



EVALUATION OF LIMERICK CITY HOMEMAKER FAMILY SUPPORT SERVICE

March, 2017

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1. Introduction

The purpose of this research is to evaluate the Homemaker Family Support Service, as part of a local need to establish what works in parenting support. This will contribute to the body of knowledge to further support the evolution of positive, evidence-based outcomes for programmes and services for the benefit of children in Limerick.

Established in 2013, as part of Limerick Children and Young People's Services Committee's (CYPSC) Parenting Strategy, the Homemaker Family Support Service is an early intervention, home-based family support service that emphasises working with parents in a practical way to support them in their parenting capacity and with household routines. The Homemaker Service works with families with additional needs (Levels 2-3 on the Hardiker Model¹), with the goal of intervening early in order to prevent difficulties escalating.

It is a flexible service that works with families at key periods during the day, such as mornings/getting ready for school and evenings (family meals, homework and bedtime), or at other times identified in partnership with the family. The service provides short, intensive interventions for up to a maximum of 24 weeks and has a catchment of Limerick City and its environs. Further information about the establishment, governance and structure of the Service is presented later in the document.

This research seeks to answer the following questions:

- Is the Homemaker Family Support Service an effective early intervention support service?
- Does the Homemaker Family Support Service improve parental capacity, contributing to positive outcomes for parents and children?

¹ The Hardiker Model (Hardiker *et al.* 1991) is a widely used planning framework outlining four levels of intervention.

2. Background to Homemaker

The Limerick Children and Young Person's Services Committee (CYPSC) was established in 2007, and consists of senior level representatives from agencies² which have a remit in delivering services to children and their families. It is charged with improving the well-being and safety of children by supporting and strengthening families, by facilitating collaboration within Limerick services to provide a safe and nurturing environment for all children, and by progressing strategic planning and policy in relation to children's services in the city.

Within this brief, in 2012, Limerick CYPSC commissioned research "How are Our Kids?" (Humphreys, 2012). One of the key findings of this research prioritised by the Limerick CYPSC was the need to provide support for parents to address a range of issues, and a Parenting Strategy was developed for implementation. Limerick CYPSC recognised the need to ensure that all parenting support programmes are coordinated and integrated where possible. To this end, Start Right Southside and the Tusla's Community Development Department were key partners in developing the approach.

In order to address the multi-faceted needs of parents, the Parenting Strategy took a tiered approach in responding to the needs of parents. It was based on a "Population Approach" to the promotion of parenting competence, working closely in partnership with Start Right to develop the model. The Population Approach is a multi-level system of family intervention, with each level increasing in intensity. It moves from broad focus (targeting an entire population) to narrow (targeting only high-risk children). The self-regulation of parental skill is at the core of all work: to better equip parents in their child-rearing role; to reduce parental stress associated with raising children; and to improve parents' awareness and communication in terms of parenting issues.

The Parenting Strategy included the following:

- Establishment of a coordinated network of parenting services with improved capacity, sharing information and resources, cooperating in referrals, service planning, training and communication vis-à-vis various target audiences including policy makers, service providers and parents. This is the Parenting Limerick Network. Each member organisation is committed to working together to coordinate and enhance parenting

² Tusla, Health Service Executive, An Garda Síochána, Young Person's Probation Services, Department of Education and Skills, Limerick City and County Council, Limerick and Clare Education and Training Board, PAUL Partnership, National Association of Principals and Deputy Principals (NAPD), Irish Primary Principals Network (IPPN), Ballyhoura Development, West Limerick Resources, Barnardos, and Hospital Family Resource Centre (on behalf of all Limerick FRCs).

capacity in the city – and is a key resource in developing, implementing and sustaining the parenting support programme.

- Implement a city-wide campaign, in co-operation with Start Right, to disseminate positive parenting messages and information through the use of mixed media and communication to all parents including those in the disadvantaged communities in the city.
- Development of supports for parents at community level (through coordination and increasing capacity of existing provision such as Incredible Years, school-based support for parents, Adult Learning Programmes, libraries) and to link community programmes into the media campaign.
- Develop a final layer of targeted intervention to provide intensive, outcomes-focused, practical support to parents that is based on a model of early intervention and prevention. This is to support parents to deal with challenges of parenting in order to prevent more serious crises in the family at a later stage. **This component of the Strategy is the Homemaker Service.**

This Limerick CYPSC Parenting Strategy was included in the Children's Programme Innovation and Development Fund (PIDF) from 2013-2015, whose overall objective was to effect sustainable systemic change and to improve outcomes for service users. Following a tendering process, Barnardos was selected to establish the Homemaker Service for a period of 2013-2015 in line with the PIDF timeframe. It was established via the PIDF support with a staffing complement of two part time and one full time Homemaker Family Support Workers. The Project Co-ordinator and operational costs (rent, light, heat etc.) were provided via Barnardos existing service level agreement with Tusla.

Since establishment in 2013, the Homemaker service was also part of Limerick CYPSC's Early Intervention and Prevention in the Early Years Strategy, which was originally operationalised through the Community Wraparound model of Start Right Southside from 2013-2015. As such, The Population Approach is further enhanced by the Homemaker Service being an integrated part of the Community Wrap-around Model developed through Start Right Southside, which focuses on early intervention and prevention in the early years. The objective of this model is to provide families and children with access to needs-led integrated, seamless service provision and includes PHNs, Speech and Language Therapists, Early Years Services, Family Support (including Homemakers, Community Mothers), Parenting Programmes such as Incredible Years and Parent Support Groups and Community Supports. It also includes Creative Therapies and Psychology. In this approach the Community Wraparound Co-ordinator has a central role in identifying needs, and relevant supports within the Community Wraparound resources, to ensure that children access the supports they need in a timely and integrated way – and draws in the Homemaker Service as required.

When the PIDF ceased at the end of 2015, the Homemaker Service was an embedded part of the Community Wraparound model and was therefore integrated into the ABC StartRight Limerick initiative for 2016-2017, albeit at a smaller scale – covering two of the Homemaker Family Support Workers, and linked to the specific catchment of the ABC StartRight programme – City Centre (including the Regeneration area of St. Mary’s) and Northside (Moyross, Ballynanty, Kileely and Thomondgate) areas of Limerick City. The third Homemaker Family Support Worker was supported by Limerick Council’s Social Interventions Fund programme of work, and the Project Co-ordinator and operational costs continue to be provided via Barnardos existing service level agreement with Tusla, thereby enabling a continuation of the citywide remit.

3. Limerick Area Profile

There are many areas in Limerick affected by poverty and disadvantage. The areas of Thomondgate, Moyross, Ballynanty, Kilkeely, King's Island, Bishop's Place, and Limerick Southside have been designated disadvantaged under the Revitalising Areas by Planning, Investment and Development (RAPID) programme. The aim of the programme is to improve the quality of life and the opportunity available to residents of the most disadvantaged communities across Ireland (Pobal, 2017). According to the Pobal Deprivation Index (Pobal, 2011), the Moyross area was classified as extremely disadvantaged in 2011, with the surrounding areas of Ballygrennan and Ballynanty as very disadvantaged. The area is currently undergoing depopulation to facilitate a regeneration programme. The Limerick Regeneration Framework Implementation Plan (Limerick City Council, 2016) aims to improve the quality of life and wellbeing of the communities in the regeneration areas, as well as promoting greater social and economic inclusion. The plan covers Moyross, St. Mary's Park, King's Island, Southill, Ballinacurra and Weston. The St. Mary's and Kings Island area are also recorded in the 2011 Deprivation Index as very disadvantaged, with some areas designated as extremely disadvantaged (Pobal, 2011). The deprivation profile of the Southill area varies from small pockets of extreme disadvantage, to larger areas reported as very disadvantaged or marginally below average (Pobal, 2011).

The preliminary findings of the 2016 census shed further light on the contextual conditions in Limerick city, revealing change over time. While the population of Limerick city has grown by 2.1% to 58,319, there has been some decline recorded in the regeneration areas as depopulation continues. For instance, the Galvone B electoral division, which contains Southill, O'Malley Park and Keys Park, has seen a population decline of 24.8% from 2011-2016. In 2011, there were 6,479 single person households in Limerick city, of which 3,059 constituted lone parent families (CSO, 2011), a figure of 13.7% of households, with the national average at 10.9% in 2011 (CSO, 2011). Corresponding data from the 2016 census has not yet been made available.

The Limerick Regeneration Framework Implementation Plan Review reports that, while the investment in regeneration has provided employment and training opportunities, *"the challenge of unemployment still persists, impacting on the quality of life of residents in the regeneration areas"* (Limerick City Council, 2016, p.3). At an administrative level, Limerick City had the highest unemployment rate in 2011 at 28.6%, compared with a national average of 19%. Limerick City also had the highest level of youth unemployment at 50% (CSO, 2011). However, evidence indicates that unemployment rates are declining. In December 2011, the number of people on the live register in Limerick City was at 14,313, with the figure dropping to 8,397 by December 2016. Similarly, the number of young people on the live register dropped from 2,486 in December 2011, to 1,078 in December 2016 (CSO, 2016). Educational attainment data also highlights the challenges faced across the regeneration areas. According to the 2011 census, of those aged 15

years and over whose full-time education had ceased, 20% were educated to at-most primary level, a further 57% attained second level, while 23% were educated to third level (CSO, 2011). Data from the 2016 census is yet to be made available, but analysis of additional statistical data finds that rates of early school leaving in Limerick city are in decline, in line with national trends (Limerick City and County Council, 2016).

Early school leaving rates are higher in the regeneration areas, with the proportion of the population who left school with just a primary education between two and three times higher than the national average. At national level, the percentage of people with third level education is 31%. It is just 23% in Limerick City. Rates of participation in third level education are lower in the regeneration communities. For example, 7% of the population in the Carew Park and Kincora Park areas of Southill have a third level education. The rate is lower still in the O'Malley Park and Keyes Park areas of Southill (4%) while in St. Mary's Park it is as low as 1%. The programme of regeneration has targeted education as an impact metric, with the review finding improved school readiness, educational attainment and re-engagement with education across different projects and initiatives (Limerick City and County Council, 2016).

4. The Policy & Literature Context

4.1 The Policy Context

Family policy has been a priority in Ireland since the 1990s, with a range of activity and engagement in the area, including The National Children's Strategy: Our Children - Their Lives (Department of Health and Children, 2000); the establishment of the Office of the Minister for Children (OMC) within the Department of Health and Children in 2005; and the Agenda for Children's Services: A Policy Handbook (Department of Health and Children, 2007), all of which cemented the place of children and families in Irish social policy, alongside an emphasis on the preventative approach as a model of best practice. In 2011, the first Minister for Children and Youth Affairs was appointed in Ireland, and a new Department of Children and Youth Affairs (DCYA) was established, further strengthening children's welfare as a policy imperative. Better Outcomes, Brighter Futures – The National Policy Framework for Children and Young People was published in 2014 (Department of Children and Youth Affairs, 2014), setting out the Government's key commitments to children and young people up to the age of 24. The framework highlights the importance of parents in a child's life and the benefits of positive parenting, while promoting better support for parents as a priority. The Government has made commitments through the policy framework to increase the provision of supports to all parents, from advice to childcare, in addition to targeted, evidence-based supports to those parents with the greatest needs.

In 2013, the Child and Family Agency Act further reinforced child welfare and family support as a policy imperative. The Act established Tusla, charging the Child and Family Agency with a range of responsibilities for supporting and promoting the development, welfare and protection of children, and the effective functioning of families. Tusla's strategy is part of an overall mission to improve outcomes for children and young people in Ireland (Department of Children and Youth Affairs, 2014), ensuring that appropriate and accessible supports and services are available to parents within their community. Tusla's medium-term outcomes and long-term outcomes support enhanced child and family wellbeing and improved outcomes for children and parents, based on a core commitment to prevention and early intervention. The Parenting Support Strategy (Child and Family Agency, 2015) establishes the role of the Child and Family Agency in supporting parents, further emphasising the progressive universalist approach to parenting support, from universal support, to targeted and specialist services. The approach is driven by the needs of the family. The delivery of parenting supports has traditionally been non-integrated, with the community and voluntary sector playing an important role, alongside statutory service provision. Tusla provides funding through service agreements to non-statutory services, including community and voluntary agencies. This funding covers a broad range of parenting support services, delivered at national and local levels. It also incorporates the Family Resource Centre

(FRC) programme, delivering universal and targeted services to families in disadvantaged areas across the country (Family Support Agency, 2013).

While the Child and Family Services functions of the HSE are now part of the Child and Family Agency, the HSE remains responsible for, and dedicated to, supporting parents through policy and practice. The HSE's National Maternity Strategy aims to ensure that a Health & Wellbeing approach should be adopted to ensure that babies get the best start in life. The complementary HSE's Nurture Programme further aims to ensure babies and their mothers get the best start in life by ensuring contact with a healthcare professional up to 25 times in the first three years of life. The HSE's Public Health Nurses (PHN) provide a range of health care services in the community, including visiting new born infants and their mothers in their homes, together with developmental checks on young children aged 0 to 3 years.

The HSE in the Midlands pioneered the Child Safety Awareness Programme which targets parents and carers of children in the 0 - 5 year age group and is divided into three specific age and developmental stages: 0-11 months, 12-23 months and 2-5 years – providing supports to parents to ensure safety of children in the home and environs³.

The HSE developed a range of resources, materials and booklets to support parents in their Caring for your Baby and Caring for your Child series. Through HSE Primary Care, families are supported to access a broad range of primary care supports to respond to the needs of children, such as GP, practice and/or community nurse, occupational therapy, physiotherapy, home help and additionally other services as required such as speech and language supports, addiction services, dental, primary care psychology services.

This is further enhanced by the HSE's Early Intervention Team (EIT) approach for children aged 0-6 years and their families, who have complex developmental needs. The EIT team typically comprises an Occupational Therapist, Clinical Psychologist, Physiotherapist, Social Worker and Speech and Language Therapist. The HSE is the statutory lead on Progressing Disability Services for Children and Young People programme which provides for the needs of children with disabilities, and recognizes the need to adopt a family-centred approach to enable families to create the optimum environment to support the development of children with disabilities. The HSE's Healthy Ireland programme has, as one of its four goals, the goal to increase the proportion

³ Resources from this programme include a DVD on Child safety inside and outside the Home – DVD; Health and Safe Swimming Leaflet; Child Safety and Health around Pets Booklet; Safe Sleep for your Baby Booklet.

of the population who are health at all stages of life – including physical and mental health – parenting support has a central role in promoting the physical and mental health of children.

The DCYA's High Level Policy Statement on Parenting and Family Support (Department of Children and Youth Affairs, 2015, p.22) recognises the interagency relationship between Tusla and the HSE as the "*cornerstone of parenting and family support*". The statement also emphasises building on existing family strengths and informal support networks, and supports the provision of a coherent continuum of accessible and timely local supports to all parents. In addition, the statement emphasises the significance of the Children and Young Person's Services Committees, and working in partnership with community and voluntary providers (Department of Children and Youth Affairs, 2015).

The Department of Education and Skills (DES) provides parenting support, with a remit to provide information and resources for parents to support their children's education. The website www.helpmykidslearn.ie was developed as part of the National Strategy to Improve Literacy and Numeracy 2011-2010. The DES's Delivering Equality of Opportunity in Schools programme (DEIS) in communities at risk of disadvantage and social exclusion provides for additional supports for children and their families to ensure additional support for children who need it. The School Completion Programme and the Home School Community Liaison programmes both recognize the centrality of children's family and home environment in their supporting their education.

The Department of Housing, Planning, Community and Local Government has a role in supporting children, parents and families. Local authorities have a remit to provide and housing and community services which aim to contribute to healthy, vibrant communities to support family and community life. Additional supports are provided in areas of disadvantage and can extend to include estate management, tenancy support and social provision, most recently in the form of social regeneration in areas affected by disadvantage and social exclusion. Under a reform process, local authorities also now have a strengthened remit for local community and economic development in the form of Local Community and Economic Development Committees, with each developing a Local Community and Economic Plan for their respective areas.

4.2 The Literature Context

It is accepted that parents play a critical role in influencing their children's lives, before and after birth, and increasing evidence supports that effective parenting can contribute to positive outcomes for children. Likewise, the notion of parenting as a set of skills that can be learned is now widespread (Daly, 2011). Parenting support has been defined as:

“a set of (service and other) activities oriented to improving how parents approach and execute their role as parents and to increasing parents' child-rearing resources (including information, knowledge, skills and social support) and competencies”

(UNICEF 2016, p.2)

Thus, the concept is broad-reaching, incorporating a range of types of support within the broader field of family support.

Services range from “*universal support in informal settings for self-referring parents*” through to “*specialist services to support families in particular situations, dealing with specific problems that may present at different times in the lifecourse of the child*” (Department of Children and Youth Affairs, 2015). This reflects a recognition of the need for differentiated parenting services to take account of the diversity of families (Devaney and Kearns, 2010). While some families may require universal supports, others may have more complex needs and require more tailored interventions.

Diverse modes of delivery across the lifecourse include population approaches, home-visit programmes, group-based programmes, one-to-one support and family-based interventions. Services can support parents directly or indirectly towards better outcomes for their families. Direct supports for parents are aimed exclusively at improving parental skill and capacity, meeting particular needs or supporting a particular parenting relationship. Indirect supports may be aimed at improving skills and capacity for individual parents or families. While diverse in their approach, the common underlying principle is that of empowering parents to support the development of their children.

While rationale and modes of delivery of home-based parenting support programmes vary considerably, such programmes have been acknowledged as an effective means of improving parent and child outcomes (Miller *et al.*, 2010). Evaluation research also points to the benefits of working in partnership with parents to provide tailored individual supports in the home

environment. McKeown identifies four reasons why home-based interventions with vulnerable families are useful.

- They can reduce barriers to services that arise due to lack of transport, childcare or motivation
- They can provide a source of support to the family and help in building its social network
- They can facilitate greater insight into the needs of parents and children, particularly around the issues of parenting and child-rearing
- They can help in detecting early signs of parental distress or child neglect/ abuse

(McKeown, 2000, p.18)

Evaluation research undertaken on such programmes tends to demonstrate their effectiveness. Research on Lifestart's Growing Child Parenting Programme found that home visiting programmes are an effective means of improving parent and child outcomes, and can make an important and positive impact on both parent and child outcomes (Miller *et al.*, 2010). An evaluation of a home-based Marte Meo programme highlighted the benefits of undertaking such work in the environment of normal daily interaction and naturalistic settings (Clarke *et al.*, 2011). A randomized controlled study of the Community Mothers programme found that by the end of the programme, children in the intervention group were "more likely to have received all of their primary immunisations, to be read to, and to be read to daily, played more cognitive games; and were exposed to more nursery rhymes (Johnson *et al.* 1993). Revisiting the study, it was found that benefits were sustained and extended to subsequent children (Johnson *et al.* 2000). More recently, the role of an 'expert' has been emphasised in the literature (Broadhurst, 2009; Daly, 2013). The 'expert' can be particularly effective when undertaking individual work with parents, particularly where parents are less likely to work in a group setting. In England, dedicated parenting practitioners and parenting service commissioners are mandatory at a local authority level (Daly, 2013). An additional element of the rationale is that (Fives *et al.*, 2014) parents are often dealing with a context of events, with one or more issues at a time that may require "*observation, attention, and discrete interventions from key professionals and services*" (2014, p.15).

It is also acknowledged that family support can provide a "*low key, local, non-clinical, unfussy, user friendly approach*" (Gilligan 1995, p.71). Simple practical interventions in these settings have been proved effective in supporting families. Family support workers can help with a range of practical tasks, such as "*house work, making appointments, providing information, advice and support, as well as more intensive therapeutic work with the family*" (McKeown 2000, p.19). Gilligan suggests that we can lose sight of the fact that what a family often needs "*is immediate and tangible practical help, rather than a course of high-powered therapy*", adding that "*intensive practical help in the family's own home may often be the most valuable form of assistance*"

(Gilligan 1991, p.171-172). This view is echoed by Dolan, who argues that, alongside emotional support, practical support is needed for families (Wayman, 2015).

The Homemaker Family Support Service is an example of an early intervention, home-based family and parenting support service that emphasises working with parents in a practical way to support them in their parenting capacity and with household routines. Drawing from the literature to-date, the Homemaker Family Support Service sits within home-based family support. However, it is distinct in its delivery of one-to-one practical support for parents. The service recognises both the importance of relationships in the style of delivery, but also the significance of providing essential support in a real-life, naturalistic setting.

Literature and evidence has established the effectiveness of such an approach.

5. The Homemaker Family Support Service

5.1 Service Offering

The Homemaker Family Support Service is a home based family support service operating across Limerick City and environs with an emphasis on working with parents of children aged eight years and under, in a practical way to support them in their parenting role. It is an early intervention service that works with families with additional needs, or Levels 2-3 on the Hardiker Model, before difficulties become more entrenched. The approach upholds community development and family support principles, and works in partnership with parents to enhance their capacity to support and care for their children. The Homemaker Service is a city-wide service, and is also integrated with the ABC Start Right Community Wraparound model of service delivery in the City Centre and Northside of Limerick City. The Homemaker approach is to provide effective, easy-to-access support for children and families to ensure a timely response when difficulties emerge or are identified. The Service is based on the premise that providing support at the earliest possible stage increases the chances of positive change for children.

The outline of the Homemaker Family Support Service is as follows:

- It provides individual practical, home-based support (detail below) to families with children age 0-8 years, who are struggling to cope with the demands of daily life for a variety of reasons. It is a flexible service which works with families at key periods during the day up to 2-3 times per week, such as mornings (e.g. breakfast and getting ready for school) and evenings (family meals, homework, and bedtime), or at other times identified in partnership with the family.
- There is a focus on supporting the head(s) of household to learn household management tasks in order to meet the social, emotional and educational needs of the children, with an emphasis on improving children's experience of home life.
- It adopts a strengths and capacity-building approach in order to achieve sustainable change – and includes modelling and coaching approaches.
- It provides short, intensive interventions for up to a maximum of 24 weeks, with reviews every eight weeks to assess whether the outcomes have been met.

Families referred to the service engage in an assessment to confirm that the Homemaker Family Support Service is an appropriate and required intervention. The assessment identifies needs, defines specific desired outcomes, and agrees a service plan with parents to achieve them (see Appendix 1) The service is delivered by a team of one full-time Project Co-ordinator and three Homemaker Family Support Workers (one full-time and two part-time). The role of the Project Coordinator is to:

- Provide supervision and support to the Homemakers, including identifying ongoing training needs and incorporating learning in their everyday practice
- Manage referrals into the Homemaker Service
- Work with the Homemakers and the family to develop, implement and review support plans
- Work with the family and the Homemakers regarding closure of cases
- Liaise with external agencies and make referrals to other agencies where appropriate (in consultation with family and Homemaker)
- Foster effective interagency relationships to contribute to positive interagency working for the benefit of children and families
- Prepare and submit progress reports to the Management Committee
- Participate fully in all required monitoring and evaluation activities.

As well as Homemaker management, the Project Co-ordinator also leads on the management of early intervention services provided within the St. Mary's and Bishop St Barnardos premises such as the Early Bird Breakfast Club, a women's support group, drop-in information and advice to the local community, as well as management of the Home Maintenance Programme accessed through Barnardos Limerick North Family Support Service. This role is supported by Tusla as part of Barnardos existing service level agreement for its targeted family support service. The role of the Homemaker Family Support Worker is to:

Support the head(s) of the household to perform a variety of household management tasks, such as meal planning, grocery shopping, food preparation, house cleaning, dishwashing and laundering.

Support the family to establish an orderly household routine which meets the educational, social and emotional needs of the children.

Teach, demonstrate and encourage clients in household management, household maintenance and personal and child care.

Maintain file records on the work undertaken with the family and complete reports on work carried out.

Report regularly to the designated supervisor and undergo staff supervision at specified intervals, and work in co-operation with other agencies to ensure a cohesive service in line with 'wraparound' principles.

Figure 1: The Role of the Homemaker Family Support Worker

In 2016, two of the Homemaker roles were supported by ABC StartRight as part of the Community Wraparound model, with the third Homemaker role supported by Limerick City and County Council's Social Intervention Fund to support families in Regeneration areas. The Homemakers

work flexible hours in order to meet the needs of families, typically a service is offered between the hours of 8am and 7pm.

The Homemaker Service is integrated into the ABC Start Right Community Wraparound model. The wraparound approach offers a seamless service of programmes and clinics for children and families from antenatal through to early school years to support children's development at the crucial stage of pre-birth to 6 years. Community Wraparound is led by Public Health Nursing, and involves dedicated speech and language service and Community Mothers. The Homemaker Service is knitted into this model when families with additional needs are identified - offering a connected service to meet the needs of parents in an easily accessible way through ongoing interagency communication and referral pathway.

5.2 Target Group

The target group is families with additional needs (Hardiker Level 2, low Level 3), where there is at least one child aged 0-8 years. It is not a service for families with complex needs who may require long-term support. The Homemaker Service uses thresholds set out in Limerick City Local Children and Youth Fora Procedures and Tusla Child Protection and Welfare Practice Handbook, to ensure the service is reaching the desired target group, and also to guide when an alternative service may be required (e.g. Barnardos Family Support, other family support service or Tusla social work involvement).

5.3 Location

Homemaker Family Support Service is located in Barnardos premises in the city centre at St. Mary's National School, Bishop St. This provides a city centre location with a remit for referrals from across the city.

5.4 Service Delivery and Case Management

Homemaker Service has a service delivery and case management framework to ensure work remains focused on achieving outcomes, and avoids case drift, as set out in the diagram below.

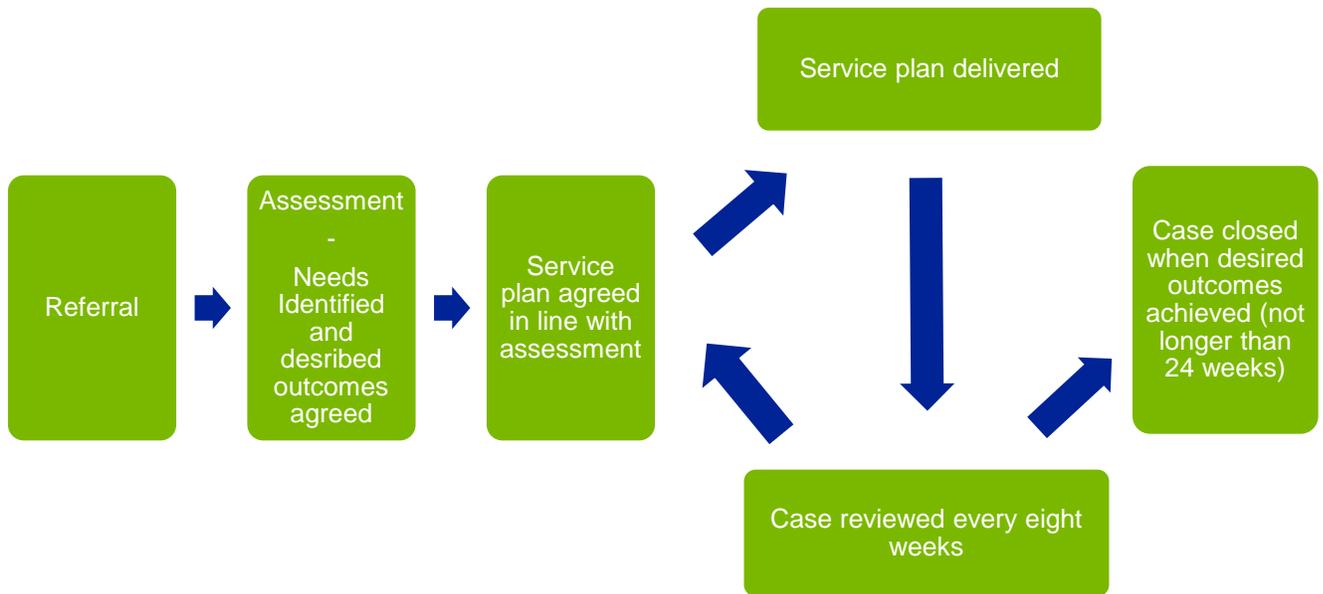


Figure 2: Case Management Framework

Referrals to the service are based on an identified need by the referrer and the consent of the parents. Typical referrers include early intervention services (including disability), Tusla, Health Service Executive (HSE) psychology, HSE Area Medical Officers, Public Health Nursing, educational welfare, school and self-referral. The appropriateness of the referral is determined by the Project Co-ordinator and the referrer is advised in writing of the status of the referral. Interventions begin with an assessment - in all families a brief assessment is undertaken to confirm needs and identify the focus of the work. The assessment is a Barnardos Stage 1 assessment. If an assessment has already been completed prior to referral, an assessment will not be repeated. The assessment focuses on these six domains:

- Living environment
- Relationships and attachments
- Behaviour and social participation
- Health – physical and psychological
- Learning, education and employment
- Identity, self-care and self esteem

The assessment identifies needs, defines specific, desired outcomes and agrees a service plan of interventions to achieve them. Needs and outcomes are reviewed every six to eight weeks with

the family and referrer. There is a meeting at the end to close the service, which reflects on the needs at referral, the service provided to address them and outcomes achieved in the family. This is shared with the referrer. Cases are closed upon achievement of the desired outcomes. The case management plan is demonstrated in Figure 2.

5.5 Governance and Service Management

The Homemaker Family Support Service is guided by a multi-agency Management Committee, comprised of stakeholders. The Committee oversees and guides the overall direction of the service. The Committee meets every six weeks, and is provided with reports on programme progress, outcomes and finance. In the first three years, 2013-2015, the service had a Service Level Agreement (SLA) agreement with the HSE/Tusla on behalf of the Children's Services Committee and participated in quarterly reporting mechanisms. In the second phase of 2016-2017, there is a Service Level Agreement with PAUL Partnership on behalf of ABC Start Right Limerick, which is a sub-committee of Limerick CYPSC. All contractual obligations relating to the establishment and ongoing operation of the Homemaker service are the responsibility of Barnardos Assistant Director of Children's Services.

The service is managed on a day-to-day basis by the Project Co-ordinator who line manages and supervises the Homemakers; and is the case manager for all families working with the service. The Project Co-ordinator is supervised by Barnardos' Limerick North Project Leader, who, in turn, is line managed by Barnardos Assistant Director of Children's Services.

Integrated into Barnardos national organisational structure, the Homemaker Service is part of all best practice, audit and quality assurance processes within Barnardos. Barnardos provides line management and human resources support, finance and accounting capacity, full adherence to employment law; as well as ongoing practice development in line with emerging best practice as appropriate. The multi-agency Management Committee provides advice, support, guidance and accountability to ensure good practice, good integration into existing service provision frameworks and adherence to the goals of the service.

The management structure can be seen in Figure 3.



Figure 3: Homemaker Management Structure

5.6 Service Outcomes

The Homemaker Service has a focus on achieving positive outcomes for children, based on an adaptation of the five national outcomes identified in Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People (Department of Children and Youth Affairs, 2014). These focus on:

- Children's physical and mental health
- Children's education and active learning
- Children's economic security
- Children's safety from accidental and intentional harm/secure in the immediate and wider physical environment
- Children's positive networks of family, friends, neighbours and the community

The Homemaker service has an agreed set of desired services outcomes, which are aligned with the five national outcomes as follows:

1. Children are healthy, both physically and mentally - as demonstrated in....

- Children's basic physical needs are met, including good hygiene, good nutrition and ongoing age appropriate development;
- Children's have improved emotional well-being through a more positive, nurturing relationship with at least one primary carer;
- There is increased parental ability to promote positive behaviour in their child(ren);

- There is an increase in the time parents spend playing with, reading to, or engaging with their child(ren);
 - Children have improved feelings of self-worth and self-esteem;
 - Children are less likely to engage in disruptive behaviour.
2. Children are supported in active learning - as demonstrated in....
- Children are ready for school for the first time;
 - Children are better prepared to attend school;
 - Children are attending school;
 - Children are remaining in school;
 - Children are achieving better academically;
 - There is increased parental involvement in their child(ren)'s academic and cognitive development.
3. Children are economically secure - as demonstrated in....
- Children's parents have improved capacity to manage their household budget effectively.
4. Children are safe from accidental and intentional harm/secure in the immediate and wider physical environment - as demonstrated in....
- There is increased parental capacity to maintain the home environment;
 - There is increased parental capacity to supervise the safety of the child(ren).
5. Children are part of positive networks of family, friends, neighbours and the community /included and participating in society - as demonstrated in....
- There is increased parental understanding of the importance of supporting their child(ren)'s participation in community and social activities;
 - There is increased parental involvement in supporting their child(ren)'s participation in community and social activities.

6. Evaluation

6.1 Background

The multi-agency Management Committee of the Homemaker Service identified a need to evaluate the effectiveness of the Homemaker Service, with a view to contributing to the local body of evidence regarding effective support for parents. Unfortunately no funds were available for such evaluation. Barnardos therefore, requested that its national Learning and Development Service based in Dublin would conduct this small scale evaluation as an interim approach to evaluating whether or not the Homemaker Service improves parenting capacity and achieves improvements in children's lives.

6.2 Methodology

This evaluation seeks to establish whether the Homemaker Family Support Service increases parental capacity, contributing to positive outcomes across the five national outcomes. The evaluation used available outcomes data collected for cases closed in 2016, in addition to a survey of referrers, to demonstrate whether the role and work of the Homemaker Family Support Workers meets the needs of the family in the context of the five national outcomes.

This small-scale evaluation was undertaken from December 2016 to February 2017. Service evaluation is concerned with the functioning of the programme and typically involves the collection of data from multiple sources (Harinck *et al.*, 1997). While there is no consensus about how to conceptualise doing social research, for those carrying out smaller scale investigations, the researcher may need to be innovative in their practice (Robson, 2011). For the purpose of this time-limited research project, a mixed-methods qualitative and quantitative approach was adopted, collecting primary data while also making use of the best available existing data. The qualitative element involves the secondary analysis of outcomes data collected by Barnardos' Homemaker staff in Limerick city. The quantitative element comprises of analysis of primary data captured from a survey administered in January 2017.

Limitations of the Research

It is acknowledged that this is a small scale study with limited scope. The research was undertaken by Barnardos Learning and Development Service. While the best available existing data was analysed alongside primary data, the researcher was mindful of the risks associated with insider research. The secondary data analysed in this study is self-reported, and as such limited in that it has not been independently verified. Such data carries the potential for bias and is dependent on a number of contextual factors, including the preconceptions of those carrying

out the data collection, as well as their relationship with the service-users. While the shared history also carries the potential for bias, an established rapport can in turn facilitate access to and engagement with service-users. Appropriate and proportionate consideration was given to the potential limits of the research throughout

6.3 Survey of Referrers

A survey of referrers to the Homemaker Service was undertaken for this study (Appendix 2). While the target audience was small, it was deemed the most suitable approach to data collection. The advantages of undertaking surveys are acknowledged - notably that they *“provide a relatively simple and straightforward approach to the study of attitudes, values, beliefs and motives”* (Robson 2011, p.241). Surveys can be the most efficient way of collecting data. They also facilitate anonymity, and so can encourage respondents to share views openly. The survey asked questions about referrers’ understanding of the Homemaker Service, in addition to their reasons for referral and views of the referral process. Finally, the respondents were asked to comment on service outcomes.

The referrers to Homemaker include staff from a range of services, including early intervention, family support, Tusla, Health Service Executive (including psychology, early intervention, area medical officers, public health nursing etc.), education welfare and school. This survey was designed in online survey platform, Typeform. Referrers were contacted via email in January 2017 and asked to participate. The survey was available for two weeks from that date. In the initial email, information on the nature of the survey and assurances of anonymity and ethical fidelity were provided. For those who chose to participate, a link was included to the web-based survey. The welcome page of the online survey provided additional information and guidance, contact details of the researcher, as well an opt-in consent and details on withdrawing from the study. A total of 22 referrers were contacted, with 13 responding, a response rate of 59%.

6.4 Outcomes Data Analysis

In addition to the survey of referrers, secondary data analysis was carried out on outcomes data collected and collated by Barnardos’ staff working for the Homemaker programme. Secondary sources have limitations and so analysis must be undertaken with caution. For instance, it can include selective evidence, where procedure is not apparent (Neuman, 2002). For this study, the outcomes data analysed comprised of two main components:

1. Data was recorded for outcomes achieved in cases closed in 2016, in addition to outstanding needs at case closure.
2. Comments were collected at closure, for parents and children taking part in the service.

In 2016, 74 families received a service, comprised of 117 parents/carers and 181 children. For the purposes of this study, data was collected for 32 families, comprised of 110 children whose cases closed within 2016. The data is analysed based on the adapted five national outcomes, identified by the multi-agency management committee.

The thematic approach uses the outcomes as analytical frames, drawing on the evidence collected and illustrating with indicative examples from the data, where appropriate. The comments collected at closure are also analysed thematically, again drawing on indicative examples, providing insight into parents' perceptions of the service in their own words.

7. Analysis of Outcomes Data

This section explores the outcomes data collected at case closure with families whose cases closed within 2016. Data was analysed for 32 families, which included 110 children. Across the Barnardos domains, 297 outcomes were recorded, as demonstrated in Figure 4. The highest number of positive outcomes was recorded for improvements in Behaviour and Social Participation (n=85), followed by positive outcomes/improvements in Living Environment (n=65). This pattern is indicative of the focus of the work of the Homemaker Service.

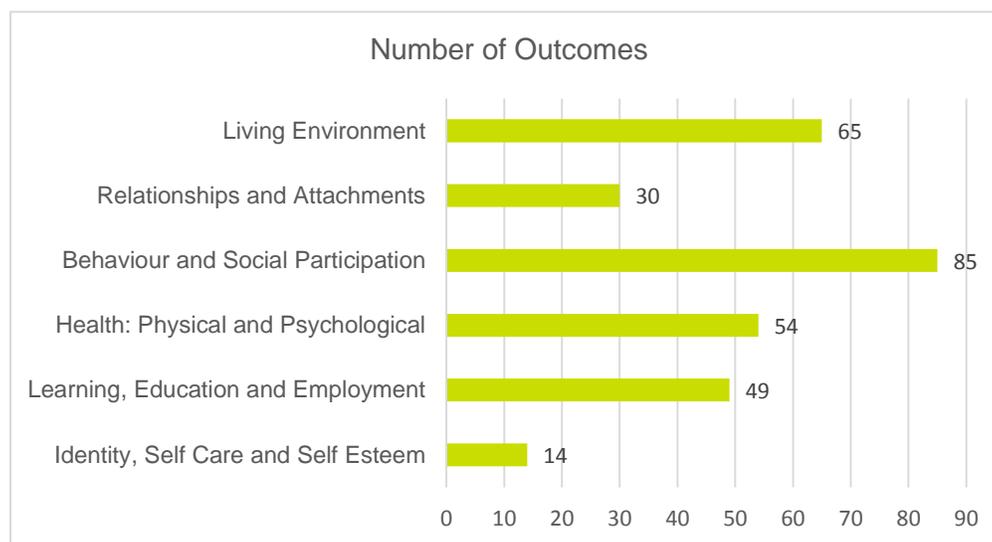


Figure 4: Number of Outcomes

For the 32 families, outcomes were recorded across the domains, as illustrated in Figure 5. A smaller range of difference is evident, indicating that while the number of outcomes recorded may have been fewer in some domains, many families achieved across multiple domains. Of the 32 families whose cases closed within 2016, 63% (n=20) achieved positive outcomes in learning, education and employment; 59% (n=19) achieved positive outcomes in both mental and physical health of children, and in children's behaviour and social participation; and 56% (n=18) achieved positive outcomes in living environment. Many families achieved positive outcomes across more than one or two of the domains.

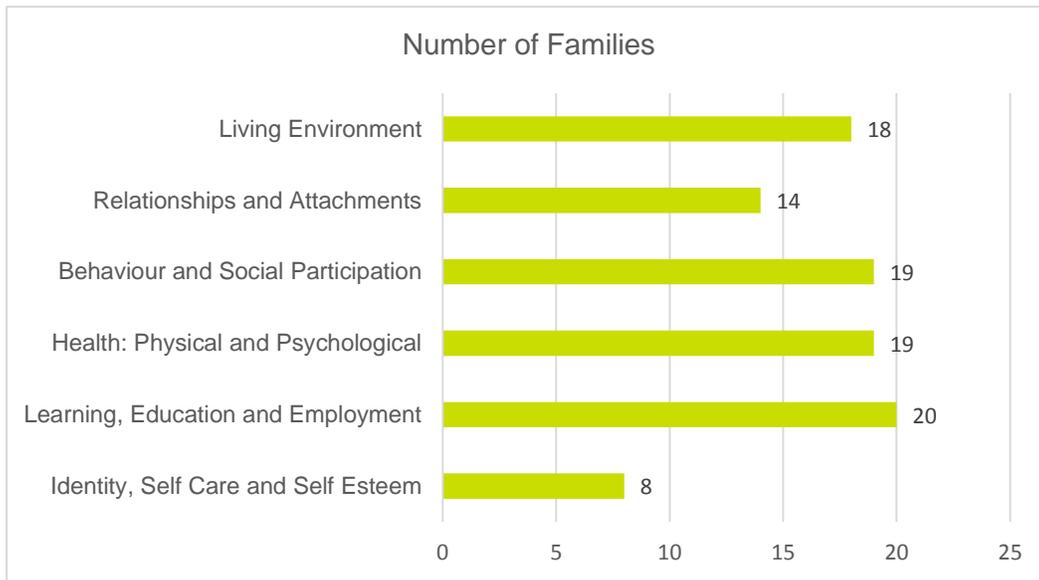


Figure 5: Number of Families

Similarly, Figure 6 demonstrates that children achieved across multiple domains. Of the 110 children for whom outcomes data was analysed, 55% (n=60) achieved positive outcomes in learning, education and employment; 53% (n=58) achieved positive outcomes in mental and physical health; 52% (n=57) achieved positive outcomes in behaviour and social participation; and 51% (n=56) achieved positive outcomes in living environment, again speaking to the reach of the service in achieving outcomes across a range of domains.

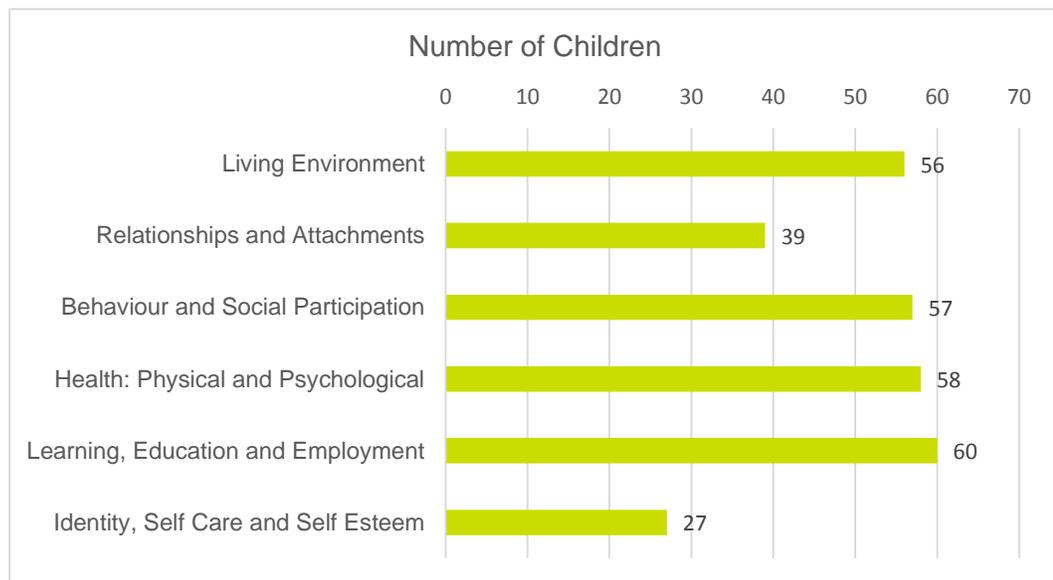


Figure 6: Number of Children

The quantitative data demonstrates the impact and effectiveness of the Homemaker Family Support Service across multiple domains. This data is complemented by qualitative outcomes data – see below.

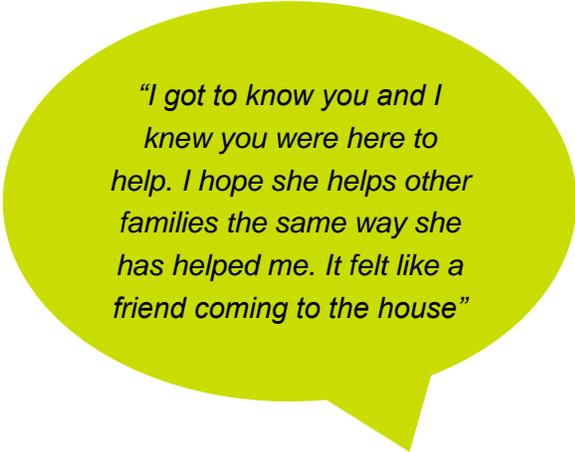
7.1 Qualitative Outcomes Data

Qualitative outcomes data was analysed in the context of the five identified service outcomes, as adapted from the five national outcomes identified in Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People (Department of Children and Youth Affairs, 2014). At the closure meeting within the Homemaker Case Management Framework, Homemaker staff, the family and the referrer agree and record what outcomes were achieved, and identify what possible needs remain outstanding. These outcomes are recorded by Homemaker staff. At this closure meeting the family are also invited to give feedback or comment on the service they received. This too is noted by Homemaker staff. The thematic analysis uses the five identified outcomes as analytical frames for the outcomes and outstanding needs data recorded. A general thematic approach is used to analyse the outcomes collected at closure. Parents and children were invited to comment at the point of closure of the Homemaker Family Support Service.

This study analysed the recorded comments and documented outcomes achieved for 32 families whose cases closed in 2016. Given that the comments and outcomes were documented by Homemaker staff in the presence of family and referrers at closure meetings, as indicated earlier, conclusions must be treated with caution. However, they can be indicative of service users' views and experience of the service.

7.1.1 Comments

The comments generally refer to the service users' experience of the Homemaker service, setting out feelings of improved self-efficacy and agency, in addition to improved confidence in managing the household and relationships inside and outside the household. This feedback was coupled with a sense of gratitude, often aimed at emphasising the one-to-one relationship with the practitioner and how this contributed to positive outcomes for parents and children.



"I got to know you and I knew you were here to help. I hope she helps other families the same way she has helped me. It felt like a friend coming to the house"

A strong emphasis emerged on the service user practitioner relationship and the benefits of the one-to-one support. A parent *"enjoyed having another pair of eyes who can see things I can't"*, while another reported that while it was strange having someone in the house at first, they *"got on well with them and took on board the tips, and they worked"*, commenting further that their child is now *"managing better with homework and trips out"*. Similarly, the relationships were reported as positive; *"it was chilled, there was no telling me what to do"*. This was a common theme, with

families finding the team friendly and accessible. Another family reported that the support was excellent, *"without looking down your noses at us"*.

As a result, parents experienced improved confidence, in turn leading to improved agency and self-efficacy. Parents reported feeling better *"able to work things out for myself"*. One parent found that it was *"nice to have someone to support you when you're doing good. It gave me the confidence to be a parent"*. This confidence extended to outside the home, with a family reporting feeling *"more confident with home, and going out and about"*.



"Everything changed from working with Barnardos - I got the chance to do things better"

A range of additional outcomes were also reported, speaking to the effectiveness of the tailored approach offered by the Homemaker Family Support Service, meeting families where they are at and providing families with support relevant to their circumstances and experiences. Many families commented on support with appointments and hospital visits; *"[She] helped with tonsils and appointments in general. [She] helped a lot. I can't say enough about how much it helped our family"*. Another family found that the one-to-one support benefitted their child's mental health, saying that *"life is better...before [she] had depression, now she's speaking to [the family support worker] and to me"*. For another parent, the need met was specific; *"you help me with speaking and learning English... I am so very happy you help us all"*.

A small number of children's comments were collected at closure. Many children were too young to comment or provide feedback. All comments were encouraging and spoke to the positive experiences of children and the impact a parenting support service can have on outcomes for children and families. Children spoke of help with their homework, with one child commenting; *"I'm good now doing my homework and it's easier"*. Another child discovered the local library; *"we went to the library and didn't know about it before"* and was now enthusiastic about the service. Children spoke about their enthusiasm for new experiences for social and community participation, and new activities; *"we went places, we went to [a castle] and we did sword fighting"*. Another found that the service *"helped me a lot. I never knew about kickboxing before"*. These views attest to the advantages of the service in offering a flexible, tailored approach.



"We went to the library and I didn't know about it before"

7.1.2 Documented Outcome - Children's Physical and Mental Health

The physical and mental wellbeing of children and young people is identified as a national outcome, with a range of aims identified, including: good mental health; being physically healthy; positive and respectful approach to relationships; and enjoying play, recreation, sport, arts, culture and nature. Drawing from the identified remit of the Homemaker Family Support Worker, outcomes achieved under this domain could include supporting the emotional and social needs of the family, in addition to supporting physical health needs, where possible.

The outcomes data analysed shows evidence of support with a range of needs in this domain. Exploring mental health outcomes data in the context of Homemaker children, evidence of: improved wellbeing; understanding and expression of needs and feelings; and behaviour management is demonstrated. Children identified feeling happier, better able to express their needs and, as a result, experiencing less frustration. Children further identified adopting new strategies to manage any frustration that may arise. Homemaker children were reported by their parents to experience accumulative effects in other areas of their lives, with one child experiencing improved confidence playing in the yard at school.

Improved understanding of health and wellbeing was also evidenced in outcomes for parents. Parents reported learning to support emotional development by acknowledging feelings and naming them for the child; or by giving clear explanations about inappropriate behaviour and consequences. In addition, parents reported learning to praise children when they overcome their frustration with an issue they find challenging. One family reported having a better understanding of autism, having had the opportunity to meet with other children who had siblings with special needs. An additional participating family described improved knowledge of floor time, with their baby engaged in a wider range of movement as a result. A family described how their children attended and benefitted from play therapy; with another parent describing how they have been

linked with a low-cost counselling service. One family reported benefitting from a grief project; another reported that they had been able to access respite.

Considerable outcomes data evidences: onward referrals to necessary services, including the Child and Adolescent Mental Health Services (CAMHS); attending necessary appointments and keeping appropriate records; taking prescribed medications; and ensuring medical cards are in place. A parent reported feeling better able to manage a stressful hospital incident. In addition, children experienced improved health outcomes and improved self-efficacy in this area. Parents reported children: identifying hunger; trying a wider range of foods; taking daily vitamins; and self-feeding. Parents also reported improvements in hygiene; one family reported improved hygiene as an outcome for their children; another reported new understanding of how to prepare sterilised bottles using the correct formula.

Outstanding needs at closure were also captured for parents under this domain. While not all of the outcomes expressed can be exclusively and wholly attributed to Homemaker, there is clear perception among participating families that Homemaker contributed significantly to improved self-efficacy and wellbeing. Similarly, while outstanding needs are often those beyond the remit of the service, the self-reported improved knowledge, understanding, coping skills and autonomy positions families well to manage emerging needs. This process is facilitated, where possible, by the Homemaker team. One family reported their intention to research orthopaedic shoes for their child. Another family reported apprehension about post-operative respite and convalescence for their child. Data shows a need to: reschedule missed appointments; attend upcoming appointments; undertake needs assessments; and further access to respite. Another outstanding outcome identified was the need for parents to find time for themselves to engage in an enjoyable activity. The collection of this data emphasises the importance of signposting and the provision of additional advice, support and information at Homemaker closure, a process currently in place.

7.1.3 Documented Outcome - Children's Education and Active Learning

Reporting on outcomes on children's education and development maps onto the second national outcome, which envisions that children are achieving their full potential in all areas of their learning and development. The aims identified under this outcome are that children and young people are: learning and developing from birth; experiencing social and emotional wellbeing; engaged in learning; and achieving in education. Drawing from the identified remit of the Homemaker Family Support Worker, outcomes achieved under this domain could be supporting the household routine, including the educational needs of the children.

A number of improved outcomes for children were recorded at closure in this domain. Many related directly to the daily routine, learning and the school environment. Families reported better daily routines, with children attending school regularly and on time; wearing the appropriate

uniform; and achieving within their capacity. Families also reported improved attitudes to homework, with children interested, engaged and concentrating better. One family reported their child to be more relaxed and more ambitious in the school environment. Another family reported significantly reduced school detentions for their child. A family reported better reports from the school principal and teacher in relation to the child. Two families reported visiting the library with their children.

Additional educational outcomes were also recorded. These included locating an alternative preschool for a child where they did not settle in the first space. Another family was supported with a National Educational Psychological Assessment for their child, and linked in with a Special Needs Assistant. Outside of the school environment, additional learning was recorded in outcomes data. Outcomes data reported successful toilet training. Additional reading and colouring in the home were also reported. Finally, children took up new activities, including sports classes for kickboxing and football. Parents also reported educational outcomes, including: attending parenting programmes; receiving guidance, advice and information; and attending English classes.

Outstanding educational needs at closure were also identified. Again, a number related to the school environment. Some parents expressed concerns about the need for a school for their child, with another concerned about their child starting school, while also planning to manage this. Additional outstanding needs at closure included outstanding language skills, difficulties concentrating and possible sensory issues. One parent sought additional support with preschool hours to facilitate college attendance. Another parent did not choose any of the available classes in the community and preferred to wait for new classes to be offered. Additionally, one parent planned to sit their driver theory test. In the context of education, many of the outstanding needs identified were complemented with strategies to meet the need or make progress towards a goal, again highlighting the role in Homemaker in supporting autonomy and self-efficacy in participating families. It is also clear that the benefits accrued vary from family to family, depending on the needs of the family. In this sense, the tailored approach is especially beneficial and particularly well-suited to the population.

7.1.4 Documented Outcome - Children's Economic Security

Under the national outcome for economic security and opportunity, the aims identified for children and young people are that they are: protected from poverty and social exclusion; living in child/youth friendly, sustainable communities; experiencing opportunities for ongoing education and training; and experiencing pathways to economic participation and independent living. In the context of Homemaker, outcomes achievable under this domain relate to information, advice and guidance, in addition to support with household management and household maintenance.

Outcomes documented at closure relate to the quality of the home environment. One family report that their child has a cot and mattress to sleep on, and sleeps through the night in their new cot. Another family has a safe space to store documents. An additional family reports that their child is now registered and has a secure passport. Other outcomes relate to financial security and stability, including direct support and signposting. In one case, financial assistance was organised for a family, with another supported to obtain food. Other outcomes include new sofas in the family home, a new electricity meter, and a television license secured. Additional outcomes align more closely to signposting and referral; one family was referred to a local housing organisation, a second family was supported with a place on a housing list; another was linked to a homeless persons' unit. Support with bill paying and communicating with landlords was also recorded.

A number of outstanding needs at closure were also recorded for economic security. While some related to making and sustaining progress in household tasks, others concerned emerging and ongoing matters outside of the remit of the Homemaker Service. For one family, staying on top of household tasks was identified as an outstanding need at closure; for others painting rooms and acquiring curtains were reported. For some families, however, the levels of need were more complex, with many requiring better accommodation or a long-term housing solution. One family were linked with local housing support organisations to support their transition from a Traveller halting site to their own home. Another family living in homeless accommodation were also linked with appropriate support. For others, financial pressures persist, with allowances pending or ongoing obstacles (for example, residency) to accessing benefits and entitlements. Families were supported with a range of outcomes under this domain and provided with onward referrals and signposting where possible. As many of the needs identified under economic security are beyond the capacity of Homemaker service provision, outstanding needs under this domain are expected.

7.1.5 Documented Outcome - Children's Safety from Accidental and Intentional Harm/ Secure in the Immediate and Wider Physical Environment

At a national policy level, aims under this domain include a secure, stable and caring home environment; safety from abuse, neglect and exploitation; protection from bullying and discrimination; and safety from crime and anti-social behaviour. In the context of Homemaker, outcomes achievable under this domain relate to household planning and management which meets the educational, social and emotional needs of the children.

Outcomes recorded included improved indoor and outdoor home environments. Examples provided included: secure and clean back yards and gardens for children to play in; a secure front door to prevent the child from exiting the house easily; and secure windows on the home. One family had a skip delivered to the home for the purposes of decluttering. Household routines were frequently reported as improved. One family were recorded as better understanding the importance of staying on top of household tasks, to better manage daily life. Another reported a cleaner, tidier home with a laundry routine in place.

Additional outcomes related more directly to the safety of the children in the home. One mother recognised the child's need for a space to play in the home. Another family recognised the need to redirect the child to a safe space where he can express his frustration without hurting himself. One family reported accessing a babysitter to look after the child when they were out of the house. Families also reported accessing support services; one child is in receipt of support to understand a family separation; and a mother is receiving support for domestic violence she experienced and has been connected to a local service. An additional family had support with guardianship and visitations.

Outstanding needs identified at closure under this domain include difficulties going out with the child. For some parents, this was an ongoing challenge, particularly where there is a second child. In one example, the local team was looking into accessing a 'buggy board', providing additional transport support for the parent. Other outstanding needs related to ongoing issues around which some progress had been made across the duration of the service intervention. For one family, the hygiene goals were not fully achieved and some household tasks continued to be a struggle. Finally, one family required the completion of garden work, including drain covers and a gate.

Support with practical safety and security issues in the home, as well as onward referral and support with additional services, facilitates the establishment of a secure, stable and caring home, which has the potential to meet a broader set of needs for children. The outcomes reported here demonstrate the effectiveness of the Homemaker Family Support Service in assisting and supporting families in a practical way towards achieving a range of outcomes.

7.1.6 Documented Outcome - Children's Participation in Positive Networks of Family, Friends, Neighbours and the Community/ Included and Participating in Society

The corresponding national outcome for this domain is connected, respected and contributing to the world. Under this outcome, the identified aims are that children and young people have a sense of their own identity and are free from discrimination; that they are part of positive networks of friends, family and community; that they are civically engaged, socially and environmentally conscious; that they are aware of rights, and responsible and respectful of the law. While not all of these outcomes are within the scope of the Homemaker Family Support Service, the intervention has the potential to contribute to outcomes in this domain.

Outcomes demonstrated under this domain include better relationships inside and outside the homes, as well as improved social participation, contributing to improved wellbeing of families accessing the service.

In one household, a parent reported their child exhibiting improved behaviour, with a better understanding of appropriate behaviour. Another child was recorded as demonstrating improved eye contact and engagement, hugging, laughing and smiling more. In another family, a child was

better able to overcome difficulties interacting with other children. For one child, this has resulted in an improved relationship with a sibling. Another child was more comfortable playing alone allowing their parent to undertake chores or care for another child. Correspondingly, parents were found to experience better relationships with their children, with improved behaviour and improved techniques to manage behaviour. One parent was found to be more consistent in managing behaviour, with visual schedules, whiteboards and reward strategies all listed as learned tools and techniques.

Additionally, better relationships outside the house are reported in the available outcomes data. Children are connected to local sports clubs and enjoying training and meeting other children. In one case, the child was recorded as demonstrating a better understanding of fairness, learning that sometimes other people win. A number of families are recorded as benefiting from attending a child and toddler/ mother and baby programme. In other cases, families reported enjoying positive experiences through day trips and outings. One family reported that a grandparent was now taking the children out for walks in the neighbourhood.

Despite these outcomes, a number of outstanding needs at closure were also recorded under this domain. In some cases, maintaining and making further progress on these needs beyond the duration of the programme is likely, as families report being better able to manage adverse circumstances. In other cases, the family will likely require additional ongoing and sustained support. For one family, the child will need ongoing support understanding appropriate relationships; for another improved relationships with peers was identified as an outstanding need.

For one parent, ongoing difficulties managing their child's behaviour were reported, while it was also found that one parent needs to develop further her positive behaviour approach with children.

Outcomes demonstrated for this domain are largely concerned with building and sustaining positive relationships, both inside the home and out, contributing to better outcomes for children and parents. Homemaker Family Support Service is effective in supporting families with the skills to develop relationships and build positive networks of friends, family and community.

8. Survey of Referrers

A survey of referrers to the Homemaker Family Support Service was carried out as part of this evaluation. A total of 22 referrers were contacted, with 13 responding, a response rate of 59%. Referrers from a variety of services were contacted. These included early intervention, family support, Tusla, Health Service Executive (HSE) psychology, HSE medical, education welfare and school. Participants were asked to comment on their views of the service and its impact on children and families.

8.1 Profile of Respondents

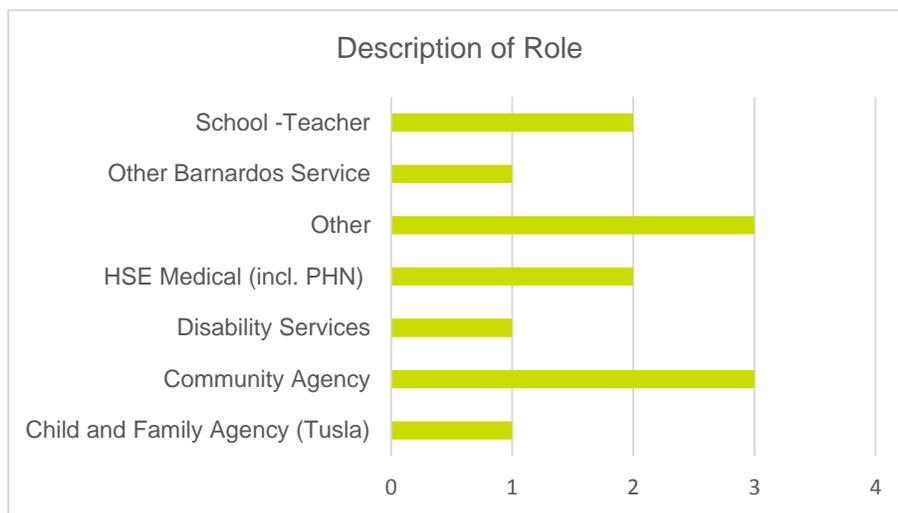


Figure 7: Description of Role

The profile of the respondents varied, as demonstrated in Figure 7. The 13 respondents included community agency staff (n=3), teachers (n=2), HSE medical staff (n=2) and staff from disability services (n=1), Tusla (n=1) and other Barnardos' services (n=1). A small number of respondents (n=3) identified as having other roles, but did not provide further information. No responses were collected from the remaining categories. Figure 8 provides a profile of the length of time respondents have been in post.

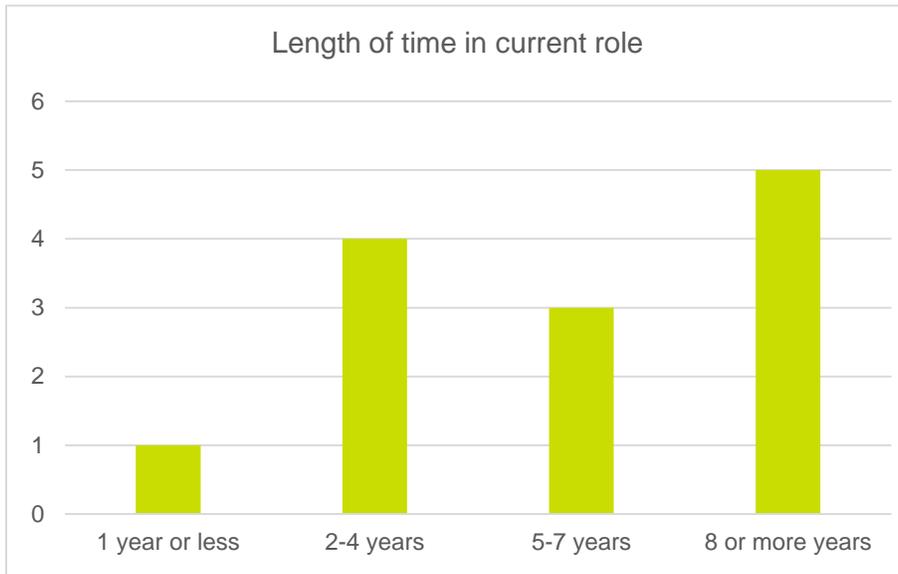


Figure 8: Length of Time in Current Role

Over half of respondents were in their role at least five years, with many respondents (n=5) in their role for eight or more years, as shown in Figure 8. Only one respondent (n=1) was in their role one year or less. Respondents were also asked when they began referring to the Homemaker Family Support Service. This varied, as illustrated in Figure 9. The largest group (n=5) began referring in 2015.

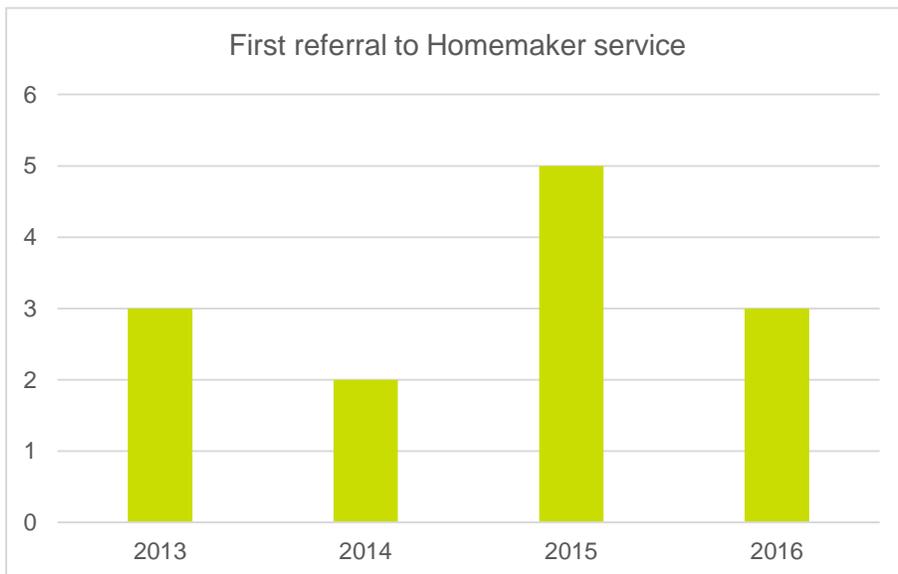


Figure 9: First Referral to Homemaker Service

8.2 The Homemaker Family Support Service

For the next part of the survey respondents were asked questions about the role of the service in family support service provision. Respondents were asked about their understanding of the objectives of the service. The responses reflected good understanding of the objectives of the programme. An emphasis was placed on supporting families with routines and practical aspects of their roles as parents. Respondents identified the 'hands on' work of the service in contributing to the home environment. Indicative responses included:

“To support parents with establishing morning and other routines, and the practical aspects of parenting”

“Giving hands on help, advising on daily routines, sleep routines, homework, caring for babies and young children and parenting advice”

Referrers were also asked to comment on the Homemaker approach, as a way of working. Responses were encouraging, with referrers impressed by what they perceived to be a respectful, needs-led and strengths-based approach. In particular, respondents highlighted the approach of the Project Co-ordinator and staff in ensuring parents felt comfortable with the process, noting their commitment, professionalism and consultative style.

“It’s practical and hands on, and meets parents where they are at. It’s a partnership model, so it’s experienced as supportive and empowering”

“Having met with the team, parents were more comfortable with the involvement of the service”

“The approach was very much strengths based facilitating this parent to acknowledge and identify her own strengths, the strengths of her family and those around her”

Referrers felt that the approach was 'very positive', with parents provided with clear information about what would be achieved. Referrers felt that 'meeting parents where they are at' is particularly effective, as is the focused approach with multiple sessions per week and monitoring of progress.

Respondents were also asked about the role of Homemaker in prevention and early intervention. The responses were again positive, with referrers highlighting how the service works well, in a timely manner to deliver crucial early intervention support. Respondents highlighted the value of early intervention work and the strengths-based approach of the service, “*encouraging families to solve their own problems*”. Improved confidence and ‘empowerment’ of parents is emphasised by respondents, demonstrating again how the service contributes to improved self-efficacy, supporting parents to better manage pressures or crises as they may arise.

“It supports parents to be confident and therefore encourages the families to solve their own problems. This early intervention can help prevent a problem from developing or escalating into a crises where it may become a negative factor in family functioning”

“It helps parents to identify difficulties and patterns early on before these significantly impact on children and/or family functioning”

Respondents were also asked about the role of Homemaker in providing parenting support and family support. Respondents emphasised the assessment process and strengths-based approach, allowing the parents to identify supports they may need and work in partnership towards change, again resulting in improved confidence for families. Also mentioned was the value of working in their own home over centre-based work, in addition to the effective use of other supports, including extended family and community support. Linking parents with supports in the community can help ensure progress is sustained beyond the intervention. One respondent highlighted the benefit of the service for parents of children with special needs.

“It supported them and helped them to trouble-shoot some of the difficulties they were experiencing and gave them the confidence in some key areas to continue for themselves. In my experience, the parents found it to be an empowering support”

“I have seen that parents experience the home-based and hands-on dimensions of the service as very supportive. Parents have an opportunity to make changes alongside the homemaker staff”

8.3 The Referral Process

Survey respondents were asked for the most common reason for referral, based on the domains of: living environment; relationships and attachments; behaviour and social participation; physical and psychological health; learning, education and employment. Referrers most frequently selected physical and psychological health as their primary reason for referral, followed closely by behaviour and social participation. Learning, education and employment was least likely to be the primary reason for referral. Relationships and attachments were the most common secondary reasons for referral; along with behaviour and social participation. The reasons for referral reflect the complex nature of the need experienced by referrers and also their understanding of how the service can contribute to positive outcomes for families.

Referrers to the Homemaker Service were also asked whether a referral had ever been refused and if so, why (see Figure 10). While one respondent described having a referral refused, it was a case that the family did not wish to pursue a referral and will be discussed under barriers to service user engagement.

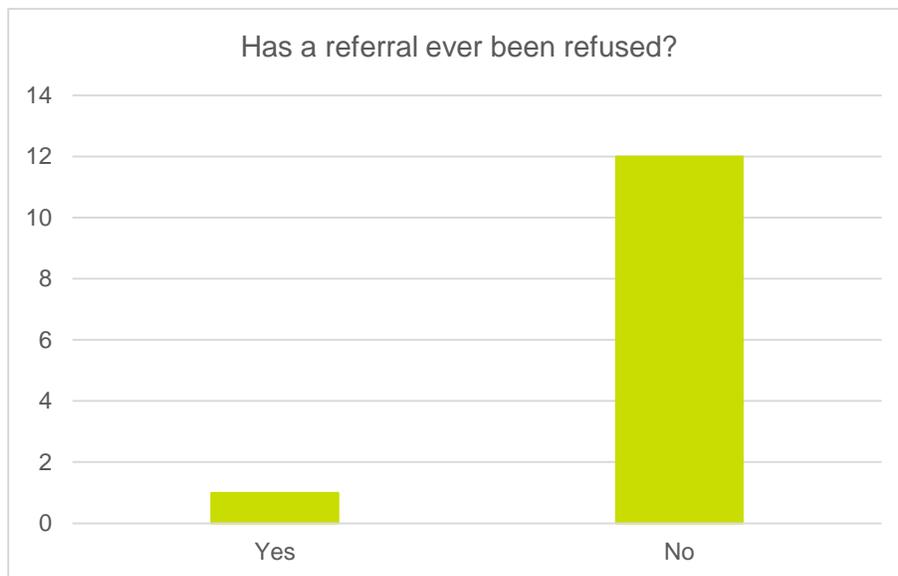


Figure 10: Referral Refusals

Respondents were asked to rate their satisfaction with the referral process on a scale of 1 to 10 (with 10 being positive and 1 being negative, see Figure 11). Of the 12 responses to this question, the average response was 8.92, indicating that referrers were very happy with the process overall. The scores ranged from 7 to 10, with many respondents (n=5) indicating a satisfaction rating of 10, indicating general satisfaction with the process.



Figure 11: Satisfaction with Referral Process

8.4 Service Users and Outcomes

The final section of the survey asked referrers to comment on how Homemaker has contributed to changes for families across five domains adapted from the five national outcomes. The domains identified were children’s physical and mental health; children’s education and active learning; children’s economic security; children’s safety from accidental harm in the immediate and wider physical environment; and children’s participation in positive networks of family, friends, neighbours and community.

A range of responses were provided for outcomes for **children’s physical and mental health**. One referrer described how parents had not been keeping hospital appointments, and reported better engagement with health services including specialist services; another noting improved diet and food and meal preparation in the home. One referrer found that referred children ‘made strides’ and were less anxious, nervous and withdrawn by the end of their engagement with the service. Another respondent said that parents were also more aware of self-care needs. Referrers described how parents were supported to develop mechanisms to deal with difficult situations.

“Mom and child seemed settled in their new home and were happy there. Appointments were followed through on”

“Improved hygiene and self-care for children”

In the context of **children's education and active learning**, respondents highlighted the benefits of the service in supporting parents with home routines and preparation for the school day, in addition to improved attendance and engagement at school. Referrers highlighted how children were less likely to miss school, thereby improving their access to education. In addition, it was reported that children's behaviour in the school environment and engagement with homework improved. Also highlighted were the benefits of learning through play and benefits of learning in the natural environment, supporting children's development.

"The service provides the parents with the tools to get their children to school prepared for the day ahead"

"An increase in confidence, and better participation in the school day"

A smaller number of responses were provided in relation to **children's economic security**, which is not unexpected, given the remit of the service provided. Respondents felt that the service supported parents in managing their income and their weekly budgets, thus contributing to the child's economic security. Respondents commented that the team members had a good level of awareness of the economic needs and financial circumstances of the family, with the tailored approach proving effective in this regard. In addition, referrers described the benefits of signposting and onward referral to appropriate services in supporting families with their economic and financial needs.

"The parents are better able to manage the household budget and income"

"The parent has been supported to gain additional supports from city council in provision of a warm, safe home for her children through upgrades within the home"

Referrers were also asked to provide feedback on the impact of the service on **children's safety from accidental harm** in the immediate and wider physical environment. One referrer described how a parent had become more aware of the importance of safety, no longer allowing their child to use the internet unsupervised. Another respondent described how the parent's improved household environment, including a decluttered space and improved cleanliness and hygiene,

improved safety within the space. One respondent outlined how safety awareness was addressed with families, ensuring the home and environs were secure and safe for the children.

“Mum became more aware of security. The child was no longer using the internet unsupervised for long periods”

“Safety awareness has been addressed with families - to secure the home and its environs”

Finally, referrers described outcomes in the domains of **children’s participation in positive networks** of family, friends, neighbours and community. Referrers described how the team had supported families to engage with the local community, supporting the establishment of relationships which can have reciprocal benefits. One respondent commented that, as children’s engagement with services increased, so they became more engaged and participatory. Respondents described how children were socialising and building friendships, attending afterschool and social clubs. In addition, parents were often referred, or signposted, to classes or mother and toddler groups to support their socialisation. It was also found that parents were encouraged to be more aware of, and link in with, extended family, neighbours and community resources for support.

“Homemakers have/ are helping families in our school community to feel more included in their community”

“Children are linked in with services to provide social inclusion, which helps them to make friendships”

The outcomes described by the referrers cross multiple national outcomes, with the majority of respondents confident in how the Homemaker Family Support Service meets the needs of the families it serves, and contributes to these outcomes for children and parents.

8.5 Barriers to Engagement

Referrers were asked whether they had identified any barriers to service user engagement. A number of respondents (n=5) confirmed that they had experienced barriers, with the remainder indicating that they had not encountered any barriers, as shown in Figure 12. Where a barrier was identified, respondents were asked to elaborate.

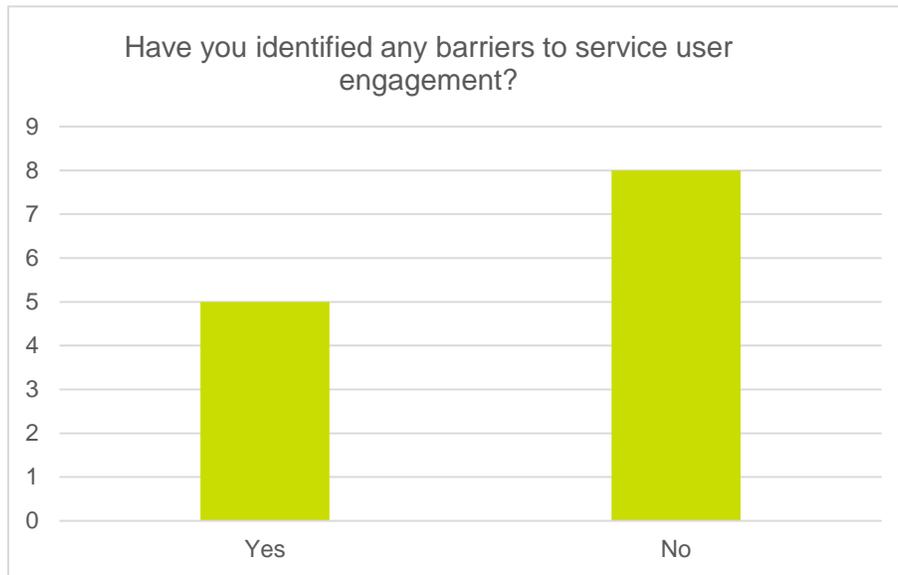


Figure 12: Barriers to Engagement

In one case, the referrer found that the family was already connected to a number of services, including social services, and so became reluctant to let another service in, with the referrer perceiving this reluctance as fear of Tusla. For others, the referrer felt that the family did not want to “be seen” as connected to a family support service, feeling it could be perceived as a statement on their parenting.

“Some parents view it as a statement on their parenting, and do not want neighbours to know they are engaged with Barnardos”

“The only barrier is the family’s attitude and preconceived ideas of what it means to have Barnardos involved”

Similarly, another referrer felt that the family had preconceived ideas about what the Homemaker service offers, and what is offered by Barnardos. Again, this came from fear of what it signified to avail of a family support service. The referrer indicated that, while most families were receptive once fully aware of the service provision, others did not overcome this “perceived stigma”.

8.6 Public Awareness

Referrers were asked to rate public awareness of the Homemaker programme on a scale of 1 to 10 (with 10 being very aware, see Figure 13). Of the 12 responses collected for this question, the average score was 5.3, indicating partial awareness of the service. While this likely reflects the scale and capacity of the service, public awareness merits further exploration in the context of the perceived stigma associated with lack of service user engagement for some families.

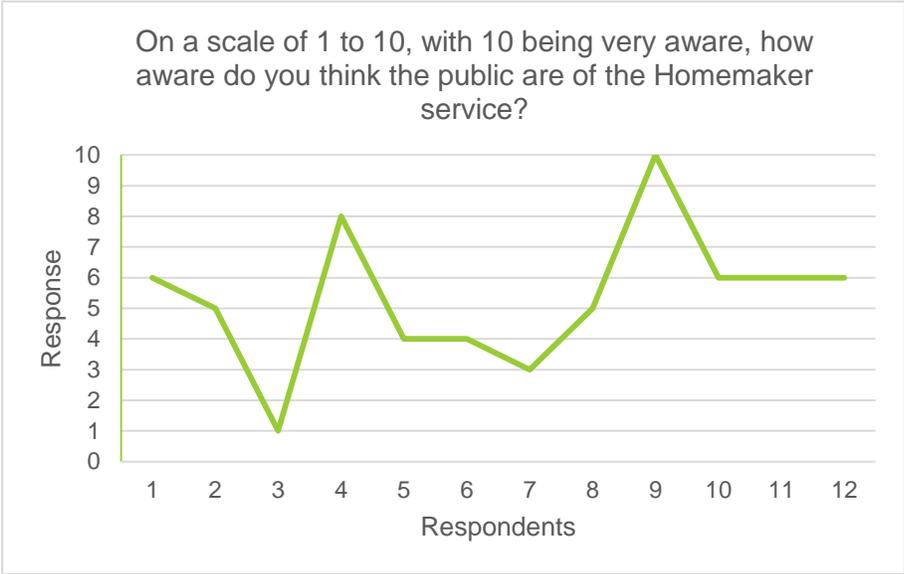


Figure 13: Awareness of Homemaker Service

8.7 Additional Comments

Referrers were asked whether they could identify anything that could be done differently. Many referrers were keen to endorse the service and highlight its benefits, with some indicating that the service could not improve on the support provided to families in need. The quality of work provided by *“a small team with limited resources”* was highlighted. Where recommendations were made, they largely related to funding and capacity, reflecting an appetite to increase service provision for families in need. For example, referrers identified that waiting times, including from referral to allocation, could be long. One referrer recommended increasing work capacity by increasing staff, with another suggesting that improved funding could reduce waiting lists for the service. Additionally, referrers recommended cultivating improved awareness of the service, both in schools and more generally, including encouraging parents to self-refer.

“My suggestion would be to contact school staff who could facilitate referrals”

“It would be fantastic to see the service expand and secure more resources, as it is a very valuable early intervention service in the area”

Finally, referrers were asked for closing comments. Comments were exclusively complimentary, indicating that the service has been positive, strengths-based, professional and *“a lifeline”* for families in need.

“Excellent service, needed in every area of the country”

“This is a great service, with staff providing support based on each family’s needs”

“I firmly believe the service is a lifeline for many families as it is home-based, goal-based and professional”

9. Discussion

The need to establish what works in parenting support has contributed to a body of evaluation research, and positive, evidence-based outcomes for programmes and services. This research aimed to evaluate the effectiveness of the Homemaker Family Support Service, in the context of the following research questions:

- Is the Homemaker Family Support Service an effective early intervention support service?
- Does the Homemaker Family Support Service improve parental capacity, contributing to positive outcomes for parents and children?

9.1 Is the Homemaker Family Support Service an Effective Early Intervention Support Service?

The research demonstrates that the Homemaker Family Support Service is an effective early intervention support service. Outcomes data from closure forms, in addition to referrer commentary, confirms the success of the programme in improving family trajectory and self-efficacy across a range of domains.

- The service provides families with tangible, practical help, supporting parents to establish routines, manage household budgets and be better prepared for their day, contributing to improved confidence within and outside the home environment; with the follow-on effect of enabling their children to be better prepared for their day, and better able to participate.
- Improved confidence can lead to increased autonomy and self-efficacy within families. Parents in this study felt better able to handle existing challenges, and better prepared for circumstances that may arise.
- The one-to-one, strengths-based approach ensures families have a tailored experience and can build a relationship with their family support worker, working in partnership towards goals. Referrers and parents emphasised relationships as key to outcomes.
- The home-based delivery provides a beneficial naturalistic setting, matching the nature of the work while also supporting the family to build positive networks in their community.
- Homemaker families in this study experienced improved social networks, with children engaged in new activities and clubs, and parents more likely to attend programmes, groups and classes.
- Signposting and onward referral to appropriate services ensures parents are accruing benefits in a range of areas, which can be sustained and extended beyond the service delivery.

9.2 Does the Homemaker Family Support Service Improve Parental Capacity, Contributing to Positive Outcomes for Parents and Children?

The evidence demonstrates that the Homemaker Family Support Service improves parental capacity across a number of domains, contributing to positive outcomes for both parents and children.

- Families are at different stages, and will continue to experience different needs at different times. The tailored, needs-led approach reflects recognition of the need to account for the diversity of families and focus on achieving outcomes within the capacity of the family.
- Data from the study indicates that children were better able to express their needs and manage their behaviour, which carries the potential for accumulative effects in other areas of their lives.
- Similarly, data indicates that parents were better able to communicate with their children, building improved relationships, and were better able to respond to their needs.
- Homemaker families experienced improved understanding of health and wellbeing, were more likely to attend appointments or referrals and practice self-care.
- Families were more aware of diet and nutrition, establishing better routines and meal planning within the home, the benefits of which have the potential to accrue over time.
- The quality of the home environment improved for families engaged with the services, with spaces tidier, safer and more secure. Parents were better placed to address practical safety and security issues in the home.

9.3 Challenges

A small number of challenges were identified through the course of this study. It is evident that some are capacity issues and therefore addressing such concerns would be dependent on improved funding and resources.

- Some parents faced outstanding issues at closure. Where possible, the team provided onward referral or support. Parents may present with a range of needs, some of which require long-term intervention by other services (for example, mental health). In these cases, the outstanding needs were beyond the scope of the service.
- Some obstacles to engagement were associated with the perceived stigma of accessing family support. Improved funding has the potential to increase capacity and support the team in considering how to overcome this perceived stigma, potentially by expanding service delivery and improving public awareness.

- Improved funding also carries the potential to reduce waiting lists and referral times, while also contributing to improved outcomes for a greater number of families in the area.

9.4 Concluding Remarks

This study demonstrates that the Homemaker Family Support Service is an effective early intervention support service. Outcomes data from closure forms, in addition to referrer commentary, confirms the success of the programme in improving child and family trajectory and self-efficacy across a range of domains. In addition, the evidence demonstrates that the Homemaker Family Support Service improves parental capacity across a number of domains, contributing to positive outcomes for both parents and children.

10. Appendices

10.1 Appendix 1: Barnardos Stage 1 Assessment

Ref. No. Child's/Young Person's Name: Male Female D.O.B. DDMMYY

 **Barnardos**

Barnardos Stage 1 Assessment

Stage 1 Assessment is carried out for MOST referrals to Barnardos' services that meet eligibility criteria.
A specific service may be offered at this stage or those presenting Stage 2 needs will have a Stage 2 Assessment carried out.

Outline any **NEEDS**, **OUTCOMES** and **SERVICES/INTERVENTIONS** that have been identified in any of the following areas:

		Needs: Summarise the child's/young person's strengths and needs, and the parents' strengths and difficulties in meeting them.	Outcomes: Indicate what can realistically be achieved, specifying a time period (e.g. 1 month, 3 months, etc.) for each.	Service Plan: Outline who does what, when, where and for how long.
Living environment				
Relationships and attachments	Social*			
Behaviour and social participation	Emotional*			
Health - physical and psychological	Physical*			
Learning, education and employment	Language, literacy and comprehension*			
Identity, self-care and self-esteem				

Involvement

The involvement of service user (as appropriate to age and understanding) is essential. Have the following been involved in this assessment?

Child/Young Person Yes No Father Yes No Mother Yes No Carer(s) Yes No

If not, state why:

Input from other agencies? Yes No Who? (Previous Assessment Details below)

Previous assessment

Has the child/young person been assessed previously? Yes No When? By whom?

What was the nature of the assessment?

Has a copy been made available? Yes No

Current assessment

Start Date: DD/MM/YY

End Date: DD/MM/YY

Service offered not offered

Views of child/young person and family on intervention: (attach additional feedback on views if necessary)

Child/young person (where appropriate) (print/sign name):

Parent/carer (print/sign name):

Copy given to: child/young person parent/carer other

Parent/carer (print/sign name):

Key Worker (print/sign name):

Line Manager (print/sign name):

¹ **Social:** Manage own emotions; play cooperatively; participate and take turns; solve problems; share

² **Emotional:** Identify and name emotions; awareness of own/others' emotions; understand/express emotions; manage conflict and demonstrate empathy for others

³ **Physical:** Able to perform simple self-care skills; key gross motor skills; a healthy diet in the early years setting

⁴ **Language, literacy and comprehension:** Express and comprehend language; communicate effectively with peers and adults; recognise letters, numbers and symbols; process information and understand concepts; demonstrate developmentally-appropriate fine motor skills

10.2 Appendix 2: History of Barnardos in Limerick

Barnardos has been working in the Limerick region since 1995, and the range of services has expanded over time. This history is illustrated in Figure 14, from the establishment of the Moyross Family Support Project in 1995 to the provision of a citywide targeted family support service from 2011.

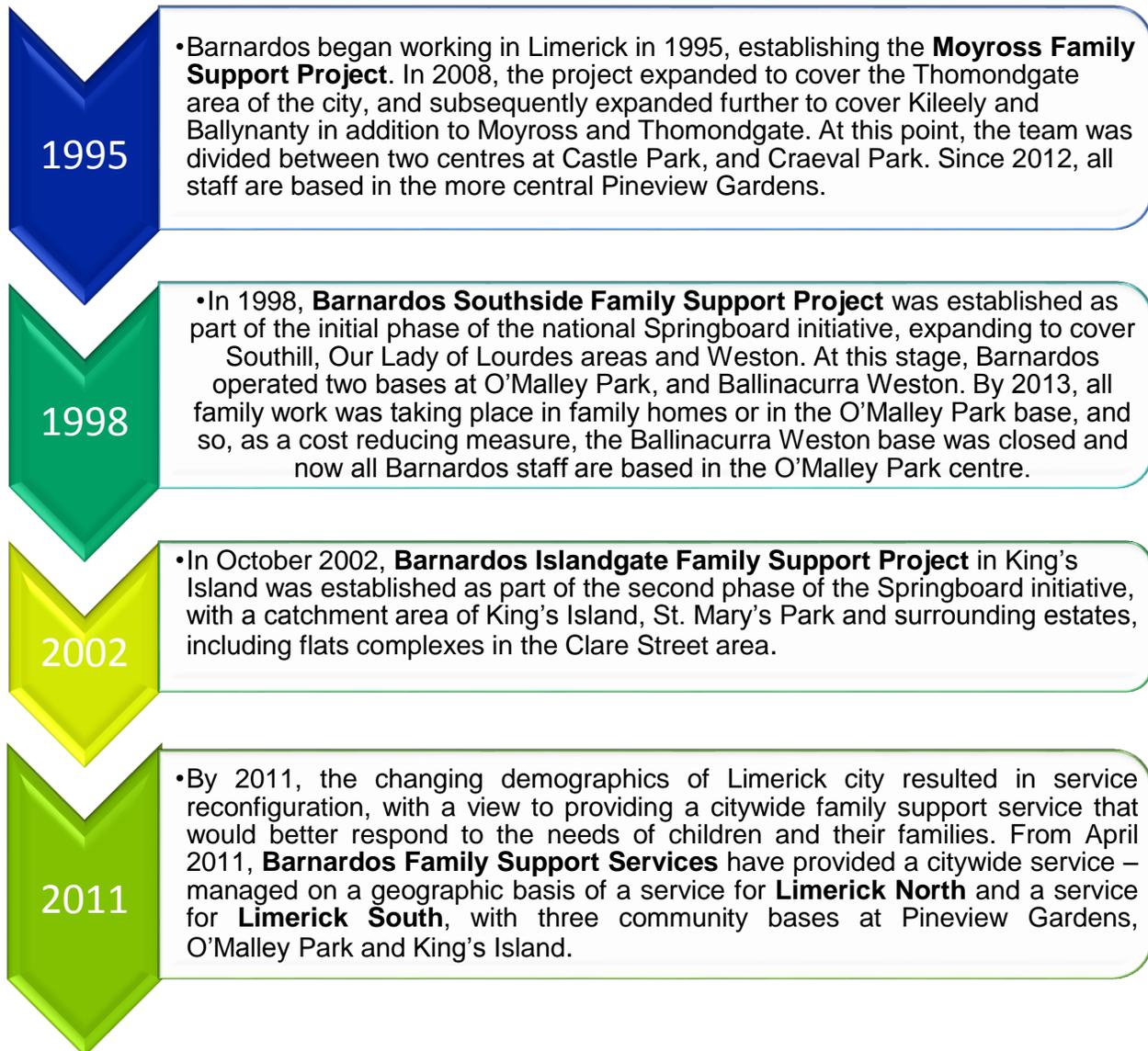


Figure 14: History of Services

10.2.2 Barnardos' Early Years Quality Enhancement

In addition to the Tusla-funded services in Limerick North and Limerick South, Barnardos also provides Pobal-funded support to a range of early years service providers in Limerick, Clare and Tipperary, with a specific focus on enhancing quality. This support work aims to engage early years providers in Síolta and Aistear, with the goal of improving outcomes for children.

10.2.3 Homemaker Family Support

Finally, Barnardos' Homemaker Support Service was established in 2013 as part of Limerick CYPSC's Parenting Strategy under the Programme Investment and Development Fund (PIDF) programme 2012-2015, and continues in 2016 as part of the ABC Start Right programme and part of Limerick City and County Council's Social Intervention Fund programme.

10.3 Appendix 3: Survey of Referrers



This is a survey about the Homemaker Family Support Service. We are interested in your views on the service and its impact on children and families. This survey should take approximately 10 minutes to complete.

Completion of this survey is completely voluntary and you can withdraw at any time. Your responses will be kept strictly confidential, and digital data will be stored in secure computer files. Any report of this research that is made available to the public will not include your name or any other individual information by which you could be identified.

If you have questions, you can contact the researcher at Nuala.Connolly@barnardos.ie.

I agree to the above and consent to participate: YES/NO

Section 1: Referrer Information

In this section, you will be asked basic questions about your role and your organisation.

1. What organisation do you work for? *

- Child and Family Agency (Tusla)
- Community Agency
- Disability Services
- HSE Early Intervention
- HSE Psychology
- HSE Medical
- Home School Liaison/ School Completion
- School -Teacher
- Other Barnardos Service
- Other

2. How long have you been in your current role? *

- 1 year or less
- 2-4 years
- 5-7 years
- 8 or more years
- Other

3. When did you begin referring service users to Barnardos Homemaker service? *

Section 3: Referrals

In this section, you will be asked questions about referring service users to the Homemaker service.

7. What are the most common reasons you have referred users to the Homemaker service?

8. Has a referral ever been refused? *

- Yes
- No
- Other

If yes, please elaborate?

On a scale of 1 to 10, with 10 being very satisfied, how satisfied are you with the referral process? *

Section 4: Service Users and Outcomes

In this section, you will be asked questions about the impact of Homemaker on service users.

9. What kind of changes has Homemaker contributed to for service users in each of the following domains?

Children's physical and mental health

Children's education and active learning

Children's economic security

Children's safety from accidental and intentional harm/ security in the immediate and wider physical environment

Children's participation in positive networks of family, friends, neighbours and the community/ inclusion and participation in society

Have you identified any barriers to service user engagement? *

- Yes
- No
- Other

If yes, please elaborate:

On a scale of 1 to 10, with 10 being very aware, how aware do you think the public are of the Homemaker service? *

Final Comments

In this final section, you will be asked to provide additional comments and reflect on what, if anything, could be done differently.

10. Overall, is there anything you think could be done differently? *

11. Any Additional Comments:

Thank you for taking the time to complete this survey.

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