

Making Life Better

For Families:

Do Family Support Services Help?

Evaluation of Springboard Project in

Darndale, Dublin

Executive Summary of Report

by

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1. Introduction

The family support project in Darndale is part of a larger family support programme called Springboard. This programme was established by the Department of Health and Children in 1998 in order to support vulnerable families¹. It began originally as 14 projects and, by 2004, Springboard had grown to 22 projects distributed throughout the country. Since its introduction, it has heralded a new awareness of family support services and facilitated a re-emphasis within social services generally of the importance of families to the well-being of children.

The importance of family support services was underlined in the Government's health strategy of 2001 - Quality and Fairness: A Health System for You – which makes an explicit commitment that “family support services will be expanded”². This commitment includes the following proposed developments:

- Child welfare budgets will be refocused over the next seven years to provide a more even balance between safeguarding activities and supportive programmes
- Springboard Projects and other family support initiatives will be further developed
- Positive parenting supports and programmes will be expanded
- Effective out-of-hours services will be developed in all health board areas as a priority
- Family welfare conferences and other services required to support the Children Act, 2001 will be introduced
- Priority will be given to early interventions for children with behavioural difficulties.³

In Ireland as elsewhere, the family has increasingly come centre-stage in public policy thinking about the needs of children while services are increasingly informed by the twin principles enunciated in the National Children's Strategy of being “child-centred” and “family-oriented”⁴. These developments underlie the importance of this evaluation since Springboard, like other similar services, is premised on the assumption that family support services are an effective way of promoting the well-being of parents and their children.

2 Methodology

The key research question that we seek to address in this report is whether, and to what extent, the intervention of Springboard has had the effect of improving the well-being of parents and children. In the case of parents, we are particularly interested in knowing if Springboard has brought about an improvement in any of the following: (i) psychological well-being, including levels of depression as well as symptoms of physical well-being (ii) support networks (iii) relationship of parents to their children and (iii) relationship between parents and their partners. In the case of children, the evaluation seeks to identify if Springboard has improved three

1 For an evaluation of the first 14 projects established under the Springboard programme, see McKeown, Haase and Pratschke, 2001; see also McKeown, 2000; McKeown and Sweeney, 2001; McKeown 2001

2 Department of Health and Children, 2001:165

3 Department of Health and Children, 2001:71; see also 165

4 National Children's Strategy, 2000:10

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core dimensions in the life of a child namely: (i) psychological well-being, including physical symptoms and (ii) relationship with parents and (iii) experiences of school.

In order to ensure that the evaluation is valid and reliable we used a range of tried-and-tested instruments for measuring the well-being of parents and children. The scales used to measure the different dimensions of well-being of parents and children are summarised in Table 1 and Table 2 respectively. In addition to measuring well-being, we collected a range of descriptive information on parents and children as summarised in Tables 3 and 4, respectively.

Table 1 Well-Being of Parents

Type of Well-Being	Scale for Measuring Well-Being
Physical Well-Being	Revised Symptom Checklist ⁵
Psychological Well-Being	Scales of Psychological Well-Being ⁶
Depression	Inventory for Measuring Depression ⁷
Social Support Network	New scale
Quality of Parent-Child Relationship	Satisfaction with Parenting – PCRI Involvement with Child – PCRI Communication with Child – PCRI Limit-Setting – PCRI Autonomy – PCRI ⁸ Parent-Child Conflict Tactics Scale (CTS-PC) ⁹
Quality of Couple Relationship	Marital Satisfaction Scale ¹⁰ Social Intimacy Scale ¹¹

Table 2 Well-Being of Children

Type of Well-Being	Scale for Measuring Well-Being
Physical Well-Being	Health and Daily Living Scales ¹²
Psychological Well-Being	Beck Youth Inventories of Emotional and Social Impairment: Self-Concept, Anxiety, Depression, Anger and Disruptive Behaviour ¹³ Multidimensional Students' Life Satisfaction Scale ¹⁴ Strengths and Difficulties Questionnaire ¹⁵

5 Adapted from Derogatis, 1992.

6 Adapted from Ryff, 2001.

7 Beck, Ward, Mendelson, Mock and Erbaugh, 1961

8 All PCRI scales adapted from Gerard, 1994.

9 Straus, Hamby, Finkelhor and Runyan, 1995.

10 Adapted from Rusbult, Martz, and Agnew, 1998.

11 Adapted from Miller and Lefcourt, 1982.

12 Adapted from Moos, Cronkite, Billings, and Finney, 1986.

13 Adapted from Beck, Beck & Jolly, 2002.

14 Adapted from Huebner, 2001.

15 See Goodman, 1997; Goodman, Meltzer and Bailey, 1998; Goodman and Scott, 1999; Goodman, 1999; Smedje, Broman, Hetta and von Knorring, 1999. See also www.sdqinfo.com

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Table 3 Factors Which May Influence the Well-Being of Parents

Name of Factor	Scale or Variable for Measuring Factor
Age, sex, socio-economic characteristics	Questions on age, sex, length of relationship, housing, education, hours worked, income, financial well-being, religious practices, quality of parents' marital relationship
Social Class	A new scale based on employment status, occupational category, work role autonomy and farm size
Personality variables	Positive and Negative Affect Scales (PANAS) ¹⁶ Bem Sex-Role Inventory ¹⁷
Job Satisfaction Scale	New scale
Life Events	New scale ¹⁸
Home Environment	New scale
Cigarettes and Alcohol	New scale ¹⁹
Gender Role Orientation	PCRI Gender Role Orientation Scale ²⁰
Division of House Work	New scale ²¹
Areas of Conflict	New scale
Ways of Resolving Conflict	Conflict Resolution Style Inventory ²²
Ability to Resolve Conflicts	Ineffective Arguing Inventory ²³
Forms of Conflict	Conflict Tactics Scale II ²⁴

Table 4 Factors Which May Influence the Well-Being of Children

Name of Factor	Scale or Variable for Measuring Factor
Age and sex	Standard questions
Educational attainments	Number of subjects passed and failed in the Junior Certificate
Experiences at school	New scale
Out-of-school activities	Question on participation in a range of out-of-school activities
Cigarettes and Alcohol	Scale adapted from the Health and Daily Living Scale ²⁵
Parental Involvement	Parenting Style Scale ²⁶
Unresolved Problems with Parents	New Scale

16 Adapted from Watson, Clark, and Tellegen, 1988.

17 Adapted from Bem, 1974.

18 Developed on the basis of work by Sarason, Johnson and Siegel, 1978.

19 Developed on the basis of work by Moos, Cronkite, Billings, and Finney, 1986.

20 Adapted from Gerard, 1994.

21 New scale developed on the basis of work by Cowan and Cowan, 1988.

22 Kurdek, 1994.

23 Ibid.

24 Strauss, Hamby, Boney-McCoy and Sugarman, 1996.

25 Developed on the basis of work by Moos, Cronkite, Billings, and Finney, 1986.

26 Lamborn, Mounts, Steinberg and Dornbusch, 1991.

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This evaluation is based primarily on 16 parents and 25 children who received intensive support from the project. Detailed information about these parents and children was collected at the beginning and at the end of the evaluation period. In addition, we surveyed parents and children on their impressions of the service as well as a wide range of professionals who had worked with Springboard. In total, the evaluation is based on 181 separate questionnaires, providing a solid foundation on which to evaluate the impact of Springboard on the well-being of parents and children. However a significant limitation of the evaluation is that most of the parents and children who were interviewed were already in receipt of intensive supports from the project prior to the evaluation. The effect of this is to significantly under-estimate the project's impact on parents and children as well as the amount of time spent by staff on each case.

3. Family Support Services in Darndale

Springboard in Darndale is situated in a catchment area of about 4,000 people who live in two local authority housing estates, Darndale and Belcamp. The proportion of children under the age of 14 years in this area (44%) is more than twice the national average (21%). The project was set up in May 2001 and is located in a well-appointed, prefabricated building in the grounds of the local primary school. The project is managed by the Daughters of Charity Child & Family Services who have a service contract with the Northern Area Health Board. The project works intensively with about 20 families and with children in the 10-15 age group.

In its work with parents and children the project adopts a needs-led approach which involves detailed consultation with each family as well as preparing individual care plans to meet the unique requirements of each individual case. These care plans build upon existing strengths within the person and family. Given the multi-dimensional nature of family needs, the project works closely with other local agencies in promoting the well-being of parents and children and is actively involved in a number of inter-agency working groups. In line with this approach, the project tries to be flexible and innovative in responding to needs, and this is exemplified in the recent development of a new programme for at risk young boys.

During the evaluation period, each parent and child received an average of half an hour of staff time per week; for parents this lasted for 17 months, for children it lasted for 13 months. It is important to point out however that this data does not include the time spent by staff on each parent and child prior to the evaluation and, as such, is a significant under-estimate of the total staff input involved. Interventions with parents tended to combine individual and family work while interventions with children tended to combine group and individual work. Overall, the project is informed by the ethos of the Daughters of Charity which recognises the essential dignity and potential of every person.

4. Conclusions and Recommendations

The findings of this evaluation indicate that Springboard has improved the well-being of parents and children. The most significant change for parents was the improvement in psychological well-being and the reduction in depression. For children, the most significant change involved a reduction in psychological disturbance and in

the proportion with difficulties as measured by the Strengths and Difficulties Questionnaire (SDQ). These improvements in well-being compare favourably with the improvements among parents and children recorded in the evaluation of 14 other Springboard projects. Given that the evaluation is likely to have under-estimated the project's total impact – since many parents and children were already in receipt of a substantial input of staff time prior to the evaluation – these results are particularly impressive.

In the course of this evaluation we raised some issues which now form the basis of our recommendations.

4.1 Examine the effectiveness of targeting

The issue of targeting arises because we do not know if the parents – or indeed the children - who attend Springboard are from the most vulnerable families in the community since no scientific study has been undertaken to determine the level and dimensions of family need in this community. It is true that Springboard parents display a much higher level of physical and psychological aggression towards children compared to the average Irish parent, indicating that this is an important target group. However on most other dimensions of well-being, these parents do not differ significantly from other Irish parents and this raises a question as to whether there may be parents with serious difficulties – apart from parenting - who are not coming to the attention of Springboard. We are not in a position to answer this question since no baseline study has been undertaken to determine the scale of family need in this community. For this reason, a community-based survey of family need, applying the type of instruments used in this evaluation, would be worth carrying out. In the absence of such a study we recommend that the issue of targeting the most vulnerable families be kept under review.

4.2 Review the effectiveness of parenting programmes

We have seen that the area of greatest need among Springboard parents centres around setting limits on their children and the frequent recourse to physical and psychological aggression as ways of controlling children. The intervention of Springboard had a relatively modest impact on this area of need. The use physical and psychological aggression towards children by Springboard parents continues to be higher than that found among Irish parents generally. This raises questions about the effectiveness of the programmes(s) currently being used to intervene in this area of parent's lives and suggests that some alternative approaches might usefully be explored, including some experimentation with other 'tried-and-tested' programmes in the area of parenting. Interventions offered to parents typically involve either individual work or family work. Although initiatives to engage parents in group work have not been very successful – despite the best efforts of the project - this could still be a useful method of addressing parenting issues. In addition, group-based initiatives in the area of physical and psychological health – such as relaxation, exercise, diet, cooking, self-esteem, listening, communicating, etc – might be worth exploring further.

4.3 Reconsider the intensity of interventions

During the evaluation period, each parent and child received an average of about half an hour per week from Springboard; this was over an extended period – 17 months in the case of parents, 13 months in the case of children. Prior to the evaluation, parents and children also received a significantly larger and more intense input of time from Springboard staff. Despite such substantial inputs, the question arises as to whether this level of intervention is sufficiently intense relative to the problems being addressed and the impacts achieved to date. There is no clear-cut answer to this question, which is related to the more general question of the project's resources relative to the presenting needs, but the significant level of parental aggression towards children and the high proportion of children with difficulties after Springboard – suggests that the intensity of interventions as well as the type of interventions – should be kept under regular review.

4.4 Develop initiatives to involve fathers

Most of the interventions by Springboard are with mothers and their children, essentially because many of the households do not have fathers living there and indeed many fathers are not in regular contact with their children. Nevertheless the project is aware of the need to involve fathers and has organised a consultative forum on fathers as well as a men's group. In thinking about the issue of fathers, it is important to remember that a household is not the same as a family and, as many studies have demonstrated, the relationships which link both parents to their children are central to family well-being. A number of the professionals who were surveyed as part of the evaluation drew attention to the lack of involvement by fathers in Springboard and this may be related, in turn, to the widespread lack of involvement of men in family services generally. This issue is not easy to solve but the initiatives of the project in this area are a significant beginning. The possibility of subcontracting trained facilitators to work on men's issues might also be worth exploring as long as their work is properly integrated with other Springboard interventions being offered to families.

4.5 Integrate evaluation into the work of Springboard

Evaluation provides the most reliable way of tracking changes in the well-being of parents and children essentially because it uses tried-and-tested instruments to compare well-being before and after intervention. As such it is the most transparent way of being accountable not only to funders and managers but also to families. Significant areas of need which are resistant to change can only be identified properly through an evaluation process and this is essential if a service is to remain effective. This evaluation used a wide range of measurement instruments and a selection of these could be adopted in key areas of need to track the progress of parents and children over the coming months and years. An evaluation system based on a small number of key performance indicators could be integrated relatively easily into the work of Springboard and would allow for a regular review of effectiveness as well as checking that improvements in well-being are sustained over time.

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