

1: Opening Remarks

In order to discover the types of services and supports required by families and individuals living in the RAPID Area, it was necessary to ask the broader question of what it is like to live and rear families in these two distinct communities. The responses to this question set the tone for participants to describe the realities and challenges of attempting to access services and supports within the context of dealing with issues such as domestic violence, sexual abuse, emotional and physical abuse, bereavement, family breakdown, dealing with suicide and deliberate self-harm, mental ill-health and drug/alcohol misuse. Interestingly, our sample was not made up of only those families known to the service providers as having experienced such issues, rather, it was a broad population sample from the two communities.

We used a series of methods across a range of research tools and approaches – including:

- Profiling of the community through the aggregation of already existing data from a variety of sources
- One to one interviews with representatives of families living in Loughlinstown and Shanganagh / Rathsallagh;
- In-depth focus groups with men and members of the Traveller community;
- Public meetings in Loughlinstown and Shanganagh/ Rathsallagh;
- A service and support providers seminar;
- A call for specific organisational submissions from statutory agencies, government departments and community and voluntary organisations whose core work is the provision of family support services across the RAPID area.

Local Level Support for the Process

Local level support for the implementation of the process was hugely important. Local organisations – SWAN, Springboard, Shanganagh CDP and Holly House - introduced us to the community, provided the project team with contacts and participation schedules and provided ongoing assistance to the implementation of the process. In addition, the RAPID Programme Co-Ordinator greatly assisted us to orient ourselves within and around the communities, which was of huge assistance when participants named specific places and organisations.

Process Challenges

The most significant challenge which emerged within the process was the lack of attendance at public meetings. Members of the process steering group and their teams went to significant ends to make local people aware of the scheduling, location and focus of the sessions. All were aware that the public meetings would not necessarily be appropriate for individuals experiencing the most marginalisation, but they were put in place to facilitate local community members to inform and impact upon the outcomes of the process. In the end, the meeting scheduled for Shanganagh Park House was cancelled due to a lack of perceived interest and the meeting in Loughlinstown Community Rooms was attended by two members of the community. Realistically, the initial acknowledgement that the subject matter of the process was not one which fit comfortably within the context of a public meeting would seem to have held true.

Current Service Provision

As a result of the process undertaken, we can identify the current type, focus and location of services designed to specifically support families living in the area. Clearly, the enhancement of informal networks and improved co-ordination of existing services, particularly youth services, needs to be addressed. More significantly, in light of the two distinct communities, it is apparent that there is quite a significant imbalance in the type and level of service provision across the areas.

The Process Footprint

As an organisation working with some of the most marginalised and disadvantaged communities of interest and geography in Ireland, we are consistently mindful of what we term *the research footprint*, that is, the sense left behind in a community after we have completed a piece of work. Our approach aimed to be respectful, non-judgemental and authentic. The awareness to be mindful of going into a setting where very personal issues would be discussed was uppermost in our minds, as well as the fact that we, in our capacity as professionals, could be perceived as threatening or intrusive. This influenced the development of simple clear research questions which were designed to facilitate participants to be as open and honest as was comfortable for them at the time.

We were determined that in attempting to extrapolate the data required for the research, we would not *mine* the community and leave without at the very least being humane and empathic in the face of sometimes extremely harrowing life experiences. Using community development principles and a flexible, open and human approach supported us to be able to journey with people into some of their most difficult and challenging experiences and to witness the deep pain and anguish which resulted in the sharing of their stories. Our aim was to provide safe, respectful spaces for participants to be themselves and to be heard.

It is important to note that all of the participants were very proud of their communities and shared their personal triumphs and aspirations for the future, both in terms of their families and the areas in which they live. In addition, the guaranteed confidentiality of the interviews, and the fact that the project team were not embedded within either community was important to participants.

Thus, the process footprint, upon discussion with participants and the steering group seems to have been positive, although of course, the very fact of activating a process of analysis places significant responsibility on the RAPID Family Support Task Group to deliver upon the outcomes and progress the recommendations. We trust that the report is useful and supportive in carrying out this challenging task.

2: Setting the Context of the Study

2.1 Introduction

2.1.1 In July 2008, following a competitive tendering process, the Family Support Sub-Group of the Dun Laoghaire / Rathdown RAPID Programme contracted Clarity: Research, Development and Training Ltd. to carry out an audit of the needs of families with children in the RAPID area of Loughlinstown and Shanganagh/Rathsallagh. Of course, the issues facing families are complex and to a large degree, both the community and voluntary sector and the statutory agencies operating locally – from FAS to childcare, schools to sports clubs to community facilities can be defined, broadly, as providing services that are supportive to families and aim to enhance family functioning. Thus, it became important within the context of the development of a focused and strategic response to the needs, issues and concerns identified to be analysed within a framework which could distinguish between the different levels and types of supports required by families. Thus, the Task Group made a decision to use the framework provided by the Hardiker model.

2.2 Package of Methods and Approaches

2.2.1 The methods and approaches used were, for the most part qualitative, although some quantitative work was necessary, including the aggregation of statistical data pertaining to the area and profiling of process participants. Within this context, a series of methods and approaches was utilised:

- In-depth one to one interviews (34) and focus groups (4) with a cohort of families living in the two RAPID communities;
- Aggregation and analysis of detailed population profiling data in order to profile the RAPID area;
- A service and support providers seminar attended by twenty seven representatives from a broad range of service and support providers;
- A call for specific organisational submissions from statutory agencies, government departments and community and voluntary organisations whose core work is the provision of family support services across the RAPID area

2.3 Oversight of the Process

2.3.1 The process was overseen by a sub-group of the RAPID Family Support Task Group and representatives of the Clarity team comprising:

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|------------------|---|
| Tara Kelly | Project Leader, Springboard (key project liaison) |
| Pauline Davy | Co-Ordinator, Southside Women's Action Network |
| Dave Lawless | RAPID Programme Co-Ordinator |
| Catherine Morley | Executive Director, Clarity |
| Mary Hogan | Projects Manager, Clarity |

This group met four times over the lifespan of the process to oversee progress and support the implementation of the process. In addition, Springboard and SWAN took responsibility for the scheduling and locating of one to one and focus group sessions in the local areas.

2.4 Project Implementation Plan

2.4.1 In order to structure the process, the sub-group agreed the following implementation plan:

Strand 1: Project Development (Work with Research Sub-Group)

1. Ongoing (4) meetings with Sub-group – input, contacts (development of participation contact list), progress updates etc.

Strand 2: Aggregation/Analysis of Profile Data

1. Structural analysis of already existing – CSO/Gamma data on families within area
2. Development of Profile of Families with Children in the area

Strand 3: Consultation with Locally Based Service Providers

1. Discussions with Project Team and Identification of Key Local Service Providers
2. Service Providers Consultation Seminar
3. Formal submissions from service providers across the RAPID area
4. Structured analysis of data emerging

Strand 4: Series of Community Based Consultations with Families

1. Establishment of links with Key Local service providers to identify sample of families most distant from already existing service provision
2. Series of In-Depth Interviews with a sample of 30 Families (15 in Rathsallagh/Shanganagh, 15 in Loughlinstown)
3. publicly advertised meetings with families within the area to discuss more general needs
4. Structured analysis of data emerging

Strand 5: Development of Focused and Structured Recommendations

1. Analysis of emerging issues and concerns
2. Development of specific recommendations to inform service development

Strand 6: Reporting on Project

1. Production of Draft Report
2. Discussion of Draft Report
3. Finalisation of Report

2.5 Process Participation Profiles

2.5.1 The participants profiles contained in this section are deliberately broad in order to maintain the confidentiality of process participants. The Family Support Task Group has been provided with a more detailed profile to assist them in their work. Overall, representatives of 46 families participated in the one to one and focus group interviews. Of those, 29 participated in one to one interviews and 13 in focus group sessions. In Loughlinstown 16

families participated in one to one interviews and eight in the focus group. In Shanganagh / Rathsallagh, 13 participated in one to one interviews and five participated in the focus group. In Loughlinstown, the average age of a family representative was just over 39 years, whereas in Shanganagh / Rathsallagh that average was just under 45 years. In addition, representatives of 4 Traveller families participated in a specific focus group session supported by Springboard and the South Dublin Traveller Action Group. Below we profile one to one and focus group participants by area.

2.5.2 The majority of participants in Loughlinstown were aged between 26 and 35 years (12). Of the remaining four, three were aged between 46 and 55 and one was over 55. In terms of gender, 15 of those participating were female (mothers) and one was male (fathers). This seeming lack of male participants was ameliorated by a focus group comprising men (five fathers, two uncles and one grand-father). Thus, it is appropriate to say that representatives of twenty four families with children participated in the Loughlinstown fieldwork phase, of which two-thirds were female and one-third male. The majority of participants in Shanganagh / Rathsallagh were aged between 26 and 45 years (seven). Of the remaining six, two were aged between 46 and 55 years and four were over 55. In terms of gender, of those participating, 12 were women (all of whom were mothers) and one was male (father to grown up children).

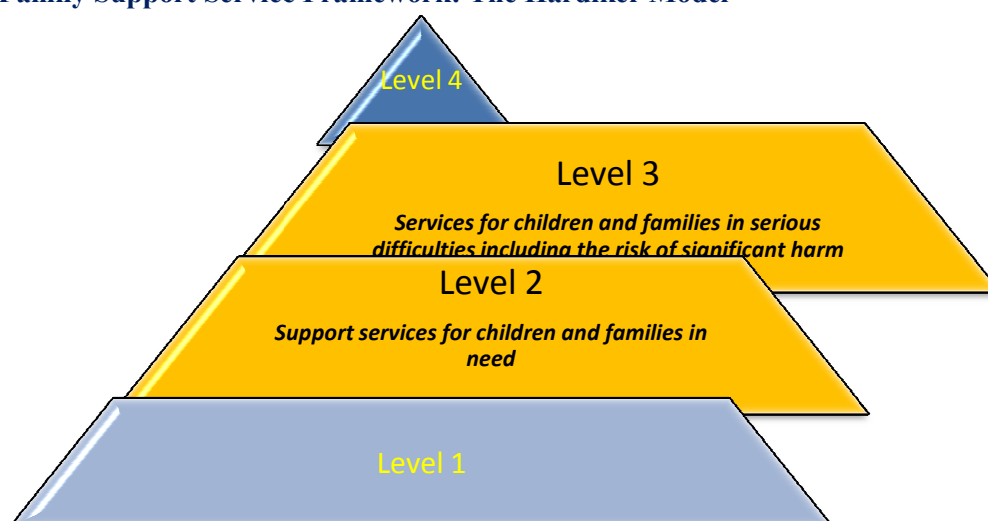
2.5.3 The total number of children in participating families was 90. In Loughlinstown (48), the majority of children were under 12 years. Reflecting the slightly older age profile of Shanganagh/Rathsallagh participants (42), just over half were aged under 18 years.

2.6 Key Family Support Issues Identified by Participants

2.6.1 In summary, the following are the key issues which participants identified within the one to one and focus group sessions. An analysis of these is provided in Section 4, below:

- Parenting alone;
- Family breakdown – separation, divorce, blended families;
- Sexual health;
- Impact of bereavement ;
- Death by suicide / issues around deliberate self-harm;
- Alcohol/substance use/misuse – prescription medication;
- Domestic violence / Sexual violence or abuse / Emotional abuse;
- Parenting concerns – role models, dealing with challenging behaviour etc.;
- Issues relating to education – learning difficulties, diagnosed illnesses (ADHD type illnesses), use of medication etc.;
- Childhood sexual abuse;
- Experiences of care/foster care;
- Teenage anti-social behaviour;
- Community issues – access to youth services, access to local community facilities, participation in local community structures.

2.7 Family Support Service Framework: The Hardiker Model



- 2.7.1 Models, by their nature, attempt to explain realities and define generalities, that is, their description of the world can often seem inflexible and may be challenged by what we refer to as the *continuum*. This is especially important when looking at issues relating to supporting families. Essentially, the family is a dynamic structure where situations and circumstances change rapidly and are impacted upon by a myriad of factors. In most cases, even for those families requiring relatively low levels of support, issues and challenges can often erupt rapidly and support is required quickly. Conversely, situations can also recede relatively quickly. For service providers, planning and developing services which are structured, yet responsive and flexible, can be a significant challenge. Thus, if one looks closely at the model defined below, it is clear that most families require supports defined within all of the different levels at one time or another and often require different levels of support for different issues simultaneously.
- 2.7.2 On the other hand, models of the kind defined below are important in the development of practice and allow for clear distinctions as to the nature and function of particular service types and levels. These can then inform the implementation of a strategic approach to service development within a particular community or area. What is important is that the use of a model as a framework should not, necessarily, be seen as an end in itself, but rather as a tool for clarification, where all stakeholders are clear as to the definitions of each particular element and can focus efforts around areas of most need.
- 2.7.3 Below we provide an overview of the Hardiker model. Please note that throughout this report, reference will be made to the levels defined within the model and that the substantive issues upon which this report focuses may be defined particularly within the context of levels 2 and 3 of the Hardiker Model.

Level 1: Universal services and community development (available to all children and families)

These interventions respond to families' needs when there are few, or no, problems presenting. The aim here is promote and support the development of all children, young people and families. There is no distinction made between advantaged and disadvantaged communities. Examples of these types of interventions include advice, guidance and support services in health centres, leisure and community services, community work as well as public health nurse visiting and childcare provision.

Level 2: Support services for children and families in need

These interventions respond to specific needs that are common to most families but are more difficult for some parents to meet due to a variety of difficulties. Interventions provided here include parenting courses, youth groups, day-care and support groups. Approaches are generally short-term or task centred and may include temporary or respite placements. These types of interventions can be offered to all families or prioritised for those that are beginning to experience difficulties. The aim of these is to prevent the need for further intervention or for needs to escalate.

Level 3: Services for children and families in serious difficulties including the risk of significant harm

These interventions target families who experience serious difficulties including the risk of significant harm. The aim is to prevent family breakdown, restore family functioning, alleviate difficulties and support better parenting. There is often a high level of multi-disciplinary work and child protection issues involved.

Level 4: Intensive and/or long term support and rehabilitation for children and families

These interventions address a diverse range of issues and problems where a crisis has occurred - where families are in chronic difficulties or where, perhaps, children have been separated from their families. Therapeutic interventions and approaches are used to minimise and reverse the potential damage to the family and are also aimed at re-uniting children with their parents if they have been in care.

2.8 Agency Participation

- 2.8.1 In addition to the participation of families living in the RAPID area, two separate opportunities were provided for representatives of key local community and voluntary and statutory agencies to participate in the process.
- 2.8.2 In the first instance, representatives of all agencies operating within the area were invited to participate in a service providers' consultation seminar hosted by the RAPID Family Support Task Group. Participation in this seminar was excellent with 29 representatives attending the half day session. In the second instance, specific agencies whose core work was supporting families were invited to make formal organisational submissions. In all, 14 organisations were invited to make submissions and 9 responses were received.

2.8.3 Whilst the response from agencies to the consultation seminar was excellent, responses to the call for submissions – which was designed to take into account the time constraints placed upon service provider organisations and afford them an opportunity to think through the key issues and challenges relating to family support provision in the RAPID area – was not as positive.

2.9 Closing Remarks

2.9.1 Within this section of the report we have summarised the background, methods, implementation, framework and participation in the process. The next section seeks to provide a broad profile of the RAPID areas, whilst sections 4 and 5 focus upon the outcomes of engagements with representatives of families and agencies within the area. Section 6 puts forward a summary of key findings and associated recommendations.

3: Profile of the Loughlinstown/Shanganagh RAPID Area

3.1 Introduction

- 3.1.1 The purpose of this section of the report is to provide an overall profile of the RAPID area, with specific reference to the situation of families with children. The statistics, and profiling information, however, do not provide a full picture of the area, which comprises, in reality, two distinct communities.ⁱ On the one hand, Shanganagh / Rathsallagh appears relatively well kept in terms of green spaces and house repairs. Housing is relatively uniform – although there are some differences between Rathsallagh and Shanganagh given that the former was built prior to the latter. Shanganagh Park House – a neo-Georgian building which is known locally as *the big house* - dominates the landscape and is home to a number of community based organisations and the key local provider of childcare and pre-school services. In recent years, home ownership has increased significantly and the proximity of the area to Killiney, the Dart service and the aspect and views across Dublin Bay afforded almost all of the dwellings has significantly increased house values. Loughlinstown, looks different. It has a range of housing styles - from modern *design for life* units, early ‘sixties courts built around small green areas and a range of national building authority type designs from the late sixties and seventies. Green areas do not appear as well kept as Shanganagh / Rathsallagh. In addition, the aspect and views afforded to dwellings in this area are not as spectacular. Again, however, recent years have seen a significant rise in home ownership and house prices, again, reflect the location of the area. Transport is an issue in the area, with difficulties relating to the bus service high on the local agenda. The sports centre, again dominates the landscape and is located centrally within the area. Loughlinstown Community Rooms – the local community facility – is located down a lane from the shopping area and is home to pre-school and childcare services, as well as renting rooms to community groups.
- 3.1.2 Sourcing accurate information on the demographic profile of the Loughlinstown and Shanganagh/Rathsallagh RAPID area is a difficult process. The area is one which has been proven to contain substantial levels of disadvantage, however its location - bordering on some of the wealthiest urban areas in the Ireland - means that regular data collection channels do not portray this level of disadvantage. The Census 2006 small area statistics for the Electoral District in which the RAPID area is located do not differentiate between the neighbourhoods of social housing, and the adjacent wealthy areas. However, 2 smaller Electoral Areas found almost wholly inside the RAPID catchment were selected for analysis, to provide a case study area from the census of the RAPID area.
- 3.1.3 Alternative sources of information have also been used to develop this profile of the area. In 2005, RAPID commissioned a door to door survey of the area.ⁱⁱ The focus of this piece of work was upon determining the priority issues of concern to residents. The research used a rigorous and systematic random sample of households across the entire RAPID area, and resulted in the participation of almost one in four of all households in the area - a total of 376 questionnaires. As such, we have taken that report as the most reliable source of information on the area available at present.

- 3.1.4 One of the defining characteristics of our engagements with families in both areas was their local loyalty. In many cases, participants had moved out of the areas initially, but had sought to be housed back in their communities of origin. For some, for whom social housing was not an option, the issue of house prices and its impact (in terms of the financial strain of maintaining relatively high mortgages) on their capacity to live in their own communities and their quality of life was a significant concern. All of the participants were clear, however, that they wanted to live in their respective areas.
- 3.1.5 In Shanganagh / Rathsallagh, participants named the following as their key issues in relation to the availability of services and supports within their community:
- Lack of locally based specific and targeted family support services – not including childcare, which all participants cited as excellent when the issue arose;
 - Issues and concerns relating to accessing services in Shanganagh Park House – not including childrens’ play facilities which again were cited by almost all participants as of a high quality;
 - Lack of locally based peer support services relating to drug/alcohol abuse – for both adults and young people;
 - Services and supports designed specifically for men;
 - Targeted support services for young people most at risk.
- 3.1.6 In Loughlinstown, the following were named as key issues and concerns:
- Services which support the community to deal with the impact of death by suicide;
 - Impact, in terms of visibility and access, of the relocation of Springboard project to less visible premises;
 - Management and ethos of Loughlinstown Community Rooms;
 - Youth services and supports for young people, particularly those most at risk or already engaged in anti-social behaviour – not including the Futurama Programme which was cited as positive by participants citing these types of concerns;
 - Access to facilities provided in Loughlinstown Leisure Centre for local community;
 - Regularity and availability of direct public transport to services located outside of the community.
- 3.1.7 As we will see below, given the location of the area and its proximity to some of the most affluent areas in the country, defining disadvantage through statistics is almost impossible. In addition, measuring the extent of need for family support services at levels 2 and 3 as defined within the Hardiker model is also highly challenging. The profile of participants provided in section 2 above fits relatively well with the overall demographic profile emerging from the available data outlined below. In other words, the participants who shared their experiences of hugely challenging times within their families could, potentially, be seen as representative of the profile emerging through the available data.

3.2 Some Key Statistics

- 3.2.1 In summary, our analysis of the limited demographic data available on the RAPID area shows some key indicators relating to the need to provide services and supports to families:

- One third of the population (aggregated across both communities) is under 20 years old
- Almost one third of all households are headed by a lone parent
- Family size is bigger than the national average
- 15% of households have at least one adult unemployed
- 11% of households have at least one person with a disability
- Just over half of the people living in the area have no formal educational qualification – with 22% having left formal education before their 15th birthday.

3.2.2 Research by RAPID has shown that within its area, one third of the population are under the age of 20, and that 28% of all households are headed by a lone parent.ⁱⁱⁱ In addition, households are larger in size than average Irish homes, with an average of 3.8 persons under each roof, compared to 2.9 nationally. Additionally, in 15% of households there was at least one unemployed person, and 11% of households had at least one person with a disability.

3.2.2 When asked what they felt were the most pressing issues in their area, the residents ranked crime and safety as their biggest issue of concern, followed closely by services for young people. The researchers noted that many respondents made a definite link between the two and identified the lack of youth service support and provision as one of the key factors in their perception of the levels of anti-social behaviour within the local community.

3.2.3 Census 2006 figures appear to reinforce the research carried out by RAPID. In two sample areas we found that unemployment levels were above the national average- with 8% (7.9% and 8.2%) found to be actively seeking work, compared to just over 5% nationally. In one of these areas, a further over 9% of people were unable to work due to disability, with almost 6% unavailable to work in the second area for the same reason, compared to just 4% nationally.

3.2.4 With regards to educational attainment, in the two areas in question, around half (55% and 42%) of people over 18 had finished their education aged 16 or younger. Additionally, 21% and 24% of all households in the area were found to be headed by a single parent, compared to just 9% nationally, and about 12% (11.7% and 13%) of persons declared having a disability, compared to just 9% nationally.

3.3 Views and Attitudes of Residents of the RAPID Area

3.3.1 74% of respondents felt that community services and facilities are generally available- although information provision was highlighted as an area in need of improvement. Respondents were also asked to rank, in terms of priority, their key issues of concern. In this regard, most of the issues deemed as high priority by respondents relate to young people. In addition, and important within the context of the current process, almost half of those responding identified the provision of family support services as a key priority.

- Education, Training and Employment: Focused on young people
 - Drugs awareness: 81.5% declared Drugs Awareness a high priority
 - Back to education for Early School Leaver (ESL): Programme 62%

- Lowest priority for adult education- 53% said low priority
- Crime and Safety: Highlighted behaviour related to young people
 - Drug Dealing: 80%
 - Anti-social behaviour: 75%
 - Domestic violence also features although overall it was lowest priority (32%)
- Childcare and Family Support
 - Affordable childcare: 62%
 - Family support seen as priority by 49.5%
- Young peoples' services and facilities: Universally high priority
 - Support those at risk Early School Leaving: 75%
 - Drop-in facilities for teenagers: 72%
 - Sport/ recreation for over 11s: 63%, under 11s: 59%
 - Support for young people with disability: 65%
 - Improving access to existing services for young people was lowest among options in this category, almost 40% said it was a low priority
- Physical Environment: Overall positive
 - Access to waste and recycling facilities highlighted- 70% saw it as priority, back up by focus groups
 - Other factors mostly given lower priority than social issues above, all other measures were given a low priority rating by more than 40% of respondents (except traffic at 38%)
- Health and Wellbeing:
 - Counselling and access to mental health services was the highest priority, with 57% calling it a high priority
 - Just 27% of people listed access to health services (eg GP) as a priority, and access to alternative health was listed as high priority by just 18%
- Qualitative information supplied by respondents identified a need for the following in relation to health:
 - Information on nutrition, exercise, sexual health, substance misuse
 - Sexual health and pregnancy programmes for young people
 - Counselling service, especially for those with depression rather than 'mental illness'

3.3 Overall, Crime and Safety was listed as the biggest area of concern by residents, followed by young people's services and facilities, and the researcher found a link between the two in the minds of respondents. Crime and safety was highlighted as the issue most in need of resolution as it was seen as a 'necessary starting point' in addressing the other issues of concern identified.

3.4 Census 2006 – Two Electoral Areas

3.4.1 The following are the findings of the 2006 Census for two Electoral Areas (EAs) contained within the RAPID area. EAs are small urban areas of population for which statistics are calculated by the Central Statistics Office, and in this case, the population of the areas was 1,055 and 1,303 persons respectively. These two EA's are referred as 05/060 and 05/064 by the Central Statistics Office. Taking four indices within these areas, namely employment, educational attainment, household composition and disability, the findings reveal a two communities experiencing significant disadvantage. The EA's analysed include the streets, and estates as outlined below:

| 05/060 (Loughlinstown) | 05/064 (Shankill) |
|---|--|
| <ul style="list-style-type: none"> • Cherrywood Estate • Glencar Court • Glencar Lawn • Loughlinstown Park • Loughlinstown Wood • Main Road • Sheelin Grove • Gleanntan, Loughlinstown Drive • Cois Coille, Loughlinstown Drive • Loughlinstown • Rathdow • Loughlinstown Shopping Centre | <ul style="list-style-type: none"> • Shanganagh Road • Clifton Park • Rathsallagh Avenue • Rathsallagh Drive • Rathsallagh Grove • Rathsallagh Park • River Lane Grove • River Lane • Abingdon Park |

3.4.2 The Census figures for the two sample areas found unemployment levels above the national average - with 8% (7.9% and 8.2%) found to be actively seeking work, compared to just over 5% nationally. In one of these areas, a further over 9% of people were unable to work due to disability, with almost 6% unavailable to work in the second for the same reason, compared to just 4% nationally.

3.4.3 With regards to educational attainment, around half (55% and 42%) of people over 18 had finished their education aged 16 or younger. Additionally, 21% and 24% of all households in the area were found to be headed by a single parent, compared to just 9% nationally, and about 12% (11.7% and 13%) of persons declared having a disability, compared to just 9% nationally.

3.4.4 Employment

- Approx. 8% of the population over 15 in each area were found to be actively seeking employment (7.9% and 8.2%) compared to just over 5% nationally. These figures refer to the combined numbers of those seeking their first job, and those looking for work have lost their previous position.
- A further 9.1% in one area and 5.7% in the second were unable to work due to disability or permanent illness, compared to just 4% nationally.

- Overall 52% of people were at work, with the national figure standing at over 57%.

3.4.5 Educational attainment

- 42% and 55% of people over 18 respectively had finished their education aged 16 or under.

3.4.6 Households headed by a lone parent

- 21 and 24% of all households were headed by a single parent, compared to a national figure of just 11%.
- A further 6% and 5.5% of households containing two or more family units- usually an indication of a lone parent living within their parental home

3.4.7 Disability

- 13% and 11.7% of persons were found to have a disability, while the figure for the state stands at 9%.

3.5 Closing Remarks

- 3.5.1 In this section we have sought to bring together existing data, a statistical case study and the views and issues and concerns of residents to provide a profile of the RAPID area. It is clear that issues relating to the development of a complete data set will continue to challenge the Family Support Task Group.

4: Experiences of Family Support Services: Participants' Perspectives

4.1 Introduction

- 4.1.1 The purpose of this section of the report is to provide an overview of the perspectives of participants around their experiences of significant and challenging family support issues. As stated in section 2, above, the sample of participants was not chosen on the basis of family support needs, rather it was a broad population sample drawn from service and support users, community activists/volunteers and people working – either in community employment, jobs initiative or full time community based roles - within the communities in question. Participants were asked, within the one to one and focus group settings, to share their own experiences of raising a family within the area and also to share their local knowledge of the types of service and support needs of neighbours, friends and family members.
- 4.1.2 Throughout the course of the one to one and focus group settings, a surprising finding emerged. In almost all cases, participants – once the focus of the process was explained – shared personal/family experiences of significant support need. Most of those we spoke with had personal/family experience of not only one of the issues named below, but a combination of them. At the outset, however, it is important to acknowledge the harrowing realities of dealing with hugely challenging life events shared with the project team. In this regard, participants placed a level of trust in the process and shared what were, for them, incredible journeys through heartbreak and sorrow. We have endeavoured to appropriately and sensitively reflect this trust throughout the entire document, but are particularly aware of this with regard to this section.
- 4.1.3 As we made a commitment to ensure that the identities of participants would be protected and that confidentiality would be assured, we have sought to bring together, under a series of issue based headings, the experiences shared with us and the needs identified. In addition, participants identified the types of strategies they adopted to deal with the experiences and the people, organisations and groups from whom they sought support.
- 4.1.4 The 46 representatives of families living within the RAPID area identified the following as key family support issues which need to be addressed:
- Domestic violence/abuse;
 - Family breakdown;
 - Mental ill-health / depression;
 - Sexual/physical abuse;
 - Suicide / Deliberate self-harm and bereavement through suicide;
 - Drug/alcohol misuse;
 - Dealing with childrens' learning and challenging behavioural issues.

Matrix1: Priority issue based needs identified by participants

| Issue | Needs Identified | | | | |
|---|---|--|--|--|---|
| Domestic Violence | Information on service provision Confidential support services | Access to Refuge places | Housing and accomodation to support moving on from situations of violence | | |
| Family Breakdown | Local and accessible information on service and support provision | Information on welfare rights and entitlements | Supports for children dealing with family breakdown | Supports for the maintenance of positive relationships with parent not resident in family home | Support around accessing housing and accomodation |
| Mental Ill-Health | Information on supports available around post-natal depression | Counselling to deal with impact of post-natal depression | Development of positive relationships with social service providers | Information and support services for men | Information and support services designed specifically for members of the Traveller community |
| Sexual Abuse | Information on supports available to deal with emotional impact of sexual abuse for adults | Counselling to deal with impact of sexual abuse | Access to timely counselling services Information and support services for men | Clear information on HSE / LA policy on housing and accomodation for abusers | |
| Suicide / Deliberate Self-Harm | Information on service and support provision | Access to out of hours social work services | Programmes for young people – prevention and post-vention | Initiatives to build resilience at a community level | |
| Drug / Alcohol Misuse | Information / awareness training for parents | Information on service and support provision | Locally based peer support programmes | Support for families of those misusing drugs / alcohol | Additional, locally based prevention programmes – especially focused on young people |
| Children’s Learning and Behaviour Issues | Information and support around dealing with undiagnosed /delays in diagnosis and treatment of learning and behaviour difficulties | Increased parental engagement with educators to support families | Information and supports for parents of young people at risk of or already engaging in anti-social behaviour | | |

4.1.5 Throughout the rest of this section, we endeavour to draw out participants’ experiences around these issues. To a large degree, most had experienced the issues named above to a greater or lesser extent. Finally, on a stylistic point, in some of the sections relating to



participants' experiences of particular issues, we have used quotes derived from our hand-written notes of the one to one and focus group sessions. In others, we have summarised the discussions in order to protect the confidentiality and identity of particular participants.

- 4.1.6 For the purposes of clarity, we have disentangled the various issues discussed below. In reality, participants experienced more than one of the issues identified and to varying degrees at different times. Section 6, below, looks at the more complex connectivity between the various issues and provides an analysis of the multi-dimensional needs emerging for participants. In addition, the level of personal competencies, personal awareness, the capacities of individuals to deal with situations of distress and challenge of course impact upon the extent to which situations become more complex and difficult to deal with. Thus, the effect on participants is of moving from one situation of crisis to another, without the support structures being put in place to ensure that a difficulty does not become a crisis. This issue is reflected within the section of this report which deals with the perspectives of service providers, where the analysis is that services and supports are designed to deal with crisis rather than prevent crisis from occurring.

4.2 Dealing with Domestic Violence

- 4.2.1 Within the one to one interviews, we did not engage with anyone who disclosed that they were currently dealing with domestic violence, rather, those we met had moved on from the violent situation. Those who shared experiences of domestic violence in the past, named the following issues:

- Living with violence;
- Seeking support – for themselves and their children;
- Accessing information on the availability of services;
- Maintaining confidentiality;
- Seeking refuge and the impact of waiting lists for refuge places within the county;
- Moving on from the situation of violence.

- 4.2.2 For those who had lived through situations of domestic violence, the emotional impact of consistently living with the threat, actuality and impact of violence was named again and again. In the words of one participant who has since moved from this situation:

“I would spend all my time trying to make sure there was nothing that would spark it off, that everything was perfect before he came in. I would be waiting for the key in the door, the kids would have to be quiet all the time. Then he’d come in and something would start it off. I always knew by the sound of the door....”

Reflecting this experience, another participant asserted:

“I always thought it was going to be OK, or maybe I just hoped it would be. I was always trying to make it better, make it not happen, keep my cool.”

The legacy of living with the emotional pressure of trying to deal with the almost certain knowledge that something could happen at any time was made apparent by that same participant who said:

“ Even now, and I don’t live with him anymore Thank God, I still get tense when I hear a key in the door. I know it’s not him, but it still affects me...”

- 4.2.3 When it came to seeking support, for themselves and their children, participants agreed that their first point of contact was their family of origin or a friend. In most cases, support was not actively sought, in the sense that they did not disclose the situation they were experiencing. Rather, their physical appearance and emotional distress became apparent to family members – usually their mothers, or friends. In all cases, participants had sought to hide their experience from everyone, including close family and friends.

“I knew she knew, and she knew, she really did...she never liked him, I never told her though.”

“She (my sister) said it to me one day and I denied it, I can’t even remember what I said, but I denied it...I went to my mothers and she asked me what was wrong with my arm...I used to go there every day.”

- 4.2.4 In our discussions, however, participants had an awareness that neighbours knew what was happening, but did not *interfere*. As one participant said:

“...really, how could they not know, he would roar and shout and break things...there was only a wall between us...”

Here, the fear of other people finding out was tantamount, even though there was an awareness that the situation could not be hidden. This, in turn impacted upon their capacity to seek help locally, again the fear of having to disclose to someone they may know, or even access a service which employs local people became a concern.

- 4.2.5 In tandem with the personal and emotional distress experienced by participants who had lived in situations of violence, the primary concern expressed was for their children. In one case, it was only when a child was endangered by a violent partner that a decision to seek help was taken:

“One night I came home from work and I realised what he had done, what he had been doing, something just clicked. I was scared, but I knew I had to take her away, make her safe. I didn’t know where to go, so I went to the police. We stayed with my friend. I would have been lost without her. She had known all along.”

- 4.2.6 Within this context, participants really wanted to say how their children had coped, how they now perceived the violent partner and how they had moved on in their own lives. Essentially, they wanted to make clear that their children were doing well now and to tell us what they had done to help:

“After I left, they went to counselling, in Dun Laoghaire...they don’t have anything to do with him now...they have families of their own and they come to my house and we have a laugh, we love the sound of laughing...there wasn’t much laughing before.”

4.2.7 For others, it wasn’t quite as positive;

“You have to remember he loved him, looked up to him...he still doesn’t want to talk about it and he doesn’t want to see him either.”

“I didn’t know what to do or who to turn to...it was hard, in the end all I could do was call the police and they got me in touch with”

For this participant, it was only when she started to deal with the issue of domestic violence, that she became aware of the locally based services that could, potentially, support her children, and she spoke of her fear and paralysis around accessing supports to deal with other issues she and her children were experiencing.

4.2.8 In terms of dealing with the experience, participants all agreed that they did not initially know of any locally based support services. As one woman said:

“I saw a poster and rang the number.”

Thus, just seeing a poster in a neutral setting – in this case, a doctor’s surgery – provided a pathway to accessing support. For others, a friend or family member was aware of a particular service and shared that information.

4.2.9 Once help and support had been sought and received, the experience of trying to access a place in a refuge was hugely challenging. Both in terms of the availability of places within the one refuge in the county and the huge difficulties in being re-housed from a refuge situation. Thus, the primary challenge for participants in moving on from situations of domestic violence, was accessing appropriate housing within their community of origin.

4.3 Dealing with Family Breakdown

4.3.1 A number of participants in the one to one interviews had dealt with family breakdown and focused upon the following as the key issues which had emerged for them as a result:

- Emotional distress;
- Impact on children;
- Seeking information on welfare rights and entitlements;
- Maintaining positive relationships with children;
- Moving on from the family home.

4.3.2 The emotional distress inherent in the breakdown of a relationship was described as impacting differently on different family members. For women, the fear of attempting to maintain the

family home, the financial implications of moving towards the fixed income provided through social welfare payments and the fact that they had to deal with their perception of the stigma of family breakdown and the impact this would have on their children caused particular emotional distress. As one participant asserted:

“He left me- for someone else - the mortgage hadn’t been paid and the children and I were really upset. I didn’t know where to go, I didn’t even know where the social welfare office was, never mind what I would be entitled to.”

- 4.3.3 This was not an unusual statement within the context of the one to one interviews, most women who had experienced family breakdown were unaware of their rights or entitlements. For some, like the participant above, this distress around finances was compounded by the fact that they were experiencing something they never thought they would experience. As she said:

“I never thought this would happen. We had problems, but I thought everyone had. I was mortified..”

- 4.3.4 Another participant’s marriage breakdown resulted in her having to move herself and her children into her mother’s home and rent out the family home in order to cover mortgage payments. She is still living with her mother and awaiting a final decision and currently has no maintenance or legal aid entitlements.

- 4.3.5 For men, the distress caused by the break-up of their relationship, their loss of the family home and their perception that all the supports were for the women was also apparent. Added to this, most were fearful around the impact the break up would have on their children and of trying to maintain a positive enough relationship with their ex-partner which would mean that access would not be denied. As one man said:

”Just because I don’t live with them, doesn’t mean I’m not there for them. I have to make sure they don’t make the mistakes I made..”

- 4.3.6 The impact of family breakdown on children was named again and again by participants in this regard. For some, there was a sense that deterioration in behaviour, in school results and in general relationships with their parents were a direct result of the relationship breakdown. Here, the availability of generic and supportive, locally based and affordable counselling and support services for children within this context was identified as a significant gap.

- 4.3.7 Thus, in almost all cases where family breakdown was named as an issue, the practical issues – moving house, dealing with financial issues – needed to take precedence over the emotional distresses caused. Here, participants named up the need for locally based specific family support services which could act at some level on the emotional impact for all of the family at an earlier stage, or before issues became entrenched.

4.3.8 Of course, inherent in all of these discussions relating to family breakdown, the reasons for the breakdown had a significant effect on the impact of the breakdown. In some cases, relationships had broken down as a result of violence, abuse, drug/alcohol misuse or as a result of issues relating to mental ill-health and thus the impact was multi-dimensional. In cases where relationships had broken down for other reasons, whilst the impact in terms of practical issues was challenging, the broader experiences were different.

4.4 Dealing with Mental Ill Health and Depression

4.4.1 A significant number of the participants in the process identified that at some point they had experienced what they referred to as *depression* and named the following as the issues emerging for them:

- General mental ill-health;
- Issues relating to post-natal depression;
- Mental well-being for men;
- Mental ill-health amongst Traveller men;
- Seeking information on and specific services in relation to guidance, advice and counselling.

4.4.2 Issues relating to mental ill health were, to some extent, the most challenging for participants to clarify. In many cases, even where discussions were focused upon other issues, the impact of experiences of family breakdown, bereavement by suicide or domestic violence, for example, participants often spoke of depression, or *nerves*. Importantly, however, almost all participants acknowledged the impact of experiencing the myriad issues described in this section on their own, their children's and their communities' mental health. A number described their dependence on prescription medication – currently or in the past – and the general impact of this on their capacity to move on from difficult situations. In cases where participants had experienced bereavement by suicide, the mental health effects were particularly obvious, with these participants identifying issues around dealing with the bereavement personally, in the context of their family and, in some cases, within the context of their fear of stigmatisation within their communities. In these cases, participants had for a period, experienced conditions such as agoraphobia (again, self-described with hindsight) for which they had never sought specific help or support.

4.4.3 For men, the experience of general mental ill-health was often acute – as stated elsewhere, men participating even described their own strategies for sustaining themselves through such situations (*soccer as the garden shed*). Clearly, however, the types of supports they perceived as being available to women – friends, mothers, even specific peer support groups – where not, in their view, available to them. As one participant asserted:

“It’s how I keep myself sane. When I run up and down the pitch, I don’t think about anything else and sometimes I need to not think about anything else..”

For one participant, the experience of depression following redundancy had led to difficulties around alcohol. In moving on from this, he did not, at any time, seek any external support at

all because his view was that that type of support was not available to him locally. In his own words:

“It started to get out of hand, I was going to the pub every day – for most of the day – I’d always been a drinker. Now I had nothing else to do, there was always someone to talk to in the pub. She (wife) didn’t like it. We started to argue about it. I had to get myself together. No one else could do that for me.”

The issue of mental health was also raised within the context of discussions with members of the Traveller community, although no specific detail was brought forward in this regard and no male Travellers participated in the one to one or focus group discussions with families.

- 4.4.4 A number of mothers participating noted that they had experienced what they now understood to be *post-natal depression*. By this they meant that at the time of these experiences they had neither the understanding or the support to recognise that they were experiencing this very particular type of mental health issue. As one participant, still – in her own words – recovering from this, stated:

“I think I’d be dead now without my mother. I used to go up there every day.”

- 4.4.5 The same woman felt that she was not only still experiencing post-natal depression, but that the impact – on her relationship with her husband, her child and her continuing dependence on anti-depressants – was still very much apparent.
- 4.4.6 In all of the discussions within which this issue emerged, participants were clear that information on services and supports, particularly counselling, had been particularly challenging to access. In addition, once information was eventually accessed, the lack of availability of counselling and therapeutic supports was named as significant.
- 4.4.7 Clearly, although we have no way of defining the scale or scope of mental health issues across the broader population of the RAPID area, the fact that the terms *depression, nerves, isolation* etc. were used by almost all participants – no matter what experience/s they chose to share with us – leads to the conclusion that mental ill-health is indeed a significant issue within the communities.

4.5 Dealing with Sexual Abuse^{iv}

- 4.5.1 Whilst we were aware that individuals participating in the process may have experienced sexual abuse and may have been accessing particular supports relating to the emotional and psychological impact of that abuse, we were surprised to find that one of the participants used the one to one sessions to disclose these experiences for the first time. When asked why this opportunity was taken, the simple response was *“no one ever asked me before”*. In reality, none of our questions – or the themes covered within the sessions – asked any participant direct questions about their experiences unless they had first identified a particular experience. From our point of view, however, the straight answer provided by this participants leads us to believe that the opportunity provided to participants to discuss (in

broad community or personal terms) was highly significant. Interestingly, this participant is actively engaged in a number of services in relation to children. When we expressed our concern that perhaps counselling type support might be useful, fears relating to people knowing and labelling both the participant and the family were clearly articulated.

4.5.2 In the cases where participants were receiving support around issues relating to sexual abuse, the following key issues emerged:

- Fear and stigma;
- Deciding to seek support and information relating to specific support services;
- Availability of counselling supports;
- Relationships with social services.

4.5.3 Fear and the perception of being labelled (which is what we mean by the use of the term *stigma* above) ranked very highly within the context of these discussions. In all of the cases where the participants themselves had experiences of sexual abuse in childhood, the memory of the fear of being blamed for what was happening, the sense that it was their responsibility, was palpable in their descriptions. In the cases where specific supports were currently being accessed, this fear was named as one of the key issues which the support services were trying to address. For those who had previously been linked with support services, whilst this fear still existed, more emphasis was placed around needing to ensure that families were not labelled and that confidentiality was maintained.

4.5.4 In terms of seeking support, a number of concerns and challenges were named by participants. On the one hand – as exemplified above – the decision to seek support was often hugely challenging. In some cases, this decision had taken a significant time to make. In addition, once the decision had been made, information relating to services such as counselling, peer support groups and other organisations who might be able to provide support was hugely challenging. For the most part, as stated throughout this report, initial information was gleaned from friends or family members.

4.5.5 Often, once the decision was made and the supports identified, availability and access then became an issue. Here the discussion around whether or not to access services within the community emerged again, with fears expressed in relation to confidentiality. It is important to note though, that participants were clear that once the decision was made to seek support, the availability of counselling (either locally or outside of the local community) posed significant challenges, with one participant asserting that she had changed her mind about availing of counselling support during a protracted waiting period. For others, having to travel for counselling was difficult – in terms of childcare and expense.

4.5.6 Within this context, the relationship with various social service providers emerged as a discussion point. In some cases, where a relationship now existed, this was considered to be positive, useful and effective. In others, whilst a relationship existed, participants feared the impact in the longer term of the need to link with social service providers. This is difficult to describe, but to some extent, there was a fear of being *on the radar* of particular service

providers. Also, within this context, the issues around the maintenance of relationships with particular service providers in the light of the various types of extended leave provided to staff within support agencies was also named as challenging.

- 4.5.7 In the final analysis, when participants identified experiences in relation to sexual abuse, their primary concern was around confidentiality. Here, we have sought to be particularly mindful of this concern. Clearly, however, issues relating to opportunities to disclose experiences, supports around deciding to seek counselling, maintaining the momentum of that decision through increased availability and fears of social service providers need to be addressed. An additional, and more complex issue was also identified by one participant and that was in relation to the impact of maintaining abusers within their community of origin – or in close proximity to the community within which the survivor resides. Again, we do not wish to give the detail of the particular cases where this issue was named, suffice to say the local authority, in partnership with the survivors and social service providers need to be mindful of the impact of such a decision.

4.6 Dealing with Suicide and Deliberate Self Harm and Bereavement by Suicide

- 4.6.1 A number of participants shared experiences of family members who had attempted, died by suicide or engaged in deliberate self-harm. Here, the following issues were named as hugely challenging:

- Dealing with stigma and the impact on family of death by suicide;
- Seeking information on available support services – both in terms of prevention and postvention;
- Impact on community of death by suicide.

- 4.6.2 Some participants had experienced bereavement by suicide, usually of a close family member. Usually, the suicide was related – by the participant – to an issue related to alcohol or drug misuse. In these cases, the stigma associated with the suicide was further complicated by the knowledge that neighbours and the community in general were somehow aware of the addictions and were already judging their family on this basis. In these cases, particularly one, there was a palpable sense of the loss of control of perceptions being put forward by neighbours and the community in general. As she said:

“To them, it might have seemed like just another overdose, people forget that that was my...they were talking about...it was gossip for a day or two until the next thing happened..it wasn't like that for me.”

Recovering from this situation was particularly difficult for this participant, with issues relating to anger, violence and mental health emerging as a consequence of these feelings of stigma and lack of local support. In this regard, the lack of availability (from this participant's perspective) of what we term *postvention* supports is starkly apparent. The lack of information available on services and supports to deal with suicidal thoughts were also named by this participant, who expressed clearly that this experience had emerged as a result of the family member's death.

- 4.6.3 For one participant who's child had engaged in deliberate self-harm, the issues were focused upon the lack of information available to parents and to the lack of specific supports available when this situation arises – both to the child and the parents. Again, we quote:

“We knew nothing about this, when we realised it was happening it was too late. All we could do was bring her to the hospital, someone would deal with her wounds and then we would be given an appointment to see a psychiatrist. Then, we would go through it all over again while we were waiting to see him.”

- 4.6.4 At a community level, one of the communities within which this study focused had obviously dealt with a number of suicides within a brief period of time. A number of participants, not only those specifically discussing this issue named the fact that at no point had any organisation within the community sought to work with the community in general to help them to deal with this. Participants felt that the issue was spoken of within the community during the immediate aftermath of the particular events, but then they were not spoken of again. One participant spoke of the fears for children and young people. In this regard, there was a sense that the community had required some sort of initiatives to build resilience within the community, to support it to deal with the grief and, in some cases, anger, expressed in the direct aftermath. Again, one participant put this into words:

“It was like when those poor children were killed on the school bus, the school got counsellors in for the other children to talk to because they needed support. When there's a suicide here, and there have been a good few over the past few years, nothing like that happens. The kids just have to deal with their own way.”

4.7 Dealing with Drug/Alcohol Misuse

- 4.7.1 Experiences of dealing with these types of issues were, by far, the most prevalent within the one to one discussions, with the following key issues emerging:
- Perceptions of a significant drugs problem within both communities;
 - Information and awareness training for parents in recognising problems related to drug and alcohol misuse;
 - Information on service and support provision;
 - Locally based peer support programmes;
 - Supports for the families of those dealing with drug and alcohol misuse by a member;
 - Lack of locally based prevention programmes – especially for young people.
- 4.7.2 The most often cited fear for parents of teenagers (or those just about to reach teenage) was related to drugs, their fears for their children's safety, their own lack of knowledge around the *tell-tale signs*, Parents were particularly adamant that their best defence was information and for many, there was not enough available. Again, here, the perception was that without information, opportunities for recreation and support to deal with the issue before it became too difficult, the prevalence and availability of drugs to young people within both communities could not be dealt with. As one parent of an adult child with an addiction to heroin said:

“We didn’t know enough in those days. We just thought he was a bit wild, and he had been through a lot. I don’t know if there’s more information now, but at least people think about it.”

In this case, the situation had happened a number of years ago and the work being done by one particular group in the schools was acknowledged.

4.7.3 Alcohol and its availability to young people was also of significant concern to families, with a perception emerging that unless young people were targeted for particular support, had opportunities to engage with youth services and facilities, the only recreational opportunities available to them would be ones that would lead to under-age drinking.

4.7.4 A significant number of participants also spoke about the impact of drug and alcohol abuse on their families, where either a parent or partner, child or relative had a particular problem. For one participant, a mother’s alcoholism had resulted in her family breaking up, her relationship with that parent ceasing and her siblings to have issues of their own. In her own words:

“It was like a roller coaster, seasonal, she would be fine for a while and then she would go on a bender. My father couldn’t take any more. He ended up on his own with us. She’s still the same. There’s nothing for alcoholics unless they want it themselves, nothing for us.”

For many of those we spoke to, alcohol misuse had, in their view, played some role in their relationship breakdown, mental ill-health, experiences of domestic violence or sexual abuse.

4.7.5 In the final analysis, the impact of addictions – either drug or alcohol related – were named in relation to a most of the issues emerging within the context of our discussions. For one of the men we spoke to, his own experience of addiction was significant in his decision to attempt to maintain a relationship with his children from a previous relationship. He stated:

“My job is to help them not make the same mistakes I made. To talk to them and be there for them. That’s all I can do.”

4.8 Dealing with Children’s/Young People’s Learning Difficulties and Challenging Behaviours

4.8.1 The difficulties experienced by children in relation to their learning and behaviour were named by a number of parents. The following issues were of particular concern:

- Information and support around dealing with undiagnosed /delays in diagnosis and treatment of learning and behaviour difficulties;
- Increased parental engagement with educators to support families;
- Information and supports for parents of young people at risk of or already engaging in anti-social behaviour.

4.8.2 For the parents of children with learning difficulties, the experience of garnering belief that their child needed support were exemplified by one particular parent:

“I wasn’t well when he was born. After a few months, I knew there was something wrong, but no one believed me, they thought I just an overbearing mother. But I knew, I knew what other kids were doing. He never slept. I know now that I had post-natal depression at the time, but no one noticed that either. It was only when someone told me about the crèche over there that I brought him and they noticed something was wrong with him. I spent two years trying to get people to believe me.”

- 4.8.3 Even once a diagnosis of a particular set of conditions had been made, however, the experience of trying to find information, of waiting for treatment, even of trying to find a suitable school was hugely challenging for this participant, again, feeding into the overarching issues relating to information, the impact of waiting for treatment, the different agencies responsible for the various different types of treatments etc.

“I felt like I was telling the same story over and over again, and then I’d have to wait and tell it again, to someone else, for some other reason. I was exhausted.

- 4.8.4 For parents of children with particular learning difficulties, the importance of relationships with educators – teachers, pre-school staff etc. – was emphasised. Here, parents were clear that they needed a relationship of trust with service providers and for the need for continuity in this relationship. Here, a number of participants asserted that sometimes they had only begun to develop a relationship with a particular support person when that person went on leave and was not replaced or replaced by someone they didn’t know.

- 4.8.5 Linked to the fears related to us around drugs and alcohol misuse amongst young people, parents of teenagers spoke of their fears that their children would become involved in anti-social behaviour. For those whose children had already become involved, a very clear analysis around the lack of local level supports for young people emerged. Again, the impact of a young person becoming involved, the path towards more serious criminal behaviour, the low level anti-social behaviour experienced by both communities, could, in the view of participants, be dealt with if local youth service providers targeted those most at risk in tandem with developing open and accessible community facilities particularly for young people.

“I know he does be up to something. I try to keep an eye on him. Let’s just say I have a good relationship now with the local Gardai. There really is no where for him to go though. He’s not the worst of them, but he could be.

4.9 Closing Remarks

- 4.9.1 In section 6, below, we gather together an analysis of our findings in the light of the very particular experiences shared with us by participants in the one to one and focus group discussions. We must make the point again, that in many cases, participants spoke of their experiences of a number of different issues at a number of different levels and again, we have sought to ensure that this complexity is reflected in our analysis of potential responses to the issues identified.

5: Provision of Family Support Services: Providers' Perspectives

5.1 Introduction

5.1.1 The purpose of this section is to highlight the types of issues presenting and the key service and support provision issues and concerns identified by family support service providers within the RAPID area. Two specific processes informed the development of this section, namely:

- The service providers seminar (Killiney Castle Hotel, November 14th)
- The call for submissions from service providers^v

In addition, the key service development priorities are identified.

5.1.2 Below, we identify that there are significant levels of support available to families within the RAPID areas, and these are working, although to some extent their capacity to achieve their full potential is impeded by a number of significant challenges and barriers. We also put forward a listing of the key issues with which families are presenting to service and support providers whose core work is with families experiencing the most significant and targeted support needs. In addition, we identify what professionals working in the communities consider be the main gaps in current service provision and the key priorities for service development. Within the current economic climate, identifying priorities is a significant challenge, as it often brings with the expectation of resourced responses. However, it is our view that even though an organisation may not be able to access the resources to realise its key priorities - and may end up providing services, supports and programmes that are driven by available resources – it is of strategic importance to maintain a prioritised vision, in order to ensure that key service and support priorities are not lost in the race to access the resources that are available to do other pieces of work.

5.2 Key Issues Presenting to Service and Support Organisations^{vi}

5.2.1 Within this section, we provide an overview of the types of issues with which families present to organisations whose core work is in the provision of specific and focused family support.

- Domestic violence/abuse;
- Family breakdown;
- Mental ill-health / depression;
- Sexual/physical abuse;
- Suicide / Deliberate self-harm and bereavement through suicide;
- Drug/alcohol misuse;
- Dealing with childrens' learning and challenging behavioural issues
- Financial issues – indebtedness, low fixed incomes.

In our analysis, these issues reflect strongly the issues with which the families participating in the process presented.

5.2.2 Organisations identifying the issues most commonly presenting were clear that very few presentations are around just one of the issues identified above. Thus, the responses provided need to reflect the complexity of the presentations and operate at a number of levels in the

family. One exception would seem to be in relation to presentations in relation to domestic violence, where the emphasis is upon affording the individual support and options to remove themselves from the situation of concern.

- 5.2.3 In addition, given the complex nature of almost all presentations, service providers consistently re-iterated the need to ensure that issues are not dealt with in isolation and asserted that whilst presentations may focus, in the first instance on just one of the issues identified above, more often than not, attempted responses uncover a significant number of other issues of concern and require a whole family approach which cannot be expected to result in change in the short term. Thus, sustaining family engagement, continually assessing need and moving through different levels of support is required. For those services expected to respond proactively to situations of significant ongoing or potential harm, policy – and therefore resource utilisation - priority is placed upon a specific response to a specific situation of danger. Thus, attempting to develop family and individual resilience through the implementation of preventative measures is often challenging and results in a significant service and support gap emerging.
- 5.2.4 Finally, the perception amongst service users of the capacity of providers to respond almost immediately to the presentations identified above was also raised as an issue. In this regard, providers were aware that the constraints placed upon them in terms of resources – for staff, programmes and interventions – resulted, at some level, in negative service user perceptions of the effectiveness of particular services. Whilst this concern was identified in just two specific submissions, its impact was certainly implied in all of the others.

5.3 Current Situation with Regard to Service and Support Provision

- 5.3.1 In summary, the current situation was defined as:
- Positive, good services working well in a targeted and focused way;
 - Current resourcing levels and vulnerability of organisations to resource cuts;
 - High workload – creating tensions between meeting needs and maintaining quality;
 - Complex needs presenting requiring long term, proactive responses;
 - Community concerns relating to stigma, resistance to service provision and perception of service providers.
- 5.3.2 Participating organisations agreed that current family support service provision was having an impact at a local community level in terms of the specific families with whom services are working. In addition, there was agreement that resources are being well used and targeted towards the most vulnerable families. The volume of work, however, was considered to be problematic, and this was considered to be having an impact on the quality and availability of current service and support provision. In addition, organisations' vulnerability around continued resourcing was identified. To some extent, it would seem that the problems being experienced by vulnerable families are being addressed – within the context of the challenges identified below – but the complexity and long term nature of the issues means that often longer term interventions are required than can be provided through current resources. To some extent, the root causes of the problems were left unmanaged in the struggle to deal with

the impact of the problems. Thus, most agreed that current service provision was primarily reactive, rather than preventative. In the final analysis, participants asserted that current services were working at full capacity and acknowledged that there were significant issues which could not be addressed given the nature and extent of services and supports currently available. In addition, some participants posited that some families who needed support were resistant, either out of fear or lack of awareness of their own needs for support.

- 5.3.3 Within the context of this analysis of the current situation, participants identified a number of local level issues that impacted significantly upon the general quality of life of residents of the areas, upon active citizenship and opportunities for development for individuals, families and the communities as a whole. Here, issues such as the perception and fear of anti-social behaviour, drug use, truancy, neighbourhood relationships, fear of stigma and gossip and negative external perceptions of the communities were named as contributing to stress and anxiety. In addition, the perceived negativity of the community towards professionals was named within the context of this discussion.
- 5.3.4 When asked what would improve the current situation, participants asserted that in order to improve current provision, additional resourcing of current provision should be the response, rather than the development, piloting and resourcing of new services.

5.4 Service and Support Provision Challenges

5.4.1 In summary, challenges relating to service and support provision were identified as:

- Complex nature of work required with most vulnerable families;
- Tensions around balancing responses to demand and quality of provision;
- Co-ordination of service and support provision – within the communities and across the RAPID area;
- Perception of *ad hoc* rather than strategic approach to service provision, both currently and historically;
- Access to accurate, appropriate and relevant information on currently available service and support provision, both within the communities, across the RAPID area and in other accessible locations around the county;
- Location of services, visibility of services and lack of community infrastructure/facilities;
- Perceptions around differences in service and support provision availability across the two communities;
- Impact of lack of resourcing of family friendly policies and practices within organisations on continuity of service, support and client/provider relationships.

5.4.2 The challenges identified by participants were many and complex and ranged from the challenges emerging from the complex nature and extent of the issues with which some families are dealing to the ways in which current service provision was resourced, located and perceived. Again, the tensions around balancing the volume of demand for services with available resourcing and maintaining service quality was named as one of the key challenges facing all organisations. This issue was also cited in relation to the realities of impending

resource cuts, which would further impact upon the level of support available within the communities.

- 5.4.3 The current situation with regard to the co-ordination of services, formal networking amongst service providers and the perceived lack of opportunities to come together to identify solutions was raised as a major challenge, especially when considered within the context of the two communities within the RAPID area. It was agreed that whilst some progress has been made and that informal relationships and formal referral mechanisms do exist, most organisations are still operating in relative isolation from each other. Within this context, the issue of duplication was addressed and the question was raised as to whether or not this was actually the case. Overall, there was a sense within discussions around this issue that service development across the areas had been *ad hoc* in the past and not designed within the context of any discernable, strategically impacting framework.
- 5.4.4 The issue of information – relevant, appropriate, accessible and accurate information – on current service provision was also identified as a key challenge to service providers. Here, an example was cited of the lack of information on currently available youth service provision in both areas as being a huge challenge to organisations working with families where young people required targeted and supported youth work interventions.
- 5.4.5 Another key challenge identified was the location of services, the relative dearth of community premises – either within the context of already existing community infrastructure or as a result of newly developed community spaces. This issue is of particular concern to Springboard in Loughlinstown. Location was seen as key, especially in relation to access and service use and the current location of Springboard, as indeed identified by participants in the one to one sessions was considered especially problematic and challenging.
- 5.4.6 In terms of the service provision landscape the realities and perceptions of the differences service and support availability in Shanganagh/Rathsallagh and Loughlinstown was identified as a significant challenge. Participating organisations felt that – whilst resources were a consistent constraint – Loughlinstown was relatively well served with specific and targeted family support services, whilst Shanganagh/Rathsallagh had no specific, locally based services, projects or programmes.
- 5.4.7 Finally, the issue of the impact of Family Friendly policies on provision was identified. Again, as above, this was considered as challenging in terms of continuity of service, the development and maintenance of relationships between staff and clients and the operational capacity of organisations. This was particularly challenging when staff on leave for various reasons were not replaced, and thus capacity to deliver was being impacted upon consistently.

5.5 Service Provision Barriers

- 5.5.1 In many ways, the barriers identified reflect the challenges outlined above. Specifically, the following were identified:
- The geographical location of the RAPID communities, adjacent to some of the most affluent areas in the country was named as a significant barrier;

- Stigma associated with the use of family support services and the perceived secretive nature of families and the issue of confidentiality – or perceptions of lack of confidentiality when accessing locally based services staffed by local community members;
- The lack of available and accessible pathways into service provision and the question as to whether increased co-ordination could improve the creativity of service providers in the development of new pathways, progression routes or referral mechanisms;
- The tensions around maintaining quality of services within the context of decreased or limited resources versus the volume of demand for services;
- Engaging families before situations come to crisis, families often only present when in crisis.

5.5.2 Whilst these barriers are significant and the challenges are many, participants again re-iterated the fact that current service provision is meeting a significant level of need and in the next two sections below, participants identified those that work and those that are perceived as not working.

5.6 Service and Support Provision that Works

5.6.1 It is important to note that the process was not designed to evaluate or review any particular organisations. Thus, in identifying what works and does not work, no specific and structured evaluation process was put in place to either validate or invalidate particular commentaries. The following services were identified within the context outlined above as currently having an impact and providing useful and appropriate services and supports to some of the most vulnerable families in the communities:

- Springboard;
- Barnardo's;
- Futurama;
- Shanganagh Park House Childcare Services;
- Shanganagh Community Development Project;
- SWAN;
- Holly House;
- Community Policing;
- Southside Traveller Action Group;
- Inter-agency work on a case by case basis.

5.7 Key Service and Support Gaps

5.7.1 Whilst the level of service and support provision was identified by participants as positive, working in a focused and targeted way and providing real and meaningful interventions for the families most at risk across the RAPID area, upon analysis, significant service gaps emerged within the context of this discussion. Again, similar gaps – although differently articulated – gaps were identified within the one to one and focus group sessions with residents.

5.7.2 The following key service gaps were identified by participants in the seminar:

- Early and preventative intervention programmes;
- Availability of refuge places for families dealing with domestic abuse;
- Practical, home based family support services and interventions – including one to one professional family support service staff;
- Availability of counselling services – both at a local level and in centres currently providing services;
- Targeted youth services and supports for young people most at risk – including those young people not currently engaged with formal education and the parents of those young people;
- Access to play facilities for children in Loughlinstown – key issues in relation to management and ethos / accessibility of Community Rooms;
- Availability of assessments for particular behavioural and learning difficulties and the implementation of timely and appropriate resulting interventions and supports;
- Availability of speech and language therapy and support;
- Information on currently available services and supports – particularly youth services;
- Dedicated youth facilities – including drop-in services;
- Information and awareness programmes around drug / alcohol abuse.

5.7.2 In most cases, these gaps were identified as being within the context of already existing service provision and there was agreement that enhanced resourcing – staffing, programmes, capital, development of community based infrastructure – to already existing providers would go a long way towards dealing with these gaps.

5.8 Service Development Priorities

5.8.1 The key service development priorities for organisations may be categorised as falling within three broad strategic areas as follows:

- Resources;
- Enhancing and developing already existing programmes to deal with the service provision gaps identified above;
- Networking, Co-Ordination, Co-Operation and Collaboration.

5.8.2 In terms of resourcing, clearly – and these issues were identified in relation to both challenges facing organisations and barriers encountered – organisations are experiencing significant challenges in meeting needs within current resourcing. This issue emerged specifically around:

- Staffing levels;
- Responding to increasing need whilst maintaining service quality and provide practical one to one type family support initiatives;
- Visible and accessible community based premises;
- Sustaining already existing programmes and enhancing interventions within these;
- Resources related to cover around family friendly practices;
- Resources to enhance co-ordination.

- 5.8.2.1 In addition, having acknowledged the resource constraints placed upon organisations working with families presenting with complex and often long-term family support service needs, organisations raised the question as to why the areas within which they are working are not prioritised in real resource terms and that there are not specific and ringfenced resources available for the implementation and development of their services.
- 5.8.2.2 In addition, participating organisations identified the fact that their work is resourced on the basis of yearly – and in some cases three yearly – work programmes which does not allow for long term and sustainable planning and development processes to be embedded within the sector.
- 5.8.3 In relation to programmes, there was concern expressed that particular programmes which are currently working – and are acknowledged to be working – are clearly under resourced and yet the culture of developing new programmes seemed to continue to be propagated by the various funding agencies. Thus, a programme/service implementing a particular set of interventions to a particular target group is not taken into account when a new service is being developed. Thus, rather than developing initiatives within already existing programmes that enhance capacity and access, the trend is to develop new and different programmes which may – and this is a huge challenge – result in service duplication. By this, organisations were clear that the fact that two, three or four services may be working with a family is not necessarily duplication, but may be as a result of different services working around different issues with families.
- 5.8.4 Networking is about sharing information; Co-Ordinating is about ensuring that different services do not overwhelm families already experiencing challenging and stressful situations; Co-Operation is when a number of different organisations agree to share responsibility for the provision of services; Collaboration – and this is the most challenging – is about a number of organisations coming together, assessing need and making resource and intervention decisions which may result in one or more of the organisations stepping away from a particular issue or concern. Finally, participating organisations were clear that a priority would have to be increased service co-ordination. In this regard, the benefits of working closely with partners to develop sustainable and realistic responses to family support needs across the RAPID area was considered a key part of the service enhancement jigsaw. As identified above, clearly, informal, local level networking is currently happening – with specific inter-agency structures developed by particular projects and programmes considered to be effective and useful. Formal, structured and collaborative inter-agency responses, however, would not seem to be evident across the RAPID area and this was considered a key priority.
- 5.8.5 Thus, service providers agree that service and support provision needs to be enhanced through the development and additional resourcing of already existing programmes and projects. The particular priorities within this context were identified as:
- The development of clustered, one-stop-shop type approaches built around enhanced networking, co-operation, co-ordination and collaboration;

- Integrated planning for the delivery of services and supports to the most vulnerable families;
- Enhanced Youth service and support provision for the most at-risk young people;
- Enhanced resources for the provision of counselling and psychiatric services and supports for young people;
- Programmes which aim to respond to the needs of young people;
- Clear, practical and useable information on already available service and support provision;
- The designation of appropriate and visible community based premises for Springboard in Loughlinstown;
- Early intervention programmes to deal with root causes rather than symptoms of family dysfunction, in particular mental health issues;
- Additional resourcing for the provision of practical, one to one, family support services;
- The filling of currently vacant posts – for example Local Authority Social Worker for Travellers.

5.9 Closing Remarks

5.9.1 In this section we have sought, from the perspective of service and support organisations, to provide an overview of their analysis of the following:

- Key issues with which families requiring support present;
- The current situation with regard to service and support provision within the RAPID area;
- Key challenges and barriers experienced by organisations in attempting to respond to issues presenting;
- Key service and support provision gaps;
- Key priorities for service development.

5.9.2 If we look at the common characteristics of the services and supports identified as working positively, an interesting picture emerges of services working that are:

- Targeted / focused;
- Locally based;
- Operating out of what might be described as a child / family / client centred ethos;
- Visible – although, whilst this is definitely the case for most, inter-agency work is not necessarily visible to anyone other than the service provider;
- Providing a range of services and supports;
- Well linked in with other services providing complementary services and supports

5.9.4 As stated at the outset, it is interesting to note that the types of challenges, barriers, gaps and priorities are resonant of those identified by respondents within the one to one and focus group sessions. These common characteristics would seem useful in modelling enhanced service provision as the family support task group move forward into planning on the basis of the outcomes of this piece of work. Clearly, the issues presenting are challenging, particularly within the context of constrained resources and the current economic climate.

Again, though, in taking a strategic approach, it is important that these constraints do not result in the loss of the priorities named above. Rather, it would seem that the targeting of resources into real and identified priorities becomes even more important.

- 5.9.5 In the next section of the report, we provide an analysis of the key findings from the process and put forward a series of recommendations designed to support the task group to respond proactively to the needs, issues, challenges and priorities identified here.

6: Key Findings and Recommendations

6.1 Introduction

- 6.1.1 The purpose of this section of the report is to provide an analysis of our findings in relation to the family support issues and concerns raised by family representatives and detailed in section 4, above. It takes as its starting point those personal experiences outlined in section 4, above. We have formatted this section in order to explore what we term *overarching issues and concerns*, that is, issues and concerns which were common across a majority of participants and across the two very distinct communities within the RAPID areas. Following this, we provide an analysis of what we term *area specific issues and concerns*. These are issues which were identified within each specific community. Throughout both of these, we highlight what we term *family specific issues and concerns*, that is, those issues and concerns raised specifically by process participants around their specific experiences through the use of examples and direct quotes. Finally, we explore the issues raised specifically by men – Dads, Uncles and Grandfathers – and members of the Travelling community.
- 6.1.3 Finally, it is important to note that although the one to one interviews and focus group sessions were designed to explore issues and concerns most easily defined around the broad parameters of levels 2 and 3 of the Hardikar Model (see section 1), participants did raise issues which might be addressed more appropriately addressed within levels 1 and 4.

6.2 Overarching Issues and Concerns

Matrix2: Overarching issues and concerns raised by participants

| | |
|---|--|
| RAPID Area Wide Issues | 1 Access to appropriate, accessible <i>user friendly</i> information pathways |
| | 2 Tensions between service location, visibility, access and confidentiality |
| | 3 Continuity of care in relation to staff absences due to various types of leave |
| | 4 Fear of being <i>branded/stigmatised</i> if seen to be using locally based service and support provision |
| | 5 Fear of implications of engagement with social work services |
| | 6 Impact of waiting lists for particular types of service and support provision |
| Issues Relating Specifically to Shanganagh/Rathsallagh | 1 Lack of locally based specific and targeted family support services |
| | 2 Issues in relation to information pertaining to the programmes available in Shanganagh Park House |
| | 3 Lack of locally based peer support services relating to drug/alcohol misuse for both adults and young people |
| | 4 Lack of services and supports designed specifically for men |
| | 5 Lack of targeted youth services for young people at risk |
| Issues Relating Specifically to Loughlinstown | 1 Availability and access to services and supports relating to the impact at a community level of death by suicide |
| | 2 Impact of relocation – in terms of visibility and access – of the Springboard (HSE) Project |
| | 3 Management and ethos of Loughlinstown Community Rooms |
| | 4 Lack of targeted youth services for young people at risk |
| | 5 Access to facilities in the Loughlinstown Leisure Centre |
| | 6 Regularity and availability of direct public transport to services located outside the community |

6.2.1 As stated above, overarching issues and concerns are ones which fit more appropriately around structural challenges facing the RAPID Programme in relation to service provision, these have been defined within the context of the following thematic areas for the purposes of this report: accessible and appropriate information pathways; the tensions between service location, visibility, access and confidentiality; continuity of care resulting from extended leave taken by service provision staff; accessing locally based facilities and the fear/stigma of attempting to access services and supports; waiting on services and supports; and youth service and support provision. Of course, whilst, for the purposes of clarity, we have separated these issues into different sections, clearly there are linkages and the complexity of the challenges emerging should not be underestimated.

6.2.2 On a more practical level, although it has implications for the development of services, a very challenging issue was cited by a significant number of participants across both communities. In summary, participants cited the fact that individuals from both communities were employed in key *front of house* roles with community based organisations raised concerns around confidentiality. For example, in Shanganagh House, local people, employed through Community Employment and the Jobs Initiative, person the front hall. Of course, enhancing the local economy through the provision of jobs, training and development opportunities to local people was acknowledged by almost all participants. Clearly, however, the fact that one might be trying to access support and a neighbor or *known face* from the community might be the first point of contact was identified as a challenge. In Loughlinstown, similar examples were given in relation to accessing services provided in the Community Rooms – although the management and operation of the Community Rooms as a community facility will be discussed in more detail later in this section.

6.2.3 Accessible and Appropriate Information Pathways

6.2.3.1 To varying degrees, the issue of accessible and appropriate information on service and support provision is one which emerges consistently in processes dealing with family supports. For people finding themselves in crisis situations across the RAPID area, concerns and issues relating to this were highly prevalent. Interestingly, given the nature of the situations experienced by participants in this process, it is hard to imagine exactly what type of information service would meet the real and significant needs expressed, given the fact that in most cases, the type of information required was specific and focused directly around particular needs at particular times. For example, an adult for whom a childhood experience of sexual abuse presents/surfaces and who is dealing with the very real emotional and psychological impact of that is not, perhaps, in a position to look up a directory or website.

6.2.3.2 Upon analysis, it seems that the issue here is about pathways to information, rather than directories or websites. For many, the information they needed came from a family member or friend and only once they had disclosed the particular issue they were experiencing. For most of our participants, the key support structure with which they engaged was their family.

“I think I’d be dead now without my mother. I used to go up to her every day. I didn’t know where to go...I knew I might be able to get help..., but I wasn’t sure. In the end, she asked her neighbour and came back and told me I should talk to....”

6.2.3.3 One of the key concerns cited by organisations such as Citizens' Information Services and Money Advice and Budgeting Services is that the *word of mouth* approach to information provision – which is essentially what is being asserted above – has the potential to cause significant harm. From the perspective of professional information providers, *the only thing worse than no information is wrong information*. In this regard, the provision of information, particularly to people in vulnerable situations, is a highly skilled role where the provider has to be aware of the needs being presented, but also of the service provision and support landscape within which these often multi-layered needs can be met.

“One night I came home from work, I realised what he had done, what he had been doing, something just clicked. I was scared, but I knew I had to take her away, make her safe. I didn't know where to go so I went to the police. We stayed with my friend. I would have been lost without her.”

6.2.3.4 Across the RAPID area, participants in some cases had a vague awareness of what services were available locally. For example, people knew that Shanganagh House was home to childcare services, the community development project and that SWAN has an outreach office etc. In Loughlinstown, participants were aware of Barnardo's and Springboard (to greater and lesser extents). For some, linking with one organisation led to others. For example, one participant asserted that it was only when she became involved with Holly House, that she became aware of the specific supports around sexual abuse which she could access through Springboard. In Shankill, accessing the childcare services provided through Shanganagh House provided another pathway. When asked, however, to identify exactly what services and supports were provided by the organisations named above, participants were, in the main, unclear. Those who were clear had actively engaged with specific services and supports, but spoke about the fact that they had found the right place to go because a family member, neighbour or friend had directed them.

6.2.3.5 In a number of different cases, participants were already actively engaged with one element of a service, but needed to access another. For example, one participant spoke of the fact that her young child was participating in a particular service as a result of a learning and behavioural issue and she was not aware of the fact that the same organisation could offer her support around her own mental health.

“I used to bring him three times a week and I had no idea they could help me get counselling for my post-natal depression. I don't even think they thought of the fact that the stuff I had gone through since he was a baby might have affected me..”

6.2.3.6 If, then, we add other challenges into this discussion, such as literacy issues, fear of disclosure, concerns around confidentiality and the fear of being *branded*, it becomes very apparent that information on service and support provision is a significant issue to residents of the RAPID area in general. For all participants in this process, accessing relevant and appropriate – and in some cases timely – information on the following on services and supports which could respond to the following issues was of huge concern:

- Sexual abuse / violence
- Domestic abuse
- Family/marriage breakdown
- Mental health / depression
- Dealing with suicide / deliberate self harm
- Bereavement
- Drug / alcohol use
- Challenging behaviours
- Assessment/diagnosis of childhood learning and behavioural difficulties
- Money advice and budgeting

6.2.3.7 It seems hugely significant, in terms of the focus of this piece of work, that most of the participants we met throughout the process, required information on one or a number of these issues at one time or another and cited access to information as an issue in relation to all of the areas outlined above.

6.2.4 Tensions between Service Location, Visibility, Access and Confidentiality

6.2.4.1 For individuals experiencing crisis situations, such as those outlined above, a particular set of concerns and issues was raised around the inherent tension between the localisation of services, the visibility of those particular services, issues relating to accessing those particular services and confidentiality. To some extent, we have, above, highlighted the particular issues relating to confidentiality, although we say more below. In order to explore these tensions in more detail, we look at each of the issues separately below.

6.2.4.3 There was a perception that while some services were located within the local community, others required travelling some distances – to Dun Laoighaire, Blackrock or Bray for example. This caused particular concern in relation to transport and childcare for many participants. For example, for counselling and mental health services, participants were travelling to the Living Life Centre, Teen Counselling, Crosscare and the Lucena Clinic in Dun Laoighaire and Cluain Mhuire Family Centre in Blackrock. Whilst these centres may not seem to be a significant distance from Shankill and Loughlinstown, the cost and time required to make the journeys using public transport was a particular concern. Compounding these practical issues were issues related to what we term *sociological distance*, that is, the perception amongst people living in significantly disadvantaged communities that services located outside of their communities are *not for them*. Perception obviously plays a significant role here, but the impact of this type of perception cannot be underestimated. As we will see later, issues relating to access – particularly waiting lists for appointments – come into play in this regard also.

6.2.4.5 In discussions around the visibility of services, three contrasting concerns emerged. On one level, participants were clear that if services and supports were visible in the community they would be more likely to use them – the example of Springboard previously being located in the centre of the community was cited. Participants felt that the fact that the service – and the staff – was visible in the community went a significant way towards demystifying the service

provided. Interestingly, some participants in Loughlinstown spoke of initial misgivings in the community when the project was established and the sense that social workers were going to be based locally raised concern.

6.2.5.6 The current location of the service, described by one participant as being *at the back of the school where you can't go unless you have business with them and maybe the problem you want help with is with the school anyway*, was considered to be detrimental to the use of the service as a pathway to accessing family supports. On the other hand, Barnardo's is clearly visible, and this was cited as a corollary example of a service that is local, visible and accessible in Loughlinstown.

6.2.4.7 On another level, some participants felt that if a service is *too visible*, then as a consequence, a potential service user is also visible. This is particularly challenging if the issue with which one is presenting is also made visible by the very act of *being seen going into the building*. Some felt that a service which is located with other services – such as those provided through Shanganagh House - is not only not visible, but leads to concerns relating to confidentiality. Added to this was the issue cited by a small number of our Shanganagh/Rathsallagh participants that if someone had an issue with something or someone in *The Big House*, they would not, under any circumstances, go there for any service at all.

6.2.4.8 These tensions are complex and raise significant challenges to service development, especially in the light of current thinking around the co-location of services within clustered service provision environments. Perhaps these tensions can be ameliorated if one looks at the types of services and supports which are appropriate for co-location or clustering. For example, on the basis of our engagement with residents, it became apparent that services and supports defined as within level 1 and level 2 of the Hardikar Model, namely services that respond to families' needs when there are few, or no, problems presenting - for example, advice, guidance and support services in health centres, leisure and community services, community work as well as public health nurse visiting and childcare provision and those services that respond to specific needs that are common to most families but are more difficult for some parents to meet due to a variety of difficulties – for example, parenting courses, youth groups, day-care and support groups – could, potentially be co-located without these tensions emerging. When, however, requirements for services and supports become more intensive, the tensions outlined above emerge and it is not appropriate to co-locate or cluster these with the less intensive types of supports.

6.2.5 *Continuity of Care*

6.2.5.1 For many who had or are accessing specific family support services – either locally or outside of the community, the development of relationships with those front-line workers providing particular support was cited as crucial. The concerns and issues emerge however, when front-line staff take maternity leave, career breaks or parental leave, for example. Of course, these types of leave were in no way being criticised, but rather the fact that the development of a relationship of trust and care with a new worker took time was cited and participants felt that this made difficult situations more difficult. Where workers were not replaced, the situation was worse, as this led to a reduction in the level of service provision and, in some cases,

service provision was delayed or, in some cases, postponed. In section 5 of this report, where we describe the issues and concerns identified by service providers, the issue of cover for different forms of staff leave emerges as a concern also.

6.2.6 Accessing Locally Based Services

6.2.6.1 The issue of accessing locally based services was named in a number of different ways across both communities. For some, there was a perceived fear of being stigmatised or labelled – *branded* to use one participant's words. Inherent in this perception, shared by a majority of participants was the fear of being *sucked into* the world of social workers. Here, social workers was a broad term used to describe any worker who might be able to control one's access to one's children at one extreme and at another a worker who might be in a position to judge one's capabilities as a parent. The perception was that once one became involved with social workers, or others perceived as social workers, one's family would forever be considered difficult. In these cases, participants were fearful of *bringing that on myself, so I coped on my own*. In these cases, participants were fearful that their children would be in danger of being taken into care, even if the case did not warrant such a response from child protection services. In some cases, participants would not disclose post natal depression to public health nurses because of these fears.

6.2.6.2 For others, the very idea that their neighbours would know they were in trouble, or that their family could potentially be the subject of local gossip was a significant concern. Here, the sense emerged that that they would try to ensure that neighbours would not know about issues around violence, mental health or drug/alcohol use as they were also quite fearful of being reported to social services. Essentially, participants felt that locally-based services were important, but felt that if they chose to seek support, it would be from professionals not living in their community.

6.2.6.3 These inherent tensions, again between needing and seeking support, wanting locally based services but being fearful of local gossip or being *branded* emerged again and again in our interactions with participants across the RAPID area.

6.2.7 Waiting for Services and Supports

6.2.7.1 Issues relating to the impact of *waiting for services* were identified across the RAPID area. As we have seen, for many of those participating in this process, the journey towards accessing and engaging with services is inherently challenging and requires dealing with a number of significant issues and concerns. The issue of what happens once a service or support need has been named, once a diagnosis has been received, or an assessment is carried out proved hugely difficult for some participants.

Example 1: Behavioural Difficulties for Young Children

"We just had to wait, there was nothing we could do. We tried, but...fell behind in school. We were beside ourselves, we had other kids and they were fine. We didn't really know what we were dealing with."

Example 2: Young People with Substance Use/Misuse Issues

“...was just an ordinary kid, a bit wild, not mad about school, but ok. Then...started to stay out late, and we noticed the change....became aggressive and was shattered all the time. We knew something was wrong. We got...to the GP, the club helped.needed to go somewhere, get away from it and get clean. There was nowhere. It got worse....we dreaded the doorbell. I became good friends with the guards (laughs)...”

Example 3: Post Natal Depression

“From the moment he was born, I knew something was wrong. I didn't feel like I thought I should feel. I wanted to stay in the hospital and not have to come home. I had to, and it got worse. I was blaming everyone, he (partner) had to deal with a lot, nothing was right, I wouldn't say anything was wrong, I'd just go to bed and leave him with the baby. I went to the doctor for my check-up, I told him. He said I could get counselling to help me and gave me a phone number, I rang and I had to wait for an appointment. Not long, but it seemed like a long time. By then, I was taking tablets as well. He's three now and the counselling helped, I just stopped taking the tablets, well...I only take one in the mornings now...Sometimes I think...knows that something was wrong.”

Example 4: Dealing with Deliberate Self Harm

“She was about thirteen when I noticed she was acting funny. I didn't make anything of it and then, one night I caught her.....I had no idea what to do so I brought her to the hospital. She was referred to a psychiatrist. The appointment was for three months later. I did my best in the meantime.....”

Example 5: Domestic Abuse

“For years, I knew that I had to get out, but I put up with it because I believed what he said about me. I didn't tell anyone, but I rang the number I saw on the wall here. They didn't have space for me, I had to put up with it for three more weeks and it was getting worse. When we eventually got there, it was nearly too late.”

Example 6: Family Breakdown

“We were together...years. He always did all the bills and gave me housekeeping for food and clothes and stuff. When he left, I didn't know anything, what I should be getting like, I had nothing, I went to the social welfare. Six weeks later I got me book, I only had the relieving officer between then and getting it. I said to him, just because we look Ok, doesn't mean we are OK. I ended up with a lot of debt.”

Example 7: Accessing Out of Hours Social Work Services

“I knew we needed help... I was out of it, the kids were just sitting there, watching. We waited and waited, eventually they came and rang my mother, and she was no better off than me. The guards knew we needed help.”

6.2.7.2 As is evident in these examples, and the data is rich with many others, there is a real and human impact upon individuals, families and the communities in general in waiting for support services. Situations escalate, medications become necessary in some cases,

frustrations emerge and relationships are damaged. These were not one off situations; most participants expressed the concerns exemplified above to a greater or lesser extent. Many of the women we spoke to recalled issues around depression and post-natal depression. For many, the only support available was through their GP and this resulted in a dependence on prescribed medication. Mental health issues for both adults and children were apparent but few supports seem to be available, or at least accessible, and waiting for appointments with psychiatrists, psychologists and counselling was named again and again.

6.2.8 Youth Service and Support Provision and Supporting Parents

6.2.8.1 A significant number of participants across the two areas identified issues and concerns around the nature and focus of current youth service provision across the area and the lack of specific supports through these services for parents. The key issues were around support and information on the challenges of parenting teenagers. Parents were clear that at this stage of their parenting, the challenge was to parent in as informed and positive a manner as possible and that their capacity to do this was hampered by issues relating to information, peer support, advice, youth facilities and services. In addition, parents wanted very specific information and support in dealing with substance use / misuse, safer sex, relationships and bullying.

6.2.8.2 On another level, parents operating within crisis situations were aware of the lack of available crisis intervention services, such as suicide prevention support, out of hours services such as social work for example. Within this context, parents identified a significant service gap in provision at a county level.

6.3 Area Specific Issues and Concerns

6.3.1 As outlined in section 3 of this report, above, the Dun Laoighaire / Rathdown RAPID area covers two distinct communities – Shanganagh/Rathsallagh in Shankill and Loughlinstown. Throughout our interactions, in the one to one and focus group sessions, distinctions in terms of issues and concerns and the extent of these issues and concerns emerged. Below, we name up the key issues and concerns named specifically within each community. Some of the issues raised in this section are particularly challenging to report, as the process in no way sought to evaluate particular organisations or facilities. In the interests of honesty and fairness to those who spoke openly through the process, however, it seems important to name the issues and concerns raised.

6.3.2 Issues and Concerns Specifically Raised in Shanganagh/Rathsallagh

6.3.2.1 The following issues and concerns were raised in this community:

- Lack of locally based specific and targeted family support services – not including childcare, which all participants cited as excellent when the issue arose;
- Issues and concerns relating to accessing services in Shanganagh Park House – not including childrens' play facilities which again were cited by almost all participants as of a high quality;
- Lack of locally based peer support services relating to drug/alcohol abuse – for both adults and young people;
- Services and supports designed specifically for men;

- Targeted support services for young people most at risk.
- 6.3.2.2 For participants from Shanganagh/Rathsallagh, although they may not have been aware of the specific detail of services provided by Barnardo's and Springboard, the fact that Loughlinstown had these services was well known.
- 6.3.2.3 Almost every participant acknowledged that Shanganagh Park House was an excellently kept facility which provided local people with employment, housed good childcare and pre-school facilities and was a local landmark which acted as a testament to local determination. For many however, the issues of confidentiality, of not knowing exactly what services were available, and the lack of active engagement with young people at risk were of concern to a greater or lesser extent. Some participants, speaking candidly, suggested that there was a particular section of the community which the *Big House* served, whilst the majority of the residents of the area had absolutely no idea what happened there. A number of participants were surprised that there had not been a *Community Open Day or something* to introduce the services and supports available in the house.
- 6.3.2.4 Participants who raised issues around their own or family members' drug /alcohol abuse raised the lack of locally based peer support services as of significant concern. These participants cited the fact that one had to travel to engage with AA, Al Anon, Al Ateen etc.
- 6.3.2.5 Services and supports designed specifically for men were of particular concern to residents of this community. Indeed, we met men from this community at a self-referring men's group in Loughlinstown. Many participants, not only men, cited the fact that there was a perception that most of the available support services were focused upon the needs of women in the community.
- 6.3.2.6 A number of participants were acutely aware of what they considered to be the limitations of youth service provision in the community. Issues raised were around the profile of the young people attending and the perception that the more difficult young people, those at risk of or already engaged in drugs, underage drinking or anti-social behaviour were neither targeted nor welcomed by the existing youth service.
- 6.3.2.7 Again, it is important that we provide a caveat to the issues raised specifically around particular services, facilities and supports within this part of the RAPID area. The issues and concerns raised above are not based on any structured process of evaluation, but emerged within the context of discussions relating to services and supports for families.
- 6.3.2.8 Clearly, reflecting back to the Hardikar Model, Shanganagh/Rathsallagh is relatively well served by a number of level 1 type initiatives, for example childcare provision, pre-schools and play facilities. Youth provision is obviously a concern here, but the emphasis of current provision seems to be on mainstream youth work, rather than on particular and targeted interventions for young people most at risk. When one looks at this community in relation to level 2 type services, clearly some are available – for example courses and programmes in Shanganagh Park House and the support groups provided for older people and women.

Others, such as specific peer support type services around drug and alcohol abuse do not seem to be available. It is when one starts to look at the community within the context of services and supports defined at level 3 – for example, interventions targeting families experiencing serious difficulties including the risk of significant harm and which aim is to prevent family breakdown, restore family functioning, alleviate difficulties and support better parenting, significant gaps appear in the service provision landscape.

6.3.3 Issues and Concerns Specifically Raised in Loughlinstown

6.3.3.1 The following issues and concerns were raised in this community:

- Services which support the community to deal with the impact of death by suicide;
- Impact, in terms of visibility and access, of the relocation of Springboard project to less visible premises;
- Management and ethos of Loughlinstown Community Rooms;
- Youth services and supports for young people, particularly those most at risk or already engaged in anti-social behaviour – not including the Futurama Programme which was cited as positive by participants citing these types of concerns;
- Access to facilities provided in Loughlinstown Leisure Centre for local community;
- Regularity and availability of direct public transport to services located outside of the community.

6.3.3.2 Almost all of the participants in Loughlinstown named the local suicide rate as a significant concern. Upon discussion, it became apparent that both the reality and perception of recent suicides has had a significant effect on the community as a whole, as well as on the individual families bereaved by these. To some extent, participants had the perception that locally based service and support agencies had somehow failed to respond to the more general impact of these deaths on community spirit and morale.

6.3.3.3 The impact of the current location of the Springboard Project was raised relatively often by participants in Loughlinstown who were aware of the services and supports provided through the project. Here, participants asserted that the project and its staff were, prior to its relocation to the *back of the school*, highly visible, accessible and embedded in the community. The impact of the current location was considered significant in two particular ways. In the first instance, the most significant impact was identified as the diminution of the project's public role in the community. Secondly, participants felt that the current location would prevent potential service users from accessing the service as their concerns might be related in some way to the school. Elsewhere in this report, this issue is cited by service providers as being of concern also.

6.3.3.4 Every single participant in the Loughlinstown one to one sessions identified the management and ethos of the Loughlinstown Community Rooms as a concern. Issues raised ranged from the ways in which space was allocated and the unstructured nature of bookings to the ethos which was described as at best unfriendly and at most completely inaccessible to most of the Loughlinstown community. In addition, the inability of the centre to engage with young people, provide an adequate community coffee dock and generally welcome visitors and the

community alike were named. In addition, access to the recently developed play facility was considered to be particularly limited. Some of these issues emerged within the context of this particular process also.

6.3.3.5 The lack of services and supports for young people at risk – outside of the work of Futurama – was named by a number of participants as being of particular concern. Many participants cited the fact that young people congregated outside the Community Rooms, at the shops around the corner and at various other locations within a short distance of the building, rather than in the building, which had a purpose built section for young people.

6.3.3.6 Some participants were particularly concerned about the community's access to the Loughlinstown Leisure Centre, asserting that it was designed for, and primarily used by, people outside of the community.

6.3.3.7 In recent times, problems with anti-social behaviour have caused Dublin Bus to place a curfew on the provision of the particular bus route serving the Loughlinstown community. This was concerning to a number of participants, as they felt that they could not depend on the bus service going forward.

6.3.3.8 Again, it is important that we provide a caveat to the issues raised specifically around particular services, facilities and supports within this part of the RAPID area. The issues and concerns raised above are not based on any structured process of evaluation, but emerged within the context of discussions relating to services and supports for families.

6.3.3.9 In contrast to Shanganagh/Rathsallagh, whilst challenges exist in relation to resources and premises in particular, Loughlinstown is relatively well served by services focusing mainly around levels 2 and 3, namely those services and supports designed to respond to specific needs that are common to most families but are more difficult for some parents to meet due to a variety of difficulties and those interventions which target families who experience serious difficulties including the risk of significant harm respectively. Childcare, pre-school services and broad based after-school services and summer programmes etc. – defined at level 1 - are available in the Community Rooms Campus, through Barnardo's and Holly House respectively. Serious challenges are apparent in relation to targeted interventions for young people at risk, although the type of service which seems to be available is one which, again, seems to fit comfortably within level 1 type provision.

6.4 Service and Support Issues of Specific Concern to Men in the RAPID Area

6.4.1 As outlined in section 2 of this document, the project team conducted a specific focus group with men in Loughlinstown. The purpose of this session was to provide men with a supportive and safe place within which to discuss family support issues of particular concern to them, although a number of men had also participated in the one to one sessions in both Loughlinstown and Shanganagh/Rathsallagh. Upon analysis, the engagement between participants was very positive and affirming on two key levels. Firstly, participating fathers continually expressed their respect and admiration for the uncles and fathers in the group for taking on a parenting role. Secondly, all were agreed that it was important not to stigmatised

the RAPID area. Participants spoke of themselves as being men who wanted to actively participate in their children's lives, play a positive and supportive role and *be there* for their children, no matter what the circumstances of their relationship with their children's mothers. In addition, all were agreed that engaging their sons, grandsons and nephews in sport and team activities was crucial to ensuring that they did not become involved in drugs or anti-social behaviour. Within this context, participants also highlighted the importance of education. A number of participants were actively volunteering around sports, particularly soccer.

- 6.4.2 Within the broader community context, participants were very aware of the affluence of the surrounding areas. Reflecting back on the positives of the communities, sentiments were expressed about the difference between money and time as *gifts* to their children. Most were aware of the challenges inherent in the communities – issues around drugs, anti-social behaviour, financial constraints placed on parents etc. All were agreed, however, that spending time, talking with, playing sport, building confidence and supporting their children's participation in education would go a long way to dealing with these challenges.
- 6.4.2 For these men, key concerns and issues relating to services and supports to families focused on the following key areas:
- Opportunities to actively and positively engage with their children, grandchildren and nephews;
 - Dealing with the impact of relationship breakdown;
 - Positive role modelling – especially apparent for the uncles and grand-fathers who were playing a parenting role with nephews, nieces and grandchildren;
 - Services and supports around men's mental health
- 6.4.3 For some, the issue of the ways in which services are perceived as being designed to support women was of particular concern. In some cases, where relationships had broken down, participants felt invisible and were fearful around access to their children. In this regard, support was sought mainly from family members – mothers were named here – and there was no expectation of receiving support from anywhere else. In actuality, dealing with and attempting to minimise the impact of relationship breakdown was a continuing theme throughout the discussions. Those uncles and grand-fathers participating asserted that they felt it was their responsibility to act as positive role models
- 6.4.4 Fears around drug use and the potential for their children to become enmeshed were significant for all participants. In one instance, one participant, naming his own recovery as an important journey which he was sharing with his children, felt that it was his responsibility to ensure that his children did not *make the same mistakes*.
- 6.4.5 In relation to mental health and well-being, a very interesting description of the strategies adopted by men to deal with these issues emerged. Participants had an expectation of being able to deal with challenges relating to these issues themselves and spoke of the *garden shed*. Whilst all participants engaged in this part of the discussion, one put it most eloquently:

“I always think of the garden shed, it’s where fellas go to get away from stuff. I don’t have one. I go and run around the pitch with the young fellas and it’s like time out, like the garden shed. It gives me a chance to get away from stuff.”

When asked would they seek support if they were feeling down, most said no, other than through their families, friends and sport.

- 6.4.6 In the final analysis, participants in this session had made a specific decision to both engage with the *Dads and Lads* group and the discussion with us. Thus, most were committed to ensuring that their relationships with their children were positive and affirming. As one participant suggested to us:

“Maybe you’re meeting the wrong fellas. We want to spend time with our kids, want to support our families. Sure, some fathers in the area don’t want to do that, but we’re not like them. Maybe you should be up in Killiney Hill, I wonder how much time they spend with their kids?”

6.5 Service and Support Issues and Concerns Specific to the Traveller Community

- 6.5.1 Given the fact that there is Traveller group housing scheme situated within the RAPID area, a specific focus group with Travellers was conducted. The focus of this session, attended by five community members, was upon ensuring that any concerns and issues particular to the community were included in this document.
- 6.5.2 Similar to our experience of working with this community in other areas around the country, a key challenge was to attempt to move participants on from discussions relating to concerns around accommodation. By far, issues relating to accommodation and the impact upon family life and functioning, health and well-being and opportunities for personal and emotional development were raised as the most pressing concerns.
- 6.5.3 Once the discussion had moved on, however, the following key issues and concerns were raised:
- Independent social worker for Travellers who is supportive and acknowledges the challenges facing the Travelling community;
 - Information on health and social service provision that is accessible and culturally appropriate;
 - Access to child development assessments ;
 - Specific initiatives that focus upon the needs of Travellers in relation to education and links with schools;
 - Services and supports around mental health;
 - Support to deal with bereavement by suicide;
 - Addiction treatment and services.

- 6.5.4 Key supports are provided to Travellers through the Springboard project. This link was considered crucial by participants. In addition, participants asserted that they would contact the Gardai if issues emerged at night.
- 6.5.5 For this group, concerns and issues relating to their childrens' health and well-being were of particular concern. Here, social work, public health nursing, education, assessments were cited as being significantly under resourced. Again, the need for the all of the supports and services identified to acknowledge Traveller culture was highlighted in order to improve accessibility and service use. For some, there was a sense that judgements were made around their needs without reference or consultation and that some of these were based upon assumptions which at worst could be seen as racist and at best lacking in acknowledgement of the traditions and dynamics of family life within the community.
- 4.5.6 Finally, issues relating to mental health, particularly amongst men in the community were raised as particular concerns. Episodes of suicide, violence and breakdowns and the lack of specific service level responses were cited in this regard.
- 6.5.7 Of course the issues and concerns outlined above provide only a snapshot of the significant family support issues and concerns of this community. It seems like that a particular study into the family support needs of this community would be an appropriate piece of work with which the RAPID Programme can engage. In addition, the outcomes of the ongoing National Traveller Health Study – particularly sections dealing with mental health – could provide a useful starting point in this regard.

6.6 Comments on Key Findings

- 6.6.1 Throughout this section of the report we have sought to provide an analysis of the primary issues of concern in relation to family support service provision detailed in section 4, above. In the first instance, we have sought to name up the issues and concerns which emerged across the RAPID area. In the second, we sought to provide an overview of the *community* specific issues and concerns. Using the Hardikar model, we have identified significant distinctions between the two communities within the RAPID area.
- 6.6.2 As stated at the outset, a key challenge in a piece of work like this is to clarify the issues through analysing them separately and then attempting to ensure that the linkages and complexities are not lost in this separation. Suffice to say, no participant we met was experiencing only one of the issues identified. The often harrowing experiences shared with us – of bereavement, family breakdown, abuse, suicide and self-harm, addictions and mental health to name but a few – reflect not only the complexity of participants' experiences, but the complexity of responses required.
- 6.6.3 In brief, it seems clear that in order to respond to this complexity, planning will have to focus on three main issues:
- The development and enhancement of local level service and support provision within each of the communities;

- The development of responses to the overarching issues and concerns which will go some way towards changing the situation, particularly with reference to information, co-ordination, networking and information sharing and youth service and support provision in particular, although the other issues named are challenging and must be addressed also.
- At some level, the tensions between service location, visibility, access and confidentiality must also be addressed in some way in order to ensure access to flexible and responsive services.

6.7 Recommendations

6.7.1 In this section, we put forward a series of recommendations designed to highlight potential service and support provision responses to the family support issues, concerns and challenges identified by families and service providers throughout this report. Here, we are aware of the complex nature of both the issues identified and the challenges emergent. In addition, for the purposes of clarity and uniformity of understanding, we utilise the framework defined by Hardiker as it is the working framework used by the Family Support Task Group and make recommendations relating to Levels 1, 2 and 3. Given the nature of the process, it would seem appropriate to leave issues relating to Level 4 to those professionally qualified to assess and address the nature and extent of such issues.

6.7.2 Recommendations Relating to Level 1

These recommendations respond to families' needs when there are few, or no, problems presenting. The aim here is promote and support the development of all children, young people and families. There is no distinction made between advantaged and disadvantaged communities. It is important to note that whilst this particular level of service provision was not the focus of the process, participants made specific reference to the concerns which these recommendations aim to address. In this section, we provide recommendations relating to the RAPID area as a whole and the two separate communities.

Area-wide recommendations relating to level 1

1: Management, Accessibility and Use of Community Facilities

The implementation of an area-wide facilities management audit to make recommendations for future facilities development with a focus on clustering or co-location as a method of enhancing access, co-ordination and visibility.

2: Information on Family Support Services

The development and implementation of an area-wide information and advocacy strategy, the primary aim of which will be to identify options for the resourcing and location of a professional, locally based, information and advocacy service within the RAPID area.

3: Nature and Function of Youth Service Provision

The implementation of an area-wide audit of youth service and support provision, with a particular emphasis on the profile of participating young people and an analysis of the availability of targeted service and support provision.

Loughlinstown recommendations relating to level 1

1: Management, ethos and accessibility of Loughlinstown Community Rooms

The implementation of an evaluation of the Loughlinstown Community Rooms, with a focus upon management ethos, community participation at management level and issues relating to accessibility.

2: Management, ethos and accessibility of Loughlinstown Community Playground

The implementation of an audit of the management of and local usage levels of Loughlinstown Playground.

Shanganagh / Rathallagh recommendations relating to level 1

1: Information on Service Provision in Shanganagh Park House

The development of a community information strategy by Shanganagh Park House to enhance local awareness of available service and support provision.

6.7.3 Recommendations Relating to Levels 2 and 3

These recommendations respond to specific needs that are common to most families but are more difficult for some to meet due to a variety of difficulties and, in addition, target families who experience serious difficulties including the risk of significant harm. The aim is to prevent family breakdown, restore family functioning, alleviate difficulties and support better parenting.

In this regard, whilst most of the following recommendations are area wide at this stage, they can and should be localised into each of the two communities as a result of the deliberations of the Family Support Task Group. Thus, they could be considered as priorities in the development of the RAPID Area Family Support Strategy (2009 – 2012).

Area-wide recommendations relating to levels 2 and 3

1: Enhancing Co-Ordination

The development of an area-wide formal, structured family support service providers network which will focus upon the development of integrated approaches to the design, development and delivery of Level 2 and 3 services and supports to families with a focus on dealing with the following service and support gaps:

- Early and preventative intervention programmes for families beginning to experience difficulties;
- Availability of refuge places for families dealing with domestic abuse;
- Practical, home based family support services and interventions – including one to one professional family support service staff;
- Availability of assessments for particular behavioural and learning difficulties and the implementation of timely and appropriate resulting interventions and supports;
- Availability of speech and language therapy and support;
- Information on currently available services and supports – particularly youth services;
- Dedicated youth facilities – including drop-in services;
- Information and awareness programmes around drug / alcohol abuse;
- Interventions that build individual and community resilience, develop crisis intervention and support survivors around the issues of suicide.

Within this context, we would recommend that the network put in place two community focused sub-groups, the role of which would be to afford the network opportunities to explore and co-ordinate (through the development of specific information sharing protocols) local level issues and responses.

2: Enhancing Already Existing Service and Support Provision

When additional resources become available for programme development – through already existing family support service funders such as HSE, Department of Health and Children, Family Support Agency – priority should be given to already existing service providers to explore options for building upon already existing provision.

3: Continuity of Care

Exploration of options for improving project level resourcing for family friendly practices to ensure continuity of relationships and service and support provision through the implementation of a focused impact assessment.

4: Services and Supports for Young People at Risk

Following on from the implementation of the area-wide audit of youth service and support provision, the development of particular programmatic responses to the needs of young people at risk.

5. Promoting Positive Mental Health

The development and implementation of an area wide mental health strategy focusing upon the following areas:

- Building resilience and promoting positive mental health;
- Enhancing access to psychiatric assessments and treatment for those experiencing mental ill-health;
- Development and resourcing of options and choices relating to counselling services;
- Men's mental health;
- Mental health in the Traveller Community.

6. Services and Supports Designed Specifically for Men

The design, development and implementation of an area wide strategy to encourage and enhance men's participation in family support service provision with a particular focus upon the development of peer support networks.

Loughlinstown recommendation relating to levels 2 and 3

1: Visible and Accessible Premises for Springboard (HSE)

The allocation of appropriate and visible community based premises for Springboard within the Loughlinstown area.

Shanganagh/Rathsallagh recommendation relating to levels 2 and 3

1: Shanganagh/Rathsallagh Family Support Services

Lobbying and advocacy for the putting in place of specific and focused Family Resource Centre within the Shanganagh / Rathsallagh community.

6.8 Closing Remarks: Moving Forward on the Recommendations

6.8.1 The realisation of the fourteen recommendations identified in this section of the report provide a challenging work programme for the Family Support Task Group, its key stakeholders and partners. This is particularly relevant within the context of the current economic / resourcing climate and national level proposals relating to cuts in public service provision. Clearly, however, whilst acknowledging that services and supports designed to meet the family support needs of residents of the RAPID area are already in place in the RAPID area – albeit at different levels and with different challenges in terms of available resources – this report has highlighted significant gaps in that service and support provision landscape.

6.8.2 The recommendations outlined above have taken as their starting point enhancing and developing already existing service and support provision through enhanced co-ordination, structured networking and the development of opportunities to increase access and

information. In addition, they attempt to move towards the development of a more strategic approach to service and support development. In many cases, their focus is upon promoting integrated planning, enhancing co-ordination and developing opportunities for already existing services to move forward within this context.

- 6.8.3 In the final analysis, the prioritisation of the recommendations contained within this document will be the responsibility of the Task Group on the basis of their professional discernment and awareness of opportunities. In closing, however, we would recommend that the Task Group – within the context of acknowledging current resource limitations – do not lose sight of the reasons for commissioning and supporting this piece of work and maintain a strategic focus upon responding to the very real and pressing support needs of families within the RAPID area.

End Notes

- ⁱ For the purposes of clarity, we define Loughlinstown, Rathsallagh and Shanganagh as communities within the RAPID area.
- ⁱⁱ Telling the Story of Loughlinstown and Shanganagh Rathsallagh – a residents’ perspective on community issues (80:20 – Educating and Acting for a Better World, 2005)
- ⁱⁱⁱ The survey, suggests that just 1% of households containing lone parents had a head of household aged under 25, and that less than 20% of households with a lone parent are headed by persons aged under 35. Unfortunately, we are unable to determine the nature of a ‘household which contains at least one lone parent’ - if this family are living with the parent’s family, if there is more than one family unit in the home etc.. Also, these families were asked to designate an individual as ‘head of household’, so from this information we cannot take it for granted that the person listed as head of household is necessarily the lone parent.
- ^{iv} We have made a deliberate decision to omit quotes from this section given the confidentiality issue.
- ^v One organisation responded and requested that their comments be kept completely confidential and unattributed. It is important to note that all comments received through the organisational submissions have been analysed thematically in order to ensure confidentiality.
- ^{vi} Gleaned specifically from the Organisational Submissions made by organisations whose core work is the provision of family support services.