



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



Recovery & Resilience Grant Report

A partnership between
The National Forum of
Family Resource Centres and
HSE Mental Health



Interim report

**1st October 2022
– 31st March 2023**



Family Resource Centre National Forum

Supporting • Strengthening • Empowering

Map of 121 FRCs



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Foreword

Message from the Assistant National Director HSE Mental Health Planning and Chair of the Mental Health Integrated Care Team

It gives me great pleasure as the Assistant National Director for Mental Health Planning, and Chair of the Mental Health Integrated Care Team to share the findings from the Recovery & Resilience Grant Report: A partnership between The National Forum of Family Resource Centres and HSE Mental Health.



In 2021, the Taoiseach announced the provision of one-off funding to HSE Mental Health to progress Mental Health Initiatives in Response to the COVID-19 Pandemic.

This welcome announcement provided the opportunity to engage with a range of stakeholders in delivering enhanced community supports at a time of unprecedented challenge for everyone in our society.

The HSE Mental Health Integrated Care Team formed a close partnership with the National Forum of Family Resource Centres to administrate a one off National 'Recovery and Resilience Programme for Children' with a focus on the provision of therapeutic community supports to promote and enhance a culture of recovery and resilience in the aftermath of Covid-19.

A handwritten signature in black ink, appearing to read 'John Meehan'.

John Meehan
*Chair, HSE Mental Health
Integrated Care Team*

This report showcases the important work of the Family Resource Centre Network across the country in administering the fund, and highlights the significant and positive impact on children, their families, and local communities.

I look forward to reading the final impact report.

About the HSE Mental Health Integrated Care Team

The HSE Mental Health Integrated Care Team ensure that the development and delivery of services is consistent with national mental health policy and strategic objectives. The team, with membership from across Mental Health Operations, Planning, Engagement and Recovery, Clinical programmes, Finance and HR; work collaboratively to deliver on key objectives aligned to Sharing the Vision: A Mental Health Policy for Everyone, Connecting for Life, HSE Mental Health Reform and HSE National Service Planning.

Foreword by CEO

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.



A handwritten signature in black ink that reads "Fergal Landy". The signature is fluid and cursive.

Fergal Landy
CEO Family Resource
Centre National Forum

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 Recovery and Resilience Project represents a seminal moment in the development of this unique approach into a coherent and consistent FRC National Counselling and Therapeutic Supports Programme. The Project also represents a key opportunity to develop and enhance the very important and positive relationship between FRCs and the HSE. The 83 FRCs who engaged with this funding opportunity have been able to grow their offer of therapeutic supports to their community with 1,883 children and 1,157 adults benefiting thus far, resulting in a 67% decrease in waiting lists nationwide.

The research element of the project is also a vital component, allowing the FRC National Programme and the HSE Mental Health to work together to increase the understanding of how the pandemic has impacted younger children and to contribute to the strategic development of the FRC National Counselling and Therapeutic Supports Programme.

Whilst this project has brought very welcome additional resources into the programme and into local communities through FRCs, the core funding of FRCs and the funding of FRC counselling and therapeutic supports remain entirely inadequate. It is hoped that the impact of this Project will assist The FRC National Forum to work with both the HSE Mental Health and Tusla to change that situation such that adequate sustainable funding is provided for these vital preventative supports through an agreed joint approach by both Agencies.

About the Family Resource Centre National Programme

Established in 1998 and incorporated as a company limited by guarantee in 2004, the Family Resource Centres (FRC) National Forum is the National representative and peer support body of the 121 Family Resource Centres (FRCs) throughout Ireland and collectively we implement the FRC National Programme.

At the National Forum we seek to ensure the effective representation of the Family Resource Centres, the communities in which they work, and the FRC National Programme. The FRC National programme is Ireland's largest human rights based, community development and family support programme operating across the life course.

As with FRCs, the FRC National Forum receives its core funding via Tusla - Child and Family Agency, supporting positive working relationships between FRCs and Tusla and raising themes and emerging areas of need relevant to FRCs and Tusla. The FRC National Forum also represents the perspective of FRCs at a variety of National fora and collaborative groups in areas of research, advocacy, and policy development relevant to FRCs and the communities they empower.

Since its establishment, the FRC National Forum has undergone considerable change and has grown to become a dynamic and evolving National organisation with an active membership base throughout Ireland. We provide an opportunity in which models of good practice are exchanged. We have fostered an environment in which work-based issues can be resolved in a supportive and professional manner and enabled the development of a Nationwide advocacy base for our work.

Mission

The mission of the FRC National Forum is to support, empower and represent Family Resource Centres so that collectively we can deliver our FRC National Programme that creates and influences positive change in our communities.

Vision

Our vision is that all children, families, individuals, and communities will actively participate and be included in a society that is equal, equitable, inclusive, and non-discriminatory and which will enable their optimal well-being.



Members of the FRC National Forum also have the opportunity to participate in bespoke training programmes and in Local, Regional, and National initiatives to support the work of Family Resource Centres.

More recently the FRC National Forum is also involved in providing additional implementation supports and access to funding opportunities for FRCs. The National Forum is serviced by a staff team of nine headed up by its Chief Executive Officer, Fergal Landy, with staff currently working across various programmes and activities, such as external engagement and representation, member support and engagement, mental health promotion, counselling and therapeutic supports, and social prescribing, all of which are geared to support the work of FRCs.

Eligibility for membership of the National Forum is automatic for Family Resource Centres funded by Tusla through the FRC National Programme. FRCs are currently arranged into nine regions - Cork, Kerry, Eastern, Mid-West, Midlands, North-East, North-West, South-East, and Western.

The Regional Fora meet regularly, allowing staff and members of the voluntary boards of management to network, discuss common issues, organise training, and plan for joint projects. Through the Regional Fora, FRCs can get representation on a variety of regional bodies.

The Regional Fora also nominate representatives onto the National Forum and thereby act as the main conduit for communications between FRCs locally and the FRC National Forum.

Family Resource Centres

FRCs operate a human rights-based approach to community development and family support across the life course and this model is at the heart of the FRC Programme.

The centrality of community development informs the approaches, values, and methods, including collective action, community empowerment, social justice, sustainable development, human rights, and participation, all of which underpin the work of FRCs.

A defining characteristic of FRCs is that they are managed by local voluntary management boards, which are critical in facilitating meaningful participation within communities and in ensuring local knowledge and accountability.

The governance of FRCs by local management boards is not incidental, but rather reflects our values and our community development approach.

FRCs are participative and empowering organisations that support individuals and families while building the capacity and leadership of local communities. FRCs operate an open-door and inclusive approach within communities.

FRCs provide a range of universal and targeted developmental, recreational, educational, and therapeutic supports across the life course, both in the form of group and 1:1 work that addresses the needs and promotes the strengths of children, families, individuals, and communities. Subject to adequate and sustainable funding these may include:

- The provision of information, advice, and support to target groups and families. Information concerning the range of services and development options available locally and advice on accessing rights and entitlements is also extended. FRCs act as a focal point for onward referrals to mainstream service providers.
- Delivering education courses and training opportunities.
- The establishment and maintenance of community groups to meet local needs and the delivery of services at a local level (for example, childcare facilities, after-school clubs, men's groups, etc.).
- The provision of therapeutic supports to children, young people, adults, and groups.
- Developing capacity and leadership within communities.
- Practical assistance to individuals and groups such as access to information technology and office facilities.
- Practical assistance to existing community groups such as help with organisational structures, assistance with accessing funding, or advice on how to address specific social issues.
- Contributing to local and national policy development.
- Work with migrant and new communities that supports integration.
- Provision of parent programmes and support both individually and in group work.
- Delivery of youth work programmes.
- Strategic alliances & networking.
- Collaborating with relevant State Agencies such as Tusla, The HSE, Local Authorities and Education and Training boards to identify emerging needs and, subject to adequate sustainable funding, respond to those emerging needs with supports that are co-produced with the children, families, individuals and communities, experiencing those needs.

Section 1

Introduction to Recovery & Resilience Program for Children

Introduction to Recovery & Resilience Program for Children

The HSE Mental Health Integrated Care Team formed a partnership with the Family Resource Centre National Forum to administrate a once off National 'Recovery and Resilience Programme for Children.'

Family Resource Centres were ideally placed to deliver on the 'Recovery and Resilience Program' as they had ample connections with families and children and were already providing community-based therapy supports across over 80 communities in the Republic of Ireland.

Purpose of Funding

The National 'Recovery and Resilience Programme for Children' grant provided one off funding for therapeutic community supports across 83 Family Resource Centres, working with children and families to support and enhance a culture of recovery and resilience in the aftermath of Covid-19.

The fund was administered through the Family Resource Centre National Forum; incorporating the Family Resource Centre Mental Health Project, and focused on supporting initiatives which aligned to existing HSE Mental Health Policy and Strategy including:

- **Sharing the Vision: A Mental Health Policy for Everyone**
- **Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020**, and the
- **HSE Psychosocial Framework Psychosocial Response to the Covid-19 pandemic**

The following report will outline the activity levels of the projects funded by the Recovery and Resilience grant to-date, as well as highlight the impact the funding has had in the provision of vital therapeutic services to children and families across Ireland.



Funding was provided for a limited number of projects meeting specified requirements within the following areas:

- 1 Prevention and Early Intervention Service delivery responses for children and families** – the provision of additional therapeutic interventions including play therapy, counselling etc as agreed across the network to address increasing demand in the aftermath of Covid-19.
- 2 Research** – including evidence building on potential for new creative therapeutic approaches for children and adults.

Applications for funding were made under the following 3 funding strands:

1 Uplift in current provision to meet existing waiting lists.

2 Increasing capacity of current provision of therapeutic services.

3 Introducing new services, groups, or other therapeutic supports.

Funding decisions were made by a panel that consisted of HSE Mental Health, FRC National Forum and an external independent from The Community Foundation of Ireland.

Service Delivery

1. Therapeutic Services

In 2022 the FRC National Forum engaged with all 121 members to seek an expression of interest to deliver programs of work, as set out in the agreed criteria application process for the Recovery and Resilience Grant.

83 Family Resource Centres Nationally were successful in their applications, and individual grant agreements were subsequently signed outlining the agreed programs of work.

The grant was administered by the FRC National Forum, and it was agreed that payment of the grant to successful applicants would be made in two tranches of 50% of the total amount due.

In December 2022, the first payment of the grant (Tranche 1) was administered with the remaining payment (Tranche 2) to be administered following receipt of an approved mid-way report in April 2023.



The mid-way report structure was made up of an Interim Financial Report for the first 6 months of their individual spends, as well as a Survey Monkey Report to capture activity levels, types of therapy offered and a case study narrative. This report structure ensured ongoing monitoring and reporting on key outputs.



Figure 1.1: Showing 83 Funded Family Resource Centres

FRC Name	County
Adrigole FRC	Cork
ARD FRC	Galway
Aster FRC	Dublin
Athlone FRC	Westmeath
Bagnalstown FRC	Carlow
Balally FRC	Dublin
Baldoyle FRC	Dublin
Ballaghaderreen FRC	Roscommon
Ballincollig FRC	Cork
Ballyboden FRC	Dublin
Ballymote FRC	Sligo
Ballyogan FRC	Dublin
Ballyspillane FRC	Kerry
Bandon FRC	Cork
Beara West FRC	Cork
Boyle FRC	Roscommon
Breffni FRC	Leitrim
Bridgeways FRC	Longford
Brill FRC	Waterford
BUD'S FRC	Kerry
Cara House FRC	Donegal
Carrigtwohill FRC,	Cork
Castlebar Le Cheile FRC	Mayo
Castlerea FRC	Roscommon
Croom FRC	Limerick
Curragh FRC	Kildare
Donegal FRC	Donegal
Downstrands FRC	Donegal
Driochhead FRC	Kilkenny
Dunfanaghy FRC	Donegal
Dunmanway FRC	Cork
East Coast FRC	Meath
Finglas West FRC	Dublin
Focus FRC CLG	Cavan
Forward Steps FRC	Carlow
Gorey FRC	Wexford
Gort FRC	Galway
Hill Street FRC	Dublin
Hillview FRC	Dublin
Hospital FRC	Limerick
Kells FRC	Meath
Kerryhead Ballyheigue FRC	Kerry

FRC Name	County
Killaloe/Ballina FRC	Clare
Killorglan FRC	Kerry
Le Cheile FRC	Cork
Listowel FRC	Kerry
Maine Valley FRC	Kerry
Mevagh FRC	Donegal
Midleton FRC	Cork
Millennium FRC	Tipperary
Mountmellick FRC	Laois
Mountview FRC	Dublin
Moville and District FRC	Donegal
Newbridge FRC	Kildare
Newpark FRC	Kilkenny
Northside FRC	Limerick
NW Clare FRC	Clare
Quarryvale FRC	Dublin
Raheen FRC	Wexford
Raphoe FRC	Donegal
Rosemount FRC	Dublin
Sacred Heart FRC	Waterford
Shanakill FRC	Kerry
Shannon FRC	Clare
Shannow FRC	Kerry
Silver Arch FRC	Tipperary
Solas FRC	Galway
Southwest Wexford FRC	Wexford
Southill FRC	Limerick
Spafield FRC	Tipperary
St Andrew's FRC	Dublin
St Brigids FRC	Waterford
St Johnstons & Carrigans FRC	Donegal
St Kevins FRC	Dublin
Tacu Ballinrobe FRC	Mayo
Taghmon FRC	Wexford
Teach na nDaoine FRC	Monaghan
Teach Oscail FRC	Cavan
The Forge FRC	Donegal
Three Drives FRC	Tipperary
Tullamore FRC	Offaly
Tús Nua Artane Coolock FRC	Dublin
West Clare FRC	Clare

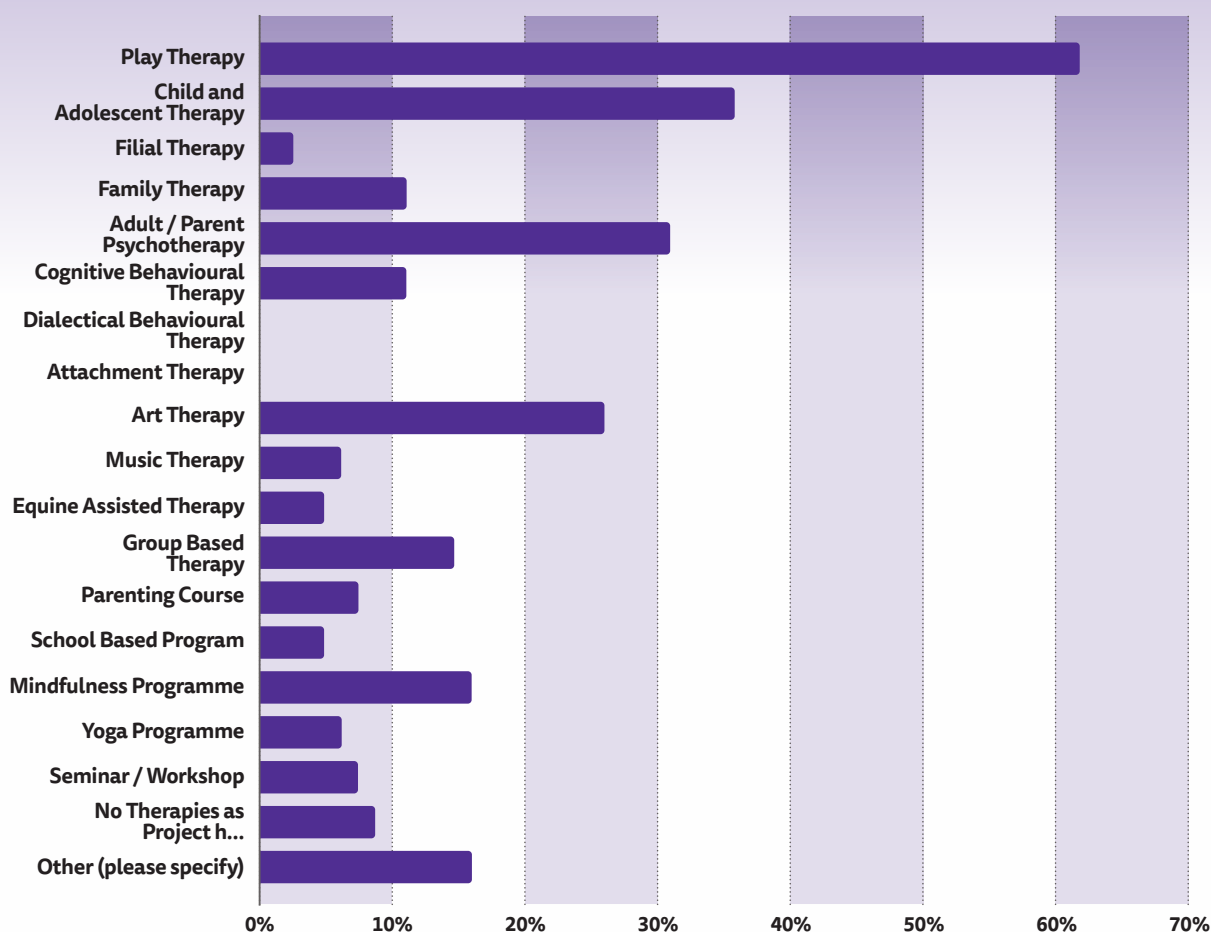
Therapeutic Services Provided

As outlined in Figure 1.2, a wide range of therapeutic interventions were provided to Children and Parents / Legal Guardians. The three most common therapies delivered were:



Figure 1.2: Therapeutic Interventions Delivered

Q3: What therapeutic interventions took place in the last 6 months October 2022 – March 2023 inclusive?
 (Select as many answers that are applicable to your project)

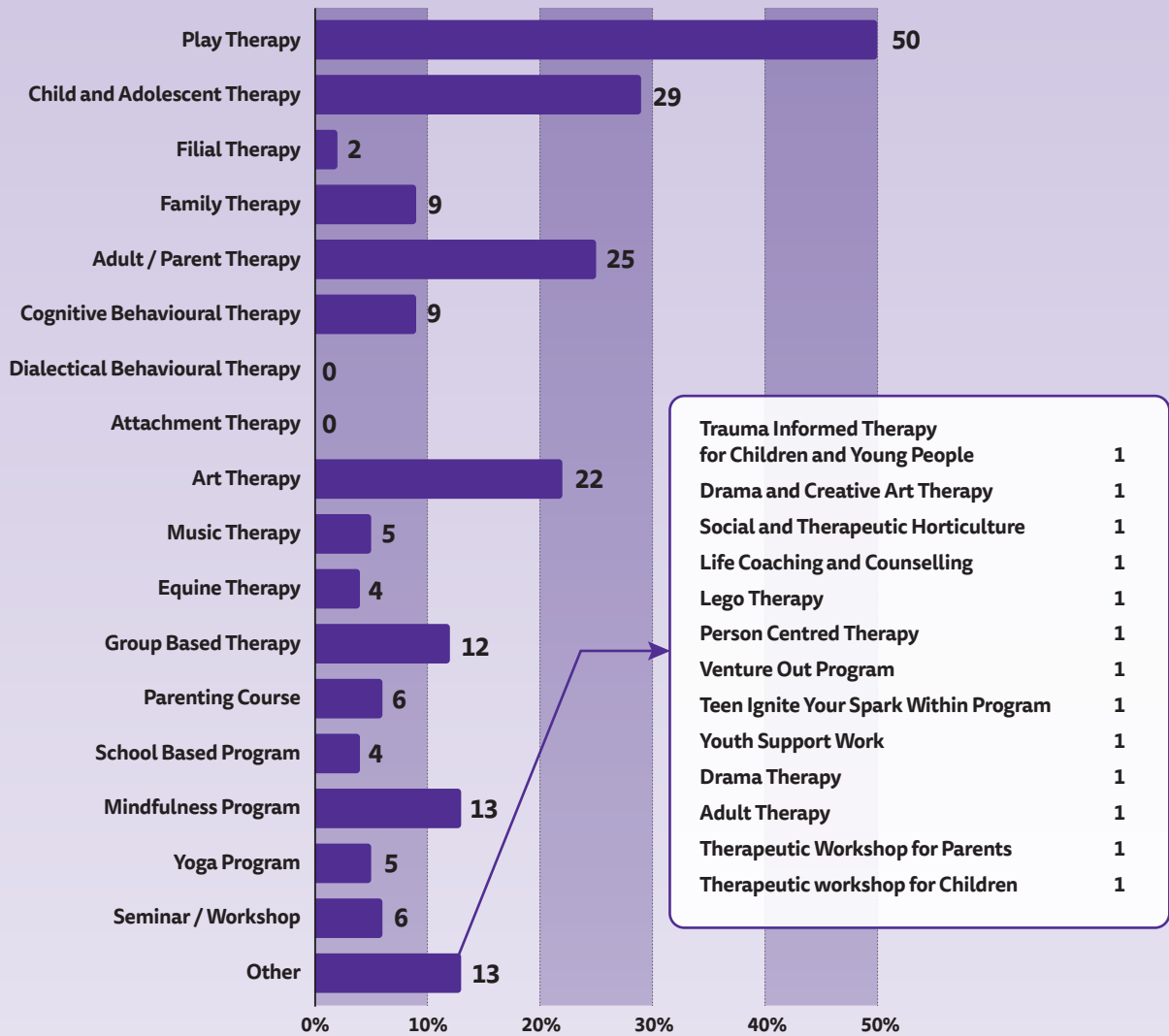


(Source: Survey Monkey Report – Oct 2022 – Mar 2023 Incl.)

Thirteen Family Resource Centres chose 'Other' therapies option as shown in Figure 1.2, which consisted of:

- Trauma Informed Therapy for Children and Young People
- Drama and Creative Art Therapy
- Social and Therapeutic Horticulture
- Life Coaching and Counselling
- Lego Therapy
- Person Centred Therapy
- Venture Out Program
- Teen Ignite Your Spark Within Program
- Youth Support Work
- Drama Therapy
- Adult Counselling
- Parent Counselling
- Therapeutic Workshops for Parents
- Therapeutic Workshops for Children

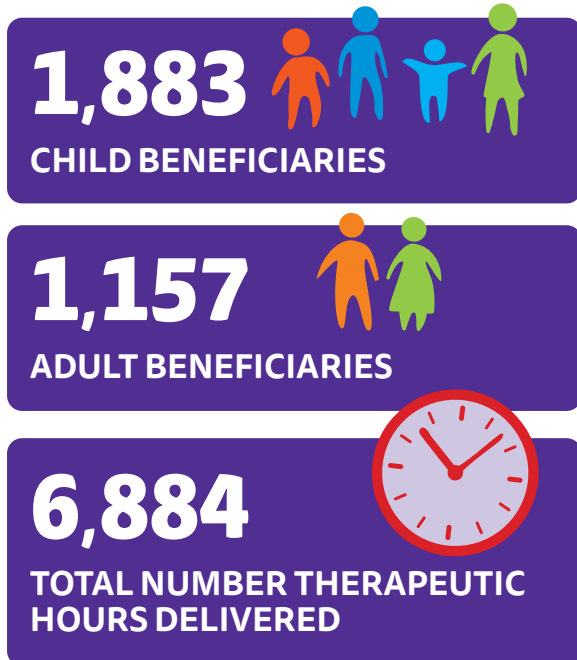
Figure 1.3: Number of Family Resource Centres Delivering Identified Therapies



(Source: Survey Monkey Report - Oct 2022 - Mar 2023 Incl.)

Figure 1.4 below outlines the number of Child and Adult beneficiaries of the therapies outlined in Figure 1.3 as well as the total number of sessions provided to-date.

Figure 1.4: Total No. of Beneficiaries and Therapeutic Hours Delivered



(Source: Survey Monkey Report – Oct 2022 – Mar 2023 Incl.)

Impact

Over 67% of the 75 FRC's who have commenced their projects to-date reported a reduction in their waiting lists because of increased capacity to deliver interventions with 69% reporting that this grant has enabled them to provide additional therapies / interventions.

This grant has also enabled 28% to expand their service to a new geographical area to further meet the needs within their communities and make the service more accessible.

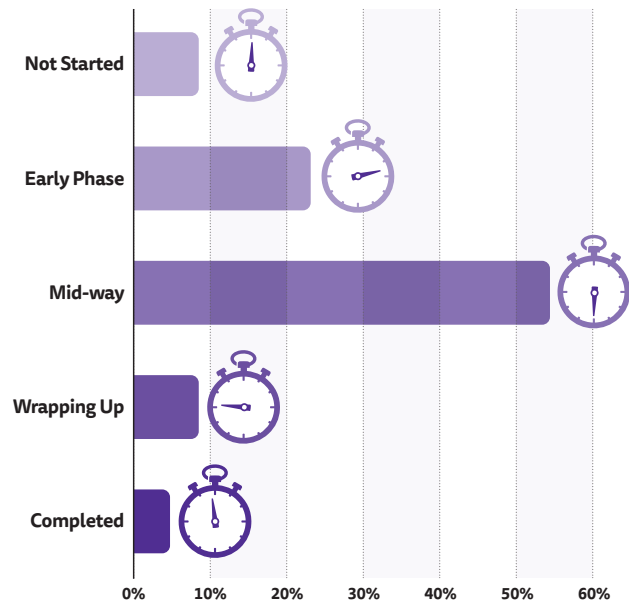
32% of the FRC's reported that this grant has helped them to increase or introduce specialist therapy services.

“So happy we came to the Family Resource Centre as we had been told it would be over a year before we would get an appointment in another service, this has made a huge difference to our Family”.

Mid-way Service Delivery

91% of the Family Resource centres reported being in the range of Early Phase, Mid-way, Wrapping Up or Completed with 9% reporting their status as 'Not Started'.

Figure 1.5: Overall progress of the project at mid-way point



(Source: Survey Monkey Report – Oct 2022 – Mar 2023 Incl.)

“The impact of the grant we have received can mainly be appreciated in the numbers of people both children and adults who receive much needed therapy in a very disadvantaged area both economically and in terms of isolation and access to services. Without the service we provide through this grant the children, teenagers and parents would not have received the relevant therapy in such an accessible and affordable way”

West Clare Family Resource Centre

“Families have stated that the professional therapy that they had received from a qualified Therapist made a great improvement in the Family dynamics as well as the Individual child”

Southill Family Resource Centre

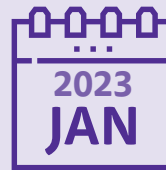
2. Recovery and Resilience Research

A key component of the Recovery and Resilience funding is the research element that will encapsulate the voices of children aged 0-12 and their families experiences and impacts of the Covid-19 pandemic.

The overall aim of the research is:

- 1 Using creative participatory methods, to capture the diverse life-course perspectives of children aged 0-12 and their parents on their experiences of Covid 19 through some of the FRC's that have been funded with R&R funding for therapeutic services.
- 2 Explore the profile of need that exists in respect of therapeutic supports for children and families.
- 3 Identify therapeutic approaches that children and families find beneficial.
- 4 Make recommendations on how therapeutic support services for children and families can be enhanced and improved.
- 5 Summarise lessons, informed by the voice of children and families, for improved service provision from both a local and national perspective.

Timeline



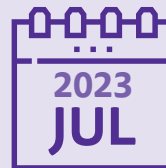
Tendering process



Researchers appointed (Sandra Roe and Annabel Egan)



Staff / stakeholder consultations



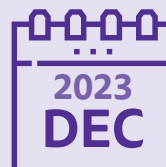
Preparations for field work consultations with children/ families



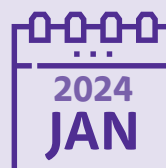
All consultations to be completed



1st draft of research



Research completed



Launch of research

Section 2

Case Studies

This section contains a selection of case studies documenting the participants presentation and experience, engaging with some of the professional and specialist therapeutic interventions provided through the Recovery and Resilience Grant.



1

Play Therapy

“Play allows children to be in control and feel safe as they explore ideas and experiences not possible in reality, ultimately expanding the expression of self”.

(Landreth, 1993)



Case Study #1

A 5 year old child living in Direct Provision was really struggling emotionally, he has been moved three times since seeking asylum in Ireland. Tusla referred the child to the FRC for a therapeutic intervention. The family were financially deprived and did not have the resources for private therapy. They were faced with a 2 year wait for public Psychology services.

Issues Identified

- Extreme anger towards parents and other children
- Separation anxiety
- School refusal
- Physical ailments including headaches/sickness
- Difficulties in controlling large emotions

Results & Benefits

- Child is now attending school daily, with limited problems
- Extreme behaviours have reduced
- Reduced anxiety
- Aggressive behaviours have reduced towards parents and peers
- Parents feel supported, empowered and respected

Therapy process

Play therapy was identified as the appropriate intervention for the child. He has engaged in 17 sessions to date, through the processes of play he has shared memories of his home county and related trauma, learned techniques on managing ‘large’ emotions and has learned how to cope with separation anxiety.

The child’s parents have also engaged in the therapeutic process and learned techniques on how to manage their child’s emotions & extreme behaviours at home.

“In the safe enjoyable environment of the playroom, children are likely to let their guard down and reveal their inner self. This safe and relaxing environment often sets children at ease thus allowing them to talk while playing in addition to expressing themselves through play”.

(Schaefer, 2012)

Play Therapy

1

Case Study #2

A 7 year old boy referred with acute anxiety, he had become very withdrawn, secretive and reclusive. He expressed that he 'didn't want to wake up anymore.'

Therapy process & steps**Step 1: Initial consolation/ assessment**

Play therapy was identified as the appropriate intervention for the child.

Step 2: Gathering information/ consent

Initial intake sessions with the parents, therapist gathered all background relevant and information and consent to contact other relevant parties including the child's teacher.

Step 3: Begin therapy

The therapist gathered all the information which painted the broader picture and began planning play interventions.

Step 4: Exploration

The child engaged in the play therapy sessions. Whereby the child explored his issues through play. It emerged that the high levels of anxiety were stemming from peer pressure through online gaming.

Step 5: Review

The parents were referred to the FRC Family Support Worker who empowered them to have boundaries in place regarding screen time and provided education surrounding activities and resources that will help their child engage in prosocial activities with family and peers.

*"We've all begun to relax (*Child) is back with his usual chat and we're happy"*

Parent

Play Therapy

1

Case Study #3**Anxiety as a direct result of Covid.**

A parent disclosed to her local FRC that Covid and covid protective measures (lock downs) had a direct impact on her 5 year old daughter. She disclosed that her child suffered with heightened anxiety since 2020.

The play therapist explored this with the child and over time the levels of anxiety decreased.

"I'm very grateful for your help in getting my child play therapy. She is so much happier in herself and able to express herself. Hope you keep doing such wonderful work helping kids."

Parent of Child with Covid Anxiety

1

Play Therapy

Case Study #4

A 6 year old child suffering with anxiety separation and withdrawn behaviour as a result of parental separation and witnessing emotional coercion was referred to the FRC by her concerned mother.

Therapy process

- The child engaged in play therapy
- She engaged in non-verbal play, re-enacting themes related to her lived experiences
- She felt 'stuck' between both of her parents

Results & Benefits

- Improved emotional wellbeing
- Improved social interactions
- Decreased behavioural difficulties
- Improved relationship between the whole family

Combination of Play Therapy Case Studies**Contributing circumstances:**

- Domestic Violence
- Grief
- Lack of parental boundaries
- Undiagnosed neurodivergent difficulties
- Separated parents
- New parental relationships
- Poor relationships

"you gave me back a happy and contented child and I am eternally grateful to the centre and the staff. The family support worker also worked with me during this time which was hugely beneficial".

Parent

Issues Identified:

- Severe anxiety
- Bed wetting
- Low self confidence
- Severe aggression
- Low mood
- Low/ high appetite
- Withdrawn/ shy
- Poor communication skills
- Low self esteem
- School refusal/ poor attendance
- Challenging behaviours

Benefit of Availing of Play Therapy in FRC

- Service was local, professional, confidential and easy to access
- Service was free/ low cost
- The FRC's had additional resources/ groups that the child/ parent could access

Results

- Increased self-esteem/ self confidence
- Improved emotional regulation
- Decrease in negative behaviours like aggression/ tantrums
- Referral to further services
- Increased coping skills/ resilience



Child & Adolescent Psychotherapy

Case Study #1

A 13 year old boy was experiencing low mood, anxiety, intrusive thoughts and school refusal. He had an autism diagnosis, which resulted in him being bullied at school. He coped with this by hiding under his school desk initially and then progressed to full school refusal and complete withdrawal from society. Services to support him was very limited due to his rural location, he was put on the disability & psychology long waiting list.

Therapy Process

He engaged in adolescent psychotherapy whereby he worked on the following areas:

- Feelings/emotions
- Self-soothing and self-regulation techniques
- Building confidence and self esteem

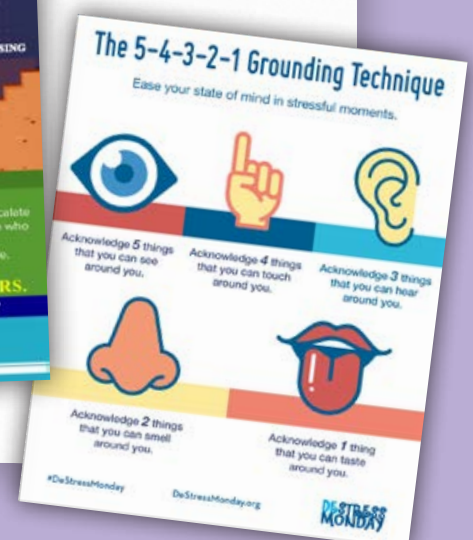
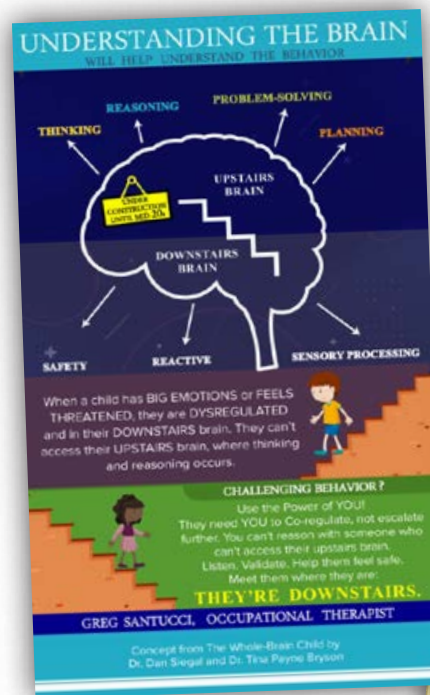
The therapist adopted a child centred, strength based approach to engage with the young person this incorporated the following techniques:

- Psychoeducation about anxiety & relaxation training
- Cognitive restructuring (upstairs/downstairs brain)
- Exposure training
- Hope work
- Choice training
- Window of tolerance
- Visualisation training
- Mood scaling
- Solution focused training

"This young person has done tremendous work on getting to know himself, we built a strong rapport that was based on honesty and trust. Through collaborating with all parties I got a better understanding of the issues affecting this boy. Through regular reviews and using measurement scaling tools it allowed us to track his progress and his strengths. He got his voice & confidence back. As we approach finishing the therapy sessions, he will be given a 'toolbox' of resources, contact numbers and strategies that worked for him over the course of the intervention".

Therapist

Examples of interventions used during Adolescent Psychotherapy.



2

Case Study #2

A severely bereaved young person, who lost both their father and grandfather in the past year presented to the FRC with suicidal ideation, they expressed extreme feelings of sadness, loneliness and anger.

This young person hails from a poverty stricken home, and lives with his Mother who also struggles with her mental health.

Child & Adolescent Psychotherapy**Outcomes to date**

- Young person and Mother engaging in the FRC
- Young person has stated increased feelings of happiness and decreased feelings of anger and suicidal ideation

"I look forward to my counselling session every week, it really helps me to understand what I have been feeling and why I have been feeling that way. I have started to feel happy again which I didn't think would ever happen again".

Young person engaging in Adolescent Psychotherapy

2

Case Study #3

A young woman was fainting at school, after numerous intensive tests it transpired that nothing medical was found.

Medical professionals referred the young woman to the FRC as they believed she was suffering with anxiety.

Child & Adolescent Psychotherapy

"My daughter has attended psychotherapy in our local FRC, which was amazing as we had no way to travel outside of our community. Thankfully she has now stopped fainting at school and is in better form. She has learned techniques on how to deal with her anxiety."

Quote from Mother

Child & Adolescent Psychotherapy

2

Case Study #4

A 14-year-old boy was suspended from secondary school and refused to go back. He struggled with anxiety and anger issues for a few years because of turbulent home life which was exasperated by the Covid-19 pandemic. He was referred to the Family Resource Centre and was seen by an adolescent psychotherapist.

"I have went back to school and I have found talking to someone helps me with my anger. I now can respond to the teachers without going mad. I am also back at different activities that I enjoy".

Quote from young person

Child & Adolescent Psychotherapy

2

Case Study #5

LGBTQ+ young woman presented to the Family Resource Centre with suicidal ideation, severe social anxiety and had stopped attending school. The woman's mum and dad were separated, and the mum struggled with her own mental health issues. The young woman has learning challenges and lives with her mum and younger brother who has severe learning disabilities.

Interventions provided by FRC

- Counselling support for the parent
- Adolescent Psychotherapy
- 1.1 support from the Youth Link Worker
- Attended the 'Ignite Your Spark Within' Programme
- Attending Youth Café regularly

"The Recovery and Resilience funding has allowed the FRC to provide additional mental health supports locally. The benefit of this fund is manifold".

Quote from FRC

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Art Therapy

'Art therapy is an integrative mental health profession that combines knowledge and understanding of human development and psychological theories and techniques with visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities and sensory-motor functions'.

(AATA 2016)



Case Study #1

A 9-year-old boy attended FRC Art Therapy. The boy was very sick when he was born, spending 11 weeks in hospital. His parents separated when he was seven, and his father resides somewhere else resulting in the boy losing contact with his parental grandparents. The boy lives with his mum and siblings. He is in 3rd class mixed school but finds it very stressful. He is timid, has few friends and gets anxious around schoolwork especially with Friday tests. His mum receives frequent calls from the school due to asthmatic attacks, which the staff believes he is faking.

Presenting Issues

- Nail biting, complaints of headaches, upset stomach, poor sleep
- Anxiousness in relation to school
- Isolation from friends, very timid

Participation and Attendance

The boy has attended 10 sessions to date with the Art Therapist and the following are the outcomes of these 10 sessions:

- Improved dialogue with his dad and increased access to his grandparents
- Nail biting has reduced considerably
- The child is now asking to meet with friends
- Sleep patterns have improved
- Reduced levels of worry about minding the family
- New tools to reduce worry and anxiety
- Renewed interest in art and creativity



Equine Assisted Therapy

'Equine-assisted psychotherapy incorporates horses into the therapeutic process. People engage in activities such as grooming, feeding, and leading a horse while being supervised by a mental health professional. Goals of this form of therapy including helping people develop skills such as emotional regulation, self-confidence, and responsibility.'

(verywellmind.com)



Case Study #1

"My 7-year-old son, who has a diagnosis of ASD, has benefited greatly from his equine therapy sessions. We had become increasingly concerned about his emotional regulation and hoped the therapy would support his sense of well-being. The positive impact the sessions have had on him has been a joy to see. He is noticeably calmer and more settled following each session and the effects are lasting for the rest of the day. As the weeks have progressed, we have also noticed that he seems more content in general. He very much looks forward to his equine therapy sessions and loves working with and looking after his horse. The therapist and other staff are extremely skilled and compassionate with my son which has also helped his relationship building. Our family is extremely grateful to have had the opportunity to avail of such a wonderful programme of support and we cannot thank Claire and the team enough!"

Parent

"I feel proud of myself for being able to ride my horse and look after him. I feel relaxed when I brush him because the sound feels relaxing. It was scary going to equine therapy for first time, but I have met nice people and I'm getting on well in my sessions".

Child



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Case Study #2

Equine Assisted Therapy

"My child is recovering from a very complex illness which caused a great deal of trauma. This had a sudden onset of anxiety, OCD, motor and verbal tics, loss of speech along with many other symptoms. Since starting equine therapy, I have seen a massive improvement. I have seen her confidence grow each week. She is so much happier and is beginning to express herself more. She cannot wait to return each week and speaks about it all the time".

Parent

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Case Study #3

Equine Assisted Therapy

A parent of a young child was referred to the Family Resource Centre by the local primary school. The local principal recognised that the FRC therapeutic services would be beneficial for the child who has been diagnosed with Autism.

The parent reported that there was a significant change in a short space of time and that her daughter had become more emotionally regulated.

The Parent engaged with the Irish Examiner in relation to an article they were doing for Autism Awareness Month. She detailed her experience of Equine Assisted Therapy provided by the FRC to her daughter.

Link to full article:

<https://www.irishexaminer.com/lifestyle/healthandwellbeing/arid-41105560.html>

"Ava's world got very small during covid, and it was hard for her to venture out again, into shops, schools - life. "She is doing well, but this is another step again. And she loves it. She is so happy going to Hairy Henry and she is so happy there and in great form all evening and into the week. She is much more settled in herself."

Parent



Sandra Schmid of Hairy Henry with six-year-old Ava Green, who has been diagnosed as autistic, having fun with Daisy at the Hairy Henry Therapeutic Riding and Care Farm, Ballylickey, Bantry, West Cork.

Family Therapy

Family therapy is a form of talk therapy that focuses on the improvement of relationships among family members.

A parent who is struggling with parenting due to alcohol misuse attended Family therapy with his sister and daughter. Subsequently it was a Child Protection concern, the FRC in conjunction with the family made a report to Tusla.

Therapy process/ outcomes to date

- The child was placed in the care of her aunt
- The whole family received therapy (Dad, Child, Aunt)
- Supportive systems were put in place
- The child was prevented from entering the care system

A client who was engaged with Tusla Social Dept attended an FRC Counselling Service and Parenting Programme stated ...

"We were given access to outstanding Family Therapy Sessions where the therapist was very empathic, non-judgemental, and assertive in their interventions. As a team, they both provided a safe and nurturing space for developing new parenting skills and setting healthy and positive boundaries. We also learned multiple strategies for managing conflictive situations at home."



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Parental Therapy

Parenting therapy is a specialised form of therapy that works with parents to help them face difficult moments in parenting, it also helps parents identify and address their own past or present experiences that may affect the way they relate to their child.

Issues emerging in Parental therapy

- Grief of a spouse
- Lone parenting
- Domestic violence
- Addiction in the home
- Trauma
- Covid anxiety
- Marriage breakdown

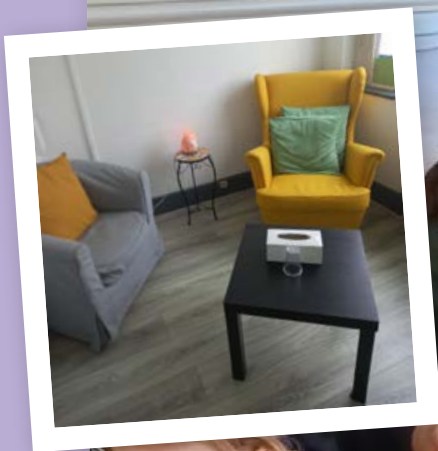
Wraparound approach

One of the most commonly reported assets of availing of parental therapy in an FRC is the 'Wraparound' approach for the entire family. All family members can avail of various supports that meet their needs, examples include- therapy (child, adolescent, parent), youth groups, recreational groups etc.

"We are so grateful for the affordability and the rural location of the service. You are not on a long waiting list like other organisations. It was amazing to be able to access all the supports we needed under one roof".

Parent

"Our therapist's supported and guided us to restore our mental health wellbeing and to find ways to cope with stress, anxiety and despair. These individual sessions have been an exceptional and valuable opportunity for recognising our challenges, limitations and strengths as well as a chance to grow and do better as parents, partners and community members"



Youth Group

Case Study #1

A 12 year old girl joined the youth group ran by the Family Resource Centre and participated every week. She presented to the group with anxiety, trouble relating to her peers and school refusal.

She was shy withdrawn and nervous at first. Through the resilience program, she engaged fully including attending the Family Resource Centres inhouse adolescent counsellor and monthly outings to different activities such as zip lining, breakout room, go karting, she has blossomed.

The young girl spoke of the fear she felt before successfully completing the recent zipwire activity and said,

"I was so scared but delighted I finished the course"

Her demeanour changed over the past number of months and she now engages with the other children in the group and even encourages them to participate fully in all activities. She offers suggestions relating to future trips. She is only one of many who have hugely benefitted from the program.



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Play Skills School Based Program

Case Study #1

A Family Resource Centre provided a Play Skills School Based Program in a local primary school.

The program was delivered by a play therapist in a class of approximately twelve students. Following the program, a parent contacted the FRC about a participant (her daughter) who was withdrawn and wouldn't talk about her parents' divorce. Since the school sessions, the parent reported that the child has started showing signs of readiness in speaking further about her feelings in relation to her parents' divorce.

The child is now engaging in 1:1 Play Therapy sessions and is learning to deal with her family situation. The parent has reported that her child is much more content as a result.



Mindfulness

Case study #1

In November and December 2022, a Family Resource Centre offered 4 weeks of Creative Mindfulness classes to teach mindfulness and self-compassion practices to children aged 4-12. The classes were offered to children attending, or on the waitlist to attend play therapy and was advertised on social media. In total, fifteen children took part in two groups (8 aged 4-8 and 7 aged 9-12).

The parents of children who took part completed an anonymous survey before and after their child took part in the group. The questions included six items taken from a children's anxiety scale. The post-class survey also included two brief questions to capture if parents felt that the classes had a positive impact on their child and if they would recommend the class to other parents. After completing the 4-week class, the average score on the general anxiety scale had improved and the percentage that strongly disagreed that their child could cope with worries had gone from 40% to 10%.

All the parents said that they felt the classes had a positive impact on their child and that they would recommend it to other parents. These are all positive trends and show the potential for these classes to decrease anxiety and promote positive mental health for children in the community.

Other benefits that have emerged by having Creative Mindfulness Classes available as an intervention:

- Used as a way of providing support while children are on our waiting list for therapy
- Provides additional support to a child as they finish their talk therapy

One parent's feedback on her children engaging in a mindfulness group...

"Thanks so much they are blessed to have joined the group. It's been the best thing they have done and love every day they do it. I've found that mindfulness has helped the girls so much they are even teaching me how not to fight your feelings, you just let them pass. Even their breathing exercises have come in so handy over the last couple of weeks."



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Other Programs Delivered

Confident Me

When asked what was good about the Confident Me programme, the participants replied...

"Making new friends, learning how to ignore bullies and doing art"

"I got to meet new people, I learned how to be more confident, we had nice teachers, very good activities. I would definitely recommend it".

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Using CBT for Coping with Stress 6-week course

Other Programs Delivered

Feedback from parent who participated in the Using CBT for Coping with Stress 6-week course ...

"This course was fabulous! I definitely feel that I gained knowledge and tools from the course that I can use to benefit me and my family. I am glad that I completed all 6 sessions as each session was important. I found the links with the recordings great. I listened back to almost all of them. And it's great to have them for future use and to share with my family. I'm glad that I had the opportunity to do this course. Thank you."



Other Programs
Delivered

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Nettie Bowie Building Resilience CBT Programme

"With a focus on building happy hearts and happy heads children develop positive self-esteem and increase their confidence levels and resilience. The activities the children participate in are designed to encourage creative thinking and problem solving."

(nettiewowiecbt.ie)

Feedback from parents whose children engaged in the Nettie Bowie Building Resilience Programme:

"This grant has helped my 10-year-old son regulate his emotions through work done with him in SWWFRC as part of the Nettie Bowie Building Resilience programme. This has made our family life much easier as parents we can now support him as he can communicate what is wrong!!"

"Without this funded therapeutic group, I would not be able to afford to send my child to private play therapy, so the group was a brilliant alternative."

"When my daughter first started with group therapy she wasn't sleeping, was very quiet in herself and was having meltdowns on a regular basis. We tried different things, but nothing made a difference. Then we heard about the fantastic service available and 10 weeks into her 12-week sessions with group therapy I cannot believe the difference. She's now a happy confident little girl who's sleeping nearly every night. To say it's made a difference is an understatement we are so grateful to have such a wonderful service locally."



Conclusion

The Recovery and Resilience Grant has had an incredible impact across the 83 Family Resource Centres to-date, enabling them to reduce their waiting lists, enhance existing therapies and plan & provide new and additional therapeutic interventions to children and families across the country. It has also facilitated several FRC's to outreach into other geographical locations within their communities to make their service even more accessible.

As is evident in the Case Studies within this report, the grant has assisted the Family Resource Centres in responding to emerging needs of children and families within the communities they serve by providing vital therapeutic supports and interventions.

We eagerly await the finished research project and final outcome report from all FRC's on the full impact of the Recovery and Resilience funding.

Overall, to date the partnership between both the FRCNF and the HSE Mental Health is demonstrating considerable positive impact to children and families as they recover from the impact of covid 19



Acknowledgements

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Thank you to the Family Resource Centres who undertook to increase therapeutic services or introduce new therapeutic interventions to support and meet the needs of the individuals' families and communities they serve.

Thank you also, to all the Family Resource Centres who provided case studies to demonstrate some of the therapeutic work delivered which is outlined in this report.

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