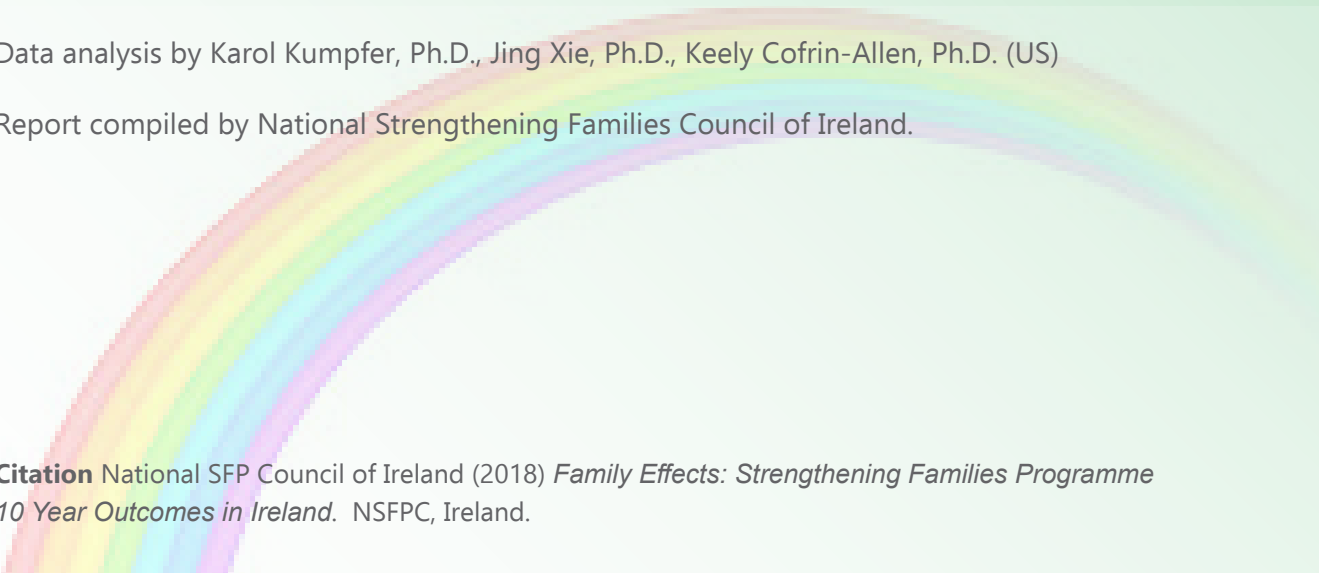




**Strengthening Families Programme  
10 Year Outcomes in Ireland**





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Report compiled by National Strengthening Families Council of Ireland.

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## Preface

Ireland uses a unique coalition model involving staffing from different family, youth and community serving agencies that makes recruitment of youth and families easier and leads to greater inter-agency cooperation and positive results. The recent analysis of SFP outcomes on over 500 Irish families for the 2017 EU Society for Prevention Research conference in Vienna found statistically significant and large effect sizes or positive changes for both girls and boys, which is rare. The reductions in alcohol and drug use were larger than most SFP implementations in 36 countries.

Implementation of SFP in Ireland has proven exceptional in many ways, in none more than the creation of the National SFP Council of Ireland. This collaborative, mutually supportive effort to establish best practices and support continued implementation is without parallel at any level - city, state/province or national - anywhere in the world. It's an example we often cite in trainings, presentations and publications. We can only hope to see the "greening of SFP" repeated elsewhere.

Dr Karol Kumpfer  
Henry Whiteside



**Members of the National SFP Council that attended the 10 year SFP Cork-Kerry celebration**

*l-r back row:* Cathy Whelan, Patricia Egan, Marie Lawless, Rosemary Fox, Tom O'Donnell, Pádraig O'Donovan, Donna Butler

*front row:* Anne Conroy, Róisín Byrne, Gemma O'Leary, Patricia Levins, Miriam Galvin

## Foreword

The National Strengthening Families Programme (SFP) Council of Ireland was established in 2012 to foster and develop expertise in SFP nationally. It came from the belief that, just like in SFP, we are stronger together. It has grown into a vibrant membership organisation representing programmes across Ireland. As a member of the Council since it was established, I have found the collaboration, sharing of experiences, outcomes and learning among members invaluable. The Council members have been true to that collaborative approach in preparing this report.

In June 2017 the Council began work on this report to pull together national data from Council members' programmes over the previous ten years. SFP is an evidence-based model of intervention delivered across Ireland by a variety of organisations, with strong inter-agency working evident in all areas. The analysis of SFP outcomes in this report for 573 families shows that this approach is highly effective in strengthening the relationships and skills essential to support a stable, safe and happy family life for all family members. It is hugely encouraging that significant improvements were delivered for all 573 families across all 19 outcome domains measured. This is primarily vitally important for the families we, as practitioners support through the programme, but also for our partners who support, commission, and refer into Strengthening Families Programmes across all areas.

The report records impressive and positive changes in parenting skills, family relationships and in child/youth behaviour with the greatest change overall in relation to family communication and family organisation. Encouragingly, it confirms that the findings in local studies of SFP outcomes are consistent with those found nationally. These findings also serve to reinforce and further demonstrate the need for the programme to be supported and expanded as highly effective evidence-based family prevention programme across Ireland.

From my own nine years of experience of implementing SFP in the North West I have had the privilege of seeing these changes first hand and the positive impact that this has had for families. This report reflects nationally what we on the ground witness locally throughout the duration of programmes.

It is important to recognise the vital contribution made by members of the Council. This report provides SFP partners and funders in all sites with confirmation that the inter-agency approach delivers a highly effective programme benefiting families, organisations and communities.

Donna Butler  
Chairperson, National SFP Council of Ireland  
Programme Manager, Families Matter  
Alcohol Forum (Letterkenny)

The **National SFP Council of Ireland** (NSFPC) is a nationally representative body of multi-agency SFP Site Coordinators/Managers/Trainers. It was established in consultation and agreement with LutraGroup (Programme Developers, US) in 2012, and meets 5 times per year to collectively foster and develop a pool of SFP expertise in Ireland. The National SFP Council works to support the development of the Strengthening Families Programme across Ireland by promoting fidelity to the SFP 14 week model. While each SFP site is autonomous the work of the Council focusses on key areas such as training, research & evaluation, information & advocacy for SFP and family based prevention.



# Introduction

## Overview of the Strengthening Families Programme

The Strengthening Families Programme (SFP) is a 14-session, evidence-based family skills programme developed in the US by Dr. Karol L. Kumpfer and associates at the University of Utah in 1982. The programme has been adapted to many age ranges including 3-5 years; 6-11 years; 10-14 years; 12-16 years; and is available in web format for 10-16 years and DVD for 8-16 years. The shorter version - 7 week 10-14 years programme is suitable for universal families and the longer versions such as the 14 week 6-11 years and 12-16 years programmes are targeted at families who require additional supports.

SFP has been culturally adapted to suit many populations and has also been translated into different languages. Similar results have been found for culturally adapted SFP programmes but with the added advantage of making recruitment and retention of families much easier. The Strengthening Families Programme is now operating across 36 countries.

*SFP can be used with universal, selected and indicated populations and has been tested with all 3 types of primary prevention approaches.*

SFP is an intervention programme for the "whole family" and has been proven to help build communication skills, address and decrease risk factors in families and promote protective factors.

The programme is designed to give parents and their children the opportunity to learn new healthy skills that create positive relationships within families. The families attending the programme gain improved family relationships, enhanced parenting and communication skills and skills to manage stress, anger and peer pressure. It has been found that by improving parenting protective factors, family relationships and resilience it will lead to reducing problem behaviour, improve school performance, reduce criminal behaviour and alcohol/drug use in young people.

*SFP is regarded as an effective intervention by International and National review groups including World Health Organisation (WHO), Cochrane Collaboration Reviews in Oxford, United Nations Office of Drugs and Crime in Vienna (UNODC), National Institute on Drug Abuse (NIDA) and Office of Juvenile Justice and Delinquency Prevention (OJJDP).*

## Strengthening Families Programme in Ireland

In 2007, the first SFP in Ireland (12-16 years) was implemented in Cork, led by the Health Service Executive (HSE) Drug & Alcohol Services, Local Drugs Task Force and Regional Drugs Task Force. Since then, multiple sites across Ireland have developed SFP 12-16 years in their areas (spread across all 4 provinces) and some sites also roll out the SFP 6-11 years programme.

Inter-agency management/steering committees are in place at a local/regional level to ensure that all elements of SFP are delivered in accordance with the overall aims & objectives and to oversee the strategic direction of the programme. They also operate to positively promote, encourage and raise awareness of the SFP Programme within their organisation, among other local organisations and the general community. An inter-agency approach has proven fundamental to its successful implementation, involving a collaboration of statutory, community and voluntary agencies and volunteers.



The National SFP Council of Ireland was established to facilitate an inter-regional joined-up approach to the development of SFP in Ireland. The members are made up of multi-site SFP Coordinators, Trainers and Managers who have coordinated the implementation of SFP in their areas.

## Focus on Family Skills

The programme comprises of three life skills courses taught together over a 14 week period. It is a manualised programme. Each week the programme comprises of a family meal, separate skills sessions for parents & child/teen followed by a family skills session together.

The three life skills courses are parent skills, child/teen skills and family skills. Parents learn new skills over the course of the programme including, communication skills, giving direction, managing stress, relationships, peer pressure, substance use education, problem solving and setting limits.

In the teenagers group they learn to communicate positively, understand feelings, cope with criticism, manage stress, develop social skills, problem solve, resist peer pressure, understand the consequences of substance abuse and understand short term consequences and long term goals. In the 6-11 years programme the children learn similar skills appropriate to their age.

In the family session families come together to practice the skills they have learnt through a variety of exercises & games.

### Strengthening Families Programme 12-16 Years

Week	Teen Session	Parent Session	Family Session
1	Getting Started & Dreams	Introductions & Group Building	Introduction & Group Building
2	Speaking & Listening	What Teens Can Do & How To Manage Stress	Appreciating Family Members
3	Staying Cool in Conflicts	Encouraging Good Behaviour	Time with My Teen & Rewards
4	Being Who You Want To Be	Goals & Objectives	Goals & Objectives
5	Speaking for Yourself	Communication for Better Relationships	Communication & Family Meetings
6	Speaking Up in Your Family	Communication & Family Meetings	Communication & Family Meetings
7	Handling Peer Pressure & Temptation	Helping Your Teen Handle Peer Pressure	Supporting Teen's Resistance
8	Alcohol & Drugs	Alcohol, Drugs & Families	Learning from Parents
9	Problem Solving	Solving Problems & Giving Direction	Problem Solving & Giving Direction
10	Friends, Dating & Sexuality	Relationships, Love & Sexuality	Problem Solving & Giving Direction
11	Managing Emotions	Setting Limits I	Empathy: The Other Person's Shoes
12	Handling Criticism	Setting Limits II	Family Values
13	Coping with Anger	Contract for Changing Behaviour	Managing Anger
14	Resources, Review & Graduation	Remembering All You Have Learned	Graduation & Celebration

## **Report Overview**

This report details the journey of the Strengthening Families Programme in Ireland and the structures in place which have underpinned its implementation and development to date. In particular the report outlines the impact of the programme at a family, teen and parent level, presenting national data from an Irish sample of 573 families. The findings will convey how the programme delivered on an inter-agency basis in Ireland has had measurable effects in addressing and decreasing risk factors for families and promoting protective factors. Finally, the report will present an overview of policy and practice implications in relation to SFP and outline areas for prioritisation which will contribute towards ensuring the sustainability of the programme as an evidence based family prevention programme in Ireland.



# SFP Implementation & Development in Ireland

## Overview

Since 2007 and the delivery of the first SFP in Ireland (Cork), the implementation of SFP has made considerable progress across Ireland rolling out across many urban and rural locations. In 2012, a conference organised by Ballymun SFP - *"Pillars of Protection: Strengthening Families, Strengthening Communities"* which explored the evidence for family based prevention through the implementation the SFP, recorded over 60 sites of SFP implementation representing a broad range of organisations and networks from across many counties, communities and settings. Since then, new implementation sites have emerged and some have also ceased due to funding, resources or other prioritisation of need and response. The demand for training and maintaining SFP capacity within communities has remained consistent over the years with on average 2 trainings per site happening annually.

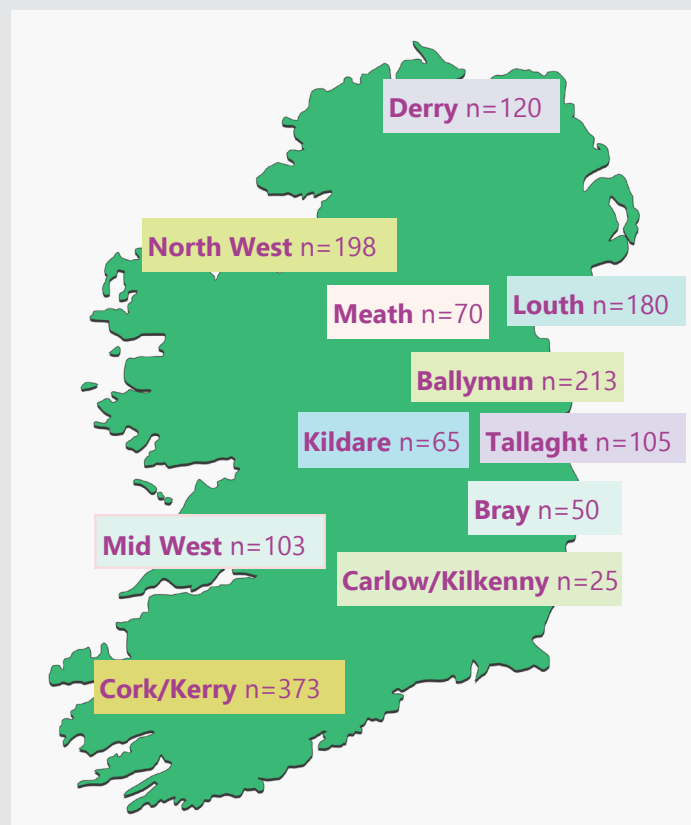
Presented below is a snapshot of SFP site implementations provided by various NSFPC members. This provides an indication of coverage and also the nature and extent of implementations in various sites but does not represent all implementations during this period.

For each family represented or who have completed the Programme, this usually comprises of 2-3 individual family members on the programme. In some cases sites have reported 4-5 members attending. SFP uses a broad definition of family and defines "parent" as individuals who are in the parenting role such as grandparents, foster carers, siblings, guardians etc.

## Snapshot of SFP Site Implementations

Provided by Current NSFPC Members (No. of Graduate Families 2007-August 2017)

*\*this does not represent all implementations during this period by council/non-council members*



# Strengthening Families Programme in Ireland Milestones

2005

Conference in Trinity College Dublin  
Presentation on the Strengthening Families  
Programme by Dr. Karol Kumpfer

2006

First Strengthening Families Programme  
Group Leaders trained in Cork & Kerry by  
Dr. Karol Kumpfer

2007

First Strengthening Families  
Programme delivered in Cork  
(Jan-April) 12-16 years

2008

Greening of the  
Strengthening  
Families  
Programme  
(12-16 years)  
Robert O'Driscoll

Roll out of SFP  
Group Leader  
Trainers &  
Delivery of  
Training

National  
Implementation of  
SFP in Regional &  
Local sites 12-16  
years

First SFP 6-11 years  
delivered in Tallaght  
(Sept-Dec)

2012

*Pillars of Protection: Strengthening Families,  
Strengthening Communities* Conference by  
Ballymun Local Drug & Alcohol Task Force

**Establishment  
of the National  
Strengthening  
Families  
Programme  
Council of Ireland**

2013

Pilot of Cultural Adaptation of  
Group Leader Training

Development of NSFPC panel  
of Trainers

2014

Greening of the Strengthening  
Families Programme  
(6-11 years) Ballymun SFP

Presentation of Irish Teen Gender Analysis  
12-16 years at European Society for  
Prevention Research Conference (Majorca)

2015

Launch of the Strengthening Families Programme  
Site Coordinator Manual by the Cork & Kerry  
Strengthening Families Programme Steering  
Committee

**NSFPC Website Launch**  
[www.sfpCouncilireland.ie](http://www.sfpCouncilireland.ie)

2017

Celebrating 10 Years of  
the Strengthening Families  
Programme in Cork & Kerry

Presentation of 10 Year Outcome Analysis  
at European Society for Prevention  
Research Conference (Vienna)

2018

Other sites marking 10  
years of SFP

**Launch of  
Family Effects  
Report by NSFPC**

## Core Components

In 2017, the National SFP Council of Ireland, in preparation for the European Society for Prevention Research Conference, reviewed core implementation components or essential features that were present across SFP programme delivery in Ireland. Seven core components were identified: governance (local and national), fidelity, inter-agency, capacity, active participation, inclusiveness and shared learning. These were highlighted as consistent features across many applications within different settings in Ireland, involving a range of practitioners and families. These core implementation components were identified by the NSFPC as essential for maximising outcomes at a community level. As sites are autonomous in delivery, there is flexibility in application of key components at a local level.



Core Components	Multi-Level Irish Application of SFP (Examples)		
	Family	Practitioner	Community
<b>1. Governance (Local &amp; National)</b>	<ul style="list-style-type: none"> <li>Referral Process &amp; Screening</li> <li>Guidelines &amp; Policy</li> </ul>	<ul style="list-style-type: none"> <li>Site Policy &amp; Procedure</li> <li>National Legislation</li> <li>Clear roles &amp; responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>Steering Committee/ NSFPC</li> <li>Aligned to National Strategies/Local Plans</li> </ul>
<b>2. Fidelity</b>	<ul style="list-style-type: none"> <li>Culturally adapted SFP Programme &amp; Manual</li> <li>Home practice &amp; catch up sessions</li> </ul>	<ul style="list-style-type: none"> <li>Fidelity benchmarks</li> <li>Training delivered multi-agency/ culturally adapted</li> </ul>	<ul style="list-style-type: none"> <li>Assessments of community contextual factors</li> <li>Review &amp; monitoring</li> </ul>
<b>3. Inter-Agency</b>	<ul style="list-style-type: none"> <li>Multi agency exposure</li> <li>Reduces barriers to engaging with local services</li> </ul>	<ul style="list-style-type: none"> <li>Mix of skill sets &amp; expertise</li> <li>Supported &amp; integrated referral pathway</li> </ul>	<ul style="list-style-type: none"> <li>Interactive community network</li> <li>Sharing of resources</li> </ul>
<b>4. Capacity</b>	<ul style="list-style-type: none"> <li>Removal of barriers</li> <li>Referral agency supports</li> </ul>	<ul style="list-style-type: none"> <li>Collective team response</li> <li>Parent Graduates</li> <li>Group leader/self care</li> </ul>	<ul style="list-style-type: none"> <li>Cluster groups activated in regions</li> <li>Connectivity post programme</li> </ul>
<b>5. Active Participation</b>	<ul style="list-style-type: none"> <li>Skills based programme</li> <li>Self referrals</li> <li>Supported weekly in programme &amp; home</li> </ul>	<ul style="list-style-type: none"> <li>Diverse roles &amp; skills</li> <li>Weekly supports/ supervision</li> <li>Group size</li> </ul>	<ul style="list-style-type: none"> <li>Service reconfiguring or aligning for SFP</li> <li>Shared language</li> <li>SFP as core work</li> </ul>
<b>6. Inclusiveness</b>	<ul style="list-style-type: none"> <li>Sustained friendships/ peer support</li> <li>Barriers addressed</li> </ul>	<ul style="list-style-type: none"> <li>Referral process open to all agencies</li> <li>Creative new ways of working with families</li> </ul>	<ul style="list-style-type: none"> <li>Multi-disciplinary support &amp; engagement</li> <li>'Shop local'</li> </ul>
<b>7. Shared Learning</b>	<ul style="list-style-type: none"> <li>As a group/family/ wider environment</li> <li>Using skills in community</li> </ul>	<ul style="list-style-type: none"> <li>Agreed standards of delivery</li> <li>Enhancing professional relations/development</li> </ul>	<ul style="list-style-type: none"> <li>Dissemination of best practice/ outcomes</li> <li>Influencing community systems</li> </ul>

## Fidelity Benchmarks

In order to implement SFP as an evidence-based programme, there are a number of fidelity benchmarks that are recommended by the programme developer. In addition to these, Irish sites have introduced other quality standards such as information packs, referral selection committees or assessment procedures, policy & practice handbooks and supported referral pathways.

- ✓ SFP is designed to be conducted in **14 consecutive weekly sessions**, with each weekly session lasting approximately 2.5 hours. This allows the parents more practice time and for families to learn, implement, practice and evaluate their progress using the skills. Some sites across Ireland have included an additional introductory evening making the Programme 15 weeks. This has been very beneficial in helping families to familiarise themselves with the process and others involved.
- ✓ It is recommended that the SFP manual and activities are **culturally adapted** to accommodate local context, language and examples used.
- ✓ Strengthening Families Programme has a recommended **capacity** of 12 families, it is recommended that groups begin with 12 families (over-recruiting) to end up with a retention group of about 8 families for the programme.
- ✓ A total of 2 group leaders per child/teen/parent/family sessions are recommended to deliver the programme. However, experience across many of the Irish sites is that a minimum of 2 in each is required. Having an additional group leader in the groups can provide additional support when required. Group Leaders implementing SFP are required to have completed the **SFP two-day group leader training**.
- ✓ **Programme incentives** for participation, reduce barriers to attendance and increase retention and reinforce the programme. Incentives that are linked to and reinforce key skills of the Programme are recommended. These include a family meal provided at each session, transportation, childcare, graduation certificates and intermittent "lucky dip" bags and supplies necessary for the family to complete the homework assignments and weekly home practice.
- ✓ It is recommended that **sites** are selected based on accessibility and appropriateness for families to come together for a positive skill building programme in addition to having facilities for separate rooms for programme sessions. Depending on the number of participants, groups may be divided into smaller groups or may remain together.
- ✓ A **Site Co-ordinator** is responsible for oversight, logistics, staff supervision and coordinating the programme implementation and delivery. This includes being accessible to families between sessions, to provide support and ensure retention.
- ✓ Following the completion of the 14 sessions, programmes are required to address **follow-up and on-going support** for families. This includes linkage when necessary to community services and for a 6-month follow-up or booster session.
- ✓ A combined process evaluation and outcome **evaluation** is recommended. Standardised assessment instruments have been developed and are available for measurement of programme effectiveness and fidelity. Site visits and videotaping are also recommended to confirm findings and make observations, this however has not been taken up across sites in Ireland due to funding limitations.

\* Fidelity Benchmarks document LutraGroup

## Training

### SFP 2 Day Training

The SFP training is a required element for SFP group leaders (facilitator) and Site Coordinators. In some communities, it is also a requirement for referral agents.

This 2 day Group Leader training was originally devised by LutraGroup (programme developer) and was first rolled out in 2006 in Cork and onwards with a range of organisations nationally. With the permission of LutraGroup, the SFP National Council undertook to adapt the training to make it more relevant to the Irish context. This resulted in some adaptations to the training format and adaptations making it more culturally appropriate. The adapted training was successfully piloted in 2013.

Communities who are currently implementing, or intend to implement SFP can on request through the Council access training from a panel of NSFPC trainers. This training is co-delivered by 2 trainers on an inter-agency basis and sites accessing training through NSFPC are asked to cover any accommodation and transport needs. Sites also take ownership for ensuring attendance of no less than 12 participants in order for the training to be a supportive learning environment and adhere to quality standards.

### Becoming a NSFPC Trainer

The recommendations from the US developers, encourages at a minimum, the following guidelines in terms of becoming a SFP trainer:

- Complete the SFP 2 day training.
- Get involved in at least 2 SFP implementations as a group leader/site coordinator.
- Train up with a current NSFPC recognised Trainer.
- Start with agreed small elements of the training.
- Co-deliver the training three times, building each time, to deliver one-half of the presentation.
- Ongoing review with the assigned trainer.

There are 17 National SFP Council Trainers across Ireland

### Site Co-Ordinator Support Manual & Training

A Site Coordinator Support Manual was launched by the Cork & Kerry Strengthening Families Programme Steering Committee in 2015 to assist individuals undertaking this role. Cork Local Drug & Alcohol Task Force and Le Chéile who were experienced in delivering the programme on an inter-agency basis, developed the Strengthening Families Programme Site Coordinator Support Manual. It is assumed that the Site Coordinator has a baseline knowledge and understanding of the programme content and the logistics associated with the delivery of the programme. The Site Coordinator should have been a group leader on at least one Strengthening Families Programme before committing to this role.

A Site Coordinator manages the overall implementation of the Strengthening Families Programme.

The Site Coordinator Support Manual follows a lifecycle approach and is divided into 3 sections, Pre-Programme, In-Programme and Post-Programme. The templates contained in the manual include all necessary documentation for the roll-out of a Strengthening Families Programme and are in line with best practice and quality standards. A one day SFP Site Coordinator Training Workshop accompanies the Strengthening Families Programme Site Coordinator Support Manual.

The SFP Site Coordinator Training Workshop typically covers: SFP –The Lifecycle Approach, Facilitators & Facilitation, Health & Safety, Referral Process, Child Protection, Budgeting, The Outcome Tool & Using The Site Coordinator Support Manual.

## Research and Evaluation

### Local & Regional

Sites across Ireland have undertaken a range of different methods and approaches to evaluate the process and outcomes of SFP within the Irish context. Within the 10 year implementation period, some sites have commissioned mixed methods research, facilitated academic studies, engaged in follow up studies of graduate families, explored & piloted research instruments to capture particular outcome areas, as well as administering the standardised LutraGroup SFP research instrument (which will be discussed further in the Results chapter). Local/Regional sites who use LutraGroup research instrument, have contracted them for their own programme evaluation reports since 2007.

The effectiveness of SFP within communities across Ireland has been highlighted by numerous different reports over the years using a range of approaches and designs such as; Ballyfermot (2010), Kilkenny (2010/2011), Bantry (2011/2012), Dunmanway (2012) etc. For example, a recent independent evaluation report of Strengthening Families Programme for Kildare<sup>1</sup> was undertaken in 2017 and focussed on programme implementations during 2014, 2015 and 2016. A range of benefits for families were reported including; better family communication and relationships, improved child behaviour and wellbeing, increased parental competencies/confidence, enhanced social life, greater school attendance and reduced service utilisation. A range of benefits for services were also reported including the provision of an intensive preventative family focused intervention, reducing service utilisation by families and/or helping families engage with other services, building capacity of practitioners and developing inter-agency collaboration.

An earlier evaluation commissioned by Tallaght SFP<sup>2</sup> also used a mixed methods approach with parents & teens. Pre and post questionnaires included the following measures: Strengths and Difficulties Questionnaire (SDQ), Children's Hope Scale, Parent-Child Relationship Scale and Parenting Scale. Two focus groups were also carried out. The findings indicated that for the parents there was a statistically significant increase in the parent-child relationship scale. Furthermore, there were statistically significant decreases across parenting styles of laxness and over-reactivity. Parents reported having learnt many skills, improved communication, improved relationships with their children, use of consequences and were supported by their peers in problem solving. There were no statistically significant changes in relation to the SDQ measures for the young participants however young people reported that their communication skills and relationships with their parents had improved. The report highlights the need for further investigation in terms of the measures used to measure youth outcomes (2014; 13). Sixsmith and D'Eath (2011)<sup>3</sup> also recommended exploring data collection instruments to assess other outcomes and the impact of SFP on young people in particular.

In terms of sustained changes over time, in 2015 a 7 year follow-up study was undertaken with graduates of the Ballymun Strengthening Families Programme (12-16 years)<sup>4</sup> to determine the impact of the Programme on family and community life. Overall, 53 different families were consulted through various methods which accounted for almost 46% of graduate families. Key findings from the study highlighted that the families viewed the programme in a very positive light and still used the skills learned on the programme. Improved communication was the most common impact of the programme on families followed by improved relationships; parents were most likely to still use communication skills and teenagers were most likely to use listening skills. Other impacts of Ballymun SFP on families were being able to deal with stress, criticism, conflict and the positive impact of SFP on teenagers in terms of education, dreams & goals, alcohol/drug use and peer pressure. The report highlight that regardless of year of graduation, the majority of families were able to recall programme elements and still used some of the skills suggesting that SFP has 'stood the test of time' (2015; 85)



1. Furlong, M., Leckey, Yvonne and Sinead McGilloway. (2017) An evaluation of the Strengthening Families Programme in Co. Kildare.
2. Redmond, S (2014) Foróige Tallaght Strengthening Families Evaluation. Foróige, Tallaght.
3. Sixsmith J and D'Eath D (2011) An independent evaluation of the Strengthening Families Programme in the WRDTF Region. Western Region Drugs Task Force, Galway.
4. Roe, S. (2015). A 7 year Follow-Up Study (2008-2014) with Graduates of the Ballymun Strengthening Families Programme (SFP 12-16 years). Ballymun Local Drugs & Alcohol Task Force. Dublin, Ireland.

(Further information on SFP reports and evaluations available can be accessed through [www.sfpCouncilireland.ie](http://www.sfpCouncilireland.ie) or contacting NSFPC directly).

## National

Outcomes captured at a national level by Kumpfer, Xie and O'Driscoll (2012) with a sample size of 250, highlighted the effectiveness of the cultural adaptation of SFP 12-16 years in Ireland. It demonstrated that the inter-agency approach *provided the means to harness the distributed expertise of a number of statutory, voluntary and community based agencies in the delivery of a family based evidence based programme*. This was followed by a teen gender analysis 12-16 years presented at the EUSPR conference in 2014 which conveyed larger effect sizes when compared to US norms. This was followed in 2017, by a paper prepared by the NSFPC which included an analysis of all Irish data (using standardised retro pre & post questionnaire 6-11 years and 12-16 years) by Kumpfer et al during the period 2007-2017. This report provides a more comprehensive review and write up of this data.

### Measuring Outcomes at a National Level

2012	n=250	Effectiveness of Culturally Adapted SFP 12-16 years
2014	n=327	Teen Gender Analysis 12-16 years
2017	n=573	"Because we do it together" - Family Based Prevention: A Ten-Year Overview of Implementation and Outcomes of the Strengthening Families Programme in Ireland.

1. Kumpfer, K., Xie, J., and O'Driscoll, R., (2012) Effectiveness of a culturally adapted strengthening families program 12-16 years for high-risk Irish families. *Child and Youth Care Forum*, 41, (2), pp. 173-195.
2. Kumpfer, Xie, Cofrin-Allen, Lawless & Mahony (2014) First Teen Gender Analysis of Strengthening Families Programme (SFP 12-16 years) Ireland. Presented at 5th EUSPR Conference and Members Meeting. Palma de Mallorca, Mallorca.
3. Presented at European Society for Prevention Research (2017) Quality in Prevention: 8th EUSPR Conference and Members Meeting. Vienna, Austria.

## An Inter-agency Approach

Inter-agency is a key delivery component in the implementation of SFP across Ireland and takes place at many different levels; steering/management committees, referral/selection groups, area clusters (particularly relevant in regional areas), programme group leaders, referral agencies in addition to funding by a range of sources and in kind support. For example, some sites are provided with venues (where available and appropriate) through arrangements with local schools, community groups etc. Assistance with transport and catering in some areas have been provided through local community and business partners. Managers of services provide arrangements whereby their staff/volunteers are group leaders and site co-ordinators for the Programme and booster sessions. Essential to this integrated delivery is that needs of families are diverse and that the range of skills and expertise provided by many agencies and partners can enhance outcomes, develop new relationships, reconfigure or align policy and practice, allow more effective use of resources and ultimately bring families closer to the network of supports in their community.

Local agencies **facilitate, refer, site coordinate** and collectively **ensure the development and implementation** of SFP in their community.

SFP site implementations are funded across Ireland in a variety of ways. Funding sources of programmes can also differ within sites from year to year.



## SFP Alignment with National Policy and Practice

Many regional, local service plans across Ireland include the Strengthening Families Programme as an evidence-based model of intervention which can impact at a family and community level to influence outcomes in a range of areas including; children and young people, substance misuse, mental health, family support, community safety and crime.

At a National level, key characteristic and delivery components of SFP are reflected in a range of policy documents. *Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*<sup>1</sup> in its transformational goals and outcomes, outlines actions aimed at local planning, co-ordination and delivery of universal and targeted evidence informed parenting and family supports. The need to intervene early, provide support to strengthen 'at risk' children and families is also presented within the policy framework.

*The nature and quality of family life influences not only how a child copes with life growing up, but also helps determine the quality of their relationships, parenting and mental health in adulthood. Having caring relationships and experiencing love and trust builds resilience – a significant protective factor in enabling children and young people to get through difficult times (National Outcome, 3:1).*

Strategic goals of the *National Substance Misuse Strategy, Reducing Harm, Supporting Recovery: A Health-led response to Drug and Alcohol use in Ireland 2017-2025*<sup>2</sup> identifies the role and participation of families in prevention and education activities and implementation of evidence informed policies and initiatives.

*Prevention is a collaborative effort, which involves a range of stakeholders, including parents and families, those working in education, DATFs, family support networks, youth services, student unions, sporting organisations and networks of people who use drugs. Prevention programmes should be evidence-based, adhere to quality standards and involve participants in programme design and implementation. Using manual-based programmes, which set out the practical aspects of the intervention and ensuring programmes are implemented and regularly evaluated, all increase the likelihood of success and better outcomes (p21).*

It highlights the importance of strengthening relationships between children and their parents and developing parenting skills which can impact on child behaviour. Furthermore, it points to the need to develop and adopt evidence-based family and parenting skills programmes for services engaging with high risk families impacted by problematic substance use (p31).

*There is a need to ensure continued support for family support programmes. Strengthening Families, Parenting under Pressure and the 5 step method (Stress-Strain-Coping-Support model) are examples of programmes that have been supported in Ireland to build the resilience of families and support them in their own right (p29).*

Strengthening Families Programme also fits within some of the key themes of *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025*<sup>3</sup>. In particular, theme 2 which focuses on partnerships and cross sectoral work to strengthen community supports and the implementation of evidence based prevention and early intervention initiatives aimed at children and families. Similarly, theme 3 highlights and promotes actions around empowering people and communities and building capacity of parents and young people through existing partnerships.

*Support, link with and further improve existing partnerships, strategies and initiatives that aim to improve the capacity of parents, carers and families to support healthier choices for their children and themselves (Theme 3; 3.1).*

*A Vision for Change*<sup>4</sup> mental health policy and the *Connecting for Life*<sup>5</sup> suicide reduction strategy contain recommendations for improving mental health and the importance of prevention & early intervention and fostering better links between mental health services, primary care and voluntary mental health groups. Connecting for Life highlights the importance of community based initiatives and how these can provide protective factors for families and individuals.

*Well-structured and co-ordinated community-based initiatives can translate into protective benefits for families and individuals, which contribute to reduced risk of suicidal behaviour. An empowered community can respond to the needs of its members and protect them in difficult times and can sustain these positive effects over time. (Connecting for Life - Goal 2: Empowered Communities)*

SFP responds to agencies working with offending & reducing recidivism among young people in the community. The Probation Service both under the legislation of the *Children's Act 2001*<sup>6</sup> and in its strategy statement recognises that risks and needs of young people can be addressed through work related to parenting. SFP supports this by enhancing parenting efficacy, involvement and supervision and increasing positive family relationships. The programme also addresses communication skills in the teen programme thereby reducing aggression and conflict. This is very significant for young people who are struggling with these skills and are presenting with aggressions in their anti social behaviour. Promoting a strengths based intervention develops a strong resilience among the parents, teens and the inter-agency involvement in this programme.

*Meitheal*<sup>7</sup> is a TUSLA led, multi-agency early intervention process for children, teens and parents/guardians who are experiencing difficulties. Families are enabled and supported to identify their own needs and are responded to by a range of agencies to assist them in addressing these needs. Families who are identified as having further needs following the Strengthening Families Programme can find the Meitheal process a productive way of addressing these needs. Strengthening Families can also be considered as part of an existing Meitheal in response to the family's needs.

In the document "*What Works in Family Support*" by Tusla Child and Family Agency (2013)<sup>8</sup> an overview of evidence-based family support practices and programmes for children and families is presented. Among those reviewed, the Strengthening Families Programme is included as an international and national example of an evidence-based programme and as a model which can respond to Hardiker levels one, two and three. Over the 10 years of implementation, sites across Ireland have reported referrals from all four tiers, with families at tiers two and three accounting for the majority of referrals. This document also refers to "community as context for family support" in that community contexts provide a set of risk and protective factors and that the delivery of family support within a community development framework can address these factors.

*Family Support programmes emphasise the identification of need, locate informal and formal community based resources for meeting those needs, and assist families in using existing capabilities, as well as learning new skills necessary for mobilising community based resources (2013:18).*

It is highlighted that while it can be difficult to compare interventions, a number of common themes emerge from the review of family support services and in particular factors that are most likely to promote positive outcomes. Factors associated with positive outcomes include relationships between service users and providers, practitioner training, cultural appropriateness etc. Others cited which are also mirrored in the application of SFP include adherence to fidelity, strengths based and needs led;

*Most successful programmes are both strengths-based and needs-led and tailored to the individual needs of families.*

*Programmes that are highly structured and manual-based need to maintain a high level of fidelity to the implementation of the programme. (2013; 59-60)*

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3. Department of Health (2013), 'Healthy Ireland – a framework for improved health and wellbeing 2013–2025'. Dublin: Department of Health. Available at <http://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf>
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6. Government of Ireland (2001) *Children's Act*. Dublin: The Stationery Office. Available at: <http://www.irishstatutebook.ie/eli/2001/act/24/enacted/en/pdf>
7. Tusla, Child and Family Agency (2013) 'Meitheal - A National Practice Model for all Agencies working with Children, Young People and their Families'. Tusla. Available at :[http://www.tusla.ie/uploads/content/Tusla\\_Meitheal\\_A\\_National\\_Practice\\_Model.pdf](http://www.tusla.ie/uploads/content/Tusla_Meitheal_A_National_Practice_Model.pdf)
8. C Devaney, A Gillen, F Landy, J Canavan (2013), 'What works in Family Support? Child and Family Agency. Available at : [http://www.tusla.ie/uploads/content/Family\\_Support\\_CFA\\_What\\_Works\\_in\\_Family\\_Support\\_\(2\).pdf](http://www.tusla.ie/uploads/content/Family_Support_CFA_What_Works_in_Family_Support_(2).pdf)

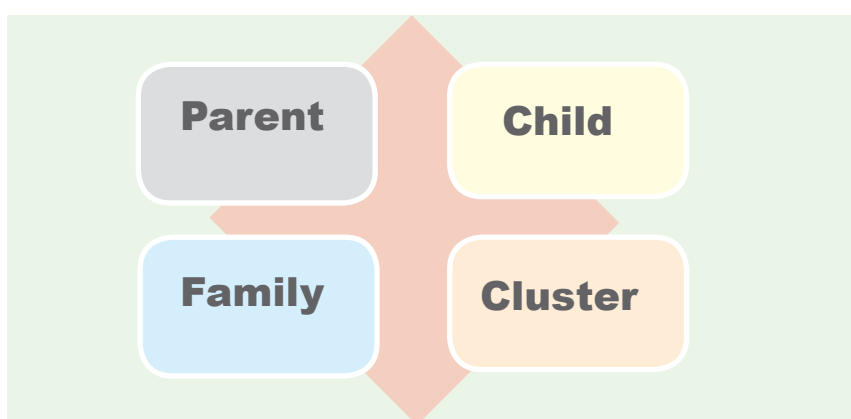
# Measuring Outcomes: Methodology

## Context

This section outlines the research design and method undertaken to obtain national outcomes on 573 families who completed the Strengthening Families Programme across Ireland. In 2017, the National SFP Council of Ireland contracted an analysis of all Irish data included in the US database held by the programme developers since 2007. This data was originally collected and submitted by local/regional areas upon programme completion and results were provided on a site basis either as a programme or annual report. The data in the US database refers to Irish programme implementation of both 6-11 years and 12-16 years programmes. As mentioned, sites implementing SFP have and currently use a variety of methods to measure SFP outcomes at a programme and family level, the measurement tool described below and outcome data presented in the next chapter does not account for all families who have completed SFP in Ireland but attempts to capture collective outcomes at a national level.

## Research Instrument

The outcome evaluation involved used a standardised instrument (retrospective pre and post-test design) administered to parents following graduation from the programme. An "SFP Retrospective Parent Pre/Post test", using standardised Centre for Substance Abuse Prevention (CSAP) and National Institute on Drug Abuse (NIDA) core measures, was developed by the Programme developer because of the need for a short, non-research quality, practitioner friendly evaluation instrument. The SFP Retrospective Pre/Post has been tested as a valid instrument with the added advantage of reducing any bias that may result on pre test. Most of these measures are cross-site family core measures selected by expert teams as the best measures having high reliability and change sensitivity. By selecting core measures, this provides the ability to compare data to other sites as well as the effectiveness of the outcomes. This quantitative instrument is designed to assess child and parent mental health, substance abuse, risk and resiliencies, family management and cohesiveness, and parent & child social skills and attitudes.



The questionnaire was administered to parents either on the last night of the programme, facilitated session after the programme graduation (in some cases possibly with referral agent/group leaders for support), or at follow up family sessions/visits. In terms of evaluation fidelity, administration of the instrument was to take place no longer than one month following programme completion.

Data cleaning (removing any identifiable information, assuring readable marks, checking for missing data and random markings) was undertaken by the researchers, when data was received. The data was entered into a computer for analysis on a network PC using SPSS for Windows.



## Measurement Domains

This report will present an analysis of data on 19 outcome domains measured as presented below.

Parent	Child	Family
Parental Involvement	Concentration	Family Cohesion
Parental Supervision	Covert Aggression	Family Communication
Parenting Efficacy	Depression	Family Conflict
Positive Parenting	Overt Aggression	Family Organisation
SFP Parenting Skills	Social Behaviour	Family Strengths & Resilience
Drug & Alcohol Use		
Parent Cluster Scale	Child Cluster Scale	Family Cluster Scale

*Cluster variables refer to the summing or grouping of individual variables according to family, child/teen and parent domains.*

Hypothesized Outcomes Matched to Measures	
<b>Parent Change Objectives</b>	
1. Increase positive parenting	1. SFP parenting skills
2. Increase in parenting skills	2. SFP parenting skills
3. Increase parental supervision	3. SFP parenting skills
4. Increase parental efficacy	4. Alabama parenting scale
5. Increase in parental involvement	5. Alabama parenting scale
6. Decrease in parental substance use or misuse	6. CSAP 30-day use rates

<b>Child Change Objectives</b>	
1. Increase social skills (cooperation, assertion, responsibility, and self-control)	1. Social skills rating scale (parent and child)
2. Reduced overt aggression (externalizing)	2. POCA child rating scale
3. Reduced covert aggression	3. POCA covert aggression scale
4. Reduced concentration problems (ADD)	4. POCA ADD scale
5. Reduced depression	5. POCA depression scale

<b>Family Change Objectives</b>	
1. Increase positive parent/child relationship or family cohesion	1. Moos FES cohesion
2. Reduce family conflict	2. Moos FES family conflict
3. Increase family organization and order	3. Moos FES family organization
4. Increase family communication skills	4. Moos FES communication
5. Increased overall family strengths and resilience	5. Kumpfer & Dunst family strengths and resilience scale

*\*Above table does not include 3 cluster scores as outcome variables*

POCA - Parent Observation of Child Activity Scales

FES - Family Environment Scale (Moos)

# SFP National Outcomes

## Outline

This section will illustrate outcomes at a family, parent, child/teen level using the research instrument administered to parents as described previously during the period 2007-2017 for programmes implemented in relation to SFP 6-11 and 12-16 years. It will present an overview of the findings according to the 19 outcome domains measured and also provide a gender analysis of these outcomes. This data does not reflect all families who have graduated the programme or does not include all areas which implement SFP across Ireland.

## Outcome Domain Change

As can be seen from the table below, there were statistically significant positive results ( $p < .05$ ) for all 19 outcomes (including cluster variables), therefore demonstrating significant positive changes within the sample size of 573 families completing the post test.

Effect size refers to how much participants in an intervention have changed. The effect sizes reported are calculated in SPSS software by eta squared or Cohen's  $d$  as well as  $d'$ . In terms of size of change, 18 out of 19 outcomes ranged from medium to large effect size as measured by Cohen's  $d$ . The largest effect size was related to improvements in relation to family communication ( $d = .76$ ) and family organisation ( $d = .76$ ). The next largest improvement was for family strengths and resilience ( $d = .75$ ).

Outcome Variables by Effect Size( $d$ ) all variables statistically significant ( $p < .05$ )					
Parent		Child/Teen		Family	
Parental Involvement	.62 medium	Concentration	.58 medium	Family Cohesion	.62 medium
Parental Supervision	.73 large	Covert Aggression	.34 medium	Family Communication	.76 large
Parenting Efficacy	.67 medium	Depression	.43 medium	Family Conflict	.37 medium
Positive Parenting	.64 medium	Overt Aggression	.50 medium	Family Organization	.76 large
SFP Parenting Skills	.60 medium	Social Behaviour	.30 medium	Family Strengths & Resilience	.75 large
Drug & Alcohol Use	.14 small				
Parent Cluster .75 large ( $n=526$ )		Child/Teen Cluster .57 medium ( $n=558$ )		Family Cluster .78 large ( $n=547$ )	

### Parenting Outcomes Summary

Changes in the parent's parenting skills and style or efficacy was reported with 100% of the parenting outcome variables showing significant improvements with almost all outcomes showing medium to large effect sizes. The largest effect sizes were  $d=.73$  for parental supervision improvements. This was followed by parenting efficacy  $d=.67$ . Despite being statistically significant, the small effect size of the alcohol/drug use scale (0.14) could be explained by (a) a 'floor effect' with parents having low rates at intake. Hence, there was little room for the parents to obtain a decrease to achieve a statistically significant outcome in this item. (b) Alternatively it can be argued that it can be hard to see change in drug and alcohol use so soon after programme completion. Sites across the country have reported changes in this domain at booster or follow up sessions.

### Child/Youth Outcomes Summary

Five of the five child/youth outcome variables (100%) were found significantly improved by the post-test, namely decreased Overt Aggression, Covert Aggression, Depression, and increases in Concentration and Social Behaviour. All variables had medium effect size in terms of change.

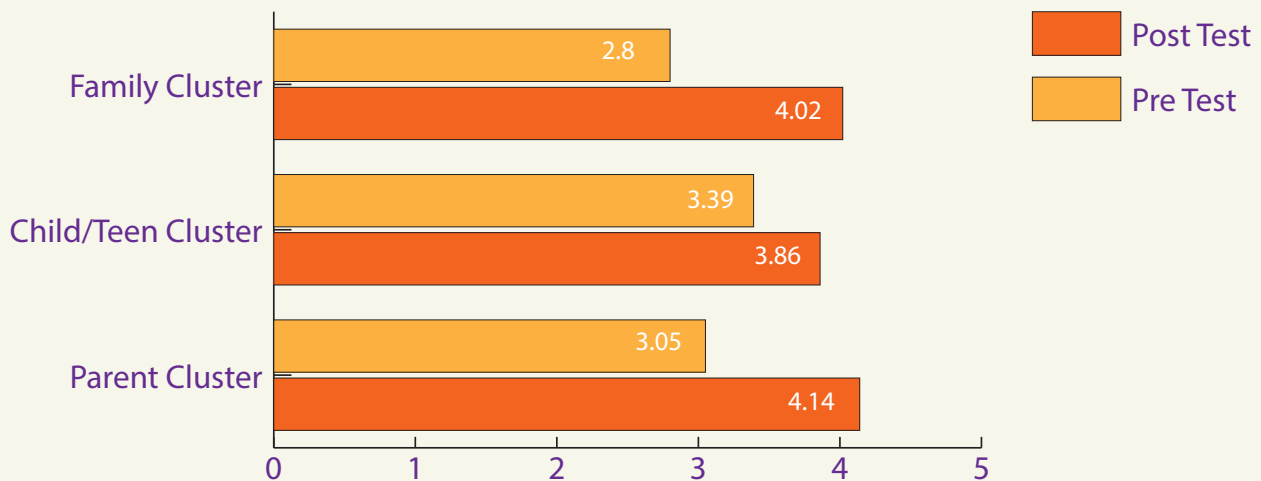
### Family Outcomes Summary

Five of the five family change variables (100%) were improved significantly including family conflict which sometimes does not improve significantly by the immediate class ending or the post-test. Family communication, family organisation and family strengths and resilience had the largest improvements in the effect sizes ( $d$ ). Three of the five family outcomes had a large effect size.

## Cluster Outcomes

The following graph presents mean scores for each of the cluster variables; parent, child/teen and family. Cluster variables refer to the summing or grouping of individual variables according to parent, child/teen and family domains. Parents/guardians reported differences in mean scores at a family, child/teen and parent cluster, with the highest difference in mean score for family cluster variable (1.22), followed by parent cluster variable (1.09) and then child/teen cluster variable (.47). This is also demonstrated through the effect size for the cluster variables with family cluster scale having the largest effect size (.78) as demonstrated.

### SFP Cluster Variables & Mean Scores

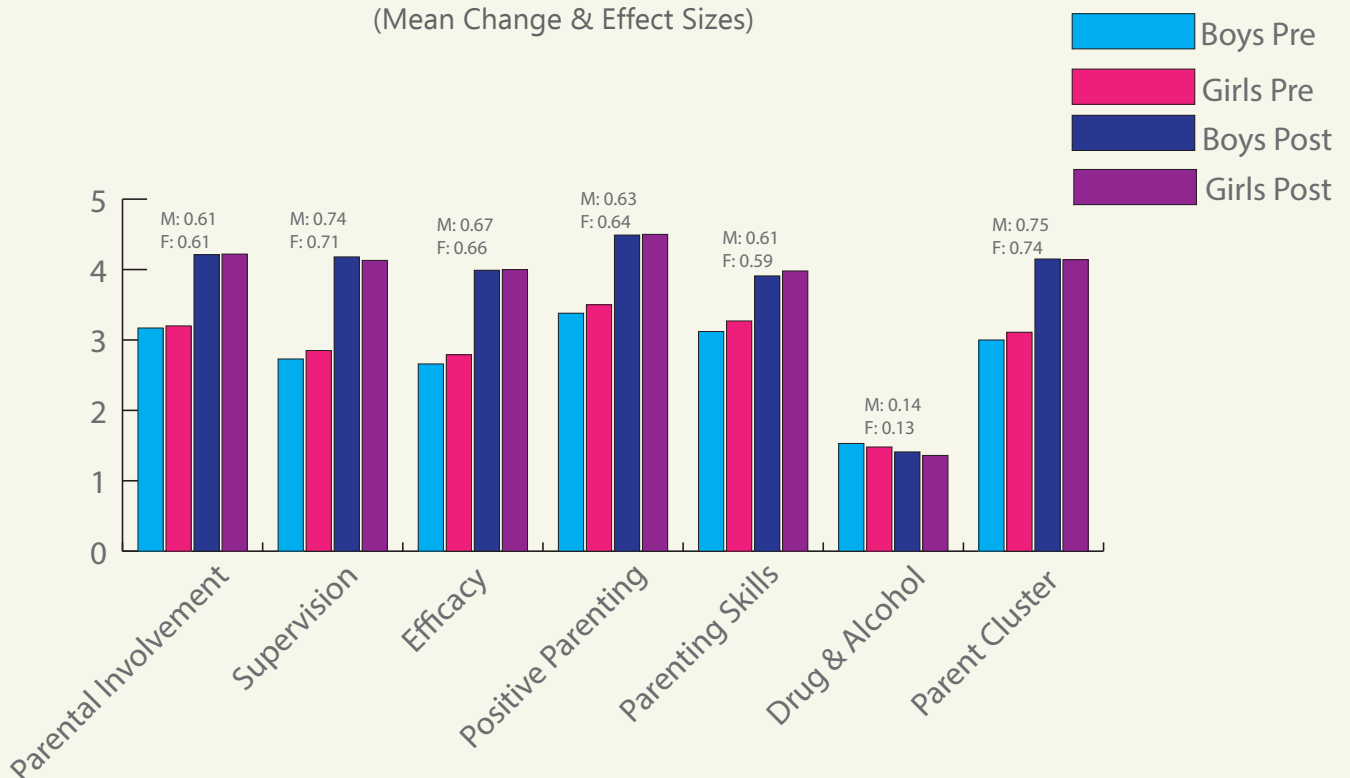


## Outcomes by Gender

When analysed by gender, all 19 outcome variables showed statistically significant results at ( $p < .05$ ). Changes in mean scores and effect sizes both indicate that girls and boys both benefitted substantially in improved parent, family and child/youth behaviours as reported by parents/guardians. Boys improved more in concentration (.58 v .54), covert aggression (.37 v .28), overt aggression (.50 v .48), with girls improving more in their social behaviours (.32 v .30) and depression (.47 v .43) than boys.

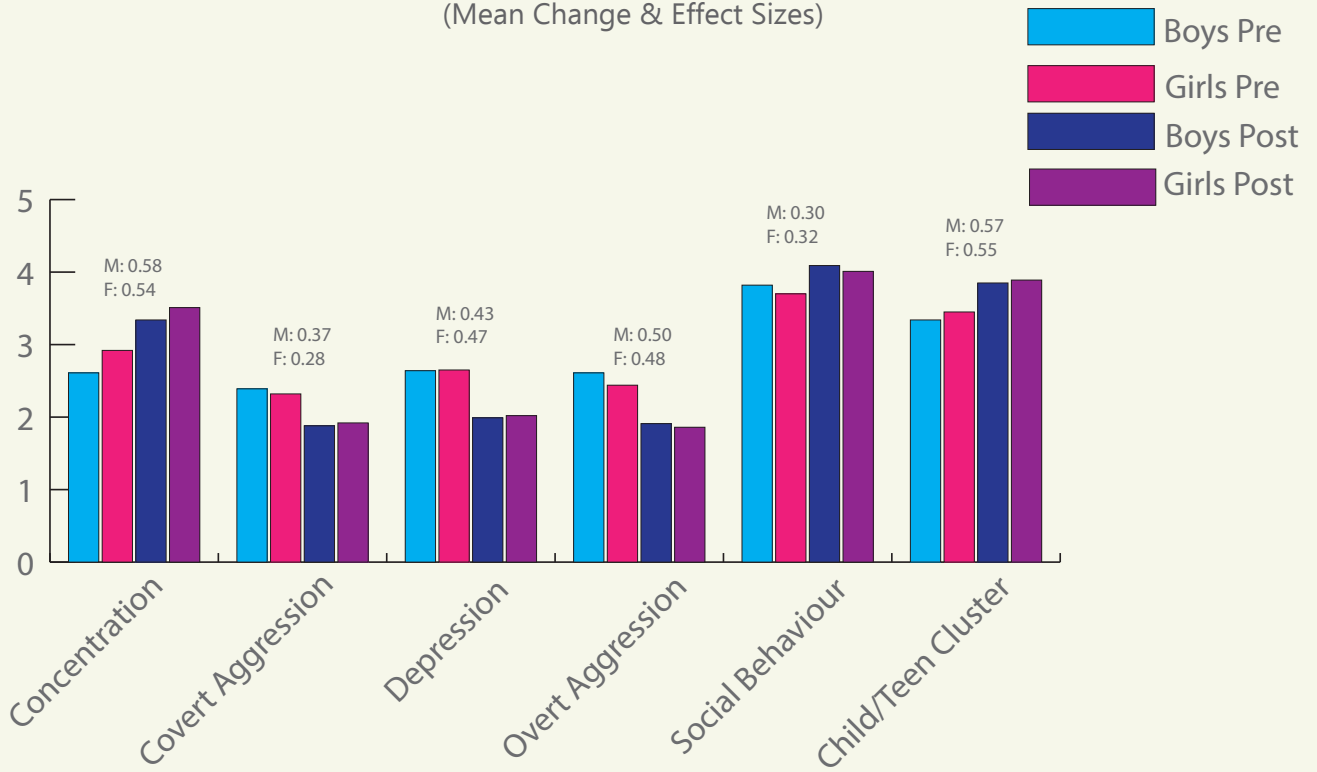
### Parent Outcomes by Gender

(Mean Change & Effect Sizes)



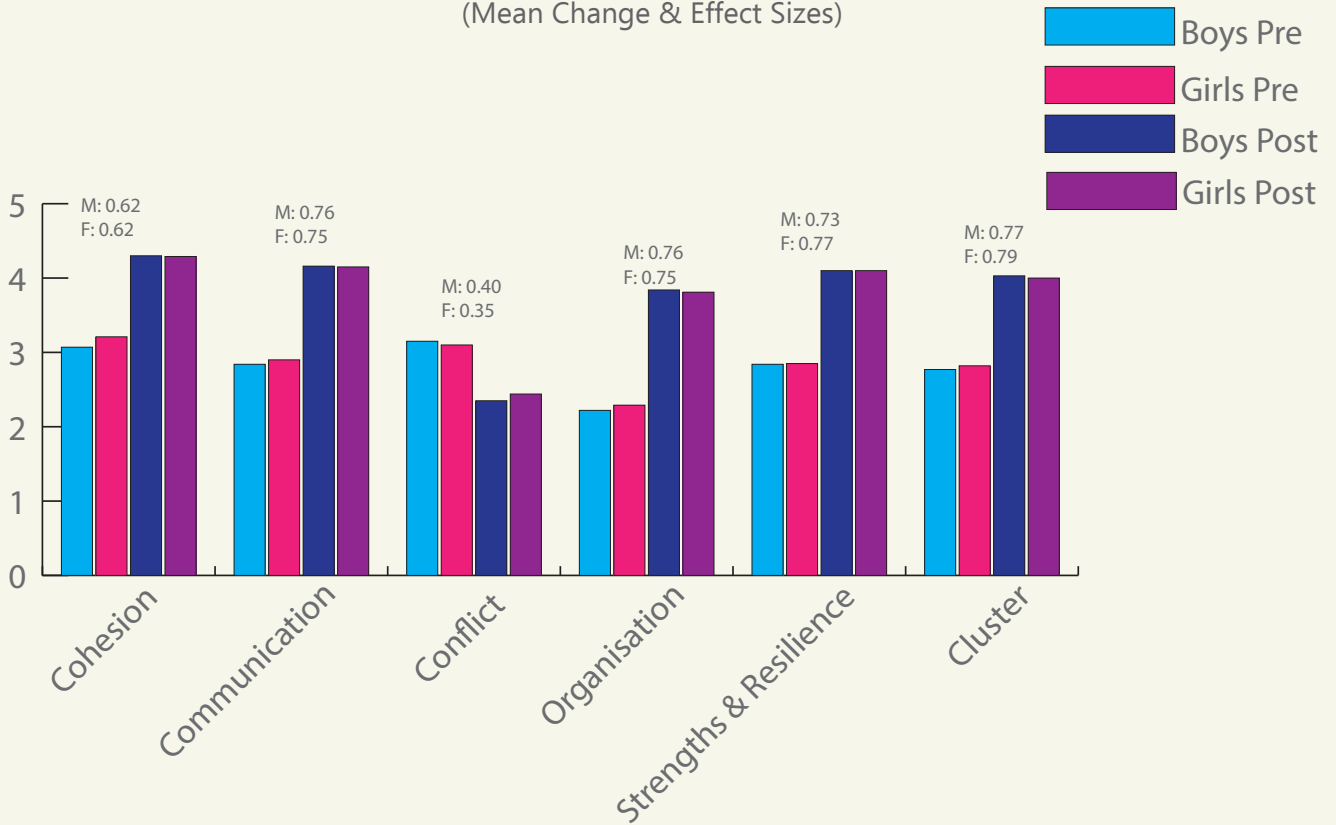
## Child/Teen Outcomes by Gender

(Mean Change & Effect Sizes)



## Family Outcomes by Gender

(Mean Change & Effect Sizes)



The table below demonstrates effect size of cluster variables by gender. It shows large effect sizes for both boys & girls in terms of parent and family clusters and medium effect size for child clusters.

Gender by Cluster Variables (effect size)			
Ireland	Parent Cluster (d)	Child Cluster (d)	Family Cluster (d)
Boys	.75	.57	.77
Girls	.74	.55	.79

## Summary

The data collected on 573 families over a 10 year period across Irish sites has reaffirmed findings from local and regional evaluations. Using a parent Retrospective Pre/Post questionnaire analysis has shown statistical significance for all 19 variables measured. The results demonstrate positive changes in the parenting skills of the parents, the family relationships and in the children's/youth behaviour. This suggests that even by almost four months of programme duration families are making major strides in improving their interaction patterns, which as reported by parents have resulted in changes in the children and young people.

These behavioral changes in increasing parental supervision and reducing risky behaviours in the children, such as overt aggression and improving concentration can improve protective factors for children and young people as they develop in terms of drug and alcohol use and a range of other risk behaviours.

The results found within the Irish families replicate effect sizes found in randomized controlled trials on SFP (Kumpfer & DeMarsh, 1986; Spoth, et al., 1999; 2002; 2003; Trudeau & Spoth, 2005), (Gottfredson, Kumpfer, et al., 2006). Meta-analysis studies of drug prevention approaches have found that family focussed interventions to have larger effect sizes than child/youth only and parent only approaches (Tobler & Stratton, 1997; Tobler & Kumpfer, 2001).\*

The results have also demonstrated higher effect sizes than the US norms indicating the applicability of the model and community implementation in Ireland.

\* For further information on international results [www.strengtheningfamiliesprogram.org](http://www.strengtheningfamiliesprogram.org)





## Conclusions

The Strengthening Families Programme which was first introduced to Ireland in 2007, has since become a family skills programme that is rolled out in many parts of Ireland. The National SFP Council was established in 2012 and has achieved much in its short life span including but not limited to the prompting, write up and analysis of this 10 year outcome report.

This report presents an overview of both the implementation and development of SFP in Ireland since 2007 but more specifically it demonstrates positive significant changes among a sample of 573 Irish families (as reported by parents) across the country.

In particular, analysis of the data has shown large changes in terms of family communication, family organisation and family strengths & resilience. Other changes are equally reported at a parent and teen level with parents of both boys and girls benefitting substantially from programme participation.

SFP is aligned to several national policy frameworks which recognise the importance of developing communication skills, promoting resilience and improving family's protective factors. The evidence gathered over the last 10 years of implementation in Ireland has demonstrated the ability and flexibility of the Strengthening Families Programme to work with more than one issue or problem and it is not risk specific. It facilitates families to build skills in a space with other families with complex needs. It has the capability to interrupt the cycle for families and provides bounce back and resiliency to produce positive outcomes for families & communities.

Uniquely the 'Whole Family' skills approach assists capacity and builds resilience within families. Whilst many will continue to live in high stress environments, they have acquired more appropriate ways to respond to periods of crisis. SFP operates at all levels of the Hardiker model with the ability to respond to families within the context of child welfare as well as child protection. SFP builds core skills for families – for example confidence, communication, self-esteem and provides capacity for families to further develop or initiate other areas of development (access social supports, further learning/training etc). The SFP nurtures families and supports them to develop their personal & family value system and provides skills to create a positive pro social family environment through a strengths based approach.

In Ireland SFP has been implemented with fidelity along with the added richness of the inter-agency teams that have been supporting it locally, regionally and nationally. SFP as a model responds to the remits of a number of statutory, voluntary and community organisations. Application of SFP is endorsed by many local and regional service plans and strategies. Strengthening Families Programme in Ireland provides an integrated approach to engaging with families. The role of community and community agencies in delivering family based intervention is an essential component both in terms of sustainability but also with regards the skills base that each programme experiences as a direct result of the 'in kind' interagency involvement.

The National SFP Council is a reflection of the implementation of SFP locally and regionally. The Council has been an integral part of the cultural adaptation of the evidence based model which has been endorsed by the developers and forms part of the explanation of ensuring its successful application in Ireland.

SFP nurtures families and supports them to develop their personal & family value system and provides skills to create a positive pro social family environment through a strengths based approach.



# Policy & Practice Recommendations

The National Strengthening Families Council of Ireland will continue to:

- Seek accreditation for SFP training and ensure the training becomes a core part of professional training and development.
- Build awareness and support among managers of the benefits of involvement in SFP to both their participant families and their organisation.
- Work to standardise quality of practice and adherence to fidelity benchmarks for safe guarding of children, families and agencies.
- Explore opportunities for research including but not limited to examining how cost effective SFP has been shown to be as a family based prevention programme. Internationally, SFP has been shown to be a cost-effective family based prevention programme. Miller & Hendrie (2008)\* has highlighted that the cost benefit ratio is 1:9.60 for every dollar spent delivering the intervention there will be approximately 10 fold saving to society. It would be beneficial to undertake this analysis within the Irish context especially in light of the community inter-agency implementation of the Programme and also the impact on others (e.g. siblings, agencies).
- Promote the SFP model as a 'whole family' approach with capacity to respond across need , family composition and geography location.
- Investigate opportunities to work with academic institutions to further develop overall national data for Ireland which is collected in a consistent way using a common shared measurement approach. While SFP sites across Ireland are autonomous in their programme delivery and evaluation design, the aim is to have an agreed minimum level of domains that can capture key data from existing sites and which will be promoted as the National Council evaluation approach to new SFP sites going forward.
  - Measurement tool(s) that can easily exist alongside or easily be incorporated into those that may be currently used by other sites.
  - Specific to older (12-16 yrs) and younger programmes (6-11 yrs).
  - Measurement possible to use at 3-month booster or other follow up periods.
  - Gather more comprehensive outcomes at a family, practitioner/agency and community level.
- Explore ways to capture the extent to which SFP has impacted/influenced teen graduates who are now parents and the application of skills over time.

\* Miller, T. A., & Hendrie, D. (2008). *Substance Abuse Prevention: Dollars and Cents: A CostBenefit Analysis*; Center for Substance Abuse Prevention (CSAP), SAMHSA. DHHS Pub. No 07-4298, Rockville, MD.



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## Notes

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### **Contacting the National SFP Council**

c/o Ballymun Local Drugs and Alcohol Task Force  
Axis Centre, Main Street, Ballymun, Dublin 9  
Ph: 01 883 2142

[www.sfpcouncilireland.ie](http://www.sfpcouncilireland.ie)  
[sfpcouncilireland.ie/contact/](http://sfpcouncilireland.ie/contact/)

### **Finding information about SFP sites in Ireland**

[sfpcouncilireland.ie/strengthening-families/sfp-directory/](http://sfpcouncilireland.ie/strengthening-families/sfp-directory/)

### **Finding information about SFP internationally**

[strengtheningfamiliesprogram.org](http://strengtheningfamiliesprogram.org)

[www.unodc.org/documents/prevention/family-compilation.pdf](http://www.unodc.org/documents/prevention/family-compilation.pdf)