



- UNESCO Chair in Children, Youth and Civic Engagement Ireland
- CHILD AND FAMILY RESEARCH CENTRE

Mol an Óige/Family Preservation

Final Evaluation Report

EXECUTIVE SUMMARY

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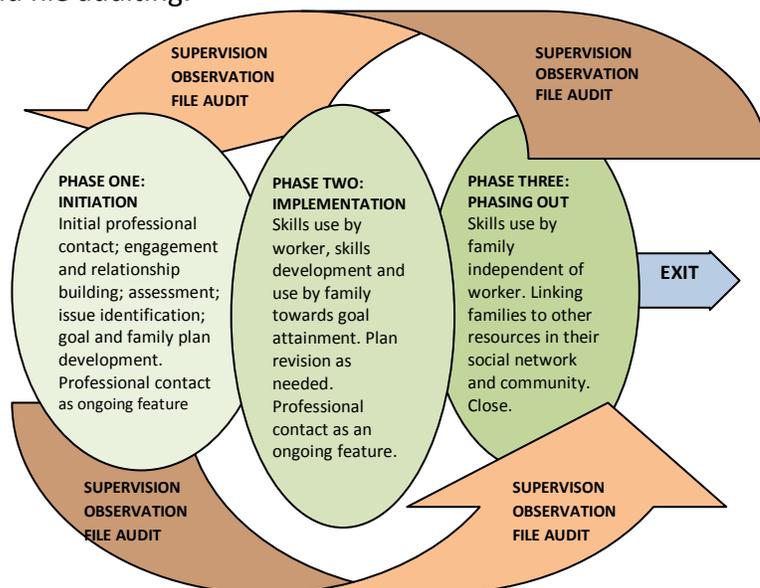
INTRODUCTION

In 2007, HSE West Child and Family Services in Mayo and Roscommon introduced a new way of working with children and Families. Known as Mol an Óige, this new way of working was modelled on an approach developed and operated by Boys Town USA. Three distinct parts were adopted from the American organisation: the In-Home Family Preservation service; the Treatment Foster Care service; and the Common Sense Parenting programme. As part of this new arrangement, Child and Family Services in both counties asked the UNESCO Child and Family Research Centre to evaluate the In-Home Family Preservation and Treatment Foster Care services. This document is an Executive Summary of the final evaluation report of the former, the In-Home Family Preservation Service.

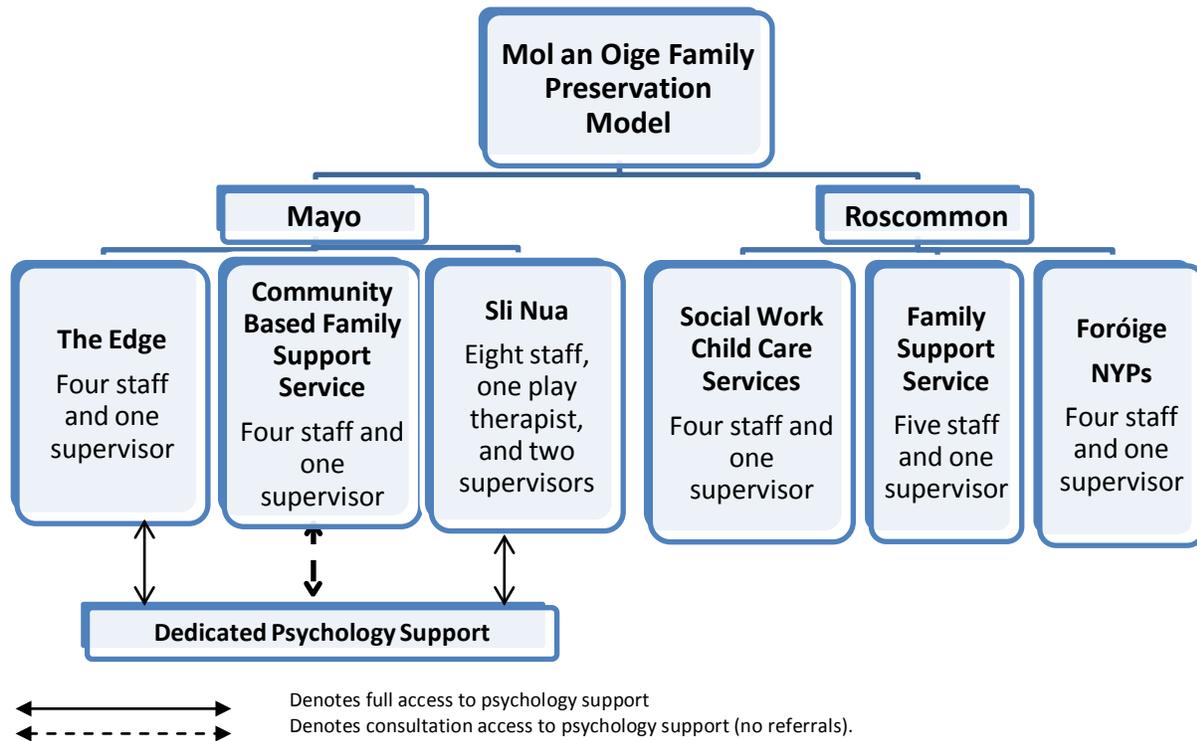
IN-HOME FAMILY PRESERVATION SERVICE: PROGRAMME DESCRIPTION AND CONTEXT

The Mol an Óige Family Preservation Model (hereafter 'Mol an Óige') is predominantly a teaching model aimed at working in a strengths and outcome-orientated way to meet the varying needs of children and families in different settings. Owing its origins to both ecological and multi-systemic treatment models, Mol an Óige as delivered in Roscommon and Mayo was introduced by the HSE and Boys Town USA to services in both counties in 2007. The model draws on behavioural approaches to addressing issues within a nested context of individual, family, peer, school and community domains. The emphasis is on developing practical skills in families through building relationships, teaching, creating a positive family environment, and promoting self-determination. It is designed for families where there is a risk of an out-of-home placement or where such a placement has already occurred. It can also be used to prevent serious problems from occurring in children's' and families' lives.

The Model has three phases: Initiation and Relationship Building; Implementation; and Phasing Out. The support provided by each worker to families occurs within a structured process of pre and post intervention assessment, outcome-orientated family plans, supervision, observation, fidelity monitoring, and file auditing.



The diagram below portrays the Mol an Óige service context in Mayo and Roscommon.



While some workers across these services operate the model exclusively, others do not, but use it alongside other duties (e.g. running groups, drop-in work, etc).

EVALUATION METHODOLOGY

The aim of the study was to examine the implementation and impact of Mol an Óige for families and staff. To this end, a mixed methods research design was used.

Research Methods

- Literature Review:** A short literature review was undertaken, focusing on the theoretical and philosophical underpinnings of the Boys Town approach, addressing the themes of wellbeing and support. A review of Boys Town programme resources was also undertaken.
- Interviews:** Individual and focus group interviews were undertaken with all staff in 2009, with additional individual interviews undertaken with all staff (32) in 2012. Thirty families, incorporating 35 parents and 12 young people were interviewed over the same period. Interviews with 15 wider professional stakeholders on their perceptions of the Model were undertaken in Summer 2012;
- Survey:** A baseline and follow up survey was administered to all staff in 2008 and 2012 respectively;

- **File Analysis:** Limited file analysis of all cases was undertaken, and full file analysis (including pre and post assessment scores) was undertaken on 58 cases where family consent was secured. Time analysis data per case was gathered in the early implementation stage. Regarding case outcomes, services were asked to indicate whether they thought the case closed successfully or not.
- **Fidelity Data:** Monitoring of programme fidelity was undertaken by supervisors in both counties and forwarded to Boys Town for analysis. Boys Town kindly agreed to share this data with the evaluation team.

LIMITATIONS

The main limitation is the small amount of pre and post intervention assessment data available to the evaluation team. While a huge effort was made by all staff to contact and follow up with families regarding the provision of written consent for full file analysis, a statistically sufficient response rate was not achieved. This sample was neither representative nor random. The absence of families for whom the intervention did not work, for whatever reason, is another limitation in the report.

FAMILY OUTCOME FINDINGS

General File Analysis

Across the period 2007 – August 2012, Mol an Óige worked to achieve a range of goals with families, with the three main categories of goals being parenting support, behaviour-related and school-related. It was used in 273 cases, with 225 of these having closed at the time of analysis. The average length of intervention in closed cases was 8.3 months. When cases were examined based on whether they were successful or not, an interesting initial picture emerged. In total, 60% of cases were deemed to have been successful, with 40% being deemed unsuccessful. Amongst the 60% of successful cases, the vast majority of goals were achieved, with parenting, behaviour (including criminal) and school-related goals accounting for 68% of all goals achieved. Conversely, when unsuccessful cases were examined, the vast majority of goals were not achieved, with parenting, behaviour (including criminal) and school-related goals accounting for 61% of all goals not achieved. That drug and alcohol, family relationship and return a child home-related goals accounted for a further 30% of goals not achieved is of note here. Also of note is the average length of intervention in unsuccessful cases: 7.5 months.

A number of reasons were provided regarding cases being unsuccessful. In 15% of these cases, goals were deemed to have been simply not achieved, with no further reason given. In other cases, families moved away, cases were transferred to more appropriate services, or children were (almost immediately) taken into care. However, the single most common reason provided within this group for cases being unsuccessful was ‘disengaged’, accounting for 51 out of 91 (56%) total cases. Of interest here was the amount of time spent by services trying to engage with these families: 6.5 months. Two factors were apparent in disengaged cases: the

young person or parent explicitly refused to engage; and children were already in the care of the State or open to social work. However, it requires saying here that there were also cases where children in the care of the State were returned home successfully through Mol an Óige and did not require the intervention further. Hence, it did not appear from the data available that level of need was always a determinant of case success.

Consented File Analysis

Consent for full file analysis, including pre and post assessment measures, was received from 58 families. Of these 58, ten were ongoing cases and thus had no post assessment form completed, while another twenty had either no pre or post assessment form completed. This left 28 cases where some form of pre and post assessment was undertaken, with smaller numbers again present for different types of assessment. Clearly, this was a very small sample size and was further limited by the non-representative nature of it, across both the Mol an Óige population as a whole and across the six services.

When assessment items relating to parenting were examined, slight overall improvements were noted in the Strengths and Difficulties Questionnaire (SDQ) total scores, but the majority of cases did not change category. Similarly with the Parent-Child Relationship Inventory, there were slight improvements in scores. Neither of these measures showed any statistically significant change, but this was not surprising given the small number of cases. Results were more promising in the two main assessment forms used by staff, the Family-Based Ecological Assessment (FBEA) and the Strengths and Stressors assessment. Between 73% and 77% of cases recorded overall improvement in parenting items, while approximately 25% showed no change. When the young person's behaviour was considered, again the rates of improvement were high, almost 77% in the EBFA and 100% in Strengths and Stressors, although this was based on a very small number of cases. Of note here was the amount of improvement in child SDQ scores, and statistically significant improvement in pro-social and hyperactivity scores. There was also statistically significant improvement in Adolescent Wellbeing scores. When school related assessment items were examined, rates of improvement were less pronounced. 54% of cases of school behaviour improved under Strengths and Stressors, while the FBEA noted a score of 31% under this item, and a 44% improvement in school attendance, with large amounts of no change under this heading, as well as others.

Family Interviews

A variety of families participated in the interview process: some had successfully closed, some were closing and others were still working with family workers at the time. Families spoke of not accessing Mol an Óige-type services until they were almost at crisis point in their lives, with some families highlighting that they were not aware of such services until a particular contact put them in touch. However, once service provision began, participants were positive about the Mol an Óige process they experienced. In particular, the skills of the workers were cited often and regarded positively by parents and young people. Among those which had closed, or were closing, both parents and young people were very positive about the impact the work had on their lives, individually and as a family. Where relevant, improvements in school relationships

were noted in the vast majority, and participation in wider community activities was also common. Change at the peer level was notably less. For some families, there was a lack of clarity about when the service actually ended, or whether they were free to source additional, less intense support from services if required.

Staff Interviews

Staff also commented on the ability of the intervention to improve outcomes for families. In the main, they reported that there was great potential for it to impact positively on families, having witnessed changes in families they had worked with. For staff, the key determining factor in the intervention achieving good outcomes was the motivation of families to change their behaviours and persevere through the work. The structured, goal-orientated aspect of the model was viewed also as a significant factor in families persevering as it allowed them to see progress. However, capacity to take on the skills in the model and sustain them, as well as other mediating factors such as addiction and the timeliness of the intervention, were cited as playing a significant part in determining whether the intervention could be successful for families.

PRACTICE FINDINGS

Mol an Óige introduced some new elements to the working processes of staff and the organisations operating them, while also reforming or reinvigorating others. Core to the operation of the model was the use of a particular skill set, a structured form of case supervision, observation, file auditing and an overall assessment of workload. In addition, working in a goal-orientated manner, with a related clear but evolving family plan to work from, was central to the model. In introducing this new way of working to practice, recognition of a reduction in caseload was implied, given the additional intensity required in family work and increased paperwork associated with it (e.g. revisions to family plans).

Staff reported many challenges initially in adopting the Mol an Óige model as a way of working. In particular, many staff reported the significant challenge in taking on new model skills and applying them with fidelity, and more generally in familiarising themselves with the model in an overall sense. Others spoke of the challenge of observation initially, the accompanying feedback which followed and the potential affront this was to their then practice and experience. Associated with this, the nature of supervision being purely based on cases was highlighted by some as both an initial and ongoing challenge.

It is clear from both the interview and survey baseline and follow up findings from staff that in a general sense they were very positive about this way of working. Survey findings highlighted that staff competencies relating to particular Mol an Óige skills and the overall approach increased since they began operating the model. This is not that surprising, but when these are combined with interview findings they do indicate that many staff feel comfortable and experienced in operating the model. Indeed, for many staff, they simply reported it as being their way of working rather than a 'new' way of working. In short, it has become innate in their

practice. From a practice point of view, it has not encroached on their sense of autonomy, nor has it prevented additional skills being incorporated into their work. Staff felt that the Mol an Óige is more a framework, a way of working, rather than a prescriptive model. It permitted them to be creative, within an overall framework or structure which works for them.

Related to this was the increased perception of capacity to work for families. Staff were clear that particular elements of the approach, such as the family plan, provided great definition to family work and served to further improve the relationships with families with which they worked. Staff viewed it as a core support to their work, as an opportunity to joint problem solve, and in the main, as a reassurance to their work and their practice approach. This was borne out in the staff surveys, where improvements in attitudes to supervision greatly increased after experience of working the model. In particular, that overall supervision scores saw a statistically significant increase is very important in this regard. Compared to the baseline responses, Staff were more positively predisposed to supervision as a supportive process than prior to implementing Mol an Óige. Related to this were the observations and file audit processes which are part of the supervision package. They were viewed as constructive to practice, and contributing, along with supervision, to improved working.

While staff viewed supervision as a resource, they also drew on a number of other resources when implementing their work. Colleagues were key supports in delivering the model. They provided an opportunity to share knowledge, discuss particular practice issues with the model, and contributed to a worker's overall practice experience of the model. For those who were not coterminous, or located in the same building as colleagues, the absence of this resource was felt. In addition, more experienced staff were viewed as a positive support by staff less experienced in using the model. The role of dedicated psychology personnel for some services was a very strong, beneficial feature of the operation of the model in these services, and a vital, problem-solving support to staff who had access to it. A range of other supports, particularly other professionals and services, were also accessed by the workers, dependent on the specifics of each case.

Practice and Interagency Working

Mol an Óige aimed to work across the five domains of individual, family, school, peer and community, through linking with other organisations and professionals involved with families or those best placed to meet their additional needs. While working collaboratively was not new to Child and Family Services, the operation of the model required it to be central to meeting families' needs.

Staff were, in the main, positive about their perceptions of connecting with the various domains outlined above. Survey data highlighted that their perceived ability to connect with family members, schools and other organisations had increased or greatly increased since using the model. However, they were less certain in both interview and survey data about their ability to work for change in the peer domain. This picture was also borne out in family data, as highlighted above.

While there were small declines in some interagency-related questions between baseline and follow up, in an overall sense there was a statistically significant increase in staff perceptions about interagency working in the same period. Positive changes in attitudes towards being part of a multidisciplinary team, perception of respect from other professionals and a reduction in the amount of unpleasant experiences with other agencies were all statistically significant. While not possible to interpret this as being exclusively down to the operation of the model, it is clear from this and interview data that the model is having a positive effect on fostering connections with other agencies.

When data from other professionals is considered, it is clear that while many are explicitly aware of the model or its tendencies – such as working from a strengths-based perspective – others are not. There was some evidence to suggest that these professionals worked with Mol an Óige staff closely to reinforce common messages to particular families, but in the main there was little evidence of them taking this on as an approach. The main reasons given across the data for this was that these professionals already worked from a similar perspective, or that they were busy in their own work spheres. However, for those professionals who have worked with Mol an Óige staff, they were very positive about the impact it had on their service users.

FIDELITY AND IMPLEMENTATION FINDINGS

Implementation

A number of factors were identified as being central to the programme's implementation. At the core level, training and support was provided by Boys Town USA throughout the period 2007-2010. This involved five different site visits to Ireland, as well as the provision of email and telephone support in certain cases. Staff perspectives on the training approach adopted in the initial phase were generally negative. It was reported to be too fast, too focussed on skills and not enough on the process of applying the model. Further training in 2010 was reported to have lacked clarity about its purpose, particularly in relation to changes to the family plan and assessment forms. However, as staff data revealed, this situation was compensated for by staff working through the model in their own way, adapting, learning on the job, and through support accessed via more experienced colleagues and particular individuals within delivery organisations skilled up to training level, which was deemed to be extremely valuable.

At the organisational level, it is clear that a conscious effort was made to provide as many resources as possible to staff. Many staff recounted the willingness of the organisation to purchase specific programme resources to support implementation, as well as provide access to financial resources through their services to meet the additional needs of families. Staff also accessed non-programme resources and other supports through their own previous experience, their organisation, and drew on the experience again of colleagues in working through particular situations, cases and contexts. Notably, there appeared to be involvement of senior management within the organisation. While many staff highlighted the central leadership role played by senior managers in the organisation in bringing Mol an Óige to their service, some also highlighted the willingness of these managers to undertake observations and

provide feedback to staff. That they were familiar with the model and indeed with many families progressing through it was viewed as strength of the implementation process.

At the external level, the extent of implementation was affected by a series of political, economic and socio-cultural factors which all impacted on the previous two levels, and still has the potential to do so. There is a strong emphasis on religion in the original Boys Town programme. However, such an emphasis was removed from the Irish version, and therefore not implemented. Furthermore, while staff commented on the American-style phrases and interaction style, they reported adapting programme elements to an Irish audience. The sense that this was a model associated with particular individuals at particular times was commented on by some staff operating the model as being central to its introduction and early implementation.

Fidelity

While there were challenges in monitoring total fidelity, the reports analysed by Boys Town and forwarded to the services over 2007-2009 tell us much about fidelity to skills and particular aspects of the approach. Aspects core to the model, such as teaching components and relationship building, displayed steady progress towards effective implementation (scoring an average of three out of five) by 2009 and progressed steadily upwards throughout 2010, in so far as these can be tracked through the new fidelity measures. Similarly with Relationship Building/Relationship and Engagement, scores progressed through 2009 to effective implementation, and to consistent and effective implementation (average rating four out of five) in 2010. These, along with scores for safety and the provision of concrete support, indicate that fidelity - where measured – was broadly adhered to. If the new, post 2010 skills-based fidelity reports are taken on their own, overall scores are maintained at the consistent and effective implementation level (i.e. average rating of four out of five). In an overall sense then, fidelity to the core aspects of the approach was achieved.

DISCUSSION

Outcomes for Families

The overall case data indicate that, at one level, Mol an Óige as an intervention appears to have succeeded for the majority of families. Of note here is the relatively low number of families which services are aware of that have re-entered the intervention. Thus we can say that as an intervention, it shows promise. However, there is a sizable proportion in these figures which, for whatever reason, it has not worked. Examining unsuccessful case figures more closely is not possible given the limitations of the data. Regarding cases where goals simply were not achieved, the fundamental question is why were they not achieved? Data from staff is useful here. Was a lack of parent capacity to take on the skills a factor in these cases? Were addiction issues at play, or was it something else? Is it possible that the level of need for some of these families may have been too high for Mol an Óige to work in the manner in which it did in other cases? Is it possible that the amount and frequency of support provided was a factor? The

predominantly voluntary nature of this intervention is underlined in these figures and in the staff interview data. When families are adamant about not engaging after lengthy attempts to build relationships with them, there is little workers and services can do but to try and understand why. Generating an understanding of why individual families disengage should be a focus of each service's work. Thus, information gathered in a systematic, timely manner is crucial to any further analysis.

Turning to the assessment measures data, several issues emerge. Assessment items relating to the main goals outlined above show improvement, and thus show significant promise for the intervention. In particular, high rates of improvement in parenting domains are noteworthy. Furthermore, it is very promising that some standardised assessments scores relating to behaviour and wellbeing of young people show statistically significant improvement. Yet, there is a large amount of 'no change' recorded in the two main assessment forms: the FBEA and the Strengths and Stressors. While 'no change' is at face value self explanatory, many items in both assessments in this study were scored '0'. These elements of the assessments which were not deemed a stress and thus required no intervention greatly outnumbered those which required intervention, which impacted greatly on the no change statistic. Moreover, any interpretation of this data must be treated with caution given the very small number of cases for which there is information.

In considering the data from families, it is clear that for those involved, goals have been achieved and family lives are enhanced. Homes are happier, calmer places where parents' capacity has increased, behaviour has improved and, where relevant, school attendance has increased. For those whose Mol an Óige experience was ongoing, they spoke of challenging times and cited the support they received from the worker as being important. However, for some families there is a lack of clarity about how the service ends and for others a clear desire to access some form of less intense support from time to time should the need arise. Considering these points, it may be useful for services to consider how the final phase of the intervention concludes and, in some cases, consider the provision of a lesser form of family support for some families as Mol an Óige comes to an end, to aid family consistency of approach or to overcome particular issues. This would be best assessed on an individual basis. While Common Sense Parenting (a parenting programme) may be a useful step-down support for some parents, group programmes or settings do not suit all.

Learning for Policy and Practice

There is much to be learned for practice from Mol an Óige. It is important to acknowledge that the work processes and structures required are intensive for all involved: family, worker and supervisor. There is a transaction cost involved in developing practice through Mol an Óige, but this is not unusual when adopting and implementing any new approach. However, the sense of structure given to work with children and families by Mol an Óige is prominent. This goal or outcome-orientated approach, linked to a family plan which is agreed with families as the focus of engagement and support, is a key element; it provides clarity and process: a beginning, middle and end. Intervention work is documented clearly and quickly, progress, or lack of, is readily identifiable, and occurs within an organisational boundary of structured supervision,

observation and file auditing which are supportive. More importantly perhaps, is the sense of accountability (for the service and the family) and transparency which the model offers. Its strength for practice is most plainly seen in staff views on it: for those who have experience of working pre Mol an Óige, either in their service or in a previous iteration thereof, it has become a preferred way of working when they compare it to their previous experience. For those who are not currently or exclusively doing a Mol an Óige case, that they incorporate elements of the approach into their other practice – such as the plan and/or the outcome-orientated work is testament to its value to practice. However there are current staff needs. For those whose skills have lapsed, retraining may be required, while ongoing training and development was the highest ranked desired support for practice in the survey findings. The opportunity for workers to come together to share experiences would also be useful in reducing isolation felt by some and support practice.

Mol an Óige firmly contributes to the changing landscape of children and family policy and services in Ireland. Its emphasis on working in an outcomes-focused way fits neatly with policy's emphasis on achieving good outcomes for children, as outlined in *The Agenda for Children's Services*, but also more recently in the Health Information and Quality Authority's (HIQA) (2012) *National Standards for the Protection and Welfare of Children*. The evidence compiled in this report highlights Mol an Óige's ability to protect, promote and support the welfare of children and families 'at-risk' in the community, as well as children who are in the care of the State. It aims to, and does, include the voices of parents and young people in decision-making about them throughout the process of engagement. Child protection, welfare and safety are core principles underpinning its operation. It emphasises leadership, management and accountability of services through its structures, especially its supervisory elements – regular case supervision, observation of practice and file auditing - and brings service supervisors into direct contact with families on an ongoing basis. It seeks to harness the resources of the family, agency and community to best meet the individual needs of children and parents. These are important themes and principles which underpin work in the Children and Family Domain in Ireland now, and into the future. Thus, local management in both counties should consider disseminating their experience of Mol an Óige to a wider audience and seek to contribute their important knowledge about the programme, and its effects, to ongoing debates about child and family services in Ireland.

Fidelity and Implementation

Overall, fidelity reports denoted that effective implementation was achieved. Services should consider maintaining fidelity monitoring as a practice support, particularly if some staff are to be re-skilled. Furthermore, developing an opportunity for staff of different experiences to come together intermittently in a community of practice and share experiences of programme implementation would serve to reinforce fidelity and foster collaboration.

The fidelity monitoring reports also raise another implementation issue: organisational capacity. Capacity to deliver all aspects of the model is central to its implementation. While a willingness to reduce caseloads is an appreciation of the more intensive work involved, some workers were required to maintain other aspects of their work, and some were willing to

maintain those other aspects. However, this did not prevent Mol an Óige from being operated in both counties. Its implementation placed a greater emphasis on supervisors to regularly go into homes with workers to observe, monitor fidelity and provide feedback to the worker in a timely fashion. There is clearly a resource requirement here. While some supervisors did have the capacity to do this on a consistent basis, others did not. Organisational upheaval, additional and different workloads and increasing pressures on supervisors and some staff placed a strain on the operation of the model, and the capacity of staff to implement it and observe it. There is little doubt that the implementation of the model suffered as a result.

While there were some reservations expressed about its potential to be the only approach to be used, or the one 'best-way', the majority who did comment on this aspect of the model's initial phase cited it as a passing concern. However, the loss of leadership through retirement and long-term sick leave in both counties through the implementation phase, as well as the proposed organisational move to a new agency, has created doubt amongst staff about the future of the model. While they perceive it strongly to add value to their practice, the organisational uncertainty has the potential to create a vacuum regarding its future use. At a delivery level, staff are also fearful of proposed reductions or capping of mileage allowances which may prevent them from doing the amount and extent of work required, as well as what the move to a new agency structure might bring.

OVERALL EVALUATIVE JUDGEMENT AND RECOMMENDATIONS

From the discussion set out here, and more fully in the Final Report, a number of points can be made about Mol an Óige:

1. It is clear from the range of data that, as an approach, Mol an Óige shows significant promise for families in overcoming their difficulties in a strengths-based, capacity building manner. However, given the limitations of the data, further research is required, incorporating rigorous pre and post assessment measures and complete file analysis for all cases as central parts of a research approach.
2. Mol an Óige offers strong potential as a framework to structure practice with children and families with various levels of need in a focused, outcome-orientated manner which can be time-limited. It provides a mechanism to contribute to an accountable, transparent, structured service which works for staff and families while creating the space for creative practice to flourish.
3. Mol an Óige plays a prominent role in increasing interagency working between professionals and creates a positive perception amongst other professionals of those operating it. While other professionals may not be taking on all the skills of Mol an Óige, they are certain about its impact on service users and the way in which Mol an Óige staff work. That these other professionals are working with children and families in a variety of different settings – schools, social work services, psychology, and nursing –

underscores its potential to bring professionals together in working for children and families.

The following are recommendations for services in Mayo and Roscommon to consider in operating Mol an Óige in the future:

1. In light of the information presented here, Mol an Óige shows significant promise for achieving outcomes in families. It is recommended that the intervention continue to be offered by services to those families who wish to engage, and in light of further recommendations below. However, the development and implementation of a full quasi-experimental research plan to assess outcomes for Mol an Óige families is recommended.
2. While some families' resilience increases after the intervention, others may require additional support. While programmes like Common Sense Parenting may be a suitable route for some, groups do not suit all, and may not be necessary. Services should examine the requirements of cases for providing less intense, semi-formal support after Mol an Óige has concluded.
3. Services should re-examine the referral criteria for Mol an Óige and assess whether it is being pitched at too high a level of need in certain cases. Further to this, where it does not exist, services should move to a joint referral process. Structures already exist for this to readily occur. It would foster further sharing, collaboration and dissemination of knowledge about model experience. It would also serve to formally identify the small number of families which re-enter Mol an Óige via different services. While current data sharing restrictions may complicate this process, these should be addressed.
4. Services should engage in assessing for outcomes. Assessments are undertaken for case development, but it is also important that post-intervention assessments are undertaken for outcome impact. There is plenty of experience of using a variety of assessment tools in services. Such experience should be utilised. Some services have begun undertaking six month follow up assessments. All services should replicate this approach. Management and services should examine the appropriate *outcome* measures to be used in each case – SDQ, PCRI or AWB, or a combination of these.
5. Information is critical to the workings of any service. Each service should examine its own past caseload to identify further factors not available to the research team in explaining why families refuse to engage or disengage.
6. It has been clear to the evaluation team that while some services have access to their service data quite readily, others do not. Services should develop a process of gathering case data for their own use in a timely and systematic manner, particularly as cases close. This could be modelled on templates developed for the evaluation, with some

expansion. This data should be kept by each supervisor or service manager and analysed regularly.

7. It is clear from staff data that Mol an Óige works for practice. It is recommended that such an approach to practice continue. However, services should explore the need for refresher training or other skills development options. Where they do not exist and where possible, services should explore the possibility of having dedicated Mol an Óige workers. Where this is not possible, dedicated Mol an Óige case work time should be set aside.
8. Critical to the full operation of the model for practice is the capacity to provide observation and supervision. These are core aspects of the model, and require resourcing.
9. Services should examine the possibility of creating a Community of Practice for those operating Mol an Óige. Such a community could serve to underscore fidelity, create a joint problem solving arena, and provide an opportunity for staff to meet. Establishing such a structure within each county initially should be considered.
10. Where it does not exist, management should explore the potential for dedicated psychological support to be made available to Mol an Óige staff on a clinic basis. Where this has existed, it has been a clear support.
11. Services should maintain fidelity reports. They serve as a useful tool to structure observation, are part of the infrastructure of staff support and contribute to the delivery of the model.
12. Services should engage Boys Town to discuss the possibility of having fidelity report analysis continue into the future, or about sharing their method of analysis with services in Mayo and Roscommon for in-house analysis into the future.
13. In the interests of refreshing fidelity to the model, services should explore the possibility of sharing a small amount of staff observations, if capacity and management lines permit.
14. Services should seek to disseminate knowledge about their activities in the community about what they do, and in the policy and practice world about how they do it and what it achieves.
15. While not a focus of the evaluation, it is clear Common Sense Parenting plays a role in supporting parents in both counties. Services should consider evaluating this programme.