



# Our Story

Strengthening and empowering children,  
families and communities through the  
Family Resource Centre Programme



FAMILY RESOURCE CENTRES **2020**







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FAMILY RESOURCE CENTRE NATIONAL FORUM

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## 2020



FRC's in Ireland



## Forward

The Family Resource Centre National Forum welcomes the publication of 'Our Story' which depicts the historical, current and potential future development of the National Family Resource Centre Programme in Ireland. The document locates the work of Family Resources Centres with current Government policy and demonstrates how the centres work with individuals, families and communities in a professional manner responding to locally identified needs.

The work of Family Resource Centres during the Covid-19 crisis demonstrates the purpose and value of Family Resource Centres now and in the future. Our community front line workers responded to local needs and co-ordinated wider efforts to provide support to their local communities.

The Board congratulate all involved in the telling of 'Our Story', especially Brian Harvey for writing and rewriting the document, the Strategic Planning Group of the National Forum for their hard work, dedication and tenacity in bringing so many powerful case studies to these pages and to those who contributed to those case studies, we thank you for sharing your Family Resource Centre story with us.

Clare Cashman

*Chair of the Family Resource Centre National Forum.*





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# Executive summary

Ireland has a national programme of 121 Family Resource Centres (FRCs) in the cities, towns and rural parts of the country. The Family Resource Programme is one of the most important elements in State policy in supporting children, families and communities, especially those disadvantaged.

Hitherto, the key text setting down their role was *Strategic Framework for Family Support within the Family and Community Services Resource Centre Programme* (informally called the 'blue book'), by Kieran McKeown. In the light of changed circumstances, this is a new reference document to bring the blue book up to date for the Family Resource Centre Programme in the first half of the decade of the 2020s.

Resource centres developed in Ireland in the 1970s, with a distinct strand of family resource centres. The Family Resource Centre Programme was launched in 1994 and reached 109 centres by 2008. In the years that followed, their funding was cut and has not yet been fully restored even though levels of social distress and demand on their services increased. Recently, new FRCs were added, bringing the total to 121.

The Family Resource Centre programme operates in the context of changing views of how to best meet the needs of families, children and communities. Ireland is strongly - and disproportionately - influenced by the theories of the English-speaking world. Dominant ideas are those of prevention and early intervention, progressive universalism, levels of need, ecology, resilience, attachment and adverse childhood experiences. There is a strong policy framework for services, the two key documents being *Better Outcomes, Brighter Futures, 2014-2020* (2014) and *First 5* (2018).

The FRC programme is based on community development; providing an accessible, open door service at no or low cost; universalism with targeting; working with the local community; proximity services as a gateway to mainstream ones; with a focus on poverty and social inclusion. FRCs are typically located in older, converted buildings or community centres and have two to three staff. They lever in additional funding in a 3:1 ratio ('leverage'). They are run by Voluntary Boards of Management drawn from the intended beneficiaries. Services provided include information, advice and support; personal and group development; counselling; practical help to community groups; education and training. They have pioneered projects in mental health, the social inclusion of new communities and Travellers; disability; intensive parent and child support; women's rights; and equality.

The impact of the FRC programme for children, young people, adults, older people, labour market training and education has been well documented. They provide considerable savings to the state compared to more costly, later interventions. In the absence of FRCs, there would be much higher levels of social stress. Their low-cost, low-tech, informal appearance belies the reality of their delivery by professional staff, volunteers and the sophistication of their services. FRCs in Ireland fit in well with the best European models of low or no-cost, trusted, local, accessible services focused on families and their children living in disadvantaged communities.

In light of recent unprecedented times, a short piece of research on what was happening in FRCs during the pandemic was conducted and a summary of this is included in this Story. The FRCs played a strategic part in the delivery of local supports during the pandemic and has demonstrated the flexibility and adaptability of each and every resource centre.

The FRC national programme has a transformational potential supporting government policy in the areas of community development and supporting families and children. To achieve this the family resource centre programme needs to be sufficiently resourced, the documentation system (SPEAK) re-created, a pre-development strategy devised , with ten new centres by 2030 and have a dedicated Strategic Support Unit.





# Origin, evolution and development

The idea of family resource centres may be traced to Family Service Units in Britain (1948), part of the process of post-war reconstruction.<sup>1</sup> The period saw the expansion across Europe of not only the welfare state, but localized services designed to enable people in disadvantaged areas obtain their entitlements, get advice and assistance and participate in the life of their communities. Accessible local services were considered essential infrastructure for the new welfare state. In France, this theory developed as *services de proximité* (literally, 'close-proximity services'), with a focus on services for families especially evident in multi-purpose centres developed in Greece and Italy.<sup>2</sup> They were intended to be more than information and advice, more than social care or social work for individuals, but aimed at animating and developing local communities as a whole.

In Ireland, the first community-based resource centres were set up in Waterford, Dublin and Cork under the European-funded national pilot scheme to combat poverty, 1975-80.<sup>3</sup> The specific application of the concept to families came with three family centres established by the Irish Society for the Prevention of Cruelty to Children (ISPCC) in 1978 in Darndale, Wexford and Drogheda.<sup>4</sup> The concept was endorsed by the landmark Final Report to the Minister for Health on Child Care Services, 1980 and a number of resource centres, variously called 'community' 'neighborhood' or 'children's' resource centres (e.g. Ballyboden) developed in the 1980s. The 1990s were a period of rapid policy and programme development in the field of social inclusion and community development, exemplified by publication of the National Anti-Poverty Strategy, *Sharing in progress* (1997).<sup>5</sup> A formal Family Resource Centre programme with ten core projects was established by the Department of Social Welfare in 1994-6.<sup>6</sup> The subsequent Commission on the Family, commending their effectiveness and value for money, proposed its expansion to a hundred centres within five years.<sup>7</sup> The centres were transferred into the Family Support Agency (FSA) in the Department of Social and Family Affairs in 2003, with the FSA having a statutory obligation to support their work and a complement of seven staff assigned. A system was set up to capture the statistics of the FRCs, called Strategic Planning, Evaluation And Knowledge (SPEAK). Centres were also provided with technical assistance by support agencies (Framework, Waterford and West Training, Galway), although their work was recently terminated. When they reached maturity in 2008, there were 109 FRCs.<sup>8</sup> Parallel to that; there were 180 Community Development Projects in the Community Development Programme, together upheld throughout Europe as model of practice in community development and family services. In a second locational change, FRCs formally became part of Tusla under the Child and Family Agency Act, 2014, where three Tusla staff are currently assigned. This relocation created a fresh dynamic: Tusla's priority was child protection, an immediate, urgent high-priority public concern, one long attracting adverse comment, which meant that it was likely to have first call on resources, with the danger that this might be at the expense of long-term work supporting families and children and communities of the type undertaken by the FRCs. The key text setting down their role is *Strategic Framework for Family Support within the Family and Community Services Resource Centre Programme* (informally called the 'blue book'), by Kieran McKeown (Family Support Agency, 2011, updated 2013).<sup>9</sup>

## Journey of the Family Resource Centre Programme

**1975-1980**

First community based Resource Centres European-funded national pilot scheme to combat poverty

Society for the Prevention of Cruelty to Children (ISPCC) in 1978 in Darndale, Wexford and Drogheda

1980 and a number of resource centres, variously called 'community' 'neighbourhood' or 'children's' resource centres (e.g. Ballyboden) developed in the 1980s

**1994-1996**

Formal Family Resource Centre programme with ten core projects was established by the Department of Social Welfare.

**2003**

Department of Social and family affairs (with fully resources Family Support Agency) Full compliment of 109 FRCs.

**2014**

Tusla under The Prevention Partnership and Family Support Pillar of service delivery.



## Location of FRCs

Family Resource Centres were situated in a variety of buildings, often older, which they generally rented. Some were located or co-located in schools, community buildings, or former religious institutions: there was no such thing as a purpose-built FRC or template architectural design. Some operated from conventional dwelling homes in local authority estates. They often worked alongside or adjacent to other community services and facilities (e.g. libraries, community halls). They provided a combination of universal services (open to everyone) and targeted services (aimed at those adjudged to be in greatest need) and used community work principles in their approach. All were located in disadvantaged areas, such areas being objectively measured by the Trutz Haase index used to identify those district electoral divisions of the census with the highest levels of poverty and disadvantage. They had a broad focus on poverty and worked specifically on the needs, issues and problems of the local community through a needs analysis. They had a drop-in, open-door approach, so people calling did not need a prior referral from another agency. It was a grassroots model, with volunteer boards of management drawn from the local community. Family Resource Centres developed a pattern of two to three full-time workers, typically a coordinator, development worker and administrator, although the latter posts were often filled by combinations of full and part-time work (even though there might be three staff listed, in practice the actual operational complement was typically 2.0 or 2.5 full-time equivalents). The human resource level of this highly feminized workforce is high, staff having graduate, post-graduate, professional and technical qualifications, supplemented by language skills drawn from new communities.

### **Lus na Gréine, Longford: giving meaning to lives**

From 2008, Lus na Gréine Family Resource Centre has served Granard, Abbeylara, Mullinalaghta and other parts of north Longford and was recently evaluated. The evaluation highlights Lus Na Gréine's position in an economically disadvantaged rural area with higher age dependency, lower educational attainment, general deprivation, lower levels of access to transport and technology and higher unemployment than the state average. Interviews with those using the service showed the value of the counselling programme, its facilities for children, educational services, progression and opening volunteering opportunities. They valued the FRC for the range of activities provided, being a gateway to other services, developmental activities for children and the level of personal attention given. Many referred to how it had lifted their depression, restored their self-confidence and given meaning to their lives. Such a combination of services was available nowhere else.

\* Stewart, Breda & Lalor, Tanya: *The heart of the community - Lus na Gréine Family Resource Centre CLG Evaluation Report 2008-2018*. 2019.

## Economic and financial crisis

2008 was a watershed year. FRCs were adversely affected by funding decisions taken following the economic and financial crisis in 2008. Their budget fell from €18.84m to a low point of €13.09m, down 30%. Frontline services were reduced, staff pay cut, increments frozen, contract staff dismissed and extra fund-raising undertaken at some cost. Charges were made for services and new services put on hold, with overtime worked unpaid and time off in lieu (TOIL) not taken. Granted the high level of qualifications of staff, their responsibility levels and the standards expected of them, remuneration levels were already low by public and private sector comparators.<sup>10</sup> These changes were more severe than the general reduction in public service capacity, around 10%. Despite this demoralizing professional environment and reduction in their personal living standards, most stayed the course and staff turnover was low. There was a strong sense that government took advantage of their commitment to their work, clients and communities.

As the subsequent social crisis deepened, so did demands on their services increase. Disadvantaged communities - the constituency of the centres - were the most adversely affected, leading to widespread reports of social distress.<sup>11</sup> There was a rapid rise in unemployment and an upward incline in the level of poverty, rising from 14.1% to 17.2%.<sup>12</sup> Child poverty began to rise again, to 19.5% in 2015.<sup>13</sup> In parallel, there was a sharp reduction in government spending in the social field (for example, child benefit, a key form of assistance to families and essential in the reduction of child poverty, is still 15% below its 2009 level of €166).<sup>14</sup> Annual spending on exceptional needs payments in the scheme of supplementary welfare allowances, the final safety net against poverty, fell from €82m to €30m. This was compounded by the reduction in other public services and community infrastructure, especially voluntary and community organisations which complemented the work of the centres, whose funding fell by -35% to -45% over 2008-2016 and whose staffing fell 31%.<sup>15</sup> There was strong evidence of rural decline.<sup>16</sup> The Community Development Programme was extinguished, while the de-funded local development programme was put out to tender. Institutions important for the welfare of families were closed, notably the Combat Poverty Agency but also smaller ones (Centre for Early Childhood Development & Education, Education Disadvantage Committee). The importance of the dissolution of the institutions tended to be underestimated, for the impact was medium and long-term rather than short term, but it meant a definable loss in skills, advice, documentation and knowledge in the field. Remarkably, Children's Services Committees (CSCs), announced in *Toward 2016*, survived the large-scale abolition of other institutions and were extended to young people, being renamed Children and Young People Services Committees (CYPSCs) and each expected to develop a three-year county or area plan.

These developments took place against a background of significant demographic change, which meant that the underlying pressures and demands on FRCs actually increased. The population grew, up from 4.2m (2006, the pre-crisis benchmark) to 4.9m (2020). Ireland has the most youthful population in Europe, the under-20 age comprising over a quarter, 27.5%, meaning a high level of pressure by young families on services.<sup>17</sup> There continues to be significant in-migration, important granted the role of FRCs in promoting integration at local level, with new communities now comprising 17.3% of the population. In summary, the 2010s, the period following the blue book saw a substantial reduction in the capacity of the FRCs and allied services at a time when the demand for their services, arising from demographic change and immiserisation, grew significantly.



## Sligo FRC: figures, profiles - and savings

Sligo FRC began its Family Support Service in 2006, one of the first in the country to do so and typically works with 65 families a year. An example of its cost effectiveness is that whereas its cost for helping 65 families a year is €180,000., the cost elsewhere of supporting ten children in foster care for the same amount of time would be €183,040. Sligo FRC provides a valuable up-to-date (2019) profile of the type of people helped by Family Resource Centres. 26% of those using the service come from a country of origin other than Ireland. Minority groups using the service include Travellers, people with a disability, refugees and asylum-seekers, LGBT adults and children and minority religious faiths. The most frequent presenting needs are mental health (39%), parenting alone (36%), isolation (22%), domestic violence (16%) and substance abuse (12%).

## New Family Resource Centres

Finally, 2018 saw the announcement of funding for 11 new centres, bringing the total to 120, with one more to join in 2020, bringing the total to the currently cited complement of 121. The new FRCs were existing community-based projects and did not follow the traditional process of pre-development. Staff were selected by Tusla, with priority given to assigning them to work with children at highest risk. Each new centre had a budget of €160,000, each based on a complement of three staff, a level above that of most of the pre-2008 centres. At €18m, the programme's 2019 budget was still less than what it had been in ten years earlier, but was it the last of the 'heroic' programmes introduced in the 1990s left standing.

## Changing views on services for families, children and communities.

The blue book located the FRC programme in the context of the changing understanding and definition of family; our improving knowledge of the evolution of families, especially deriving from the *Growing up in Ireland* longitudinal study; the history of interventions over the previous years; and a growing understanding of the value of prevention and early intervention. The blue book set the programme against the backdrop of our understanding of poverty; its impact on different family types; the lifecycle of poverty across childhood, working age and old age; its geographical concentrations; and parental and child well-being. The blue book explained how FRCs combined programmed, developmental and compensatory actions in a single programme under an agency (the Child and Family Agency) that would overcome the previous fragmentation of services. The blue book outlined how FRCs were designed to reinforce national strategies in the areas of health (physical and mental); education; safety; economic security; and participation. The blue book emphasized the importance of well-trained, supervised and supported staff; their competence in the fields of family and family well-being, local services, community development, legal issues and family support programmes; and systems of monitoring (SPEAK) and evaluation.

The near-decade since the publication of the blue book was a difficult one for those seeking to develop services for families, children and communities. The radical reduction in budgets, staffing and services was an environment inimical to fresh thinking, with those services remaining most focused on survival. Although overall government funding recovered quite quickly from its low point of 2014 and is now

substantially (16%) above the 2008 reference point, this is not the case for voluntary and community organisations, some of whom may not, based on their current rate of recovery, return to this reference point until the 2030s.<sup>18</sup> Funding for what might be called social documentation virtually collapsed to the point that it was arguably less than the level of Northern Ireland, which did not even have a government during some of this period.<sup>19</sup> The lack of a discourse of 'social reconstruction' after the watershed of 2008 meant that a place where views in this field could be articulated was not created. The period following the blue book was notable for what did not happen as much as what did.

## Framing the discourse

Nevertheless, changing views on services for families, children and communities are evident. Such a discourse is shaped in Ireland by government and its agencies, voluntary organisations, academic experts, funders, media and centres of technical expertise. Ireland is informed in turn by examples drawn from the politics, policies and practice of Britain, continental Europe and, disproportionately, the distant, English-speaking destinations, notably the United States. These create a web of ideas, theory, experimentation, ideology, underlying assumptions, thought and values, a discourse which frames and drives those changing views, be that explicitly or subliminally and which here are exposed and explored. Some are a continuation of strands already well embedded in the discourse which are then refined or re-branded and may lose or gain in influence, while others are relatively new and even disruptive. One important qualifying point is that Ireland's orientation toward the Atlantic, anglophone informants has profound and limiting consequences for the policy, practice, ambition, scale and outcomes of family services.<sup>20</sup> Situating Irish development in a European context, where more positive outcomes for families may be found, is unusual.<sup>21</sup>

Moving from the general to specific, changing views on services for families, children and communities are first governed by macro-level ideologies and changing frameworks and values in the evolution of society. A useful reference point for the decade since the blue book lies further back in the prior decade in the European Commission modelling of social evolution called *Scenarios 2010*, where it outlined five possible scenarios, given the respective headings of *Triumph of the markets*, *A hundred flowers*, *Shared responsibilities*, *Creative societies* and *Turbulent neighbourhoods*.<sup>22</sup> Unsurprisingly, none foresaw the financial crisis of 2008, but correctly anticipated the triumph of markets (most evident in the crushing of the Greeks), turbulence on the extremes of the Union (in-migration) and a rise in the political right - rather than the scenarios of much reduced poverty, social responsibility, local empowerment and human development sketched under other more benign scenarios. The Treaty of Lisbon (2007) shifted the balance of power in the European institutions from the Commission to the Council, where the governments of Europe were dominated by the centre-right, leading to a significant reduction in social initiatives. Although the *Europe 2020* process committed the Union to a reduction in poverty, in practice the subsequent policies and practice of financial stabilization put the emphasis on austerity and the reaching of economic targets, to the point that social inclusion slipped down the European agenda to the point, in the view of its critics, of near-invisibility.<sup>23</sup> Although this did not necessarily lead to a change in the direction of family policy at European level, it lost its priority and urgency. Some entertained the hope that with a new Commission and Parliament in late 2019, the momentum for a more social Europe might be regained.<sup>24</sup>

Because of our shared historical and administrative traditions, as well as common language, Britain has been an important influencer of Irish social policy. The election of Conservative or Conservative-led governments from 2010 led to a decade of significant change in the welfare state system, prominent of which was the introduction of Universal Credit with the subsequent immiserisation of those dependant on welfare, most evident in the number of food banks rising from 22 in 2008 to 2,000 in 2019 and a radical rise in homelessness.<sup>25</sup> This was accompanied by a significant reduction in the public service and, with it, the ability of government to meet social needs. Community development was downgraded as a method, with the Community Development Foundation closed. Between them, this environment prompted significant change in how family policy was viewed. Social reformers in effect redefined family and social policy around smaller, more manageable parts where at least some visible progress could be made. The ascendant narrative was 'troubled families' and families living in 'Severe and Multiple Deprivation' (SMD) experiencing the most severe form of poverty, upon whom declining resources should be concentrated. This approach was embraced not only by government but voluntary organisations and charitable foundations, who re-focused on the hardest-to-help, most destitute families at highest risk, carefully identified through research and assisted through highly designed programmes of assistance. The problem was refocused around its locus, SMD families, rather than the structures of inequality that produced such exclusion. Some of these developments are likely to have been influential on thinking on this field in Ireland,

### **St Andrew's Resource Centre: joining the dots - for government**

St Andrew's Resource Centre, was originally Westland Row Social Services Centre and in the 1990s became one of the first FRCs in an old school in Pearse St, Dublin. Today, one of the biggest with 200 staff and volunteers, its FRC core budget of €187,000 leverages in eleven programmes worth €4m from eight government agencies, in the fields of childcare, older people, youth, adult education, employment placement, counselling, horticulture and community fitness. At a time when experts in public administration talk about 'joined-up government', the resource centre actually delivers many of these services locally, in one place, which brings huge savings to the state. The childcare service with its play facilities and 'mud kitchen' is especially valued by children living nearby in small flats with limited play areas. Young people, including those from the new communities, benefits from the arts and music programme, as well as a foreign exchange programme. The new food bank provides dried soup, cereal, pasta, porridge, rice, coffee, tea, sugar, potatoes, tomatoes and biscuits and helped 1,003 people in its first ten weeks. The employment service ran a construction skills course for local people unable to get work and achieved a 70% successful placement rate, as well as helping people into self-employment and further education (there are 80 people on its Community Employment scheme).<sup>26</sup>



## Principles informing the support of families and children

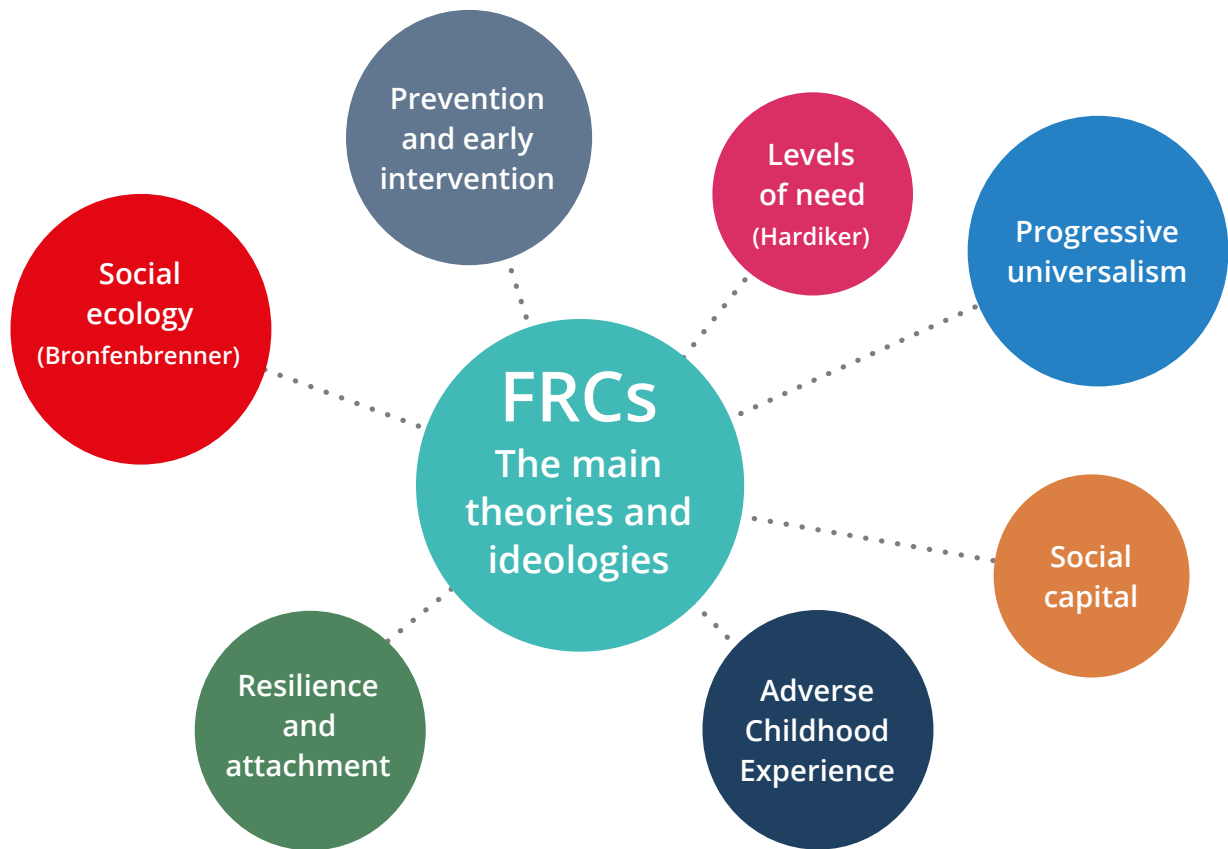
As the tide went out across Europe, Britain and Ireland on family and social inclusion policy at the macro level, development of the discourse on the support of families, children and communities became a smaller preserve, one dominated by academia, Non Governmental Organisations (NGOs) and media. It was not an environment conducive to forward development, but rather the elaboration of existing principles such as:

- Prevention and early intervention, a formal articulation of which was made in Ireland by the Prevention and Early Intervention Network;<sup>27</sup>
- Progressive universalism, evident in the campaign to hold the line on child benefit;<sup>28</sup>
- Ecology, emphasizing the importance of building up a positive environment in which a child may grow and develop, originally articulated by Bronfenbrenner;<sup>29</sup>
- An approach to service development along the lines articulated by Hardiker, one based on four levels (universal, specific needs, complex sets of needs and high risk), attempting to re-focus resources on the first level, sometimes called the Differential Response Model (DRM) and the Alternative Response Model (ARM).<sup>30</sup> Bronfenbrenner and Hardiker are the two theorists most regularly cited and may still be considered the most influential individuals;
- Resilience, far from a new theory but one which attracted rising support in the 2010s, one which emphasized the enabling of families and children to cope with and recover from adversity;<sup>31</sup>
- Attachment and the importance of children having positive bonding experiences with their primary care giver.<sup>32</sup>

Reinforcing this, in her listing of the principles of family support, Devaney listed the key elements as social ecology, attachment, social support, social capital and resilience.<sup>33</sup>

### Evaluation: parent support in theory and practice

In 2018, Hospital FRC carried out an evaluation of its Parent Support Programme which helped 225 parents and 261 children in rural Limerick. The FRC provides five parent support groups comprising information and support for parents and for their children, shared activities, play, reading, exercise, singing, nutrition and one-to-one work. The evaluation found that the programme fitted in well with the most up-to-date principles of supporting families, such as attachment, resilience, social ecology, person-centred approach, strengths-based and relationship-based practice. The programme was found to have promoted social and emotional development among the children; led to better relationships between parents and their children; and further afield promoted social connectedness and social capital.



Foremost in current thinking is the role of developing services in such a way as to address the toxic stress in children that arises from Adverse Childhood Experiences (ACEs), originally articulated at the end of the last century and subsequently endorsed by the World Health Organisation.<sup>34</sup> Such stress was more evident in deprived communities, whose children reported more adverse experiences during their childhood. ACE has attracted both attention and support, for example from the Prevention and Early Intervention Network and national organisations like Barnardos, which describes its strategy as ‘trauma-informed’, built around services that attempt to redress and enable children to recover from individual and multiple forms of trauma.<sup>35</sup> Like SMD in Britain though, it has the disadvantage of focusing on the outcome and locus of the problem of family support, rather than its fundamental cause.

### Theory into practice: Midlands ACEs hub

Adverse Childhood Experiences (ACE) is one of the modern, guiding theories of how to support families and their children. The Midlands Family Resource Centre Regional Forum put it into practice with the Midlands ACEs Hub, the first of its kind in the country. The hub:

- Raised awareness and understanding of ACE through training and workshops;
- Supported agencies to become trauma-, ACE- and resilience-informed;
- Lobbied senior officials to pave the way for a national campaign on raising awareness of ACE.

thereby championing the way to trauma-informed practice within the community.

## Role of programmes: ABCs and PPFSP

Flagship and experimental programmes are important in influencing thinking. Were it not for co-funding by the since-closed Atlantic Philanthropies, it is unlikely that they would have taken place.

In the forefront of support for families, children and communities was the Area Based Childhood (ABC) programme, introduced in 2013, with 13 projects in disadvantaged areas co-funded by government and Atlantic Philanthropies with an initial €30.7m for 2013-2017. This succeeded 52 initiatives for children over 2004-14 in the Prevention and Early Intervention Programme (PEIP), current at the time of the blue book. ABC projects were extended beyond their original lifetime and featured prominently in the political discourse, such projects being considered important community assets. They worked closely with FRCs in a number of locations to help provide joined-up services for families. The ABCs used a range of mainly American-designed off-the-shelf interventions intended to ensure developmental gains for children and an improvement in the parenting skills of adults (some of these are also used by FRCs).<sup>36</sup> The evaluation of the 2013-2017 programme showed that although the individual projects had achieved worthwhile local results for children and parents and achieved efficiency in service delivery (e.g. inter-agency working), few if any systems had been put in place for the outcomes to be mainstreamed.<sup>37</sup> Although the top-line objective of the programme was to 'break the cycle of poverty' among children and their families, this focus was lost at an early stage and the evaluation made no significant findings as to the value, role or impact of the projects on poverty.

The other flagship programme was the co-funded Prevention, Partnership and Family Support Programme (PPFSP). This was a programme to build Tusla's capacity to mainstream its prevention and early intervention initiatives, namely the Development, Mainstreaming Programme (DMP) for Prevention, Partnership and Family Support Programme (PPFSP), later service (PPFSS). PPFSP worked across five work packages: parental support; public awareness (where to access help), participation (child and youth participation at all levels of their engagement with Tusla); commissioning (the funding of services); and the development of *Meitheal*, the National Practice Model; and child and family support networks.<sup>38</sup> An important aspect of PPFSP was the idea of the 'local area pathways model', defined as 'agencies using the same way of identifying need, sharing information and linking need to supports provided'.<sup>39</sup> The evaluation of PPFSP found that Tusla was indeed 'becoming more preventative in focus and more inclusive of parents and children', indicating the influence of the earlier-articulated theories.<sup>40</sup> Tusla described FRCs as an integral part of its local area pathways model, 'a first step to community participation and social inclusion'.<sup>41</sup> In 2019, it was announced that the ABC programmes would now be embedded in the PPFSS.<sup>42</sup>

Approaches to families and children were informed by the longitudinal *Growing up in Ireland* study which showed clearly that a fifth to a quarter of children did not do well.<sup>43</sup> Insufficient supports for families and children were a recurrent feature of the annual report cards of the Children's Rights Alliance, a coalition of the NGO community.<sup>44</sup> Finally, the principal media contribution framing the discourse was the *No child 2020* series of the *Irish Times*. To mark the centenary of the Democratic Programme of the first Dáil (1919), the series raised a broad set of concerns around child poverty, focusing on both broad policy matters and such specific concerns as homeless children, direct provision, children with disabilities and school meals. This series was of particular interest, for it was an example of the framing of the discourse as seen by a primary ABC readership and addressed the issue under the rubrics of food, shelter, health, education and participation, with underlying values of social justice.<sup>45</sup>






## Current policy framework

The current policy framework is most evident in the discourse around 'children', even though in continental Europe 'family' policy may be the lens more frequently applied.<sup>46</sup> An important and contradictory feature of the contemporary policy environment is that whereas stated policies fit in well with the most enlightened practice in the English-speaking world, institutional configurations and resource allocations fall far short of what is necessary to achieve them. To give just one example, if Ireland were to model its early year's interventions on the density of the *Sure Start* programme constructed in England after 1997, there would not be 13 ABC projects, but 297, which gives an idea of the scale of Irish underinvestment.<sup>47</sup>

### Policies and Government strategies

#### FRCs: the main policies, government strategies

-  Better Outcomes, Brighter Futures
-  First Five
-  Prevention, Partnership and Family Support Service
-  Sustainable, Inclusive and Empowered Communities
-  Ambitions, Goals and Commitments -  
Roadmap for Social Inclusion 2020-5

## Better Outcomes, Brighter Futures

The current policy framework for supporting children is *Better Outcomes, Brighter Futures, 2014-2020* (2014).<sup>48</sup> This announced a 'shift of policy toward earlier intervention', improved volume and quality in early years interventions as well as the disruption of the emergence of poor outcomes, setting down six goals, five outcomes and a set of implementation mechanisms, declaring prevention and early intervention to be a transformational goal. The language and concepts reflect the growing influence of theories and practice of prevention and early intervention outlined above and stated the importance of listening to research evidence, improved services, joined-up implementation by government and prioritizing the health of children. Advisory and coordinating bodies were set up to assist in its implementation. In 2017, the Minister for Employment Affairs and Social Protection issued *Distilled paper on a whole of government approach to tackling child poverty*, essentially an extract of the child poverty commitments in *Better Outcomes, Brighter Futures*.<sup>49</sup> There was a second sequel to *Better Outcomes, Brighter Futures* in the form of the Quality and Capacity Building Initiative (QCBI), which provided, through Dormant Accounts, the QCBI Innovation Fund, technical assistance to support four strands: data; evidence; professional development and capacity; and quality. Tusla was assigned QCBI funding in April 2018 (€2.177m) for which applications were invited, but there is no readily available information as yet on the outcome. The department opened a network support fund in late 2018 and allocated €42,200 in grants to six organisations.<sup>50</sup>



### Integration: Straddling two lands

FRCs play an important role in the integration of people from new communities, encouraging them to use their services such as English language classes. For many people from new communities, holding on to the culture and language of their mother country is very important, so FRCs host groups of people from their countries of origin e.g. Polish school, Polish mother and toddler groups. For the new communities, culture and language are not an 'either...or' but both: children are reared bilingually. FRCs may be their first port of call in getting information and accessing a wide range of services that assist in their integration. They may start with looking for advice on housing but end up using services in the areas of childcare or adult education and getting their children into local schools. Members of the new communities spoke of how FRCs help them build their social networks, give them a sense of welcome and belonging and help them cope with loneliness. St Andrews Resource Centre in Dublin ran a support group for 25 Migrant mothers. Using stories in English Literature it provided opportunities to discuss three key issues: *Straddling two lands*; language retention and development in parents and children; and integration.



## First 5

An important statement of policy in the area of families is *First 5* (2018) announced as a whole-of-government strategy for babies, young children and their families, very much a constituency of the FRCs.<sup>51</sup> This was a substantially invested exercise, 196 pages, with commitments to ‘strong and supportive families and communities’, improved mental health and early learning. The five big steps proposed were improved parental leave; an expansion of the Early Learning and Care (ELC) system [hitherto ‘childcare’ or ‘early childhood care and education’]; a new model of parenting support of universal and targeted services; a dedicated child health workforce in areas of high population density and disadvantage; and a package of measures to tackle early childhood poverty.

*First 5* included a specific reference to ‘build on the existing FRCs’ to ‘pilot Family and Early Childhood Centres that brought together services to support parents and children in the early stages of development’ with services for child and maternal health, wellbeing and development; ante- and post-natal; parenting; prevention and early intervention; childminding; and parent and toddler groups. How this pilot related to, supplemented or paralleled the existing work of FRCs was not explained. The only specific recommendation concerning the FRCs was a tautological proposed action 2A to ‘develop guidance and support for FRCs to enhance and consolidate the delivery of the FRC programme’.





## Flanking policies

*Better outcomes, brighter futures* and *First 5* are flanked by a series of sectoral and specialized policies, such as *Healthy Ireland* (2013), *Right from the Start* early years strategy (2013), *Creating a better future together* (maternity strategy, 2016), *Creating a better society for all - national strategy for women and girls* (2017), *Action plan for education 2019 - Cumasú* (2019) and the *Affordable Childcare Scheme* (2019). These strategies were complemented by organisational changes: the transformation of the former Office of the Minister for Children and Youth Affairs into a full department (2011), the creation of the Child and Family Agency (Tusla) separate from its former home in the health service and passage of the children's rights amendment to the constitution (2015). In a specific injunction 'aimed providing a clear policy platform for Tusla', the Department of Children and Youth Affairs: *High-level policy statement on supporting parents and families* (2015) set down the principles of targeted supports (some families needed more help than others), 'how support is delivered matters' the interagency approach, prevention, an evidence base, workplace development and the importance of monitoring and evaluation.<sup>52</sup> Between them, this upward curve in policy development reflects an overdue but much improved profile for services for families and children.

## Women in Granard: from wellness to activism

Granard, co Longford, established a peer-led support group for women in 2009, providing programmes in parenting, mental health and wellness. An evaluation found that the group had significant benefits in improved mental well-being (and conversely, the prevention of depression) the reduction of loneliness and isolation, assistance in coping with bereavement and grief. Starting with low self-esteem, the women grew in self-confidence, most evident in their volunteering within the FRC, assisting in a charity shop and getting involved in local activities such as parades, sports days, parties and events for children and young people. Some went on to set up new clubs themselves (e.g. arts) and became activists for women's rights and encouraged their children and grand children into community activities.

\* Finan, Eileen & Brady, Bernadine: *'They pulled me through the darkest times' - exploring the social benefits of a women's group in rural Ireland*. Irish Journal of Applied Social Studies, vol 219, §1, 2019.

## Health Policy

Because of continuing problems with health services and their consequential pressures on families using the FRCs, health policy is an important aspect of the current framework. The seminal document during this period was the Sláintecare report.<sup>53</sup> This proposed significant steps toward the British and European model of a national health service, with additional resources for a universal health and wellbeing service for children (€41m), reduced charges, an expansion of primary care and social care, with investment in mental well-being. Although it had the advantage of achieving a political consensus and charting a map forward, it fell far short of a 'big bang' introduction of a national health service and its progress was unable to keep up with deteriorating conditions in the health services, such as lengthening waiting lists over the following three years.

## Social inclusion

Ireland once led Europe in the development of strategies for social inclusion, being one of the first to publish a national strategy, accompanied by a sophisticated set of institutional mechanisms. In 2017, the evolved strategies had come to an end and their institutional mechanisms appeared to have fallen into disuse. The strategies were eventually renewed with *Ambitions, Goals and Commitments - Roadmap for Social Inclusion 2020-5 (2020)*.<sup>54</sup> This had an overall objective of making Ireland one of the most socially inclusive states in Europe and of reducing consistent poverty to 2% ('consistent poverty' is an idiosyncratic metric used only in Ireland). *Ambitions, goals and commitments* set down seven high-level goals: extend work opportunities; ensure work pays; income security for older people; supporting families and reducing child poverty; the reduction of poverty among people with disabilities; building inclusive communities with active citizenship; and ensuring access to quality services. These were accompanied by 22 unprioritized targets and 66 such commitments. Its section *Supporting families and children* is probably the set most relevant to the FRCs which gave a commitment to reducing child poverty from 23.9% to 16%. The strategy did not mention the role of FRCs nor the vital role of local proximity services.

## Community development

Granted the importance of the community development method in the work of Family Resource Centres, government policy in this area is of particular relevance. The 2019 publication of such a new policy *Sustainable, inclusive and empowered communities - five year strategy to support the voluntary and community sector in Ireland 2019-2024* is timely.<sup>55</sup> The new policy included 43 objectives classified as short, medium and long-term. It affirmed the value, importance and ideals of the community development method, linked to the objective of social inclusion. Granted the importance of community development in the work of the FRCs, this was especially welcome. The strategy though was problematic in that it did not acknowledge, to a meaningful extent, the disinvestment in voluntary and community organisations since 2008. Instead it used a statistical classification system for the sector that gave a misleadingly large impression of its size; and gave none of the type of specific financial, values or institutional commitments of its 2000 predecessor, *Supporting voluntary activity*.<sup>56</sup>

### Healthy streets Carlow

*Healthy Streets* Carlow was developed by Forward Steps FRC, Tullow, Bagenalstown FRC and St Catherine's community project in Carlow and provided for 60 families, including about 120 children, in Bagenalstown, Borris, Tullow, Hackettstown, Rathvilly, Myshall and Carlow as part of its work in community development. *Healthy Streets* is a ten-week health and well-being programme for families at risk or experiencing poverty. It includes a *Cook it* programme, nutrition workshops, health and well-being workshops, with indoors and outdoor exercise skills. The programme was subsequently evaluated by Dublin University (Trinity College), which found improvements in diet and exercise, better parenting practices, as well as the building of support, camaraderie and friendships that outlasted the programme itself. Participants recorded better food choices, cooking confidence, weight loss, increased family and play time, greater involvement in community activity, expanded social networks, improved emotional wellbeing, 'getting out of the house' and a growth in self-sufficiency (e.g. return-to-work, volunteer work, participation in education).

\* Bennett, Annemarie: *Healthy streets programme, Carlow: summary of progress for 2018-19*. Dublin, Dublin University (Trinity College), 2019.

## Social capital

A final policy area relevant is that of social capital, the nature and extent of which in local communities was an important aspect of sustaining families and children. In drawing in local communities into the Voluntary Boards of Management, FRCs were an example of the enlistment of social capital, a term originally embraced by the National Economic and Social Forum (NESF) (2002) and then government in the form of the task force on active citizenship (2007).<sup>57</sup> The period from the blue book saw contradictory developments in this field. The de-funding of community development led to the emergence of areas of 'weak community infrastructure', a term introduced from Northern Ireland, while the disbanding of the local boards of the Citizen Information Services and Money Advice and Budgeting Services, recently completed, marked the elimination of social capital on a significant scale. At the same time, under the policy *Putting people first*, the government introduced Public Participation Networks (2014), designed to channel citizen involvement into local government, although questions were raised about the lack of independence, influence and resourcing of the PPNs.<sup>58</sup>

### St Kevin's FRC Engaging with local government for equality

In the past number of years, the government has set down new strategies for social inclusion, community participation (e.g. Public Participation Networks) and equality, such as the public sector duty. The Irish Human Rights and Equality Commission Act, 2014, §42, requires that public bodies take pro-active steps to promote equality, prevent discrimination and protect human rights. St Kevin's FRC in Kilnamanagh, Tallaght, joined a steering group of South County Dublin PPN and the Rights Platform to model a 'strong, effective and appropriate' public sector duty in South Dublin's Local Economic and Community Plan (LECP) and embed public sector duty practices in decision-making in South Dublin County Council. The project ran workshops on §42 for the staff of the local authority and other government agencies working in the area; and provided training for voluntary and community representatives on how to promote §42 through local authority structures, such as Strategic Policy Committees. The project encountered considerable difficulties in obtaining an engagement from the county council and finding local authority champions for §42, with council staff attending neither the main information conference nor the end-of-project seminar. It was a frustrating project, but with significant learning, one which challenges the Irish Human Rights and Equality Commission and these voluntary and community organisations, including the FRCs, to find fresh ways to ensure that local authorities carry out their legal duties so as to improve the local environment for equality, non-discrimination and social inclusion. One outcome was the establishment of a public sector duty sub-committee of the Local Community Development Committee.

\* Rights Platform and South Dublin County Participation Network: *Applying the public sector duty in South County Dublin*. Dublin, author, 2019.



## Human rights, social and climate justice

The work of the FRC fits into the evolving global context of human rights, building on the Universal Declaration of Human Rights (1948) and the Convention on the Rights of the Child (1989). The work of FRCs takes place within the context of Sustainable Development Goals (SDGs) (2016), climate change, climate justice and the need for a just transition. Specifically in Ireland, public authorities are bound to the promotion of equality, prevent discrimination and protect human rights under §42 of the Human Rights Act, 2014. In this field, this makes government and its agencies, like Tusla, duty bearers of these obligations to families and children as rights holders. Reflecting this context, the Strategic Plan of the Family Resource Centre National Forum states that:



### **Equality and human rights**

The work of the forum is underpinned by a commitment to equality, human rights and the prevention of discrimination.



### **Social inclusion**

The work of the forum is underpinned by a commitment to the realisation of the rights of all to be included and to participate fully.



### **Collective action**

The work of the forum is underpinned by a commitment to the equal participation of all.



### **Climate change and climate justice**

The work of the forum is informed by the challenges posed by climate change and climate justice and a commitment to explore the Sustainable Development Goals for application.



## Integration: Cup of tea arts project

Cup of tea was a polymer clay art project facilitated by two artists and developed by Forward Steps FRC in Tullow, Carlow, with external funding from Creative Ireland. The purpose of the project was to facilitate conversation among 12 people with different cultures, nationalities, social and mental health backgrounds while engaged on a practical artistic project. Participants were invited to make ceramic tea pots that reflected their own designs, background, culture and life experiences. Their creations were duly exhibited in the resource centre itself, the Carlow Centre for Contemporary Arts and the Tullow county council library. The project was intended as an important contribution to integration, social inclusion and multi-culturalism constructed from a hands-on practical and artistic experience.

## BEACON: 'Talking to me like a normal person'

BEACON Family Support Project was set up by four FRCs in Monaghan and Cavan (Teach na Daoine, Clones, Teach Osaill and Killeshandra) with the Tusla Prevention, Partnership and Family Service (PPFS) team as an outreach initiative to help families who did not reach the threshold for social work intervention, but who nonetheless were identified as vulnerable and with unmet needs. These families were struggling with multiple challenges, such as poverty, poor parental mental health, addiction, parenting alone and an intergenerational legacy of under-developed parenting skills. BEACON provided help by Family Support Workers (FSWs) in their home; a weekly drop-in clinic; triage clinics in all four FRCs (Mullaghmatt; Clones, co Monaghan; Cavan town; and Killeshandra); and an aftercare service for young adults emerging from care.

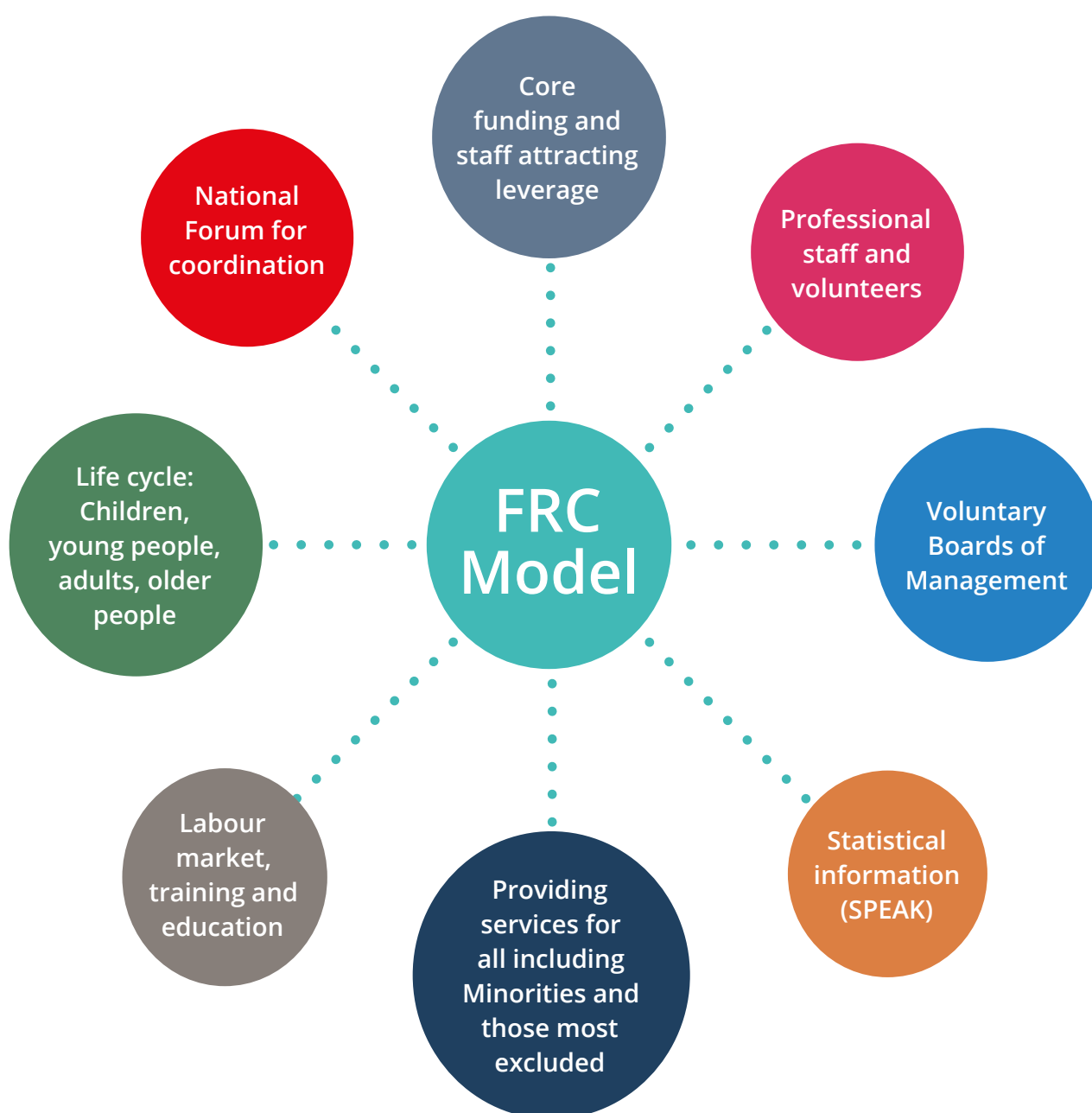
BEACON helped 221 families (388 children), 57% of whom were single parent families, 32% non-Irish nationality and 7% Travellers. Families were identified for and got support sooner, rather than later. According to the families, BEACON helped by enabling families to get on top of their finances for things like homework clubs and fuel. Their homes improved. They recovered from depression, with self-confidence much improved. They valued the approachability and contactability of the FRC service, 'having someone to talk to and share worries'. They used expressions as 'less down, less depressed, less isolated, more sane'. They got their children engaged in activities again. They now went less to the doctor. They got practical help in dealing with behavioural problems in their children and felt better as mothers. They valued the service for 'no judgement, talking to me as a normal person'.

Tusla funding was €254,000. BEACON eradicated the waiting list for PPFS services in Cavan and Monaghan. It reduced the number of children waiting for a social work service or even the need to go into care. This early and timely intervention, before a crisis hit, was estimated to have saved as much as €2.59m compared to a later intervention. These FRCs subsequently started a *Parenting under pressure* programme.

## FRC Model

Community development is integral to the work of the Family Resource Centres, following Community development approaches, principles, values and methods. Community Development encourages, supports and empowers groups in the community to 'do things for themselves', building their voice, helping them to participate in local democratic structures and in their advocacy work both generally and on specific issues. An important part of FRCs' work is practice-to-policy: documenting and then spelling out the implications of the situation of local disadvantaged communities for changes in policy at local and national level.

### FRC Model












The community development approach is evident in Voluntary Boards of Management (VBOMs), drawn from the communities in which FRCs work; in the development of annual and strategic plans through comprehensive consultation processes with the local community; and in working with and equipping local communities to analyse their needs. VBOMs are managed by committees of local people who have used their services or from the community of intended beneficiaries and who have first-hand experience of poverty and disadvantage in their own lives, supplemented by professionals with specific skills to manage the centres (e.g. finance, budgeting, governance). No places are reserved for statutory bodies.

Legally speaking, FRCs are companies limited by guarantee, a condition for their funding; and most are registered charities and comply with the governance code for community, voluntary and charitable organisations. Typically, they draw up three year plans, with an annual implementation plan. These plans are drawn up in consultation with the local community, some having planning days for this purpose. Typical staffing of an FRC is 2, 2.5 or 3 Full Time Equivalents (FTEs). Additional staff may be funded by other funders, including staff on schemes such as Community Employment (CE). By 2018, only 40 had reached their full operating complement of three staff. The FRCs are not just 121 unconnected projects, they are a programme. They work to a common complement, similar principles and methods, using the template devised by the blue book. The National Forum [of Family Resource Centres] is elected by the centres and provides opportunities for networking, training and conferences.

## Features of a Family Resource Centre

-  Consultation with the local community, involvement in planning
-  Drop-in, accessible, open-door, no referral necessary, low-cost, no cost
-  Compensatory and developmental
-  Non judgmental, non directive
-  Universalism and targeting to those most in need
-  Flexibility and speed
-  Focus on poverty and social inclusion

Leverage is a key element in the work of the centres. 'Leverage' refers to the ability of a project to draw in additional financial resources because it has guaranteed core funding, which means that these additional funders know they are supporting an already well-established and governed, secure project. The leverage rate of the centres has been calculated at 2.9 - in other words, they bring in an average of almost three times their core funding through funding from other sources. In concrete terms, a funding programme of almost €20m is in practice worth up to €58m to the local economy in 121 locations.<sup>59</sup>

## Strategic Planning Evaluation and Knowledge (SPEAK)

The programme has a common statistical system, called SPEAK, which each year gathers in the statistics of each centre - collected under a common template - for synthesis and analysis. In the last year for which information is available, 2018, SPEAK recorded 390,000 adult and 78,228 child interactions or interventions.<sup>60</sup> In a sample year, SPEAK showed that support was provided to local community organisations on 3,774 occasions; external space to community groups on 2,998 occasions and to support groups 3,508 times; provided for such organisations as the Money Advice and Budgeting Service, Citizens Information Services; Free Legal Advice Centres; Gardaí; Public Health Nurses; Community Welfare Officers; and health care professionals. FRCs helped 3,456 intensive support sessions under the *Meitheal* programme. This is a substantial output for centres with limited human resources.

### Support service for parents of children with Autistic Spectrum Disorder (ASD)

St Andrew's Resource Centre in Dublin, one of the first resource centres in Ireland, helped a group of twelve parents of school-going age whose children have Autism Spectrum Disorder (ASD). Rearing a child with ASD is a most stressful experience for parents, compounded by poor information, lack of help in how to communicate with their children, crisis points when children had a 'meltdown', bad experiences of professionals and having to constantly 'fight for' services for their children. The parents took the view that a support group could be important in helping them cope with their stress and anxieties, share information and build solidarity. One was set up, followed by the employment of a play therapist to work with children presenting with ASD tendencies as early as possible, even before diagnosis, to help support parents and children towards school readiness.



## Typical FRC Services and the value of their services

Looking in more detail at the typical services provided by FRCs, these are:

- Pre-school and afterschool for children to develop and sustain their education;
- Food cloud; meals-on-wheels for older people; low-cost café to provide social interaction and break isolation for adults and children;
- Intensive support for families, providing structured support for children and practical advice for parents;
- Counselling for those under stress and with family and personal difficulties;
- Community development, for example in areas of rural decline, where FRCs have begun the process of rebuilding neglected communities;
- Social service for vulnerable people, for example older people, including social care;
- Information, advice and help with forms (e.g. social welfare benefits, back-to-education, training, improvement grants, child benefit, medical cards, transport);
- Labour market training, for example in computers, job search; jobs club. Many FRCs participate in Community Employment schemes which provide work opportunities - most moving on later to standard employment;
- Older people's groups, which provide social and active ageing opportunities;
- Domestic violence services, vital where no other local service may be available;
- Programmes, events and activities for the participation of Travellers and meeting the needs of groups as they arise, such as new communities, people with disabilities, LGBT community and asylum-seekers.

Statistics and lists of activities, though, however valuable, give only a partial impression of the value of the family resource centres. A 2018 study of a sample of services illustrated the value and impact of the individual services, as follows:<sup>61</sup>

### **Disability: attacking isolation in rural areas**

Hospital FRC in Limerick set up a disability support group for people with a disability and their carers, especially concerned about the isolation of people with disabilities in rural areas. Meeting twice a month, the group carried out disability audits in Kilmallock, Hospital and Ballylanders; and campaigned for rural transport routes, disability accessible transport, consultation by the local authority and on a 'misuse of footpaths' campaign. Members engaged with the local authority and its access officers, Strategic Policy Committees and Public Participation Network.



## Boyle FRC - Would you let your child climb a tree?

*Common sense parenting* is the title of a six-week programme provided by Boyle Family Resource Centre in co Roscommon. The programme addresses everything from internet safety to getting a better balance of praising and reinforcing children rather than criticising them (it should be positive reinforcement 4:1) to giving children the freedom to explore the natural world safely - including, in a risk-averse world, climbing trees. The typical family attending the drop-in clinic at the centre has children aged 12 to 14 and may be struggling with behavioural issues, anxiety and school refusal. The centre is able to offer family therapy; the *Common sense parenting* programme; play therapy for younger children; adolescent therapy; couples therapy and single session therapy. The family therapy service is a key element in supporting families, as there is a long waiting list for statutory services and little else available. The centre ensures that a family in crisis sees a family therapist within 48hr of attending the clinic. The service has been publicized in the *Roscommon Herald* and has national recognition.

Boyle FRC provides food for 70 families weekly who are hungry and distributes 350 back-to-school kits for families in need. Its food bank, assisted by the European Union and local supermarkets (*Food cloud*) is used by people in a 30km radius and as far away as Castlerea and Carrick on Shannon. The centre has a library and provides parent & family support, opportunities for education and training, personal growth, first aid, English classes and bereavement support. It has a large Counselling and Psychotherapy Centre.

\* Fogarty, James: *Drop-in clinics empowering families, support for parents*. Roscommon Herald, 26th March 2019.

\* Boland, Rosita: *'It's very hard to say "I need food"'*. Irish Times, 11th November 2017.

## Children

- FRCs provide breakfast clubs for children so they do not go to school hungry, thereby improving their concentration and educational performance.
- Pre-schools lift educational standards in areas of historic educational disadvantage, prevent illiteracy and innumeracy and ensure school-readiness. Ultimately, they contribute to later school-leaving. In those areas where these programmes have been run, school completion rates have improved.
- Afterschool - provided within a programme of a meal, homework and games - ensures that homework is done and reinforces the schooling received earlier in the day. It removes homework strain and worries from parents.
- Speech and language therapy is provided on site, thereby enabling speech and language problems to be identified and addressed speedily, circumventing long waiting lists.
- High-support programmes and interventions in high-risk families are essential if problems are to be resolved and escalation of their situation avoided. Some families face big challenges at home like addiction and domestic violence, but in reality these are families of intergenerational low income, minimal education and poverty. Here, structured support through the *Meitheal* programme can resolve or reduce these difficulties, make homes safer and avoid children going into care.
- Some FRCs provide play therapy and art therapy for children facing bereavement, separation or behavioural issues. Parents notice a reduction in their children's anxiety level, less wakefulness at night, better school routine and reduced over-attachment. They are an accessible, low-tech intervention at a time when waiting lists for the state service, Children and Adolescent Mental Health Service (CAMHS), are over a year.

## Young people

- FRCs host youth activities, such as Foróige clubs, which provide a safe, structured, non-school environment for young people where they learn team-building, how to participate in an organisation and develop personal confidence. They can be especially important for shy or isolated children low in self-confidence and who do not mix in well in school activities or sport. Bullying is challenged.
- FRCs have provided coding classes not available at school. Such children develop IT skills, provide discipline in learning how to follow instruction and, through group exercises, learn socialization skills. Their parents report that their children are highly motivated to attend, leave for class in good time, have a sense of purpose and much improved concentration all around.
- They provide parent-and-child and parenting programmes.

### Trim FRC: innovative, effective, impactful, illustrative, supportive

Trim FRC, which works in Trim and south Meath, has illustrated the ways in which its centre is a model of innovation, impact, effectiveness, illustrative of FRC values, cost-effective and supportive of government policy.

**Innovation:** *Level Up* youth project, funded by QCBI, helping 20 vulnerable young people 16-24 into work through an employability skills programme; 1:1 mentoring; and building trust;

**Impact:** Women's programme - originally three months, now a year - focused on women not in employment nor education and experiencing poor mental health or isolation, to improve their self-esteem and confidence to go on to education, applying for work and job searching; mental health workshops and programmes combining activities, training and socialization;

**Effectiveness:** Integration garden project involving migrants attending English language classes along with volunteer garden group to design and renovate adjacent gardens, sharing ideas and skills;

**Illustrative of values:** Traveller Women Accommodation Consultation Programme to identify the accommodation needs of young Travellers starting families, build their confidence to identify stakeholders and present their findings, ensuring they have a voice;

**Cost effective:** Community Mothers, which increases parental confidence through physical and mental health, links mothers with services, with weekly visits by volunteers; foodbank, with fundraising for fridges and phones; children's holiday camps; Polish children's club; piano lessons and low-cost Irish and Maths grinds;

**Supportive of government policy:** Involved in Children and Young People's Services Committee; Public Participation Network; North East Regional Drugs Task Force; Local Economic and Community Development Plan.

## Adults

- FRCs have an important information-giving function, especially where there is no Citizen Information Service (CIS) locally. FRCs help callers fill in forms (for which time is generally not available in CISs), which is essential for those with literacy difficulties. As a result, callers have obtained the services to which they are entitled (e.g. medical card, rent supplement, disability allowance, sick benefit,) and discretionary benefits (e.g. home improvement, insulation grants, with advice on builders), thereby reducing their poverty and raising their standard of living. Many are unsure of their situation (e.g. working and legally claiming at the same time) and need practical advice. Several begin the process of accessing additional services and opportunities (e.g. back-to-education).
- FRCs act as advocates for people attempting to obtain health services (e.g. cancer, diabetes treatment) and education (e.g. free pre-school year).
- Counselling helps clients to identify the issues and stressors that confront them, provide immediate assistance and help to contribute to improved personal relationships and mental well-being. Counselling is most used by those experiencing challenging life events, such as bereavement or separation, anxiety, depression, parenting problems or addiction. The principal benefits are mood and demeanour improvement, reduced medication and children report a better atmosphere in the home.
- Work with women draws in hard-to-reach younger women not otherwise engaged in community activities; and older, often retired and isolated women. It reduces loneliness and isolation. Women make new connections and friendships.
- The domestic violence service enables women to tell their story and get immediate help. They are assisted in deciding the best action for them, which may be access to a refuge, garda help, barring orders, specialized services (e.g. Women's Aid) or further advocacy (e.g. for housing). Women are often helped to develop a safety plan for themselves and their children, which may lead to their finding a way to live with their partner safely or a separation.
- FRCs play an important role in the integration of Travellers and new communities through community activities and events to which the whole surrounding community is welcome. Travellers and the new communities are invited to join all the programmes of the centre. Many have reported, as a result of their welcome and participation, less isolation, reduced stress as parents and improved health (reduced smoking, need to use medication). FRCs provide signage and information in their language and several offer translation services and English classes.
- They provide mental health and peer support groups.



## Labour market, training and education

- FRCs have helped people of all ages in improved job searching, writing and circulating CVs and interview skills. For many, the route back to employment goes through Community Employment, the Rural Social Scheme or Tús: here, FRCs can arrange or provide placements. Such posts provide a valued increase in income, with flexible working hours for mothers and fathers returning to work. They provide opportunities to upskill, get labour market ready, build confidence, network, build communication skills and develop time management. Many are able to go on to other jobs later.
- FRCs provide computer training, often used by both younger people for education and training and by older people for whom it is ever more necessary for interaction with services (e.g. paying bills). Many older men learn computers for the first time. FRCs can provide technical advice on computers which is otherwise unavailable or unaffordable.
- Community education programmes provide practical skills and improved personal confidence. For example, *Cooking on a budget* helps people to eat better and to make food more affordable for those on low incomes.



## Older people

- Café services, with affordable menus, are important meeting places for the local community and especially for those who do not get out very much, such as older men who may not cook for themselves. They break isolation and provide opportunities for social interaction.
- Social care and outreach services have found older people living alone in very living poor conditions and have ensured that they get medical care and home improvements.
- Meals-on-wheels services for older people provide not only nutrition but an opportunity for interaction with the driver, who is local and will alert the resource centre to the client's needs.
- Social care services for older people in housing association projects have ensured that they are 'properly looked after' with personal support, laundry and access to meals-on-wheels, leading to improved nutrition, re-built relationships and improved health.
- Older people's clubs, especially for older women, are important in combatting isolation. Although there are practical activities (e.g. exercise, walks, talks), the real value is to enable older people to keep in contact and maintain their participation in community activities. These groups have been important in identifying public safety issues, following which community alert, text alert and panic alarms were introduced. FRCs have helped in setting up men's sheds, sometimes called 'the new pub' where men living on their own can meet, talk and make friends while engaged in practical activities.

These are some of the practical examples of how FRCs make an impact.<sup>62</sup> Whatever the statistics, FRCs are full of individual stories of people helped in smaller and larger ways, from those who have used such centres on a single occasion to those who participate in a range of activities. FRCs provide a neutral hub for people to mix, learn, build social connections and go on to other activities. They offer anonymity, where people may come for any service without others knowing (e.g. counselling). Many people may come to the FRC for one reason, but move on to participate in a range of other activities. To Travellers and the minority communities, they send an important signal of a welcome to participate in the local community on an equal basis with anyone else and can be an important instrument for socialization both for adults and children. Likewise for those who are isolated by age, location or family circumstances, 'getting people through the door' through a low-threshold service may be an important first step in breaking social isolation and reconnecting them with their peers.



## FRC Mental Health Project

The FRC Mental health project is dedicated to providing education, training and support to staff and volunteers of Family Resource Centres , which will have a positive impact on their own mental health and the mental health of the communities they work in. The Mental Health Project developed a Suicide Prevention Code of Practice to support staff working with people who feel suicidal.

4 Key areas of work:

- Promoting Social Connectedness
- Promoting Community Resilience
- Providing Pathways to Care
- Combatting Stigma

Training is a key element of the work of the Mental Health Project including training in both the Suicide Prevention Code of Practice and Self-Care Practices.

## Social Prescribing - Health and Wellbeing Community Referral

The Mental Health Project is the lead and support organisation for 6 new Health and Wellbeing Community Referral Sites in Cork and Kerry. This is in partnership with the HSE Health and Wellbeing and Community Healthcare in Cork and Kerry. Social prescribing is a way of linking people with sources of support within their communities. It provides GPs and other primary care professionals with non-medical referral options to improve health and wellbeing. Family Resource Centres are the perfect fit for the implementation of a community referral service as they offer a safe, non-stigmatising space that is used by the wider community, while also being accessible to individuals who are at higher risk of experiencing poor mental health. FRCs already have supports and services in place that compliment the ethos of social prescribing.

## Garda Vetting

The Family Resource Programme have a dedicated Garda Vetting Unit based in Ballymote Family Resource Centre. This has allowed for

- Best Practice in Vetting to protect children and venerable adults
- A quick efficient response and turnaround timeline for requests from projects
- A resource to keep the programme and its members up to date with policy change and direction

### Mental Health: a serious community concern

Bridgeways FRC is based in Ballymahon, co Longford, an area experiencing deprivation, lacking infrastructure and resources. Bridgeways FRC provides multiple forms of mental health support for over 200 people a year at a time when private counselling is expensive and waiting lists lengthy. The FRC's support his provides intervention and prevention before individual situations deteriorate completely and collectively this builds community cohesion and resilience. Here is what one man said, a single father to four children:

*"When my wife died, I found it so difficult to cope. Bridgeways FRC provided each of us with the mental health support we needed to get through difficult times. I engaged in counselling, my son (12) attended art therapy, my daughter (2) attended play therapy, my other two children engaged in mindfulness and yoga, while as a family we attended a family programme. Two years on and I honestly don't know what we would have done without them."*

## Responding to changing social need

In recent years FRCs have developed new services to follow changing social need, for example in the area of food poverty (food cloud, meals-on-wheels, café). They have assisted people in those areas where existing services are under pressure, such as domestic violence. They have taken an important role in social inclusion by involving Travellers, the group in Irish society that has the most difficult living conditions, whose members have received the least benefit from the education system and who suffer daily discrimination in work and services. They have reached out to the new communities who have come to Ireland in the past twenty years and helped promote their integration and welcome into local communities. They have acted as a voice for change on some of the most challenging issues of our time, such as mental health services, autism, rural isolation, language issues in the new communities, diet exercise and food poverty (see case studies).



### Savings for the state

Services provided by FRCs ensure savings for the state in the areas of educational failure, avoided behavioural interventions and care, policing and courts in domestic violence, avoided intensive mental help interventions and the integration of minorities. Without FRCs, clients would not likely obtain other services and their situations would deteriorate. Services provided by the FRCs lead to considerable savings across a range of other state services and these are some examples:

- Early years and afterschool services reduce the need for services to address early school leaving and education failure;
- Family support services in higher-risk families reduce the need for later behavioural interventions or in more extreme situations care, or juvenile crime;
- Domestic violence services reduce the need for expensive police or court-based interventions;
- Counselling and play therapy reduce the need for intensive mental health interventions;
- Youth programmes identify and help vulnerable younger people, whom helping later would be more difficult, intensive and expensive;
- The integration of the new communities has helped to avoid the problems of segregation and alienation - and costly responses - evident in other countries.

If we were to ask the counter-factual question of *What would happen if there were no FRCs?* the answers might be troubling. Rather than get help elsewhere, it is probable that many of those helped would not receive help at all. In quite a number of cases, especially in mental health and psych-social stress, no other state services - adult or children - are available in any case, or the waiting period may be so long - up to 18 months - that the situations of clients would deteriorate rapidly in the meantime. For example, private costs for counselling or speech therapy (e.g. €65-100 a session) are out of reach. Here, the FRC enables people in distress to effectively skip the queue and quickly obtain an affordable local service, which, if timely, may arrest and turn around deterioration. Were it not for FRCs, many of the problem issues that arise would be untreated,



leading to isolation, deprivation, higher stress levels and more crises, with some eventually seeking help from more costly emergency services. There is the risk that mental ill-being might remain undetected and untreated - an outcome not inconsequential for them nor their families. In the absence of food services, there would likely be malnutrition - hard to detect or measure - but nonetheless real and with consequences. In the absence of advice, many would not obtain benefits and services to which they were entitled, exacerbating poverty, ill-health and a sense of exclusion.

## FRCs and the European social model

FRCs in Ireland fit in well with the best European models of low or no-cost, trusted, local, accessible services focused on families, their children and communities living in situations of disadvantage. Their impacts are evident on families across the headings listed earlier, such as children, young people, adults, and older people across a variety of fields, such as childcare, education, welfare, the labour market, social inclusion, work with minorities and community development. They give an idea of just how wide is the field encompassed by 'family support'. The examples given here show the practical impact of services across these fields and suggest that there would be high costs indeed, not just for the state but more importantly for the individuals concerned, in their absence.

Although the services provided by FRCs may have a low-cost, low-tech, informal appearance, this belies a reality of their delivery by professional staff and the sophistication of many of the services. High skill levels and knowledge are required to provide quality information and advice, training, counselling, therapy, early years and youth programmes. Staff of the FRCs also bring another 'invisible' - passionate commitment to their work which is readily evident to visitors to their centres (e.g. local media) but which is an important factor in the quality, volume and continuity of service provided. As for those who use their services, many may come from situations of stress or trauma, which need careful, sensitive and confidential handling (e.g. domestic violence, workplace bullying, sexual abuse, child abuse). Skill is especially in demand in the case of interventions with at-risk families (conversely, unprofessional work could cause considerable damage) and quality work can turn situations around.







# Family Resource Centres work with local communities during the pandemic

Ireland's 121 Family Resource Centres (FRCs) maintained - and greatly modified - their services during the Covid 19 pandemic in 2020. This report comes from a survey of the work of FRCs nationally and of twenty FRCs in the eastern region of the country<sup>63</sup>. Between them, they provide an insight into communities under pressure as a result of the virus, its social impact and how services can and do respond.

## What happened?

FRCs closed their drop-in services and moved them on-line and to telephone and e-mail;

There was a big increase in demand for mental health support, food and essential home supplies, activity packs for families and check-in calls for those vulnerable or isolated. Parents needed help in home schooling and keeping their children occupied. Mental health pressures were especially evident. Help with food took the form of packages, cooked meals and vouchers. New supplies and food hubs were sourced. FRCs received more calls from migrant communities, including those in direct provision. The increase in demand came from many new people who had never used FRC services before, such as older people cocooning and people asking for food.

## National Survey of Family Resource Centres during COVID-19 crises.

Increases in demand during the virus reported by FRCs	
Overall increase in demand	83%
Main areas of increase	
Parent and Family Support	71%
Food	69%
Mental Health and Counselling	51%
Other areas of increase	
Meals on wheels	25%
Advice on information technology	24%
Activity packs for children	12%



Coronavirus  
COVID-19

## Impact on local communities

Family Resource Centres saw, at first hand, the impact of the pandemic on local communities:

- People were greatly affected in areas where there were many positive cases. In already disadvantaged areas, this created an additional sense of depression. FRC Counselling services provided an increased level of support for as many people as possible;
- An increase in domestic violence was evident, requiring support, advice and referral to specialized agencies. This had an increased affect on children in vulnerable situations experiencing domestic abuse. Marriages and relationships were strained, requiring increased counselling and support;
- Businesses closed: many did not expect to re-open; leading to decreases in income.
- Food poverty, especially in the case of migrant families and those with irregular status, requiring additional help from FoodCloud and Foodshare;
- Increased unemployment in areas where tourism closed ;
- Increased drug use. FRCs worked with clients, counsellors and Gardaí to provide support and advice.

Mental health impacts were significant, especially in families, those socially isolated and those under financial pressure, FRCS feel that much of the impact is still to come when the employment supports end.

## What FRCs did: keeping in contact

FRCs made a priority of maintaining personal contact with their clients by telephone:

- Providing befriending services, especially to older people cocooning;
- Helping parents to look after their children;
- Giving information and advice on social welfare and employment issues, including printed formats posted or delivered for those who found on-line services difficult.

FRCs used social media to provide information and contact details on services

- Using Facebook, Instagram, Twitter and WhatsApp groups, updated several times a day;
- Offering guidance in areas such as health, immigration, employment, education and parental support.





# Examples of the practical help provided by FRCs during COVID-19

## Counselling

Adult and youth counselling continued on telephone, facetime and Zoom, replacing personal or face-to-face sessions. For those not comfortable with phone counselling, counsellors contacted them to make sure they were all alright and to ensure that they continued to have the information that they needed. Training continued to be provided for teleplay therapists. Once this is over, the need for one-to-one, personal, professional, affordable, low-cost, no-wait counselling will be more important than ever.

## Food

Many FRCs were already involved in food distribution, but there was a huge increase in demand: traditional Meals-on-Wheels, food cloud and school packs, both generally and some particular groups (e.g. those cocooning, families in homeless accommodation). Some FRCs were providing up to 200 meals a day. Some FRCs are now connected to Community Call working together to ensure that they reached all those who needed them. One FRC reported a 600% increase in food demand and managed to source new supplies from a corporate sponsor as their original supplier is closed for Covid -19. Others sourced donations from bread companies, health drink suppliers and other food suppliers.

## Parents

FRCs continued to help parents, through:

- Zoom programmes for baby massage, parenting Comfort packs of bed clothes, towels, facecloths, courtesy of the hardware shop.
- Restorative parenting, *Circle of Security* and;
- One-to-one supports by telephone, with help and advice;
- Support in the area of domestic violence;
- Individual support from full and part-time Community Development and Family Support Workers, by phone, zoom or e-mail, whatever suited best. These covered such areas as speech and language, good routine, well-being plans, how to keep in contact with family and friends by skype and various apps. Music, art and knitting on-line also provided.



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## Childcare

- Childcare staff remained in regular contact with parents, developing creative ways of helping their children, such as Zoom Circle Time to tell them stories. Other childcare workers read stories and relayed them via their parents, to their children to offer them the comfort of their voice and the benefit of hearing a story told to them by another adult;
- Printed resources were provided to families daily or weekly, posted or delivered;
- Easter packs were delivered: Easter eggs, home-made play dough, craft materials and colouring packs. Some FRCs posted resources to their childcare families while others hand-delivered packs.

Childcare staff continued to receive training - online - to ensure that they used the time to develop and benefit children in the future, for example the *Better Start* programme, quality training and early years management.



## Children and young people

Youth groups and Foróige groups connected to FRCs continued to take place, but on social media platforms like Zoom. Zoom youth groups were set up.

Examples of their activities were:

- Challenges;
- Daily fitness, mindfulness, cooking and creative activities;
- Mental and physical health for young people;
- Creating YouTube videos;
- Games (Kahoot App) and quizzes (HouseParty App);
- Grinds for examination children over social media;
- Timed playtime in play area for families with no gardens;
- Art resources sourced and provided to homeless hubs and direct provision;
- Showcasing home activities on Facebook, so their activities were recognized;
- Packs for children: books, activities, Easter eggs;
- Youth leaders provided on-line conversations with young people about how they were managing their situations.

## Older people

FRCs with senior care services expanded their provision for older people isolating or cocooning and who could not see their families. One, for example, increased its service from 90 to 160 home care clients in a few weeks these frontline workers required Personal Protective (PPE) and training to ensure their safety. FRCs collected prescriptions and delivered pensions and groceries. FRCs provided bingo packs to older people in flat complexes and other resources to support older people in their homes.



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## Migrant families, adult education, forms, mental health, social prescribing, Community Employment

- For migrant families, advice was provided by telephone and information translated. One provided a dedicated phone line with a Portuguese speaker for the local Brazilian community. Fáilte Isteach courses went online;
- Adult education and Education and Training Board courses and tutoring moved online;
- For those in need of Covid 19 payments, forms were printed and literacy support provided to help people complete forms. FRCs developed a list of rights, resources and services to support adults and families in such areas as forms (e.g. housing, social protection) and related areas (e.g. banking and bills), posted to those who needed them. Job Centre clients were contacted regularly and supported to ensure that they received the correct payments. All staff were informed about Health Assist support.
- Mental health supports continued but online, with mindfulness resources on paper and online;
- FRCs developed social prescribing, with one-to-one phone calls to help people to build a good routine, exercise and stay connected, for example to other organisations like ALONE and Age & Opportunity;
- Weekly contact with Community Employment participants, who were very vulnerable, encouraging them into online training.





## Keeping FRCs going during the pandemic

Running a Family Resource Centre is a challenging task at any time, many times so during a pandemic. Behind the scenes, it was important to maintain an efficient administration to continue to deliver a high quality service. FRCs continued to pay wages; keep auditing and accounts up to date; and maintain records and documents for funders. Subsidies and Covid-related grants were investigated and where appropriate applications were submitted. The virus involved many changes in working methods, with staff and board meetings moved to Zoom or other social media platforms..

FRCs reported great support from the local communities around them. Community spirit was very evident and neighbours looked out for each other. There was good corporate support (e.g. food supplies). FRCs were helped by the Gardaí and GAA. Inter-agency working remained as essential as ever working across agencies to support families as needed. FRCs were part of Community response around the country and FRCs remained connected with community networks; schools; voluntary organisations (e.g. Society of St Vincent de Paul) and others e.g. *Preparing for Life*, childcare committees, Public Health Nurses (PHNs), social workers and addiction services.

## Returning to the workplace after the Pandemic

This is a big challenge. 93% of FRCs saw their income decrease, 75%v of resource centres losing more than 25%. Those who generated income by renting out rooms for meetings lost that income stream. Others lost charity shop income. The national survey indicated the main concerns.

### Main concerns going back to work reported by FRCs

How to re-start group activities and maintain social distancing (e.g. parent-and-toddler, support groups, summer camps)	37%
Loss of income and increased costs	33%
Social distancing changes (space, signage, protective equipment, sanitizing, screens)	21%
Staff and volunteer safety and mental health	15%
Meeting increased demand	11%
Enforced reduction in childcare services	9%



# Developing Family Resource Centres: the future

FRCs face a number of operational challenges and these have increased since the Pandemic:

The need for all centres to be adequately resourced to achieve this;

- The need to restore losses in pay, terms and conditions to reach and exceed 2008 conditions and re-build the workforce. It is essential that investment in financial resources be matched by investment in human resources. FRCs should provide positive, professional working environments with terms, conditions and career opportunities referenced to public service comparators;
- The need to ensure balance in their work between Tusla's main interest and role (high-risk groups and child protection); their universal service; and their work in community development. These are not contradictory functions but need to be in healthy balance;
- The need for more support with technology at a local level, to enhance the ability of more vulnerable families access online services.
- Preservation of the FRCs as a national programme, model and ethos of working;
- The need to restore the documentation and dissemination system of SPEAK. Although summary reports continue to be compiled, there is no single location for them, no dissemination system nor user community, which means that significant opportunities to promote the accumulated knowledge from and visibility of the programme are lost.<sup>64</sup>

The FRC programme has an institutional location that limits its potential. It is a small proportion of Tusla's budget, only €18m out of its total €817m (2.2%). The FRC programme is a minor part of the annual report and is also a low priority in departmental documentation: for example, the Department of Children and Youth Affairs *High-level policy statement on supporting parents and families* (2015) had no reference to its work. Tusla's board and staff are chosen for their proficiency in child protection, which is a high-visibility and especially media-sensitive issue. As a result of all these factors, it is difficult for the value, method and impact of the programme to get a hearing, priority or the level of attention that its importance deserves. Tusla was created as a separate body so that child protection could define a role free from the competing pressures within the Health Service Executive; but in placing the FRC programme in Tusla, the profile of the family resource centre programme suffered in turn, contrasting with its much higher visibility in its first programme decade. The FRC programme does not feature as a directorate in Tusla's organisation, it should have a dedicated unit, with the suggested title of Strategic Support Unit that recognises the potential of the programme for this coming decade.

# Challenges FRCs face over the next 5 years.

The programme of Family Resource Centres is now more than 25 years old. Despite much diminished resources, the programme survived the period of austerity after 2008 and has almost returned to its funding levels of that time. With an expansion of 12 new centres, it now has a brighter future and could once again take the lead on the European landscape. The centres face a number of general challenges for the next five years:

- A difficult social environment, with key social indicators - principally poverty - that have deteriorated in the period since the blue book, with the realisation of new forms of poverty (e.g. food poverty), the persistence of others (e.g. illiteracy), the reframing of old forms (e.g. psycho-social stress); and the renewal of old forms (e.g. the egregious situation of the Traveller community);<sup>65</sup>
- The divesting of community development, the reduction of social capital and the emergence of areas of weak community infrastructure;<sup>66</sup>
- The loss of social institutions and social documentation;
- The lack of a discourse of social reconstruction in the post-austerity period;
- The particular challenges in economically disadvantaged communities of a just transition to a carbon-neutral society;
- Demographic growth, a youthful population and the contribution and vitality of our new communities.

## Recommendations for 2020-5:

The National Forum has already outlined priorities for the years 2019-2021.<sup>67</sup> Those for 2020-5 are stated here. These are:

-  Continue to develop the profile of the Family Resource Centre programme as a key, flagship instrument of the Irish state and society in working with families, communities and children;
-  Rebuild the operational capacity of the programme in the form of: Financial resources - enough to support the employment of sufficient staff to deliver the programme of work;
-  Human resources, with a built-in escalator for salaries to restore and improve upon 2008 conditions in line with public sector counterparts so as to ensure retention and morale;
-  Training, supervision and continued professional development, with a fund allocated for that purpose;
-  Networking with European Union countries which achieve the best outcomes for families, children and communities, so as to draw up frameworks, approaches and practice in Ireland, with funding allocated for that purpose;
-  Provide a dedicated Strategic Support Unit with an appropriate complement of staff;
-  Restore and rebuild the SPEAK documentation system, with qualitative analysis and a programme of dissemination - including a single point location of reports and public launches - and the creation of a user community;
-  Devise a pre-development strategy, with dedicated pre-development fund to enable the expansion of the programme to a further ten centres by 2025. This is important where there are gaps in coverage or where new areas of weak community infrastructure have emerged.<sup>68</sup>

The FRC programme has, if given sufficient support, transformational potential to help families and children and promote the development of communities over the coming years.







## The main recommendations.



Maintain the core values and practices of the work of Family Resource Centres through raising the public profile of the programme



Rebuild operational capacity: human, financial, training, supervision, CPD, networking with Europe



Restore and rebuild SPEAK documentation system



Give the programme a dedicated Strategic Support Unit



Pre-development strategy, pre-development fund to enable expansion to 130 centres by 2025

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- 64 At present, only a short summary report is compiled, although there used to be a full-length report with analysis, outcomes and a public launch. A copy of the summary report is sent to Tusla, but permission is required to supply it further afield. The agency compiling SPEAK is not charged with dissemination nor development of a user community. It is believed that information in the annual reports is supplied in answers to parliamentary questions to Tusla, but that may be the extent of its external use. Although there is a SPEAKworking group, it has a technical rather than a strategic function.
- 65 Although service users may present with 'mental health' issues, in practice they may be strongly related to their social environment e.g. low incomes, poor housing, discrimination, so the term 'psycho-social stress' may be more useful.
- 66 Several gaps were cited in the course of this research, such as south Cavan, south Monaghan and Leitrim.
- 67 Family Resource Centre National Forum: *Strategic plan 2019-2021*. Galway, Ann Irwin Social Research, Strategic Planning and Policy Analysis.
- 68 Thanks are due to the many people who assisted in the compiling of this report. They are Packie Kelly, Dara Terry, Molly Kirwan, Mary McGrath, Louise Glynn and Grace Kearney of the Family Resource Centre National Forum; John Canavan and Carmel Devaney of National University of Ireland Galway; Paul Butler of SPEAK. Case studies were supplied by Packie Kelly, Teach na Daoine, Clones, co Monaghan; Dara Terry, St Andrews Resource Centre, Dublin; Grainne Begley, St Kevin's FRC, Tallaght, Dublin; Louise Moran, Boyle FRC, co Roscommon; Liz King, Sligo FRC; Susan Keogh, Trim FRC, co Meath; Mary McGrath, Hospital FRC, co Limerick; Molly Kirwan, Forward Steps FRC, Tullow, co Carlow; Louise Glynn, Tacu FRC; Grace Kearney, Bridgeways FRC, Ballymahon, co Longford.









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