POSITIVE FUTURES

BRIGHTER FUTURES PROJECT FINAL EVALUATION REPORT

PROFESSOR ROY McCONKEY
ULSTER UNIVERSITY
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COMMUNITY FUND

Achieving
dreams.
Transforming
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ACKNOWLEDGEMENTS

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They are especially proud and grateful to the past and present members of the staff team whose enthusiasm and dedication made the project the success it has been. They are: Tim Parr, Pauline O'Hagan and Majella Clements (Managers); Rebekah Behan, Donna Benson, Melissa Hanley, Caroline McCaffrey, Catriona Maguire (Core team members); Heather Curley, Alana Dilworth, Tamara Dolan, Aine Hoy, Lee Kettyles, Mary Slevin, Kirri Tinnery (Support workers).

The families and children of Fermanagh who took part in the project have shown great resilience and adaptability with the many challenges they face. It has been a pleasure working with them.

The support of the Western Health and Social Care Trust is appreciated.

INTRODUCTION TO THE BRIGHTER FUTURES PROJECT

The Brighter Futures Project in Fermanagh was provided by Positive Futures[1] with funding initially for five years by the National Lottery Community Fund and commenced in October 2016 with the first referrals starting in February 2017. A no-cost extension was agreed to April 2022 due to underspends at the start of the project.

The three main aims of this innovative, family-centred support project were:

1) to enhance the children's social and communication skills and promote their participation in community activities,

2) to provide emotional support to parents and extend their social activities and networks.

3) to boost the resilience and capacity of parents to cope with the challenges they face.

Internationally, family-centred services are seen as essential in promoting the development of children with developmental disabilities[2] and building the resilience and wellbeing of families in meeting the ongoing needs of their child.[3] Moreover, interventions need to commence in the early years of the child's life.[4] Yet current service provision in Northern Ireland, as in many parts of these islands is predominately child-focused and clinic-centred. Often it is focused on more affluent and better educated parents living in urban settings.[5]

In brief, the main features of the project's work included:

- The project focused on families living in county Fermanagh with children who had a disability diagnosis although in later years this was extended to include children who were waiting for assessments; notably for the Autism Spectrum.
- Locally recruited project staff visited the family home monthly for around one year with phone calls in between visits. During Covid lockdowns in 2020/21, the contacts with families had to be delivered by phone or through Zoom.
- Developmental goals and behaviour management strategies for the child with various developmental disabilities were agreed with parents alongside actions to address the expressed needs of parents and siblings.
- Community activities were identified or created to promote the social inclusion of the child and family in local communities.
- A mix of home-based learning activities took place in the family home alongside outings for the children to leisure and sport activities in the local community.
- In addition, social activities were organized mainly for mothers but also for fathers and siblings.
- Opportunities for families to meet each other socially were also arranged. Families continued to be invited to these events after the home visits ceased.
- Families were encouraged to maintain contact with project staff mainly by phone or texts.

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[1] https://www.positive-futures.net/

[2] Sukkar H, Dunst CJ, Kirkby J, editors. Early childhood intervention: Working with families of young children with special needs. Taylor & Francis, New York, 2017.

[3] Scherer N, Verhey I, Kuper H. Depression and anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta-analysis. PloS one. 2019 Jul 30;14(7):e0219888.

[4] Guralnick, M. J. Applying the Developmental Systems Approach to inclusive community-based early intervention programs: Process and practice. Infants & Young Children, 2020, 33(3), 173-183.

[5] Mello MP, Goldman SE, Urbano RC, Hodapp RM. Services for children with autism spectrum disorder: Comparing rural and non-rural communities. Education and Training in Autism and Developmental Disabilities. 2016 Dec 1:355-65.

Additional activities undertaken during Covid Lock-downs (April 2020 to June 2021)

- Visits to the family home were replaced by weekly contact with families and children through telephone calls, the use of a closed Face-Book group and Zoom calls. Any face-to-face contacts were through door-step or garden meetings
- Children were provided with weekly resource packs containing materials and 'work' sheets of activities suited to their age group. These were delivered to the children's home each week. Zoom and Facebook sessions were held in which groups of children participated.
- Nine additional families were supported by the project at the request of the Western HSC Trust as they were judged to be struggling to cope with the lock-down. These families were not formally enrolled in the project.
- Project staff made arrangements for other community services to deliver medicines, food and essential household items such as a fridge.
- Families reported financial problems, relationships issues and mental health difficulties during the lock-down and were sign-posted to other local agencies such as food banks and Action Mental Health. Some children enjoyed not attending school although others struggled with emotional difficulties.
- The length of time some families will be involved in the project was extended by three months to make up for the limited service provided from April to June 2020.

1.1
THE EVALUATION OF THE PROJECT

A multi-faceted, external evaluation was undertaken at the request of Positive Futures. This evaluation report documents the achievements of the project as well as providing pointers for developing this or other similar services in the future.

The first part of the report describes the characteristics of the 110 children and 96 families who took part in the project to date. This information is based mainly on the quantitative information gathered by project staff from the families as part of their evaluation of the project.

Part 2 describes the participation of the children and parents in the project. The impact of the service on the children and parents was assessed using measures taken at the start and at the end of their involvement.

The third part of the report provides qualitative information obtained from self-completed questionnaires by parents at the end of their 12-month period on the project. In addition, the evaluator had telephone interviews with 16 parents who took part in different years of the project. Also seven telephone interviews were undertaken with Western Trust staff and their Managers. Self-completed questionnaires were distributed to all the project personnel who had been employed in the service and four were returned. Similarly, representatives from various organisations with whom the project had partnered were given invited to give their perceptions of it and one responded.

In Part 4 of the report, information is provided on the number of support hours provided to the families alongside the per annum pay and non-pay costs in delivering the project.

In the final part of the report, various recommendations are noted by the external evaluator. These are his personal conclusions based on the information gathered by project personnel and should not be taken to represent the views of Positive Futures.

Each part of the report starts with a Highlights section and together, these provide the Executive Summary for the Report.

1. CHILDREN AND FAMILIES SUPPORTED

HIGHLIGHTS

- Over 120 children were referred to the project and 91% completed their engagement with it.
- The families came from across the social spectrum with children having a range of special needs.
- There is a bias towards more socially disadvantaged families.
- The parents and the children were often socially isolated with little formal support from services other than schools. Moreover a sizeable number of families had little informal support from outside the family.
- The rural setting is a major contributing factor to their social isolation, especially when families have no car or mothers who cannot drive.

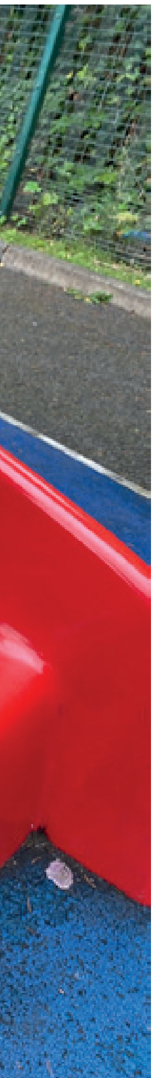
Since the Brighter Futures project's inception in 2016, a total of 121 children who met the criteria were referred. However 11 children (9%) were withdrawn from the project by ten families due to their child's ill health or family issues. In all 110 children (91%) completed their allocated time with the project.

However some families had more than one child participating on the project: 13 families had two children and one family had three children. Thus 96 different families (from 106 referred families: 91%) completed their involvement with the project. (For 22 brothers or sisters who came from the same families, the staff worked with the two children simultaneously whereas for five children this occurred at different times as other children from the same family were referred in later years.)

1.1
CHARACTERISTICS OF THE FAMILIES

The children and families were drawn from the following postcodes:

BT CODE	POST TOWN	DISTRICTS	NUMBER AND % CHILDREN WHO PARTICIPATED (N=110)	NUMBER AND % FAMILIES WHO PARTICIPATED (N=96)
BT74	ENNISKILLEN	ENNISKILLEN	22 (20%)	20 (21%)
BT75	CLOGHER	CLOGHER	2 (2%)	1 (1%)
BT92	ENNISKILLEN	LISNASKEA	37 (34%)	33 (34%)
BT93	ENNISKILLEN	BELLEEK	23 (21%)	22 (23%)
BT94	ENNISKILLEN	IRVINESTOWN	26 (24%)	20 (21%)



Using the Multiple Indicators of Social Deprivation for N.I., nearly two-thirds of families (65%) resided in areas that fell within the top 30% of more deprived areas with only 3% living in the 30% least deprived areas. (Note: This measure may underestimate the extent of rural deprivation).

The majority (70%: n=62) had lived in Fermanagh for 10 or more years; 16 (17%) for between 5-9 years and 12 (12%) for less than 5 years. (This information was missing for 6 families).

Both natural parents were present in 70 families (73%) and a further two were a reconstituted family (2%) while 24 (25%) were single parents. The median number of children in the household was 2.00 (range 1 to 7). In all, 31 (32%) families reported having another child with a disability in the family. Of these 14 families had two or three children who took part in the project. Also 14 (15%) families reported that a carer had a disability.

In 84 (88%) families, the mother was reported to be the primary carer of the child with special needs; in seven families (7%) both parents were named and in five families (5%), the father was the primary carer.

The mean age of the primary carer was 39 years (range 22 to 61 years). In all, 44 (46%) primary carers had attended higher education; 6 (6%) left school at 18 years; 30 (31%) had GCSEs and 15 (16%) left school at 16 years.

In all, 60 (63%) of the primary carers were not in employment while 14 (15%) worked full-time, 19 (20%) part-time and two occasionally (2%) (Information missing for one parent). However, in 20 (21%) families with two carers, neither were in employment whereas in 47 (49%) households both parents were in either fulltime, part-time or occasional employment. Of the 96 families, 46 (48%) were reported to own their own home and 50 (52%) did not.

The National Lottery Community Fund required the following information to be collected by all the projects that it funds. All the carers were of white ethnic origin and in terms of religious affiliation, 72 declared as Roman Catholic, 9 as Protestant and 13 as having no religious affiliation (Information missing for two persons).

1.2 CHARACTERISTICS OF THE CHILDREN

Of the 110 children who completed the project, 78 were boys (71%) and 32 (29%) were girls. Their median age when starting the project was 6.3 years (range 10 months to 13 years).

In all, 62 (56%) were reported to have Autism; 33 (30%) had a learning disability and 29 (26%) with other developmental disabilities. In addition, 18 (16%) children had other conditions noted. (Note: children could have more than one condition recorded.) A further 18 (16%) children were awaiting a diagnosis. Also 31 children had a medical problem; 34 children had visual difficulties (mostly wearing glasses); 6 had hearing difficulties and 17 had physical difficulties. In all 44 children (40%) were taking regular medication.

The majority of children had a statement of special educational needs (n=68: 62%) but this was higher for those with a learning disability (90%); compared to autism (75%) and developmental disabilities (78%).

The children attended the following facilities:

FACILITY	NUMBER OF CHILDREN	PERCENTAGE
NONE (TOO YOUNG)	7	6.4%
CRECHE/PRESCHOOL/NURSERY	19	17.3%
SPECIAL SCHOOL	31	28.2%
SPECIAL UNIT	10	9.1%
MAINSTREAM SCHOOL	43	39.1%

1.3 SUPPORTS AVAILABLE TO FAMILIES

Information was also sought from parents about the support they were receiving alongside that provided by the Brighter Futures Project. This included informal supports from family and friends as well as the formal supports from health and social services.

1.3.1 INFORMAL SUPPORTS AVAILABLE TO FAMILIES

TYPE OF SUPPORT	NUMBER OF FAMILIES (N=96)
ADULTS LIVING IN THE HOUSEHOLD	63
CHILD'S GRANDPARENTS	52
OTHER FAMILY MEMBERS, E.G. AUNTS	41
FRIENDS IN AREA	34
CHILDREN LIVING IN THE HOUSEHOLD	26
NEIGHBOURS	21
REGULAR CHILD-MINDER/BABY-SITTER	18
OTHER FAMILIES WHO HAVE A CHILD WITH SIMILAR NEEDS	18
OTHER FRIENDS –NOT CLOSE BY	15
ATTENDING PARENT SUPPORT GROUP(S)	12

Overall, the median number of supports that families received was three (range 0 to 9) from the above listing. However four families reported having no informal supports, 15 had only one form of support and 21 had two supports with 56 families reporting three or more informal supports.

1.3.2 FORMAL SUPPORT SERVICES PROVIDED TO FAMILIES

TYPE	NUMBER OF FAMILIES (N=96)
OVERNIGHT RESPITE BREAKS	7
DOMICILIARY/HOME SUPPORT WORKER	4
DIRECT PAYMENT	7
MOTABILITY CAR/MOTABILITY ALLOWANCE	27
HOME VISITS FROM NURSE/HEALTH VISITOR	19

The majority of families (n=49: 51%) received none of the formal supports listed with 31 (32%) receiving one, 12 receiving two and 4 receiving three or four of the supports listed.

1.4
CARER WELLBEING

The wellbeing of the primary carers was assessed in two ways. First, carers were also asked to complete a standard questionnaire: the Edinburgh-Warwick Wellbeing Scale. This gives an indication of an individual's emotional wellbeing and scores can be compared to ratings given by the general population. An individual's score can then be grouped into the four categories shown in Table 1. Almost half of carers had very low or below average scores

TABLE 1: GROUPING OF PARENTS ON EDINBURGH-WARWICK WELLBEING SCALE (N=94)

GROUPING	NUMBER	PERCENTAGE
VERY LOW	7	6.4%
BELOW AVERAGE	19	17.3%
AVERAGE	31	28.2%
ABOVE AVERAGE	10	9.1%
MAINSTREAM SCHOOL	43	39.1%

Second, parents were asked to rate from 1 to 10 the series of items shown in Table 2. A low score is indicative of ratings towards the left-hand column (indicative of poor wellbeing) and a higher score to items on the right-hand column (indicative of good wellbeing). The table also shows the range of scores, which across the 95 respondents who completed this questionnaire was very wide.

The items on which most parents scored lowest were: not taking part in local community; worrying about the child's future and spending most of their time in the house. Most parents scored highest on enjoying looking after the child and the family getting on well together.

TABLE 2: PARENT RATINGS ON WELLBEING ITEMS (N=95)

ITEM	LOWEST	MEAN	HIGHEST	ITEM
I find it difficult to look after my child	2	6.0	10	I find it is easy to look after my child
I don't enjoy looking after my child	2	7.7	10	I enjoy looking after my child
I have no friends or others who provide support to me	1	5.4	10	I have friends or others who provide support
I cannot manage my child's behaviour	1	6.3	10	I can manage my child's behaviour
I do not know how to help my child learn new things	1	6.7	10	I do know how to help my child to learn new things
I do NOT take part in my local community	1	3.5	10	I am well connected into my local community.
I do not know where I can get help and support for my child	1	5.8	10	I know where I can get help and support for my child
The family is not getting on with one another	1	7.5	10	The family is getting on well with one another
I spend most of my time in the house	1	4.5	10	I get out and about when I want to
My physical health is poor	1	6.3	10	My physical health is good
Overall my quality of life is poor	1	6.3	10	Overall my quality of life is good
I worry about my child's future	1	4.2	10	I am hopeful about my child's future

1.5
PARTICIPATION IN SOCIAL ACTIVITIES

Information on parental participation in social and leisure activities was sought when joining the project alongside their children's participation in them. However during parts of 2020 and 2021, opportunities to participate in certain activities would have been limited for families due to Covid restrictions.

1.5.1 PARENTAL PARTICIPATION

The social and community participation of parents was investigated by asking them to rate their participation in 15 different activities during the past year using the scale as shown in Table 3. As the table shows only a minority of parents were involved regularly in any of the activities listed.

Indeed, over half of the parents (52%) were not involved in any of these activities on a monthly basis and a just 16 (17%) had participated in one activity on a monthly basis. Over half of parents (55%) participated in up to five of the 15 activities occasionally. However nearly two-thirds of parents had never participated in six or more of the activities listed during the past year.

TABLE 3: THE NUMBER OF CARERS INVOLVED IN SOCIAL ACTIVITIES COMPARED TO THE NI POPULATION ON SELECTED ITEMS (N=96)

DURING THE PAST YEAR, HAVE YOU:	MONTHLY	OCCASIONALLY	NEVER	NOT WANTED	NI %
Had a night out socially	5	55	30	6	
Had friends/family come to house for coffee/meal etc.	20 (21%)	53	19	4	75%
Been to cinema, theatre, concert	11 (12%)	43	41	1	15%
Taken a holiday/short break	1	38	55 (57%)	2	23% Never
Stayed overnight with friends/family	3	29	62	2	
Attended sporting events as a spectator	3	19	59	15	
Attended gym, sports, exercise class	9 (9%)	25	52	10	72%
Visited friends/family at their home for coffee, meal etc.	22	39	33	2	
Had trips out with family, friends	14	52	30	0	
Gone shopping with friends	7	33	53	3	
Had family, friends to stay overnight	0	26	64	6	
Looked after children of friends/family in your/their home	2	34	56	4	
Been to church/church activities	9 (9%)	26	52	9	30%
Been a volunteer helper	10 (10%)	10	64	12	11%
Attended evening classes, training courses etc.	5	14	72	5	

Comparisons can be made with the leisure activities of a representative sample of adult persons in Northern Ireland (taken from NI Life and Times survey). This showed that the parents in the project were much less likely to have monthly contact with families and friends (21% compared 75%); to attend gym or sporting activity (9% compared to 72%); to participate in church or related activities (9% compared to 30%) and never having taken a holiday or short break (57% compared to 23%). However comparable percentages had been to the cinema or concert and having been a volunteer helper. (Note: the percentages for the NI population were obtained when no Covid restrictions were in place.)

1.5.2 CHILDREN'S SOCIAL ACTIVITIES

Table 4 shows the number of children who attended the groups listed. In all 12 (41%) children did not attend any groups and a further 11 children (38%) attended one of those listed with six children (21%) attending two or more groups. Covid restrictions may have limited participation for the cohort who joined the project from March 2020.

TABLE 4: THE NUMBER AND PERCENTAGE OF CHILDREN ENGAGED IN CLUBS

DOES YOUR CHILD ATTEND THE FOLLOWING...	NUMBER (%) (N=110)
AFTER SCHOOLS CLUB	12 (11%)
UNIFORMED ORGANISATION, E.G SCOUTS	13 (12%)
YOUTH CLUB/ GROUP	9 (8%)
SPORT/LEISURE CLUBS	15 (14%)
CHURCH GROUP	8 (7%)
SUMMER SCHEMES	19 (17%)

Table 5 summarises the social activities in which the children took part during the past year. (Children who were judged too young are omitted from the table). Although the restrictions imposed during lock-down may have affected the children, it seems that very few of them took part regularly in the activities listed, with three-quarters not taking part on a monthly basis on any of the activities listed. Most of the children's occasional activities were family-based.

TABLE 5: THE NUMBER AND PERCENTAGE OF CHILDREN ENGAGED IN SOCIAL ACTIVITIES (N=93)

DURING THE PAST YEAR, HAS YOUR CHILD WITH A DISABILITY:	MONTHLY	OCCASIONALLY	NEVER	NOT WANTED TO
Had friends come to house for play dates	2	42	45	4
Been to friends home for play dates	2	34	56	1
Been invited to birthday parties of friends/relatives	6	62	24	1
Taken a holiday/short break with family	2	52	38	1
Had friends to stay overnight	0	9	78	6
Stayed overnight at a friend's/relatives	1	33	58	1
Been to cinema, theatre, concert with family	5	44	39	5
Attended sporting events as a spectator with family	3	11	73	5
Visited family/friends at their home for meal/party etc.	9	62	16	6
Had trips out with relatives, friends	5	48	36	4
Gone shopping with friends	0	6	77	10
Keep in touch with friends by phone/social media	3	13	72	5
Gets a lift to/from school with friends	2	5	84	2
Plays sport with friends	8	14	69	2

2. ENGAGEMENT WITH THE PROJECT

2.1 TARGETS SET WITH FAMILIES AND PROGRESS

Individual child targets were set in conjunction with each family involved in the project and these were reviewed at six months, nine months and 12 months (prior to families leaving the project). For each target, a judgement was made using a five-point scale from much better to much worse. Similar targets were set for the parents and siblings. For these two groups the selected targets were rated as fully achieved, partially achieved, not achieved or new target set. Progress was rated by project staff in conjunction with parents. Complete information was available for 102 of 110 children.

Table 6 gives the number of children for whom the target was selected and those who were rated to be 'much better' at the three review points .

TABLE 6: THE NUMBER AND PERCENTAGE OF CHILDREN WITH TARGET AREAS AND PROGRESS AT THREE TIME POINTS (N=THE NUMBER OF CHILDREN WHO WERE REVIEWED).

CHILD TARGET AREA	PROGRESS AT 6 MONTHS	...9 MONTHS	...12 MONTHS
Social Skills	17% (18/102)	48% (49/102)	73% (74/101)
Communication Skills	12% (12/101)	38% (39/102)	66% (67/101)
Independence	10% (10/95)	29% (28/96)	50% (48/96)
Confidence	18% (14/79)	42% (32/77)	79% (60/76)
Community	30% (30/101)	59% (59/100)	69% (70/101)
Personal Care	7% (3/41)	25% (14/57)	46% (26/57)

Notes for Table 6: *Often the children were rated as 'better' so the figures are a conservative estimate of perceived improvement. For a small number of children, additional targets were set in personal care, eating, coordination, quality of life and memory improvement. Improvements were recorded in these areas also. Three children out of the 104, had been rated as having got worse on one of the targets set at the six month review but no ratings of worse occurred at the nine and 12 month reviews.*

Also new targets may have been selected for children during the 6-12 month period so the numbers for whom the target was selected may have been made up of different children at each time points.

HIGHLIGHTS

- Over the five years of the project, 96 families had completed the home visiting component of the project. The median time children were involved with the Project was 13 months (range 4 months to 24 months).
- Referrals of children to the project came mainly from the Disability Team, health visitors and the Family Support Hub (Fermanagh).
- Project staff and parents reported high proportions of children attaining the learning targets set for them; particularly increased confidence and independence as well as improved social skills and communication.
- Most parents reported significant increases in their well-being. This was confirmed using two different measures. The personal contact that parents have with project staff, allied with the parent-focused activities provided by the project, have likely contributed to these outcomes.
- A wide range of community activities were mobilised by the project to respond to the needs and preferences of children and parents.

As the Table shows, improvement was most marked at the 12 month review with a steady rise on 'much better' ratings during the child's engagement with the project when over two-thirds were rated as much better in four of the six target areas.

This table also gives an indication of the needs identified by parents and to which the project aimed to respond (the second number shown in the brackets). Thus for nearly all children targets were set in the areas of community engagement, communication, independence and social skills.

The data also indicates the need for ongoing support for the child's development beyond the 12 months of the project in that only around half had not fully achieved at 12 months, the targets set for them, especially with respect to personal care and independence.

Table 7 summarises the number of targets selected for parents and siblings and those which were rated as fully achieved. (Note: Targets were also rated as partially achieved with very few rated as not achieved thus the figures shown in the table are a conservative estimate of progress. New targets could be set for families and siblings in the 6 to 12 months period.) Involvement in community activities was the most commonly targeted area in which the project worked with parents.

TABLE 7: THE NUMBER AND PERCENTAGE OF FAMILIES IN TARGET AREAS AND PROGRESS AT THREE TIME POINTS (N=104).

FAMILY TARGET AREA	PROGRESS AT 6 MONTHS	...9 MONTHS	...12 MONTHS
Greater knowledge and skills of parents	19% (17/87)	51% (44/87)	69% (62/90)
Increased confidence and resilience of parents	26% (19/73)	56% (38/68)	77% (57/74)
Parents better able to cope with situations	31% (21/68)	63% (44/70)	82% (59/72)
Parents involved in Community Activities	30% (28/94)	55% (51/93)	69% (66/96)
Increased resources and tools for parents	35% (23/66)	63% (42/67)	71% (51/72)
Social opportunities within sibling groups	30% (15/50)	71% (37/52)	79% (38/48)
Respite/Fun activities for siblings	65% (11/17)	76% (13/17)	85% (17/20)

The number of targets that were fully achieved rose over the family's engagement with the project particularly in the final six months. Sibling engagement was evident from the early months of the project. In addition, with a small number of families the project gave sibling support so that the parents could have a night out and they also identified post-school options for a child.

In sum, the project was perceived by staff and parents as having had a positive impact on the child and for parents, on themselves. Nevertheless, certain families would benefit from ongoing support beyond the 12 months of the project particularly in building their confidence, resilience and knowledge.

2.2
PARTICIPATION IN PROJECT ACTIVITIES

Alongside the one-to-one home visits, children and family members were facilitated to engage in a range of activities outside of the home and using community facilities. These activities were largely chosen based on the child's interests and aspirations but also taking account the availability of activities in their area. Table 8 lists the wide range of activities availed of by the children during their participation in the project.

Of the activities provided for family members, eight families (26%) did not participate in any of those listed; seven participated in one, 12 in two activities and four in three or four activities.

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TABLE 8: THE NUMBER OF CHILDREN AND FAMILY MEMBERS PARTICIPATING IN ACTIVITIES ORGANISED BY THE PROJECT (N=110)

ACTIVITIES FOR CHILDREN	NUMBER PARTICIPATING
SUMMER SCHEME	26
WEEKLY ACTIVITIES – ARTS AND CRAFTS	17
AFTER SCHOOLS YOUTH CLUB/ HOMEWORK CLUB	13
SPORT AT LAKELAND FORUM	8
SCOUTS/GUIDES	7
BRIGHTER FUTURES SPORTS GROUP, CASTLE PARK CENTRE	6
PIANO, SINGING LESSONS, CHOIR	6
AUTISMNI – LED ACTIVITIES	5
SPORTS	5
SOCCER	5
GYM	4
GYMNASTICS	4
HORSE-RIDING	4
SENSORY CINEMA	4
DRAMA	3
SPECIAL OLYMPICS	3
DANCE CLASS (LINE DANCING/MINI MOVERS)	3
JU JITSU	3
GAELIC FOOTBALL	3
SAFE HAVEN- DAY OPPORTUNITIES AND ACTIVITIES FOR PEOPLE WITH DISABILITIES	3
VIOLIN LESSONS	2
NURSERY/PLAYGROUP	2
BALLET	1
PLAY THERAPY	1
MUSIC BOX SESSIONS	1
RUNNING	1

FAMILY ACTIVITIES	NUMBER PARTICIPATING
BRIGHTER FUTURES PARENT SUPPORT GROUP	21
BRIGHTER FUTURES SIBLINGS GROUP	21
SWIMMING (MUM)	18
WALKING (MUM)	13
RELAXATION CLASS (MUM)	7
FOOTBALL (DAD)	5
SLIMMING WORLD - MUM	4
POSITIVE FUTURES LAKELAND FAMILIES AFTER SCHOOL ACTIVITIES	4
SUSE+ PROGRAMME (ENGLISH/MATHS QUALIFICATIONS & FIRST AID TRAINING	3
SIGNED UP FOR DIRECT PAYMENTS	3
CHILDCARE COURSE	2
CIRCUITS (MUM)	2
TENNIS (MUM)	1
SURFING (DAD)	1
YOGA	1
DEVENISH PARTNERSHIP FORUM – INCLUSIVE AFTER-SCHOOL ACTIVITIES	1

2.3
CHANGES IN PARENTAL RATINGS ON COMPLETION OF THE PROJECT

At the end of the project, a total of 90 (out of 96) carers had completed the monitoring questionnaires prior to starting and at the end of their time with the project: a 94% completion rate for the evaluation data.

In all 50 families had completed their time on the project pre-Covid restrictions with 46 families experiencing Covid restrictions for some or all of their time with the project.

2.3.1 CHANGES IN INFORMAL AND FORMAL SUPPORTS

Across the 96 parents, there had been a slight increase in the mean number of informal supports available to them (see earlier) from 3.1 to 3.4 but it was not statistically significant. Likewise there was no difference in the mean number of formal supports families received of 0.72. Families who completed the project, received marginally more supports before and during their time on the project than did families who participated during Covid restrictions.

There was no significant differences in the low level of formal supports received by the families before and during the project either pre-Covid or during Covid restrictions.

2.3.2 CHANGES IN SOCIAL ENGAGEMENT

The number of social activities in which parents engaged (see Table 3) was rechecked at the end of the project. For parents who participated in the project pre-Covid, there was a small but significant increase in the mean number of activities they did monthly (from mean of 1.34 to 2.18:$p<0.05$) but during Covid times, no difference was reported (mean 1.18 before and 1.04 after).

For the 55 children who took part Pre-Covid, the mean number of social activities in which they engaged either monthly or occasionally (see Table 4), had increased from 4.6 to 5.7 which was statistically significant ($p<0.01$). However during the Covid restrictions experienced by 55 children, there was no difference in their social contacts (Before 4.2 and After 4.7).

2.3.3 CHANGES IN PARENTAL WELLBEING

The two rating scales used to assess parental wellbeing were repeated when families left the project.

2.3.3.1 PARENTAL RATINGS

Table 9 gives the mean scores (out of 10) on which 87 parents had rated themselves on at the start of the project and on completion. There were statistically significant improvements on all the items although there remained wide variations across parents.
A total score across the 12 items was also calculated (minimum 12 maximum 120).[6] At the start of their involvement with the project, the mean score of 87 parents was 70.1 (range 28-113) and at the end it was 88.6 (range 55-120). This difference was statistically significant ($p<0.001$). The increased scores were evident with parents pre and during Covid.

2.3.3.2 EDINBURGH-WARWICK WELLBEING SCALE (SEE PAGE 3)

The parents had significantly increased scores on this wellbeing measure when exiting the project (Mean 51.0) compared to the scores at the start (Mean 41.7) ($p<0.001$)1. At the start, 42 (56% of the 86 parents who completed the scale at the start and end) had below average or very below average scores but on exiting 27 had moved to average scores, five to above average scores while eight remained below average. Overall at the end of the project 13 parents (15%) had above average scores; 62 parents (72%) had average scores; 10 (12%) low scores and one (1%) very low scores.

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[6] The Cronbach alpha was 0.833 for before ratings and 0.861 for after ratings. The alpha for Edinburgh-Warwick Wellbeing Scale was 0.869. Both are indication of acceptable internal reliability of the measures.

TABLE 9: THE MEAN SCORES ON WELLBEING ITEMS AT THE START AND END OF THE PROJECT

ITEM	MEAN START	MEAN END	SIGNIFICANCE	ITEM
I find it difficult to look after my child	5.9	7.5	$p<0.001$	I find it is easy to look after my child
I don't enjoy looking after my child	7.7	8.7	$p<0.001$	I enjoy looking after my child
I have no friends or others who provide support to me	5.4	6.6	$p<0.001$	I have friends or others who provide support
I cannot manage my child's behaviour	6.3	7.8	$p<0.001$	I can manage my child's behaviour
I do not know how to help my child learn new things	6.7	8.2	$p<0.001$	I do know how to help my child to learn new things
I do NOT take part in my local community	3.5	5.8	$p<0.001$	I am well connected into my local community.
I do not know where I can get help and support for my child	5.8	8.0	$p<0.001$	I know where I can get help and support for my child
The family is not getting on with one another	7.5	8.3	$p<0.001$	The family is getting on well with one another
I spend most of my time in the house	4.5	6.2	$p<0.001$	I get out and about when I want to
My physical health is poor	6.4	7.5	$p<0.001$	My physical health is good
Overall my quality of life is poor	6.2	7.8	$p<0.001$	Overall my quality of life is good
I worry about my child's future	4.2	6.2	$p<0.001$	I am hopeful about my child's future

Note: *a higher score is indicative of items in the right hand column*


Jo Jingles

3. STAKE-HOLDERS' PERCEPTIONS OF THE PROJECT

HIGHLIGHTS

- One-to-one interviews and self-completion questionnaires were used to obtain parents' perceptions of the project, those of local Trust personnel and voluntary sector partners who had referred children to the project, and also the perceptions of project staff.
- Parents valued the family-centred approach espoused by the project. They spoke of the confidence they had gained as parents, the children's development, the community connections made for the children and themselves, and the support from staff.
- The most commonly mentioned improvement to the project was its continuation beyond 12 months.
- Trust personnel spoke very highly of the project and all would definitely recommend that it be extended to other Trust areas. The home visiting component was a particular strength. Most despaired of any extra funding coming from the Trust to support families once they leave the project.
- The staff confirmed the reports from parents about the range of benefits the project brought to families, parents, children, siblings and community and they echoed many of the comments also made by trust staff. Hence there was remarkable unanimity across all informants as to the value of the project for the participants.

In this part of the report, the focus shifts towards qualitative information obtained from the various stakeholders of the project. Their reflections provide an insight to how the project responded to the needs of the parents and children and what aspects of their work were particularly valued and effective.

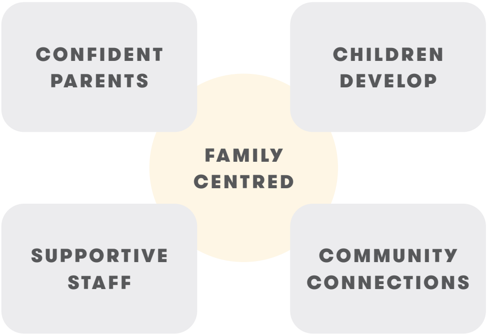
3.1
PARENTAL PERCEPTIONS OF THE PROJECT

At the end of their time on the project, parents were asked to complete anonymously a brief questionnaire that summarised their experiences of the project. In all 49 questionnaires were returned. In addition, 16 parents who had completed the project across different years agreed to be interviewed by the independent evaluator. These interviews focused mostly on their experiences after their involvement ended.

In the questionnaire and interviews, parents were asked to comment on what they felt were the good aspects of the project, how it might have made life better for them as parents, any changes they had seen in the children and in the family, and ideas for how the project might be improved. Additional questions were asked of parents who had left the project up to a year or more ago: such as how they have managed since, and their perceptions of any lasting impact the project had on the child and family.

Certain recurring themes featured in the parent responses and these are summarised in the Figure below. Within each main theme, various subthemes could be discerned and these are described with quotations from the parents (the numbers refer to individual parents).

3.1.1 FAMILY-CENTRED



The family as a unit was a dominant theme across all the responses. It was not just the children who were the focus of attention but the needs of parents and siblings were also addressed. The home-based visits to the family home were central to putting the focus on families. The engagement of the parents in making plans for the child and the family, coupled with review meetings helped build partnerships with families.

> *It has made us as parents consider and reflect on what we value as important for our child and how Positive Futures can support us to achieve this. (1).*
>
> *Regular review meetings to discuss the whole family and any issues that arise (13).*
>
> *The support the (other) kids have received has made it easier to manage their behaviour and helped them socially and emotionally (40)*
>
> *The wider family circle see (Name) now as more sociable (33)*
>
> *Brighter Futures listens to what we would like to do and they make it happen (43).*

The one-to-one work on learning targets for the child brought gains for the wider family.

> *Mammy, daddy and brother have a more settled life because of the changes he has been through (30).*
>
> *Communication is better (in the family). We have more respect for each other. (12).*

Also the time spent with the child at home or when the children were taken to community activities gave the parents a break.

> *Brighter Futures gives us time as a family to do "normal" family things. Time to focus on each other and time for ourselves as individuals (24).*

> *His involvement in the summer scheme, I feel has helped us as a family to achieve a more successful camping trip (19).*

Parents went on to describe how the impact on the child and families was attained. Four main themes were evident in their responses.

3.1.2 CONFIDENT PARENTS

Parents often mentioned feeling more confident as parents as a result of their involvement with the project.

> *Through the project I have become much better informed of her condition and what coping mechanisms I can employ. I could not have arrived at this point without their guidance (24).*

> *More confident in asking for help. We are more accepting of his condition. We've had respite time for us as a couple and a chance to refresh (4).*

> *Gave me more confidence to try new things. I have enjoyed connecting with other parents at parent group (6).*

> *I am more confident. I have found my voice to speak up for my child. I tackle a problem head-on (96).*

The emotional support offered by the project was valued.

> *I was going through a stressful time. It has helped me cope better. I feel in a much better place now. (2)*

> *I can now face problems with a stronger mind-set; the future is brighter (11).*

> *It gave me support and strength and advice on looking after my mental health (02).*

> *Gave me support when I was feeling there was no hope (03).*

> *Short-term respite has helped with my emotional wellbeing (20).*

Likewise the information and guidance provided by the project staff was commented on.

> *They advised of services I was not aware of (17).*

> *Helped me find a programme in local college and I completed English, Maths and First aid etc. I am now going to do a child care course (19).*

When the project staff were engaged with the child at home or when taking them to activities in the community, it gave the parents and break and the chance to spend time with their other children.

> *As a parent you looked forward to the break. You were able to cope better knowing there was a bit of respite ahead of you (22).*

> *I got to spend time with my other daughter … we got out together or were able to do her homework uninterrupted. She was needing individual attention as she was reacting to the fact that my other child got attention (2).*

3.1.3 CHILDREN DEVELOP

The parents reported a variety of ways in which their child had developed but a recurring phrase was an increase in confidence.

> *My child has become more independent, confident and has grown so much since the start of the service. She is more understanding and her attention and behaviour have improved (22).*
>
> *I have seen my daughter make friends, gain confidence and enjoy going out and wanting to get involved in things (29).*

Various examples were given of the way particular children had improved.

> *He's a lot happier, handling boundaries better, hygiene better, more friendships, better self-esteem and better knowledge of what is right and wrong (11).*
>
> *My son has become a wonderful boy and has listened to me more. He's really good at speaking .. more independent (29).*
>
> *It exposes our children to 'life', especially in areas they find challenging. This in turn helps us as a family to cope with day-to-day activities (22).*

Parents attributed the children's gains to the activities which the project staff did in the family home and in community activities.

> *He looked forward every week to getting one-to-one time with his support worker. This made him feel valued, loved and special (1).*
>
> *During the year they enjoyed spending time with the leaders and other children they were with. They found this difficult at the beginning ..but they are used to meeting these people now (12).*

3.1.4 COMMUNITY CONNECTIONS

Parents can feel isolated especially in more rural communities. Hence the parents commented on the connections that their child had made with other people and their participation in activities.

> *My child could attend activities when I was unable to drive (5).*
>
> *My daughter is going to Gymnastics and ballet and I am going to start her in Rainbows after Easter as she is turning four (2).*
>
> *Her confidence has definitely grew as she has joined the local football and homework club in the area (16).*
>
> *(He's) Joined more groups, gained confidence to get up and sing at a talent contest (30).*
>
> *I am more aware of activities for children and organisations that run wellbeing courses (25).*

Likewise some parents also felt more connected with other parents and their local community.

> *I went to some parent mornings; it's nice to meet other parents, talking to others who understand, non-judgemental and share things with you (75).*
>
> *We are now involved in other groups and have met other parents at fundraisers and education nights. (25).*
>
> *Meetings with other parents provides parental contact and sharing of information (18).*
>
> *Getting a break has been great and feeling part of a community, It's always good to know there is support out there – even if don't avail of it all of the time. It's reassuring to know it's there if you need it (35).*
>
> *Brighter Futures helped me realise that I am not alone as a parent. It's OK to open up and ask for help and not to be embarrassed about asking for it. I am now more connected to know other organisations that can help my family (98).*

3.1.5 SUPPORTIVE STAFF

All the parents spoke highly of the project staff. The most common descriptions were supportive, friendly and reliable.

> *Excellent staff – so warm, helpful, supportive and encouraging (9).*
>
> *Staff very friendly and caring and good with my child (14).*
>
> *Good reliable and friendly staff that give fantastic support (14).*
>
> *Everyone is so kind and helpful, always happy and approachable (29).*
>
> *Support in my home by someone who listens: a friendly face (4).*

Parents appreciated the willingness of staff to be available when needed and to go beyond their role.

> *Always there at the end of the phone; always there to help when I needed them (4)*
>
> *Even the knowledge alone that there is a group willing to help and support you as a parent is very important (17).*
>
> *An excellent service both for the individual child and family. Supportive in all areas, easy to talk to all staff who go beyond anything that their job entails (22).*
>
> *I got her diagnosis – one phone call, that's all. Positive Futures was the only help I had. I would not ring social services, I will ring Majella she makes me feel I am not a nuisance (63).*

Parents also commented on the practical help provided.

> *The picture aids staff provided helped with communication and increased her independence in dressing (11).*
>
> *The staff helped me to purchase a washing machine and with managing my money (12).*
>
> *They provided training courses on challenging behaviour and creative play (15).*
>
> *The way the service found ways of working around Covid was amazing. Through the pandemic we still felt very connected (99).*
>
> *I had an issue with the bus and school. If something's wrong Majella will go and fight for your rights. That means a lot, as parents are not listened to (72).*

3.1.6 IMPROVEMENTS TO THE PROJECT

Parents were also asked to comment on any changes they felt were needed to make the project better. The most common comment related to the project being available for more than one year.

> *I'd love it longer than a year. So sad to say goodbye but a huge thank you for making such a difference (9).*
>
> *Extend it to being for two years, not just one (18).*
>
> *Service finished just as the summer holidays started. Left with no respite all summer (23).*
>
> *My daughter has remarked that she makes friends with other girls and then loses contact (5).*

However one parent commented:

> *I personally think you are doing enough with the limited resources that you have. Parents/carers have to take on more involvement (25).*

Similarly a parent who had left the project a year ago commented:

> *The family does not need further support, we have already benefited and are set up in a much better place (16).*

Consistency of staffing was an issue for some parents.

> *Consistency of workers as difficulty in change of staff (38).*
>
> *Consistency. I think (the same) key workers(sic) where possible should go out with child so that a consistent approach is applied on visits and a transfer of consistency from home through to keyworkers so that ongoing progress within family unit isn't lost (21).*

Other suggestions tended to relate more to individual family circumstances.

> *Provision of car seats for visits (out of home) would be good (1).*
>
> *Perhaps staff to receive training in peg feeding (16).*
>
> *Would be good if Brighter Futures were provided with a wheelchair accessible vehicle to transport children and give their fulltime carers a break (26).*
>
> *Maybe send photos or feedback from the two hours out with (the staff) to show what has been done and to show the various activities (42).*

3.1.7 FAMILY LIFE BEYOND THE PROJECT

Thirteen parents were interviewed a year or more after they had completed their time with the project. They continued to affirm the benefits that the project had brought to their children and to their families. They cited examples of how the project had a continuing influence on their child; notably more independent in their personal care, greater awareness of personal safety, having their own friends and going to places in the community such as the cinema.

The project had been of continuing benefit to them. They felt less stressed and knew it was OK to have a bad day; they could refer to the information and contacts the project had provided; they knew that Positives Futures could be contacted if they wanted advice and they had made friends through the project.

However most parents only had occasional contact with other parents from the project and although the invitations came from Brighter Futures to attend group events, they tended not to avail of them because of work and difficulties in finding a child-minder. However one family continued to attend the Fun Days.

When the Brighter Futures Project finished, two parents were referred to the Positive Futures Lakeland service. One had been put in touch with NSPCC because of the child's safety issues and another with a Healthy Living Centre for the mother's emotional support. Two parents had sought Direct Payments; one of whom was turned down. However the consensus seemed to be that none matched the support they had received from Brighter Futures.

Since leaving the project, one couple had split up and another mother had an in-patient admission for mental health difficulties. Also some parents spoke of needing further ongoing support. For one mother, her child's imminent transfer to secondary school was a concern and how she would cope. Parents in receipt of Direct payments, struggled to find suitable support workers. Two mothers were concerned about their child's social isolation and identified having a supported youth club where young people could hang-out.
One parent concluded:

> *The project needs more recognition and funding for the excellent service provided to children and families (41)*

3.2

PERCEPTIONS OF WESTERN HSC TRUST STAFF AND PERSONNEL IN PARTNER ORGANISATIONS

Seven social work and health visiting staff who referred children and families to the project were invited to give their perceptions of the project through individual telephone interviews conducted by the independent evaluator. A representative from a voluntary organisation who referred to the project was also interviewed. Assurances of confidentiality were given. Also a self completion questionnaire was sent to representatives of the organisations in Fermanagh with which the project had partnered to assist in meeting the needs of the children and families but only one reply was received.

All spoke very highly of the project and all would definitely recommend that it be extended to other Trust areas:

> *I would hate to think it would not continue. It's been a good service and filled a gap. (Trust).*
>
> *Families in rural areas benefit immensely from this type of service. People in cities have so much on their doorstep (Trust).*
>
> *I think there are many families who suffer when they don't know how to deal with different disabilities (Partner).*

They spoke too about the focus on the whole family including dads and siblings as well as the child with disability and mothers.

> *The support they provide is to the family and they look at the family as a whole. Few services do this. (Trust)*
>
> *There is too much of a health focus and on diagnosis. Parents awaiting a diagnosis still have to manage the child. The families need a normal a life as possible within local communities. (Trust)*

A particular strength was the home visiting.

> *No support in my area for families, no Sure Start, no crèches, no transport. Parents don't drive. Lot of boredom in the home for the child. (Brighter Futures) come to the house and take them out. (Trust).*

In common with the parent reports, the benefits to parents, children and siblings were also confirmed.

> *They give families resilience, help them to build on their own resources. They empower parents and give them confidence in their own ability. Parents are given practical advice in the home (Trust).*
>
> *Mothers have someone to talk to, a listening ear. The staff understand what parents are going through. They give them hope. They see the potential in their child (Trust).*
>
> *Parents getting support from the Brighter Futures Staff and then also learning how to support each other (Partner).*
>
> *It has helped some parents return to work. (Trust).*

The children gain through increased social contacts both in the home and going to community events and places.

> *Children's behavioural issues are addressed, they have more social outlets, the inclusion aspect is good as it boosts their self-esteem. (Trust).*

Siblings benefit through increased attention from parents when the Brighter Futures look after the child with disability. Siblings groups were also deemed successful.

> *Siblings groups are a real plus as siblings can often feel left out. (Trust)*

The impact of Covid was commented on.

> *The voluntary sector did not close during Covid - Brighter Futures did not close – they were always open and supporting families. But the same level of referrals were not coming through as families were not seeing (Trust) professionals. (Voluntary)*

3.2.1 LOOKING AHEAD

Overall, there were few suggestions as to how the project could be improved, bar it being available to more families, especially as the waiting list for the project had to be closed for a time. (There are an estimated 150 families with a child with disabilities in Fermanagh according to Trust staff). There were few alternatives to which Trust staff could refer families. The Trust's family support worker had left in August 2019 and was not replaced. Also other projects work only with children, not parents and families. The extension of the project across the county and to include families awaiting a diagnosis was welcome.

A time limited project was seen as necessary in order to build parental self-reliance as well as giving more families the opportunity to participate in it. Nonetheless more flexible time spent on the project by certain families could be considered as well as having some form of prioritisation of referrals.

A few suggestions were made for how some form of continuing support could be made available to families and the children.

> *Build up resources in the community –clubs and activities –that are geared up to take children and disabilities. This would be a good legacy from the project. (Trust).*
>
> *Continue with the Family Fun Days – make them open to all past as well as present families (Trust).*
>
> *It helps when families know that there is someone they can call on if they have any questions, it helps when it is someone they trust and who is also familiar with the family (Partner).*
>
> *Families can be re-referred back to the project should a particular need arise (Trust).*
>
> *Train parents to be 'trainers' of others (Trust)*

However most despaired of any extra funding coming from the Trust to support families once they leave – "People at the top are stupid" - although an application could be made to the Family Support Panel but their priority is for families with critical needs. Also Direct Payments could be an option, but "they can cause more stress for families".

The Trust is constrained by what they are commissioned to provide. The Department of Health chose to fund assessment services with the intention of reducing waiting lists but they did not fund intervention. Hence the Trust staff all felt the WHSC Trust would 'struggle' to find the finance to continue the project when the National Lottery Community grants ended.

3.3
PERCEPTIONS OF PROJECT STAFF

All staff – past and present – who were associated with the project, including managers and part-time support staff, were given the opportunity to give their perceptions of the project and the challenges they faced in delivering it. To date, two interviews have been conducted and self-completed questionnaires have been returned by four staff.

The staff confirmed the reports from parents about the range of benefits the project brought to families, parents, children, siblings and community and echoed many of the comments also made by trust staff. Hence there was remarkable unanimity across all informants as to the value of the project for the participants. As one staff member put it:

I don't think people realise how much of an impact Brighter Futures make for a family. We never judge. We highlight strengths. We fight for their rights. We encourage growth. Brighter Futures are a family's strength when they have given up. There is nothing like Brighter Futures out there for families.

Among the stand-out rewards reported by staff were:

- The project has done exceptionally well on outcomes. Very good testimonies from parents.
- Families felt happy to leave (we have avoided the ghost of dependency that projects can create).
- We have been flexible and not stuck to a strict one year involvement. We held on to certain families who are having a difficult time.
- Support for the whole family – both parents and other siblings (less so for grandparents).
- Parents have more to time to relax and for themselves: to get their hair done.
- Siblings group: we shifted the focus to fun activities so they feel they are not left out rather than forcing discussion around feelings etc.
- Positive outcomes for parents and getting them support as needed by referring on.
- Partnerships and engagement with the Hub. Lot of links made and you know people who are at the end of the phone.

Children's progress: they are more confident. Better in social events e.g. horse riding.

- The most successful aspects for the kids are the socialising. Kids get to see that not everyone is the same and become more accepting of who they are and the qualities that they have to offer.
- Brighter Future has given the community a further chance to learn about special needs, learning disabilities and physical disabilities within their settings of work. The community is slowly learning that everyone needs the same chances to be a child.
- Leaving people in a better position to face the future – they know options; can advocate better.
- The staff are a great team and very supportive of one another.

3.3.1 CHALLENGES OVERCOME

Feedback from staff aimed to gain an understanding of how the project undertook its work and notably the challenges they had faced.

Their comments included:

- Trust staff have come on board with the family-centred approach to the project.
- Finding local partners took time and effort but it has paid off.
- Some parents (maybe @40%) are slow to open up about their issues and may be up to six months before they tell us what is going on in their lives. We wait for them to seek us out rather than force things. We also signpost them to other services such as Women's Aid. The Hub has been helpful in this respect as it was challenging to find out what help is available locally.
- There are more single parents and more families with two children with a diagnosis. The waiting list a challenge (now has 17 families) and how best to manage this. We recently agreed prioritisation so that those families who most need help are not left alone.
- Children with more complex needs are a challenge – such as peg feeding; additional mobility issues.
- Covering all of Fermanagh creates travel difficulties coupled with a lack of local activities. We have gone to Bundoran for those in West Fermanagh but even there, the facilities are only open in summer.
- We would like to attract more attenders at the parent meetings. For working mothers we tried evening meetings but attendances were poor. For morning meetings arranged pick-ups from family home. The dad's group is not running as volunteer leader left and no replacement. We have created a closed Facebook Group as a means of families keeping in touch with one another.
- Recruitment of Personal Assistants has become more difficult despite increased pay (but supermarkets generally pay a higher hourly rate).

3.3.2 FUTURE NEEDS

The staff were asked to name issues that the project had identified regarding future needs.

- An outreach worker assigned to deal with families who have left the project: to check in, offer advice, encourage on-going development for the parents and family.
- A few more staff/volunteers would be a help.
- Families should feel they can always contact the people who worked with them during the project if they require support.
- It's very difficult to keep children in the community without support.
- The Western Trust is the most likely route for continuation funding. It might be possible to reduce costs by moving to fortnightly activities but there should be no reduction in the 12 months that families are involved with the project.
- Children and families presenting with more complex needs are being referred but our staff need further training in order to meet some of their needs.
- Children with no diagnosis are a growth area for referrals but equally those with a diagnosis also need help. More support staff are needed to extend the project across Fermanagh.

In sum, the project staff have successfully implemented a multi-faceted project in a rural area that hitherto had little or no social supports to offer families with a young child with disabilities; other than attendance at school. It built on the other services developed by Positive Futures since the early 2000s such as their Lakeland Families Support Service which operates across the south-eastern part of the county.

4. COSTS OF THE PROJECT

HIGHLIGHTS

- The National Lottery Community Fund covered the total costs of the project for five years; totalling nearly three-quarters of a million pounds. The project was managed by Positive Futures.
- Each year around 6,000 support hours were provided to children and families. The hourly costs were £21.
- As a comparator, traditional social services support to children and families would have cost twice as much – a per annum saving of £95,000.
- Brighter Futures appears to offer a less costly service while producing well evidenced outcomes for families and children. The latter is unknown for most social care services.

The project manager kept a record of the number of hours worked on the project during a 12 month period. This was done when the project was well established and before Covid lockdowns.

An estimated 5,890 hours of staff time was delivered on the project based on recordings of actual hours worked by all the staff (excluding holidays, absences and vacancies). The client contact hours provided by different staff on the project was calculated as follows:

- **Project Manager** 594 hours
- **Family workers and activity co-ordinators** 2,706 hours
- **Personal assistants** 2,590 hours

The annual budget for the project is divided into the three categories shown in the following table. This total of contact hours was then used to give the hourly rates as shown in the table in the financial year 2021/22.

PROJECT COSTS 12 MONTHS	TOTAL	PER HOUR
DIRECT STAFF COSTS* (80% management time, family workers, activity co-ordinator, personal assistants)	£86,900	£15.06
LOCAL MANAGEMENT STAFF COSTS (Part Senior manager: 20% local manager: part-time administrative assistant)	£8,379	£23.60
TOTAL PAY COSTS	**£95,279**	**£15.93**
NON PAY COSTS (Travel, Management fee, office costs)	£30,228	£5.05
PER ANNUM TOTAL	**£125,507**	**£20.98**

Although the project works intensively with around 30 families at any one time, families who have left the project continue to be involved in the group activities that are provided such as Family Days and Siblings groups as well as making occasional calls on staff time. Hence the number of hours and the cost per participating family is difficult to assess.

Another approach to bench-marking, is to estimate the costs if the equivalent number of hours of family support was provided through traditional social care staff. To do this, the mean hourly rates produced by the PSSRU (2021) for social care staff for the UK as a whole were used.

In this calculation, a children's social worker (£52 per hour) was deemed equivalent to the project manager, an assistant social work (£35 per hour) for the family workers and activity co-ordinators and home care worker rates (£25 per hour) for the personal assistants. When applied to the above hours, the total direct service salary costs came to £190,348 with a per hourly rate of £32.30. This is over twice the costs of the Brighter Futures Project. Moreover it is likely the management costs would be higher for equivalent social care staff due to more extensive management and administrative costs within HSC Trusts, albeit the other non-pay costs may be equivalent. Thus Brighter Futures appears to offer a less costly service than what could be provided by traditional social care services while producing well evidenced outcomes for families and children.

Over the five years of the project, all the Brighter Futures costs were met by the National Lottery Community Fund with little cost to the Western Health and Social Care Trust. Over the five years of the project this was close to £750,000. Although the Trust may incur some small costs in making referrals to the project, these costs arguably would still be incurred by the Trust even if Brighter Futures did not take place as families and children would have to be referred to other services.

5. CONCLUSIONS AND RECOMMENDATIONS

In this section the recommendations are presented in bold and the conclusions supporting them are given below.

The evaluation confirmed the value of a family-centred response to children experiencing developmental disabilities.

Often in disability services, the focus is solely on child outcomes. Yet an abundance of international research[7] demonstrates that building the competence and resilience of parents and boosting their personal wellbeing is crucial to ensuring good outcomes for the children: physically, socially, cognitively and emotionally. Hence the project serves as an example to other services on how family wellbeing can be nurtured and its impact assessed. The personal relationships that parents forged with project staff, the home-based support they provided, alongside the parent-focused activities provided by the project, have likely contributed to these outcomes.

The children attained the developmental targets that were identified through dialogue with parents, children and project staff.

Many children had problems with communication and they encountered difficulties in socialising with others. They lacked confidence and were reluctant to become more independent. Through home-based routines and especially through engaging in activities in the community, many children acquired these important life skills with support from project staff. Ironically such experiences are not easily incorporated into therapy sessions or school classrooms. Hence more of the latter is not the solution, rather interventions in natural settings will likely be more effective.

Rural factors need to be actively addressed and planned for.

The project intentionally addressed the extra challenges faced by families living in rural areas.[8] The families came from across the social spectrum but with a bias towards more socially disadvantaged families. The parents and the children are often socially isolated with barely any formal support from services other than schools. Moreover, a sizeable number of families had little informal support from outside the family. The rural setting is a major contributing factor, especially when families have no car or mothers cannot drive. The home-based, personalised approach adopted by the project is essential given the diversity among the parents and children even within this one small geographical area. Yet the value of innovative projects such as Brighter Futures is not only in the outcomes it provides to families and children. More crucial is the learning that it generates as to how services can be better shaped to provide cost-effective, emotional and practical supports to families in rural communities who are faced with the challenge of raising a child with developmental disabilities.

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[7] Mas J.M, Dunst C.J, Balcells-Balcells A, Garcia-Ventura S, Giné C, Cañadas M. Family-centered practices and the parental well-being of young children with disabilities and developmental delay. Research in Developmental Disabilities. 2019 Nov 1; 94:103495.

[8] Ellem, K., Baidawi, S., Dowse, L., & Smith, L. (2019). Services to young people with complex support needs in rural and regional Australia: Beyond a metro-centric response. Children and Youth Services Review, 99, 97-106.

The quantum of service that each family receives could be attuned to their needs and resources. Thus some families would receive a longer period of support whereas others might require less intensive support.

Project staff and parents report high proportions of children attaining the learning targets set for them. Nonetheless, some children would benefit from continuing support beyond the 12 months one-to-one contact with the project as they had not fully achieved their targets. Most parents also reported significant increases in their well-being but to varying degrees. Hence project staff need to be sensitive to providing the extra emotional and practical support that some parents may require and over a longer period of time. In sum, there may need to be some flexibility around the time families engage on a one-to-one basis with the project which could be achieved through periodic review of progress which the project has achieved with children and families.

Project staff may need to be more proactive in building support networks such as parent-to-parent opportunities and nurturing the leadership of parents in developing local initiatives that are linked to, but separate from the project.

Few changes were apparent in the informal supports available to family. Arguably one of the legacies of short-term engagement with families by professional services is helping them to build ongoing support networks among family and friends. There are some signs that this was starting to happen: parents feel better connected to the local community and knowing where to get help and support. But little improvement was reported in the availability of friends or others to provide support (see Table 8). That said, there may be cultural as well as practical factors that inhibit parents from seeking support from other parents. Although parents wanted their involvement with the project to continue beyond 12 months, this is ultimately unsustainable and it precludes other families from availing of it. Hence other means need to be found for maintaining ongoing support to families, albeit in differing ways.

The model developed in Fermanagh could, and should be replicated in other areas of the Western HSC Trust and indeed, across Northern Ireland. Equity in service provision is a cornerstone of our Health and Social Care Services.

The value of innovative projects such as this one lie not only in the outcomes they provide to families and children. More crucial is the learning that is generated as to how services can be better shaped to provide cost-effective, emotional and practical supports to families in rural communities who are faced with the challenge of raising a child with developmental disabilities. It reinforces the conceptual frameworks that have emerged in recent years which combine promotion of the child's development with the needs of parents and the wider family while taking account of the social and environmental contexts in which they live.[9] Such thinking calls for major transformations to current health and social care services internationally for children with developmental disabilities and their families. The lower costs of these innovative services, allied to improved outcomes that are well evidenced, suggests that the main challenges lie in changing current systems and traditional staff roles.[10]

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[9] Guralnick, M. J. Applying the Developmental Systems Approach to inclusive community-based early intervention programs: Process and practice. Infants & Young Children, 2020, 33(3), 173-183.

[10] Sukkar H, Dunst CJ, Kirkby J, editors. Early childhood intervention: Working with families of young children with special needs. Taylor & Francis, New York, 2017.

A revision of the assessment and diagnostic procedures used by Trusts and their costs, would free up resources that can be used to provide supports to children and families. This would be in line with the 'Transforming Your Care' Agenda and would result in a much greater investment in innovative family-centred projects of which Brighter Futures is a relevant example.

Increasing numbers of children are referred to the Western Health and Social Care Trust because of developmental concerns; most notably autism. Consequently, waiting lists for assessment lengthen despite the additional monies that the Department of Health has made available to Trusts. Worse still, the Trust appears not to have the resources to provide the intervention supports which their staff have identified the children and families as needing. The inclusion of children who are awaiting a formal diagnosis of developmental problems was a welcome extension of the project. It enabled the project to support families through this anxious waiting period as well as advising them on how they could better understand and manage some of the child's difficulties. A diagnosis should not be a requisite for receiving support or delaying interventions.[11] The Transforming Your Care Agenda[12] may provide an incentive for the HSC Board and the Department to invest in innovative family-centred projects: of which Brighter Futures seems to be a shining example. Moreover this report should be made available to the Independent review of children's social care services commissioned by the Minister.[13]

Positive Futures, the National Big Lottery and the Western HSC trust are to be congratulated on developing and introducing this new model of family support services in Northern Ireland. It would be perverse if it were to be discontinued or curtailed through lack of statutory funding.

The longer term future of the Brighter Futures project is not guaranteed as adequate funding has not been forthcoming from the Western HSC Trust. The chair of Health Committee of the NI Assembly (Colm Gildernew) made this observation at the conclusion of an evidence gathering session in relation to the Autism Bill:[14]

> *"One of the things that struck me during discussions on the various issues was the point about pilot projects that demonstrate their worth but are then discontinued. At various times, we have heard that the problem is exacerbated by having one-year budgets. Given that we are moving to three-year budgets, I hope and expect to see a significant improvement in the continuity of programmes of care that clearly work for people".*

Let's hope his words come true.

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[11] Webb, S. J., Jones, E. J., Kelly, J., & Dawson, G. (2014). The motivation for very early intervention for infants at high risk for autism spectrum disorders. International journal of speech-language pathology, 16(1), 36-42.

[12] https://www.health-ni.gov.uk/topics/health-policy/transforming-your-care

[13] https://www.northernireland.gov.uk/news/health-minister-announces-independent-review-childrens-social-care-services-northern-ireland

[14] Northern Ireland Assembly Health Committee. Committee for Health OFFICIAL REPORT (Hansard) Autism (Amendment) Bill: 18 November 2021.

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Head Office
2b Park Drive, Bangor, BT20 4JZ
028 9147 5720

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