




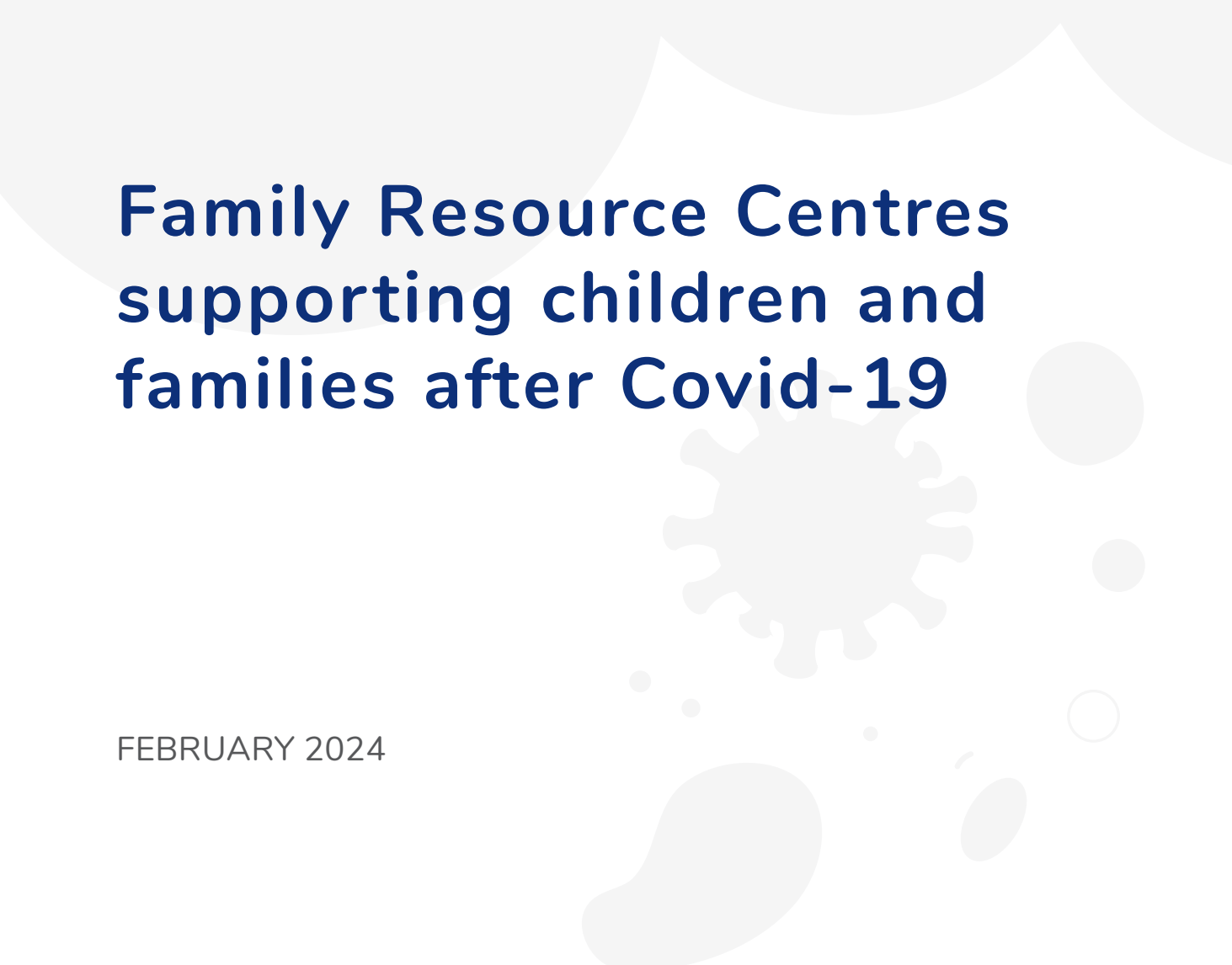
**Family Resource Centre
National Forum**
Supporting • Strengthening • Empowering



**Family Resource Centres supporting
children and families after Covid-19**



Family Resource Centres supporting children and families after Covid-19



FEBRUARY 2024

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Research funding provided through HSE Mental Health



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FOREWORD

As outlined in the Interim Report for this Recovery and Resilience Project, the delivery of counselling and therapeutic supports through the Family Resource Centre National Programme is a key part of our human rights-based approach to community development and family support across the life course.

The delivery of counselling and therapeutic supports through locally governed family resource centres as part of wider approach that values place, community strengths, and belonging is unique and different to more traditional ways of offering such support. There is also great complementarity and synergy in delivering counselling and therapeutic supports along with various other supports such as early years care and education, lifelong learning, preventative family support, social prescribing, support to older persons, youth development and community development.

The completion of the Recovery and Resilience Project, including this research, has facilitated the FRC National Forum to support FRCs in the direct delivery of counselling and therapeutic supports to children, families, and communities in need of such supports, but it has also created a foundation for the development of a coherent and consistent National FRC Programme of Counselling and Therapeutic Supports through the development of an implementation framework or ROADMAP for such supports.

We are very grateful to the HSE for the funding that enabled this project to happen, and we look forward to further developing our partnership with the HSE, alongside our existing partnership with Tusla, as well as new potential partnerships that this research has helped to signpost.

The 83 FRCs that engaged with this funding opportunity have been able to grow their offer of therapeutic supports to their communities with 4,548 children and 3,820 adults benefiting overall, resulting in 71% of FRCs reporting a decrease in waiting lists nationwide. This research shines a light on how the pandemic has impacted younger children during what was a difficult time for everyone and a critical developmental stage for many children. It also demonstrates the value of prevention and early intervention and will inform the development of the FRC Programme Model through a dynamic approach to continuous improvement.

As this project was implemented using once off funding – the challenge to address the core funding of FRCs and the funding of FRC counselling and therapeutic supports remains. The findings and recommendations of this report will inform the FRC National Forum's efforts to address the funding challenge. The focus of the Forum remains on seeking adequate sustainable funding from Government for these vital preventative supports so that FRCs can focus on identifying and addressing the emerging needs of their communities through a human rights-based approach to community development.

Finally, we would like to thank the HSE for providing funding for this research through HSE Mental Health.

Fergal Landy, CEO National Forum of Family Resource Centres
Jackie Landers, Chairperson National Forum of Family Resource Centres



SUMMARY REPORT

INTRODUCTION

This report documents the findings of research on the impact of the Covid-19 pandemic on children and families as well as the impact of Recovery and Resilience funded therapeutic supports and services in Family Resource Centres (FRCs) conducted on behalf of FRC National Forum and the HSE.

RESEARCH AIM

The aim of this research was to:

- capture the voices of children and their families' experiences and impacts of the Covid-19 pandemic;
- evaluate the delivery of therapeutic support services through the Recovery and Resilience fund;
- explore the profile of need that exists in respect of therapeutic supports for children and families;
- identify the most beneficial therapeutic support services available in FRCs; and
- make recommendations on how therapeutic support services for children and families can be enhanced and improved.

RESEARCH METHODOLOGY

A mixed research methods approach was taken which included the following:

- Secondary research e.g., analysis of data collected by the FRC National Forum and a policy and literature review of existing research nationally and internationally.
- Face-to-face group consultations with 91 children aged 5 – 14 years in eight FRCs about the impact of Covid 19 on their lives.
- Semi-structured interviews with 10 FRC managers and 14 therapists/practitioners.
- Survey of FRC managers/staff in receipt of funding under the Resilience and Recovery Programme (72 respondents).
- Survey of parents/guardians accessing Recovery and Resilience funded therapeutic supports for themselves or their children (94 respondents).
- Survey of therapists/practitioners delivering therapeutic supports funded by the Resilience and Recovery Programme (50 respondents).
- Case studies completed by nine therapists describing the therapeutic supports they provided under the Resilience and Recovery Programme fund and their benefits.



SUMMARY OF RESEARCH FINDINGS

IMPACT OF COVID-19 PANDEMIC ON CHILDREN

A total of 91 children were consulted face-to-face about their experiences of the Covid-19 pandemic. As can be seen from Table 1 below, almost three quarters (74.7%) of children consulted said Covid had a negative impact on them in terms of school and education. Other impacts identified by children included not seeing friends (22%); not taking part in normal play and activities (19.8%); not going outside (18.7%); having to wear masks (13.2%); not seeing family (12.1%); family life being disrupted (8.8%); missing celebrating their First Communion (6.6%) and their mental health being impacted (2.2%).

Table 1: Main impacts of Covid identified by children

Impact of Covid	No.	%
School/Education	68	74.7%
Not Seeing Friends	20	22%
Play And Activities	18	19.8%
Not Going Outside	17	18.7%
Wearing Masks	12	13.2%
Not Seeing Family	11	12.1%
Family Life	8	8.8%
Missed First Communion	6	6.6%
Impact On Mental Health	2	2.2%

*Percentages do not add up to 100% as children identified more than one impact

The most common emotion children reported feeling during Covid was sad (38.5%); followed by angry/annoyed (24.2%); happy (22%); bad (11%); bored (8.8%); weird (6.6%); worried/scared/nervous (4.4%); disappointed (2.2%); lonely (2.2%) and judgemental (1.1%) (see Table 2 below). Children also spoke about feeling isolated, less active, less motivated, spending more time at home, playing less outside and playing more online during Covid. A small number of children spoke about feeling depressed and anxious due to the Covid-19 pandemic. Children reported feeling happy/excited (44%) after Covid restrictions had lifted.



"I felt sad because I wasn't able to see my friends or go outside."

[Boy aged 11]



"I felt isolated because of Covid. I used to play outside a lot before Covid. I rarely go outside now because of Covid. I find stuff online more fun than being outside. I like video games and I play for a long time. Every now and again I go outside."

[Boy aged 10]

Table 2: Most common emotions identified by children during Covid

Emotion	No.	%
Sad	35	35
Angry/annoyed	22	22
Happy	20	20
Bad	10	10
Bored	8	8
Weird	6	6
Worried/scared/nervous	4	4
Disappointed	2	2
Lonely	2	2
Judgemental	1	1

*Percentages do not add up to 100% as children identified more than one emotion

The main impact of Covid on children identified in a survey of therapists and practitioners working in FRCs was increased anxiety (62.8%) followed by decreased social skills (58.1%); increased isolation/loneliness (27.9%) and developmental delays (16.3%) (see Table 3 below).



"There is so much separation anxiety in children and a lot of it is stemming from Covid. It was there before but I have never seen anything like it since Covid."

[FRC therapist/practitioner]

Table 3: Main impacts of Covid on children attending therapeutic supports in FRCs'

Impact of Covid	No.	%
Increased anxiety	27	62.8%
Impact on social skills	25	58.1%
Isolation/loneliness	12	27.9%
Developmental delays	7	16.3%
Lack of confidence/self-esteem	7	16.3%
Education related issues	5	11.6%
Poor coping skills	4	9.3%
School avoidance	3	7%
Grief	3	7%
Domestic violence	2	4.7%
Parental addiction	2	4.7%
Self-harm	1	2.3%
Anger issues	1	2.3%
Increased use of technology	1	2.3%

*Percentages do not add up to 100% as respondents could pick more than one survey option



How Covid-19 was for me?

... Sad...

Parents, FRC staff, therapists and practitioners also emphasised the disproportionate impact of Covid on autistic children and their families as well as on children with other pre-existing diagnoses and their families due to the sudden withdrawal of supports and disruption to routines.



“Parents of children with autism felt very isolated and abandoned during Covid, especially those whose children had only recently been diagnosed. There were no services for children, huge waiting lists and no support from schools or SNAs. There was a lot of rumination, overthinking, stress and hypervigilance.”

[FRC therapist/practitioner]



I didn't like it because we couldn't go anywhere...

IMPACT OF COVID ON PARENTS

According to a survey of parents attending FRCs, the main impacts Covid had on them was increased anxiety, stress and worry (39.4%); followed by impacts on their mental health (23.4%); work related impacts (12.8%); social impacts (9.6%); financial impacts (6.4%); impact on physical health (4.3%); lack of support/childcare (4.3%); impact on new parents (3.2%); impact on relationships/separation (2.1%); bereavement (2.1%); domestic violence (1.1%) and distrust of government/doctors (1.1%) (see Table 4 below).

Table 4: Impact of Covid 19 on parents and guardians

Impact of Covid	No.	%
Increased anxiety, stress and worry	37	39.4%
Mental health impacts	22	23.4%
Work related impacts	12	12.8%
Social impacts	9	9.6%
Financial impacts	6	6.4%
Impact on physical health	4	4.3%
Lack of support/childcare	4	4.3%
Impact on new parents	3	3.2%
Impact on relationships/separation	2	2.1%
Bereavement	2	2.1%
Domestic violence	1	1.1%
Distrust of government/doctors	1	1.1%

*Percentages do not add up to 100% as respondents could pick more than one survey option



“The fear caused by the reporting about Covid left me nervous and anxious for myself and my children. Being home all the time, not getting to meet family and friends left me feeling sad at times and hopeless at other times. It caused weight gain which impacted my mental health.”

[Parent]



“I suffered a lot of domestic violence during Covid which has affected me mentally and emotionally. I felt useless watching my children suffer but wasn’t strong enough and didn’t understand my children’s feelings and challenges.”

[Parent]

PROFILE OF CHILDREN AND PARENTS ACCESSING THERAPEUTIC SUPPORTS

Almost one in four FRC staff surveyed said the profile of children and parents accessing Recovery and Resilience funded therapies and programmes had changed since the Covid-19 pandemic. The main ways in which the profile of children and parents was considered to have changed since Covid was an increase in the number of children particularly younger children requiring services, an increase in the proportion of families from different socio-economic backgrounds e.g. more middle-class families seeking supports, as well as more Ukrainian families.

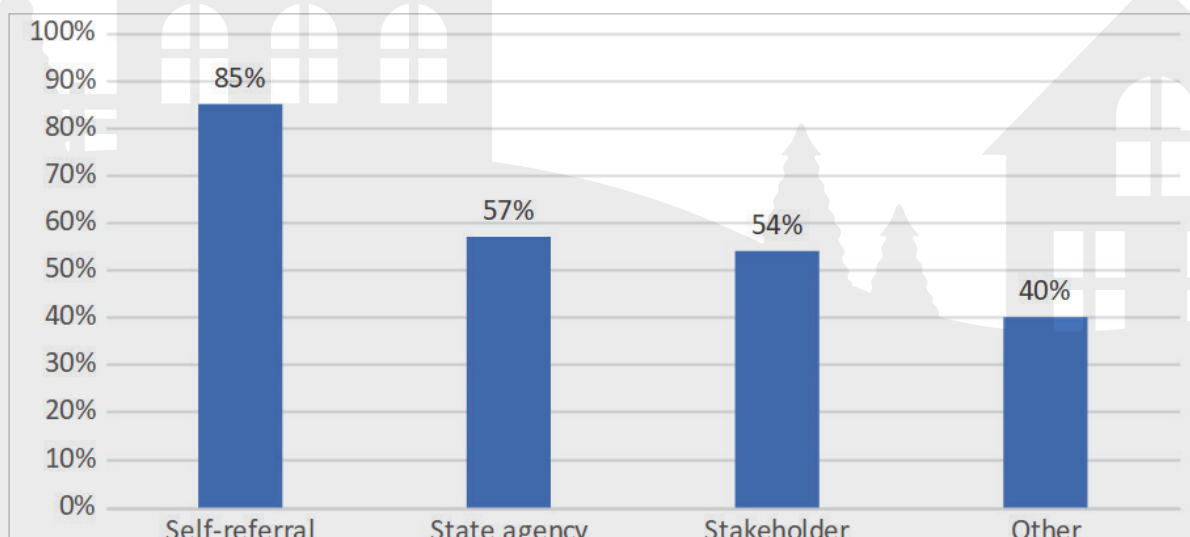
“There has been an increase in referrals of young children having social difficulties, toileting difficulties and in general issues in relation to anxious behaviours or attachment difficulties.”

[FRC therapist/practitioner]

MAIN REFERRAL PATHWAYS FOR CHILDREN AND PARENTS

The Recovery and Resilience Final Impacts Survey asked respondents to identify the most common referral pathways for children and families into Recovery and Resilience funded therapies and programmes. It should be noted that respondents could pick more than one survey response to this question. As Figure 1 below shows, the most common referral pathway identified was self-referral (85%) e.g. parents; followed by state agencies (57%) e.g. Tusla, the HSE etc.; stakeholders (54%) e.g. schools, School Completion Programme Youthreach, youth groups and community groups and agencies; and other methods of referral (40%) e.g. GPs, community members, Citizen’s Information etc. As well as the survey results, interviews with FRC staff highlighted a high rate of self-referral by parents and feedback which indicates parents feel comfortable referring themselves and their children to therapeutic supports in FRCs. The research shows FRC Family Support Workers also play an important role in terms of the referral process.

Figure 1: Main referral pathways for FRC therapeutic supports

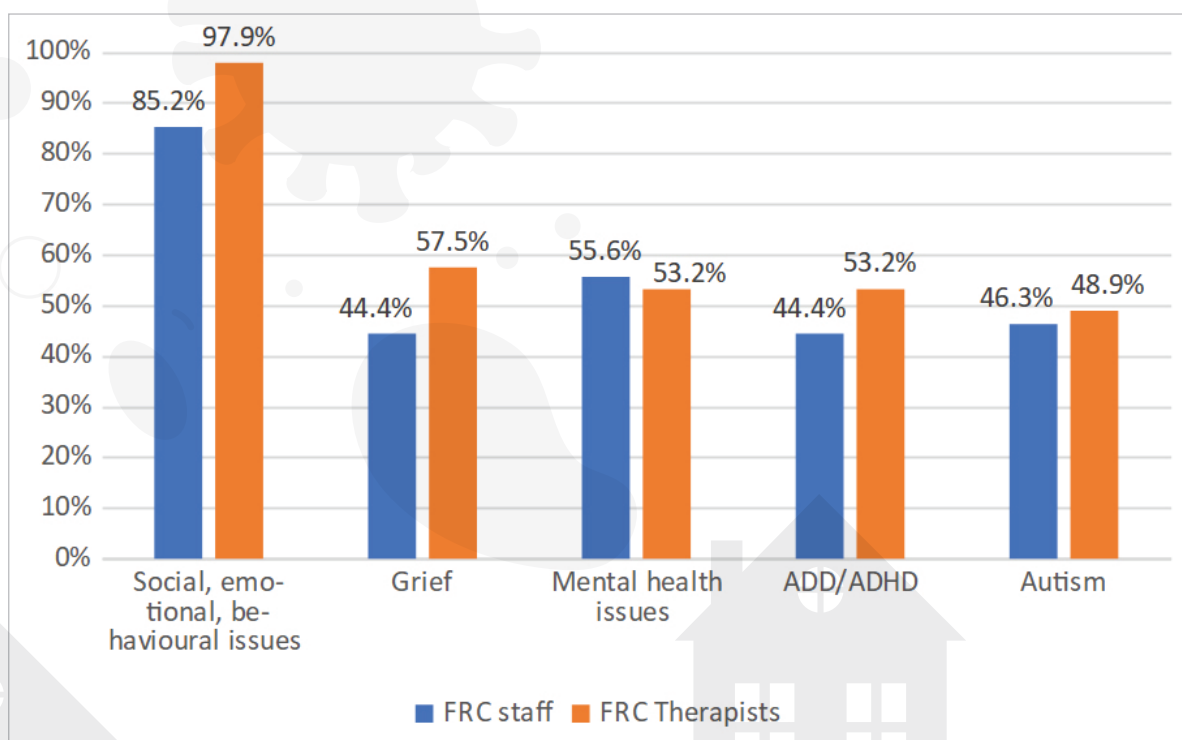




KEY ISSUES AFFECTING CHILDREN ATTENDING FRCs

As Figure 2 below outlines, social, emotional and behavioural issues were the most commonly identified issues affecting children attending therapeutic supports and services in FRCs as reported by 97.9% of therapists and 85.2% of FRC staff. The next most common issue identified was grief (FRC staff: 44.4%; therapists: 57.5%); followed by mental health issues (FRC staff: 55.6%; therapists: 53.2%), ADD/ADHD (FRC staff: 44.4%; therapists: 53.2%) and Autism (FRC staff: 46.3%; therapists: 48.9%). Other issues affecting children highlighted in the research included domestic violence, poverty, parents with addiction issues, education and learning difficulties, developmental delays, identity issues, poverty, eating disorders, fleeing war torn countries, living in care, disability and homelessness.

Figure 2: Key issues affecting children attending FRCs identified by FRC staff and therapists



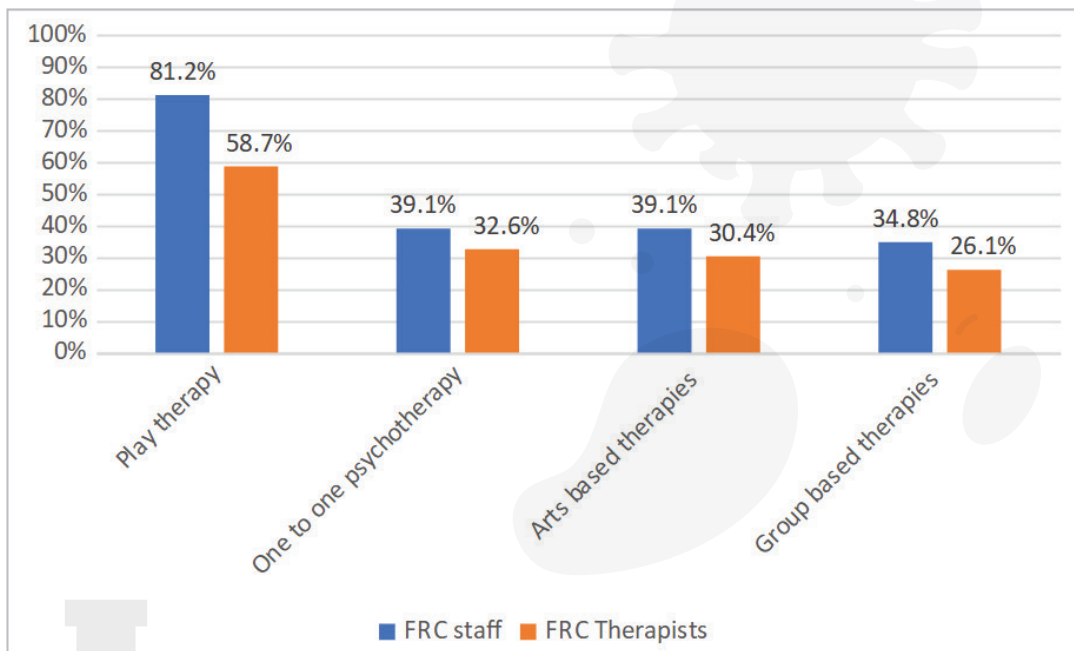
“Covid had such an impact on children. One parent said recently her child doesn’t like engaging with other people since Covid. She doesn’t respond to you or make eye contact. The parent said she is a ‘Covid baby’.”

[FRC staff member]

THERAPEUTIC SUPPORTS FOR CHILDREN IN FRCs

According to a survey of FRC staff members, the most common type of therapeutic supports offered to children through Recovery and Resilience funding was play therapy (64.8%); followed by one-to-one psychotherapy (33.3%); art therapy (29.6%) and group-based therapy (25.9%). As Figure 3 below shows, play therapy was deemed to be the most beneficial type of therapy for children by FRC staff (81.2%) and therapists (58.7%); followed by one-to-one psychotherapy (FRC staff: 39.1%; therapists: 32.6%); arts based therapies (FRC staff: 39.1%; therapists: 30.4%) and group based therapies (FRC staff: 34.8%; therapists: 26.1%). The benefits of other therapies including family therapy, filial therapy, Lego therapy and equine therapy depending on the issue to be addressed were also highlighted in research.

Figure 3: Most beneficial therapies for children identified by FRC staff and therapists



According to parents, FRC therapies have helped their children to recognise and understand their emotions/feelings better (31.8%); to feel less anxious, calmer and more relaxed (19.3%); increase their self-confidence and self-esteem (13.6%); improve their ability to interact and communicate (9.1%); improve their social skills (8%); help them feel happier (5.7%); improve self-regulation (4.5%); help physically (2.3%); improve resilience (1.1%) and improve sleep (1.1%) (see Table 5 below).

Table 5: How therapies and programmes accessed in FRCs helped children

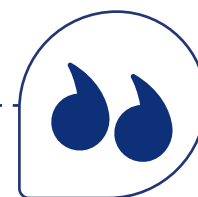
How therapies and programmes have helped children	No.	%
Recognise and understand emotions and feelings better	28	31.8%
Feel less anxious, calmer and more relaxed	17	19.3%
Increased self-confidence and self-esteem	12	13.6%
Improved interaction/communication	8	9.1%
Improved social skills	7	8%
Feel happier	5	5.7%
Improved self-regulation	4	4.5%
Helped physically	2	2.3%
More resilient	1	1.1%
Improved sleep	1	1.1%

Children consulted for this report said that therapeutic supports have helped them mix socially after Covid, express their feelings, feel calm, less stressed, less anxious, less angry, happier and more confident.



“It came during Covid and after Covid my social anxiety got worse. I go to art therapy here (FRC) and it really helps me. The teachers in school aren’t understanding. They are way nicer here (in the FRC).”

[Girl aged 12 years]



“We made mindful jars with water, and glitter, and we can shake it when we are stressed, and we use it at home.”

[Girl aged 10 years]

KEY ISSUES AFFECTING PARENTS ATTENDING FRCs

According to parents attending FRCs, the key issues affecting them since Covid are social, emotional and behavioural issues (32.9%) followed by mental health issues (25.9%); grief (14.1%); other issues including stress due to caring for children with additional needs (11.8%); unemployment (8.2%); addiction issues in family (5.9%); domestic violence (4.7%); literacy issues (4.7%); disability (2.4%); poverty (2.4%) and homelessness (2.4%) (see Table 6 below).

Table 6: Issues affecting parents and guardians attending FRCs

Issues affecting parents and guardians	No.	%
Social, emotional and behavioural issues	28	32.9%
Mental health issues	22	25.9%
Grief	12	14.1%
Other issues	10	11.8%
Unemployment	7	8.2%
Addiction issues	5	5.9%
Domestic violence	4	4.7%
Literacy issues	4	4.7%
Disability	2	2.4%
Poverty	2	2.4%
Homelessness	2	2.4%
None of the above	25	29.4%

*Percentages do not add up to 100% as respondents could identify more than one issue

THERAPEUTIC SUPPORTS FOR PARENTS IN FRCs

The most common type of therapeutic supports for parents provided with Recovery and Resilience funding was one-to-one psychotherapy (60.4%); followed by parenting courses (22.9%); parenting information/support seminars (20.8%); mindfulness programmes (20.8%); therapeutic workshops (14.6%); parenting support groups (14.6%) and family therapy (12.5%) (Table 7 below).

Table 7: Recovery and Resilience funded therapies/programmes for parents in FRCs

Therapies and programmes for parents/guardians	No.	%
One to one psychotherapy for parents	29	60.4%
Parenting courses	11	22.9%
Parenting information and support seminars	10	20.8%
Mindfulness programmes	10	20.8%
Therapeutic workshops for parents	7	14.6%
Parenting support groups	7	14.6%
Family therapy	6	12.5%
Yoga wellness programmes	6	12.5%
Other	6	12.5%
Life coaching	4	8.3%
Therapy for parents of autistic children	3	6.3%
Filial therapy	1	2.1%

*Percentages do not add up to 100% as respondents could pick more than one survey option

As Table 8 below states, FRC staff identified one-to-one psychotherapy as the most beneficial therapy for parents (93.8%); followed by group based therapies (64.6%); family therapy (4.6%); art therapy (4.6%); baby yoga/massage (3.1%); trauma informed therapy (3.1%) and life coaching (3.1%).

Table 8: Most beneficial therapies/programmes for parents identified by FRC staff

Type of therapy and programmes	No.	%
One-to-one psychotherapy/counselling	61	93.8%
Group based therapies/programmes/workshops	26	64.6%
Family therapy	3	4.6%
Art therapy	3	4.6%
Baby yoga/massage	2	3.1%
Trauma informed therapy	2	3.1%
Life coaching	2	3.1%

*Percentages do not add up to 100% as respondents could pick more than one survey option

Key benefits of one-to-one therapy identified by FRC staff surveyed similarly included helping parents deal with and process issues, trauma, emotions and feelings, improving mental health, having a safe, confidential and non-judgemental space to be listened to, increasing coping skills, reducing stress and anxiety, helping recognise and build on their strengths and improving their parenting.



“One-to-one counselling supports the parents to deal with their concerns and feelings and to adjust to life’s challenges in a safe and confidential setting. They will be listened to non- judgementally and supported to recognise their own strengths and supported to build on them.”

[FRC staff member]



“The main benefits are providing a supportive and non-judgemental safe space for sharing and for building up community support for each other among fellow parents which carries on long after the programmes have finished.”

[FRC therapist/practitioner]

Parents said that therapies and programmes in FRCs most commonly helped them by providing them with support from therapists and other parents (25.9%); improving their parenting skills (12.1%); providing them with access to information and advice (12.1%); improving their coping skills (6.9%) and helping them to deal with anxiety and panic attacks (5.2%).



"It (therapy) helped massively. I don't even have words for how much it has helped. Support and guidance in all aspects of my life, my children's lives and our home life."

[Parent]



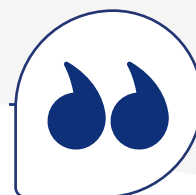
"It helps take the stigma away from depression, it's comforting and encouraging to talk to others who are/have experienced similar problems."

[Parent]

KEY BENEFITS OF FRC MODEL

The research highlighted the key benefits of the community based FRC Model in terms of delivering therapeutic supports to children and parents as: the provisions of free or affordable, confidential therapies and programmes in a safe and trusted space; the provision of wraparound supports and services for families e.g. through FRC Family Support Workers; the provision of support simultaneously for children their parents; and taking an interagency approach e.g. working with other local agencies, services and organisations to provide children and families with supports. With regard to wraparound supports, the research showed that the vast majority of children and parents who engaged in therapeutic supports were also in receipt of additional supports within FRCs. The final impacts survey shows that of the children and parents engaged in therapeutic supports in FRCs, 13.3% always availed of other supports; 54.3% usually availed of other supports; 31.3% sometimes availed of other support and only 1.1% never availed of other supports. For example, children who received therapeutic supports were also commonly involved in youth groups, afterschool activities and seasonal camps. Similarly, parents who accessed therapeutic supports were also commonly participating in parenting programmes and supports, community health programmes and family support in FRCs.





“The FRCs are ideally based for communities and community support and we are often referred to as the heart of the community. If a child is referred on to a county wide service they have to travel a long distance whereas a child can come to the FRC because we are very close to the schools.”

[FRC staff member]



“The (parents I was working with) were doing other stuff at the FRC - occupational therapists coming in to speak, selfcare days, yoga for parents - really rich good stuff alongside good therapeutic supports. It is very holistic and meaningful for parents and they felt held by the centre.”

[FRC therapist/practitioner]

EFFECTIVENESS OF EARLY INTERVENTION AND GROUP THERAPEUTIC SUPPORTS

FRC staff and therapists highlighted the effectiveness of early intervention in relation to addressing the therapeutic needs of children attending FRCs. This included early intervention for children on waiting lists. The research found that when children on waiting list engaged in group therapeutic supports such as mindfulness programmes, it was often the case that they did not subsequently need more intensive one-to-one therapeutic supports. Similarly, group therapies and supports delivered in schools were also shown to help a wide range of children as well as identifying children with specific needs who would require more targeted therapeutic supports. In addition, it was noted that group therapeutic supports can be useful for children transitioning out of one-to-one therapeutic supports.



“The FRCs are ideally based for communities and community support and we are often referred to as the heart of the community. If a child is referred on to a county wide service they have to travel a long distance whereas a child can come to the FRC because we are very close to the schools.”

[FRC staff member]

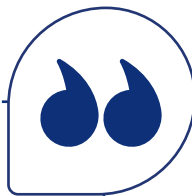


“Our child and well-being therapist developed a programme called Mindful Garden around mindfulness...We looked at the waiting list and saw who could it be used to helped them. The feedback from the programme was the children might not need one-to-one therapy and some had being coming to one-to-one therapy and then they would receive tools and might not need therapy in the future.”

[FRC staff member]

KEY CHALLENGES RELATED TO DELIVERING THERAPEUTIC SUPPORTS AND SERVICES

The key challenge related to delivering therapeutic supports for children and parents in FRCs highlighted in the research was a lack of long-term funding. This negatively impacts the ability of FRC staff to formulate a sustainable plan for the delivery of therapeutic supports and creates challenges related to the recruitment of therapists and practitioners. The research indicates that two thirds of therapists and practitioners working in FRCs are employed on a sessional basis which is costly for FRCs, does not guarantee a stable service and is also challenging for therapists and practitioners in terms of job security. The high cost of sessional therapy was also highlighted in the research as well as the need for more full-time therapists to be employed in FRCs. Another key challenge highlighted through interviews with staff was FRCs being used as a referral pathway by some statutory agencies for children who do not meet the threshold for their services which has a knock-on impact on FRC waiting lists.



“We don’t end until the child is ready. We had a child who needed 80 sessions. As a result sometimes our waiting list can be slow to move.”

[FRC staff member]

UNMET THERAPEUTIC NEEDS OF CHILDREN AND PARENTS

The most common unmet need identified for both children and parents was more therapeutic supports which requires more long-term funding to reduce waiting lists. The final impacts survey demonstrates that nine out of ten FRCs currently have a waiting list with an average wait time of 13 weeks. As Table 9 below shows, as well as a lack of long-term sustainable funding for therapeutic supports (59%), therapists stated the most commonly identified unmet therapeutic needs of children were more therapeutic programmes (38.5%); play therapy (23.1%); educational support programmes (12.8%); family therapy (10.3%); early intervention (5.1%); more therapists (5.1%); domestic violence supports (2.6%) and therapeutic supports for children aged 0 – 3 years (2.6%).



“There is not enough services or funding. Offering a parent who has experienced trauma six sessions of therapy is not enough. Funding needs to increase to support the reality of how much therapy is required.”

[FRC therapist/practitioner]

Table 9: Unmet therapeutic needs of children identified by FRC therapists

Unmet need	No.	%
More long-term funding for therapies and programmes	23	59%
Therapeutic programmes	15	38.5%
Play therapy	9	23.1%
Educational support programmes	5	12.8%
Family therapy	4	10.3%
Early intervention	2	5.1%
More therapists	2	5.1%
Domestic violence supports	1	2.6%
Therapeutic supports for children aged 0 – 3 years	1	2.6%



*Percentages do not add up to 100% as respondents could identify more than one unmet need

The main unmet needs for parents highlighted by FRC staff included long-term funding for therapeutic supports and programmes for parents (70%); followed by one-to-one psychotherapy/counselling (28.3%); therapies, programmes, support groups for parents of children with additional needs (28.3%); family therapies and programmes (18.3%); group therapies and programmes for parents (16.7%); workshops for parents (16.7%); parenting programmes (11.7%) and supports for parents of LGBTI+ young people (5%) (see Table 10 below).

Table 10: Unmet therapeutic needs of parents identified by FRC staff

Unmet need	No.	%
Long-term funding for therapeutic supports and programmes for parents	42	70%
One to one psychotherapy/counselling	17	28.3%
Therapies, programmes, support groups for parents of children with additional needs	17	28.3%
Family therapies and programmes	11	18.3%
Group therapies and programmes for parents	10	16.7%
Workshops for parents	10	16.7%
Parenting programmes	7	11.7%
Supports for parents of LGBTI+ young people	3	5%

*Percentages do not add up to 100% as respondents could identify more than one unmet need




“Our waiting lists have never been so long for therapies...We have state agencies on the phone every second day saying they have a child waiting for therapy. We have never advertised our therapies here. There is a lot of word of mouth. The service is consistently overwhelmed.”

[FRC staff member]

END OF RECOVERY AND RESILIENCE FUNDING

As the Recovery and Resilience Programme fund is a one off, the research highlighted the impact of the end of the funding on the delivery of therapeutic supports in FRCs. At the time of writing, over six out of ten FRCs have not identified an alternative source of funding in place of Recovery and Resilience funding. FRC staff interviewed spoke about their services being overwhelmed in relation to current waiting lists and said the end of the funding will most likely lead to longer waiting lists and a higher demand for therapeutic services.



“The end of the Recovery and Resilience funding leaves us back depending on the small fund we receive from Tusla and will therefore lead to increased waiting times for people in vulnerable situations.”

[FRC staff member]



CONCLUSION

Overall, the research found that Covid-19 had a significant impact on both children and parents in terms of increased anxiety, mental health and social, emotional and developmental impacts. The research also showed Recovery and Resilience funded therapies such as play therapy for children and one-to-one therapy for parents were of great benefit to children and parents in terms of outcomes.

The FRC Model of delivery of therapeutic supports was found to be very effective in relation to providing a community-based, affordable, safe, non-judgmental space for families to access therapies and programmes. At the same time, the wraparound nature of supports and services offered to families in FRCs, including the possibility of working simultaneously with children and their parents, greatly enhances the likelihood of positive therapeutic outcomes. As such, the FRC Model of therapeutic delivery is very well placed to provide beneficial therapeutic supports for families in need in communities around Ireland.


However, the research also highlighted that FRCs currently have long waiting lists and the lack of long-term sustainable funding for therapeutic supports and services for children and parents is a key challenge for FRCs as well as impacting negatively on the ability of FRCs to plan for the future in terms of the delivery therapeutic supports that meet the needs of children in their communities in addition to the recruitment and retention of therapists and practitioners to provide these supports.

STRATEGIC RECOMMENDATIONS:


The FRC National Forum, through its therapeutic support programmes, should seek to contribute to an integrated approach to improving services for children and families experiencing mental health difficulties and align with Young Ireland – The National Policy Framework for Children and Young People (2023 – 2028) and Sharing the Vision – A Mental Health Policy for Everyone.

In line with Goal 1 Action 5 of its current Strategic Plan, the FRC National Forum should explore and continue to lead partnership opportunities relevant to the design and development of the FRC Counselling and Therapeutic Support Programme with Tusla and the HSE.

The FRC National Forum should also engage with all other relevant government departments and state agencies such as the Department of Education and The Department of Justice, to explore opportunities for FRCs to offer counselling and therapeutic supports in partnership with schools and with Domestic, Sexual, Gender Based Violence (DSGBV) services and to ensure FRC therapeutic supports provision receives adequate sustainable funding.




The FRC National Forum should work with FRCs to design and develop the overall FRC Model including its community development approach to counselling and therapeutic supports and its approach to prevention and early intervention.



In line with the above and in line with Goal 1 of its Strategic Plan, the FRC National Forum should support FRCs to play an appropriate role at local level in ensuring individuals, children and families have access to community-based counselling and family support. Subject to resourcing, this may include primary prevention programmes; and early intervention that is inclusive of supporting individuals, children and families who have been diverted or stepped down from more specialist services.

OPERATIONAL RECOMMENDATIONS:



FRCs should continue to provide group therapeutic programmes as appropriate to children as prevention and early intervention measures and as they transition out of one-to-one therapeutic supports.

The FRC National Forum should develop a National Family Resource Centre Therapeutic Programme to ensure a consistent approach to the delivery of high quality counselling and therapeutic supports nationwide.

This should include a consistent approach to: minimum standards of qualification; referral pathways; intake, screening and assessment; waiting list management; data collection; and clinical oversight and supervision. This should be implemented regardless of whether the therapist or clinical supervisor is in the direct employment of the FRC but with a preference for direct employment where resourcing permits.

Consideration should be given to the possibility of FRCs employing therapists and practitioners as staff members to work across a number of FRCs in a regional area.

To meet the needs of children and families, FRCs should provide them with access to a broad range of therapeutic supports including but not limited to play therapy, including in particular, therapeutic supports to address increased anxiety among children and parents as a result of the Covid-19 pandemic.



**Family Resource Centre
National Forum**

Supporting • Strengthening • Empowering



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