Table E1016, 25-54 years, all four Dublin areas</i>
Renting	37%	41%		45%	
Other	5%	4%		6%	
<b>No. of Adults in Household</b>					
1-2 Adults	81%	90%		-	<i>Comparable data not available, Table E1012 shows average of 2.73 people per household</i>
3-4 Adults	15%	5%		-	
Other	4%	5%		-	
<b>Marital Status</b>					
Married	62%	46%		62%	<i>Source: Table E4045, Family units with children, Dublin and suburbs</i>
Cohabiting	15%	27%		8%	
Single	13%	9%		30%	
Other	10%	18%		-	
<b>Religion</b>					
Roman Catholic	55%	45%		62%	<i>Source: Table E8055, 25-54 years, all four Dublin areas, Other includes no religion</i>
Other	45%	55%		38%	
<b>Special Needs Child</b>					
Yes	21%	23%		-	Comparable data not available
<b>Employment Status</b>					
In Work	92%	90%		67%	<i>Source: Table EB001 Over 15, minus student/retired, all four Dublin areas</i>
Other	8%	10%		33%	
<b>Education (Highest level)</b>					
Secondary Education	48%	27%		36%	<i>Source: Table EA003; 20-54 years, all four Dublin areas; Secondary = Upper Sec &amp; Technical/Vocational, Higher Cert, Apprenticeships. Tertiary = Degree &amp; Higher</i>
Tertiary Education	46%	64%		36%	

Source: Survey, CSO Census 2016, all own calculations.

Total observations of complete questionnaires: Dublin = 308, Dublin 8 = 22.

Note: All four Dublin areas include Dublin City, Fingal, Dublin South, Dún Laoghaire-Rathdown. Single parents are defined by how many adults are living in the household not their self-reported marital status.

## Types of family services

The survey includes the examination of a range of family related services from universal services (i.e. available to all citizens where access is not determined by means testing etc.) such as schools and playgrounds to specialised and highly interventionist family support services that are only relevant to a relative small number of families (see Table 5.2). This broad range of service type facilitates an understanding of the relationships and needs priorities between universal and highly targeted services. As a classificatory system we use the Hardiker model of needs, which differentiates between four types of services (Hardiker et al. 1991): 1) universal services for all families, 2) some additional needs and assessment of eligibility to access services, 3) targeted family support needs, often requiring multi-agency service interventions, and 4) serious and highly targeted services intervention after family breakdown and custodial service provision.

Universal service provision is shown as key in the reduction of poverty (Korpi/Palme 1998). According to Hardiker universal services also have a low level of specialisation and are relevant to almost all in the target population. This type of service assists greatly in the facilitation of equality of access especially in the context of either no or affordable fees (Jensen 2010).

While as many as four universal services are included in the needs questions, this is not replicated in the awareness and usage sections. While it is true that playgrounds, general health services, housing and schools are important areas of service provision in terms of gaining a holistic overview and understanding of family needs, these services are less relevant in the context of Tusla funded services. A more comprehensive needs analysis of the broad range of family related universal services would require a cross-departmental initiative and a robust research study on the relative importance of these services and their interdependencies on family life in Ireland.

Table 5.2: Service types covered in survey (ordered by Hardiker model)

<b>Level 4 (family breakdown)</b>	Domestic Violence Refuge
	MHS Child
	MHS Adult
<b>Level 3 (targeted)</b>	Respite Service
	Supervised Visits
	Specialist Family Help
<b>Level 2 (specialised)</b>	Peer Support Group
	Relationship Support
	Employment Support
	Welfare Rights
	FRC (Family Resource Centre)
<b>Level 1 (universal)</b>	Organised Activities
	Parenting Class
	Toddler Group
	Breastfeeding Group
	Play Centre
	Sports Club
	Afterschool Club
	Pre-School
	Childcare
	Youth Club
	Community Centre
	Public Library
<b>Level 1 / only in needs questions</b>	Health Services
	School (Primary/Secondary)
	Safe and Warm Home
	Playground

Source: Authors adapted from Hardiker et al. 1991.

## 5.2 Awareness

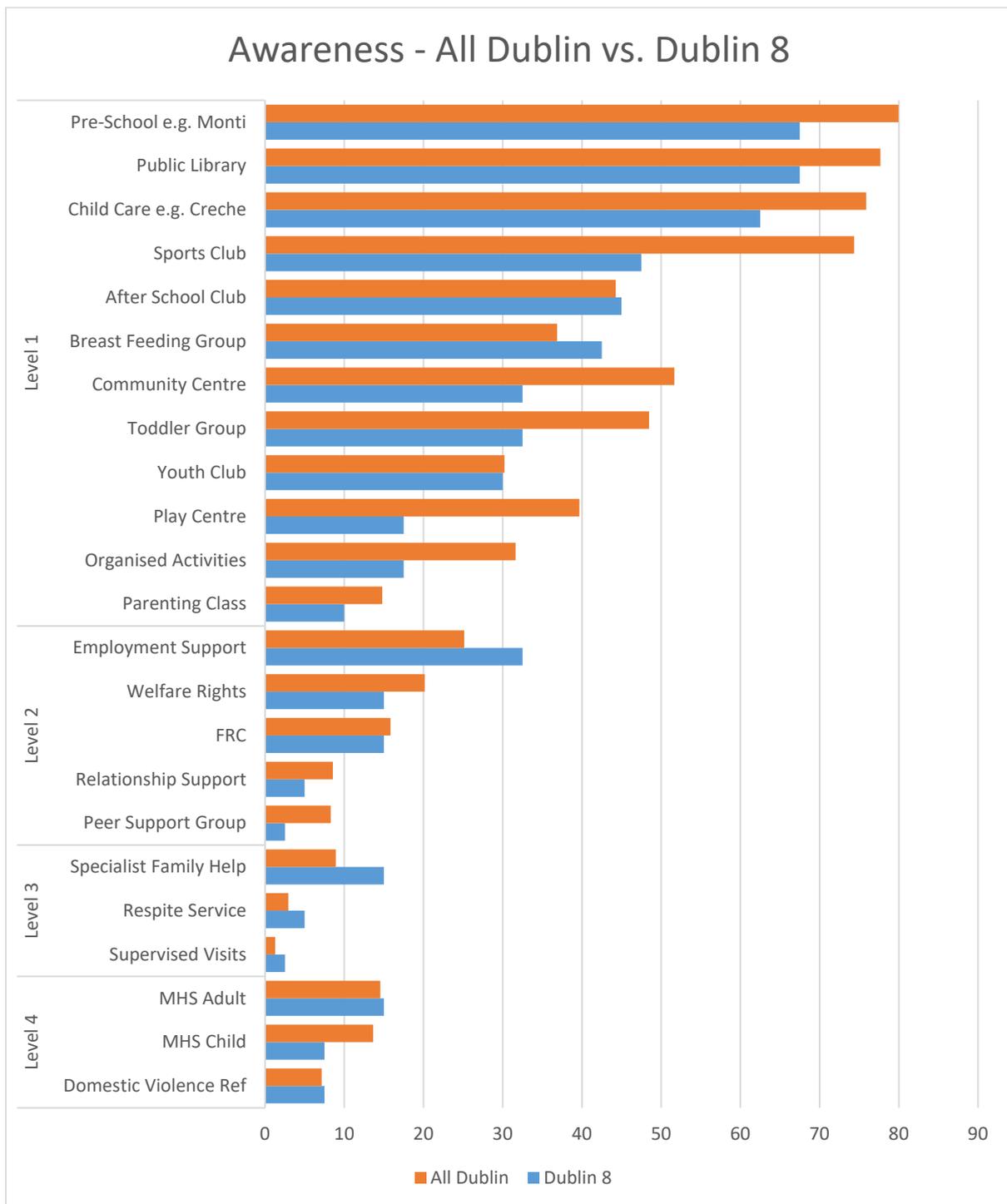
Most parents are aware of universal family services such as preschools, childcare, public libraries, and sports & leisure clubs in their local area (Figure 5.2). This is followed by more specialist interest groups/organisations, which, although universal in nature, relate to particular family life stages such as breast-feeding groups for new mothers or youth clubs for families with children in the 10 to 18 age group.

The most frequent level 2 categorised services are Employment Support, followed by Welfare Rights services and Family Resource Centres (FRC). Local Tusla-funded FRCs are only known by 16 percent, which could also reflect the fact that FRCs are not available in each area. Of all level 2, 3 and 4 type services, respondents are much more aware of Mental

Health Services (MHS) for adults and children. MHS are on par with other services in this category such as relationship support or respite services and mirrors the emphasis on mental health services which arose in the focus groups.

In the Dublin 8 postcode area (Figure 5.2) awareness of local family services is lower than average in the greater Dublin city and county area. The only services which have a considerably higher level of awareness are breastfeeding groups, employment services and special family help. The latter could reflect the higher unemployment and sickness/illness rate among these respondents compared to the rest of Dublin (23% and 8%, respectively). Given this finding it is perhaps not surprising that awareness levels of MHS for Adults in the Dublin 8 postcode area are on a par with those for all Dublin respondents.

Figure 5.1: Awareness in Dublin and D8 (in Percent)



Source: survey, own calculations. N = 780, D8 N = 38.

## Awareness by Key Demographics

Analysing awareness data by key demographics (Table 5.3) shows that overall lone parents have a lower level of awareness for all services. The only exception to this pattern is specialist family help and employment support and welfare rights from the level 2 cluster. Respondents in the lowest income group exhibit lower levels of awareness for the majority of universal services compared to parents who are relatively better off. Individuals whose youngest child is 3 or younger show on average the same level of awareness as those whose youngest child was older than 3. The only exceptions which apply in this context are age-specific services such as crèches, pre-schools or toddler groups where it is found that awareness is higher among parents with three-year olds and younger children. Individuals whose highest education level is a master's degree had higher awareness levels than is the case for those with a primary education. Individuals who report having a child with special needs had varying levels of awareness, with only seven services having a higher awareness level than the rest of the sample.

Table 5.3: Awareness by Key Demographics in Percent

		All Dublin	Lone Parents	Income (Lowest quintile)	Income (Highest quintile)	Youngest Child 0-3	Youngest Child 4-17	Primary school	Third-level Degree	Child with special needs
<b>Level 4</b>	Domestic Violence Refuge	7	6	17	-	6	8	6	6	7
	MHS Child	15	14	17	-	13	16	25	16	12
	MHS Adult	14	14	17	-	10	17	38	14	24
<b>Level 3</b>	Respite Service	3	0	17	-	3	3	0	2	0
	Supervised Visits	1	3	0	-	1	2	6	1	3
	Specialist Family Help	9	14	17	-	7	10	13	9	7
<b>Level 2</b>	Peer Support Group	8	3	0	-	9	8	6	10	13
	Relationship Support	9	11	0	-	8	9	6	9	6
	Employment Support	25	39	33	-	26	24	38	26	29
	Welfare Rights	20	31	17	-	19	21	31	18	28
	FRC	16	25	0	-	14	18	31	16	21
<b>Level 1</b>	Organised Activities	32	17	17	-	30	34	19	34	31
	Parenting Class	15	14	0	-	16	14	38	15	15
	Toddler Group	48	19	33	-	57	40	31	52	37
	Breastfeeding Group	37	19	17	-	49	24	6	51	26
	Play Centre	40	19	17	-	44	36	19	41	32
	Sports Club	74	47	33	-	73	76	63	74	62
	Afterschool Club	44	31	50	-	44	45	50	39	40
	Pre-School	80	64	50	-	88	72	75	82	78
	Childcare	76	53	50	-	81	71	50	83	66
	Youth Club	30	28	17	-	26	35	44	28	38
	Community Centre	52	33	50	-	49	54	44	45	47
	Public Library	78	69	33	-	78	78	69	76	85
<b>N</b>	<b>Number of observations</b>	<b>784</b>	<b>36</b>	<b>58</b>		<b>396</b>	<b>387</b>	<b>16</b>	<b>144</b>	<b>68</b>

Source: Survey, own calculations.

### Source of awareness

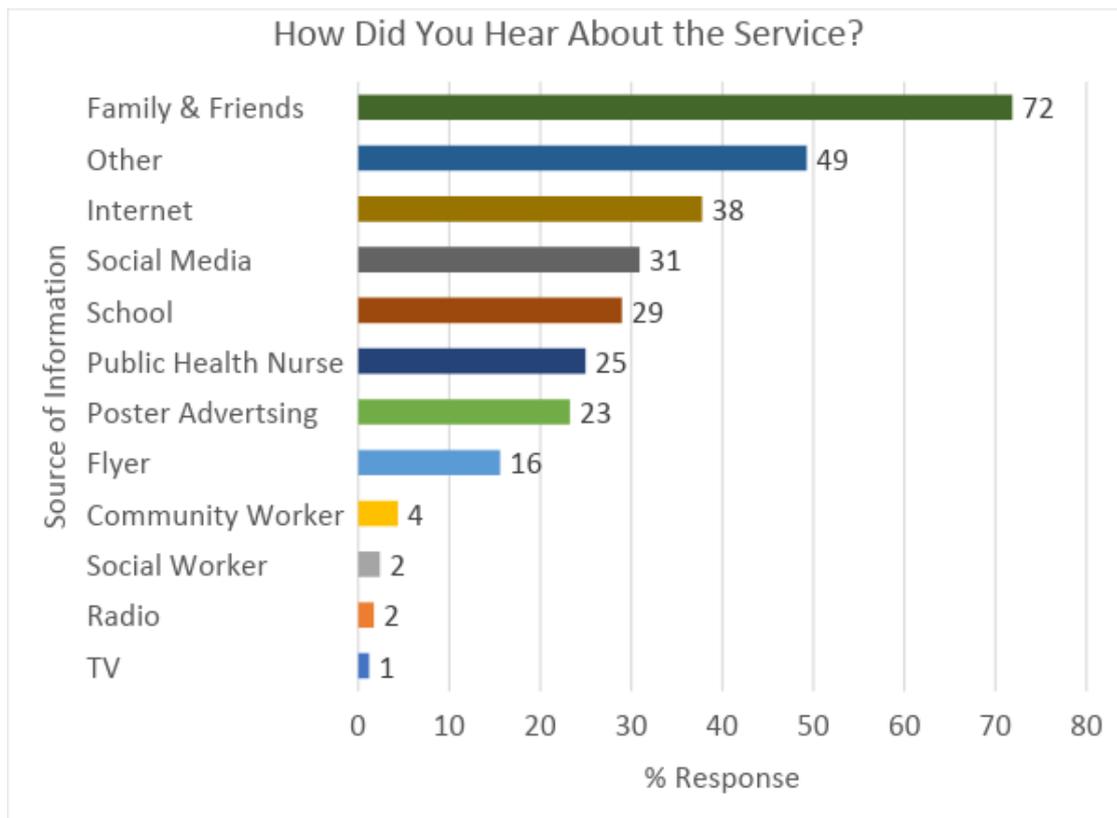
As Figure 5.3 illustrates respondents tend to hear and learn about their local services through direct social interaction with family members, friends and neighbours. The next largest response category in relation to the question 'How did you hear about the service?' is 'other' and here we can only speculate about other possibilities such as having seen a leaflet or that they cannot remember how they heard about the service. Additionally, the option 'passing by' was not included, which could be particularly relevant for services in respondents' local area.

Internet and social media are the third and fourth most important source of awareness with 38% and 31% of respondents mentioning them. To raise awareness of a service, an up-to-date internet presence and dedicated social media team seem to be both relevant and effective.

Several professional service staff have a strong influence in terms of building awareness of family support services, namely school staff and public health nurses. Both are highly institutionalised with regular contact to parents in certain life stages. Surprisingly, community workers and social workers were least likely to be mentioned in most cases, albeit that they are more numerous than other professional staff in particular services.

The findings on how parents are made aware of their local family support services show that traditional marketing efforts like flyers or posters are less important, although not negligible. Whilst other promotion routes like radio or TV are rarely mentioned and reflect the fact that these are expensive and not targeted to services in a local area. Newspapers are not mentioned at all. This is surprising as there are local newspapers and magazines that are targeted to respondent's own neighbourhoods (e.g. Dublin Gazette) and are widely and freely available including being posted through letterboxes of all homes. Although these local newspapers have some local reach, they are not relevant to promote or inform about family-related services.

Figure 5.2: Sources of awareness of services by Source type



Source: Survey, own calculations, N = 757.

Note: Newspapers are not mentioned.

### 5.3 Needs

To assess what constitutes parental need, we asked the question: What services are most important for you as a parent? Respondents were then asked to select their top four services out of all services they are aware of (the first 100 respondents could select five services). The key finding is that basic social needs such as housing, education and formal childcare, health care and playgrounds receive the highest ranking as priority family needs. Only sports clubs make it into this group of the top four of all priority services they are aware of.

The remaining service types follow again the Hardiker model of need. Universal services are more important than specialised and targeted services. Age-specific youth centres receive a mention with approximately the same frequency as general community centres. Other more targeted services such as toddler groups and organised activities are mentioned, but for most of the parents these are less relevant than general organised childcare services such as crèches.

The priorities identified in Figure 5.4 reflect families' basic need for a safe and warm home, a healthy family life and access to organised and affordable childcare. Organised childcare in this context include schools and youth clubs as well as creches, pre-schools and afterschool clubs. Overall, these formal childcare services are more important to parents than child activities that require the presence of parents such as parent-and-toddler groups. This suggests parents need time to pursue employment, to organise the household or simply time out for themselves. The only exception are sport clubs that are high on the priority list. Other parental services like breast feeding groups or parenting classes are less relevant in comparison to universal childcare arrangements.

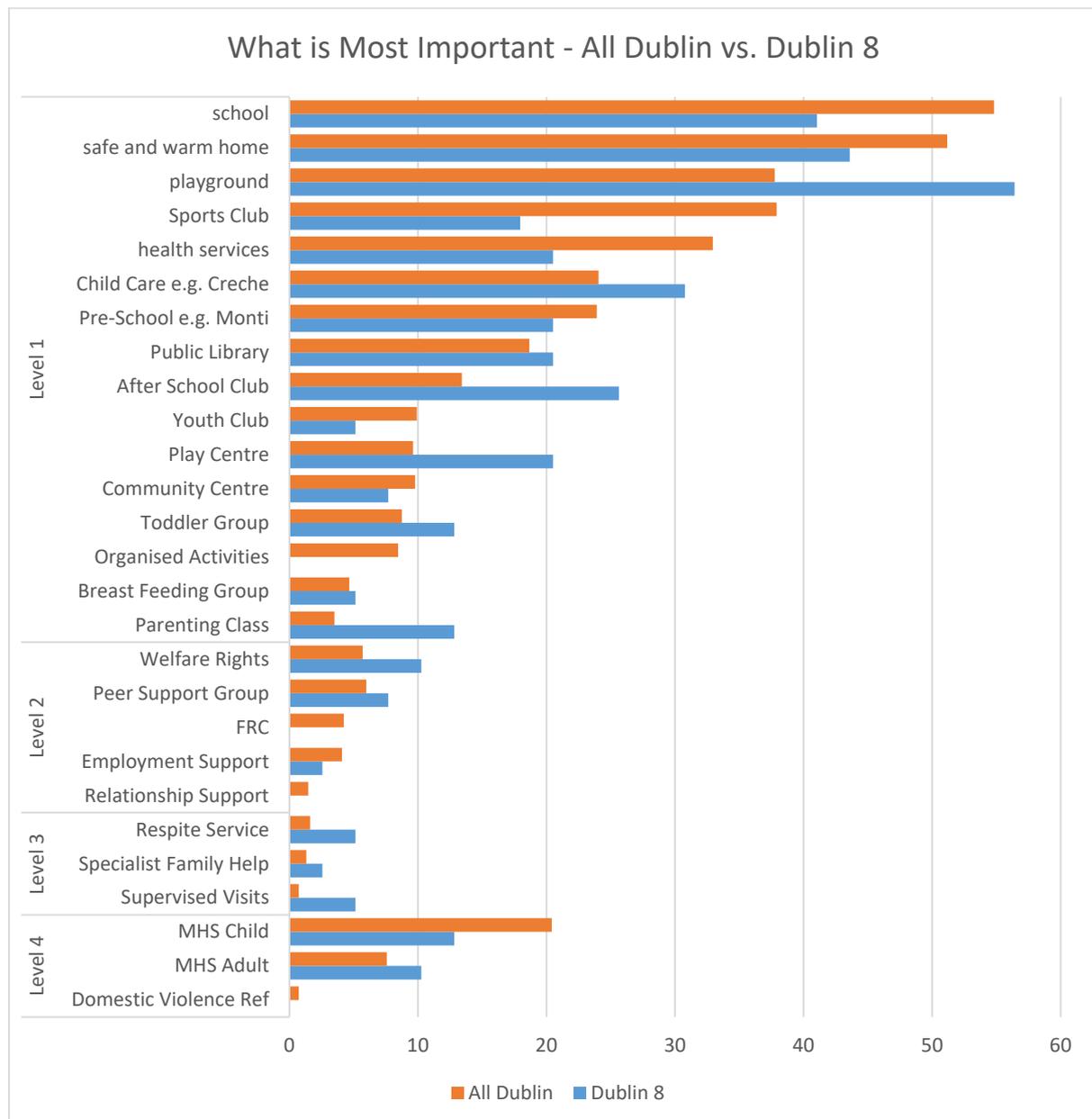
The major exception from this pattern are mental health services (MHS) for children. Demand for child MHS is exceptionally high and mentioned by 20% of all parents. Among those who fully completed the questionnaire the rate increases to 24% and makes it the 6th most important service. This finding reflects the concerns over long waiting times and access to MHS services mentioned in the focus groups, including adult MHS. Other reports confirm this finding (Cahill et al. 2018) and underscore that parental support services cannot be isolated from basic social needs such as good health.

For the Dublin 8 area there are some striking differences compared to the rest of Dublin. Playgrounds have by far the highest priority in Dublin South City, scoring higher than having a safe and warm home and schools. To some extent this reflects the urban geography of D8 with relatively high numbers of families living in apartments and less green space. Despite some recent improvements like the new Weaver Park Playground, playgrounds are a top priority in this neighbourhood. This also shows that councils are important providers of family services.

There is also significantly higher than the Dublin average demand, for childcare, afterschool clubs and play centres indicating that childcare facilities for under 3-year olds are a priority for the D8 area.

The findings of the survey are supported by research on FRC service response to needs (Family Support Agency 2011). While the study is based on a convenience sample of only five FRCs in Dublin South City, similar service needs are identified, although in this context a much stronger focus on sports is emphasised in the study.

Figure 5.4: Needs Priority in Dublin and D8 (in Percent)



Source: Survey, own calculations. N = 686, D8 N = 39.

### Key Demographics - Needs

When analysing level of need by key demographics (Table 5.4), lone parents have a greater awareness of both child and adult mental health services. In addition to this there is a higher awareness among lone parents of health services overall than is the case for respondents overall. Almost 3 in 5 (58%) lone parents express a priority need for a safe and warm home. Following this is an expressed need for welfare rights, organised activities and afterschool clubs. Surprisingly, the survey data show that childcare needs are lower among the cohort

of lone parents. This might reflect lower employment rates among lone parents and is notably also at odds with government and EU aims to increase employment opportunities for women and in particular for those with sole parental responsibilities.

Analysing differences in expressed need for services by income level was problematic given the low numbers in each group. Notwithstanding this caveat, the findings (Table 5.4) suggest a greater priority need attached to playgrounds by those with less income. In terms of the question of whether the need for particular services varies by respondents' level of education, the main finding is that better educated parents are more likely to mention universal services such as afterschool clubs, playgrounds and health services.

When the needs of individuals who have children with special needs are examined the importance of mental health services for both adults and children is again identified with far higher levels than is the case for the overall sample. This also applies the level of priority need for a sports club for parents who have children with special needs (44% vs. 38% for the Dublin sample).

Considering the age of children, parents with their youngest child being 3 years or younger mentioned the importance of playgrounds along with the expected higher need levels of services such as pre-school and childcare. Following this was a high level of priority attached to other level 1 services such as sports clubs and afterschool clubs, again relating to their particular family stage circumstances. Also parents with older children report a higher need for mental health services, both for their children and themselves. While it can be assumed that certain mental health issues only become apparent and are diagnosed when children are older, it is not clear why parents with older children express that need. In light of the focus groups, where parents with younger children reported a more specific need for speak and language therapy, it seems that more general mental health treatment is needed as children become older.

Overall, despite some variation by socio-demographic characteristics and the ranking of services, there is no clear overarching pattern or trend discernible in the data. Notwithstanding, the findings seem to show that playgrounds are more important for lower income parents and those with 3-year olds and younger children. Further, it is clear that mental health services, both for adults and children, are also a high priority for lone parents and parents with a child with special needs. For these groups access to basic health services seems to be far more important than any family support schemes.

Table 5.4: Need by Key Demographics in Percent

		All Dublin	Lone Parents	Income Quintile 1	Income Quintile 5	Youngest Child 0-3	Youngest Child 4-17	Primary School	Third-level degree	Child with special needs
<b>Level 4</b>	Domestic Violence Refuge	1	0	0	0	0	1	0	0	1
	MHS Child	8	19	17	0	12	25	6	7	15
	MHS Adult	20	39	17	0	4	10	38	15	46
<b>Level 3</b>	Respite Service	2	6	0	0	1	2	0	1	4
	Supervised Visits	1	6	0	0	0	1	0	2	3
	Specialist Family Help	1	3	0	0	1	1	6	1	3
<b>Level 2</b>	Peer Support Group	6	6	0	0	4	7	6	8	22
	Relationship Support	1	0	0	0	1	2	0	1	0
	Employment Support	4	6	0	0	4	4	13	1	3
	Welfare Rights	6	17	17	0	6	6	6	5	7
	FRC	4	6	0	0	2	5	13	1	15
<b>Level 1</b>	Safe and Warm Home	51	58	50	0	57	48	50	51	40
	Organised Activities	8	19	0	0	8	9	0	6	7
	Parenting Class	4	8	0	0	5	3	0	3	6
	Toddler Group	9	6	17	0	19	3	6	10	7
	Breastfeeding Group	5	0	0	0	8	3	0	7	3
	Play Centre	10	8	33	100	12	8	0	5	4
	Sports Club	38	25	17	0	27	44	25	34	44
	Afterschool Club	13	17	17	100	6	18	6	17	16
	School	55	50	33	0	53	56	44	57	46
	Pre-School	24	6	17	0	36	17	25	24	9
	Childcare	24	11	33	0	35	18	13	31	9
	Youth Club	10	11	0	0	4	13	19	3	21
	Community Centre	10	6	0	0	9	10	13	7	15
	Health Services	33	44	17	0	34	32	25	40	26
	Public Library	19	19	17	100	45	34	13	27	12
	Playground	38	22	67	100	14	21	13	49	26
<b>N</b>	<b>Number of observations</b>	<b>686</b>	<b>36</b>	<b>58</b>	<b>20</b>	<b>351</b>	<b>334</b>	<b>16</b>	<b>144</b>	<b>68</b>

Source: Survey, own calculations.

In a final analytical step of service needs we looked specifically at universal needs. A regression model was run to ascertain if there was any relationship between how many level 1 services respondents prioritised and their socio-demographic profile (Table A.2). The purpose was not to create a predictive model to estimate the amount of Level 1 services that an individual thought was important, rather it was to see if there were any significant relationships between universal services needed and social profile. Considering the relatively low number of observations, the regression results are only indicative and have to be interpreted in context of the descriptive and qualitative findings.

Having a child with special needs and being a lone parent show statistically significant results. Having a child with special needs has a positive relationship which means a higher need for universal services while being a lone parent has the opposite relationship. The result for lone parents is somewhat surprising but the descriptive results indicate a higher demand for mental health services among lone parents, while we find little differences for other services (Table 5.4). This was also reflected in the focus groups, where some lone parents reported personal mental health issues and delayed mental development of their children. Overall, lone parents' needs seem not that much different, but they report a significant higher need for (adult and child) mental health services. All of the other independent variables had statistically insignificant results.

In several follow-up questions we asked parents about their needs for service delivery on the four topics of 1) location/transport, 2) financial support, 3) opening hours / access and 4) information. A detailed overview of individual responses is in the appendix A.1.

## Location and Transport

Overall, there is a strong preference for services that are located within walking distance of respondents' homes compared to better public transport. This would suggest that areas with the highest need for family support services should be prioritised for expanding local services (e.g. FRCs). For services with a fairly good geographical distribution, such as libraries and Intreo offices, the identified need for local provision is correspondingly less strong. With parents expressing a preference for specialised and highly targeted services to be within walking distance, policy makers have a challenge in terms of making the most efficient and equitable decisions about the geographical location of these services. This challenge extends to highly targeted services within densely populated urban environments and the question of how these can be provided to maximise best reach to those most in need.

The findings reveal a strong demand for local afterschool clubs, followed by MHS for children, respite services, playgrounds and schools. Overall the high priority expressed by respondents for local schools, playgrounds and sports face policymakers and service providers with decisions about the best allocation of resources, in particular in areas with high demand (e.g. D8). The Dublin councils have a key role in delivering such local services, through a functioning public transport and earmarking land for family services (playground, sports grounds).

## Finance

With regard to understanding whether and to what degree financial constraints act as a barrier which prevent parents accessing much needed services, we examine this question in three different ways: in terms of 1) free access, 2) cheaper service and 3) more financial support. Conceptually, free access involves full financial support of the service through taxation, cheaper service is a demand for both the service provider and government to provide the least costly service possible, while more financial support would involve more government support in one way or another.

There is also demand for free childcare. Yet, childcare stands out for the need to be cheaper and receive more financial support.

Free access is mainly desired for health-related services such as MHS, respite or breast-feeding groups. Interestingly, currently free services such as playgrounds, pre-school and libraries have only strong support for free access at about 66, 56 and 55 percent, respectively.

Play centres, sports clubs and toddler groups have the lowest support for free access and parents anticipate some out-of-pocket payments for these services.

## Opening Hours and Access

Long waiting lists in the health service emerges as a pressing issue for parents, in particular around MHS for both adults and children. This also includes more specialised services such as respite, family help and supervised visits. Parenting classes and peer support groups seem also slightly oversubscribed with longer waiting lists. On the contrary, breastfeeding and toddler groups are easy to access without any substantial waiting times.

Regarding opening hours, again the health-related services stand out as requiring longer and more flexible opening hours. Nevertheless, parents report that they also need several level 2 and 3 services with longer and more flexible opening hours, in particular FRCs and specialist family help services. Overall, opening hours of universal and general services seem to cater for most of needs expressed by parents. When comparing priorities for longer hours or more flexibility, parents demand more flexibility in terms of access to childcare services. This could mean that the standard opening hours would suit most parents, but they would also need some more flexibility occasionally.

## Information

Parents seem well informed about universal services, but information deficits are highest for level 3 and 4 services and the more specialised level 1 services (e.g. breastfeeding). A strong information deficit was reported for Tusla-funded FRCs. For instance, 96% of parents agree or strongly agree that they need more information about FRCs. Similar levels of need for information applies to youth centres, parenting classes, relationship support and peer support groups, some of these services also receive Tusla-funding such as relationship support at One Family. This suggests that a targeted information campaign involving both social media and professional workers may be needed in this context to spread information about these services.

## Complex and comprehensive service needs

The overall findings point to a need for holistic parental support services. Basic universal needs are a high priority for all parents and in the main require complex interagency coordination, including councils. Currently Dublin faces multiple crises around meeting basic needs for housing, health and childcare services. In the online survey parents express a high need for these and associated problems such as centralised provision, long waiting times, unaffordability or simply no access (e.g. permanent housing).

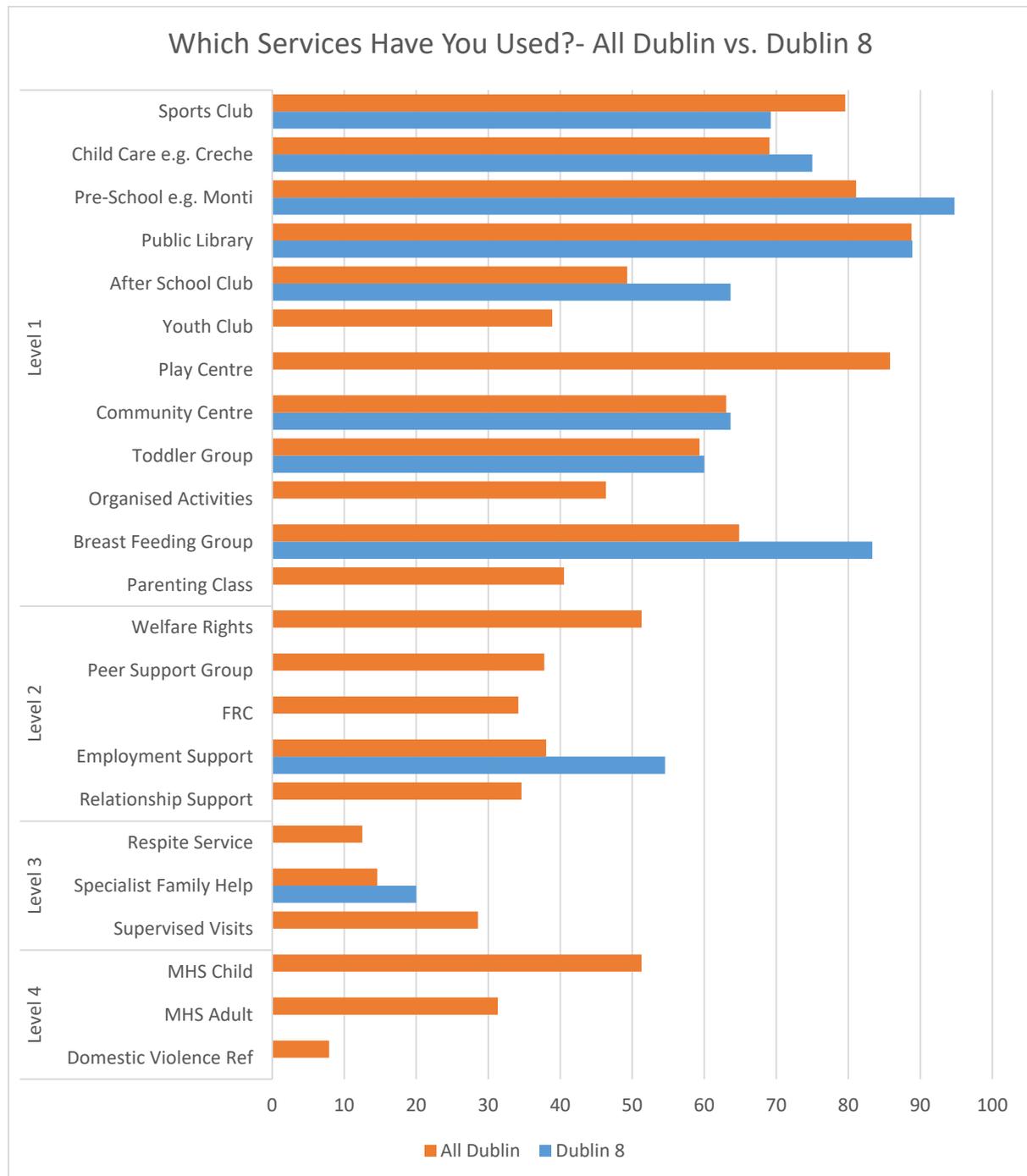
A good example in this context is not being able to access mental health services in a timely manner causing negative effects on the entire family support structure and further knock on effects for needing care, education and peer support. Other basic support services and infrastructural requirements include playgrounds, sports and community centres. These services have complex departmental responsibilities that cut across funding streams and fragmented provision. Parents report a need for these services through efficient and effective delivery, regardless of organisational structures.

## 5.4 Usage

In contrast to perceived service needs, this section shows the actual usage of the discussed services. First, we measure the levels of service usage by asking parents if they have ever used the service they were aware of (limited to 3 services in total). The levels of service usage are high for the majority of level 1 services, with the highest of these being public libraries at 89%. Following the pattern seen previously the level of utilisation is not as high for level 2, 3, and 4 services with the exception of MHS for children which 51% of respondents report that they use. When looking at the figures for D8 we see a higher rate of usage for the majority of the services compared to figures for all respondents. The main

exception is the lower usage of play centres in D8 (Figure 5.5). A possible explanation is that fewer play centres are located in this area compared to the wider Dublin area.

Figure 5.5: Service Usage in Percent



Source: Survey, own calculations. Note: N varies for each type (16-402), N for supervised access visits = 7. D8 results only reported if 10 or more respondents.

## Usage Levels by Key Demographics

The importance of mental health services to lone parents is again apparent, along with the relatively high usage of afterschool clubs (82% vs. 49% for the overall sample). Middle income parents reported a higher usage level across all services. Parents whose youngest child is 3 or under show greater usage levels for all services bar toddler groups, which would be expected given the age of the respondent's child. Where the youngest child is older than three use less services with the exception of the community centre (53% vs. 47% for those whose child was 3 or younger). Individuals who have a child with special needs indicated higher (or static) levels of usage for most services except for some level 3 services.

## Frequency of Use

Table 5.5 indicates the level of frequency that the relevant services were utilised in the last year. Childcare related services show that they are the top three services used on a daily basis, with sports clubs having the next highest usage frequency. Care facilities are used daily, while sports clubs are more likely to be used weekly.

Community centres and FRCs are used in different intervals throughout the year, but also relatively regularly among some users with 15% of users attending them weekly. Despite the high priority for libraries, they are more likely to be used monthly or less. Mental health and specialised support services follow a longer-term usage pattern. However, overall sample response is very low in some of these targeted services and should be interpreted with care.

Table 5.5: Frequency of service usage in percent

	More than once a week	Once a week	Once every 2 or 3 weeks	Once a month	Once every 2 or 3 months	Once or twice in the last 12 months	Not used in the last 12 months	Other	Number of observations (N)
Childcare	59	1				1	35	2	209
Afterschool Club	52	15	2	2	4	3	20	2	95
Pre-School	50						47	2	246
Sports Club	34	28	9	3	4	5	12	5	185
Organised Activities	26	17	4	9	4		26	13	23
Community Centre	15	16	9	4	10	26	13	7	158
FRC	15	7	4	7	4	26	33	4	27
Youth Club	14	31	7	3	3	3	32	7	59
MHS Adult	8	33			8	25	8	17	18
Toddler Group	5	18	5	4	1	8	56	2	91
Employment Support	3		3	7	10	20	53	3	30
Public Library	2	10	12	16	19	19	15	7	159
Play Centre	1	3	18	14	21	26	13	4	141
Breastfeeding Group	1	13	2	5	2	7	67	4	109
Welfare Rights			4	4	4	31	47	11	55
Parenting Class		7				7	73	13	15
MHS Child		11	17	11	6	28	22	6	12
Peer Support Group				33		11	44	11	9
Relationship Support		17				17	67		6
Respite Service				50				50	2
Specialist Family Help		100							1
Supervised Visits							100		1
Domestic Violence Refuge						100			1

Source: Survey, own calculations. Note: values below 1% are not reported, other includes “no response” and “too varied to say”.  
 Sorting by column 1, observations

## Service Provider

Most respondents do not know who is providing Tusla services like FRCs. For instance, 53% of FRC users could not identify the service provider. Those who clicked on one of the options, about 40% each said state or council, while only 10 % opted for other public body. For parents it may not matter who is exactly funding and providing the service as long as they can access the service, but it would increase legitimacy and trust in organisations if users know that certain services are independent from direct state intervention.

Knowledge about providers seems more accurate for play centres and childcare providers, but overall there is little knowledge about public service providers and their political and administrative accountability. However, this response must be seen in the context of the complex financial and organisational arrangements that underpin a lot of family support services in Ireland. Still, and in some contrast to the focus groups, most parents seem to be happy with the communication of service providers. This is less the case for community centres, welfare rights offices and private playcentres.

## *Volunteering and Costs*

Overall high levels of volunteering were reported among the majority of services. Low levels of volunteering in physical activities were recorded, with highest participation being in toddler's groups at 8%, and several services recording a 0% participation rate. Volunteering in relation to support services showed higher participation rates, while participation in boards of management typically varied between 1 and 10%. What is surprising is that the high levels of volunteering recorded overall did not translate into the three particular types surveyed which may be down to the fact that service users have a broader definition when it comes to what 'volunteering' means.

Other research has shown that most FRCs are run by Voluntary Boards which on average provide 10.6 FTE staff and account for 454.7 hours (Family Support Agency 2011: 13). Moreover, on average each FRC had 28 volunteers in 2011 who provide the equivalent of 4.06 FTE members of staff (Kelleher & Kelleher 1998, Family Support Agency 2011). Our survey data suggests that 11% of FRC users volunteered to support service activities, 5% served on the Voluntary Boards, 5% volunteered in physical activities. Similar levels of volunteering can be observed in sports clubs, toddler groups, breastfeeding clubs, youth clubs and community centres, while the other service types do not seem to attract volunteers.

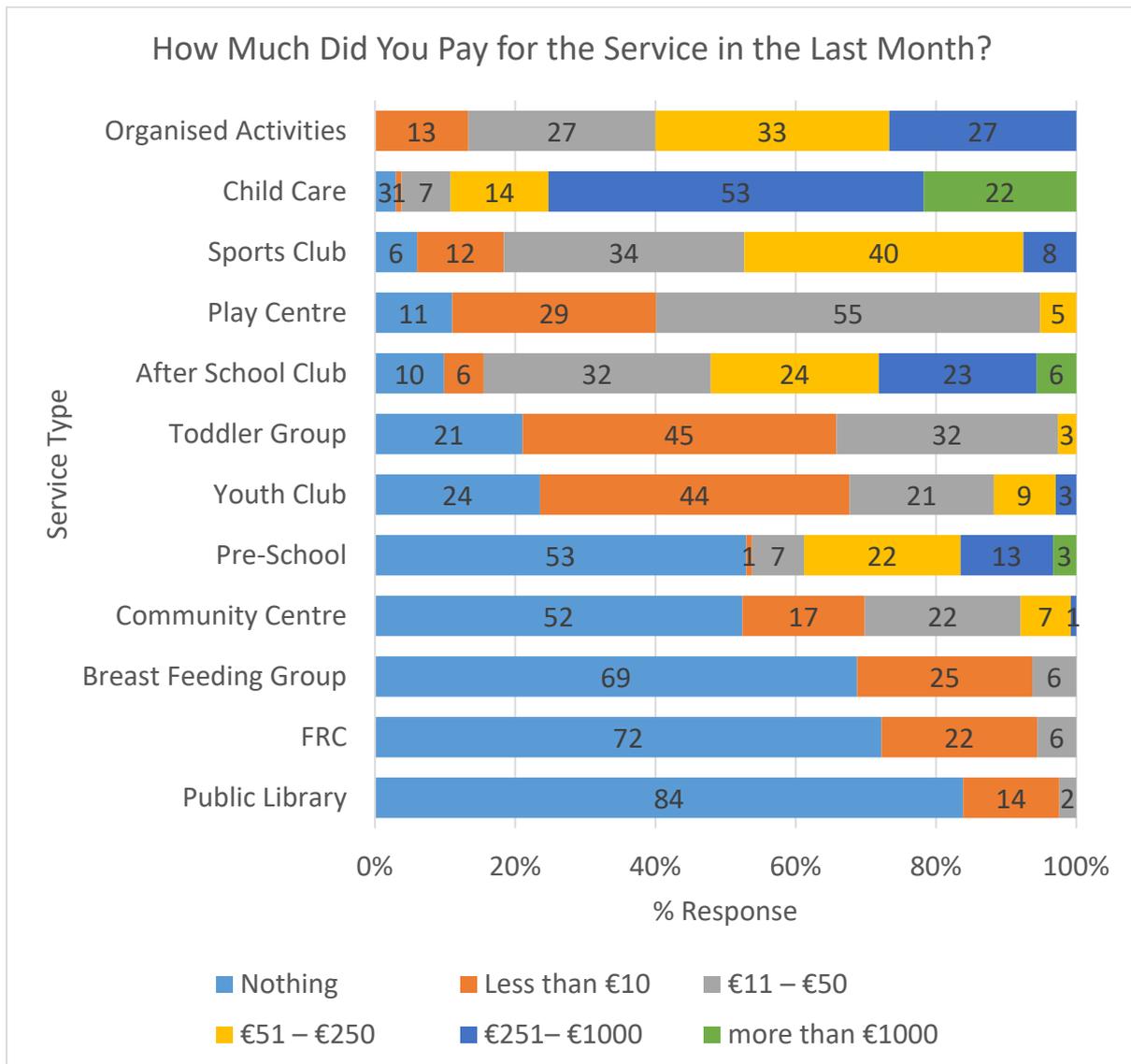
## *Cost of Service Usage*

Figure 5.6 shows that a significant number of services did not incur any cost for the users over the past month. When this is viewed in conjunction with services where the cost was under €10 a month it is clear that affordability did not seem to be a major issue with these services. Still, for very income poor households even a small amount can limit service access.

Childcare is a clear exception in this pattern. Childcare services have the highest proportion of people paying between €251 and €1000 a month at 53% and confirms comparative findings where childcare costs in Ireland are among the highest in the OECD (OECD 2018).

The next most expensive group is sports clubs where 40% of respondents paid between €51 and €250 per month.

Figure 5.6: User Fees



Source: Survey, own calculations. Not reported if N below 15. N for each type: Public Library 124, Welfare Rights 24, FRC 18, Breast Feeding Group 32, Community Centre 126, Pre-School 121, Youth Club 34, Toddler Group 38, Afterschool Club 71, Play Centre 117, Sports Club 146, Childcare 129, Organised Activities 15

## 6 Summary and Recommendations

Overall, the needs priorities of disadvantaged and more privileged parents are quite similar. All parents emphasised the need for basic social services such as housing, health, schools and childcare as well as key infrastructure for children like playgrounds and sports clubs. Despite some different emphasis of particular services by location (Dublin South City) and social background, the overall pattern of a need for universal service provision is apparent. Also, when controlling for some socio-demographic factors the need for universal services is quite strong regardless of the social background.

Hence, key barriers to accessing social and family support services are not individual factors, they are rather systematic. Long waiting times, inaccessible locations and in some instances financial barriers (childcare) are institutional barriers that affect all parents but, reinforce the feeling of 'being left behind' for disadvantaged children and parents. Several of these systematic barriers are due to past funding cuts and resulting staff shortages and thinning out and centralising service locations (Fahey et al. 2012).

Overall the international literature suggests that central universal family services are a key contributor to support struggling families out of the vicious cycle of poverty and disadvantage. These basic services such as affordable childcare and local playgrounds alongside quick access to tailored early intervention services (e.g. speech therapy) are paramount to identify and help families in need. The combination of basic services for all families and rapid targeted early interventions can rectify and prevent later and more costly intervention such as drug treatment, criminal prosecution or unemployment services. In other words, family support services can have a fundamental role in mitigating some of the risk factors associated with poor child development outcomes.

As highlighted in the literature review, earlier needs assessments are quite rare in the Irish context. Yet, an evaluation of FRCs in 2011 gives an indication of local initiatives and needs (Family Support Agency 2011: 24-27). A central function of FRCs is to establish new and support existing local groups, networks and initiatives. These groups and participants show a similar priority as identified in the focus groups and survey. Yet, it also shows the limited scope and reach of FRCs for these kinds of initiatives. For instance, nationwide childcare providers catered only for about 1,600 children. The reach of FRC supported toddler groups was higher at about 2,400 but would fall well short of catering for the 331,515 pre-school children aged 0-4 in 2016. These local groups may fill an urgent local need, but they are far from reaching all children and also depend on engaged parents who have the cultural and financial resources to drive such initiatives.

The data also revealed a lack of awareness around family services. While the focus groups indicated a lack of awareness around available services and how to access them, the survey confirmed the lower awareness of targeted, mainly Tusla provided or funded, support services. In both datasets, a lower awareness was associated with several indicators of social disadvantage. Yet, the focus groups showed how important support workers were in raising service awareness and advocacy. In contrast, survey respondents emphasised their social

network and online services (internet, social media) as their key information sources about available family services in their area.

In sum, the findings confirm structural inequalities to access family support services across Dublin identified in previous studies. Moreover, families in deprived areas are even more left behind as services are not provided locally, depend on neighbourhood groups and face multiple and complex needs that are not integrated in a comprehensive and universal social service delivery plan.

## Recommendations

Based on the findings there is no single solution or investment that will alleviate all the identified issues with family support services in Dublin and Dublin South Central. The multiple problems and needs of families can only be addressed through several and concerted service delivery funding initiatives. However, Tusla, is uniquely placed to address many of these problems through the expertise of its qualified social workers and support workers, which, provided that the logistical arrangements are in place, could generate more efficient service delivery for the implementation of the PEI strategy and render better outcomes for children. The following recommendation address the logistical arrangements that are required to achieve these policy outcomes.

Key recommendations (in brackets key departments)

1. The CFSN Coordinators should be rolled out further and better resourced to achieve a better service coordination by a) improving the mapping of available family services, b) expanding the networks between social work practitioners and health practitioners and improving their coordination and communication with families, c) establishing a regular presence at family resource centres. This will provide the logistical arrangements to facilitate implementation of the other recommendations outlined below:
2. Stronger interagency and multi-agency cooperation on issues such as health, housing and education (DYCA, Health/HSE, Housing, DoE).
3. Designated (i.e. specifically for that purpose) contact centres run by professionally trained staff to supervise contact visits (DYCA, Department of Justice).
4. Family support professionals should target disadvantaged areas and demographics (DYCA).
5. More investment in local services (DYCA, councils) and reducing waiting times for services in high demand (mainly HSE).
6. Investment in services for all ages, for those children aged 1-3 and 9-18 and older (e.g. youth club, sports, preschool activities or clubs) (Councils, DYCA)

7. For targeted services: there needs to be greater investment in disability services, speech therapy and early intervention services specifically an increase in staff with the aim of reducing waiting times (HSE, DoE).
8. Social media campaigns should be developed that targets families more specifically and based on their location (DYCA).
9. Tusla should make its internet sources accessible and mobile friendly (DYCA).
10. Regional and national family needs should be evaluated in regular intervals of 1-3 years through surveys and focus groups to monitor service delivery progress and be able to react to changing family needs.

### *Integrated service delivery*

Most families have multiple service needs and hence require multiple providers, agencies and departments involved in their service delivery however, this study has identified that these require better interagency coordination. Research from the US (Little & Taneja 2000) and UK (Keish & Tait 2006) illustrates the difficulty of generating good outcomes for young people when PEI services are not coordinated effectively or commensurate with children with multiple service needs. For parents negotiating the maze of welfare and service systems this can appear daunting if not frightening and demoralising (Mumford & Sanders 2004), especially if they have children with multiple service needs (Littell & Tajima 2000). This advocacy role hinges upon the relationship building aspect of the support worker role, which – at a time when field social workers are spending less than 13% of their working week in direct contact time with children and their families (Munro 2011, Unison 2014) – forms a vital service in the maintenance of family functioning (Gillingham 2006, Munro 2011, New Zealand Social Work Registration Board 2013).

These potentially high-risk situations are not amenable to case management under the current logistical arrangements where FRCs act as a bridge to statutory services. There is a concern that parents under considerable stress will “fall through the net” because of the burden placed on support workers because of the inadequacy of current logistical arrangements. According to Brown & Caddick (1993) social workers are well placed to acquire ‘sapien’ knowledge, that mean the theoretical knowledge of the law, social policy, benefits system, human growth and development, understanding of multi-agency/multidisciplinary child protection network, cognitive behavioural, solution focused, systematic therapy skills and the rapport building skills. This sapien knowledge of social workers is necessary to identified child welfare risks and engage with hard-to-reach parents. If social workers are given sufficient time to engage in face-to-face work, they can reduce risks and engage in early intervention.

Therefore, the CFSN Coordinator role has the considerable potential to fill this vacuum by facilitating a more collaborative form of family support services. Though the CFSN Coordinator role is still evolving, a crucial aspect of this position is to identify local initiatives and resources and facilitate a better coordination of service providers to support families. A

better service coordination and feedback to families should facilitate earlier and more effective intervention to reduce both risk and need in the future. This is achieved by mobilising non-statutory service support networks which, through the Meitheal assessment process, enhances the voluntary and collaborative aspects of the service provision (Cassidy et al. 2016). Early intervention reduces the need for statutory intervention (Cassidy et al. 2016), but the findings have shown that families need to be able to contact their area coordinator to navigate the fragmented multi-agency delivery of services.

We recommend that CFSN coordinators

- a) provide clearer mapping of services, both for network professionals and parents,
- b) expand the networks and improve the coordination among professionals, and
- c) are directly approachable for parents at key contact points such as FRCs, schools and community centres.

The research has also highlighted multiple assessments and unclear responsibilities from a client perspective. These examples highlight where service integration could start. The CFSN Coordinator's mapping exercise could identify how best to link up or integrate Tusla support with health services and FRCs. Thus, being in the locality, as part of the CFSN, support will be better placed to develop and enhance the formal and informal, professional and community networks necessary to underpin stronger multi-agency cooperation, which is needed to facilitate better communication and the one-to-one assessments required by parents. A key feature of this process is also the Meitheal assessment process itself which seeks to reduce repetition and replication and to generate a single assessment (Tusla 2015).

These logistical arrangements also underpin the recommendation for designated contact centres with qualified staff to supervise contact visits. Social worker involvement should be strengthened in this context. It is unfair and dangerous to place support workers in the position of supervising contact visits in contexts where there has been domestic violence, intimate partner violence, or child sexual abuse. Currently, support workers receive little social work support in such demanding and challenging family circumstances. The role of the duty social worker on site is crucial here to coordinate appropriately trained staff to supervise these contact visits and to provide clinical supervision to them to enable them to manage such contact visits.

It is recognised that service integration means more streamlined assessment and service delivery across agencies. Long waiting times to one service, have multiple negative effects on other areas of family wellbeing as highlighted by the lack of sufficient adult mental health services. Hence, Tusla and DCYA need to find ways to foster and promote more effective service delivery from those agencies it collaborates with to deliver these services. The logistical structure identified above is one way to address these issues on the ground, but several service delivery problems (e.g. mental health, housing) are structural and long-term shortcomings that require a cross-departmental initiative to achieve better outcomes

for families. DCYA should reach out to the Departments responsible for health, housing and education to highlight the pressing challenges families face in Ireland as well as councils for better local delivery of services. Prevention efforts start with these basic services for families and would also reduce the burden on Tusla-related services in the long-term as they reduce welfare dependency and family stressors. Again, the CFSN Coordinators could have a crucial role to play here in identify and coordinating ways to achieve a more integrated service delivery.

### *Universal Services*

Parents have expressed a strong need for universal services (see Hardiker 1991: 25). More targeted family support services were only part of wider welfare and wellbeing with health, housing, and integrated childcare and sport facilities being the top priorities. Hence, investment should prioritise these kinds of services to reduce the major concerns of families, particularly those identified in focus group 3 concerning risk to children and adolescents dropping out of school or being excluded from school then being recruited in to local gangs, and becoming involved in drug culture, anti-social behaviour and youth offending and subsequent prison population.

### *Local Services: consolidating the FRCs in the PEI strategy*

Both the parent focus groups and the survey identified the importance of localised services. Across service types these should be offered locally, but even more important for highly targeted services. Providing seldom used services locally, reduces efficiency, but would increase effectiveness. The focus groups revealed how challenging it can be to access services only 2 or 3 kilometres away due to inadequate public transport. Some focus group participants also suggested 24/7 helplines in cases of emergency.

However, this could be achieved by making FRCs the hub for local family support services. Most of the 16 FRCs in Dublin South are either located within or between 600 meters or 1.5Km from the 'very disadvantaged' or 'disadvantaged' areas of Dublin South City. This makes FRCs ideally placed to develop community led initiatives to address the family support needs of the most vulnerable populations, but there are considerable logistical and policy implications surrounding this. Service providers could use local FRC facilities to provide, for instance, clinics and early intervention services in the area, instead of families travelling to the centralised providers. FRCs would be a hub and meeting point for family-related services.

It must be recognised that whilst FRCs can provide an essential bridge between the local community and state agencies like Tusla and can contribute to the prevention and early intervention strategy, they are only partially Tusla funded. Moreover, FRCs lack the resources and logistical arrangements to spearhead such initiatives. For instance, most of the initiatives developed by FRCs are run by volunteers (Family Support Agency 2011: 13).

Thus, while the recent announcement of additional government funding for FRCs to develop new services is a welcome change to the existing resources (Tusla 2018), it has to be seen in the context of 10 years of austerity measures and cuts to FRCs budgets (Family Support Agency 2011).

Moreover, the findings from the focus groups and survey speak to the need for Tusla, to have a 'presence' in the localities to build collaborative relationships with families, which is not simply a question of finances, but goes to the heart relationship-building between the agency, other agencies involved in the PEI strategy and local communities. This is a recurring theme in the study. For instance, parents (B2) and professionals were talking about failures in interagency service delivery and Tusla staff being described as "parachuting in and out" (D2, D4, E2, E5). Therefore, if Tusla is to achieve its ambitions for its prevention and early intervention strategy, in promoting better outcomes for vulnerable children and families, then it is strongly recommended that some of the €110m budget for 199 new front-line staff be ring-fenced for Tusla employed and funded support workers in local communities.

#### *Playgrounds, youth clubs, and sport facilities in Dublin South City*

In Dublin South City exists a high need for playgrounds, youth clubs and sport facilities (figure 5.1). There are several derelict building sites and former industrial sites in the area that could be considered for expanding and upgrading these amenities. Linking playgrounds with sports facilities would provide a good match for two top priorities among parents. As the leader in the PEI strategy, Tusla has a vital role in persuading the local council to address the issue of private landownership and restricted access to GAA fields and sports clubs to facilitate green space and playgrounds and sports for all children. This again, is commensurate with the PEI strategy as these services not only improve the health and wellbeing, but also reduce the likelihood of anti-social cultures (like gang and drug cultures) and youth offending, by fostering a sense of community, and inclusiveness, which are vital in areas of high deprivation.

#### *Raising awareness*

Considering that family, friends and neighbours as well as social media are key information resources to learn about family services, these should be at the centre of strategies and initiatives to raise awareness. Campaigns should encourage parents to spread the word and talk about these. Also, the network effects of social media can be used to target key audiences. Social media advertising is not only more targeted than traditional posters or flyers, these are also much cheaper to reach a large audience.

In terms of raising awareness some DSC FRCs already have expertise in developing this through the successful recruitment of family members as volunteers. As part of their "Developing Capacity & Leadership" Strategy for the Voluntary Board Members, volunteers are required to raise awareness of services run by FRCs and to develop a database of

resources and to find ways to advertise those resources (Family Support Agency 2011). This framework could be expanded to other FRCs and linked with the CFSN Coordinators and be part of their remit which includes developing contact lists of resources and services for member of local CFSNs.

As the internet is also a key information source, all services should be encouraged and supported to have an up-to-date internet presence. Tusla and Pobal already provide basic and detailed information about key providers like childcare providers and FRCs. Yet, these databases are not always easy to navigate, contact information might be incomplete or dated. It is therefore recommended that more open data and collaboration with app developers might spark innovation to make the existing information more accessible. Applications, that are optimised for mobile users would benefit disadvantaged demographics who often only have internet access via mobile.

The focus groups also revealed the importance of professional staff as multipliers to access information among disadvantaged demographics. This means professional staff need regular training on available services in their area and strategic support on spreading knowledge about services. While brochures seem to be the traditional resource to provide information to clients, staff should also have access to online tools to share information easily with clients. The crucial role of professionals to raise service awareness in disadvantaged areas also means allocating sufficient staff time for this relevant element of sharing knowledge with clients. Schools and nurses seem to be essential anchors in such an awareness campaign together with family support professionals. It is reiterated, that improved multiagency coordination and communication will also help facilitate this.

#### *Continuous Evaluation of Family Needs*

This family needs assessment is one of the first and most comprehensive in Ireland with regards to the number and types of services covered and diverse socio-demographics reached. The results presented here form the baseline for future service evaluations, help to monitor progress and increase public service accountability. In order to achieve this, such a survey should be repeated every 1-3 years in Dublin and rolled out nationally in the future. Only with regular survey intervals the benefits of this baseline survey will materialise and can help to make services for families better over time. A national survey would help Tusla and DCYA to identify existing and emerging areas of need early on and plan their recruitment and key contact locations accordingly. Depending on the sampling frame, the existing survey tools can be used to achieve a much more fine-grained geographical needs assessment.

We also recommend recruiting a representative online sample via a survey company, although this will be more expensive. The advantages of a representative sample are more robust population estimates and usually higher response rates. This survey aimed to cover all relevant family services, follow up surveys may concentrate on the most important services, which would decrease the response time and increase the response rate. Such a

shorter survey should always be complemented with hard-to-reach focus groups to understand the underlying reasons behind the associations and the role of targeted services. Finally, all survey tools should be reused and data should be archived (e.g. Irish Social Science Data Archive) to enable comparisons over time.

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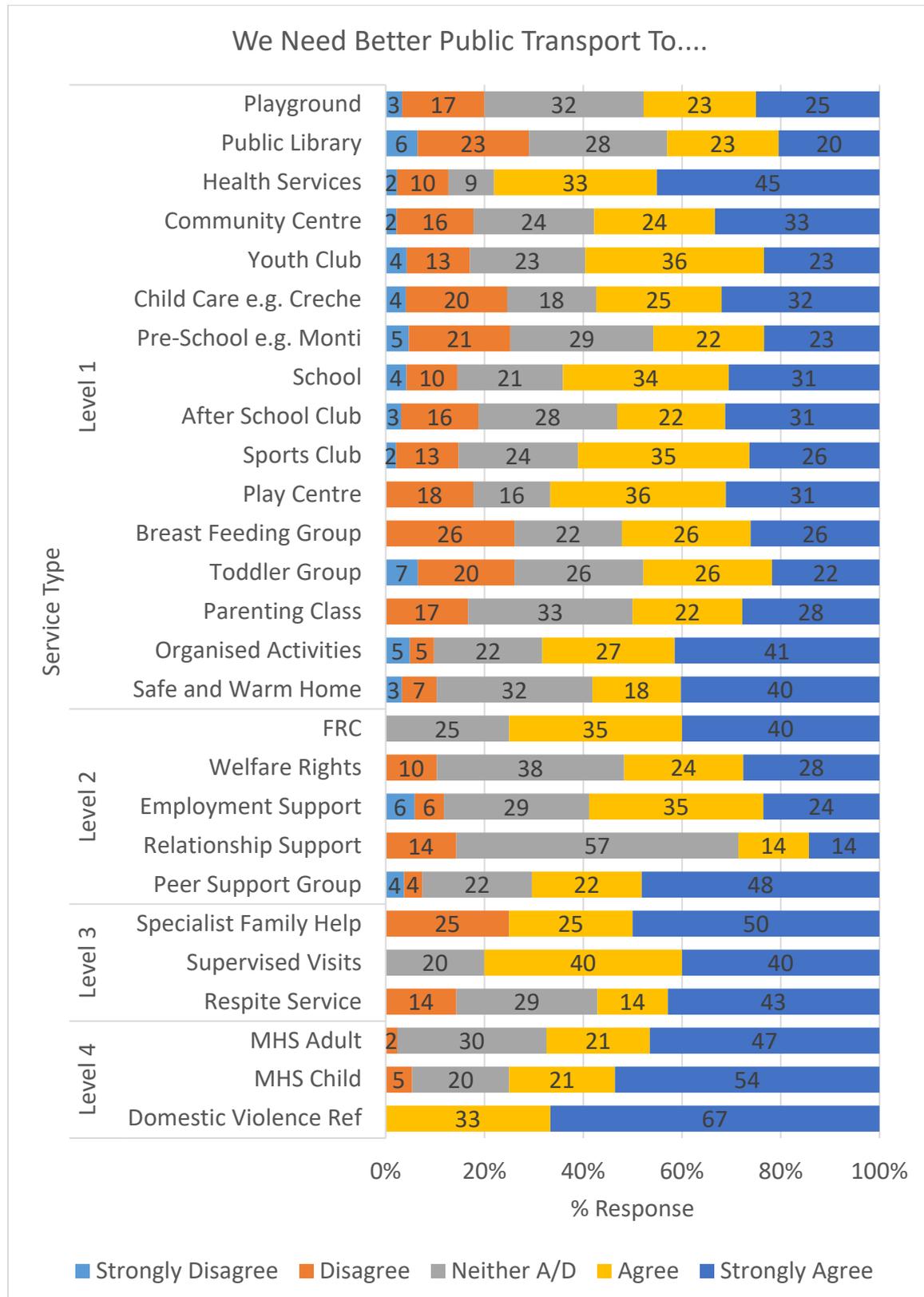
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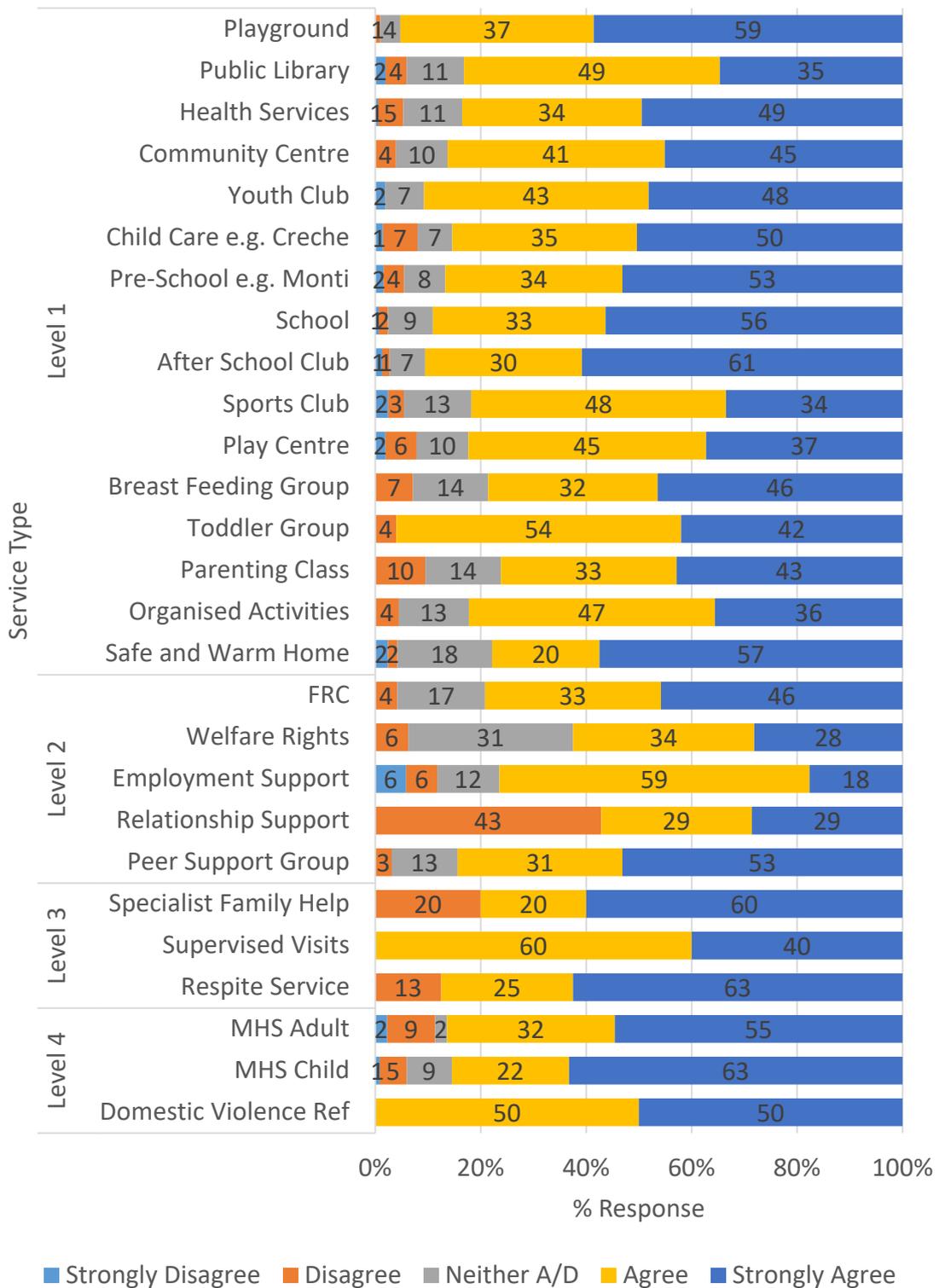
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# Appendix

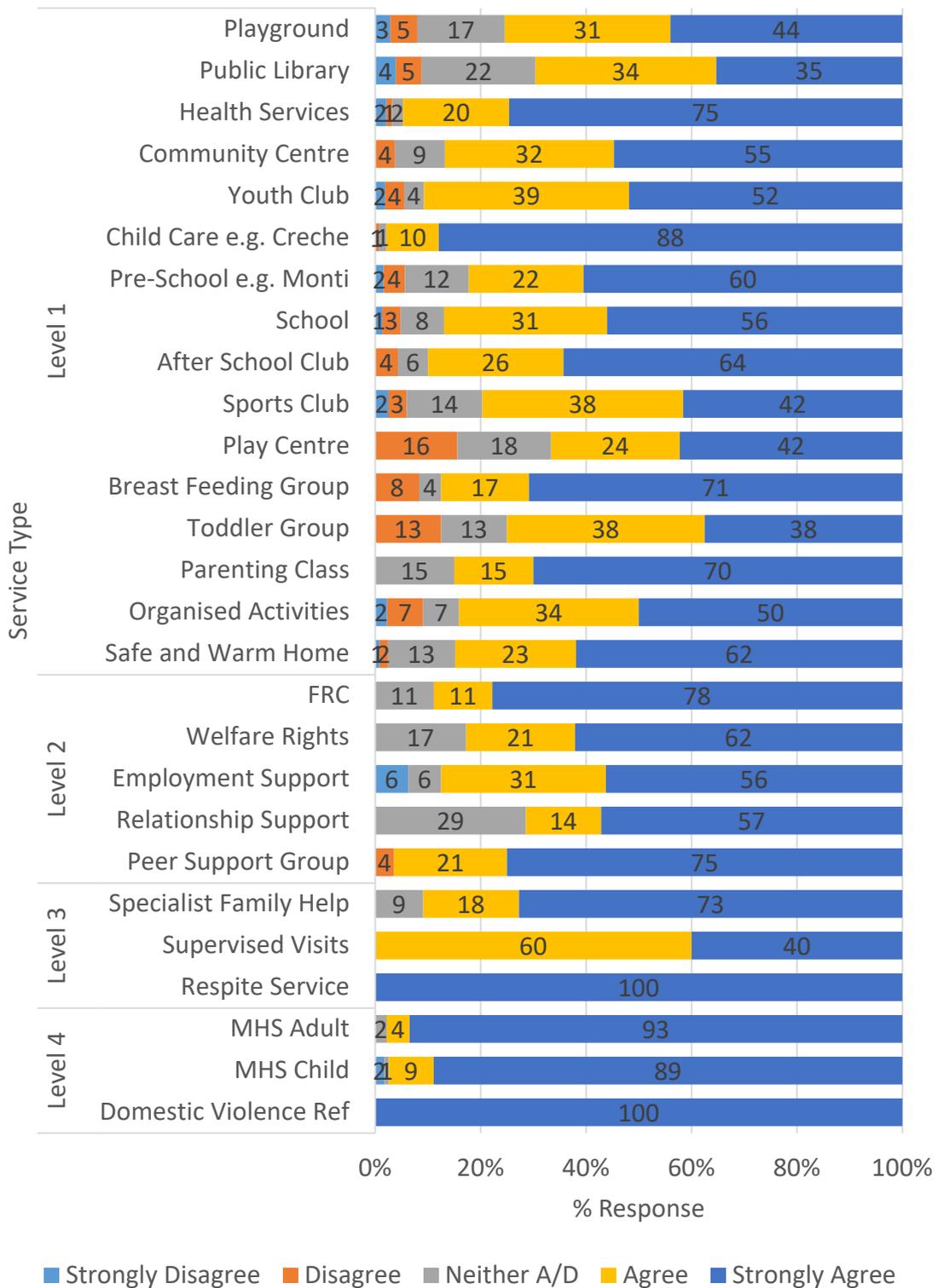
## A.1 Needs Service Delivery



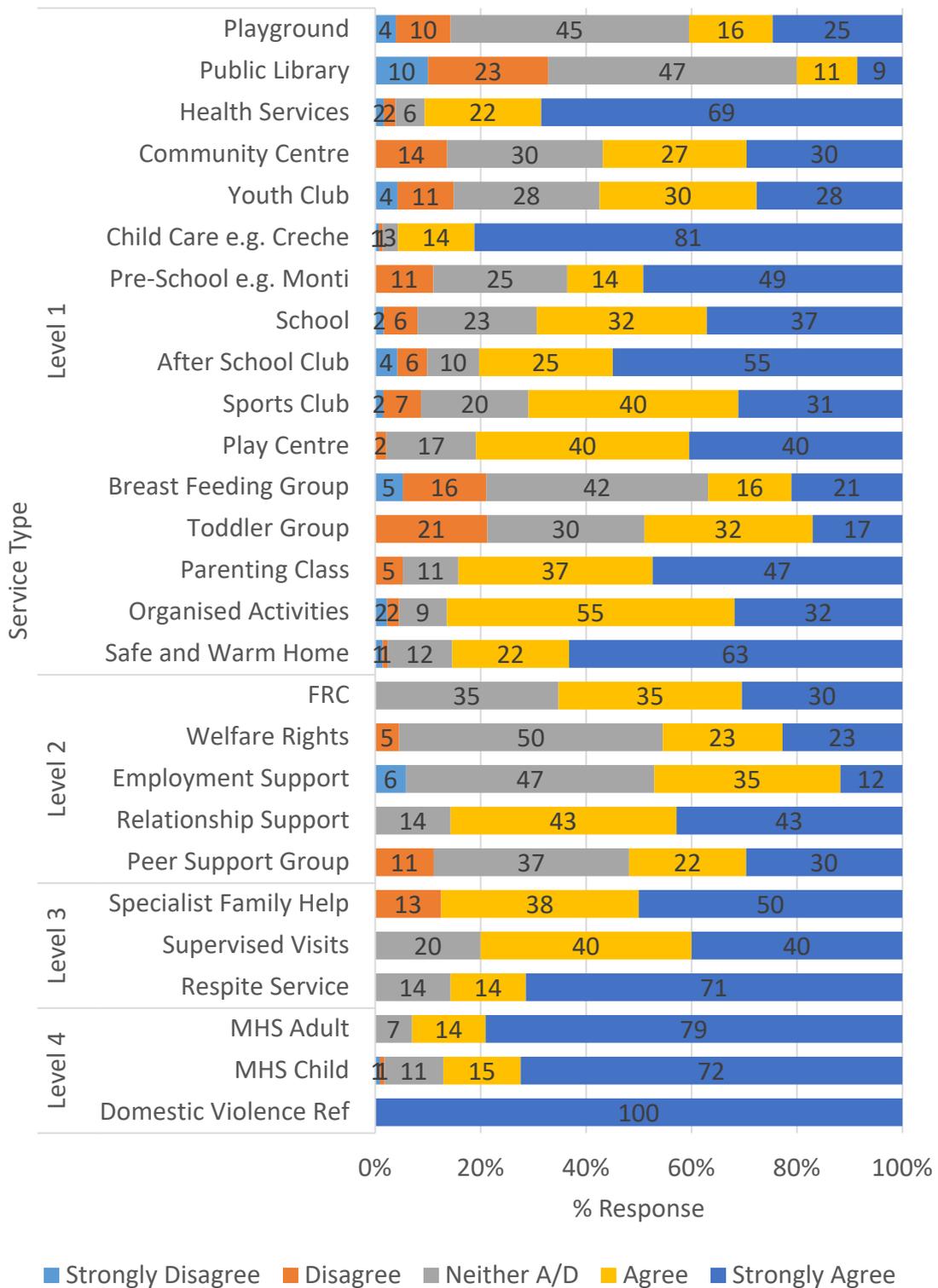
## We Need This Service in Walking Distance....



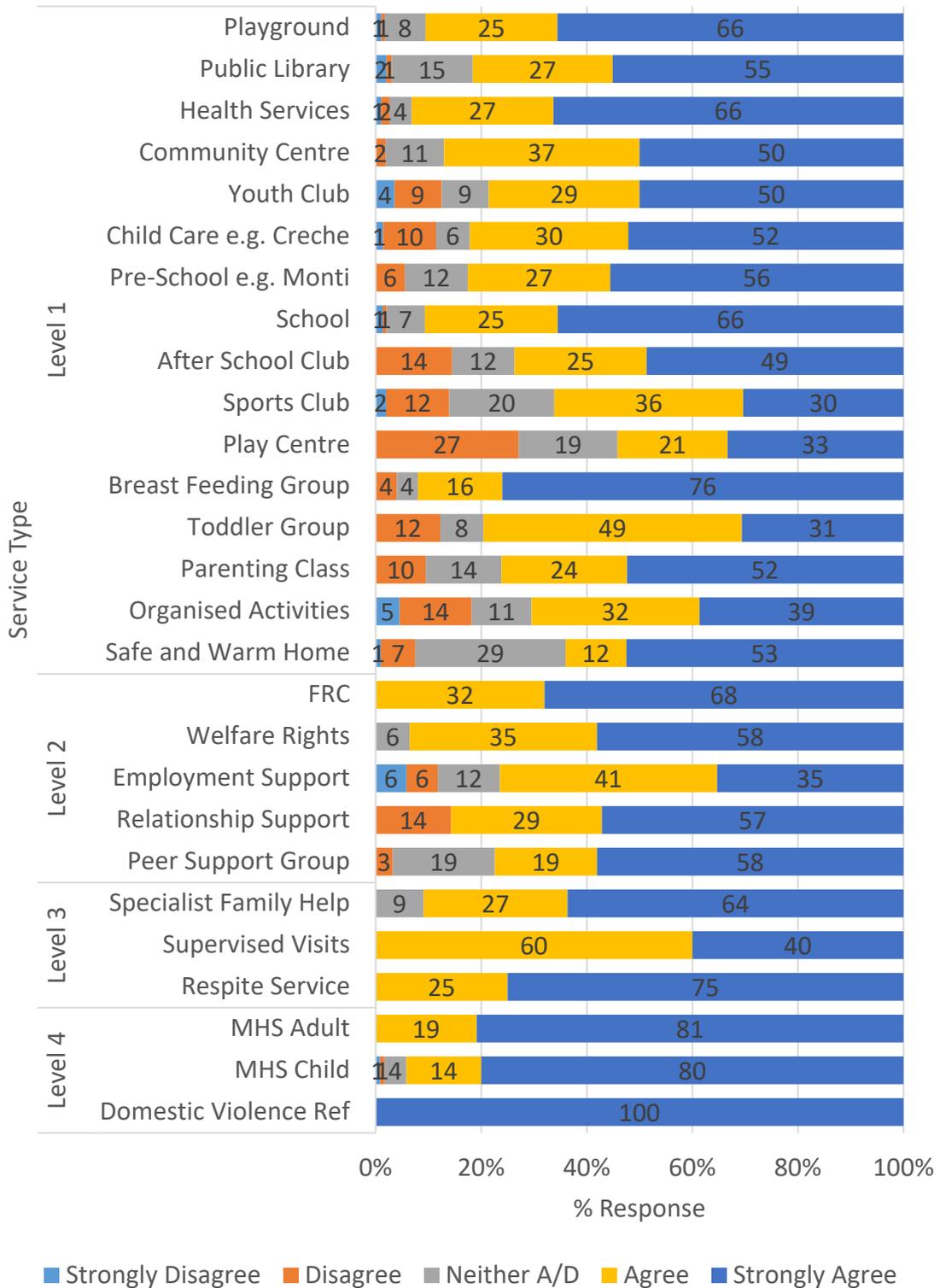
### We Need More Financial Support For....



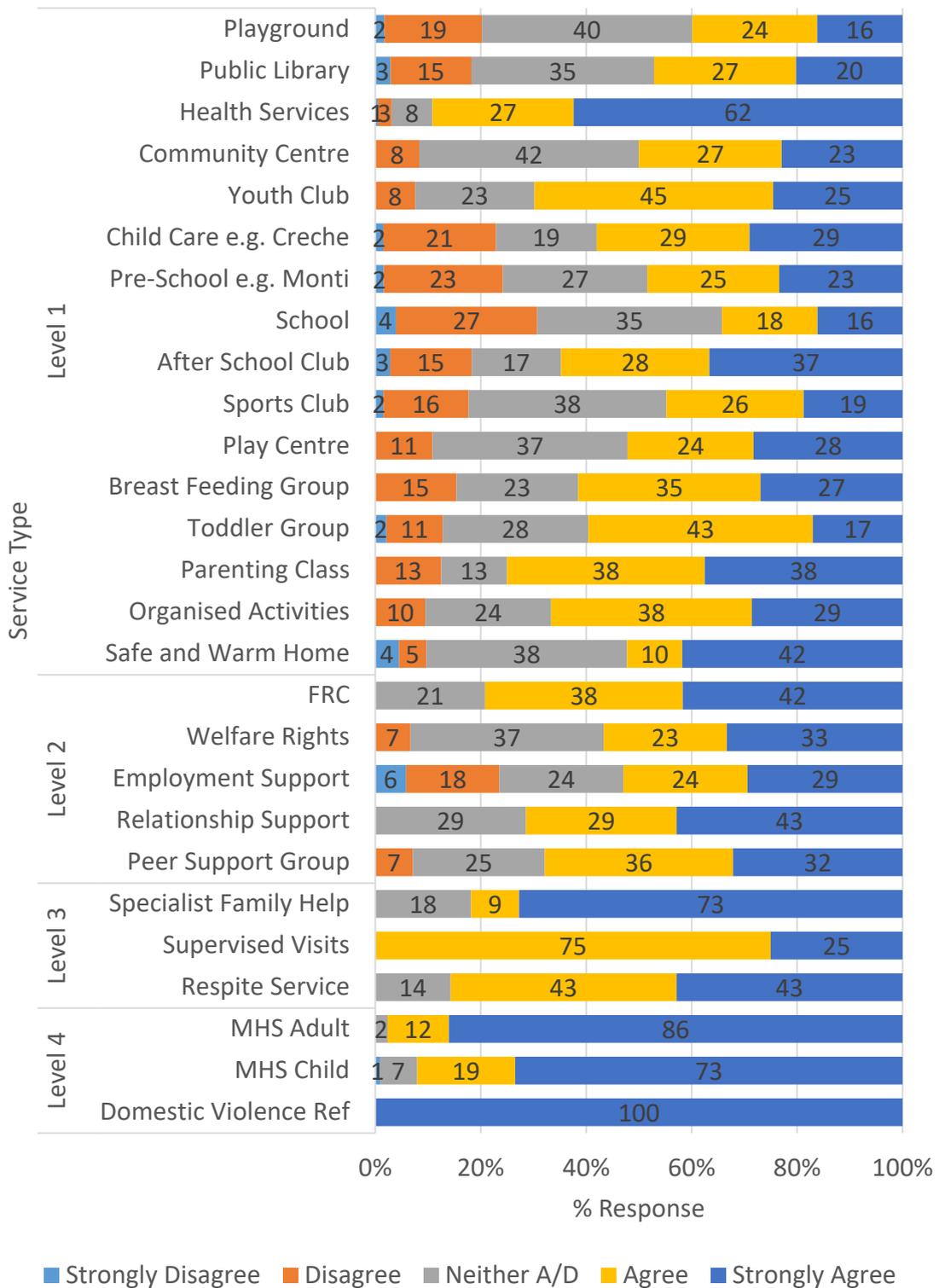
### We Need Cheaper...



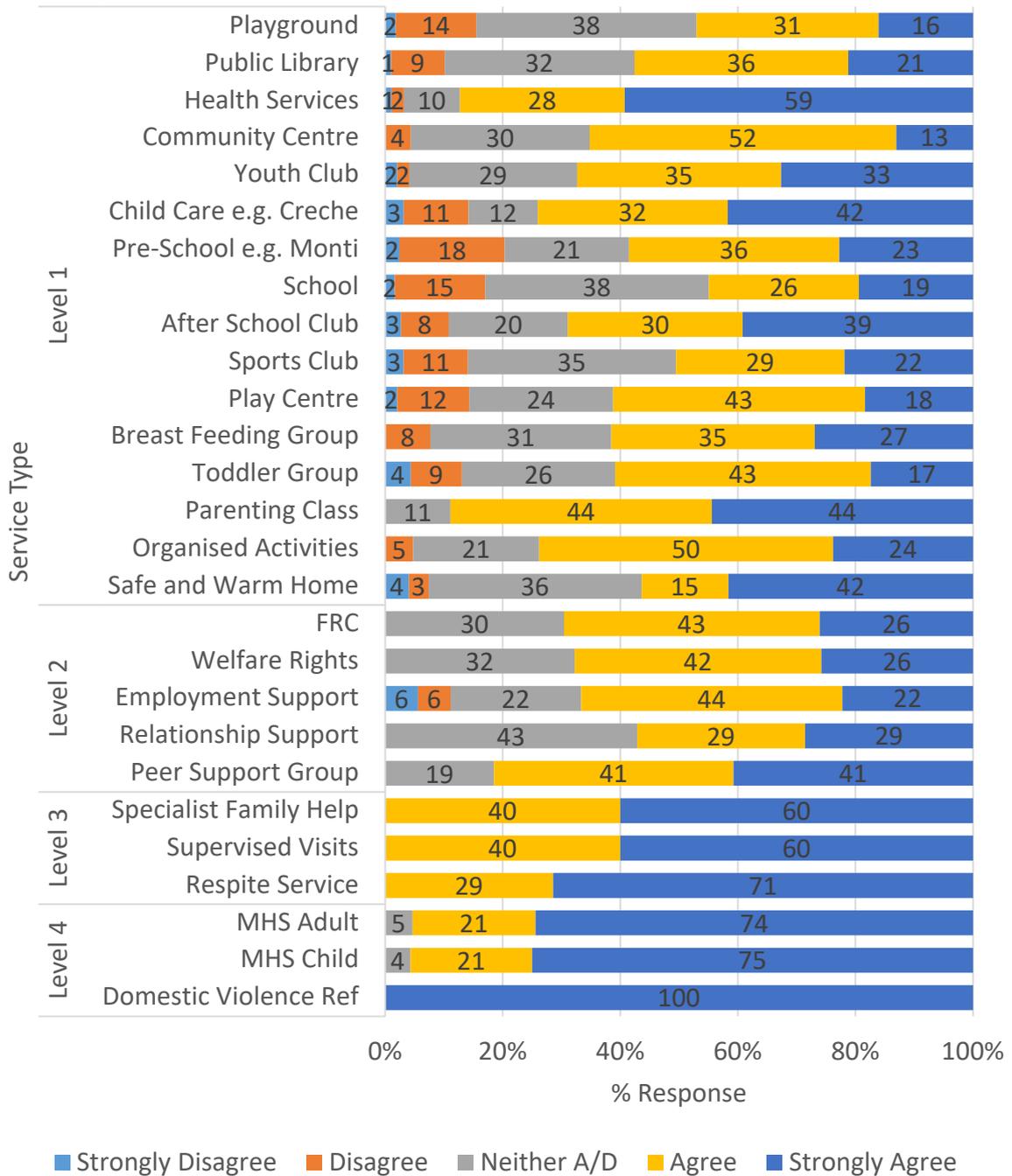
### We Need Free Access To....



## We Need Longer Opening Hours For...



## We Need More Flexible Opening Hours For....



### We Need Shorter Waiting Times For...

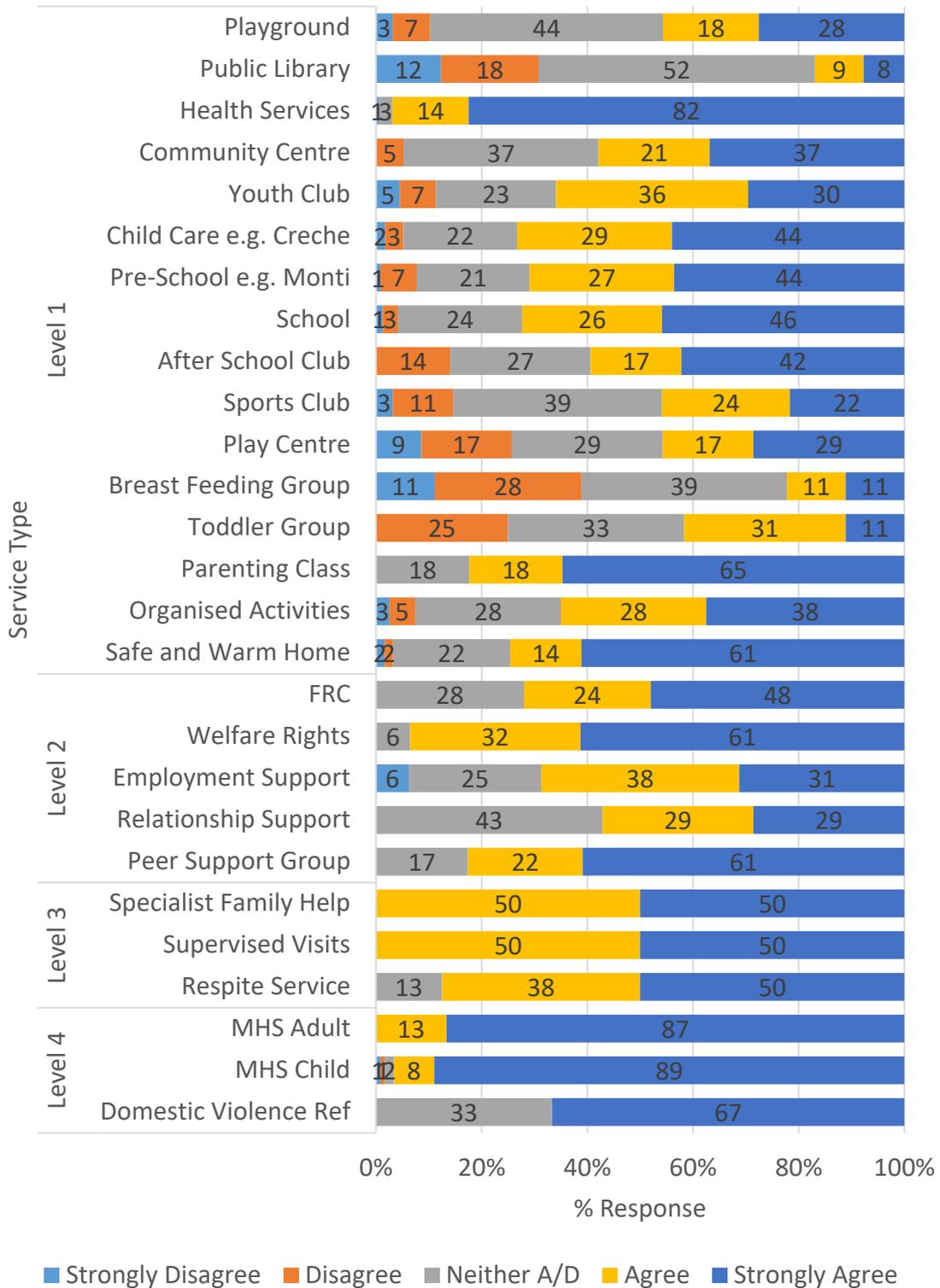


Table A.1: Number of observations for graphs of Needs Service Delivery by service type (excludes no response)

	1 transport	2 walking	3 financial	4 cheaper	5 free	6 longer	7 flexible	8 waiting	9 info
community centre	44	50	6	43	53	47	45	37	51
youth club	45	51	6	44	53	51	47	42	53
public library	90	97	7	67	95	101	97	64	97
sports clubs	184	197	13	190	195	186	187	152	193
after school club	63	73	10	70	75	70	73	63	72
play centre	43	49	6	45	46	44	47	33	45
child care	116	131	15	132	134	125	121	110	131
pre-school	101	122	21	112	121	118	118	111	123
breast feeding group	23	28	5	19	25	26	26	18	28
toddler group	44	48	4	45	47	45	44	34	46
parenting class	18	20	2	18	20	15	17	16	18
organised activities	41	45	4	44	44	42	42	40	45
family resource centre	19	22	3	22	23	23	21	23	25
welfare rights	26	29	3	20	28	27	28	28	29
employment support	17	17	0	17	17	17	18	16	18
relationship support	7	7	0	7	7	7	7	7	7
peer support group	26	31	5	26	30	27	26	22	30
specialist family help	7	8	1	6	9	9	8	8	9
supervised access visits	5	5	0	5	5	4	5	4	5
respite service	7	8	1	7	8	7	7	8	8
MHS adults	41	42	1	41	45	41	41	43	45
MHS children	110	114	4	113	117	110	113	115	117
domestic violence refuge	3	4	1	2	4	2	3	3	3
playground	173	203	30	123	176	167	163	124	172
school	252	283	31	240	281	246	240	232	271
safe and warm home	180	162	-18	206	195	130	145	178	184
health services	165	180	15	174	183	186	181	186	178
<b>Total</b>	<b>1850</b>	<b>2026</b>	<b>176</b>	<b>1838</b>	<b>2036</b>	<b>1873</b>	<b>1870</b>	<b>1717</b>	<b>2003</b>

## A.2 Regression

	<i>Coef.</i>	<i>Std. Err.</i>	<i>Significance</i>
<i>Family stress</i>	.0164042	.0160151	
<i>Special Needs</i>	.3841388	.1726074	*
<i>Education</i>	.183052	.1226714	
<i>Lone parent</i>	-.6642938	.2214357	**
<i>Income quintile</i>	-.0309529	.0682538	
<i>constant</i>	.989695	.455526	

Notes: R-square 0.0559, observations 299. \*\*\* p<0.001, \*\* p<0.01, \* p<0.05

## A.3: extracts of transcripts

### On lack of awareness of Tusla services

A1: "Well, there's not many because I've never heard of them like".

A4: "I think...just for me I didn't really know anything about Tusla at all and it as only when I came across XXX [FSW] for this programme that I felt I had someone to talk to...So even if it was made more aware to parents about the help you can get from Tusla from the time you have a child".

B4: "Family supports I didn't know they [Tusla] offered that kind of thing."

B7: "Yeah didn't see it advertised anywhere"

B2: "When I first came here after having my youngest XXX[FSW] was saying oh there's a baby...a baby and mammy group in XX and I was like: 'Oh really?', like I would have never have went to one of those with my other two kids or anything like that. And it just, she mentioned it and I was 'oh yeah I'll go to that. And I went. But I would ever have known about it".

B8:" Go to this, these places, I've never heard of Tusla before I came here".

C2: "They [Tusla] need to let us hear of it"

### Awareness amongst those respondents who had a support worker involvement

A1: "If families are struggling they help you a cope a bit better".

A2: "They go to the council and get forms for social welfare, education or whatever... or talk to your Relieving officer"

B3: "...like the Family Support Workers don't just help you and you can talk to them and they give you information and help you with everything.... what you need like

and how to deal with it like, the stress of the kids... and like the different ideas to try if they are acting out at home”.

B7: “And sometimes it’s good because they ring and say: “Do you want a day out?” Because there’s some people at home with 3 and 4 kids and some parents just not really got anyone”.

C3: Family Support Worker went and found out about classes in psychology and got me the leaflets”.

A5: “Like there’s these little...because I’m waiting for my young fella to see the primary care psychologist and they [Tusla] d these little parenting advice class the psychology, but I didn’t know about it, but she {FSW} went and found out about it herself and gave me the leaflet and all and rang me like you know what I mean? So, it’s not like they’re just come in and they’re just sitting there and they’re chatting to you for an hour and they forgot about you, like they’re always thinking about you”

B2: “Emergency foster care, respite, they would organise that service”.

### **On the need for contact centres with staff providing supervised contact sessions**

A2:” Yeah, supervised like”. A1: I think for me anyway...I think Tusla should provide contact centres, you know for when you are not with the child’s father...and you are not on speaking terms like and he wants to see the child”.

A2:” Yeah, supervised like ...co what about when he’s violent and shoutin”.

### **The need for one-to-one and one multidisciplinary assessments**

A3: “But I suppose what services should Tusla provide, I mean I think one-to-one assessments of kids like...It’s hard to know because I went to the assessment now with my little fella...for speech therapy and early intervention”

A1: You go for a needs assessment and you wait 2 months. You fill out the same form with XX that you filled in to get the meeting ok. You’re constantly filling out the same form right”.

### **The need for early intervention services that really are early intervention**

B4: “Early intervention is like...getting medicine without a diagnosis”.

B1: I think they should be getting them in for early intervention, like ASAP. Because this business of waiting till they’re nearly four, that’s not early intervention.”

A7: “Assessment of needs I went for that right. You fill out that questionnaire that you fill out about 10 times... it’s just repetitive... she’ll tell you if she thinks there’s a need

for assessment there for your child. If there is, you could go be on the waiting list for over a year. It's crazy, just crazy".

B6: "I got accepted to Early Intervention with XXX based on a written referral... not even seeing him for 12 months, I'm told I may not get a service in 12 months because of staffing issues. My child is going to be nearly 4...What good is that to me?"

### **The need for child development services**

B2: "Are we talking about child development stuff because XXX has been waiting for an assessment for over a year now and he keeps banging his head, in his cot, and doesn't sleep and...I'm ...going up the curtains and can't get...any help... and think Jesus this isn't normal..."

B:5" Development, Child development"

B8: I suppose it's guidance as well because your child has a need, you need guidance because you're not...it's not the normal things everybody...(interrupted).

### **The need for affordable creche facilities and more localised creche facilities**

A4: "I think more affordable childcare as well because when I was looking for my little fella I couldn't find community creches around. I did find one, but they wanted €90 a week and I don't work like" .... It was only when I came to this group that XXXX (Support Worker) found me a place in the creche just up the road for a couple of hours a day, but even she says there is a lack of affordable childcare".

A5: "Because we were homeless and living in XXX and I had got her into a creche on XXX in XX And that was only €20 a week, it was one of the community creches. But then we moved to XX and it was taking me an hour to get her to creche, then I used to have to wait around town for her for 3 hours and then an hour to get home".

### **The need for groups for children of all ages i.e. 0-16**

B5: "I done parenting courses for a young child, then I done them for a teenager but there's no in the middle...they're not widely available".

A3: "No progression, no".

C3: "Like my little fella now would have nothing when he leaves creche, I won't be able to put him in anything".

C1: "There need to be older ages ...I do agree they just..." (inaudible, 11.12)

C6: "There's nothing for middle ones, going to school...Even for them to come in and sit around and play a few games with each other".

C5: "Yeah, even a youth project but for the younger ones would be a lot better".

C7: "And you know it takes a lot because my daughter is only 9 and she's after starting the youth project and she has to go in there, like she's waiting 2 years now to go in, ...keep saying "When can I go? When can I go?". But yet she had to be 9 even to start there. You know, and they brought the age group down, last year it was 10. So, they brought it down to 9 this year. Where it should really be from younger kids probably even 7, you know that way between 6 and 7 to get them into a little group."

### **The need for separate support groups for parents**

B3: It would be a good idea for all the mummies to meet up and have a coffee and you find out, tell me what's going on and I tell you if I hear of something".

B2: "Do you know in my XXX in XXX when they drop the kids to school in the morning the staff room is available for parents to stay for the next hour to chat".

B7: "If there was something for parents to be able to talk to other parents".

C3: "Just somewhere...you can drop your child off for an hour and come back, not just staying together, if you're staying together you are there all the time and you can't switch off..."

B": "If they ran a group like XX is doing once a week.... we go into parents, we're having a cup of tea, do you know what I mean".

C1: "And especially I think as well in the school hours, like because I find now when XXX is in school, I'm kind of at home, I've nothing to do, I've no no-one to talk to like".

### **The need for more respite services and more information on how to access them**

B6: "I wouldn't have had a clue till I was offered by my social worker at the time, XXX was, I don't know one and he got in touch with family support, my first admission I had six friends, day and night and they helped me out. And after that admission my social worker at the time, mental health, he got in touch with family support...I wasn't well, and they took me aside and they said: "XXX there's something called respite".

C4: "Well not even a couple of weeks. Even if it was only like...on a Saturday night. So, if I had somebody on the Saturday nights to take XXX overnight it would leave me free to have that".

C1: "when you come back to the respite because I think the respite is important and people should get respite. So, XXX explained respite...Just explain how it happens how it comes about".

C3: "Last...it would have been October last year, we went down to XXX for 2 nights without kids, all the mummies. We went, and we were able to get massages, we were able to get our hair done, went to the pictures. It was just little things like that we don't get to do, you know that..."

C6: "Not even that [reference to overnight or weekend respite] but they could go to a group for 3 hours or 4 hours on a Saturday or a Friday, whenever but you know that they're kept occupied while you're away".

### **The need for children with special needs prioritised in all family support services**

B2:" I do think...well that...kids with... I know all kids need support, but, kids with speech and behavioural stuff, should get priority and... (inaudible...15.33)".

B5" Yeah because my little fella XXX, he's been waiting on speech therapy and a behavioural assessment since he was two and he's nearly four and a half and...I worry that the school won't take him next year and what do I do in the meantime?'

### **The need for more localised services**

A4: "Over in the communities maybe just one representative twice a week or something".

B5: "Put supports into the local community, put somebody there".

A1: "Like even if they [Tusla] were the way the nurses are for, around the locality."

A3: "You know like in the office sitting there, twice a week, an hour in each centre going around Dublin and you're told look it, XXX is there for 2 hours if you want to go and have a yap or whatever...And your child could go in and play and you can have a cup of tea, do you know"

A7" And that could probably take a ton of bricks off somebody that's on their own"

B5: "Yes and somebody for every community that you can talk to, say "Jesus, I'm worried about this. I'm freaking out about this, so it won't escalate, it won't go further and further, you've done something that you feel confident enough to speak to somebody without being worried your child will be taken away or, "I'm not coping with this" ...continued support...A phone call once a week, a phone call every two weeks, "how are you getting on now? Do you need some support?"

### **The need for Weekend services**

B2:" The weekends there's no services at weekends. I hate weekends, I find that they're the longest days...we have no-one. I'm on my own"

B3: "Anything just something at the weekends because they're really hard, they're long and they're lonely and they're miserable:

B6: "And otherwise you have to take them to the indoor play, they're not cheap and they want something to eat...a lot of money"

B7: "Organise something even low cost €2 that we pay on a Saturday afternoon, a bloody disco for a child, that's amusing (laughter)".

### **The need for additional family support services in winter**

The discussion on weekend support services in the communities prompted reference to the need for additional family support services in winter:

B2: "I think we need more supports with families, especially in Ireland the weather is so bad".

B5: "Winter is huge...extra supports in winter, provide something, especially like an afternoon services, where I find it the hardest thing.... I'm in an apartment block where you don't see your neighbours".

### **The need for more Breakfast and Afterschool Clubs**

C3: "Well there's only one Afterschool...there's an Afterschool here".

C2: "There's a homework club here... half-two to half-three, to get their homework done... It's just an hour to get their homework done...which is great but if we had...like XXX is only doing homework club and that's being honest because if she brought me home her homework that I didn't understand, I can't help her".

C5: It's a pity they couldn't go for two hours and they could have a play time or even kick a ball around or do something".

### **The Need for a Youth Worker in local communities**

C2: That's why the kids get into trouble because they get bored, like there vandalising things and annoying other people, trying to get a laugh out of it because they've nothing else to do. Whereas if they had things to do in the area they wouldn't be getting up to things like that.

Q1: "What happens when they get into trouble like that, who picks that up, you know Tusla are not there and ..." (interrupted)

C2: No, the parents are left dealing with it and they [children] only get worse as they get older, because they think it's alright to go on like that.

C2: "No that's XXX...He's the VEC and the football association. He's very good with them like he is...But unfortunately that's just not enough, you know that way, like he's very good, like XXX was only down with him last night for an hour, you know from 4 till 5. But it's just not enough. And again, it's not something that is constantly going on either you know that way, where they [young people] need to know what they're doing on a Monday to Friday basis.

### **The need for early intervention services**

B6: "I'm the one having to find out what's going on. I got accepted to Early Intervention with XXX based on a written referral... not even seeing him for 12 months, I'm told I may not get a service in 12 months because of staffing issues. My child is going to be nearly 4...What good is that to me?"

### **The need for more Special Needs Assistants (SNAs)**

A4" There needs to be more support in the classroom for ...you know assistants...special needs assistants".

### **The need for better advertising of range of Tusla services**

B1: "Yeah they're [support worker] very good, they are very helpful to me anyway...I've a support worker and she's very helpful...XXX was in the hospital and she just dropped in like. She was like "I just wanted to make sure she's ok...They're always looking after you. And if something comes and they think they can help you, they do it like."

B4: "They'll go to the social welfare and get you forms or whatever, it's very good... They'll go to the council and get forms or whatever...and talk to your relieving officer".

### **Th need for better communication between staff and parents during assessments**

A7: "Assessment of needs I went for that right. You fill out that questionnaire that you fill out about 10 times, about 'Do they dress?', what they do, it's just repetitive. You go out and you fill that out, she'll tell you if she thinks there's a need for assessment there for your child. If there is, you could go be on the waiting list for over a year. It's crazy, just crazy".

B6: "I'm the one having to find out what's going on. I got accepted to Early Intervention with XXX based on a written referral... not even seeing him for 12 months, I'm told I may not get a service in 12 months because of staffing issues. My child is going to be nearly 4...What good is that to me?"

### **The need for clarity in use of terms**

D5: "...the family support services. So, it's really not about a service, it's really asking parents what they need."

D2: "Yes, it's not about the service, it's about, Tusla is the new, is the child and family agency that's new. And so, they want a culture of service delivery that's better than before. So, we want to go to parents and ask them what their parenting support needs are. Not 'Have you engaged with ABC?' or 'Do you find...', It's not an evaluation of services currently, it's going out and asking people, anyone who lives in the community, irrespective of race, class, creed, anything as parents...what would they.... (inaudible 06.10) ...Now obviously, it has to be something that they child and family agency can provide".

D6: "I think it's tricky you see because I think we were thinking is for ours there's a particular set of things that are given to parents as services. So, we are like 'boxed in' into this skew of giving them a parenting class, give them this and that and it will all sort of be fixed. And maybe actually, it's something different people need...But, you know we are so busy just trying to give this cohort stuff that's existed forever...".

D3: "I think you need to ask both because we can't leave out the environment".

D2: "I agree with that, it's housing that's the big one".

D4: "As a parent its, housing, poverty, education, access to services for their children, access to respite, affordable childcare".

### **The need for better multiagency networking**

E1: "I Suppose my experience has been bland, very negative, short, no real relationship building. I think we have lost relationships with families because of it. As I said before they 'helicopter' in and 'helicopter' out, just as quickly. That's my experience of Tusla".

E3: Yeah, now in the interagency, we were doing that as what was called, they were called... like I say, we brought the child's needs to interagency. We would lead on who needs to be in that room. The Drugs Team, the school, the social worker, the counsellor and that. But they come in with their Meitheal, and so everything is supposed to be Meitheal, but some people are way beyond Meitheal, it's a different need that has to be addressed, right?"

E4: "The interagency was set up before Tusla was born. We had XXXX that worked with children in schools... But then this thing came in where they [Tusla] were taking on new roles, and we were told they're coming to tell us about "Children First" and we know about 'Children First because children have to come first because if they look after the mother, the mothers looks after the children. So, they [Tusla] came in and they started to weaken the interagency work.

## The need for Tusla to be integrated into local communities

E2: “We all have relationships, we’ve got very, very strong relationship Between the school, between the Youth Team, the Drugs Team, between all childcare centres, very good relationships. We talk to each other all the time, and they [Tusla] come in as the state”.

E5: “So we have to have relationships among ourselves. But the problem was they [Tusla] came in, they took over something that was growing, and like any kind of community development, you know, has to come from the bottom up, not the top down. And of course, ...at this stage the State has to respond in some way but... (inaudible, 10.15).

### A.4 Tusla and Family Support Services

Tusla website defines family support as: “...a style of work and a wide range of activities that strengthen effective social networks, through community-led programmes and services...” adapted from Tusla (2018)

Family support Service	Function
<ol style="list-style-type: none"> <li>1. 109 Family Resource Centres</li> <li>2. Prevention Partnership &amp; family Support (PPFS) (2015-2018)</li> <li>3. Parenting 24 Seven</li> </ol>	<p>This include services run by Third Sector agencies such as One Family, Barnardos, or Dublin Rape Crisis Centre (DRCC) which are commissioned or collaborate with Tusla to provide a range of family support services, to combat disadvantage &amp; improve family functioning.</p>
<ol style="list-style-type: none"> <li>4. Counselling services</li> </ol>	<p>To embed PEI into Tusla’s organisational arrangements and covers a range of early intervention services underpinned by Meithal approaches.</p> <p>Tusla provides a series of online resources covering the life-cycle regarding issues to do with parenting children &amp; young people, aged 0-18 offering key messages from research to</p>

5. Counselling Services	<p>address issues to do with mental and physical well-being, bullying, non-school attendance, substance misuse, bereavement, loss and relationship difficulties etc.</p> <p>Marriage guidance, child counselling, Rainbow peer support programme and a list of counselling service in the local area.</p>
6. Education & Welfare Services	<p>Marriage and relationship counselling, child counselling, Rainbow peer-support programme.</p> <p>Through the Department of the Child &amp; Family Agency,</p> <ol style="list-style-type: none"> <li>1. The EWOs provide services regarding non-school attendance issues, register of children educated at home, or in educational places outside school, jointly</li> </ol>
7. Domestic Violence/ Gender Violence Programme	<ol style="list-style-type: none"> <li>2. (with the Education Department) runs the 'Home-School Learning' scheme and the 'School completion' programme.</li> <li>3. Monitors and regulates the Early Years &amp; Pre-school Registration system.</li> </ol> <ol style="list-style-type: none"> <li>1. Provides referrals and information to national DV/GV prevention agencies such as <ul style="list-style-type: none"> <li>● Rape Crisis</li> <li>● Women's Aide</li> <li>● AMEN (for men experiencing DV)</li> </ul> </li> </ol>



#### ACKNOWLEDGMENTS

This report was funded by Tusla and administered by One Family. Staff provided advice and direction, but the overall design, findings and recommendations are based on independent research. We are grateful for valuable academic advice from Nessa Winston and Valerie O'Brien. Maureen Lyons provided tremendous academic and administrative support throughout the project.

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