



An evaluation of the Strengthening Families Programme in Co. Kildare



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EXECUTIVE SUMMARY

This report presents the results of an evaluation of the Strengthening Families Programme (SFP) in Co. Kildare. The evaluation took place between January – April 2017 to explore the perspectives of families and stakeholders involved in the programme. The Strengthening Families Programme (SFP) has been delivered annually in Co. Kildare since 2013, and previously in 2008 and 2009. This evaluation investigates the delivery of the SFP from 2013 – 2016, with a particular focus on programme impact and implementation in 2016.

Summary of findings

- A range of benefits were reported for families, including improved family relationships, enhanced parental wellbeing and parenting competencies, and improved child behaviour
- Family attendance and completion in Newbridge 2016 was high. Of the 13 families who commenced the programme, 5 attended all 14 sessions and 7 families attended 10 or more sessions. One family withdrew from the programme at Week 5
- Parents indicated a high level of satisfaction with the programme experience; however, materials may need to be adapted for purposes of engaging more effectively with teenagers
- Some families may require additional/ongoing support for parental depression and for challenging child behaviour
- Involvement in SFP delivery was perceived as beneficial for services
- Several factors were identified as key for the sustainability of the SFP in Co. Kildare, including embedding delivery in an area with a high level of service provision for families; managerial and funding structures put in place beforehand; potentially reviewing the number of very high risk families accepted on the programme; identifying an appropriate venue; finding and retaining a pool of trained staff; and exploring avenues to source additional funding
- The cost of delivering the SFP should be considered in the context of the personal, family, societal and economic costs that would potentially have been incurred if the family had not engaged with the programme

Experiences of families

The collective findings from this study indicate that there were many benefits for families who had participated in the Strengthening Families Programme (SFP), including: improved family communication and relationships; increased parental confidence and competence in dealing with

challenging child behaviour; enhanced peer relations and social support; greater school attendance for the children; and a reduction in service utilisation for some families.

Interviews with parents also highlighted perceived improvements in child behaviour and parental stress although the questionnaires indicated that, three months following the programme, some parents were still experiencing moderate levels of depression and reported high levels of difficult child behaviour. Such families may require additional support. It should be noted that the questionnaires were used only to collect data for the child with the most challenging behaviour in the family and therefore did not capture any potential benefits amongst siblings (where applicable). Furthermore, it was not possible within the context of this study to collect data from families before the programme started; therefore, the nature and extent of any change achieved as a result of the SFP is unknown. Future larger evaluations of the SFP are needed to address this important question.

Summary of reported benefits

- Better family communication and relationships
- Improved child behaviour and wellbeing
- Increased parental competencies and confidence
- Enhanced social life
- Greater school attendance
- Reduced service utilisation

“I feel like a family now whereas before it was just like four people in a house” (parent)

Summary of reported benefits for families from the qualitative analysis

Parents reported a high level of satisfaction with the programme experience and appreciated the meals, transport, and personal touches of the family portraits and the graduation night. The children also enjoyed the fun and the activities. However, a few teenagers would have preferred if their sessions were more lively and engaging. Parents reported challenges with regard to difficulties in engaging children in family sessions, the need for more personnel to manage children with disruptive behaviour, the quality of food in Newbridge 2016, and the need for linkworkers for all families.

Experiences of SFP staff ¹

The SFP also led to a number of benefits for services involved in delivery, including: offering a unique, intensive and preventive family-focussed intervention; reducing service utilisation by

¹ ‘Staff’ refers to service personnel involved in implementing the SFP, including Site Coordinator, facilitators, linkworkers, steering group, referral agents, funders and so forth

families and/or helping families to engage with other services; enhancing the professional 'toolkit' of staff; and helping to develop interagency collaboration more generally within Co. Kildare.

- SFP offers benefits to families and services in terms of:
 - Family focus
 - Intensive support
 - Preventive
 - Fits remit of funding organisations
 - Evidence-based
 - Practical to implement
 - Cost effective
 - Loss if not there
- Reduces family utilisation of services
- Helps families engage with other services
- Enhances professional skills of staff
- Built interagency collaboration in Co. Kildare

Perceived benefits of SFP to organisations

According to staff interviewed in this study, it is logistically challenging to implement the SFP on an annual basis given funding and staffing restrictions. The findings indicate several factors that may be key to ensuring successful implementation and sustainability of the programme, the most important of which was the need to embed the SFP in an area with a high level of service provision for families (e.g. Newbridge). This would be important in easing the workload of acquiring and retaining SFP staff and of receiving appropriate referrals. Other significant factors include: managerial and funding structures put in place beforehand; potentially reviewing the number of very high risk families accepted on the programme; identifying an appropriate venue; finding and retaining a pool of trained staff; and exploring avenues to source additional funding.

- Managerial and funding structures in place
- Embedding in the right location
- Referral issues
- Getting the venue right
- Staffing
- Programme delivery

Key factors that help or hinder implementation

Given that most, if not all, of the families presented with a high degree of need and risk, the evidence from this evaluation indicates that the impact of the programme may extend beyond the family unit to the wider community (e.g. greater school attendance, reduced service utilisation). Therefore, the costs of implementing the SFP should be offset against the personal, family, societal and economic costs that would have been incurred if families had not attended the programme. For instance, as a result of the SFP, some children were removed from the Child Protection Notification System, thereby preventing family breakdown and the costs of foster/residential care.

“Me and him [Dad] used to not be able to talk but now it's different. We're always talking. We do more stuff together.” (Teenage boy)

Acknowledgements

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CYPSC and the Strengthening Families Programme steering committee would like to take this opportunity to thank our partners for their contribution to SFP in Kildare. Our partners include An Garda Síochána, ARAS, County Kildare Leader Partnership, Curragh Family Resource Centre, Curragh Post Primary School & Girls National School, Children and Young People’s Services Committees, Dept. of Children & Youth Affairs, Extern, Foróige, Happy Days Childcare, HSE Primary Care, Integrated Service Programme (ISP) Kildare, KARE, Kildare County Council, Kildare County Childcare Committee, Kildare Traveller Action, Kildare Youth Services, Kildare and Wicklow Education and Training Board, Le Chéile, National Lottery, Newbridge Family Resource Centre, Probation Services, Scoil Mhuire Newbridge, South Western Region Drug and Alcohol Task Force, Probation Services, Teach Dara, The Mill Celbridge Community Centre, TUSLA Family Support Services, TUSLA and those who have volunteered or supported us through donations.

INTRODUCTION

The Strengthening Families Programme (SFP) is a weekly, 14-session, family-skills programme designed in the US in the 1980s for high-risk families (Kumpfer et al. 1989). Both parents and children (6-16 years) participate in the programme; parents and children attend separate sessions and then come together later in a family session. Families also receive weekly home visits. The SFP is designed to build on protective factors by improving family relationships, parenting skills, and improving the child's social and life skills.

For many years, the evidence base for the SFP was derived primarily from two randomised controlled trials (RCTs) conducted in the US, and a number of other studies conducted elsewhere (the evidence from the latter studies is not as robust as they were not RCT evaluations). Collectively, the studies indicated positive outcomes in terms of: enhanced family functioning and communication; improvements in children's social and emotional wellbeing and academic performance; and reductions in substance misuse and longer-term antisocial behaviour (Spath et al. 2001, 2004). However, in recent years, RCTs conducted within several European countries (Germany, Poland, Sweden, and Wales) have found either no positive short- or long-term effects of the programme on key outcomes, or the effects are substantially smaller than those found in the US trials (Baldus et al. 2016; Foxcroft et al. 2016; Moore et al. 2015; Skastrand et al. 2013). It is not yet known whether the diverging results are due to fidelity or transportability factors, or for other reasons (Fidelity refers to the extent to which the programme was implemented as originally designed. Transportability refers to the extent to which programmes developed elsewhere can be transported or implemented successfully in different countries, cultures, and healthcare systems). Therefore it is important to evaluate the impact of the SFP in local settings to ascertain the extent to which investment is warranted.

The Strengthening Families Programme (SFP) has been delivered annually in Co. Kildare since 2008, although with a period of no delivery from 2010-2012 (incl.). Delivery involves a number of statutory and community/voluntary inter-agency partners, including social work, drugs education, youth, and probation services, family resource centres, and primary care, amongst others. With regard to the current evaluation, the SFP has been delivered in Newbridge in 2013 and 2016, in Athy in 2014 and in Celbridge in 2015.

The objectives of this study were to:

- Assess the perceived impact of the programme using newly collected and previously collected data;
- Examine the experiences of families and staff in engaging with, and implementing, the programme and identify key facilitators and barriers to engagement and implementation
- Develop a user-friendly evaluation framework to facilitate the routine collection of future data on the programme.

METHOD

This section of the report provides information on the study participants, the measures used, and data collection and analysis techniques. A mix of both new and previously collected data was used in the study.

Participants and settings

Families

Families and staff involved in the study either attended/implemented the SFP programme during 2013 to 2016 in three areas, including Newbridge (2013, 2016), Athy (2014) and Celbridge (2015). Overall, 15 parents across all three areas initially agreed to take part in the research; however, four subsequently did not participate due to family illness or bereavement or were uncontactable. Children across the three areas (aged between 7-17 years) also participated in the study (See Table 1 for more detail on the numbers of participants involved in various aspects of the data collection process).

Anonymised referral forms (n=10) from the Newbridge 2016 cohort of families were made available to the research team. The majority of referrals were from home school community liaison officers (n=4), Tusla/social work (n=3), family resource centres (n=2), and a youth service (n=1). Referrals were primarily due to child behavioural problems (n=9), with one case indicating a need for improvement in the parent-child relationship and improved parental esteem. Most parents reported stress (n=8) and parenting difficulties (n=7) in the home. Half of participants (n=5) were parenting alone with a similar number indicating extended family problems. Financial difficulties (n=4), substance misuse (n=3) and unemployment (n=3) were also reported by families. Mental health problems (n=3) and domestic violence (n=2) were also evident among the group. In terms of service use, families accessed social work services (n=7) and adult mental health services (n=2). Half of the children (n=5) attended CAMHS with the same number of children linking in with a Juvenile Liaison Officer.

Staff

A total of 24 staff involved in organising/delivering the SFP during 2013-2016 also agreed to take part in the research. These included: members of the steering group, funders, Site Coordinators, referral agents, group facilitators (and back-up facilitators), linkworkers, childcare workers, and venue hosts. Staff came from a range of disciplines, including social work, social care work, family resource centres, primary care, drugs education, youth work, junior liaison officer, youth justice worker, volunteers and students.

Measures

Questionnaires

Eleven parents (Newbridge 2016 (n=7); Celbridge 2015 (n=2) and Athy 2014 (n=2) completed a battery of user-friendly and psychometrically robust questionnaires which were specially selected for use in the study (see Appendices 1-5). These assessed aspects of family functioning, including:

- Family relationships - assessed using the *Brief Family Relationship Scale* (BRFS; Fok et al. 2014), an adaptation of the well-validated Family Environment Scale (Moos & Moos 1994), which measures family cohesion, expressiveness and conflict

- Parenting skills - assessed using the *Alabama Parenting Questionnaire - Short Form* (APQ-9; Elgar et al. 2007) which measures positive parenting strategies, poor supervision and inconsistent discipline
- Child behaviour - assessed using the well-known *Strengths and Difficulties Questionnaire* (SDQ) (Goodman 1997). This is commonly used to assess child conduct problems, hyperactivity, emotional symptoms, peer problems, and pro-social behavior among 3-17 year olds. Parents complete the SDQ for a chosen index child. A 'total difficulties' score above 17 indicates a clinically significant ('abnormal') level of child difficulties.
- Parental mental health - assessed using the Patient Health Questionnaire (PHQ-9) (Kroenke et al. 2001) which measures symptoms of depression
- Substance misuse - questions were on use of alcohol and drug use by parents and children during the previous month.

We analysed data from parents (n=4) who completed Lutra questionnaires² administered as part of the Athy (n=2) and Celbridge (n=2) programmes. The LutraGroup (2014) produced a report based on the Lutra questionnaires (n=7) collected as part of the Newbridge 2013 programme. These questionnaires measure aspects of family functioning similar to what is outlined above. Parents were asked to indicate at post-intervention how their family was doing 'before the SFP' and 'now'. However, we have some concerns about the quality of the data emanating from these questionnaires; for example, parents did not complete many of the items whilst some of the content also seemed a little vague.

Twenty-nine children completed the *My Family* questionnaire across Newbridge 2016 (n=9), Celbridge (n=9) and Athy (n=11) programmes. This questionnaire was devised by SFP staff and assesses openness, cohesion, rules, and handling of disagreements. This questionnaire asked children at post-intervention to say how their family was doing 'before the SFP' and 'now' (Appendix 6)

Interview schedules

A number of semi-structured interview schedules and topic guides were devised respectively for the focus groups and one-to-one interviews with parents, children, and staff in order to examine experiences of engaging with/implementing the SFP (Appendices 7-11). The interviews explored, for example, key factors that helped or hindered engagement and implementation, and sustainability issues, among other topics. Interviews and focus groups were conducted by the two researchers involved in the study. Focus groups with parents (n=5) and young people (n=14) were held in the Newbridge Family Resource Centre (NFRC) and all attended the SFP in 2016. One-to-one interviews with parents (n=6) and teenagers (n=4) were conducted in the family home (parents: two from Newbridge 2016, two from Celbridge 2015 and two from Athy 2014; adolescents: two from Newbridge 2016 and two from Celbridge 2015). Of the eleven parents who participated, all were mothers, with the four participating teenagers comprising two males and two females.

² Lutra questionnaires refer to questionnaires designed by the LutraGroup and were administered in previous SFP programmes in Co. Kildare (Newbridge 2013, Athy 2014 and Celbridge 2015). They were not administered by the research team in the evaluation of the Newbridge 2016 programme.

Other data

We analysed data collected routinely by staff from previous programmes, including notes from focus groups conducted with parents and young people (number of participants unknown), and with staff in Athy (n=9) and Celbridge (n=11). In addition, we reviewed other sources of data, i.e. referral forms from 2016, facilitator weekly sessions feedback from 2013 and 2016, evaluation forms from Newbridge 2013 (n=14), and a case study conducted by a social worker in 2013.

Table 1. Data collection methods used with participants

Data collection method	Parents	Young People	Staff
Newly collected data			
Questionnaires	11	9	-
Focus groups	5	14	12
One-to-one interviews	6	4	12
Previously collected data			
Lutra questionnaires	4	-	-
Child questionnaire	-	20	-
Focus groups	? ¹	?	20
Facilitator weekly sessions feedback forms	-	-	12
Staff evaluation forms	-	-	14
Case Study	1	-	-

¹ Focus groups were held by the SFP team with parents and children but the number of participants was not recorded.

Data collection and analysis

New data were collected from parents, children and staff during March - April 2017 (i.e. approximately three months post-intervention delivery). Questionnaire data were analysed using descriptive statistics (e.g. means and standard deviations; medians) whilst appropriate statistical tests were employed in any retrospective pre-post or between group analyses (ANOVAs, paired samples t-tests, or their non-parametric equivalent - Wilcoxon signed rank tests). All qualitative data (e.g. interviews, focus groups, case study, written content from staff evaluation forms) were analysed using thematic analysis (Braun & Clarke 2006).

Ethical considerations

The study was conducted in accordance with the Ethical Code of Conduct of the Psychological Society of Ireland 2011. The two researchers who were collecting data were Garda vetted. Before participating in the study, parents were provided with written information on the study and provided written consent to be contacted by the research team (Appendix 12). Participants also provided their written informed consent, and were assured of confidentiality and anonymity, and their right to withdraw from the study up until the point of data analysis. Children aged under 16 were also asked to give their verbal assent. Consent was sought from parents of the Newbridge 2016 cohort for anonymised referral forms to be made available to the research team.

RESULTS AND DISCUSSION

This section outlines the findings relating to: (1) the quantitative (questionnaire) data; (2) the qualitative data on family experiences; (3) service utilisation; (4) key facilitative and inhibitive factors in delivery/implementation; and (5) sustainability into the future.

1. Quantitative data

1.1. Parent-completed questionnaires

- Overall, parents (n=11) indicated relatively positive family functioning and parenting skills post-intervention (Table 2). However, there was still some level of conflict (shouting, tempers) occurring in some families, and parental supervision and discipline were more inconsistent within families who had attended the SFP in Celbridge 2015 and Athy 2014.

Table 2. Parent-reported data

Measures	Mean scores (SDs) ¹ after SFP	Interpretation of score ²
Family functioning		
BFRS total score	38 (6.06)	Positivity in overall family functioning
<i>Cohesion scale</i>	16.43 (2.64)	Positivity in family cohesion
<i>Expressiveness scale</i>	7.14 (1.67)	Positivity in family expressiveness, more so in C & A
<i>Conflict scale</i>	11 (3.37)	Some level of conflict – shouting, tempers
Parenting skills		
APQ total score	36.29 (5.31)	Parents often use parenting skills
<i>Positive parenting</i>	14.71 (0.49)	High level of praise and reinforcement
<i>Poor supervision</i>	5.71 (2.81)	Poor supervision is rare, a little more common in C & A
<i>Inconsistent discipline</i>	6.71 (1.7)	Inconsistent discipline is rare, more common in C & A
Child behaviour		
SDQ total score	21.29 (10.01)	Indicates ‘abnormal’ ³ level of child difficulties (> 17)
<i>Conduct problems</i>	4.57 (3.4)	‘Abnormal’ conduct problems, albeit at lower level of abnormal
<i>Hyperactivity</i>	6.71 (3.54)	‘Borderline’ hyperactivity (better than abnormal)
<i>Emotional problems</i>	5.43 (2.37)	‘Abnormal’ emotional problems, at lower level of abnormal
<i>Peer problems</i>	4.57 (2.23)	‘Abnormal’ at lower level, borderline in C & A
<i>Prosocial problems</i>	6.71 (2.93)	‘Normal’ level of prosocial behaviour – positive result
Mental health		
PHQ	13.71 (7.3)	Moderate level of parental depression

¹ The ‘mean score’ is the average score across the participants who completed the questionnaire. SD stands for Standard Deviation and refers to the average spread/range of scores around the mean score. The smaller the SD, the more closely the range of scores cluster around the mean score, and the more reliable the mean score.

² Results are similar for parents in Newbridge, Celbridge and Athy unless otherwise indicated. Celbridge indicated as C and Athy as A.

³ ‘Abnormal’ and ‘Borderline’ are the terms used in the Strengths and Difficulties Questionnaire

- Parents reported clinically significant levels of child difficulties in relation to emotional, conduct, and peer problems, with hyperactivity problems at borderline (i.e. just below 'abnormal'). 'Normal' child behaviour was indicated on the prosocial scale (i.e. kindness, helpful, considerateness). Peer problems were 'borderline' for families who attended Celbridge and Athy programmes (Table 2).
- On average, parents reported moderate levels of depression. Scores ranged from 'no' to 'very severe' depression (Table 2).
- On average, parents drank alcohol on two of the preceding 30 days and 5/11 smoked daily. Parents reported that 2/11 of their children drank alcohol on 4 of the preceding 30 days, that 5/11 smoked daily, and that 3/11 children smoked cannabis intermittently. These figures should be treated with caution as their accuracy is unclear; for instance, substance misuse was a difficulty for some families at the referral stage and reported alcohol use by parents in this study is less than average alcohol consumption in Ireland.

Comments on questionnaire findings

- While these findings indicate considerable levels of parental depression and child behavioural difficulties at post intervention, we know from interviewing families and staff that substantial improvements in child behaviour and parental stress (amongst others) were reported as a result of the SFP (see Section 2 below). Nevertheless, there is a need for further intervention/support for such families.
- It should be noted that questionnaire data were only gathered for the child with the most challenging behaviour in the family and therefore no information is available on other siblings (where applicable) who may have improved post-programme. In contrast, the qualitative findings reveal that parents reported considerable benefits amongst the majority of children in participating families (Typically 2-3 children per family).
- In addition, research has shown that depressed mothers perceive their children to have more problematic behaviour than non-depressed parents (Chi & Hinshaw 2002). Thus, it is possible that reports of child behaviour may be overly negative amongst some parents.

Lutra questionnaires

The results from the Lutra questionnaires (n=4) indicated no significant differences ($p > 0.05$) on any of the measures (parenting skills, family functioning, parental depression, child behaviour and substance use) when parents were asked to compare how they were doing now compared to before the SFP. However, as indicated earlier, these findings should be treated with caution due to the quality of the data. These findings are in contrast to the report conducted by the LutraGroup (2014) which found positive outcomes for parents (n=7) who completed Lutra questionnaires from the Newbridge 2013 programme.

1.2. Child measure of family functioning

Based on retrospective pre-post recall, the analyses indicated that teenagers and children (n=29) across Athy (N=11), Celbridge (n = 9), and Newbridge (n = 9) reported statistically significant improvements in aspects of family functioning (i.e. openness, cohesion, rules, handling disagreements) from pre-intervention (mean 29.48, SD 9.19) to post intervention (mean 38.38, SD 9.88), $p = 0.000$.

2. Qualitative data

The qualitative data provided important insights into the experiences of families and staff who had engaged with the SFP. A summary of reported benefits for families is provided in Figure 1.

2.1. Experiences of parents

At three months post-intervention, all interviewed families reported considerable benefits. Prior to the SFP, parents indicated high levels of family conflict and stress, ineffective parenting, a lack of control and respect, and aggressive child behaviour. For example, one parent commented:

“We had no family life at all. It was very bad. The siblings couldn't be in the same room together. There was constant bickering, fighting, then the whole lot of us would be at it.” [P2]³.

As a result of the SFP, parents reported improved child behaviour, enhanced parent-child relationship/family communication, improved parental confidence and wellbeing, and reduced service utilisation. These are discussed in more detail below.

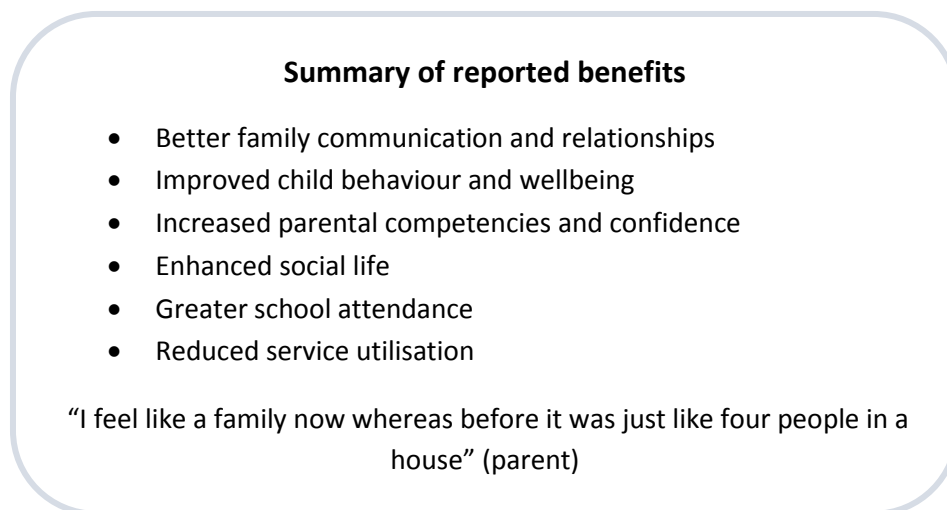


Figure 1 Summary of reported benefits for families from the qualitative analysis

Improved child behaviour

For all families, the programme was reported to have had a positive impact on child behaviour. Parents remarked on calmer, happier home environments with less incidences of difficult behaviour:

“The smaller ones have quietened down ... because they were bouncing off each other at the time.” [P10]

Participating parents also identified a number of techniques which they had learned and which were useful, including ignoring minor misbehaviour and recognising when your child did something well. Praise was seen to be extremely beneficial in raising a child's self-esteem and encouraging good behaviour. For one parent with a child with ADHD, praise had worked particularly well as had clear, concise commands. Another parent found distraction techniques worked well by because they *took*

³ The letter P refers to Parent and the number to the identity number given to the parent

“the child's mind off the situation”. [P5]. Parents were also better equipped to deal with aggressive behaviour by ignoring negative behaviour and waiting until a more appropriate time to engage with the child.

“Praising was a huge help...because I was so into what he was doing wrong that I wasn't noticing what he was doing right.” [P4].

“It taught me to cope better because I'd react to [child] when he'd react. It taught me how to take a step back and not to react to it”. [P6].

Families reported being better able to deal with problems and to spend more time together as a family. In general, there was also far less tension and conflict in the homes and children were noticeably calmer and more willing to listen. Parents felt that the programme had helped children to understand other people's perspectives, become more considerate, respectful and responsible, and to employ better coping strategies to manage their emotions. Some parents also reported increased trust, self-esteem and social skills among children. In addition, children were reported to have improved decision-making skills and were better able to resist peer pressure. Furthermore, several parents alluded to improved school attendance and behaviour in school.

“My son is very open now whereas before he wouldn't tell me anything.” [P6].

“It helped with his anger issues, he's nowhere near as bad. He'd listen to you now”. [P3].

“She's learnt to stay away from people who are taking drugs. She's become more responsible”. [P8].

“She's more aware of responsibility. She's more aware of telling me where she is, who's she's with and where's she's going”. [P1].

“The teachers couldn't get over the change in him. Before he had to sit on his own ... but now he's interacting back with the class”. [P6]

Enhanced parent-child relationships and family communication

A key benefit of the programme – from the perspective of participating families - was the improved communication within families. Parents indicated that they talked more with their child and spent more quality time with them. Improved communication was also considered essential in fostering a stronger bond with their child as well as resolving problems within the family. In addition, being more direct with their children (e.g. telling their child where they were going, or what was expected of them) reduced conflict and created a more harmonious home environment. It should be noted, however, that family time appeared to be quite a divisive issue; some families found it difficult to implement whereas others regarded it as instrumental in fostering a more open relationship with their child.

“We never had a family meeting and now I'm calling meetings all the time if there's an issue”. [P1].

"Before the programme, I wouldn't have had much of a bond with him, but I do now, it's changed. We do more together". [P3].

Improved parental competencies and wellbeing

All parents appeared to gain greater confidence in their parenting skills as a result of the programme. Facilitators also emphasised the importance of wellbeing and parents 'taking time out' for themselves. Parental self-confidence was bolstered by the praise and support of both facilitators and other parents in the group. By adopting new, more successful strategies in the home, many parents reported feeling more confident and less stressed:

"It gave me more confidence as a parent. I used to always feel so guilty for being so angry and I used to blame myself for the way he was being. But after the course, it's not what I'm doing wrong or he's doing wrong, it's just issues. I'm a lot calmer". [P6]

Some parents felt that their stress was a consequence of a poorly organised home environment and a lack of established routines and assistance from children with household chores. Parents reported being better able to manage home life and had clearer expectations of their children. Parents felt that they were encouraged to establish clear boundaries and limits with children rather than giving into their demands.

"Letting them do stuff in the house, even if they don't do it the way you want, remember their age and allow them." [P4].

Interestingly, some mothers identified positive changes in their partner's behaviour over the course of the programme; for example, becoming more aware of the impact of their own parenting behaviour on the child's behaviour. Studies on paternal outcomes from parenting/family programmes are limited as participants are typically mothers. However, there is some evidence to suggest that fathers experience less stress following such programmes (Barlow et al. 2014).

"He was typically a negative character but he gained more out of the programme, it changed him, he's more positive now". [P2]

"There's a lot more changes to yourself, how you react, how you criticise especially with teens. Stop focusing on what they haven't done and start focusing on what they have done". [P12].

Perspective on service use

The interviews with parents also suggest that some parents were in contact with fewer services/supports post-programme, thereby indicating that the programme has had wider benefits in terms of decreasing demand and dependence on public services. There was a broad consensus that if families had not participated in the programme, then their situations would be considerably worse:

"Those days of shouting and hitting are at the end. I'm much more positive now". [P1].

"Everybody is so happy. At one time, there'd be always someone crying or there'd be always someone upset." [P8].

“We'd still be the same. Roaring and shouting. Getting nowhere”. [P4].

Perceived longer term impact

In general, reported benefits were maintained at a few months post intervention. However, it was felt that there had been no further improvements since programme completion. Rather children had sustained the benefits made during the programme. In two instances, parents reported that child behaviour had deteriorated; for one family, there was a significant deterioration in child behaviour which required ongoing intensive intervention. Nevertheless, the SFP was found to be beneficial for the two younger siblings. Another parent indicated ongoing conduct problems, poor school engagement and substance misuse and is currently seeking further intervention. She indicated a preference for attending the programme again.

Overall satisfaction with the programme

Overall, parents were very satisfied with the SFP programme. They praised the work of the facilitators who offered constant support and encouragement in a welcoming environment. The non-judgmental approach of the facilitators allowed parents to reflect on their parenting and to implement techniques suited to their own circumstances. In addition, the group process provided emotional support, which helped to reduce feelings of guilt amongst parents and enabled them to gain greater confidence in their coping skills. The group support was also seen to benefit the children.

“Parents would have been going through stuff and it was like we all helped together. We'd sit and chat together realising you're not the only one either”. [P10].

Parents greatly appreciated the graduation, meals, and the family photo session as well as the weekly rewards for the children. The provision of free transport was welcomed by all parents who availed of it and ensured that all parents in need of the programme could attend. *“I was so thankful and delighted for that”. [P1].*

Recommendations for the future

There were a few negative comments about the programme. For example, some parents expressed disappointment in the quality of the food – notably from the Newbridge 2016 cohort. A few parents considered the family sessions too chaotic and difficult to engage children.

“They wanted you to sit down and bond and ... the kids were all hyper and active and people were getting stressed because the kids wouldn't sit and listen.” [P6].

Two parents felt strongly that there should have been more allowances made for children with disruptive behaviour and suggested a need for additional staff to manage difficult child behaviour. For instance, one parent expressed her annoyance when another parent's child was asked to leave some group sessions on account of her child's disruptive behaviour stating:

“We came to this course because our kids were in trouble and you've just done what everyone else does ... putting him out. It just pushed the child back further and the mother was very upset about it.” [P6].⁴

The social aspect of the programme was considered beneficial by all parents, but many parents would have preferred more time to discuss their problems with other parents and suggested increasing the duration of the break times. One parent would have welcomed a talk on teen mental health for both parents and teenagers. The perceived utility of the linkworker home visits varied somewhat; eight of the parents valued their help while the remaining three parents believed the facilitators' input and programme materials were sufficient.

2.2. Experiences of children and teenagers

The data gathered from the focus group with the children (n=7) yielded little useful information mainly due to the relatively young age of participants (6-11 years) and the fact that the focus group method did not succeed in engaging the children. More interactive group methods may be more suitable in order to encourage interaction from children in any future data collection (as suggested in the Evaluation Framework section). However, during interviews with parents, some children were present and typically commented that they enjoyed the meals, activities and the rewards system. As one child commented: *“I had lots of fun there ... I liked making stuff”*. The teens (n=7) also proved somewhat difficult to engage in the focus group; some did contribute, but the tone of the initial comments about the programme was disparaging, which created a dynamic of bravado that made it difficult for peers to say that the programme may have been helpful.

“You come in with problems and you leave with problems. Waste of time coming in”. [T3]

“Made my parents worse. Would have been happy if I hadn't had to come” [T7].

Despite this, some teens were brave enough to express satisfaction with the programme stating that the activities were enjoyable while another noted: *“My mam is a lot better, a lot calmer, doesn't shout anymore” [T4].*

The findings from the one-to-one interviews with teenagers (n=4) were more constructive and revealed that, in general, teenagers found the programme to be beneficial. All had attended the programme regularly with one participant admitting to not wanting to attend the programme at first but *“when I got into it, it was alright” [T10]*. Another teenager commented that *“sharing our feelings was good” [T9]* and she noted that communication within the family had improved as it brought her closer to her older brother who lives outside the home. Some teenagers appeared to have more empathy and consideration for others because of the programme. All teenagers found the anger management strategies useful and noted that families were communicating more. Two male

⁴ In the case of this family, having taken account of the best interests of the child and parent, it was the professional judgment of the SFP team that a modified approach was needed to support the family's continued participation. In practice, this comprised 1-2-1 support for the child, while the parent attended the parent group. The family did not attend the family session. Following careful consideration and discussion, this approach was considered to provide the best chance that the family would be in a position to benefit from the programme. The family attended 11 of the 14 weeks of the programme.

teenagers also reported that their relationship with their fathers had improved considerably because of the programme.

“Me and [brother] used to kill each other. I couldn't stand him. Now he will come and talk to me about stuff that like he wouldn't talk about to anyone else”. [T8].

“Me and him used to not be able to talk but now it's different. We're always talking. We do more stuff together.” [T11].

There also appeared to be a gender divide in that girls reported greater satisfaction than boys with programme components such as group discussions and activities. This may reflect the fact that, typically, girls are emotionally more expressive and more comfortable in discussing relationships, particularly in a group setting (Polce-Lynch et al. 1998). Two male teenagers expressed a dislike for the weekly topics and group activities; one teenager said that being allowed to play football would have enlivened proceedings.

“Everyone would just go mad and start messing...You'd get bored, you'd get fed up and fall asleep. Because it's not that active. It's really dead.” [T11]

Despite the above criticisms of the programme, when asked why he returned every week, the above participant stated that it was *“because it was helping me at home, controlling my anger and that.”*

2.3. Staff perspectives

The staff who took part in this study reported that the SFP was a *‘positive experience’* for families and that families derived *‘big changes’* from participation if they were a suitable referral and the family engaged with the programme. Similar to family reports, improved family relationships and communication were seen as very positive changes which were linked to the utilisation of taught skills – parents and children spending more time together, listening to each other more, having more fun and play, and parents being more empathic to their children. There was less shouting, better boundary setting and follow-through on consequences. A couple of staff noted that a few families still exhibit some level of conflictual interaction but that it was better than before taking part in the SFP.

Interviews with staff also supported parent reports that parents became more confident in their parenting role and in their own sense of wellbeing as a result of both the support received by other parents and staff, and the sense of competence of being a more effective parent. It was also reported that the SFP gave parents a social outlet in that they made new friends when taking part in the programme, some of which were maintained following the programme. There was also some evidence of improvements in child and adolescent behaviour; for instance, staff reported that they: were more friendly, engaging and helpful with peers and staff; expressed feelings at home rather than externalising with aggressive behaviour; and were more able to sit in session and not shout. However, the findings also suggest that the children and adolescent groups in Newbridge 2016 were challenging to manage at times and some staff indicated that children with disruptive behaviour may have derived eventual benefits to the possible detriment of others in the group (e.g. content not being covered and more attention paid to children with disruptive behaviour).

One of the key benefits for families, according to staff, was that the trust and relationships built during the SFP helps families to become more open about their difficulties and therefore more likely to engage with other needed services. It was reported that approximately half of the families will continue to need to use other services, but perhaps at a less intensive level, and would not need to be as involved with social work as prior to the programme. Indeed, it is notable, given the level of need within some families, that they had successfully committed to a routine of attending a programme for a 14-week period.

Any post-intervention changes in substance misuse were not commonly mentioned by staff (or parents), although one facilitator indicated that a child was no longer on the social work child protection list as the parent was not drinking any more. A few staff indicated that teenagers spontaneously engaged with the topic of substance use, but facilitators of the parent groups did not focus on the outcome of substance prevention/reduction. Although the international literature suggests that the SFP is effective in reducing/preventing substance misuse (e.g. Spoth et al. 2001), we are somewhat unclear from the quantitative and qualitative data to what extent families derived benefits in this regard.

3. Service utilisation

A number of perceived benefits were reported for both the organisations involved and for the staff involved in implementing and delivering the SFP. Firstly, the SFP was seen as providing a unique intensive, family-focussed, preventive intervention to families who otherwise would not be reached. The programme also fits in with national policy on prevention and family support, is practical to implement, and if shown to be effective, could also be cost effective in improving family functioning, reducing utilisation of social work services, and preventing family breakdown and a range of negative longer-term outcomes. Staff also considered it to be unique among available supports in terms of the family focus, reducing barriers to access through childcare, meals and transport provision, and the intensity of the support provided (e.g. group sessions, home visits by linkworkers and site coordinator). See Figure 2 for a summary of perceived benefits to organisations.

As indicated above, the SFP was reported to help families better engage with services, which is beneficial both to families and to the organisations with which they are involved. A number of staff from different organisations indicated that families who have attended the SFP are easier to engage with than other families; for instance, they demonstrate more commitment and openness to support. They are also more open to engaging with other supports, if needed. Not all families will need further supports following the SFP, but if they are required, they are often at a less intensive level than before the SFP and occasionally, families may no longer require social work involvement. Staff also reported that their involvement in the SFP had considerably added to their professional development in working with families; for example, they now have a new 'toolkit' that enhances their way of working with families and adolescents. Staff said that they had also gained a network of collegiate support which they can call upon. In addition, the implementation of the SFP was seen as key to building interagency collaboration in Co. Kildare, a county that lacks essential services in many areas (Kildare CYPSC report 2015). The SFP brings together staff from different disciplines, who learn from each other's perspectives, whilst it also raises awareness of other services in the area, and

highlights gaps in service provision. The delivery of the SFP also has knock-on benefits for other programmes running in the county; for example, it is easier to recruit and engage parents to parent programmes due to the interagency collaboration established by the implementation of the SFP.

- SFP offers benefits to families and services in terms of:
 - Family focus
 - Intensive support
 - Preventive
 - Fits remit of funding organisations
 - Evidence-based
 - Practical to implement
 - Cost effective
 - Loss if not there

- Reduces family utilisation of services
- Helps families engage with other services
- Enhances professional skills of staff
- Built interagency collaboration in Co. Kildare

Figure 2 Perceived benefits of SFP to organisations

4. Key facilitative and inhibitive factors to implementation

The key factors are outlined in Figure 3.

4.1. Managerial and funding structures

A number of staff indicated that the good will and commitment of the steering group, the CYPSC and the funders was instrumental to planning and funding the interagency implementation of the SFP each year. The steering group and CYPSC were seen as effective in supporting the Site Coordinator⁵ in their role, as well as establishing the framework for organising the location, venue, and release of staff from agencies. Successful organisation is dependent on funding being in place before the commencement of implementation each year. Current funding for delivering one SFP per year is €11,000. There was a general consensus among staff that an extra €5000 per year would be very helpful in terms of providing better quality food and developing media and other materials to conduct necessary adaptations of the programme.

4.2. Embedding in the 'right' location

The consensus is that the best location to deliver the SFP is one in which there are many relevant services in the area. More services leads to more appropriate referrals, a more easily acquired and retained facilitation and linkworker team, and fewer transport issues for staff and families. In

⁵ Site Coordinator is the SFP term for Programme Coordinator

general, staff reported that the implementation of the programme was easier in Newbridge in 2013 and 2016 than in Athy and Celbridge due to the higher level of service provision in Newbridge. When there is a lack of services in an area, there is often a lack of knowledge about the SFP and insufficient availability of other more suitable interventions for families. In the past, this has led to the referral of families to the SFP who are too high risk, or who are not yet ready to engage. Attrition is higher and benefits are lower when unsuitable families are referred. Areas with more services tend to identify a better mix of high need and medium need families, which according to staff, contributes to better attendance and engagement with the programme.

It is also easier to acquire and retain staff to implement the SFP when there are services in an area who can release staff. A large number of staff, as well as funders, believed that embedding the SFP in an appropriate area (such as Newbridge) is key to building an experienced, committed team, which should enhance momentum, word-of-mouth, and increase buy-in from services and families. Embedding the SFP in an area should also make the programme easier to run; staff workload may be an important factor in influencing the sustainability of the SFP in Co. Kildare.

In the interest of fairness to families who live in areas with poor service provision, the policy has been to move the SFP to a different location within the county every year. However, sustainability of the SFP may currently be threatened if it is not embedded in an area with higher service provision. Other options for such families are to provide alternative interventions for them (albeit probably at a lower intensity of support; e.g. parent training) or to arrange transport for them to the SFP, although engagement will probably be reduced if long-distance travel is involved (See Section 5 below for more on Sustainability).

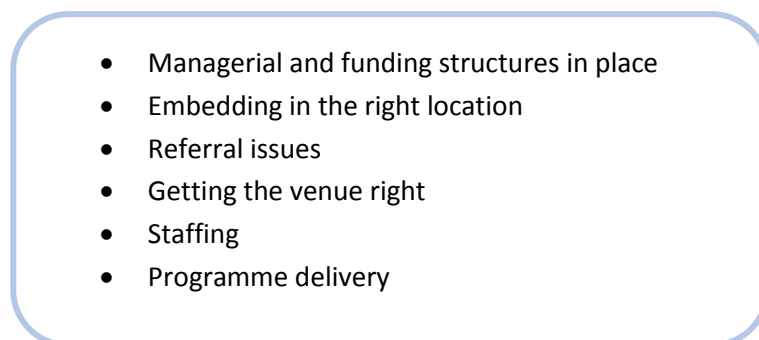
- 
- Managerial and funding structures in place
 - Embedding in the right location
 - Referral issues
 - Getting the venue right
 - Staffing
 - Programme delivery

Figure 3 Key factors that help or hinder implementation

4.3. Referral issues

One key issue that arose during the interviews with staff is the policy of selecting and referring a large number of high need families to the SFP. Many staff reported that lower/medium risk families might derive more benefit from the programme and that higher risk families are more difficult to engage. On the other hand, it is clear from the interviews with families and some staff that high risk families do achieve some benefits from the programme. However, it is possible that such benefits are realised at the expense of other attending families who do not receive the same attention. Those who select the families for the SFP indicated that there was a pressure to choose high risk families, given the lack of other services in the area, but they were often concerned about the suitability of

the programme for this group and the possibility that other lower risk families who could potentially benefit more, were being overlooked.

A large number of high-risk families also adds considerably to the workload of all staff and to the Site Coordinator, in particular. These families typically require more home visits from the Site Coordinator between weekly sessions, and there are more disruptions in the child and adolescent group sessions, which is difficult for facilitators to manage and can lead to a lot of one-on-one work between the Site Coordinator and the child/teen during the weekly sessions. Many staff indicated that other children were prevented from fully benefitting from the programme and two facilitators indicated that they would not like to deliver the child or adolescent group again. Furthermore, more staff will be necessary if there is highly challenging behaviour presenting from children and teenagers involved in groups. Most staff felt that a mix of need/risk families would be more beneficial for both family and staff wellbeing.

A few issues were also raised in relation to the referral, screening and pathway process. Some staff reported that the referral process was more streamlined in Newbridge 2016, that more necessary information was sought from referral agents, and that consequently a better mix of families was selected. Nevertheless, a considerable number of staff (facilitators, steering group members) indicated that the referral agents/referral form should: screen more effectively for the appropriateness of the SFP for some high-risk families; for child suitability/capacity for the SFP; provide detail on whether a linkworker is available and has a line manager; and provide contact details and information on food allergies. If referral agents do not provide sufficient details, the family cannot be selected for the programme. It is also time consuming for the Site Coordinator to pursue missing information.

It was also highlighted in the interviews conducted before 2016 that it was important for referral agents to ensure that family members are fully aware and committed to the programme before accepting a place. In 2016, the Site Coordinator introduced home visits prior to programme commencement which enhanced the awareness and engagement of families to the SFP. Furthermore, a few staff members from 2016 believed that self-referred families should also be accepted on the programme, and not just those already linked in with services. Lastly, two staff said that too many families were selected in Newbridge 2016 given the size of the venue and hence families received a lower quality service (e.g. less attention from staff; poorer food quality and mealtime issues).

4.4. Issues related to the venue

Identifying an appropriate venue to host the SFP was recognised as a year-on-year challenge. A suitable venue requires sufficient space, rooms, childcare provision, health and safety guidelines, and a friendly, welcoming atmosphere. In general, staff from 2013 to 2016 reported that each venue worked well, although a lack of space in Newbridge FRC (NFRC) meant that facilitators could not interact with families at meal time.

Venue hosts reported a number of challenges, such as impact on staff workload, the ability of the centre to run other programmes, statutory requirements of Garda vetting, and requirements from the Early Years inspectorate, Health and Safety Fire regulations and insurance cover. These challenges mean that it would be difficult to host the programme annually in the same venue.

4.5. Staffing

Recruiting and retaining a sufficient number of trained, committed, consistent staff, who understand their role and responsibilities, was also recognised as a recurring challenge. Firstly, given the low service provision in many parts of Co. Kildare, many organisations do not conduct the type of work that SFP delivers, nor they do have the staff to release even if they do conduct similar work or work with similar populations. A few staff suggested that some relevant services are unaware of the existence or purpose of the SFP and, therefore, their staff pool remains untapped. CAMHS was mentioned as a possible untapped resource. A second problem concerns the high staff turnover from year to year and several factors were identified here including: lack of continued buy-in from organisations to release staff as commitment to the SFP compromises staff commitment to other organisational activities; changing jobs and roles; uncertainty about staff availability with organisational restructuring within Tusla; and the changing location of SFP each year. There were concerns that if the small core of facilitators is not retained, then considerable experience will be lost and the sustainability of the SFP will be endangered. Thirdly, it is often difficult to retain staff across 14 weeks, as well as across the years. Illness, staff workload, and some lack of buy-in were indicated as the main reasons for non-attendance. Although back-up facilitators were available, absence increases the workload of the 'consistent' facilitator and disrupts relationship-building with families.

Nevertheless, in general, staff involved in SFP delivery expressed high levels of commitment to the programme. They felt supported by their organisation in being released to prepare and deliver the SFP. They also felt supported by their own line managers, by the practical and emotional support provided by the Site Coordinators, peer support received from other SFP facilitators and the team, and felt that the weekly debrief meetings were useful. Their commitment to the programme was further reinforced when they saw the positive changes within families.

Both Site Coordinators (past and present) were widely commended for their work and were viewed as 'indispensable'. They were commended for: their interagency planning and organisation; open, encouraging and ongoing supportive communication structures with facilitators and linkworkers (including a planning day); and dealing with any facilitator or family issues that arose during the weekly sessions. In particular, the introduction of pre-programme home visits in 2016 were viewed very positively, and seen as key in building relationships with families, and enhancing weekly attendance and engagement. The only improvement mentioned was that the Site Coordinator might be able to provide staff in advance with salient information about any family needs/issues that would help them prepare better for their sessions (e.g. child learning problems; family conflict).

Our findings also indicate that there is significant time and planning involved in being a Site Coordinator within the SFP in Co. Kildare. It was hoped that the workload of the Site Coordinator might decrease if the SFP became more embedded in an area. In addition, the selection of some lower-risk families might help to alleviate workload pressures. A number of staff further indicated a need for a designated part-time Site Coordinator who could train staff and have a sufficient pool of staff to draw upon.

4.6. Programme delivery

Staff considered all elements of programme format, content and delivery as important in achieving benefits for families but they highlighted three elements in particular. Firstly, the importance of creating positive relationships was emphasised as vital in a number of ways including: the welcoming and non-judgemental atmosphere produced by staff which created a safe space for families in which to share their concerns; group members provided mutual support, especially among the parent group; the home visits reinforced support in persevering with the programme; and personal touches made families feel special and considered (e.g. the meal; graduation night with family portraits; Christmas dinner and Santa being brought in). Secondly, the family focus of the SFP was also emphasised as instrumental in reinforcing learned material and allowing family members to work on the same material, which was believed to aid skills implementation and avoid conflict that can arise when family members do not attend training programmes. Thirdly, the importance of families doing their homework, and commitment to attendance and skills implementation despite challenges, was seen as very important for achieving and sustaining benefits. Other aspects noted were the importance of fun and activities with families and incentives in retaining adolescents.

A number of suggestions were put forward to help improve the delivery of the SFP:

- Although staff were generally satisfied with programme materials, sessions were described as occasionally disorganised. Facilitators indicated the need for more preparation and planning for sessions to prevent programme delay. It also helps facilitators to plan sessions with their co-facilitator in advance. For inexperienced facilitators and linkworkers, the planning process absorbed more of their time than anticipated, and led to workload pressures within their current position. A couple of new, inexperienced facilitators indicated that they felt 'out of their depth' for the first number of sessions.
- A few staff indicated that there was some level of mismatch between facilitator and parent group material, and with home practice material. This suggests that staff should try to prepare in advance to check that materials are synchronised/updated.
- A few staff advised that line-managers should be versed in the programme so that they can supervise more effectively.
- There was some evidence that a small number of linkworkers had not visited the home during the week but had instead communicated with the family by phone or asked the family to come to their workplace instead. There was also a suggestion that occasionally home-visiting material may not have been fully prepared in advance. It was strongly believed by most staff that the home visits are as important as the group sessions in reinforcing implementation of skills and weekly attendance. It might be helpful if the role of the linkworker was more clearly outlined from the outset.
- Many staff suggested that facilitators should be already experienced in working with parents, children or teenagers and their skillset matched to the group they deliver. This may represent some degree of challenge for the Site Coordinator in terms of organising the facilitation team as there was some indication from the 2016 delivery that working with children and adolescents was very challenging and a couple of facilitators said that they not wish to run those groups again. There may be a need to recruit more youth workers who are experienced in working with children and/or adolescents, to have more staff to deal with challenging child behaviour, or to choose not to refer/accept families with children who cannot engage in a group setting.

- In addition, a few facilitators suggested that the training of facilitators should emphasise that their role is to facilitate the whole evening and not just their own session. Therefore, facilitators should not take breaks during the meal and should be involved with welcoming families from the moment they enter the building.
- There was also some indication that it might help facilitators if they lowered their expectations when working with very high-need, 'chaotic' families. Substantial changes in family functioning may involve considerable time, effort and setbacks, and especially within families where attendance at the programme may be considered a significant achievement in and of itself. This again raises questions about the suitability of the programme for very high-risk families.
- In general, staff viewed the children's and teen groups as more challenging. This appeared to be linked to the presence of highly challenging behaviour, but also a feeling that more interactive and experiential materials are needed to engage young people, such as arts and crafts; digital media and use of music. Currently, the format is too similar to schoolwork (i.e. too much use of pens and paper) and there is too much content to cover. Some staff mentioned that the sessions need to become more structured and tailored in an age-appropriate way.
- In addition, there was a general view that all family members would benefit if programme delivery was adapted. Suggestions included: using more simplified, less American language; reducing content; removing materials and homework that are confusing; and developing an interactive format that is faithful to the core messages but communicates them in a more effective manner. A few staff members indicated that they would like a national review of the material with other SFP sites in Ireland, but were uncertain about the will or capacity elsewhere to undertake this task. Adapting materials would also involve staff time and costs. In 2013, a staff member indicated that the Ballymun Local Drug Task Force had adapted some of the SFP manuals and that these adaptations could be accessed electronically. However, it is not clear whether such adaptations were incorporated into subsequent deliveries of the programme.
- Several staff from the 2013 programme expressed a desire that the activities within childcare should be connected to the themes of the SFP sessions. Childcare workers believed that there was a missed opportunity in not engaging younger children and said that they would like to be trained in the programme. This issue was not raised in later years so it is not known, at the time of writing, whether or not the matter has been resolved or not.
- Several staff reported mixed views on the current timing of the SFP in terms of the time of the year and the time of the day. Some thought that running the programme from September to Christmas worked well with the momentum of working towards Christmas. Others wondered would it be better to deliver it at a time of the year when the evenings are not so dark, e.g. start in Spring. A few others were concerned that Christmas was a difficult time for some families and that it might help families to cope better if it was run before and after Christmas. In relation to the time of the day, many said that, if possible, the programme should start a bit earlier as the programme finished too late on dark evenings; children in childcare became overtired/unsettled, which potentially contributed to a lack of bedtime routine for families, and could be seen as contrary to the approach recommended on the programme.

- Suggestions for more streamlined delivery included: less delay in breaks between sessions in order to finish earlier; less waiting around before and after the meal; and less time for the meal.
- A number of staff expressed a concern about a possible need for stepped-down supports for families following the programme. A booster session was held in Newbridge in April 2017. Staff thought it would be ideal if parents could meet as a group every 4-6 weeks to keep upskilled. However, given the childcare and transport barriers, it is likely that such meetings would need to be coordinated and funded.

5. Sustainability of the SFP

There is a high demand for the programme in terms of the number of families referred and a belief in the unique value of what the SFP offers to families. The Drug and Alcohol Task Force (funder), Foróige (host organisation for Site Coordinator) and Tusla (funder) see the SFP as sustainable in its current delivery at one programme a year for the next two to three years, subject to positive findings within the current evaluation. Funders and staff would like to see it delivered more frequently but do not see current service levels, funding and resource capacity as supporting increased implementation. Staff believe that it is not possible to reduce current costs and that goodwill towards the programme means that they already secure services (e.g. professional portraits; catering) at reduced costs. In terms of current delivery, staff would like to see an extra €5000 per year to pay for better quality food and to develop materials to adapt the programme. One of the funders indicated that evidence of programme benefits might help secure some additional funding for SFP implementation.

Several members of the steering group, CYPSC and both Site Coordinators indicated that it is logistically challenging to implement the programme, even at just one programme a year. As indicated earlier, the location, venue, staffing, funding, and referrals are all key issues. As one person said:

“I would have thought it would be easier by now. We’re still nearly starting from scratch each time. There are a lot of obstacles...There is a lot of goodwill too but it has to get easier if it’s going to continue.”

From our discussions with staff, it would seem paramount that a decision is made to embed the programme in an area with high levels of service provision (e.g. Newbridge). Doing so should make it easier to recruit and retain suitable staff, to build momentum and buy-in, receive appropriate referrals, and hopefully ease the workload of the Site Coordinator, all key factors in the sustainability of the programme.

As indicated earlier, several staff also highlighted the need for a designated part-time Site Coordinator post. This post should be part of the job description, and there should be more acknowledgement and transparency about the amount of work involved in the post.

Staffing the programme has been a recurring challenge but embedding in an area should help. For example, in order to increase the staff pool, it might be worth:

- Using the findings from the evaluation to ask managers of organisations involved in SFP delivery to more properly support and release staff to the programme; to realise the benefits gained and the work involved; to become champions of the programme
- Highlighting evidence to managers within services who are no longer involved in SFP delivery to see if they might re-engage
- Raising the profile of the SFP among services not involved with the SFP and be creative in finding facilitators among schools, crèches, and other sources

Securing funding for the future implementation of the SFP was also a recurring concern. Currently, there is a perception among several staff that no organisation, either locally or nationally, prioritises the implementation of the SFP. A lack of a 'driving' organisation is seen as threatening the longer-term sustainability of the programme due to the greater difficulty in obtaining funding. Therefore, there is a need for the steering group to discuss which organisations or departments, both locally and nationally, are the best fit to seek funding support for the SFP. Several options were mentioned including: the Tusla Prevention, Partnership and Family Support Programme (and Meitheal); Department of Justice; and Drugs and Alcohol Task Forces. The steering group might also consider contacting other SFP sites to learn where they secure their funding and investigate whether SFP sites collaborating collectively might increase their chances of securing more substantial funding at a national level.

Several staff highlighted the importance of having evidence to secure funding, i.e. demonstrating effectiveness and cost effectiveness. This raises the question as to what type of evidence is recognised by (national and local) funders as being sufficiently robust to demonstrate such effectiveness.

SUMMARY OF FINDINGS

Both the qualitative and quantitative findings of this study indicate that families secured many benefits from participating in the SFP, particularly in relation to improved family communication and relationships and enhanced capacity of parents to deal with challenging child behaviour. Interviews with families and staff also indicated improvements in parental confidence, peer relations and social life, greater school attendance, and reduced service utilisation for some families. While the questionnaire results indicated moderate levels of parental depression and high levels of challenging child behaviour at post intervention that may require further intervention, the qualitative findings indicated that substantial improvements in these domains were achieved as a result of the SFP. However, it should be noted that it was not possible to include a quantitative assessment of pre-programme levels of difficulties in this study. Future evaluations should collect such baseline data preferably within the context of a larger randomised controlled trial (RCT) or comparative study. We return to this point below.

In addition, parents completed the Strengths and Difficulties Questionnaire for the child in their family with the most challenging behaviour and thus the questionnaire data do not reflect the behaviour of other siblings for whom benefits were reported (in the qualitative interviews). Given

that most, if not all, of these families could be considered 'high risk', this preliminary evidence suggests that the potential impact of the programme may extend beyond the family unit to the wider community.

Internationally, the SFP is seen as one of the most effective programmes in preventing substance use among children (Miller & Hendrie 2008). However, there appeared to be relatively little emphasis by the staff and families who took part in this study, on the capacity of the SFP to decrease/prevent substance use within families. We collected data on parent-reported substance use, but we have some concerns about its accuracy and, for this reason, future evaluations of the programme should include psychometric measures of substance misuse (See section on Evaluation Framework). Even then, it could be difficult to capture accurate figures if it's an issue that families want to conceal.

Parents were particularly satisfied with the programme and appreciated the non-judgmental support provided by facilitators and the group process, the transport provided, the family portrait, meals, and 'graduation night'. Children enjoyed the fun and activities. Some challenges noted by parents included: the quality of food in Newbridge 2016; difficulties in engaging children in family sessions; a need for more personnel to manage children with disruptive behaviour; and some mixed views on the usefulness of linkworkers coming to the home. A couple of teenage boys indicated that sessions were 'boring' and needed to be more active and engaging.

The SFP was also viewed as having benefits for services. For example, it was seen as: a unique family focussed and intensive intervention; reducing service utilisation; helping families to engage with other services if necessary; enhancing the professional skills of staff; and being instrumental in developing interagency collaboration within Co. Kildare.

The analysis also indicated several factors that are key to ensuring successful implementation including: having appropriate managerial and funding structures in place beforehand; embedding delivery in an area with high service provision; deciding on referral criteria and process; identifying an appropriate venue; finding and retaining a pool of trained staff; and dealing with issues relating to programme delivery. Currently, it appears logistically challenging to implement the SFP once a year given the funding and staffing restrictions. Sustainability may potentially be enhanced by addressing key issues within the factors outlined above, particularly in relation to embedding in an area, staffing, and exploring avenues to source additional funding.

The strengths of the current evaluation include: the use of mixed methods (e.g. questionnaires; interviews; focus groups; other data); assessing key aspects of family functioning as well as implementation processes of the SFP in Co. Kildare; engaging a wide variety of stakeholders for the study; and including data across four years of delivery (2013 to 2016). The limitations of the study are that, firstly, the sample of families who participated in the questionnaire-based assessments was very small. Secondly, no data were collected from families before they engaged with the SFP and, therefore, it is not possible to demonstrate the extent of any change achieved from pre- to post-intervention. Nevertheless, the extensive in-depth interviews conducted with families and staff provide important and useful insights into the perceived utility of the programme. A third limitation was the absence of a comparison group with which to compare families who took part in the programme. The most robust evaluations involve some kind of comparison group – either within the context of an RCT or an alternative design. These may also include, nested within them, an economic evaluation similar to the work conducted by McGilloway and colleagues at Maynooth University

(O'Neill et al. 2013). These kinds of economic evaluations can be used to compare the costs and outcomes of the SFP with usual services and also model the longer-term cost savings produced by the intervention through the prevention of a range of negative longer-term outcomes (e.g. family breakdown, foster care, criminality, and so forth). Considerable evidence indicates that effective early intervention leads to improved individual, family, societal, and service utilisation outcomes. Therefore, the costs of implementing the SFP should, in any future evaluations, be considered in the context of the personal, economic and societal costs that would have been incurred if families had not attended the programme. Future evaluations should address some/all of these issues. The final section of this report outlines an evaluation framework.

EVALUATION FRAMEWORK

It is now well known that research evidence is important in order to build a convincing and reliable evidence base that demonstrates the benefits (and drawbacks) of new and existing interventions and programmes. Such evidence is important, not only in adding to our knowledge and understanding of early intervention and prevention programmes, but also in helping service providers and practitioners gain insights into many different aspects of programme implementation and delivery (Hoffman et al. 2013). An additional benefit is that where evidence of effectiveness exists, it often helps to increase the possibility of securing additional funding and resources.

In the current study, several staff members indicated that the previous Lutra forms were too longwinded and confusing for families to complete and indeed, this was also our own view when we reviewed the forms. Therefore, we would recommend that simple, brief, user-friendly questionnaires are employed in future routine evaluations in order to streamline the data collection process.

Data collection

In order to increase the robustness/quality of the data collected, we would suggest that questionnaires are administered to families before the programme starts and after it is finished. The 'before' data could be administered during a home visit; this should take 10-20 minutes in total. Currently, data are only collected once the programme is completed, but this means that no information is available on the baseline or starting point of families and therefore, it is not possible to examine the nature and extent of pre-post intervention change. The current practice using the Lutra forms asks families at post-intervention to assess themselves 'now' and 'before the SFP' but this is not a reliable source of information whilst it can also be confusing for families.

We would recommend that parents complete some/all of the measures used in the current evaluation before and after the SFP (Appendices 1-4). The questionnaires may be completed using computers or a paper-and-pencil format and include:

- Family functioning - assessed with the Brief Family Relationship Scale
- Parenting skills - assessed with the Alabama Parenting Questionnaire – 9 items

- Child behaviour - assessed with the Strengths and Difficulties Questionnaire. If parents have more than one child, they could be asked to complete the questionnaire for a child with whom they have difficulties and also for another sibling aged 4-17 years
- Parental mental health - assessed with the Patient Health Questionnaire – 9 items
- Substance misuse – assessed with the CAGE and Drug Abuse Screening Test – 10⁶ (Ewing 1984, Skinner 1982; Appendices 14-15)

It would be useful if children and adolescents also completed either the My Family questionnaire (Appendix 6) or the Brief Family Relationship Scale (Appendix 1) before and after the SFP. If possible, adolescents could also be asked to complete the CAGE and DAST-10 (Appendices 14-15).

As indicated from the current evaluation, questionnaires may not necessarily capture all benefits achieved or the full experience of families. For this reason, it may be helpful perhaps to conduct a brief focus group (resources permitting) with families (parents and/or children) immediately following the programme. Interactive group methods may possibly be more effective than standard focus groups in engaging young people, e.g. 'Photovoice', 'Time-line', or 'Ketso kit' (e.g. Given et al. 2011).

Data analysis

One of the research team (MF) will conduct analysis of parent and child questionnaires without payment for the next two years, with review of the decision at that point. This will increase the quality and objectivity of the analysis, and will save time for SFP staff, especially if they are not trained in statistical techniques. The research team will not have the resources to conduct analysis of any qualitative data collected.

⁶ The CAGE and DAST-10 are different to the assessment tool used in this evaluation to measure drug and alcohol use. We have concerns that the questions used in this evaluation were not sensitive enough to record accurate substance use so we have changed the questionnaires.

RECOMMENDATIONS/ISSUES TO CONSIDER

- Whilst the findings point largely to benefits for families, the robustness of the quantitative evidence could be improved by conducting pre-post evaluations of any future delivery of the SFP (as outlined in the Evaluation Framework). Collection and analysis of this data would increase confidence that the SFP is worth additional investment of monies and resources.
- Internationally, the SFP is seen as effective in preventing and reducing substance misuse. This outcome was not emphasised by most staff or families in this evaluation. It might be useful to explore with staff any issues involved in delivering topics on substance use.
- The logistics of implementing one SFP per annum has proved challenging each year. The general consensus is that embedding the SFP in an area with high service provision (e.g. Newbridge) would ease the workload of acquiring and retaining staff and of receiving appropriate referrals. It might be worth experimenting to test if this is indeed the case. It is likely that the sustainability of the SFP will be threatened if the current number of challenges is not reduced.
- If by embedding the programme within an area, implementation becomes more streamlined and positive outcomes are achieved, then there is a stronger basis for requesting additional funding and to assess whether it is feasible to expand delivery.
- The steering group might discuss the possibility of creating a designated part-time post for the Site Coordinator. The role of the Site Coordinator could be expanded to acquire and train staff, as well as making necessary adaptations to the programme.
- The steering group might consider whether the SFP is appropriate for very high risk families. Staff expressed some dissatisfaction that very high risk families were difficult to engage, did not gain as many benefits as lower-risk families, or if they did, it was at the expense of the gains that could have been achieved by other families. Accepting high risk families also greatly increases the workload for the Site Coordinator and staff, and may require additional staff to manage in-session disruptive behaviour. On the other hand, there are very few appropriate services for such families in Co. Kildare and staff believe that the SFP offers more support than any other available service. There needs to be a realistic analysis of what the SFP can achieve with very high risk families, and especially given staffing and resource constraints. A mix of lower to higher need/risk families might be more beneficial and feasible.

- As outlined in the Sustainability section, the staff pool may be increased by approaching (senior) managers within organisations who currently provide staff, explaining the evidence for the programme, and the need to allocate sufficient time to staff to deliver the programme. The evaluation findings may also be used to approach managers within services who are no longer involved in SFP delivery to see might they re-engage. It might also be worthwhile to raise awareness of the SFP among other services not involved with the programme, and to be creative in finding facilitators among schools, crèches, and other sources.
- Staff need to be trained and prepared, and have a clear understanding of their role and the commitment involved.
- The steering group and Site Coordinator might investigate which organisations or departments, both locally and nationally, are the best fit to seek funding support for the SFP. Learning from, and collaborating with other SFP sites may also potentially help in achieving more funding.

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Appendix 1

ID No.: _____

Date: _____

Brief Family Relationship Scale

The statements refer to the last month. Read each statement and tick Not at all, Somewhat or A lot. Please be honest when giving your answers.

		Not at all	Somewhat	A lot
1.	In our family we really help and support each other			
2.	In our family we argue a lot			
3.	In our family we spend a lot of time doing things together at home			
4.	In our family we can talk openly in our home			
5.	In our family we are really mad at each other a lot			
6.	In our family we work hard at what we do in our home			
7.	In our family there is a feeling of togetherness			
8.	In our family we sometimes tell each other about our personal problems			
9.	In our family we lose our tempers a lot			
11.	In our family we often put down each other			
12.	My family members really support each other			
13.	My family members sometimes are violent			
14.	I am proud to be a part of our family			
16.	In our family we really get along well with each other			
18.	In our family we begin discussions easily			
19.	In our family we raise our voice when we are mad			

Appendix 2

Alabama Parenting Questionnaire

The following are a number of statements about your family. Please rate each item as to how often it typically occurs in your home. Possible answers are: Never, Rarely, Sometimes, Often, or Always. Please answer all items.

		Never	Rarely	Sometimes	Often	Always
1.	You let your child know when they are doing a good job with something					
2.	You threaten to punish your child and then do not actually punish them					
3.	Your child fails to leave a note or to let you where they are going					
4.	Your child talks you out of being punished after they have done something wrong					
5.	Your child stays out in the evening after the time they are supposed to be home					
6.	You compliment your child after they done something well					
7.	You praise your child if they behave well					
8.	Your child is out with friends you don't know					
9.	You let your child out of a punishment early (e.g. lift restrictions earlier than you originally said)					

Appendix 3: Strengths and Difficulties Questionnaire

Strengths and Difficulties Questionnaire

P 4-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Note: A Pdf of this questionnaire is available online. A Pdf has also been sent to the CYPSC.

Appendix 3 – continued

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

● How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

● Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

● Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

● Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Mother/Father/Other (please specify:)

Thank you very much for your help

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Appendix 4: Patient Health Questionnaire - 9

PATIENT HEALTH QUESTIONNAIRE - 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Note: A Pdf of this questionnaire is available online. A Pdf has also been sent to the CYPSC.

Appendix 5

Alcohol and drug use

In the <u>past 30 days</u> , on how many days have you used the following?		In the <u>past 30 days</u> , on how many days do you think your child used the following?	
1. Alcohol		1. Alcohol	
2. Alcohol to intoxication		2. Alcohol to intoxication	
3. Tobacco		3. Tobacco	
4. Marijuana/hashish/pot		4. Marijuana/hashish/pot	
5. Other illegal drugs (including amphetamines and hallucinogens)		6. Other illegal drugs (including amphetamines and hallucinogens)	
7. Prescription drugs not prescribed by your doctor		5. Prescription drugs not prescribed by your doctor	

Note: We were uncertain about the accuracy of the data provided by parents. In future evaluations, staff might consider administering the CAGE and DAST-10 instead (Appendices 13-14)

Appendix 6

MY FAMILY QUESTIONNAIRE

Age: _____

Female/male: _____

1. Never	2. Sometimes	3. Often	4. Almost always	5. Always
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Please fill in with the number for your family *before SFP* and *now*

Before SFP		Now
	My family spends time together	
	My family talks about issues and problems	
	My family talks about feelings	
	My family handles stress well	
	My family can sort out disagreements without shouting and arguing	
	My family has clear rules about what behaviour can and can't happen	
	My family has fun together	
	My family shares the jobs that need to be done around the house	
	My family shows that we care about each other	
	My family listens to each other	
	My family talks calmly about what is bothering us	
	My family can see things from other people's point of view	

Note: If this questionnaire is used in future evaluations, we recommend that it is administered before and after the programme. Therefore, the response columns need to be adapted to just have a space for the child to fill in the response for that time period. The left hand column 'Before the SFP' is not needed.

Alternatively, the Brief Family Relationship Scale (Appendix 1) could be given to children in any future evaluations. The BFRS is validated whereas we do not believe the My Family Questionnaire has been validated. We used the My Family Questionnaire in this evaluation as it was administered in previous programmes and we wanted to compare results with the 2016 programme. On the other hand, the My Family Questionnaire is somewhat easier for children to read and understand.

Appendix 7

Interview schedule/topic guide for parents at follow up

Experience of programme

- How did you hear about the Strengthening Families programme?
 - Why did you sign up for it?
- Tell me about your experience of the SF programme?
- What were the main benefits from going to the programme?
 - Have positive changes taken place for families (individuals within family or family as a unit) as a result of SFP?
 - e.g. family functioning (communication, conflict, sense of togetherness)
 - Alcohol and drug use for parent and kids
 - Parenting skills and confidence
 - Child behaviour and social emotional wellbeing
 - Parental mental health & wellbeing
 - Any other benefits?
- What parts of the programme did you find most helpful?
- If you came to most of the sessions, what made you keep coming?
- What parts did you find less useful?
- Parents had separate sessions. Children had separate sessions. And then there were family sessions. To what extent do you think that all of these were helpful?
- What did you think of the group facilitators?
 - Warm, helpful, etc?
 - Do you feel that you and your family were listened to?
- What did you think of your linkworker? (visits home before prog starts and during prog)
 - Did meeting you and your family before the programme started help?
 - To what extent were the weekly home visits helpful? How were they useful or not useful?
- To what extent did the group aspect/relationships with other parents help you?

Challenges

- What challenges, if any, did you experience within the programme?
 - E.g. Content/techniques unacceptable or difficult to implement, group format, staff, other parents/families; lack of family support
- Did you experience any difficulties in getting to the programme?

- E.g. Transport/childcare, other problems in attending.
- Were there any negative results for families as a result of participating in the programme?
 - E.g. Techniques not acceptable or difficult to implement; conflict between family members in relation to programme

Concluding

- If you hadn't attended the programme, how do you think you and your family would be getting on now?
- Do you think your family received enough support or could you have done with more help in some areas?
- Besides the SFP, do you or your family receive any other supports/services? Referred for services?⁷
- What changes would you recommend for future programmes?
- Is there anything you would like to add?

⁷ This question may not be appropriate in a group setting

Appendix 8

Interview schedule for families who dropped out of the programme

1. Can you tell me why you did not stay with the programme?
2. What, if anything, did you dislike about the programme?
3. To what extent were there childcare/access issues?
4. What, if anything, would you change about the programme?
5. Can you tell me a little about how you and your family are getting on at the moment?
6. What services, if any, are you using to help you and your family?
7. Is there anything that you would like to add?

Appendix 9

Families who attended more than a year ago

- Tell me about your experience of the SF programme?
 - What did you like?
 - What didn't you like?

- To what extent were there benefits for you and your family in going to the programme?
 - e.g. family functioning (communication, conflict, sense of togetherness)
 - Alcohol and drug use for parent and kids
 - Parenting skills and confidence
 - Child behaviour and social emotional wellbeing
 - Parental mental health & wellbeing
 - Any other benefits?

- Tell me a little about how your family is getting on now?
 - Are things better or worse than at the time when you finished the programme?

- What parts of the programme do you still find useful?
- What parts do you find less useful?
- As time goes on, how easy do you find it to remember and apply what you learned on the programme?
- Have you stayed in contact with any people from the course?
- Looking back on it all, what was the best thing you got from the programme?
- To what extent were there any negative outcomes for you and your family as a result of participating in the programme?
 - E.g. Techniques not acceptable or difficult to implement; conflict between family members in relation to programme, etc

Concluding

- If you hadn't attended the programme, how do you think you and your family would be getting on now?
- Do you think your family received enough support or could you have done with more help in some areas?
- Besides the SPF, do you or your family receive any other supports/services? Referred for services?
- What changes would you recommend for future programmes?
- Is there anything you would like to add?

Appendix 10

Interview schedule for children/teens

- Tell me what you thought of the SF programme?
 - What did you like about it?
 - What did you not like about it?

- Did any positive/good changes take place for anyone in your family because they went to the programme?
 - e.g. Do family members get on better, worse, same than before? In what ways?
 - Do your parents seem better, worse, same as before?
 - Do you feel better, worse, same as before?
 - Substance use?

- What parts of the programme were most helpful?
 - Group sessions or home visiting part
 - Parent sessions, child sessions or family sessions
 - Content or technique wise

- What did you think of the group facilitators?
 - Warm, helpful, etc?
 - Do you feel that you were listened to?

- What did you think of the person who visited your home?
 - Was what he/she did any good?

- To what extent did doing the programme in a group help?

- What parts did you find less useful?

Challenges

- What challenges, if any, did you experience within the programme?
 - E.g. Content/techniques difficult or not relevant
 - Group format
 - Didn't like staff or venue
 - Lack of family support around programme

Concluding

- If you hadn't attended the programme, how do you think you and your family would be getting on now?
- What changes would you recommend for future programmes?
- Is there anything you would like to add?

Appendix 11

Interview schedule for staff involved in implementing SFP

SFP background

- Can you tell me a little bit about why you chose to run the Strengthening Families Programme?
 - Types of families targeted
 - How often delivered?

Overall experience

- Tell me about your experience in implementing and running the SFP?
 - Both Newbridge 2016 or other SFP groups

Perceived Benefits

- What do you think are the primary benefits derived from delivering this programme?
 - For families, e.g. family relationships, substance use, parenting skills, child & parental wellbeing
 - Do you think it works better for some families than others?
 - For organisations
 - Interagency collaboration

Perceived intervention mechanisms

- Which part or parts of the intervention do you think are most useful for families?
 - Group sessions or home visiting part
 - Parent sessions, child sessions or family sessions
 - Content or technique wise
- Are there any parts that you think are less useful?
- To what extent do you think the SFP addresses the needs of families?
 - Level of support appropriate for risk level of families?

Perceived implementation mechanisms

- What were the main positive factors that helped to implement the programme?
 - E.g. organisational support - budget, training of staff, supervision
 - Good referral pathway and appropriate referrals
 - Co-ordination between different agencies
 - Demand from families for SFP
 - Other factors?

- What challenges did you face in implementing the programme?
 - Recruiting families to programme?
 - Retaining families in programme? Reasons for drop outs (e.g. childcare/access issues, inappropriate referrals)
 - Buy-in from organisations, staff etc; training or supervision
 - Co-ordinating facilitators and link workers and referrers
 - Caseload too heavy
 - Lack of organisational support
 - Programme fidelity – content and techniques appropriate, time and budget challenges
 - Costs of SFP inputs – staff time and running costs
 - Any costs that could be reduced/removed?

- How well does the SFP fit in with the other child and family services you offer?
 - Does it overlap or duplicate in any way?

- To what extent do families typically need to be linked into other services, besides the SFP?

- To what extent does the programme help families use informal supports; e.g. help of neighbours, friends and family etc?

- To what extent does the SFP encourage families to get more involved in their communities?

Sustainability

- Do you intend to run the SFP in the future?
 - **If yes**, is there adequate funding and resources to deliver the programme?
 - **If yes**, which organisation will lead on delivering the programme?
 - **If no**, what are the reasons you do not intend to run the programme in the future?

- Do you think that the SFP is worth the investment of time and budget?
 - If families hadn't attended the programme, what other services could they have accessed? Would these services have met their needs?

Conclusion

- If/when you run the next SFP, what would you change, if anything?
- What advice would you give to other organisations thinking of running the SFP?
- Is there anything you would like to add?



Appendix 12

Parent Information Leaflet

Research Programme on Strengthening Families Programme

Did you find the **Strengthening Families Programme** helpful for your family? Kildare CYPSC are undertaking research on the programme which is being carried out by two researchers from Maynooth University.

We would like to hear your views on the programme. The research will involve:

1. Completing a few simple questionnaires about you and your family; and
2. Taking part in a focus group (involving other parents and children who participated in the programme).

You can choose to meet either as part of a group or on a one to one with a researcher either in the home or at the centre. We would also like to hear your children(s) experiences of the programme and would be delighted if they could take part.

We hope that this research will allow us to understand if, and how, the programme benefits families and we would really appreciate your involvement in it.

The researchers would also like access to the referrals forms provided to Newbridge FRC. This is purely for the purposes of analysis. This information will be anonymised when passed to the researchers i.e. all names/addresses and identifiable data will be removed before it is passed to the team.

Please note that all information that you provide to the research team will be kept strictly private & confidential and will not be used for any other purpose other than the research study. No names will be identified at any time throughout the study or in the final report.



Parent Consent Form

I agree to take part in this study and to provide information to the researcher for use in the study

I agree to take part a focus group with other families

OR

I agree to take part in a one to one interview with a researcher

I agree to my children taking part in a focus group with other children

I agree for my referral form to be used **for research purposes only**. I understand that the form will have any identifying information (names/addresses etc.) removed.

Signature of participant: _____

Date: _____



Child Information Sheet & Consent Form

Did you find the **Strengthening Families Programme** helpful for your family? Kildare CYPSC are carrying out research on the programme. Two researchers from Maynooth University will be asking some questions about whether the programme was useful for you and your family.

It is so important to gather information from the children who have taken part in the programme recently. We would be delighted to hear your experiences of the programme.

The research will involve taking part in a group discussion about the programme along with other children. Only the children who recently participated in the programme will be asked to attend. Your parents will not be part of this discussion. This should only take about half an hour.

All information that you give to the researchers will be kept private and confidential and will only be used by the researchers. Your names will not be used in reports at any time.

I agree to take part in this study and to provide information to the researcher for use in the study.

Signature of participant: _____

Date: _____

Appendix 13

CAGE questionnaire for parents – alcohol use

1.	Have you ever felt you should cut down on your drinking?	Yes	No
2.	Have people annoyed you by criticising your drinking?	Yes	No
3.	Have you ever felt bad or guilty about your drinking?	Yes	No
4.	Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?	Yes	No

Substance use of children – parent report

1. Never	2. Seldom	3. Sometimes	4. Frequently	5. Always
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Please put the correct number for each statement

1.	My child uses tobacco	
2.	My child drinks alcohol	
3.	My child uses illegal drugs	

Appendix 14

Drug use questionnaire

The following questions concern information about your possible involvement with drugs **not including alcoholic beverages** during the past 6 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right. In the past 6 months... Circle			
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you use more than one drug at a time?	Yes	No
3.	Are you unable to stop using drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No
Scoring: Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.			Score:

