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## Help seeking and help providing in Ireland

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# HELP SEEKING AND HELP PROVIDING IN IRELAND

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### Introduction

Recent developments in the Irish child welfare system have involved a targeted move towards the provision of accessible help at a more timely point for children, young people and their families. It is widely accepted that preventing maltreatment or minimising the harm experienced by children and young people is the desired approach in social service provision. The rhetoric of prevention and early intervention has been [almost] centre stage in Ireland for well over a decade (Devaney & Dolan, 2017). However, it is only in the very recent past that this has translated into a practical orientation within service provision. Prior to this, there was quite a different landscape in children and families services. The current statutory child and family agency, Tusla, was established in 2014 as part of a comprehensive reform and

consolidation of child protection, early intervention and family support services in Ireland. Before Tusla was established, child protection and welfare was delivered as part of a wider health and social services programme including hospital and primary care (Burns & McGregor, 2019). Prevention and family support services played an important but relatively minor part in terms of resources and staffing in the former statutory structures and was delivered more prominently within the voluntary and community sector (See Burns & McGregor, 2019; Devaney & McGregor, 2016; Devaney & Rooney, 2018). However, there has been a significant reorientation in this regard. Tusla now has a dedicated programme of Prevention, Partnership and Family Support (PPFS), which operates within its child protection and welfare function. This paper considers the traditional attitudes to, and arrangements for, help seeking and help providing in Ireland

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and debates the current approaches and their potential.

### **Help provision in the current Irish context**

In Ireland, child and family welfare is the responsibility of various ministerial bodies and is covered by a broad range of strategies, action plans and policies. However, in 2011, the first Minister for Children and Youth Affairs was appointed and a new Department of Children and Youth Affairs (DYCA) established with the aim of providing an overarching cross-departmental focus to policy and service development for children, young people and families (Connolly & Devaney, 2017). The remit of the DYCA includes Tusla, the Child and Family Agency along with other state agencies concerned with children, young people and their families.

From a service provision perspective, in 2018 Tusla received 52,779 referrals into the child protection and welfare system and had 26,136 open cases of child protection and welfare and children in care at the end of that year. Ireland has a relatively young population compared to many other European countries. In 2016, there were 1,190,478 children (aged 0–17) in a total population of 4,757,976 (26%). Of these, 331,515 were aged between 0 and 4 years, 548,693 were aged between 5 and 12 years and 310,270 aged between 13 and 17 years. There were 1,218,370 families in Ireland (Central Statistics Office, 2017).

The work of Tusla is informed by the policies developed by the Department of Children and Youth Affairs. Coinciding with the establishment of Tusla in 2014, the DCYA launched a national Framework for Children and

Young People entitled *Better Outcomes, Brighter Futures 2014–2020* which represents the first overarching children's policy framework spanning children and young people (0–24 years). It sets out five National Outcomes for children and young people. These are the unifying outcomes structuring policy for children and young people across government, agencies and sectors which have a role and remit for working with children and young people. Underpinning these developments is the State's present commitment to stability in children's lives with particularly attention paid to times of transition, children's rights, evidence-based practice, outcomes-focused research, and children's participation in society. In addition, a High-Level Policy Statement on Parenting and Family Support (Department of Children and Youth Affairs, 2015) was published. It emphasises the development of a system of supporting parents and families that seeks to build on family strengths and values informal support networks wherever possible and can readily deliver supports to children and their families based on inter-agency, cross-sectoral and interdisciplinary working. The Statement also promotes the availability of a coherent continuum of local supports to all parents and families which can be accessed easily and in a timely way. It supports the shift of Parenting and Family Support to greater prominence in Tusla's discharge of its statutory child welfare and protection responsibilities (Connolly & Devaney, 2017). While the policy framework acknowledges that the majority of families have the capacity to cope with challenges that arise, it emphasises that some families need more help than others. The approach is proactive, preventive, and based on

evidence, with parents, children and young people as key actors in the process.

Informed by these policy intentions Tusla's Child Protection and Welfare Strategy 2017 (Tusla, n.d. a) and Tusla's Corporate Plan (2018–2022) sets out the aims for the agency into 2022 (Tusla, n.d. b) and highlights the opportunity for Tusla to integrate the child protection and welfare approach with the mainstreaming of Prevention, Partnership and Family Support (PPFS). The overall intention of Tusla, as an independent Child and Family Agency, is to move child welfare in Ireland from the predominance of an investigatory and reactionary system to a more holistic and proactive one that places the prevention of harm and promotion of parenting and family support as part of the overall package of child protection and welfare services for families and children (Canavan, Devaney, McGregor, & Shaw, 2019).

### **Help provision in a previous context**

From the foundation of the Irish State (in 1922) onwards the provision of support services was primarily provided by the Churches, particularly the Catholic Church, with an overriding view that families and communities should generally service themselves. Together, the 1908 Children's Act and the Irish Constitution (Bunreacht Na hÉireann, 1937) provided the main legal framework for child care until the early 1990s. As the Constitution has enshrined the protection of the family from undue interference from the State, a sensitive and largely minimalist approach to intervention in family life found its way into child protection and welfare discourse (Devaney &

McGregor, 2017). The services offering residential care to children in Reformatory and Industrial Schools were administered by religious organisations. Children who were involved in crime, as well as children who were orphaned, neglected or 'illegitimate' were housed and cared for in industrial schools, with no distinction between the two groups.

However, in the 1930s, State attention began to focus on the differing needs of these children and a Commission of Inquiry was established to examine the operation of the institutions which incarcerated a wide variety of children. Following on from this, the Tuairim Report published in 1966 argued for the replacement of the 1908 legislation to take into account the present needs of Irish society and contemporary theories and methods of child care and protection. The report also advocated for all child care services to be administered through the [then] Department of Health. It was recommended that children could be better cared for without splitting up the family (Devaney, 2011; Devaney & McGregor, 2017; Devaney & Rooney, 2019; O'Sullivan, 2009). In response to this a committee was established to review the Reformatory and Industrial Schools systems in operation. The report of this committee (the Kennedy Report, 1970) was instrumental in highlighting the unrealistic nature of dealing with children in care in isolation, with a strong emphasis on preventing children from being placed in care.

As a result of the recommendations in the Kennedy Report committee a Task Force on Child Care Services was established in 1974 to look at all aspects of children's services. The Task Force reported an absence of

co-ordinated planning across Departments with responsibility for children, and a mirroring of this at service delivery level (The Task Force on Child Care Services, 1980). The Report was instrumental in advancing long-awaited legislation on children's care and protection and in informing and shaping associated service developments. As the first major legislation enacted since the formation of the State, the 1991 Child Care Act represented a landmark in the history of children's services in Ireland. The Act is founded on the premise that it is generally in the best interests of children to grow up at home. The Act places a statutory duty on Health Boards [now Tusla] to identify and promote the welfare of children who are not receiving adequate care and protection and to provide a range of child care and family support services. In performing these duties the [then] Health Boards were required to regard the welfare of the child as the first and paramount consideration, have regard to the rights and duties of parents, give due consideration to the child's wishes and have regard to the principle that it is generally better for the child to be brought up in their own families (Section 3). The overall aim is for the State to support the role of parents in a humane way, rather than supplanting it (Ferguson & Kenny, 1995). In line with a commitment in Better Outcomes Brighter Futures (2014–2020) the DCYA has commenced a review of the Child Care Act. The purpose of the review is to identify what is working well within the legislation including its impact on policy and practice, address any identified gaps, operational improvements and new areas for development, capture current legislative, policy and practice

developments and to revise the original legislation.

### **Towards a current understanding of seeking and providing help**

As mentioned earlier, Tusla, the Child and Family Agency has a new programme of action as part of its National Service Delivery Framework. The programme seeks to transform child and family services in Ireland by embedding prevention and early intervention into the culture and operations of Tusla. Central to this programme are five distinct but complementary and interwoven Work Packages: Parenting Support and Parental Participation; Public Awareness (i.e., increasing awareness of where to access help among the general public); Children's Participation (i.e., enhancing child and youth participation at all levels of their engagement with Tusla); Commissioning, which focuses on the funding of services; and the development of the Meitheal and Child and Family Support Networks (CFSNs) model. The latter is a distinct stream but it also acts as a fulcrum for much of the development of the other aspects of the programme.

The recently completed four-year evaluation (2015–2018) of Tusla's public awareness work and on the Meitheal and CFSN model within the PPFs programme provides interesting insights on current help seeking behaviours among the Irish public. For the purposes of this paper a number of particular aspects of these findings are considered with regard to both help seeking and the children and families services response to this.

In 2015, the general population were surveyed and asked about the levels of awareness of parents/carers help-seeking behaviour and their perceptions of Tusla's Family Support, Prevention and Early Intervention services. A repeat follow-up survey was issued in 2018. Respondents were asked who they would turn to for help if someone they knew was having parenting or family problems that they could not manage. Interestingly, personal support networks were identified as the main source of support. Between the period of the baseline survey (2015) and the follow up survey (2018), the percentage citing immediate family as the main source of family support increased from 60.9 per cent to 73.9 per cent. This survey also found that most of the public did not think about family support in the same way as practitioners or academics do and very much see it as an informal source of support or a support sought from universal services especially their General Medical Practitioner (GP). It is significant to note in relation to help-seeking that there was an increase from 2015 to 2018 in the number of people who would ask their GP (from 39% to 48%). This study is reflective of a study carried out by Broadhurst (2008) who explored the concept of 'help-seeking' by carrying out interviews and focus groups. She identified the different ways that parents talked about support as 'inside' or 'outside' the family. Families within the study had a preference for support from within the family and they referred to 'support from professionals' as something that they accessed only when absolutely necessary. Unsurprisingly, members of the Irish public do not conceptualise support in terms of 'levels' or 'tiers' and only rarely associated specialist support services. Moreover, they often combined

protection and support and were more likely to present these as overlapping rather than as distinct features (McGregor & NicGabhainn, 2016, 2018). The involvement of families in the prevention and early intervention model 'Meitheal' was found to have impacted on their help-seeking behaviours and their awareness of support services (Rodriguez, Cassidy & Devaney, 2018). The Meitheal and CFSN model is embedded within Tusla's area-based approach to working with children, young people and their families (Gillen, Landy, Devaney, & Canavan, 2013). The area-based approach aims to provide services at a local community level based on a structured continuum of support for families with unmet needs (Ibid). Tusla defines Meitheal as 'a national practice model to ensure that the needs and strengths of children and their families are effectively identified, understood, and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and to realise their rights' (Gillen et al. 2013, p. 1). In a systematic review of the literature, Boag-Munroe and Evangelou (2012) found that professionals working with families need to look for well-planned and detailed solutions in order to sustain relationships with parents. The Meitheal model is a process-based system, which revolves around the child or young person and their family and involves a range of community, voluntary and statutory organisations providing coordinated and integrated supports. Involvement in Meitheal has been found to be making a positive difference to families with timely help provided through the model. The value-based principles underlying the process are viewed as key features of the model which are valued by family

members. Such principles include the process being led by a practitioner the family knows and trusts, a focus on the strengths of the family (both individual members and as a unit) and working at a pace which is aligned with the needs of the family members (Rodriguez et al., 2018). This mirrors the type of 'milk van support' described by Harris; that is, daily, low key, routine, and available for the long haul, as opposed to: 'fire brigade support' that is, once off, emergency, dramatic (1993, p.99).

The relationship between the practitioner and the family and not the discipline or role of the lead practitioner is the key criteria for leading the family through the Meitheal process. Freedman (2000) reminds us that it is less how a programme is conducted which matters, and more the environment through which relationships are developed which sustains and supports people. The creation of an effective working relationship is a critical ingredient in effective support services (Munford and Sanders, 2003, p.184). The relationship is where the work takes place, and where change can be attempted, and the helping alliance which is forged is critical in the change process (Ibid. 2003). Research has indicated that parents appreciate a relationship with workers which is based on honesty and kindness, and where they are prepared to go the 'extra mile' for them (Dale, 2004; McCurdy & Jones, 2000; Munro, 2011), and that there is a need to return to relationship-based practice (Brandon & Thoburn, 2008). While it can be argued that practitioners are heavily constrained by competing demands on their time it is also argued that creating positive helping relationships is central to improving outcomes in child welfare (Cameron, O'Sullivan, Reynolds,

Piertney, & Benton, 2013). It is also noted that addressing negative or unwanted behaviours is more effective if there is an existing relationship between the practitioner and the family members. Intervening in difficult situations where the worker knows the family, and the community, is more likely to have an impact and effect some real change.

During their involvement in this process the majority of families had increased access to formal support networks and parents who previously had little understanding of how the service provision system worked now developed a greater understanding of how to access help. This increased awareness is a significant resource for families in terms of being able to access help in a timely manner. Moreover, their knowledge of and access to these formal networks could act as a protective factor in the future helping to ensure that support is sought earlier and is directed towards an appropriate service or range of services. Of note also is the evidence that many parents involved in the Meitheal process are recommending it to their own informal social networks as a source of accessible and effective support (Rodriguez et al., 2018).

### **In conclusion and looking to the future**

Help-seeking behaviours are strongly influenced by family and community behaviours and attitudes (Amar, Bess, & Stockbridge, 2010) and this is no different in the Irish context. It is long since established that informal sources of support are the preferred option for parents who are in need of assistance (Gardner, 2003; Devaney & Dolan, 2017) and this is also the case currently



in Ireland with most individuals relying on their own networks for support (McGregor & NicGabhainn, 2018). However, we also see that families involved in Meitheal are increasingly aware of, and open to using, formal support networks. Given that current public awareness of such formal services is low the parents involved in Meitheal have potential to act as champions for involvement in formal support services. Parents who have been involved in the help seeking process are well placed to provide testimony of their experiences and to advocate for the timely and appropriate involvement of others who are in need of such resources. As discussed, there has been a long tradition of stigma associated with the provision and accessing of children and families services in Ireland. Help seeking and help providing have not been associated with normative family functioning and have therefore been viewed as something to keep to oneself and not for sharing with wider family or social networks. The duality of support and protection in help providing with children and families has been long established in academic and policy arenas (Parton, 1997) however this perception has not necessarily made its way into the public realm. If presented and viewed as a public health model there is potential in the PPFS programme to enhance the scope and potential of the Meitheal model as an early intervention and prevention approach within the child welfare arena which is welcomed by, and accessible to, families. Undoubtedly, this requires greater working in partnership with universal services such as GPs, Health Visitors, Schools and development of strategies that enable this (Canavan et al., 2019). However, the effort is warranted. This programme has the

potential to effect positive and long-lasting change in the Irish service provision system improving the continuum of support for families and their experience of being involved in that continuum. Scott et al. (2016) concluded their consideration of public health models of prevention of child maltreatment by referring to the fact that 'child protection is everyone's business' (p. 415). The same guidance is reflected in the opening sections of the Irish child protection guidelines for professionals and lay persons called Children First 2011 (p. 2) and underpins the philosophy and intentions of how Tusla does its business. However, to strengthen and improve the approach to, and timeliness of, help seeking and help provision more broadly we need to develop the statement to include child welfare as also being everyone's business. Typically, by the time a family is 'eligible' for involvement in the child protection system there is a significant level of risk to the children and delay, harm and upset already caused. Adopting a public health approach to child welfare with an accessible and responsive system of help provision available at an early stage in the genesis of a difficulty has the potential to reduce this level of risk, delay, harm and upset. The PPFS programme is working from such an orientation and is well placed to make a real difference to how families access and receive the supports they need.

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