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Using Standardised Measures to Assess Outcomes in Community-based Family Support Services

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Using Standardised Measures to Assess Outcomes in Community-based Family Support Services

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Abstract

Evidence-based decision making is an increasing feature of policy and practice in social care systems, yet generating evidence for the effectiveness of family support remains challenging. Barnardos is a trauma-informed specialist organisation delivering a range of strengths-based, needs-led and tailored supports in 56 locations throughout the Republic of Ireland. Standardised measures were introduced on a routinised basis to provide insights into child and family needs and capture the impact of a trauma-informed, flexible, non-manualised approach to supporting vulnerable children and families.

The Strengths and Difficulties Questionnaire (SDQ), the Child–Parent Relationship Scale (CPRS), and the Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS) were administered at baseline and service closure. Descriptive analyses examined baseline needs in comparison with national norms, while linear mixed models assessed changes in child wellbeing, parent–child relationships and parent wellbeing among closed cases.

Baseline data from 1,262 children and parents (631 families) indicated high levels of social, emotional and behavioural difficulty among children; 64% were scoring in the high/very high range for difficulties—substantially above national norms. Parents also reported elevated conflict in parent–child relationships and notable challenges to parental wellbeing. At follow-up, children showed statistically significant reductions in difficulties and distress, alongside improvements in strengths. Significant gains were also observed in parent–child relationship quality and parental mental wellbeing.

Families attending Barnardos services are experiencing significant vulnerabilities. Standardised measures can help to make visible patterns of changes in child and family functioning that occur in the context of trauma-informed, relational, needs-led family support. Community-based family support services that provide tailored, needs-led supports are an important component of early help systems which stabilise and prevent escalation of risks for vulnerable families.

Introduction

Social service providers are increasingly required to engage in research-based decision making and implement evidence-informed practices. Data gathering and evaluation have been identified as essential drivers of high-quality service implementation. Developing data gathering systems has been shown to promote enhanced practitioner and organisational performance. Real-world, continuous use of data to identify needs and understand intervention efficacy has been identified as an integral aspect of evidence-based decision making and practice and is linked to enhanced success in respect of practice innovation (Akin, Strolin-Goltzman & Collins-Camargo, 2017; Weaver & DeRosier, 2019). Data gathering and evaluation can help to guide best practice by ensuring service users' needs are being met and that programmes and services are being appropriately implemented (Bertram, Blase & Fixsen,2015; Halle, Metz & Martinez-Beck, 2013). Overall, a data-informed approach can help to ensure accountability in service development and delivery.

Child social care and welfare systems are often hindered by inefficient, non-user-friendly or poorly used data relating to needs and intervention efficacy (Maguire et al., 2018; O'Leary & Lyons, 2023). One way to enhance data-based decision-making is to implement and use existing standardised, validated measures within service settings. Standardised measures are measurement tools which have been designed for a specific purpose and have been thoroughly investigated to make sure that they are accurate and trustworthy (Deighton et al., 2014). Using standardised measures in practice-based settings can help to identify service user needs and functioning, to track changes in outcomes and to assess the effects of the provision of interventions and therapeutic supports over time (Spratt, Swords & Vilda, 2021).

Recent times have seen a growing shift in policy and practice towards evidence-based early help support and services in Ireland and the UK. This "what works" approach is linked to an increasing need to ensure that limited resources are directed towards services and support that are proven to produce positive

outcomes for children and families. A complex landscape of early help exists consisting of a range of services, processes and interventions (Department for Levelling Up, Housing and Communities, Department for Education, 2022; Department of Children, Equality, Disability, Integration and Youth, 2022). Early help can take many forms, ranging from universal support through to specialist targeted services for families who experience particular conditions or circumstances. The spectrum of early help can include child protection and welfare services, social care services and family support, as well as community-based activities and interventions. Supports and interventions may also be provided at any point in childhood, although the overarching aim is to break cycles of adversity, promote positive outcomes for families and, in turn, reduce inequality and disadvantage (Edwards et al., 2021). Within this spectrum, family support is a multifaceted approach aimed at meeting the complex needs of families, as well as preventing and reducing social risks (Devaney et al., 2023). Family support services include a variety of provisions ranging from practical assistance, education, advice and skills training to address specified challenges, emotional and relationship-based support, as well as network building, service coordination (Almeida, Cruz, & Canário, 2022; Dolan, Žegarac & Arsić, 2020). The approach is strengths-based, needs-led, multidisciplinary and focused on empowering families (Pinkerton, Dolan & Canavan, 2016; Suter & Bruns, 2009; Schneider-Munoz et al., 2015). Supports may be targeted towards the child, the parent or the family as a whole.

In recent decades, there has been a growth in the rigorous evaluation of preventative and early interventions and supports in an Irish context (e.g. Biggart et al., 2012; Comiskey et al., 2012; Doyle et al., 2017; Hickey et al., 2020; McGilloway et al., 2014; Rochford, Doherty & Owens, 2014). Initiatives involving the introduction of standardised instruments to track outcomes of national programmes such as the Tusla National Area Based Childhood (ABC) and the Tusla National Home Visiting Programme have also been established (National ABC Programme, 2025; McGilloway et al., 2024). However, this evidence largely pertains to focused, manualised interventions which are targeted towards particular challenges within a family (e.g. group-based parent training, one-to-

one home visiting programmes). Evidence for the effectiveness of family support approaches is more challenging to produce and has traditionally relied on reporting of service outputs and/or qualitative evaluations (Baxter et al., 2023; Webb, 2023). Indeed, evidence for the effectiveness of these kinds of supports is more limited, putting them at risk of retrenchment and consequent decreases in positive outcomes for at risk communities (Edwards et al., 2021; Webb, Bennett & Bywaters, 2022). While the absence, or limited evidence, of programme effectiveness should not be considered equivalent to ineffectiveness (Edwards et al., 2021), increasing the use of standardised measures to track changes in well-being and functioning over time may help to enrich the evidence for family support approaches (Calatrava, Swords & Spratt, 2023).

Spratt and colleagues (2021) report on the use of validated instruments as an embedded monitoring tool within a non-governmental organisation (NGO) in Ireland and highlight how emergent data can be used to demonstrate gains made by children and parents in receipt of family support services. A further report from the same project also demonstrate that standardised measures can be used to shed light on family needs and monitor the efficacy of therapeutic interventions (Calatrava et al., 2023). However, the use of standardised measures on a routinised basis to provide observational data on a longitudinal basis as a means of assessing the effectiveness of family support services remains in its infancy (Monson et al., 2022). A range of challenges to the introduction of standardised measures within family support services can exist including difficulties in identifying appropriate measures that adequately capture child and parent outcomes (Blower et al., 2019; Crealey et al., 2024), as well as antipathy towards research and mistrust of measures amongst both practitioners and service users. Introducing standardised measures may also conflict with and/or add additional time and burden to routine service reporting requirements (Monson et al., 2022). The quality of data collected via standardised measures may also be undermined by poor understanding of measures, inadequate guidance/training in their use, as well as lack of adherence to completion protocols. Overall, it is vital that validated measures provide functioning, timely data to guide and support actions across a practice and organisation level. Data collection systems must also be acceptable

to service users, minimize staff workload burden, whilst also providing opportunity to celebrate successes and highlight achievements (Fixsen, Blase, Metz, & Van Dyke, 2013; Verlenden, Naser & Brown, 2021).

In this report, the processes involved in, and findings emerging from, the introduction of standardised measures to monitor and assess outcomes in children and parents attending Barnardos family support services are described. Barnardos is a children's charity that provides trauma-informed support for vulnerable children and families in Ireland. Barnardos provide a range of targeted and universal services across 56 locations throughout Ireland. These services are typically located in areas of socioeconomic disadvantage (www.barnardos.ie). In 2025, Barnardos delivered targeted child and family support services, including family support, young parents support, early years services, post adoption and bereavement supports to 5,644 children and 5,353 parents (5,087 families).

Barnardos is a trauma-informed specialist organisation with a focus on the effect of interpersonal trauma and ACEs on children, families, adults, and communities. Barnardos family support services offer a range of strengths-based, needs-led and tailored supports. Following referral, service users engage in a structured assessment which identifies needs, defines specific desired outcomes, and agrees a service plan with families aimed at achieving desired outcomes. This collaborative assessment process, which is guided by the Barnardos Assessment Framework (BAF), explores the family's life across the domains of: (1) Behavioural and Social Participation; (2) Health – Physical and Psychological; (3) Identity - Self-care and Self-esteem; (4) Learning; (5) Living Environment; and (6) Relationships and Attachments. The intervention is then delivered by a key worker (Project Worker). Supports may be delivered in the service user's home, in schools, or in a Barnardos project (e.g. a community-based service centre). The work is underpinned by trauma-informed principles including collaboration, effective relationships, empowerment and choice, safety and trust, hope and possibility, compassion, supporting emotional regulation and child-centredness. The approach is relationship-based and aims to provide safe and supportive environments to stabilise the impact of interpersonal trauma and to support

children and parents to manage their emotions, regulation and behaviour. Reviews are conducted at regular intervals throughout the work to support an outcomes-focus and the work is closed when outcomes are achieved and service user needs are met.

Barnardos recognises the importance of evidence-based practice and data-informed decision making. Research and evaluation are regularly conducted to support best-practice. This has involved the execution or commissioning of evaluations of services delivered through Barnardos (see Research & Evaluation Studies - Barnardos). Standardised measures have also been used on a limited basis to support the implementation and assess the impact of specified programmes (e.g. Partnership with Parents (PwP) programme, Friendship Group) or services delivered through Barnardos. In 2023, Barnardos embarked on a new initiative to introduce standardised measures across family support services which could provide insights into child and family needs (social, emotional and behavioural wellbeing, family circumstances, environment, parenting challenges), capture trends across services and enable assessment of the impact of family support intervention within Barnardos.

Introducing Standardised Measures in Barnardos Family Support Services

Background and preparatory work

Information and data are continuously and routinely captured in Barnardos. This 'routine data' includes service user demographics and service outputs and is necessary to carry out service delivery on the ground or to fulfil legislative duties. Data collection is digitised via an electronic record keeping (ERK) system. To inform the introduction of measures, a review of standardised measures was conducted by the Barnardos research team to identify potential instruments. Multiple parent and child outcome measures were identified and assessed for relevance, quality and information yielded. As noted above, standardised measures have been used throughout Barnardos to varying degrees and this was also taken into consideration in identifying measures. This resulted in a short list of measures which may be rolled out across the Barnardos services. Some of the key factors in shortlisting included the psychometric properties of the measures, use, availability of comparative data/cut offs, costs, organisational/staff familiarity with the measure. Once a list of potential measures was collated, a process of staff and parent consultation commenced to assess the fit, feasibility and appropriateness of prospective measures and to identify barriers and facilitators of measure use within practice-based settings.

Multiple consultation processes were conducted including: (i) a webinar with Barnardos Project Leaders; (ii) a series of four workshops with five staff members including Project Leaders (n = 2) and Project Workers (n = 3); and (iii) a series of four workshops with parents (n = 21) involved in two Barnardos services. These consultations explored experiences of research, evaluation and data collection in Barnardos, and priorities in relation to data collection/research needs and preferences in relation to the identification and use of measures. Feedback from stakeholders highlighted barriers to the use of standardised measures within

practice-based settings. Staff members highlighted competing / conflicting priorities, lack of visibility of measures following completion (e.g. where and how data collected from measures is being used), insufficient interest/motivation to complete measures, negative perceptions of measures, insufficient/absence of clear guidelines for how and when to use measures with service users and challenges and additional burden associated with scoring measures by hand, as well as parent capacity to complete measures. Disengagement from services and supports was also highlighted as a barrier to ensuring that measures are used at follow-up. For parents, barriers included lack of understanding and/or interest around why measures are being used, overwhelm at the point of entry to services, sensitivity to and discomfort with the questions/information elicited from measures, and mistrust of services and supports.

Overall, both staff and service users emphasised that measures needed to be brief and easy to complete to maximise their use. Measure content and items within questionnaires needed to be relevant and acceptable to facilitate parent engagement and data collection. Measures which provided insights into child and service user needs and which complemented established Barnardos needs assessment processes were perceived more favourably by staff members. Parents' sense of safety and trust in services and service providers were also highlighted as a facilitator of measure completion. Overall clear, consistent and service-user friendly processes to support the completion of measures were required. For example, providing clear information to service users regarding why measures are being used was seen as important. This was viewed helping to ensure that parents understand the purposes of data collection, reassure parents that their data will be used anonymously and confidentially and that any information provided will be handled in a non-judgmental and sensitive manner.

For staff members, information and training which addresses the role of research in service design and development and the "how to" of measure use and scoring was also identified as crucial in enabling and empowering them to implement standardised measures in their practice. In addition, resources (e.g. embedded research support, measure scoring supports, streamlined IT systems for data

storage) at an organisational level to ensure that data collected are appropriately stored, analysed and used on a regular and timely basis were also highlighted as important. Additionally, the communication and translation of research findings in a consistent, clear and user-friendly manner was seen as helping to increase motivation to use measures and engage in data collection. Collectively, these consultation processes fed into the selection of standardised measures and at the end of this process three standardised measures were identified for use within Barnardos family support services.

Measures

Three standardised outcome measures were selected to provide insights into key domains of child and family relationships and wellbeing. These measures are:

Strengths and Difficulties Questionnaire: The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) is a widely used measure which captures child behavioural, emotional, and social functioning. It consists of 25 items that assess a child's or young person's strengths and difficulties across five subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour. Each item is rated on a 3-point scale (Not True, Somewhat True, Certainly True). The scores from each subscale (except the Prosocial scale) may be summed to generate a Total Difficulties score. An additional impact sub-scale assesses any distress, burden or social impairments experienced by children and their families. Subscale and Total Difficulties scores can be categorised into normative bands (e.g., "close to average," "slightly raised," "high" or "very high"). The parent-report measure for 4 – 17 year olds has been shown to have good psychometric properties (Goodman, 2001), including internal consistency, test-retest reliability, factorial validity and convergent validity (e.g. Hawes & Dadds, 2004; Klein et al., 2013; Stone et al., 2010).

Pianta Child-Parent Relationship Scale: The Pianta Child-Parent Relationship Scale (CPRS; Pianta, 1992) is a brief, 15-item instrument completed by mothers and fathers that assesses parents' perceptions of the quality of their relationships with

their child. It is very widely used self-report instrument and taps into both positive and negative aspects of the parent-child relationship. Items on the scale are rated on a five-point Likert Scale (ranging from definitely does not apply to definitely applies). Seven items are summed to create a closeness score which assesses warmth, open communication and connection between the parent and the child. The remaining 8 items are summed to create a conflict score, assessing tension, difficulty, or negativity in daily parent–child interactions. Analyses of the scale have supported its validity and reliability as a tool for assessing parent's perceptions of their relationships with their children (e.g. Driscoll & Pianta, 2011; Dyer, Kaufman & Fagan, 2017; Rinaldi et al., 2023).

Short Warwick Edinburgh Mental Wellbeing Scale: Short Warwick Edinburgh Mental Wellbeing Scale is a brief, 7-item scale designed to measure mental wellbeing in the general population (13+ years) and the evaluation of projects, programmes and policies which aim to improve mental wellbeing (Stewart Brown et al., 2009). The scale draws items from the longer Warwick Edinburgh Mental Wellbeing Scale (Tennant et al., 2007) and captures positive psychological functioning, including: optimism, clear thinking, agency energy and motivation, ability to deal with problems, connection with others and feelings of usefulness. Items are rated on a 5-point scale (from "None of the time" to "All of the time"). The measure has been shown to have good validity and reliability (e.g. Hong et al., 2023; Mack, Than Vo & Wilson, 2024; Ng Fat et al., 2017) Responses are transformed using a metric scoring system to yield a wellbeing score which allows for comparison with population norms. Scores on the measure may be categorised into low, moderate or high wellbeing scores.

Piloting measures

To assess the feasibility and acceptability of selected measures a large-scale pilot was conducted in 2024 across 10 Barnardos family support services. Measures were implemented across these services for a period of 10 months with parents of children receiving a targeted support. All projects involved in the pilot were visited by a researcher to describe the purpose of the pilot, the measures and their use – including procedures for measure completion with parents, scoring and

interpretation and data storage. At the end of the piloting process, feedback from all sites was collated via a survey and via site visits for discussion with staff members on the use of the selected standardised measures with parents, specifically their views on the utility and feasibility of the measures and any challenges/benefits of using the measures for staff members. Data collected from the pilot was also collated and analysed. Findings from the pilot indicated that the selected measures were acceptable to staff and parents, feasible to implement and compatible with practice across Barnardos family support. Analysis also indicated that data captured through standardised outcome measures could provide useful insights into the needs of service users, as well as the effectiveness of interventions offered through Barnardos. Implementation learning related to the importance of training for staff members, clear guidelines in using measures and simplified processes for data storage.

Implementation of measures

In 2025, measures were rolled out across all family support services on a phased basis. In addition to sites that had participated in the pilot, measures were introduced to an additional 7 Barnardos projects over a 2-month period, and subsequently (in the next month) to all remaining family services[1]. Support materials for staff members were developed including: (i) a practice guidance document which provided an overview of the three selected measures and what they measure, protocols for their use (e.g. gathering informed consent, timing, etc), scoring procedures and data storage; (ii) information materials for parents (information sheet and consent form); (iii) an automatic scoring template (via a Microsoft Excel booklet) to enable staff to complete scoring accurately and easily; and (iv) a tip sheet for understanding and providing feedback to parents on measure scores. The Barnardos research team also visited all family support centres to provide an in-person information and training session on the introduction and use of measures for all staff members.

[1] Work to introduce measures into specialised/targeted services including Young Parents Support Programme and Barnardos Childhood Bereavement Service is ongoing

Measures are completed by parents for an index child in the family aged between 4 – 18 years where they are receiving a targeted family support service. The index child is identified as the child for whom the referral was made. All parents are verbally informed of the purposes of data collection and provided with an information leaflet by their Project Worker. Parents provide their written informed consent for the completion of measures and for the use of measures for research and evaluation purposes. Measures are completed on two occasions during the family's involvement in Barnardos services: (1) at baseline in the first 1 – 8 weeks in their involvement in Barnardos services prior to a formal assessment and commencement of an intervention; and (2) at follow-up, when families are preparing for closure. Families are typically involved in Barnardos family support for a 32-week period. Measures can be self-completed by parents on pen and paper. Where necessary, Project Workers provide support for measure completion, particularly where there are literacy and/or English-language proficiency challenges. Measures are completed by families receiving intensive family support only, including parent-focused work, child-focused work, practical family support, crisis management, parent and child together work and whole family work. Exclusion criteria include: (a) parental consent to complete the measures is not provided; (b) child is younger than 4 years old/older than 18; (c) the parent/child/family is engaging in group-work only; and (d) parent is unable to complete measures due to cognitive impairment or significant language/communication barriers.

Data management

Measures are scored by Project Workers upon completion using a Microsoft Excel template to ensure accuracy of scoring. Scale scores are recorded securely in line with GDPR and Barnardos Data Storing and Retention polices within Barnardos ERK System. Measure scores, together with service user and service delivery statistics were collated. Barnardos routinely records personal information in order to meet its legal, administrative, financial and operational requirements. Information recorded includes: parent/adult age, ethnicity and gender; child age,

gender, ethnicity; as well as family structure and housing arrangements. Collection and retention of this information is governed by Barnardos Data Protection Policy, Barnardos Information Management and Security – Policy and Procedures; Barnardos Record Keeping and File Management Policy CS-013; Data Protection Acts 1988 – 2018 and General Data Protection Regulation (GDPR) guidelines. All service users are informed of the purposes and legal basis for the collection and retention of this information. Consent to participate in Barnardos services includes consent for routine record keeping and for the use of this data on an anonymised basis for legitimate research and evaluation purposes. All data was harvested by the Barnardos ERK Data Analyst using Microsoft Power BI and shared with the Barnardos research team on an anonymised basis using an allocated Person Number.

Analysis strategy

Descriptive statistics were used to summarise parent and child characteristics and services received, and to explore baseline levels of child and parent wellbeing. Baseline statistics were established for all families for whom data was collected (open and closed cases) and compared to normative national statistics. Analyses of service outcomes were conducted on closed cases. Child and parent outcomes were analysed using linear mixed models for repeated measures to determine mean differences between baseline and follow-up. This approach was adopted as it was important to account for the clustered nature of the data, as well as variability between individuals and autocorrelations in outcome measures between repeated measures. Linear mixed models can also account for missing data and do not require data to meet the same stringent assumptions as OLS regressions and analyses of variance (e.g. distribution assumptions, homogeneity of variance) (Hilbert et al. 2019; Schielzeth et al, 2020). Time (baseline vs. follow-up) was included as a fixed effect. Project (i.e., the Barnardos service the participant attended) was included as a random intercept to account for clustering at the service level. Repeated measurements within individuals were modelled using an unstructured covariance matrix, allowing variances at each timepoint and the covariance between timepoints to be freely estimated. An ID variable was used to nest individual participants within Projects. All models were

estimated using restricted maximum likelihood (REML) and outcomes were modelled separately. Effect sizes for fixed effects were calculated using partial eta squared, whereby 0.01 denotes a small effect, 0.06 a medium effect and 0.14 a large effect. Statistical analyses were performed using IBM SPSS Statistics (version 29.0).

Findings

Participant characteristics

At least one measure was available at baseline for 1,262 parent and child participants at baseline (631 families). Child, parent and family characteristics are shown in *Table 1*. Children were roughly equally divided into boys (51.7%) and girls (48.3); the vast majority (67.7%) were categorised as being at Level 3 on the Hardiker Model of Need (Hardiker et al., 1991). The majority of families were White Irish or from another White background; ethnic minorities made up 10.5% of families. Just under one-third of families had self-referred (n = 206; 32.6%) to Barnardos services; 43.8% (n = 267) were referred via a Tusla Social Work Department.

At the point of analysis, 34.1% (n = 215) of families remained open to Barnardos, while 65.9% (n = 416) were closed (i.e. were finished receiving services). Follow-up data was available for 63.7% of closed cases (n = 265). There were no differences between those who had data collected at follow-up and those who were lost to follow-up in respect of child age and gender, family ethnicity, family structure and source of referral, although children who were lost to follow-up were more likely to be at higher level of need according to the Hardiker Model (*Appendix 1*). Children who were lost to follow-up were also rated as having lower strengths at baseline (SDQ Prosocial scale), although there were no other differences on measures of child wellbeing, parent-child relationships or parent-wellbeing.

Table 1: Participant and Family Characteristics. Figures are numbers (%) unless otherwise stated

	Participants (n = 631 families)
Mean Child Age in Years (SD)	10.18 (3.8)
Child Gender	
Boy	326 (51.7)
Girl	305 (48.3)
Parent	
Mother	525 (83.2)
Father	88 (13.9)
Other (e.g. grandparent, aunt)	18 (2.9)
Family ethnicity	
White Irish	406 (64.3)
Irish Traveller	10 (1.6)
Other White background	69 (10.9)
Ethnic minority	66 (10.5)
Unknown	80 (12.7)
Family structure	
Married/Cohabiting	184 (29.2)
Lone parent	191 (30.3)
Parents living apart and co-parenting	97 (15.4)
Foster care/Kin care	18 (2.8)
Other (widowed, separated parents living in same house)	19 (3)
Unknown/Not documented	108 (17.1)
Child Hardiker Level of Need	
Level 2	174 (27.6)
Level 3	427 (67.7)
Level 4	31 (3.3)
Source of referral	
Self-referral	206 (32.6)
Tusla	267 (43.8)
HSE	51 (8.1)
Community-based/Voluntary agency	43 (6.8)
School	38 (6.0)
Other	12 (2)

Baseline needs

High scores at baseline on the SDQ indicate that children were demonstrating considerable risks to their wellbeing. At baseline, 64.4% of children were categorised as "high" or "very high" on the SDQ Total Difficulties score and, overall, children involved in Barnardos family support services were scoring substantially higher on the SDQ when compared to a representative sample of Irish children (Williams et al., 2009; Williams et al., 2018). Typically, only 7% of children in Ireland fall into high/very high range for difficulties (Williams et al., 2009). Comparisons of average or mean scores on the SDQ subscales and Total Difficulties scores show that children involved with Barnardos are at significantly greater risk of poor behavioural and wellbeing outcomes (See *Fig. 1*). In total, 60% of children were scoring high or very high in on the SDQ Emotional Symptoms subscale, indicating that a substantial proportion of children attending Barnardos services were experiencing emotional distress. Normative statistics found that 11.6% of children in Ireland are in the abnormal range on this scale (Williams et al., 2018). Between 40 – 53% of children were in the high to very high ranges of the other subscales; 37% of children attending Barnardos had low or very low strengths (SDQ Prosocial scale).

At baseline, parents on average report close and affectionate relationships with their children. However, comparison between parents and children involved in Barnardos and data from the Growing up in Ireland study (Williams et al., 2009; Williams et al., 2018) indicates that families experience more challenges in their relationships, including lower levels of closeness and, in particular, more conflict and negative interactions (*Fig. 2*).

Fig 1: Child behaviour and wellbeing at baseline - Comparison between children involved with Barnardos and Growing up in Ireland data

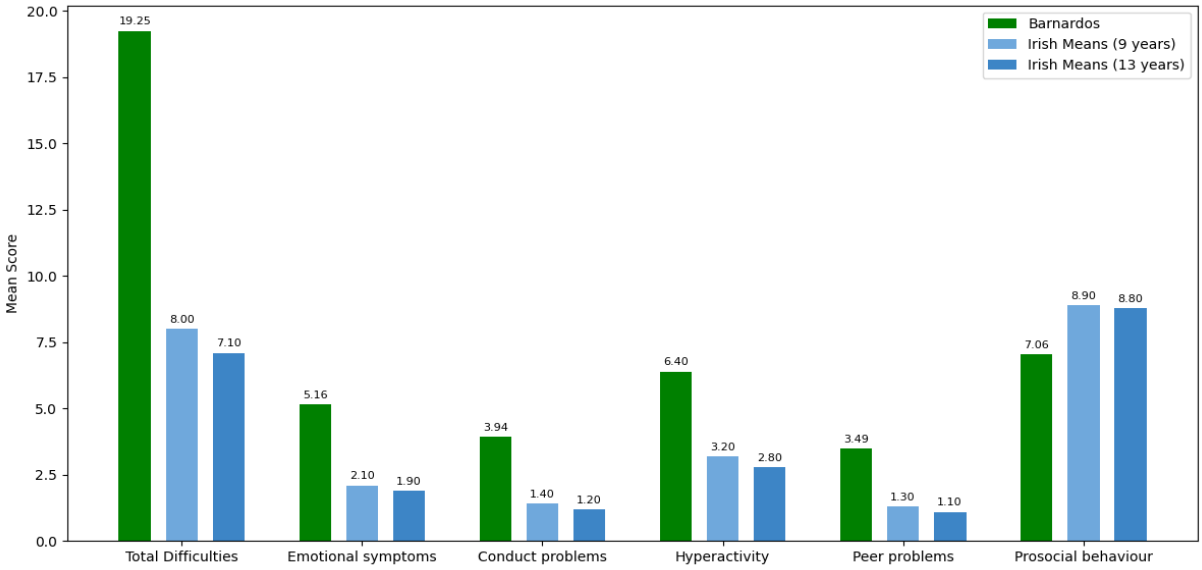
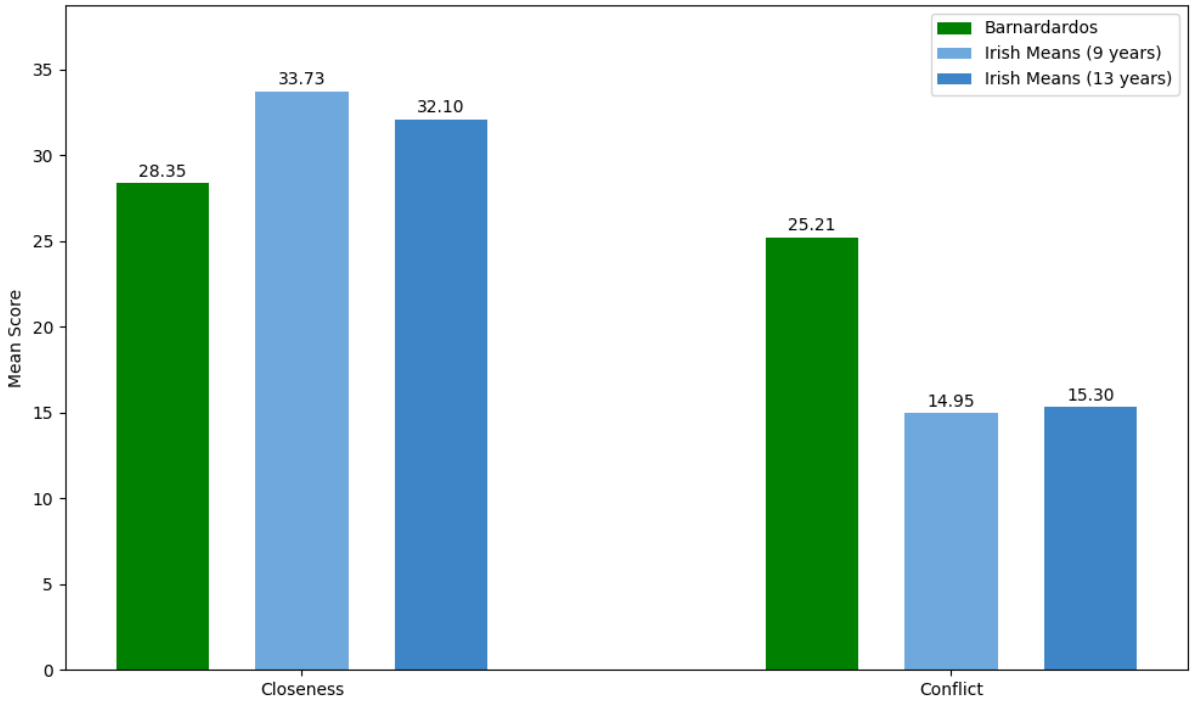


Fig 2: Child-Parent Relationships at baseline - Comparison between children and parents involved with Barnardos and Growing up in Ireland data



The majority of parents rated themselves as experiencing positive wellbeing at baseline, suggesting that parents were generally experiencing positive emotions and feeling connection with other people. Nevertheless, around 37% were experiencing low wellbeing.

Service outcomes

The results of the linear mixed modelling, including estimated marginal means, fixed effects for time and effect sizes are shown in Table 2. Random-effect variances were consistently small, indicating minimal clustering by Project and are reported in *Appendix Table 2*.

The findings show that there were significant differences in children's social, emotional and behavioural wellbeing at follow-up. SDQ Total Difficulties scores significantly decreased from baseline to follow-up, reflecting a large effect of time on children's wellbeing. These findings show that after taking part in Barnardos services, children were showing significantly fewer externalising and internalising difficulties. The findings also illustrate a statistically significant increase in child strengths, although the effect of time on prosocial behaviours was small. There was also a significant large effect of time on the SDQ impact subscale, indicating that children were experiencing less distress and social impairment in their day-to-day lives and parents perceived child difficulties to be less burdensome. Significant main effects of time on parent-child relationships were also found indicating that there was a significant increase in closeness and significant decrease in conflict within the parent-child relationship. Overall, parents reported more warmth, affection, and open communication in their relationship with their child. A large decrease in conflict as was also found indicating that lower levels of hostility, anger, resistance and emotionally difficult interactions. A significant increase in SWEMWBS scores from baseline to follow-up, suggests that parents' subjective wellbeing and psychological functioning had improved over time This represented a large effect of time on parents' strengths and functioning.

Table 2: Results of the Linear Mixed Models for Child and Parent Outcomes

	Estimated Marginal Means (SE)		**Estimate (SE)**	**95% CI**	***p***	**Effect size**
Child Wellbeing	Baseline	Follow-up				
SDQ Total Difficulties (389)	19.31 (0.39)	14.77 (0.44)	-4.54 (0.35),	-3.84 – -5.23	<0.001,	0.39
SDQ Prosocial (370)	7.1 (0.1)	7.59 (0.2)	0.49 (0.13),	0.75 – 0.23	<0.001,	0.05
SDQ Impact (343)	3.77 (0.1)	2.37 (0.2)	-1.4 (0.19),	-1.02 – -1.78	<0.001,	0.18
Parent Child Relationships						
CPRS Closeness (323)	29.40 (0.5)	31.12 (0.5)	1.72 (0.40),	2.52 – 0.93	<0.001,	0.07
CPRS Conflict (326)	24.82 (0.5)	21.43 (0.6)	-3.4 (0.49),	-2.41 – -4.35	<0.001,	0.17
Parent Wellbeing						
SWEMWBS (317)	22.08 (0.3)	24.81 (0.4)	2.73 (0.33),	3.39 – 2.07	<0.001,	0.27

SDQ = Strengths and Difficulties; CPRS = Child-Parent Relationship Scale; SWEMWBS = Short Warwick Edinburgh Mental Wellbeing Scale

Discussion

Evidence-based decision making is an increasing feature of policy and practice in social care and welfare systems, yet family support services are often hindered by a lack of suitable data gathering mechanisms that can provide insights into service trends and outcomes and provide evidence for their success. This report describes the use of standardised measures across Barnardos family support services. Standardised measures used routinely in social care and welfare settings can help to provide accurate and trustworthy insights into the scale of need among service users, while also building understanding of service outcomes (Spratt et al., 2021). The introduction of standardised measures across Barnardos family support services involved bottom up planning and implementation processes. From the outset, practitioners' and service users' understanding and experiences of standardised measures was explored through a range of collaborative, engaged processes including webinars, workshops and surveys. One of the key results of this process was the identification of measures which were seen by both staff members and parents as useful, acceptable, appropriate and feasible. A variety of child and parent wellbeing measures exist and it can be challenging for practitioners and researchers to decide which measures to use in research and monitoring within service settings (Gridley et al., 2019; Verlenden et al., 2020). An important requirement is the psychometric properties of measures - selected instruments must be robust in reliability and validity. Cost and availability are also critical, particularly in practice settings where resources for research and data monitoring may be limited. Often researchers have insights into these issues, however, selecting measures must also be guided by key stakeholder needs in order to optimise their fit with the service environment. Working together to select measures can help to ensure that measures can be fully implemented, in turn, supporting the collection of high quality, useful information in community-based service settings.

Collaborative, engaged processes also fed into the development of an implementation plan for the roll out of standardised measures across Barnardos family support services which included training and resources to support staff in

using, scoring and storing data. In this way, practitioners were supported in understanding of what standardised measures are, the benefits of using these kinds of instruments, as well as ensuring they had knowledge of necessary processes and standards to ensure that data was collected and managed accurately and securely. Importantly, practitioners are skilled in working and developing positive relationships with children and parents accessing community-based family support services. Social service providers can be ideally placed to collect data, engage in research and evaluation and generate evidence in complex service and support systems working with vulnerable families (Oliveira, 2026). Engaging with practitioners as genuine partners, understanding their requirements and strengthening capacity can help to remove barriers to, and enhance the feasibility of using standardised measures in practice-based settings. It is important to note that standardised measures are not being used as a screening or an assessment tool within Barnardos. However, feedback from practitioners has indicated that the selected instruments are compatible with Barnardos assessment practices and help to generate relevant information which can feed into the broader Barnardos Assessment Framework. This is important as the introduction of standardised instruments must complement practice in order to ensure their acceptance, appropriateness and feasibility at a service level.

The use of standardised measures across a national family support service has provided important insights into needs and outcomes of vulnerable children and parents. The findings highlighted here demonstrate that, in comparison with a normative Irish sample (Williams et al., 2009; 2018), children engaged in Barnardos services were experiencing significant social, emotional and behavioural difficulties. These wellbeing challenges are concerning and illustrate that children engaged in Barnardos services are struggling to understand, express and manage their feelings and behaviours, and to find ways to build positive relationships with their peers and others. Parent reports also indicated that they face frequent tension and negativity in their interactions with their children, while a significant proportion of parents also reported struggling with their own mental wellbeing. Together, child social, emotional and behavioural difficulties, impaired parent-child relationships and parent mental health concerns are strong risk factors for

poor outcomes in childhood (Cattan et al., 2024). Indeed, the findings here indicate that children and families are experiencing significant distress, social impairment and burden in their day-to-day lives. These kinds of inequalities which emerge early can cast a long shadow into later life increasing the risk of poorer health, psychological, educational, economic and social outcomes in adulthood (McDaid et al., 2022). In fact, longitudinal findings from the Growing up in Ireland study – used here as a benchmark – demonstrates the persistence of social, emotional and behavioural difficulties into later life amongst children who scored highly on the SDQ at 9 and 13 years (McNamara et al., 2020). Complex needs and adversities can also operate across generations exerting a profound and persisting influence on structural inequalities (Bennett et al., 2021; Zhang et al., 2023). Overall, there is a significant need for a diverse, well-funded and efficient system of supports which can reduce risks and prevent negative outcomes for vulnerable children and families (Almeida et al., 2022).

The findings reported here point to significant improvements in child and parent wellbeing over time. Although almost two-thirds of children were demonstrating high difficulties at baseline, at follow-up these challenges were significantly and meaningfully reduced. Following engagement in Barnardos family support services, children were reported as showing substantially fewer behavioural, emotional, and peer-related difficulties. Strengths had also improved, although this effect was small. However, there was a large reduction in day-to-day challenges across children's home life, friendships, schoolwork, and leisure activities, indicating that childhood social, emotional and behavioural difficulties were having a reduced impact on child and family functioning. Small to moderate effects found on the child-parent relationship scale suggest improvements in relationship quality between baseline and follow-up. Overall, children and parents were experiencing enhanced warmth, positive connection, and ease of communication, as well as less conflict and difficult interactions. Significant effects on parental wellbeing and functioning were also found. Overall, this suggests reductions in risks and improvements in protective factors in children's lives following participation in Barnardos services. In line with previous research which illustrates that 'early help' works to stabilise and prevent escalation of risks

(Webb, 2023), these findings point to a buffering effect of family support on functioning and family life. These findings are important and - although causal attributions cannot be drawn with the design used here – it may not be the case that such changes in child and parent wellbeing would occur in the absence of intervention and support. Recent evidence from the UK suggests that reduced investment in family support or "ordinary help" is associated with increased rates of children experiencing risk to their health and wellbeing (Webb, 2023). Thus, improvements observed here may be seen as evidence of family support playing an important role in stabilising and preventing the escalation of risk for vulnerable families.

Barnardos provide a trauma-informed, context-sensitive and flexible supports to children and families, ranging in age from early to middle childhood and into adolescence. Supports delivered to families are tailored to needs and address multiple and complex challenges within the family's circumstances. Although there is substantial and growing evidence supporting the importance of investing in prevention and early intervention supports (Gardner & Leijten, 2017; Hayre et al., 2025), establishing the evidence base for this kind of flexible, non-manualised and multifaceted family support service is much more challenging (Edwards et al., 2021; EurofamNet, 2020; Stewart Brown et al., 2011). Additionally, much of the evidence for the effectiveness of prevention and early intervention supports focuses on early life and pre-school children resulting in a relative paucity of evidence for the impact of early help on older children (Bennett et al., 2021). This lack of evidence has increased the risk that potentially effective supports may not receive adequate funding, resulting in contractions in service provision, worsening inequalities and adversities, and exacerbating pressures on social welfare and care systems downstream (Hood et al., 2020; Webb, 2025).

Community-based family support services are often not amenable to experimental, randomised controlled trial evaluations (Stewart-Brown et al., 2011). However, there has been growing interest in pluralism in evaluation practices and in using observational studies to assess changes in child and family developmental trends (Canário, Cruz & Almeida, 2025; Skivington et al., 2021; Webb, 2023). The

use of standardised measures here to track service users before and after their engagement with Barnardos family support services suggests improvements in child and parent outcomes following the delivery of supports. This kind of data provides insights into outcomes at an individual level. Ongoing aggregation of this kind of data over time and its integration with other sources of data (e.g. service outputs and expenditure, qualitative data and feedback from service users and practitioners) can help to build the evidence for family support type interventions (Fernandez, 2007; Edwards et al., 2021). The implementation of standardised measures in this manner may be understood as a means of making visible patterns of changes in child and family functioning that occur in the context of relational, needs-led family support.

Strengths and limitations

This study provides a case example of the use of standardised instruments on a routinised basis in a national family support service. The data collected provides insights into the needs of a large sample of vulnerable families in Ireland, as well as the potential value of intensive, tailored family support services. Project workers were trained and supported in their use of measures with parents. Data has been rigorously analysed on an anonymised basis. However, some challenges and limitations must be noted. Due to data storage protocols whreby practitioners store only scale scores and not individually scored items which are completed on pen and paper, we are currently not able to calculate scale reliability on collected measures – although all measures used are widely used in research and evaluation and are considered to have satisfactory psychometric properties. An attrition rate of 36.3% was noted here and may represent an increased risk of bias. Indeed, families who disengaged were more likely to be at a higher level of need, while children who were lost to follow-up were also more likely to have lower strengths. At least some of this attrition is likely due to natural disengagement from services. Ongoing data collection and analysis over time may be helpful in identifying trends in relation to service drop-out and which service users are at increased risk of disengagement from services. In turn this information may be useful in guiding resources and developing supports to better meet their needs and promoting

engagement. It is also important to note that families are often engaged with Barnardos family support service for an extended period of time, particularly those who are experiencing the most complex needs and adversities. Thus, families with more complex needs may be currently underrepresented in the retained sample. Ongoing data collection and analysis will shed more light on patterns of service engagement, measure completion and attrition. Further limitations include the lack of a comparison group. Consequently, the findings must be interpreted cautiously. Nevertheless, as noted earlier, these kinds of family support services which are delivered in community settings or utilise less manualised or structured forms of support are often less amenable to experimental research methods (Stewart-Brown et al., 2021). We are also unable to determine the longer-term impact of services and if the effects noted here are sustained or fade-out over time.

In line with staff and service user preferences, and in order to reduce barriers to completion of measures (e.g. participant and practitioner discomfort, etc), a broad window (up to 8 weeks) was established for the completion of baseline measures. Project workers are encouraged to complete the measures as early as possible and prior to the completion of an assessment and commencement of intervention, however, this protocol was put in place to promote greater uptake of measure completion by allowing more time for relationship building where service users are mistrustful and/or experiencing overwhelm. Data collected in later weeks may not represent a true baseline. At the same time, service users, particularly those with more complex needs, are often receiving services for an extended period of time. Moreover, high scores have been captured at baseline and feedback from Project Workers indicates that a substantial proportion of parents require support when completing measures. Thus, creating stricter cut-offs may mitigate against data collection, particularly amongst those with the most need.

Conclusion

This report provides a case example of the introduction and analysis of standardised measures into a large family support service working with vulnerable families. Data collected from standardised measures provides some important insights into child and parent wellbeing. Analyses also illustrate that children experience a large, meaningful change in behavioural, social and emotional wellbeing following engagement in Barnardos services. Improvements in parent-child relationships and parent wellbeing also indicate increased strengths in families following intervention. Collaboration with stakeholders and supporting practitioners in the use of measures was crucial in ensuring implementation of measures on a routinised basis throughout a large organisation delivering social care supports. Despite successes in rolling out measures across, challenges relating to attrition have been noted. Ongoing monitoring of data collection processes and support for practitioners in their sustained use of measures is needed and may help to ensure that data collection continues on a systematic basis and that findings are representative of all service users. Nevertheless, the use of standardised measures within Barnardos family support services can help to shed light on the contribution of flexible, relational, needs-led and community-based family supports to containing and reducing risks for vulnerable families. Data gathering using standardised instruments across Barnardos family support services remains in an early stage of development. A broad array of other data sources is collated by the organisation including service outputs, practitioner reports and service user feedback. Next steps will involve drawing together and integrating multiple data sources to provide a fuller picture of service user needs, experiences and outcomes to further build understanding of the effectiveness of family support services delivered in community-based settings.

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Appendix 1: Attrition Analysis

Appendix table 1: Comparison between closed cases (n = 416) who had follow-up data (n = 265) versus those who were lost to follow up (n = 151). Figures are frequencies (%) unless otherwise stated.

	Follow-up data collected n = 265	Lost to Follow Up n = 151
Participant Characteristics [a]		
Mean Child Age in Years (SD)	10.29 (3.7)	10.01 (3.9)
Child Gender		
Boy	140 (52.8)	78 (51.7)
Girl	125 (47.2)	73 (43.3)
Parent		
Mother	210 (79.9)	128 (84.8)
Father	45 (17)	19 (12.6)
Other (e.g. grandparent, aunt)	9 (3.4)	4 (2.6)
Family ethnicity		
White Irish/ White	185 (69.8)	106 (70.2)
Ethnic Minority	30 (11.3)	27 (17.9)
Family structure		
Married/Cohabiting	91 (34.3)	55 (36.4)
Lone parent	80 (30.2)	43 (28.5)
Parents living apart	39 (14.7)	20 (13.2)
Foster care/Kin care	9 (3.4)	4 (2.6)
Other (widowed, separated parents living in same house)	7 (2.6)	4 (2.6)
Child Hardiker Level of Need *		
Level 2	86 (32.5)	34 (22.5)
Level 3	167 (63)	114 (75.5)
Level 4	11 (4.5)	3 (1.9)
Source of referral		
Self-referral	81 (30.6)	48 (31.8)
Tusla Social Work Dept	69 (26)	49 (32.5)
Tusla (Other)	40 (15.09)	22 (14.6)
HSE	24 (9)	13 (8.6)
Community-based/Voluntary agency	23 (8.7)	6 (3.9)
School	20 (7.5)	8 (5.3)
Other	6 (2.3)	5 (3.3)
Baseline measures [b]		
SDQ Total Difficulties	19.53 (7.1)	18.87 (7.3)
SDQ Prosocial *	7.34 (2.2)	6.57 (2.9)
SDQ Impact	3.75 (2.8)	3.95 (2.9)
CPRS Closeness	29.86 (6.9)	28.44 (7.1)
CPRS Conflict	24.39 (8.7)	26.02 (10.9)
SWEMWBS	22.18 (5.1)	21.9 (4.1)

Differences compared using Chi-Square, two-samples t-tests and ANOVA; * $p < 0.05$

[a] Figures for participant characteristics are frequencies (%) unless otherwise stated

[b] Figures for baseline measures are means (SD)

SDQ = Strengths and Difficulties; CPRS = Child-Parent Relationship Scale; SWEMWBS = Short Warwick Edinburgh Mental Wellbeing Scale

Appendix 2: Full Results of the Linear Mixed Modelling

Appendix Table 2: Full Results of the Linear Mixed Model for Child and Parent Outcomes

Parameter	Time (Fixed Effect)		Project (Random Effect)	
	β (SE), *p*, *95% CI for* β	***F*** (df1, df2)	β (SE), *p*, *95% CI for* β	Wald z
Child Wellbeing				
SDQ Total Difficulties (389)	-4.54 (0.35), <0.001, -3.84 – -5.23	164.41 (1, 263.1)	0.46 (0.94), 0.63, 0.01 – 25.40	0.49
SDQ Prosocial (370)	0.49 (0.13), <0.001, 0.75 – 0.23	13.92 (1, 248.85)	0.15 (0.14), 0.27, 0.03 – 0.90	1.1
SDQ Impact (343)	-1.4 (0.19), <0.001, -1.02 – -1.78	52.13 (1, 237.55)	0.31 (0.24), 0.19, 0.07 – 1.38	1.31
Parent Child Relationships				
CPRS Closeness (323)	1.72 (0.4), <0.001, 2.52 – 0.93	18.16 (1, 257.26)	1.16 (1.12), 0.3, 0.18 – 7.67	1.04
CPRS Conflict (326)	-3.38 (0.49), <0.001, -2.4 – -4.35	47.46 (1, 225.9)	0.33 (1.69), 0.85, 0.00001 – 8295.5	0.19
Parent Wellbeing				
SWEMWBS (317)	2.73 (0.33), <0.001, 3.39 – 2.07	67.33 (1, 230.60)	0.26 (0.44), 0.55, 0.01 – 6.92	0.6

SDQ = Strengths and Difficulties; CPRS = Child-Parent Relationship Scale; SWEMWBS = Short Warwick Edinburgh Mental Wellbeing Scale

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