



# **KCYS**

# **Family Support**

# **Services Review**

## **Final Report 2025**

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## Abbreviations

|  |
|--|
| ASD - Autism Spectrum Disorder   |
| CAMHS - Child & Adult Mental Health Services                             |
| CFSN - Child and Family Support Network                                  |
| CIC - Children in Care   |
| CYPSC - Children and Young Persons Services Committee                    |
| CYPSC - Children & Young Persons Services Committee                      |
| DCEDIY - Department of Children Equality Diversity Integration and Youth |
| EPIC - Empowering People in Care   |
| FRC - Family Resource Centre   |
| FSS - Family Support Services  |
| FS - Family Support  |
| HACT - Housing Association Charitable Trust                              |
| IMS - Information Management System                                      |
| IFSS - Intensive Family Support Service                                  |
| KDYS - Kerry Diocesan Youth Services                                     |
| KCYS - Kerry Community Youth Services                                    |
| PPFS - Prevention Partnership and Family Support                         |
| PSW - Principal Social Worker  |
| SROI - Social Return on Investment                                       |
| SLA - Service Level Agreement  |
| YMH - Youth Mental Health  |
| YWI - Youth Work Ireland   |
| YDP - Youth Diversion Project  |

# 1. Introduction

Kerry Community Youth Services (KCYS) is a community-based youth work organisation founded in 1971. It is the leading youth organisation in the South West of Ireland covering the Diocese of Kerry which includes all of County Kerry, the Beara Peninsula and the North West Cork region of Duhallow. KCYS is committed to serving all young people in a safe, fun, and positive environment, through the provision of youth spaces, services, mentoring, training, and ongoing opportunities for their holistic development, and by advocating for their needs.

A voluntary board of directors currently leads the organisation. In 2023, KCYS engaged with 5879 young people, children, and their families within the Diocese of Kerry and their work was supported by 474 volunteers providing activities, clubs and mentoring supports in over 30 local communities. KCYS currently employ 90 people across their services and youth centres. In addition to youthwork incorporating UBU and youth diversion projects, KCYS provides specific family support services (FSS) including:

- ▷ County-wide Access service to children in care (open to Tusla referrals only)
- ▷ County-wide Support programme for teens at risk of coming into care/placement breakdown (Tusla referrals only)
- ▷ Pilot Family Centre in Killarney (open to all)
- ▷ Family Support for Ukrainian families (Killarney)

Family Support is both a style of work and set of activities that reinforce positive informal social networks through integrated programmes. KCYS family support aims to provide various resources, services, and interventions to strengthen family functioning, enhance well-being, and address challenges or needs with young people and their families. It can vary widely in scope, target population, and approach, but shares common goals such as promoting positive parent-child relationships, improving family communication, building trusting connections with young people, encouraging problem-solving skills and linking families with community resources. KCYS family support works from a strengths-based perspective and in collaboration with the needs of the young person and their families.

Family support is embedded in the KCYS 2023-26 strategic plan through the goal to “Provide targeted and integrated supports for young people and their families in Kerry” To inform planning and delivery in the future, KCYS in April 2024 commissioned Business Improvement Solutions through a competitive tendering process to undertake a comprehensive review of all family support services. During this commission, a name change and rebrand from Kerry Diocesan Youth Services (KDYS) to Kerry Community Youth Service (KCYS) came into effect in October 2024.

## 1.1 Methodology

The methodology deployed to meet the terms of reference for this study included the following consultation undertaken during the period April to December 2024.

- ▷ Semi-structured discussions with six foster parents and three biological parents.
- ▷ Supervised observation of an Access with three children and two biological parents.
- ▷ Supervised discussions with two young people supported by the KCYS teen service.
- ▷ Focus group and individual discussion with seven KCYS family support staff.
- ▷ Semi-structured interview with the Senior Child and Family Support Network (CFSN) co-ordinator with Tusla Prevention Partnership and Family Support (PPFS), the Tusla Children in Care Team Leader, the Children in Care Social Worker and the CFSN lead
- ▷ Semi-structured interviews with the Tusla Area Manager for Kerry/Cork and the PPFS Senior Manager.
- ▷ Semi-structured interview with the Manager of the KCYS Family Contact Centre.
- ▷ Semi-structured discussions with a KCYS Board Member and the coordinators of the KCYS UBU Youth work service and the Youth Diversion Project.
- ▷ Semi-structured discussions with staff from four organisations who work collaboratively with KCYS in youth work and family support.
- ▷ Survey completed by staff from three organisations who work collaboratively with KCYS in youth work and family support.
- ▷ Semi-structured discussion with an independent trainer who has delivered training to KCYS FSS staff.
- ▷ Ongoing liaison with the KCYS Cróige Service Co-Ordinator and Chief Executive.

## 1.2 Report Structure

The subsequent sections of this report are structured as follows.

- ▷ Section 2 explores the strategic context that KCYS operates in.
- ▷ Section 3 provides a detailed outline of the KCYS Family Support Services.
- ▷ Section 4 explores the results from the stakeholder consultation.
- ▷ Section 5 calculates the Social Return on Investment (SROI) generated by KCYS Family Support Services.
- ▷ Section 6 discusses the key findings from the review.

## 1.3 Data Analysis

Qualitative data analysis was conducted using thematic approaches . Categories were developed, coded, and reduced. Survey data, researchers' observations and thematic data from interviews was cross referenced to identify emergent themes. The Ethical Guidelines of the Social Research Association were followed throughout .

## 2. Strategic Context

This section explores the strategic context that KCYS FSS work in through an analysis of the strategies, policies and forums informing family support and youthwork locally and nationally.

### 2.1 Hardiker Model

The Hardiker Model is widely used in the planning of child and family services in Ireland and the United Kingdom. It shows the level of intervention provided by services i.e. from Level 1 - a universal preventative and social development service to Level 4 - intensive and long-term support and protection. Many of the KCYS Access cases are at Level 3 and Level 4 with the teen service meeting need and delivering supports at Level 3 and Level 4.

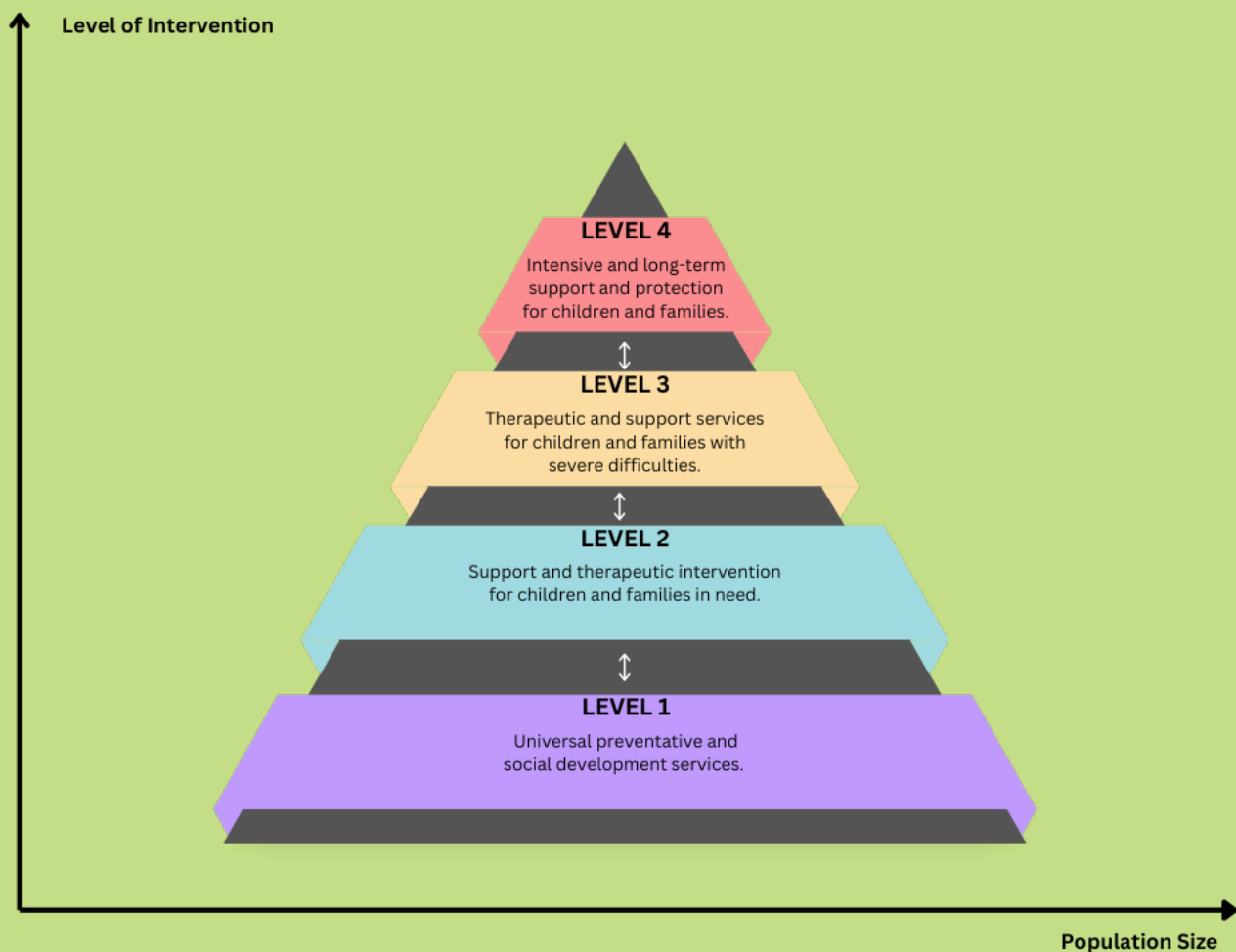


Figure 1: The Hardiker Model

## 2.2 Children & Young Persons Services Committee (CYPSC)

CYPSCs are a key structure identified by Government to plan and co-ordinate services for children and young people in every county in Ireland. CYPSCs bring together all major organisations and agencies working locally in the county. These committees work to improve the lives of children, young people, and families at local and community level through integrated planning and improved service delivery.

## 2.3 PPFS

Tusla's Prevention Partnership & Family Support (PPFS) is a comprehensive suite of early intervention and preventative services undertaken by Tusla and its partner agencies. The aim of PPFS is to prevent risks to children and young people arising or escalating through early intervention and family support. This is done by working with parents and communities to support children at the earliest possible stage. Tusla PPFS resource Parenting Hubs designed to provide easily accessible information on services, events, and parenting programmes available in their locality.

## 2.4 Child & Family Support Networks (CFSNs)

Supporting families and keeping children and young people safe is everyone's business. Child and Family Support Networks (CFSN) help families to access services as easily as possible in their own area. CFSNs are made up of all the services in the area that help children and families. Examples include social work, schools, public health nurses, and Family Resource Centres (FRCs). The local coordinator is pivotal in each of the CFSNs. They support the Network, making sure all children's services stay connected and oversee the Meitheal process.

## 2.5 Parenting Support Strategy 2022-27

Supporting parents and those in a parenting role is an integral part of how Tusla delivers services to children, families, and communities. A key focus of this new strategy is to ensure its alignment with the National Model of Parenting Support Services under the Department of Children Equality Diversity Integration and Youth (DCEDIY). This recently launched model aims to develop a more coherent and strategic approach to the development and delivery of parenting support services so that all parents can access the support they need. Under this new strategy, Tusla is committing to a programme of work that includes training and quality assurance to further embed parenting support and parenting participatory practice within the organisation.

<sup>1</sup> Includes biological parents whose children are under the care of Tusla

<sup>2</sup> Includes foster parents

## 2.6 Family Resource Centre (FRC) Programme

The FRC programme is Ireland's largest National Family and Community-based support programme, core funded by Tusla – The Child and Family Agency. There are 121 FRCs in Ireland which are participative and empowering organisations that support families while building the capacity and leadership of local communities. FRCs provide a range of universal and targeted services and development opportunities that address the needs of families within a community-based model of family support.

## 2.7 Local Integrated Service Delivery Model

Tusla's 2024-2026 Corporate Plan commits to implementing a new Local Integrated Service Delivery Model (inclusive of an integrated screening and local integrated teams) to provide consistency in their response. This will have an impact on how Tusla commission services in the future. Kerry, Cork & South Tipperary will comprise the new Tusla South West Regional Boundary with a combined child population (0-17) of 193,638.

## 2.8 Youth Participation

Youth participation is enshrined in the KCYS constitution, and they are one of the very few youth organisations in Ireland to make this a legally binding commitment. Youth participation is the guiding principle of KCYS Strategic Plan (2023 - 2026). Ensuring that young people have a say in the services KCYS provide is central to their approach, from determining group activities to having their voice heard in decisions that affect their lives including child protection and court proceedings.

All KCYS youth workers attend youth participation training. KCYS has played a key role in facilitating consultations with young people on the CYPSC Youth Participation Strategy and the Kerry Education and Training Board Strategic Plan. They have led several large-scale Youth Work Ireland (YWI) consultations. KCYS employ the Kerry Comhairle na nÓg coordinator which is a county wide structure to give children and young people, aged 12–17 a voice in the development of local policies and services.

Since 2022, KCYS has had a Youth Advisory Panel (YAP) which is now a strong forum who engage regularly with the CEO on the strategic direction of the organisation. Each KCYS centre are establishing local youth forums under UBU to feed into the Advisory Panel. The KCYS Comhairle project received the 'Investing in Children' Award last year for youth participation. KCYS have applied for European funding to complete work commenced two years ago on a KCYS Youth Participation Strategy. It is noteworthy that Cróige received funding from the Irish Youth Foundation/Coca Cola Fund in 2023 to produce a film with young people transitioning from state care. The purpose of the film was to give these young people an opportunity to voice their concerns and for them to make recommendations.

<sup>1</sup> Includes biological parents whose children are under the care of Tusla

<sup>2</sup> Includes foster parents



### 3. KCYS Family Support Services

KCYS family support services consolidated as the Cróige Project in 2021. Cróige emerged from the repurposing of the Springboard and Neighbourhood Youth Projects to address gaps in service provision in Kerry. The multi-disciplinary Cróige staff team deliver the Access and Teen Services.



Figure 2: The Cróige Multi-Disciplinary Team

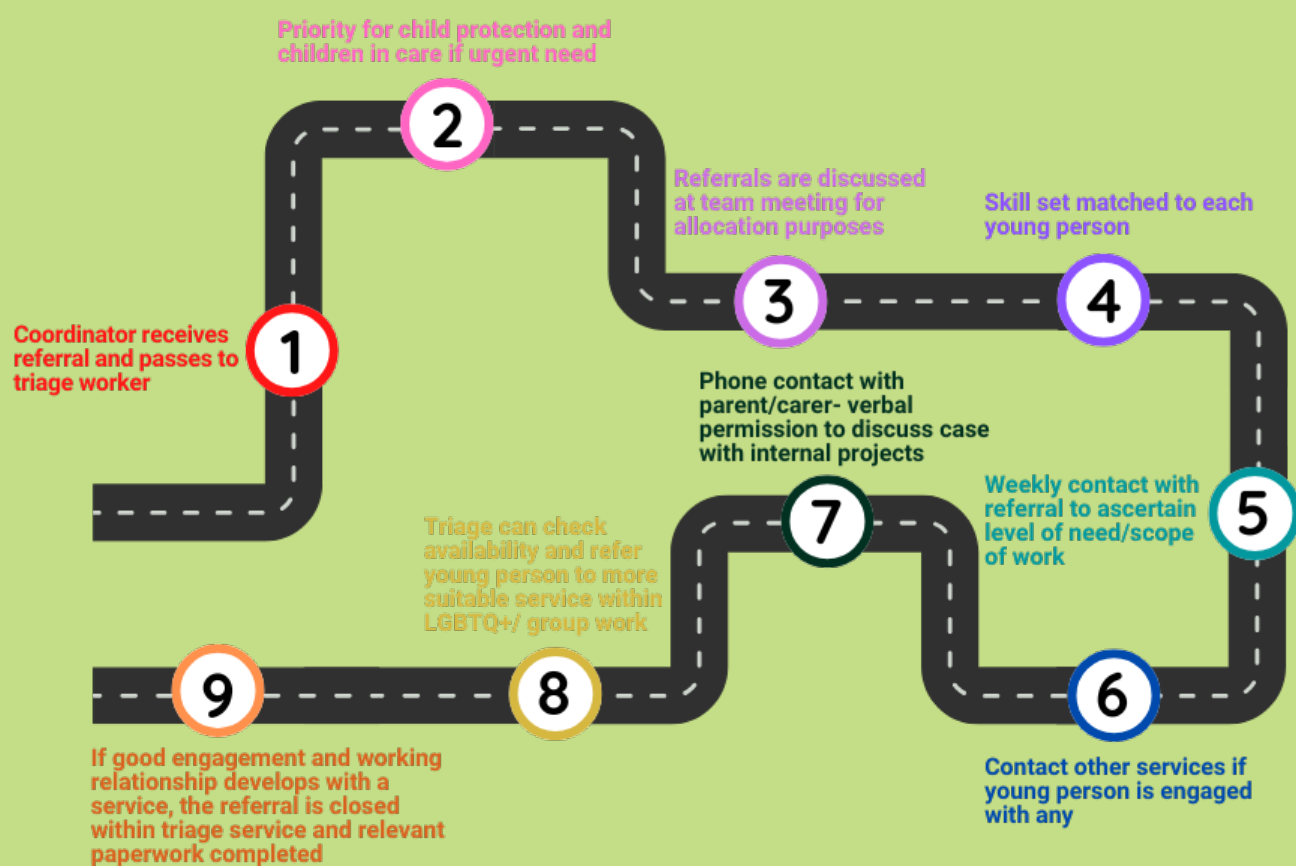


Figure 3: The Cróige Triage Process

## 3.1 Access Service

Through the Access Service, KCYS Cróige support biological parents to have meaningful contact with their children who may be in the care of TUSLA. It ensures continuity and consistency of Access for children in care, their families and foster parents. This is achieved through the provision of spaces where the children, young people and families feel safe, supported and valued through the development of positive relationships and experiences within a framework of respect and positive regard. Many biological parents who engage with the Access service were known to KCYS as children and have high levels of trust in the service.

The initial pilot phase of the Access service was introduced in 2021 with supervised access provided in year to 41 families and 80 children in a year. In 2024, 65 families and 113 children were supported encompassing a total of 1358 access visits. There were seven referrals in 2024 that were considered a dual referral. This is where for example children in care were referred for the Access Service but required additional support through the Teenage Service. This was always at the request of the referring Social Worker and not a decision made by Cróige.

### 3.1.1 Service Delivery Model

**Access** is delivered at three levels.

#### HIGH LEVEL

These require intensive monitoring, safety measures, behaviour management and commensurate pre and post preparation staff time.

#### MEDIUM LEVEL

Cróige staff support parental engagement, facilitate appropriate boundaries, ensure safety measures are in place at all times and direct the process if necessary.

#### LOW LEVEL

Cróige provide a safe space and nurturing environment while remaining within proximity to offer support should they require it. There is good parent/child interaction and no known or presenting risks.

The highest number of referrals for access come from Tralee. Three KCYS centres, in addition to the Cróige base, have adapted space to accommodate access in Tralee.

More than 50% of the families supported to date met the high-level threshold. In addition to the three levels, there may also be situations where an **Enhanced Access** is required. These can take several forms but typically includes one or all the following which can happen during or after an **Access**:

- ▷ Additional allocation of time - Parenting programme during the access.
- ▷ Therapeutic service for child/parent - Extended family access (grandparents).
- ▷ Thera-play to strengthen the foster placement - Picture and Words with families.
- ▷ Supporting parent to talk to their children in a child directed manner.
- ▷ Supporting children's comprehension of complex family matters.
- ▷ Supporting biological parents presenting with various frustrations.
- ▷ Encouraging biological parents to avail of additional/specialist services.

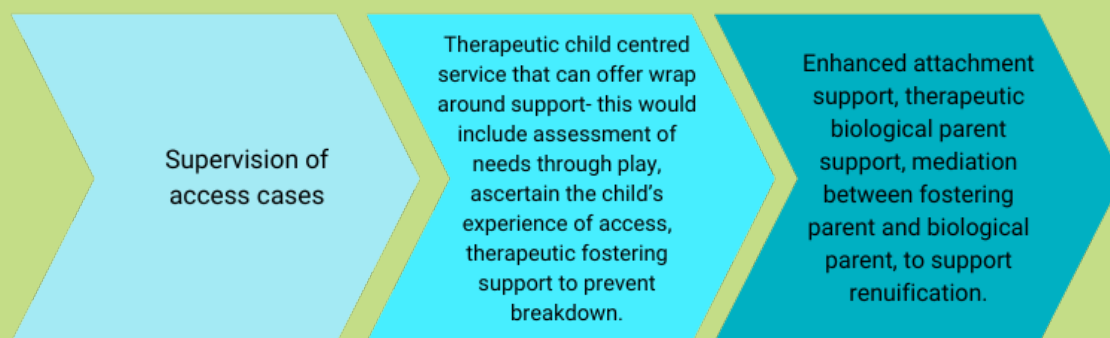


Figure 4: The Access Offering

## 3.2 Teen Service

The Cróige Teen Service supports teenagers (Aged 12-18) in the community to continue to live within their family unit while receiving crisis support and ongoing interventions tailored to the needs of the individual teenager and their families. In 2024, 78 teens engaged with the service which provides 1:1 intervention, focussing on behaviour modification programmes, life skills development and seeks to address issues which may be having an impact on the young person's ability to remain in the family home. The length of intervention depends on the nature of the referral. Typically lower risk interventions are delivered over a 8-12 week period with higher risk cases over longer periods which are monitored and reviewed according to the needs identified.

### 3.2.1 Service Delivery Model

The key elements of Teen Service delivery and the roles and responsibilities of staff are outlined below.

#### ASSESSMENT AND EVALUATION

- ▷ Assessments of young person and families to identify needs, strengths & challenges.
- ▷ Evaluate the overall well-being of family members, including children, parents, and caregivers/foster carers where this is deemed necessary.
- ▷ Set realistic and achievable objectives to address issues faced by the young person.
- ▷ Identify psychoeducation, parenting, health & wellbeing, school and social issues.

#### FAMILY SUPPORT

- ▷ 1-1 work with the young person, or family, to create personalised support plans based on their unique circumstances and goals.
- ▷ 1-1 work with young people and families on presenting issues.
- ▷ Assist families in navigating and understanding complex situations, i.e., mental health, homelessness and

#### PROVIDING INFORMATION AND RESOURCES

- ▷ Offer information about community resources, services, and programmes available to young people and families.

#### CRISIS INTERVENTION

- ▷ Provide assistance and support during crisis, emergencies, or challenging situations. Connect families with appropriate services when needed.

#### ADVOCACY

- ▷ Advocate for young person and families to access necessary services and resources.

#### CASE MANAGEMENT/SUPERVISION

- ▷ Manage and monitor the progress of support plans, adjusting as necessary.

#### MULTIDISCIPLINARY APPROACH

- ▷ Work collaboratively with other professionals, agencies, and community organizations to enhance the support available to families.
- ▷ Attend meetings, workshops, and conferences to stay informed about relevant resources and best practices.

#### EMPOWERMENT AND SKILL BUILDING

- ▷ Empower families by fostering self-efficacy and building their skills to overcome challenges. Provide guidance on parenting techniques, communication skills, and conflict resolution. Effective relationship and trust building.

### 3.3 Service Level Agreements (SLA)

A single SLA with Tusla funds both the Access and Teen Services. The total amount granted for the 2024 SLA was €647,719.00<sup>6</sup>. This figure covers the direct staff costs and travel of delivering both services. Noteworthy findings from an analysis of the 2024 SLA document include:

- ▷ Access service to work with 60 families through 1500 plus Access visits. All referrals must come from Tusla.
- ▷ Teen service to work with over 100 young people.
- ▷ 60% of activity is allocated to the Access service with 40% to the Teen service.
- ▷ Geographic area covered is County Kerry
- ▷ Provision for monthly review meetings between the Project Co-ordinator and Tusla Principal Social Worker (PSW) for the Access service and a quarterly review meeting between the Project Co-ordinator and the PSW Duty & Intake for the Teenage Service.

### 3.4 Key Performance Indicators

There are no clear outcomes specified for either service in the SLA. The Key Performance Indicators for both services are outlined in Table 1.

|                                    |   |
|------------------------------------|---|
| <b>Performance Indicators</b><br>1 | The agreed service is provided with a 12 month schedule, where appropriate, in place in advance which creates continuity and consistency in delivery.   |
| <b>Performance Indicators</b><br>2 | The children, families and teenagers most in need of the Cróige service receive a good quality, consistent, timely and effective service which will result in better outcomes <sup>7</sup> for them. This will be reviewed on a quarterly basis.                                  |
| <b>Performance Indicators</b><br>3 | The development of collaborative relationships and participative practices between Tusla and KCYS staff to provide a co-ordinated approach to the delivery of services.   |
| <b>Performance Indicators</b><br>4 | Data collection system in compliance with Tusla and reporting and performance metric requirements is agreed and implemented to support accountability. <sup>8</sup>   |
| <b>Performance Indicators</b><br>5 | The voice of children, young people and adults is heard in relation to decisions that impact on them. Continued linkages with services and organisations in the community to support signposting, integrated response and other supports for children, young people and families. |

Table 1: Cróige SLA Key Performance Indicators

<sup>6</sup> Includes Integration Funding for youth work position, Part-time FS Integration post for Killarney (subject to Tusla approval) Continuation of part-time FS/Youth Work Integration Position for Kenmare

<sup>7</sup> No description of what these are and how they will be measured.

<sup>8</sup> No definition of the data collection system and how it is to be implemented.

## 3.5 Family Time Centre

Located in the KCYS building in Killarney and opened in late 2023, the Family Time Centre offers a safe and nurturing environment to enable meaningful family time during access visits between biological parents and their children. It replicates a welcoming home environment, has a living room, playroom, kitchen, separate toilets and an enclosed backyard. The Centre is available on a county wide basis.

Funding received from the Community Foundation Toy Show Appeal has enabled KCYS to develop a small-scale pilot project designed to meet access support needs outside the scope of Tusla Child Protection Social Work. The service has grown steadily throughout the year. The majority of referrals are families involved in court proceedings and mandated by the court to facilitate access between children in care and their families.

Tusla use the facility for access and reunification visits between children and their biological parents, with the objective of facilitating the children's return to living with their biological parents. Groups for Ukrainian parents and children living in direct provision, supported by staff are hosted in the Centre to nurture safe and positive family and peer relationships. A Play therapist leads a "stay and play" session for 5–7-year-olds and their parents in creative play. Additionally, the Ukrainian young people aged 8-12 do activities such as baking and art projects. Youth Justice and Youthwork projects also use the facility for family meetings, assessments and one to one engagement.





## 4. Stakeholder Consultation

This section analyses the mixed method consultation with a range of stakeholders documented in Section 1.1.

### 4.1 Tusla

Contributions from Tusla to this review spanned Children in Care (CIC) who used to provide the Access service, CFSN and PPFS. Tusla had previously commissioned services from the KCYS Springboard programme and were very aware of the positive impact that this service had on many families and communities in disadvantaged areas.

The demand for both the Access and Teen services have increased in the past three years. Tusla have a statutory responsibility in relation to child protection while KCYS have particular expertise and competence in family support. KCYS staff are trained in child protection which includes identification of neglect, parental deficits, grooming and child development. There are examples where differences in expectation remain between commissioner and service provider such as KCYS's intimate care policy. Some of the Tusla contributors had caseloads where over 75% had Access coordinated by KCYS whose flexibility in respect of time, location and out of county facilitation was commended.

Tusla highlighted that Access is about the quality of the time and there is a lot of healing happening in what might be just one hour per week. Both parents and children can be vulnerable emotionally during the Access and Tusla value what KCYS do to mitigate any potential issues through emotional support pre and post visit. The enhancement process is in place within the SLA for additional work with parents and young people. This works well though with the limited time allocated for Teen service interventions (8-12 weeks) and the expectation that a minimum of 40% of cases will be at Hardiker Level 3 or above, enhancements are becoming more frequent.

Enhancement occurrence which can be tracked from the referral form should be reported on in the Annual SLA report. The quality and scope of the Cróige family support work was a recurring theme. They work with the family on practical issues such as routine and challenge the families to empower themselves. Tusla realise that many interventions with young people will involve some work with parents and family which is often the need identified for the enhancement. One recent example cited was KCYS work with children and parents using "Circle of Security" methodologies. Tusla view KCYS family support interventions as being valuable in building parental capacity which may help towards unification though this is not the responsibility of KCYS, and neither is it a KPI in the SLA.



Tusla want to invest more in early intervention and get to the family before any social work intervention is warranted thereby reducing pressures on their child protection resources. Contributors referenced cases where the work with the young person and families in the teen service was transformative and negated the need for children to go into care. KCYS having both female and male workers was highlighted as being very important in establishing connections and trust. Contributors referenced instances where the KCYS male worker enabled a transformative change in family relations akin to what might be expected through more formal family mediation processes.

Tusla staff felt that communication and collaboration between both parties is vital, and this has improved significantly in the three years since the SLA commenced. The case reports and notes dictated by KCYS staff are crucial to the monitoring of cases while the quality of the KCYS court reports were lauded by Tusla staff. In addition to the SLA quarterly and case reviews, Tusla invite Cróige to placement planning meeting and court reviews. They like to have all the professionals at the table from the beginning and see the KCYS staff as an extension of their team. Further evidence of this was the training delivered jointly to KCYS and Tusla in early 2024 reimagining family time using an attachment framework.



### 4.1.1 Tusla Service Review

To ensure that the service being provided was meeting their needs, Tusla Senior Management Team requested an internal review of the Cróige Project which was undertaken in late 2023. A questionnaire was devised by the Quality Assurance Officer within the Tusla PPFS team and forwarded to the Cróige Project Coordinator for completion within two weeks. The questionnaire sought detail and data in relation to.

- The overall Cróige service – Number of staff and their multidisciplinary experience, capacity of service delivery per annum, out of hours provision, method and assessment of referral, number of dual referrals (Access & Teen service) and number diverted to other KCYS service.
- Specific data for The Cróige Access and Teen services service – Breakdown of referrals, categorisation of need (high, medium, low) location of delivery and travel involved, hours per month (Direct delivery, travel, enhancements for child and parents, communication & feedback to Social Worker and supervision & administrative tasks) schedule of service delivery and review meetings.

While KCYS were able to provide most of the data requested, the process amplified some gaps. The SLA does not explicitly stipulate the data collection requirements with the monitoring and tracking devolved to the review meetings between Cróige and the PSW. Given that KCYS had to complete the review template within two weeks, they had to collate some datasets retrospectively and make estimations in cases where they were not already collecting the data internally as it was not required by the SLA.

The findings highlighted some issues such as, direct face to face contact time, gaps in respect of breakdown of hours, salary costs and time allocated to staff supervision. Having had time to analyse the detail, KCYS believe that the categorisation of time captured in the review was not a true reflection and contend that direct face to face contact time is higher than recorded while time spent on staff supervision is lower. They are in the process of collating replica data for the 2024 SLA which will be shared with Tusla and compared against the 2023 review data.

Part of the rationale for the Tusla review was to explore future reconfiguration of services to meet increasing need and ensure the following.

- Supervised access for all children 0-18yrs
- Facilitate and supervise access outside of the county of Kerry.
- Provide intimate care (nappy changes etc) when required.
- Facilitate care transport for Children in Care.

Tusla indicated that they may put the services currently delivered by Cróige out to tender in the future. At the time of finalising this review there was no confirmation of this.

## 4.2 Foster Parents

The trust felt by foster carers towards the Cróige Access service and the reciprocal respect was evident. On occasions when the foster carer might become emotional if the child had a negative experience at the Access, the staff member is always there in the immediate aftermath and the intervening period to the next Access. This provides both the foster carer and child with emotional regulation and eases any concerns about the next visit which allows the child to get on with their life in the intervening period. In the case of one foster carer, the Access is with the biological grandmother and two siblings, and the foster child has developed a great relationship with both. The foster carer attends the Access and as a result has developed a positive relationship with the biological grandmother.

All the foster carers who engaged in the consultation felt that overall the Access had a positive impact on the child and that the crucial enabler for such a positive outcome was the expertise and professionalism of the Cróige staff. Contributors noted the consistency of Cróige staff even during holiday periods which is crucial when trust is established. Contributors experienced Access in KCYS locations in Tralee and Killarney and referenced the environment as, relaxing, safe, non-threatening, calm and engaging with space to play, talk and eat. This normalises the Access and ensures that all parties feel comfortable engaging. This can empower biological parents and children to talk about and discuss sensitive and personal issues about their relationship and the past.

The flexibility of Cróige was a recurring theme to emerge from the consultation. This ranged from facilitating Access visits in KCYS locations or in a public space, providing transport to and from the venue, doing an Access at weekends, changing the dates and times at short notice to suit all parties and travelling/transporting long distances for out of county visits. When asked about the outcomes foster carers gain from the Cróige they cited improved relationship with their foster child, reduced anxiety around the Access visit, enhanced wellbeing through having a staff member to talk to and increased resilience to continue as a foster carer which is so crucial at a time of chronic shortages in foster carers in County Kerry.



The following verbatim quotations reinforce the outcomes for foster carers.

*"The old system was about trying to keep the families apart; I am fully supportive of the foster child knowing their birth parents and their siblings and Cróige make this happen"*

*"xxxxxx always comes back happy after the visit and looks forward to the next one. We both know that xxxxxx is there for us if we have any concern about the Access."*

*"It makes it easier for the foster carer when there is a good relationship between the child and their biological parents".*

*"The place in Tralee is great, it is well set out, safe and child friendly. They can play, chat and have something to eat and just be themselves. The staff put a lot of thought into the activities resulting in a positive impact on the child"*

*"It is the small little things that make the difference and shows the experience and compassion of the staff, the child is at the centre of everything. The staff can anticipate problems and challenges before they emerge"*

*"Knowing who their biological parents are is really important for their emotional development, having an extra adult in their life that they can trust is great".*

**A lot of professionals involved in the approach appears disjointed.**

**Blocked care, secondary trauma experienced by foster carers.**

**No mediation between foster carers and biological parents.**

**Social workers constantly looking for extra funding for therapeutic services.**

**Lengthy waiting lists for children services.**

**Lack of therapeutic support for foster carers.**

Figure 5 documents some of the systemic challenges and barriers experienced by foster carers, none of these can be attributed to Cróige but they demonstrate the complex environment of providing services to foster families.

Figure 5: Issues for Foster Carers

## 4.3 Biological Parents

For biological parents, the overarching outcome from their engagement with the Cróige service was not being judged. *"I never feel judged by Cróige which allows me to approach the access visit in a positive frame of mind. I never thought that I would have this opportunity, and I want to make the most of it".*

Biological Parent

This provided the catalyst for meaningful engagement with their child from which a positive relationship can be formed. The input from Cróige staff has enabled a reimagining of the connection between child and parent. One example referenced was parent and child cooking and eating together which is hugely empowering for the parent and uplifting for the child. The sensitivity and reassurance given by the staff member after the Access is essential and appreciated. Flexibility from Cróige is the cornerstone as many biological parents may not have transport and may have some chaos in their lives.

Empowerment of birth parents through meaningful access was the theme of a workshop facilitated by the KCYS Chief Executive and Cróige Coordinator at the UNESCO Child and Family Resource Centre 11th Biennial International Conference in June 2024. The workshop<sup>9</sup> was informed by interviews conducted with biological parents availing of the Access service in 2022.

Biological parents who participated, reported feelings of powerlessness. The relationship between parents and social workers in child protection cases can be both complex and difficult (Thompson & Thorpe 2004, Forrester et al 2008), while parents who have lost custody of their children often feel disempowered by the authorities (Slettebo 2011).

The workshop explored how parental participation is based on the desire to support parents to have a positive role in care planning. It set out relevant research and best practice examples demonstrating that support for biological parents, informed by family support principles, leads to more positive engagement and ultimately better outcomes for their children. Using anonymised case examples, it examined complex issues to identify solutions that support the participation of biological parents in planning for their child's care and that enhance 'the best interest principle.'

<sup>9</sup> Title: Providing Meaningful 'Access' for Children in Care by Empowering Birth Parents

Cróige staff are highly competent in assessing and building parental capacity using attachment frameworks and this evidence based approach underpins the activities facilitated during the Access visit. Biological parents emphasised how the person and child centred and trauma based approach adopted by Cróige staff has improved their wellbeing, increased their confidence, and activated an opportunity to have a relationship with their child which they never envisaged.

The main systemic challenges and barriers presenting for biological parents in the Access and Teen services not attributable to Cróige but who nonetheless must work around include.

- ▷ Lack of communication from professionals.
- ▷ Lack of Parenting Supports.
- ▷ Generational Trauma
- ▷ Difficulty in regulating their own emotions.
- ▷ Lack of Advocacy on their behalf.
- ▷ Difficult relationships with Foster Carers.
- ▷ Parental discord/ Family discord
- ▷ ACE's- homelessness, addiction, domestic violence.
- ▷ Lack of support to follow up on recommendations.
- ▷ Mental Health waiting lists.
- ▷ High expectation v low capacity of services.

## 4.4 Young People

Participants on the Teen Service emphasised the transformative impact that Cróige has delivered for them. They feel much more confident, independent and happy within themselves. They are progressing well in education which for one involved a change of school that Cróige supported them with. They reported improved relationships both inside and outside their family which has contributed to better mental health and wellbeing.

## 4.5 KCYS Staff & Board

The KCYS Cróige team deliver the Access & Teen Service. All Access referrals come from Tusla. This places a considerable onus on KCYS to risk assess methodically and explore the logistics involved which includes transport to and from the Access location. In many cases, ensuring that there is no contact or sighting between foster and biological parents is a primary concern. Many biological parents don't have transport and may be emotionally vulnerable which must be factored into the risk assessment. Long distance journeys can be draining for staff.

Staff work to optimise the contact time that is available to families and young people and highlighted some of the barriers they encounter. Families can have multiple professionals working with them, who need adequate feedback and may need to input into planning. If there are different foster care placements for one family access, this needs to be scheduled and planned while being cognisant of the various routines of each family.

The triage system is working well for the Teen service and prioritises cases where there is an imminent risk of care or social work involvement. Giving adequate time to Triage by an experienced team member has led to a better understanding of the often complex presenting issues. It frequently uncovers embedded issues in the home or with the family which renders it a high-risk case even if at initial presentation by Tusla it was deemed lower risk. The 8-12 week period to work with young people in the Teen service is frequently insufficient to achieve positive outcomes. In many cases, it takes this amount of time to secure the trust of the young person and family, and opportunities are lost if the service ceases.

KCYS adopt an evidence-based approach, that is trauma informed at all times. Parent attachment frameworks are used. Staff referenced outcomes for young people in the Teen service such as achieving in education and employment which is not captured yet generates significant social value. KCYS want to ensure that families that have experienced generations of the care system and consistent social work involvement break the cycle for subsequent generations. This can be best achieved through intervention in the early years and can be location based. For example, In the past there was a spike in referrals from Kenmare which KCYS responded to and in subsequent years the referrals reduced considerably. This strengthens the case for location based group work as early intervention.

The renaming and rebranding of Kerry Diocesan Youth Services to Kerry Community Youth Services places family support as an integral part of the integrated youth work model. The community element of the rebrand suggests that the organisation is strategically committing to community-based services for young people and their families as per goal 3 in their 2023-26 strategic plan. KCYS would like to work more with young people and families not referred by Tusla. In some cases young people are not fully engaging with Cróige due to what the contributors felt was the stigmatisation of being referred by Tusla.

A more open community based referred process allied to greater engagement with schools, FRCs, other local partners and the wider community could create new categories of need to include child poverty. KCYS have recently been successful in securing family support posts in their justice projects. The concept of community-based hubs where parents and young people could drop in for support is an initiative contributors feel is closely aligned with the organisational mission. This could lead to more area-based approaches in towns and estates. The family centre in Killarney would be an ideal location for a community hub.





## 5. Social Return on Investment (SROI)

To value the impact evidenced in Section 4, we have used Social Return on Investment (SROI), an internationally accepted method of measuring the social impact of activities, projects, and programmes and of placing a monetary value on them. In conducting this SROI analysis we have followed the principles and stages as prescribed by the SROI Network illustrated in Table 2.

| STAGE  | DETAILS   |
|--|---|
| <b>Establishing scope &amp; stakeholders</b>         | It is important to have clear boundaries about what the SROI analysis will cover, who will be involved in the process and how.  |
| <b>Mapping Outcomes</b>                              | Through engaging with stakeholders, an impact map is developed or theory of change, which shows the relationship between inputs, outputs and outcomes.                                  |
| <b>Evidencing outcomes &amp; giving them a value</b> | This stage involves finding data to show whether outcomes have happened and then valuing them.  |
| <b>Establishing Impact</b>                           | Having collected evidence on outcomes and monetised them, those aspects of change that would have happened anyway or are a result of other factors are eliminated from consideration    |
| <b>Calculating the SROI</b>                          | This stage involves adding up all the benefits, subtracting any negatives, and comparing the result to the investment. This is also where the sensitivity of the results can be tested. |
| <b>Reporting, using &amp; embedding</b>              | Easily forgotten, this vital last step involves sharing findings with stakeholders and responding to them, embedding good outcomes processes, and verifying the report.                 |

**Table 2: Stages of SROI**

Our analysis was able to utilise data from the Outcome Star tool for young people which was introduced by KCYS in 2023. This instrument analyses and tracks progress in eight aspects of the young person's life. (Physical health, connection to where they live, feeling safe, relationships, feelings & behaviours, confidence & self-esteem, education and learning.) As illustrated in Table 3, based on 2023 outputs and financials, we have identified 12 outcomes (6 Access, 6 Teen Service) for six stakeholder groups and applied financial proxies.

| Stakeholder        | Outcome   | Qty | Proxy  | Problem  | Proxy Value & Source                            |
|--------------------|---|-----|--|----------|---|
| Tusla              | Tusla do not have to deliver the Access & Teen Services | 1   | The equivalent cost of delivering the Access & Teen services per annum                             | €569,040 | €569,040<br>Tusla SLA submission                |
| Tusla              | Reduced breakdown of foster care placements             | 10  | Based on breakdown of 10 placements requiring residential placement for 4 weeks<br>10 x €7,540 x 4 | €30,160  | €301,600<br>Fostercare Ireland<br>assets.gov.ie |
| Foster Parents     | Improved well-being                                     | 61  | Cost of treating someone with anxiety  | €1,635   | €99,375<br>HACT Social Value Bank               |
| Foster Parents     | Improved Relationship with child                        | 61  | Family mediation rate per hour €225. Based on 5 hrs for 61 foster families per year x €225         | €1,125   | €99,000<br>Familylawsolutions.ie                |
| Biological Parents | Improved well-being                                     | 61  | Cost of treating someone with anxiety  | €1,635   | €99,375<br>HACT Social Value Bank               |
| Biological Parents | Increased confidence                                    | 61  | Cost of confidence & self-esteem course  | €199     | €12,139<br>Irish Training & Education Centre    |
| Young People       | Progression in education                                | 45  | Lifelong value of a qualification  | €5,000   | €225,000<br>HACT Social Value Bank              |
| Young People       | Improved mental health                                  | 90  | Cost of treating someone with anxiety  | €1,635   | €122,850<br>HACT Social Value Bank              |
| Young People       | Improved confidence                                     | 90  | Cost of confidence & self-esteem course  | €199     | €17,510<br>Irish Training & Education Centre    |
| Young People       | Improved relationships                                  | 90  | Value of Social Interaction  | €2,220   | €199,800<br>HACT Social Value Bank              |
| Families           | Stronger family unit                                    | 90  | Family mediation rate per hour €225. Based on 5 hrs per year for 90 families @ €225                | €1,125   | €101,250<br>Familylawsolutions.ie               |
| Parents            | Improved parental capacity                              | 90  | The cost of a parenting programme  | €1,492   | €134,280<br>Parenting NI                        |

Table 3: Cróige Financial Proxies

<sup>10</sup> <https://fosteringfirstireland.ie/become-a-foster-carer/allowances-and-fees/>

The total amount contributed by funders to the programme in 2023 was €647,719 which was agreed as the final input figure. For each stakeholder outcome the cost of an alternative activity that would have led to the same outcome, (a proxy cost), was selected. We used a combination of data sources for the proxy selection including primary research, the Social Value Bank and the costs associated with services and interventions to achieve similar outcomes sourced from desk review and experiential learning. The calculations are based on the SROI Network's guidance and adheres to SROI principles. In preparing the analysis we have adopted realistic transparent assumptions.

We multiplied the cost of the financial proxy by the number of stakeholders experiencing the outcome and subtracted where deemed necessary a percentage of deadweight, attribution, and displacement. We repeated this for each stakeholder group and added up all the impacts to derive the total impact of the outcomes.

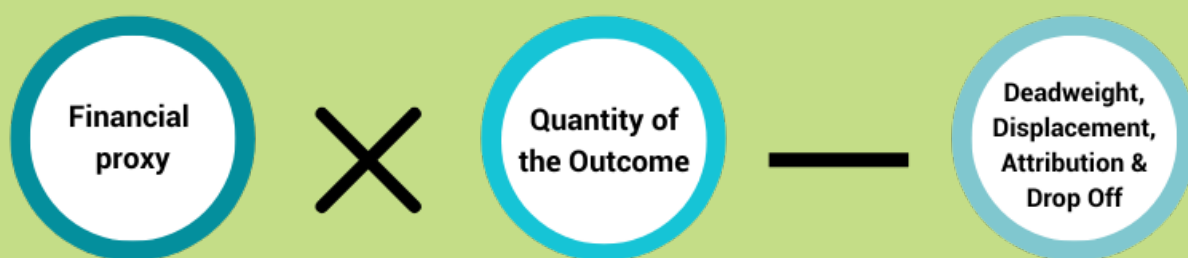


Figure 6: Calculating the SROI

KCYS Family Support Services through its 2023 outputs generated a social value of 1:4. This is based on a Total Present Value of €2,584,010 created against the input of €647.719. Section 6.5 discusses the key enablers for the positive outcomes experienced by Cróige stakeholders valued in the SROI calculations. As a Diocese-wide service with nine buildings, discounted room rental, a vehicle, over 20 youth programmes and access to activity funding, it provides scale and infrastructure which is not explicit in the SLA but is recognised in the SROI study.

# 6. Discussion

This section discusses the key findings from the review.

## 6.1 Background

*Cróige* has its origins in the KCYS Springboard Child and Family Support and Neighbourhood Youth Services dating back to the late 1990s. These were community development projects with a strong connection to local communities in Tralee, Killarney & Killorglin. With the emergence of Tusla in 2014, the funding and service delivery landscape changed for child and family services. *Cróige* is in effect a reconfiguration of Springboard and Neighbourhood Youth with much more oversight and input from the funder and sole referral agent – Tusla. There was much reference throughout the consultation to Springboard reinforcing the innovative and effective early intervention model of delivery and its positive impact on disadvantaged estates and communities.

## 6.2 Funding

A single SLA with Tusla funds both the Access and Teen Services covering most of the direct staff costs and travel of delivering both services. There are indicative output numbers for both services included but these appear to be based on the previous years. 60% of activity is allocated to the Access service with 40% to the Teen service while the geographic area of coverage is County Kerry. It is specified that 40% of the caseload will be at Hardiker Level 3 or above.

The KPIs are framed around, targeting those most in need, quality and effective services delivering positive outcomes, collaboration, data collection and reflecting the voice of the child/young person. The mechanism to monitor the SLA is a quarterly review meeting between the *Cróige* coordinator and the Tusla PSW. However this process is inhibited by the KPIs being high level statements of intent and not including clear metrics by which success is to be measured.

The recent review of the *Cróige* service undertaken by Tusla highlighted some value for money concerns such as salary costs, time available for direct face to face contact time, gaps in respect of breakdown of hours and time allocated to staff supervision. No benchmarks or comparative analysis with similar services were offered. KCYS felt that some categorisations in the review were not a true reflection of their work and are collating comparable data for the 2024 SLA to enable further review.

The 2023 review highlighted a difference in expectation of the reporting requirements between Tusla and KCYS due primarily to a lack of clarity in the SLA. The review signalled an intention by Tusla to reconfigure how the Cróige service is delivered to ensure supervised access for all children 0-18yrs in the new Tusla area which will increase demand for, out of county provision, intimate care (nappy changes etc) when required and transport for Children in Care. KCYS must be cognisant of this change in approach by Tusla.

## 6.3 Outcomes & Impact

There is a high level of satisfaction with the Croige Services among Foster Carers, Biological Parents, and children and young people. Croige Access negates the requirement for Tusla to deliver the service in-house. Furthermore, it enables Tusla to fulfil their statutory requirements in relation to access for Biological Parents. At a macro level, one of the most significant outcomes is the contribution towards reducing the risk of foster care breakdown. This is especially noteworthy given that there are circa 190 children in care in Kerry and a chronic shortage of foster carers especially for children with additional needs.

Access is highlighted as a concern in the standard induction training for foster carers hence the sensitivity and professionalism of the Croige staff is essential. Reduced anxiety, enhanced well-being, improved relationships inside and outside the family and increased overall capacity of young people, foster carers, biological parents, and families were evident from the consultation.

## 6.4 SROI

Through the application of SROI, an internationally accepted method of measuring the social impact of community-based services, we found that based on 2023 outputs and financials, KCYS *Cróige* generated a social value of 1:4. This is calculated on a Total Present Value of €2,313,253 created against the input of €569,400. Financial proxies for 12 outcomes (6 Access, 6 Teen Service) achieved for six stakeholder groups comprised the calculation. This strengthens the evidence that *Cróige* delivers value for money for stakeholders.

<sup>11</sup> Kerry, Cork & South Tipperary will comprise the new Tusla South West Regional Boundary.

## 6.5 Enablers

*Cróige* is viewed as a neutral, safe, non-judgemental and non-stigmatising community service. Support for Foster Carers and Biological Parents pre and post is an essential component of the Access. This is not always captured or recorded but it enables the Access to continue. It is unrealistic given the complexity of many cases that the Access can just happen with people turning up and no support available pre or post. This is recognised by Tusla social workers, team leaders and network leads.

The *Cróige* Triage system identifies the best service pathway for young people referred to the Teen Service from entry to exit. The competence and expertise of staff, and the evidence-based approaches used within the model of delivery are key enablers for the positive impact. There is an increasing practice emphasis on the needs of the child with KCYS staff receiving specialist training in this discipline in 2023. The *Cróige* Project Coordinator and KCYS CEO presented at the UNESCO CFRC 11th Biennial International Conference in June 2024 on “Providing meaningful ‘Access’ for children in care by empowering and supporting birth parents” through family support principles.

## 6.6 Future KCYS Service Configuration

The full specification and timeline for any future procurement process for *Cróige* services is not yet available and no formal notice has been issued to KCYS about any change in arrangements. Whether this process proceeds or not, KCYS should think strategically about their future service provision. We will in this subsection explore several scenarios for consideration.

### 6.6.1 Access

KCYS will need to determine whether continuing to provide an Access service is in the best strategic interests of the organisation and is aligned with its vision, mission and values. Tusla have indicated that they would like to see the provider in the future taking on all Access cases in Kerry, Cork & South Tipperary area which would mean an increased caseload. Moving forward, it may be that the Access provision will require a new team to deliver a functional non-therapeutic service based on the competence level and salary scale of social care workers.

This new team formation should consider capacity implications of providing services outside the county and the additional staff that this would require. KCYS have a vehicle which is available to the Access service. This was purchased for UBU but is booked by other KCYS projects when free. As this is an organisational vehicle, competing demands may render it unavailable for some out of county journeys. *Cróige* may therefore need to consider the purchase of a vehicle if the demand for out of county Access is high.

Future Tusla service requirements may include intimate care (nappy changes etc) when required. As a benchmark, KCYS has asked Tusla for its Intimate Care for Infants Policy and have been liaising with other providers on same. The initial indications are that many Access services nationwide in their risk assessments rule out lone working with small babies and intimate care. KCYS may not be able to provide everything that Tusla requires in a revised service arrangement and should adopt a consistent position on these issues based on organisational consensus and values.

### 6.6.2 Intensive Family Support Service

The current *Cróige* team has the competence and expertise to deliver an Intensive Family Support Service (IFSS) with a significant therapeutic dimension which would include elements of Springboard and the enhancements from the current SLA. It would target the most vulnerable families in the community starting with the 0-3 age range. The intensive nature of this new service alongside the early intervention component should serve to reduce the number of families that are being re-referred to Tusla.

In addition to delivering interventions to the family, the new service could have a case management role working collaboratively with Tusla, FRCs Public Health Nurses and Kerry Community Parent Support Programme to enable each family to achieve the best outcomes from everybody's input and support. There continues to be a need for practical support for families where the home is chaotic with decluttering, cleaning, preparing meals, using appliances and establishing routine.

The IFSS would involve 1-1 work with parents with poor mental health and addiction issues to build their capacity in the home and ensure the children access all available services such as Jigsaw, Kerry Adolescent Counselling Service, breakfast clubs, after schools and sports. Local stakeholders such as Kerry Travellers have indicated that they would welcome an IFSS. The service could include groupwork such as evidence-based parenting programmes, parent and baby/toddler groups, and early literacy groups for babies and toddlers, wellness groups for parents and evidence based therapeutic groups to support young people cope with parental mental health and substance misuse.

The IFSS should consider offering family therapy to address the needs of families systemically i.e., it views a family as a system with each family member being interconnected to each other, their wider family, and their community. This approach is different to individual therapy, where the focus is on the individuals' needs. Family therapy draws on the capacity of each family member to impact and have influence in bringing about change within the family. This would provide further professional development opportunities for the IFSS team.

Prospective funders for the IFSS could be Tusla, HSE Mental Health, Addiction and Social Inclusion, European funding and Philanthropic organisations. KCYS have recently secured funding for two family support workers in their youth justice programmes: one for the South and one for the North of the County. This paves the way for future bespoke funding from the Department of Justice for family support for young people in the youth justice system. The KCYS mentor programme is currently running a 6-month pilot project in parent mentoring. These resources have been secured due to a lack of intensive family support, including work in the home, identified by the KCYS YDP project for several years.



### 6.6.3 Youth Mental Health (YMH) Service

The Croige Teen Service is already delivering interventions at Hardiker Level 2 and 3 and should therefore reframe this as a Youth Mental Health (YMH) Service. The proposed new YMH service would focus primarily on Level 3 and would have a minimum intervention time of 6 months. Referrals could come from sources other than Tusla exclusively such as KCYS, GPs, Probation, Kerry Adolescent Counselling Service, South West Counselling Service, Jigsaw and HSE Child & Adult Mental Health Services (CAMHS). The YMH service could support the CAMHS waiting list by doing a holding piece of work with the family when awaiting assessment. They could also meet the increasing need emerging for young people with ASD who do not meet the threshold for CAMHS interventions.

The KCYS CEO has been a member of the Kerry CYPSC Youth Mental Health (YMH) Sub-Group. A recent review of KCYS involvement in CYPSC sub-groups determined that the Croige Coordinator is best placed to represent KCYS on this group given the level of work relating to youth mental health the project engages in. The YMH subgroup is exploring a service initiative for young people waiting for an appointment/assessment. KCYS could be a crucial enabler for such an initiative as they are perceived as facilitating a non-stigmatising environment. KCYS could do the triage and deliver a 6-month intervention which should include weekends. HSE Youth Mental Health might be amenable to funding a community-based Youth Mental Health Service as may HSE Social Inclusion.

There is scope for greater collaboration between KCYS services in this new configuration particularly in relation to dual referrals (Children in care are referred for the Access Service but require additional support through the Teen Service) and redirection to other KCYS services and supports. All young people involved in KCYS services can avail of additional supports or step-up/step down within their integrated youth work model.

Stronger links with KCYS UBU and youth justice services is a necessity and this along with enhanced school and youth reach engagement could create an eco-system for youth need across Kerry for KCYS to tailor their YMH services. As a result, young people could transition between KCYS youth and youth mental health services based on progression. Through collaboration with Tusla Aftercare and Empowering People in Care (EPIC), KCYS are designing an animation project with young people transitioning out of care which could become part of the Tusla Integrated Services Model. This initiative is funded by the Irish Youth Foundation Coca Cola Fund.

KCYS is a member of Youth Work Ireland (YWI), and their youth information service is part of a national live chat service developed during Covid by YWI, Spunout, Crosscare and YMCA. This chat service provides information and supports to young people and often receives calls from young people in distress/mental health queries/safeguarding issues. It should be an integral part of the new YMH service. Chat with Us - KCYS

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## 6.7 Conclusion

This section has offered insights and guidance on the different options that may present for KCYS in the short to medium term. It includes guidance, definitive statements and recommendations referenced previously in this report with varying degrees of explicitness that we have contextualised below.

1. KCYS in their 2024 SLA monitoring and tracking are providing a detailed breakdown of staff time, accounting for every hour of delivery and frequency of interventions. This will strengthen SLA contract reporting and compliance.
2. This review evidences the need for and supports KCYS plans for the creation of an Information Management System (IMS) that provides case reports for individual young people and families which can be tabled at contract review meetings. In addition to capturing outputs and outcomes, the new system should include the capacity to capture the level of need presenting for young people and families and preferred approach and activities evident from KCYS UBU and youth diversion services.
3. The design and implementation of the IMS will require financial and human resources, and cross-organisation collaboration and commitment.
4. The Outcome Star tool which KCYS use for young people should be extended to include the Family and be integrated within the IMS above. Organisational wide knowledge and understanding of the tool and its application is essential. Training is being rolled out with the aim that all KCYS youth work projects are using Outcome Star by the end of 2025.
5. The SROI process and calculation in Section 5 of this report can be replicated annually using the quantities from the project reporting and the results from the Outcome Star assessments. This will strengthen the value for money evidence.
6. Points 1-5 above answer the four fundamental questions posed in Outcome Based Accountability How much did the service do, how well did it do it, what difference did it make and value for money achieved.
7. The Intensive Family Support and Youth Mental Health services described in Section 6 represents the totality of both service delivery models and therefore enhancements will no longer be required as they are embedded. This should be emphasised in future SLA discussions with Tusla.

<sup>12</sup> <https://clearimpact.com/results-based-accountability/>

8. This review reflects the considerable work KCYS have done to embed youth participation organisational wide from including it as an objective in their constitution to leading YWI consultations on key themes. KCYS should work with Kerry CYPSC on adopting the Lundy Model of child and youth consultation which will be part of the Kerry Children and Young Persons Plan 2025-28.
9. Advocacy for birth parents is not a formal part of the Tusla SLA. However KCYS should continue to pursue funding for it as there is a lack of support for birth parents compared to what's available to foster carers through Tusla and the link worker system. KCYS should seek to strengthen the research evidence on this topic through contributing articles for peer review journals.
10. KCYS is perceived as a youth-based service and should use their rebranding to Kerry Community Youth Services as an opportunity to define, promote and position the Intensive Family Support within their wider service offering.
11. With the expansion of FS services in KCYS, there is a need to develop an evidenced based rationale for KCYS Family Support including a working definition and a set of practice principles. This was not required previously as the level of family support knowledge and expertise in Croige is high. Going forward, it will be important for KCYS to maintain those standards irrespective of any changes that follow. The starting point in this process should be setting up a working group comprised of KCYS board, senior management and family support practitioners.
12. Frost and Dolan 2021 reference Family Support as the key central service point for all welfare and protection in the first instance, and in the main supports families in the community to support themselves. Dolan et al 2020 champion Family Support as a fundamental right of the child.
13. The Chief Executive of KCYS was an associate lecturer on the master's degree programme in the University of Galway (formerly National University of Ireland) for many years and co-authored publications on intensive family support<sup>13</sup>.



## **Finbarr Fitzpatrick**

Finbarr has worked in evaluation, social research, strategic planning, and quality development consultancy in Ireland and the United Kingdom for 20 years. He has extensive recent experience of child and family support, working with on assignments with Children and Young Persons Services Committees and Family Resource Centres. He is an accredited Social Return on Investment (SROI) practitioner.

## Peig O'Sullivan

As Manager of KCYS Family Support Services, I have had the privilege of working closely with a dedicated team, senior managers, the CEO, and board members to oversee and develop KCYS's family support structures. Being part of the KCYS team has allowed me to contribute to the growth and effectiveness of our services, ensuring that families receive the support they need in a compassionate and structured manner.



The KCYS Family Support Service provides a range of resources, interventions, and services designed to strengthen family dynamics, enhance overall well-being, and support young people and their families in addressing challenges. Our approach is flexible and responsive, ensuring that support is tailored to the needs of each family while maintaining a shared focus on developing positive parent-child relationships, improving family communication, building trust with young people, promoting problem-solving skills and connecting families with essential community resources.

Guided by a strengths-based approach, KCYS Family Support works collaboratively with young people and their families to empower them in navigating challenges and achieving positive outcomes. Our commitment is to provide meaningful, person-centred support that respects each family's unique circumstances and strengths. This report provides an overview the wider context in which we work, our progress and key developments. It also provides valuable insights and recommendations which will inform our strategic priorities as we continue our commitment to delivering high-quality family support services.

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# KCYS Family Support Services Review

Final Report  
2025

DESIGN AND PRINT BY  THE BRAND GEEKS