



A MATRIX OF SUPPORTS FOR FAMILIES IN DUBLIN 15

SUMMARY REPORT



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ACKNOWLEDGMENTS

Clarity: Research, Development and Training Ltd. wish to acknowledge the participation of the following organisations in the development of this Matrixing Document:

Accord Marriage Counselling
Aistear Beo Family Centre
Barnardos
Barnardo's Springboard Project
Blakestown and Mountview NYP
Blakestown Community Development Project
Blanchardstown CIC
Blanchardstown Local Drug Task Force
Blanchardstown Traveller Development Group
Bond
Carers Association
Conai Clubhouse
Corduff CDP
Croi Croga
Dochas
Family Mediation Service
Friendly Call Service
Genesis Psychotherapy and Family Therapy Service
Greater Blanchardstown Response to Drugs
Greater Blanchardstown Area MABS
Greater Blanchardstown Development Project
Hartstown/Huntstown Community Drugs Team
Health Services Executive (North West Dublin)
Homestart
Lifestart
Mountview Family Resource Centre
Mulhuddart / Corduff Community Drugs Team
Mulhuddart National School
Sacred Heart of Jesus National School
Web Project
Wellview Green Project, Health Service Executive

CLARITY: RESEARCH, DEVELOPMENT AND TRAINING LTD.

CLARITY: RESEARCH, DEVELOPMENT AND TRAINING LTD. is an independent social inclusion consultancy company, based in Cork, but with clients throughout Ireland. Comprising a core team of five highly skilled and experienced researchers, facilitators and trainers, we provide high quality, cost effective services to organisations and groups operating within the community development/social inclusion arena. We operate within an ethos of equality and good practice, with a focus upon developing supportive and strategic outcomes for clients. As an organisation, we are committed to social change.

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LIST OF ABBREVIATIONS

BAP	Blanchardstown Area Partnership
CDP	Community Development Project
Clarity RDT	Clarity: Research, Development and Training Ltd.
CDP	Community Development Project
DCRGA	Department of Community, Rural and Gaeltacht Affairs
DES	Department of Education and Science
DJELR	Department of Justice, Equality and Law Reform
DSFA	Department of Social, Community and Family Affairs
DTF	Drugs Task Force
EOCP	Equal Opportunities Childcare Programme
FSA	Family Support Agency
FSP	Family Support Project
GP	General Practitioner
HSE	Health Services Executive
NYP	Neighbourhood Youth project
PHN	Public Health Nurse
SW	Social Worker

1 INTRODUCTION AND TERMS OF REFERENCE

1.1 Introduction

1.1.1 This report has been produced in order to facilitate the development of a more co-ordinated approach to the provision of services and supports for families living in the Dublin 15 area. As such, it will differ significantly in structure and content to previously produced research or mapping reports in the sense that it is attempting to define the matrix, or environment, within which significant service improvement can occur, in the sense that it attempts, within its limitations as identified below, to identify the *who, what, where, when, why and how* of Family Support service provision in Dublin 15. Having done this, the matrixing team have developed a thematic commentary on the current situation and noted gaps in service provision.

1.2 Terms of Reference

1.2.1 In November, 2006, Blanchardstown Area Partnership (BAP) contracted Clarity Research, Development and Training Ltd. to carry out an audit of supports for families available within the Dublin 15 area. It was envisaged that the outcomes of this work would provide a working document to further enhance the work of the Partnership's Community Development Plan Implementation Board within the area of Family Support. The key aims of the audit were:

1. To identify Family Support Services available in the Dublin 15 area;
2. To identify how these services are accessed;
3. To identify the key target groups of these particular services;
4. To identify the ways in which these particular services are accessed by those needing the particular supports available;
5. To identify where the gaps in support are and whether there is a need for a more co-ordinated approach to the provision of these services.

1.2.2 A total of six Clarity RDT days were contracted for the completion of this work which was carried out during late December 2006 and January 2007.

1.2 Agreed Methodology

1.2.1 In order to achieve the aims as set out above, an abbreviated matrixing method was adopted. This method allows for the synthesis of detailed information into a series of themed matrices as used in the following sections. It is important to note, that this process is by no means exhaustive, rather it facilitates the development of an analysis of the overall environment for a particular set of services or supports within a geographical area.

1.2.2 In addition, it facilitates the development of an analysis of the overall extent of service and support provision and provides an overview of the gaps – particularly across geographic areas – in service provision.

1.2.3 Finally, it facilitates the development of mechanisms for more co-ordinated responses to the needs identified by service users through allowing access to user friendly information.

1.2.4 Key steps in this process included:

- The development of an agreed, working definition of the term Supports for Families;
- The design, development and dissemination of matrixing materials to organisations identified;
- Follow-up discussions with respondents to ensure clarity;
- The development of specific, themed matrices;
- The drafting of a summary report of findings, highlighting perceived gaps in service provision from the perspective of organisations participating in the process.

1.3 Participation and Response Rates in the Matrixing Process

1.3.1 Organisations and groups working to provide services and supports to families within the Dublin 15 area were invited to participate in the Matrixing Process.

1.3.2 In the final analysis, twenty five organisations participated – providing fifty two different groups –responded to the initial questionnaire. All of these groups were followed up by telephone and ten participated in one to one interviews with Clarity staff.

2 MATRIXING: DESIGN AND METHODOLOGY

2.1 What is a Matrixing Process?

A Matrixing Process is a procedure, developed by Clarity Research, Development and Training Ltd. which facilitates an exploration of the complex environment within which particular service types operate. Its aim is to act as a starting point for inter-agency groupings to focus in on the development of that environment through broadening and deepening their understanding of:

- Key service types;
- Management structures;
- Staffing of services;
- Key Funders, Partners and Support Agencies;
- Key supports provided to organisations/groups;
- Commonalities between organisations/groups;
- Differences between organisations;
- Key issues facing organisations;
- Gaps in service provision;
- Challenges to be addressed to increase opportunities for enhanced co-ordination of service types.

2.2 Key Stages in a Matrixing Process

The following is a summary of the key stages in this Matrixing Process:

1. Inauguration of Advisory Group
2. Identification of Groups / Organisations to participate in process
3. Analysis of previous mapping exercises / other documentation
4. Development of materials
5. Dissemination of Materials
6. Follow-up re: responses to materials
7. Structural analysis of responses received
8. Drafting of graphic illustration of environment
9. In-Depth one to one interviews with at least one third of respondent organisations
10. In-depth analysis of data emerging
11. Drafting of outcomes
12. Discussion of outcomes and recommendations
13. Finalisation of matrixing document

2.3 Potential Benefits of a Matrixing Process

The potential benefits of the use of this type of process may be defined as follows:

1. Matrixing is about building upon already existing information, skills and competencies. In this regard, it facilitates the development of new approaches and co-ordination mechanisms.
2. Matrixing moves beyond mapping and focuses in on an analysis of the environment within which a particular service type is operating. Often, mapping exercises precede matrixing and provide general information on the types of organisations or groups upon which the Matrixing Process can concentrate;
3. Matrixing provides an opportunity to analyse service provision and approaches to delivering particular services in significant detail, for example, participant organisations in this process answered an initial questionnaire with almost fifteen questions ranging from geographical location to issues facing them in their attempts to develop service provision. In addition, the follow up – in terms of telephone clarifications and one to one interviews facilitates even broader analysis.
4. Matrixing is flexible, for example, in the case of this particular process, it became clear that the timeframe for the production of the final report was problematic, given the time of year and the availability of key respondents to participate. Thus, on the basis of a discussion with the advisory group, an additional two weeks was added to the timeframe for completion.

2.4 Challenges Encountered by Matrixing Processes

As well having significant potential benefits, matrixing also highlights significant challenges for participants, readers/matrix users and matrixing practitioners. In terms of this particular process, the following challenges:

1. Matrixing is a new process which is not quickly recognisable within the context of social policy and service provision analysis. In the initial stages of this process, participants found it difficult to envision what the final outcome of the process would look like;

2. Matrixing does not produce huge reports, but rather a set of interconnected working documents which are a means rather than an end, again, an initial challenge to participants as some felt that research had, in some cases, replaced action and that they had been *researched to death*;
3. In other Matrixing Processes, Clarity have found response rates to be an issue, as questionnaires have a bad name and all potential participants may not have been identified at the outset. In this case, however, significant interaction between the client organisation and the matrixing team facilitated the almost 100% response rate. In addition, participants were followed up directly after the questionnaire had been received and thus seemed to have a sense of the process moving forward;
4. Finally, and perhaps most challengingly, matrixing is not a quick process, it requires time from all stakeholders to reflect upon the outcomes of the process. If it is indeed considered to be the beginning of a process of developing a particular service type environment, this challenge can usually be dealt with. If, however, the perceived outcome of funders is to have a glossy report, produced quickly and with as little input as possible from those other than the consultants, this challenge can often be insurmountable. In this particular instance, there was a high level of interaction between the consultants and the Advisory Group, which again, dealt positively with this challenge.

2.5 Potential Outcomes of a Matrixing Process

The key potential outcomes of a Matrixing Process are:

1. A graphic illustration of the *who, what, where, when, why and how* of a particular set – or sub-set – of services;
2. Identification of key support agencies and funders;
3. Identification of gaps in service provision in terms of service provider types, service type and service locations;

4. An opportunity to explore and develop, within a particular environment, potential mechanisms to enhance service provision through:
 - a. Acknowledging work already being done;
 - b. Identifying the potential for new service developments;
 - c. Acting as a starting point for the development of particular structural mechanisms to enhance service provision through better co-ordination and inter-agency working.

2.6 Conclusion

Thus, this process has resulted in the development of the following set of matrices which, we would envisage, can facilitate the development of the Family Support service provision environment in Dublin 15. The following matrices are not infallible, for all of the reasons suggested above, but provide a clear baseline for the development of enhanced co-ordination at a local level.

MATRIX 1: GEOGRAPHICAL REMIT OF PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Service Name	Dublin 15 / Blanchardstown	Blakestown	Corduff	Mountview	Mulhuddart	Hartstown	Hunstown
Accord Marriage Counselling							
Aistear Beo Family Centre							
Barnardo's							
Barnardo's Springboard Project							
Blakestown and Mountview NYP							
Blakestown CDP							
Blanchardstown CIC							
Blanchardstown Local Drug Task Force							
Blanchardstown Traveller Development Group							
Bond							
Carers Association							
Conai Clubhouse							
Corduff Community Development Project							
Croi Croga							
Dochas							
Family Mediation Service							
Friendly Call Service							
Genesis Family Therapy Service							
Greater Blanchardstown Response to Drugs							
Greater Blanchardstown MABS							
Greater Blanchardstown Development Project							
Hartstown/Hunstown Community Drugs Team							
HSE Family Support Service							
Homestart							
Lifestart							
Mountview Family Resource Centre							

MATRIX 1 CONTD. : GEOGRAPHICAL REMIT OF PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Service Name	Dublin 15 / Blanchardstown	Blakestown	Corduff	Mountview	Mulhuddart	Hartstown	Hunstown
Mulhuddart Community Drugs Team							
WEB Project							
Wellview Green Resource Centre							

MATRIX 2: TYPES OF SUPPORTS PROVIDED BY PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Service Name	Promoting Health and Well Being	Education Supports	Practical Supports	Personal Development	Community Development	Information, Advice and Advocacy	Therapeutic Interventions
Accord Marriage Counselling	Yellow						Pink
Aistear Beo Family Centre	Yellow		Orange	Green		Blue	Pink
Barnardos	Yellow	Yellow		Green		Blue	Pink
Barnardo's Springboard Project	Yellow	Yellow		Green			Pink
Blakestown and Mountview NYP	Yellow	Yellow		Green			Pink
Blakestown CDP	Yellow	Yellow		Green	Purple	Blue	
Blanchardstown CIC	Yellow						
Blanchardstown Local Drug Task Force	Yellow		Orange	Green		Blue	Pink
Blanchardstown Traveller Development Project	Yellow				Purple	Blue	
Bond	Yellow						
Carers Association	Yellow	Yellow	Orange			Blue	
Conai Clubhouse	Yellow		Orange	Green		Blue	Pink
Corduff CDP	Yellow	Yellow		Green	Purple	Blue	
Croi Croga	Yellow			Green			Pink
Dochas	Yellow					Blue	Pink
Family Mediation Service	Yellow			Green		Blue	
Friendly Call Service	Yellow		Orange			Blue	
Genesis Psychotherapy and Family Therapy Service	Yellow						Pink
Greater Blanchardstown Response to Drugs	Yellow	Yellow	Orange	Green		Blue	Pink
Greater Blanchardstown MABS	Yellow					Blue	
Greater Blanchardstown Development Project	Yellow	Yellow		Green		Blue	
Hartstown/Huntstown Community Drugs Team	Yellow	Yellow		Green		Blue	
Homestart	Yellow			Green		Blue	
HSE (North West Dublin) Family Support Service	Yellow		Orange				
Lifestart	Yellow	Yellow		Green			

MATRIX 2 CONTD. : TYPES OF SUPPORTS PROVIDED BY PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Service Name	Promoting Health and Well Being	Education Supports	Practical Supports	Personal Development	Community Development	Information, Advice and Advocacy	Therapeutic Interventions
Mountview / Blakestown Community Drugs Team							
Mountview Family Resource Centre							
Mulhuddart/ Corduff Community Drugs Team							
Web Project							
Wellview Green Resource Centre							

MATRIX 3: DATE OF ESTABLISHMENT OF PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Service Name	Established
Accord Marriage Counselling	1984
Aistear Beo Family Centre	2002
Barnardos	1986
Barnardo's Springboard Project	2007
Blakestown and Mountview NYP	1993
Blakestown Community Development Project	2000
Blanchardstown CIC	N/A
Blanchardstown Drugs Task Force	1997
Blanchardstown Traveller Development Group	1992
Bond	1997
Carers Association	1987
Conai Clubhouse	2005
Corduff CDP	1999
Croi Croga	1998
Dochas	2002
Family Mediation Service	1986
Friendly Call Service	2004
Genesis Psychotherapy and Family Therapy Service	1993
Greater Blanchardstown Response to Drugs	1992
Greater Blanchardstown Area MABS	1995
Greater Blanchardstown Development Project	1984
Hartstown/Huntstown Community Drugs Team	1998
HSE Family Support Service	2001

MATRIX 3 CONTD. : DATE OF ESTABLISHMENT OF PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Service Name	Established
Homestart	1988
Lifestart	2005
Mountview Family Resource Centre	1998
Mulhuddart / Corduff Community Drugs Team	1998
Web Project	1995
Wellview Green Resource Centre	2001

MATRIX 4: GEOGRAPHICAL LOCATION OF PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Service Name	Location
Accord Marriage Counselling	Blanchardstown
Aistear Beo Family Centre	Coolmine
Barnardos	Mulhuddart
Barnardo's Springboard Project	Blanchardstown
Blakestown and Mountview NYP	Clonsilla
Blakestown Community Development Project	Blakestown
Blanchardstown CIC	West End House
Blanchardstown Drugs Task Force	Main Street, Blanchardstown
Blanchardstown Traveller Development Group	Mulhuddart
Bond	Coolmine
Carers Association	Main St., Blanchardstown
Conai Clubhouse	Main St, Blanchardstown
Corduff CDP	Corduff
Croi Croga	Coolmine
Dochas	Blanchardstown Centre
Family Mediation Service	West End Business Park
Friendly Call Service	Mulhuddart
Genesis Psychotherapy and Family Therapy Service	Corduff
Greater Blanchardstown Response to Drugs	Clonsilla
Greater Blanchardstown Area MABS	Blanchardstown
Greater Blanchardstown Development Project	Mulhuddart
Hartstown/Huntstown Community Drugs Team	Hartstown/Huntstown
HSE Family Support Service	Wellview
Homestart	Blakestown
Lifestart	Mulhuddart
Mountview Family Resource Centre	Mountview

MATRIX 4 CONTD. : GEOGRAPHICAL LOCATION OF PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Service Name	Location
Mulhuddart / Corduff Community Drugs Team	Mulhuddart
Web Project	Mulhuddart
Wellview Green Resource Centre	Mulhuddart

MATRIX 5: SPECIFIC TARGET GROUPS OF PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Name of Organisation	Families	Couples	Parents	Under 12's	13-18 year olds	Adults
Accord Marriage Counselling						
Aistear Beo Family Centre						
Barnardos						
Barnardo's Springboard Project						
Blakestown and Mountview NYP						
Blakestown CDP						
Blanchardstown CIC						
Blanchardstown Drugs Task Force						
Blanchardstown Traveller Development Project						
Bond						
Carers Association						
Conai Clubhouse						
Corduff CDP						
Croi Croga						
Dochas						
Family Mediation Service						
Friendly Call Service						
Genesis Psychotherapy and Family Therapy Service						
Greater Blanchardstown Area MABS						
Greater Blanchardstown Development Project						
Greater Blanchardstown Response to Drugs						
Hartstown/Huntstown Community Drugs Team						
Health Services Executive (North West Dublin)						
Homestart						
Lifestart						
Mountview / Blakestown Community Drugs Team						

MATRIX 5 CONTD. : SPECIFIC TARGET GROUPS OF PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Name of Organisation	Families	Couples	Parents	Under 12's	13-18 year olds	Adults
Mountview Family Resource Centre						
Mulhuddart / Corduff Community Drugs Team						
Web Project						
Wellview Green Resource Centre						

MATRIX 6: ACCESS ROUTES TO PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Name of Organisation	Agency Referral	Self Referral	Personal Contact	Local Networking
Accord Marriage Counselling				
Aistear Beo Family Centre				
Barnardo's				
Barnardo's Springboard Project				
Blakestown and Mountview NYP				
Blakestown CDP				
Blanchardstown CIC				
Blanchardstown Drugs Task Force				
Blanchardstown Traveller Development Project				
Bond				
Carers Association				
Conai Clubhouse				
Corduff CDP				
Croi Croga				
Dochas				
Family Mediation Service				
Friendly Call Service				
Genesis Family Therapy Service				
Greater Blanchardstown Response to Drugs				
Greater Blanchardstown Area MABS				
Hartstown/Huntstown Community Drugs Team				
Homestart				
Lifestart				

MATRIX 6 CONTD. : ACCESS ROUTES TO PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Name of Organisation	Agency Referral	Self Referral	Personal Contact	Local Networking
HSE Family Support Service	Yes	Yes	Yes	Yes
Mountview / Blakestown Community Drugs Team	Yes	Yes	Yes	Yes
Mountview Family Resource Centre	Yes	Yes	Yes	Yes
Mulhuddart / Corduff Community Drugs Team	Yes	Yes	Yes	Yes
Web Project	Yes	Yes	Yes	Yes
Wellview Green Resource Centre	Yes	Yes	Yes	Yes

MATRIX 7: KEY REFERRAL ROUTES TO PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Name of Organisation	GP	PHN	SW	Gardai	Com.	Parents / Families	School	Self
Accord Marriage Counselling								
Aistear Beo Family Centre								
Barnardos								
Barnardo's Springboard Project								
Blakestown and Mountview NYP								
Blakestown CDP								
Blanchardstown CIC								
Blanchardstown Drugs Task Force								
Blanchardstown Traveller Development Group								
Bond								
Carers Association								
Conai Clubhouse								
Corduff CDP								
Croi Croga								
Dochas								
Family Mediation Service								
Friendly Call Service								
Genesis Family Therapy Service								
Greater Blanchardstown MABS								
Hartstown/Huntstown Community Drugs Team								
Homestart								
Lifestart								
HSE Family Support Service								
Mountview / Blakestown Community Drugs Team								

MATRIX 7 CONTD. : KEY REFERRAL ROUTES TO PARTICIPATING ORGANISATIONS PROVIDING SUPPORTS TO FAMILIES IN DUBLIN 15

Name of Organisation	GP	PHN	SW	Gardai	Com.	Parents / Families	School	Self
Mountview Family Resource Centre								
Mulhuddart / Corduff Community Drugs Team								
Web Project								
Wellview Green Resource Centre								

3 KEY GAPS IN FAMILY SUPPORT SERVICE PROVISION IN DUBLIN 15

1. The amount of children presenting with behavioural problems or speech delay and also Autism type behaviour is really huge. There is a HUGE lack of services to meet the needs of these families.
2. The Learning Disability Sector- Not equipped to deal with such cases. Children can be left in limbo and families cannot be taken on for service support as a result.
3. Psychiatric Services for 16-18 Year Olds – Agencies can see children up to 18 yrs., but at 16 yrs., are classed as adults for psychiatric services. This 2 yr. gap before they legally become an adult can cause difficult transition problems in getting appropriate services for the young person.
4. Residential Care and Respite Care – Another key gap in service.
5. One Central Agency with Links Between ALL Agencies – This would ensure families get best services available, while keeping waiting lists down, i.e. one family on several waiting lists for the one service. Central agency could keep links going and encourage more networking at grassroots level and via voluntary agencies, and could ensure that schools are linked into all agencies.
6. More Networking with Schools – This' crucial, as schools need to know what services their pupils are getting and agencies need to know what services schools provide so there is no unnecessary overlap of services.
7. One Stop Shops-could work well, should be investigated/encouraged.
8. Insufficient Services for Families with Children Under 12 Years – Supports in place for families with children over 12+, while families with children under 12 are experiencing difficulties, as insufficient services in place.
9. Preventative End of Services Less Intensive – Families need more supports at the start of problems, e.g. change in family circumstances causing money problems; children left on own while parent out for 2-3 hours earning money. Need to help such families to prioritise at that early stage so that positive choices are made before poor, short-term choices become possible long-term problems further down the line. So;
10. Early Intervention, Support and Preventative Measures are needed.
11. Transport – More public transport needed to cover what is a huge geographical area. More linked-up transport needed from Bus Eire Ann and CIE. Also, Line out to Nava, Metro badly needed, Park and Ride Service.
12. Social Housing Schemes for Single Clients coming out of Psychiatric Care – In their own case, Dochas desperately need more double houses to accommodate 5-6 single people with a history of psychiatric illness, or coming out of psychiatric hospitals, who would need mild supervision. This would help curb the vicious cycle of homelessness.
13. More Social Housing Schemes, Less Prisons – In to-day's New Ireland, problems have moved from Health to Justice. Recent newspaper article by Connor Lilly revealed that 50-60% of Mountjoy Jail inmates have psychiatric problems and should not be there at all. Joined up thinking is needed between Justice – Housing – Psychiatric Care- Education.

14. Inadequate Crèche Facilities – Especially in cases where both parents, from time to time, are required to attend sessions together.
15. Networking – More needed between ALL Family Support Groups.
16. Supported Progression Service for Clients – In cases where group members wish to progress to another group or service, e.g. education, access to libraries, etc. then Family Support Groups should be able to identify the next stage required, implement progression to that next level and monitor progress.
17. This lack of supported progression can be a reason why clients can drop out of Family Support Services.
18. More Information and Publicity - Leaflets through doors do not really work as are not read by the majority of clients/families. More creative ways of passing on information is needed, e.g. Local Radio, T.V. (how though/), Intriguing Posters, with eye-catching images.
19. More Publicity – Appoint P.R. Companies For Family Services – This' badly needed – more creative ways of highlighting and promoting services.
20. A Central, User-Friendly Access Point – This could highlight information and needs to be friendly, non-threatening, non-judgemental, multi-disciplinary centre, where advice and support can be given for a range of services/problems, e.g. housing, violence, drugs - A One Stop Shop in effect.
21. An Holistic House For De-Stressing Families – Network with local therapists to see if they would donate their services for free, and then, at a suitable local venue, e.g. Health Centre, offer a range of healing, holistic services to families, such as Massage, Aromatherapy, Acupuncture, Reflexology, Reiki, etc.
22. This would help families to de-stress and introduce them to a safe and self-nurturing alternatives to alcohol, nicotine, drugs, etc. Suggest this for all ages, e.g. teach both parents and children about yoga, meditation, nutrition. Non-invasive, of course, with written policy and procedures. The Holistic House Idea is a key gap which is do-able and achievable.
23. Childcare – main problem here is at pre-school level.
24. Accessibility of Services to and from Local Schools – More transport services/networks needed.
25. Funding, Funding and More Funding
26. Lack of Counselling Services – A general problem.
27. Difficulty Accessing Counselling Services where these are available, many clients have difficulty accessing the service, so more supports needed here.
28. More Family Support Workers for 12-17 Year olds involved in crime and anti-social behaviour.
29. More funding needed for Family Support Workers for 12-17 Year olds involved in crime and anti-social behaviour.
30. More Youth Projects needed for Dublin 15 area.

31. Family Support Worker for the Garda Youth Diversion Project in Hartstown/Huntstown urgently needed.
32. More Family Support Workers outside the RAPID areas needed.
33. More Childcare so working mothers can come to training, parenting and information classes.
34. Gap in area of Child Counselling and Family Therapy.
35. Support Groups for separated spouses.
36. More facilities for Foreign Nationals regarding accessing services, breaking down social barriers and making links with other appropriate groups/agencies.
37. One advisory body on Mental Health issues so that relevant and appropriate information may be obtained for clients, e.g. a type of Citizens Advice Bureau on Mental Health issues.
38. More recreational facilities for families, e.g. safe parks, play areas.
39. More transport for families to get to family recreational facilities.
40. Structured support and childcare for young women doing Drug Detox and Rehab. Programmes during the required 6-8 week period.
41. Assurance and guarantees for these mothers that their children will not be placed in care if they are absent for that 6-8 week period.
42. Guarantees that where children are placed in care, they will be returned to their mother.
43. Package of supports involving family cover for children in such families, e.g. being brought to school time and after school time.
44. Services needed to monitor and support children from vulnerable families at various stages of education, e.g. more follow through after Pre-School level.
45. More single male accommodation for ex-prisoners badly needed, especially when leaving transitional housing.
46. Sustainable, meaningful employment for ex-prisoners.
47. More liaison and networking with potential employers to establish meaningful employment for ex-prisoners.
48. Equality legislation for ex-prisoners.
49. More work/employment schemes for ex-prisoners.
50. More resources re. parents and families of young people in relation to Family Support work. The benefit of interventions could be greatly enhanced and built on if there were the capacity to re-inforce it through providing support to the parents of the young people involved.

- 51.** Co-ordination between services in relation to work being done with individual family members in different services.
- 52.** Access to counselling services (on demand) for parents/young people in relation to addressing issues when they come up, rather than having to wait weeks/months, when perhaps the motivation for engaging may have reduced.
- 53.** Resources to work with young mothers aged 16+ in the Greater Blanchardstown area. Such young mothers tend to be an isolated group of young people who need specific targeting and re-sourcing in order to engage them effectively.
- 54.** Models of how to engage with non-Irish national families. On occasion there are difficulties engaging non-Irish National young people as individuals. There seems to be a desire for the whole family to engage, however, services are not equipped to deal with this key gap in service. An inter-agency/service response may be required.

APPENDIX 1: AUDIT QUESTIONNAIRE

AUDIT OF SUPPORTS FOR FAMILIES IN DUBLIN 15 AREA

Complete and return by December 11th to:

Úna Lyons
Project Worker
Clarity RDT
First Floor
23 Main Street
Castlemartyr
Co. Cork

This document is available in electronic format from clarityrdt@eircom.net if you wish to return it by e-mail

Please complete all questions
Clarity RDT staff may contact you by telephone to discuss your responses in more detail

SECTION 1: ORGANISATION / GROUP / SERVICE DETAILS

Name of Organisation / Group / Service

Contact details	Address	<input type="text"/>
	Telephone	<input type="text"/>
	Fax	<input type="text"/>
	E-mail	<input type="text"/>

Name of person completing questionnaire

Position of person completing questionnaire

Mission Statement of Organisation / Group / Service *(brief description of role and function of the group)*

Date of Establishment of Group

SECTION 2: SERVICE PROVISION DETAILS

1	Please name your primary target group (s)				
2	Does your service have a geographical focus?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3	If yes, please identify the geographical area				
4	Do you operate within any specific service area – such as health, education, drugs etc?				
5	For how many service users per year do you provide (approx)?				
6	Do you operate a referral service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7	If yes, please describe how someone is referred				
8	Do you operate a walk-in service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9	If yes, please describe how you publicise your services				
10	Please identify the key ways in which someone can access your service(s)				
11	Please name the funders of your service				
12	Please name any other service providers whom you feel should participate in this process				

APPENDIX 2: GAPS IDENTIFIED BY PARTICULAR ORGANISATIONS

1.0. Introduction

Having identified the services being provided in the Dublin 15 area, all respondents who had submitted questionnaires, and all organisations still being chased, were contacted and asked to give consideration to the following question:

“In your experience, what do you see as the key gaps in family support service provision?”

2.0. Responses

Of the 25 organisations contacted, feedback was received from the following 15:

1. Homestart Blanchardstown, J. Ashbrook, Co-Ordinator, (Qst. 2)
2. Aistear Beo Family Centre, Daughters of Charity & Family Services, W. Monks, Team Leader, (Qst. 3)
3. Barnados, M. Walsh, Project Leader, (Qst.4)
4. Dochas, Fr. D. O’Mahony, (Qst. 9)
5. Genesis Psychotherapy Centre, Dr. E. McHale, Clinical Director (Qst.10)
6. Hartstown/Hunstown Community Drugs Team, E. Moore, Co-Ordin. (Qst.14)
7. Mountview/Blakestown CDT, (Croi Croga), M. Penrose, Project Worker, (Qst.15)
8. Blakestown C.D.P. Ltd, T. Brunt, Project Administrator, (Qst.19)
9. Mountview Family Resource Centre, M. McLoughlin, Project Leader, (Qst. 23)
10. Web Project – Suzanne Lindsay, Project Co-Ordinator (Young People) (Qst.6)
11. Accord Blanchardstown – M. Brophy, Administrative Secretary, (Qst 8)
12. Greater Blanchardstown Development Project – Finnoula Kelly – Project Administrator –(Qst. 22)
13. Conai Club House – Anne O’Loughlin – Manager – (Qst. 24)
14. Mulhuddart/Corduff CDT – Ann Byrne, Project Worker (Qst. 16)
15. BOND, Mr. Paul Bailey, Director, (Qst. 18)

3.0. Key Gaps Identified Per Organisation

- 3.1. Homestart Blanchardstown
 - Special Needs Care Provision for Children
 - The amount of children presenting with behavioural problems or speech delay and also Autism type behaviour is really huge.
 - There is a HUGE lack of services to meet the needs of these families
- 3.2. Aistear Beo Family Centre, Daughters of Charity & Family Services
 - Funding – This’ always a problem, though organisations may be given more in the run up to the General Election
 - The Learning Disability Sector- Not equipped to deal with such cases. Children can be left in limbo and families cannot be taken on for service support as a result
 - Psychiatric Services for 16-18 Year Olds – Agencies can see children up to 18 yrs., but at 16 yrs., are classed as adults for psychiatric services. This 2 yr. gap before they legally become an adult can cause difficult transition problems in getting appropriate services for the young person.
 - Residential Care and Respite Care – Another key gap in services.
 - One Central Agency with Links Between ALL Agencies – This would ensure families get best services available, while keeping waiting lists down, i.e. one family on several waiting lists for the one service. Central agency could keep links going and encourage more networking at

grassroots level and via voluntary agencies, and could ensure that schools are linked into all agencies.

- More Networking with Schools – This' crucial, as schools need to know what services their pupils are getting and agencies need to know what services schools provide so there is no unnecessary overlap of services.
- One Stop Shops-could work well, should be investigated/encouraged.

3.3. Barnados

- Insufficient Services for Families with Children Under 12 Years – Supports in place for families with children over 12+, while families with children under 12 are experiencing difficulties, as insufficient services in place
- Preventative End of Services Less Intensive – Families need more supports at the start of problems, e.g. change in family circumstances causing money problems; children left on own while parent out for 2-3 hours earning money. Need to help such families to prioritise at that early stage so that positive choices are made before poor, short-term choices become possible long-term problems further down the line. So;
- Early Intervention, Support and Preventative Measures are needed.

3.4. Dochas

- Transport – More public transport needed to cover what is a huge geographical area. More linked-up transport needed from Bus Eireann and CIE. Also, Line out to Navan, Metro badly needed, Park and Ride Service.
- Crèche Facilities – Always needed
- Social Housing Schemes vis à vis Single Clients Coming out of Psychiatric Care – In their own case, Dochas desperately need more double houses to accommodate 5-6 single people with a history of psychiatric illness, or coming out of psychiatric hospitals, who would need mild supervision. This would help curb the vicious cycle of homelessness.
- More Social Housing Schemes, Less Prisons – In to-day's New Ireland, problems have moved from Health to Justice. Recent newspaper article by Connor Lally revealed that 50-60% of Mountjoy Jail inmates have psychiatric problems and should not be there at all. Joined up thinking is needed between Justice – Housing – Psychiatric Care- Education.

3.5. Genesis Family Therapy Centre

- Inadequate Crèche Facilities – Especially in cases where both parents, from time to time, are required to attend sessions together.

3.6. Hartstown/Hunstown Community Drugs Team

- Networking – More needed between ALL Family Support Groups
- Supported Progression Service for Clients – In cases where group members wish to progress to another group or service, e.g. education, access to libraries, etc. then Family Support Groups should be able to identify the next stage required, implement progression to that next level and monitor progress.
- This lack of supported progression can be a reason why clients can drop out of Family Support Services.

3.7. Mountview/Blakestown CDT (Croí Cròga)

- More Information and Publicity - Leaflets through doors do not really work as are not read by the majority of clients/families. More creative ways of

passing on information is needed, e.g. Local Radio, T.V. (how though/), Intriguing Posters, with eye-catching images.

- More Publicity – Appoint P.R. Companies For Family Services – This' badly needed – more creative ways of highlighting and promoting services.
- A Central, User-Friendly Access Point – This could highlight information and needs to be friendly, non-threatening, non-judgemental, multi-disciplinary centre, where advice and support can be given for a range of services/problems, e.g. housing, violence, drugs - A One Stop Shop in effect.
- An Holistic House For De-Stressing Families – Network with local therapists to see if they would donate their services for free, and then, at a suitable local venue, e.g. Health Centre, offer a range of healing, holistic services to families, such as Massage, Aromatherapy, Acupuncture, Reflexology, Reiki, etc.
- This would help families to de-stress and introduce them to a safe and self-nurturing alternatives to alcohol, nicotine, drugs, etc.
- Suggest for all ages, e.g. teach both parents and children about yoga, meditation, nutrition. Non-invasive, of course, with written policy and procedures

3.8. Blakestown CDP

- Childcare – main problem here is at pre-school level
- Accessibility of Services to and from Local Schools – More transport services/networks needed
- Funding, Funding and More Funding

3.9. Mountview Family Resource Centre

- Lack of Counselling Services – A general problem
- Difficulty Accessing Counselling Services where these are available, many clients have difficulty accessing the service, so more supports needed here.

3.10. Web Project – Project Co-Ordinator (Young People)

“We have a family support worker for our project who works with the families of the 12-17 year olds involved in crime and anti-social behaviour in Mulduddart, Corduff, Blakestown and Mountview. She is stretched between these areas as there are a lot of families. Her project is under funded which makes work difficult too. We are the only Youth Project in Mulhuddart and Corduff who has a Family Support Worker – this does not cover a lot of families in need, as we only work with 15 referrals.

There is no Family Support Worker for the Garda Youth Diversion Project in Hartstown/Huntstown. This is a new project and the need will probably be identified there soon, as they have received a lot of referrals. As far as I know, there are no Family Support Workers outside the RAPID areas, but they are needed”.

Also, Childcare is not a factor that is accounted for in working with mothers in particular – it means that it is not possible for them to come to training, parenting, information classes, etc, if they have small children.”

3.11. Accord Blanchardstown

“Having discussed this with some of the counsellors, we would feel that there is a gap in the area of Child Counselling and Family Therapy in the Dublin 15

area. Also for individuals who have separated, some kind of Support Group would be beneficial.”

3.12. Greater Blanchardstown Development Project

The Key Gap identified would be services for Foreign Nationals regarding accessing services, breaking down social barriers and making links with other appropriate groups/agencies. This applies both at an individual and group level.

3.13. Conai Club (Mental Health Support Group)

- Finding information from other agencies for our members that is both relevant and suitable for the need at hand. One body on Mental Health issues would be an idea as a lot of time is spent trying to find out appropriate information for members, e.g. a type of Citizens Advice Bureau for Mental Health issues.
- Lack of recreational facilities for families, e.g. safe parks, play areas.
- Transport needed to get to family recreational facilities.

3.14. Mulhuddart/Corduff CDT

- No structured support for young women wanting to do a Drug Detox (usually on Methadone), with Rehab. After the Detox Prog. No Child Care support here for the required 6-8 week period required.
- These mothers need to know their children will not be placed in care if they are absent for that 6-8 week period. They need guarantees that children, who are placed in care in such cases, will be given back to the recovering mother.
- Need to draw up a package of supports in such cases, involving family cover for children in such families, e.g. being brought to school time and after school time.
- No services in place to keep an eye on children from vulnerable families at various stages of education, e.g. no follow through after the Barnados Pre-School Support.
- Good family support is essential.

3.15. BOND

- Severe lack of single male accommodation for ex-prisoners, especially when leaving transitional housing.
- Sustainable, meaningful employment for ex-prisoners. This is very difficult to achieve.
- More liaison needed with potential employers.
- At BOND, participants are skilled up as best as possible, e.g. forklift driving, but more schemes are needed for ex-prisoners.
- N.B. There is no Equality Legislation for ex-prisoners.