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**Exploring Good Practice in Child and Family Services:  
Reflections and Considerations**

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## **Abstract**

The prospect of furthering good practice in child and family services is something that is in everybody's interest, service users, practitioners, policy makers, and academics alike. However, it is a task fraught with difficulty due in part to the wide range and diversity of child care practice as well as a lack of fora for dissemination. In the Republic of Ireland, child and family services have undergone rapid development since the implementation of the Child Care Act 1991 and child and family provision is now a blend of new and established approaches and models delivered in a range of settings. With the aim of supporting the development of good practice and profiling positive work taking place in child and family services, the Department of Health and Children initiated a process of identifying, describing and analysing good practice approaches in work with children and families. As part of this initiative, a framework of good practice principles, focused on management and operational levels, was devised and used as a means of relating to the experience of 26 service profiles nominated by local Health Service Executive regions. This article describes the methodology and process of the initiative, including the various methodological challenges that were faced and discusses key aspects of the learning that emerged in relation to good practice and the project's attempts to understand and relate to it.

Key words: child and family services, good practice.

## **Introduction**

The notion of best practice in supporting families as a common yet distinct goal for child welfare professionals, has only recently received specific attention, both internationally (Hellinckx *et al*, 1999; Pecora *et al* 1997) and in Ireland (Canavan & Dolan, 2003). While throughout the 1990s a clear focus emerged in respect of the rightful need to protect children, there is now an emergent consensus that family support to a certain extent was a ‘poor relation’ in terms of the child welfare movement (Parton, 1997; Buckley, 2002; Pinkerton *et al*, 2003). This has been particularly noted in certain jurisdictions, for example, within the UK literature the move towards family support and earlier intervention has been commonly described as the refocusing debate (Little & Mount, 1999; Jack, 2004). Despite this, it could be argued in terms of policy and service provision, that we remain unsure as to what exactly constitutes ‘good practice’ in supporting families. How do workers and services, who may be doing their best, know if their interventions are effective? Equally, this question has resonance for agency managers and policy makers who develop and design services. Most importantly, from the perspective of service users as partners and recipients of services, when and in what ways do they perceive practice as most helpful (Dolan & Holt, 2002)?

This paper describes a recent Irish governmental initiative to explore good practice in child and family services on a national level. The learning from this initiative is used to reflect on a number of questions, namely:

- Is it useful to think of good practice at a general level or should it be specific to an individual need area, service, setting and intervention method? In other words, can a general model of good practice be developed?

- What is the relationship between research and evaluation and good practice – can we talk about something being good practice if it isn't externally evaluated at a minimum?

This paper firstly describes the policy context within which this initiative to explore good practice took place. A case study of the process involved is outlined. Following a discussion of the above questions and based on this Irish experience, the paper concludes by summing up some of the salient messages that emerge in relation to the task of exploring good practice.

### **Context**

In recent years in Ireland, a shift in child care policy has taken place. The National Children's Strategy (2000); the Commission on the Family Report, Strengthening Families for Life (1998) and the Best Health For Children Reports (2002) all emphasise the importance of supporting families, while a move to a more eclectic mix of services, including better preventative services, is evident in the development of the Springboard Programme (McKeown, 2001) for parents and children and Neighbourhood Youth Projects, more specifically for adolescents (Canavan & Dolan, 2003). Importantly, the mythical perception among professionals of family support as being a 'soft option' or only occurring in community based settings may also be abating in that there is a more common understanding of family support occurring across the domains of child protection and alternative care as well in community and in-home settings (Dolan, Canavan and Pinkerton, 2006; Ehrle *et al*, 2004; Pinkerton *et al*, 2003). This has also been reflected in the context of a National Review of Family Support, commissioned by the Department of Health and Children.

In terms of a focus on child care 'practice', to date, most research reports have been in the form of enquiry reports investigating system failure resulting from serious incidents of child

death and/or abuse. This has been the case both internationally (DHSS, 1974; Butler-Sloss Committee, 1988; Laming, 2003) and in Ireland (McGuinness, 1993; Government of Ireland, 1996; Keenan, 1996). In sum, there is now a whole plethora of reports since the 1980's, which attest repeatedly to the failure of professionals in working with children and families, either by their omission or inadequate response. It is more than reasonable to assume that one of the collective effects of these disasters, apart from the horror for the children and families involved, has been the negative impact on practice across many disciplines including social work, residential child care, public health nursing and others. It remains somewhat ironic that, although rightfully, much has been written about what has been done wrong by professionals, very little indeed has been written about what has or is being done right. The following section describes an initiative that sought to help address this lack of positive profile of work in child and family services, while also highlighting the methodological challenges associated with it.

## **Developing a National Picture of Good Practice**

As indicated, there has been a considerable expansion and development in policies and services for children and families in Ireland in recent years. On this basis, it was felt that an initiative was required that would have the dual function of profiling current models of positive service provision taking place with children and families throughout Ireland and supporting shared learning in relation to good practice. Importantly, this was even more requisite in a context and culture of largely negative publicity in relation to child care services. Thus, the Child Care Policy Unit, Department of Health and Children developed this project, with the aim of identifying, describing and disseminating a selection of good practice approaches to meeting the care and welfare needs of children and families. The project would also act as a yardstick to illustrate work taking place at this point in time, and a base point from which further analysis and development in relation to good practice could take place.

The Project was managed by the Child Care Policy Unit at the Department of Health, who also appointed an Advisory Group to assist with its design and development. The design, fieldwork, analysis and write-up was carried out by the Health Service Executive (HSE) Western Region / NUI, Galway Child & Family Research and Policy Unit (hereafter referred to as the Project Team).

### *Methodology*

Each of the ten regions of the Health Service Executive (then known as Health Boards) in the Republic of Ireland were invited to select up to three examples of what they believed to be

good practice in child and family services from among its range of services. A pro forma was supplied to structure the information provided, with questions about the service, including its aims, objectives, approach, theoretical and empirical basis, involvement of service users, outcomes and procedures for evaluation. The project took a broad view of where the good practice models could be found. Nominations could be drawn from the following domains, as delineated in the Child Care Act (1991):

- *Prevention and family support* – supporting families to deal with problems and difficulties in their daily lives.
- *Child protection* – responses to concerns about the welfare of children.
- *Alternative care* – foster care, residential care, aftercare or adoption.
- *Cross-domain* – models could be located in more than one of the above domains.

In relation to organisational context, the examples submitted could be services or interventions run directly by the Health Service Executive, operated in partnership or sub-contracted to a voluntary organisation. They could be located at all levels of service delivery – for example, practice / individual intervention level, project level, inter-disciplinary / inter-service level or programme level.

All submissions from the Health Service Executive regions were reviewed by the Advisory Group, formed by the Child Care Policy Unit to provide advice to the project team on methodology, structure and drafts of the publication. A set of fieldwork questions was devised and a site visit was made to each of the nominated projects, where the project team met with members of staff, and in some cases, management or service users, in order to verify the information contained in the pro forma and to engage in a deeper analysis of the material presented. Following the fieldwork stage, the information was collated, analysed and framed in the context of wider research to produce the final report document



(Department of Health and Children, 2004). For the Advisory Group and Project Team, the process of getting to grips with the diversity of information and experiences contained in the data was challenging, as described in the following section.

### *Key Methodological Challenges*

It was envisaged that analysis of the submitted projects would lead to the emergence of common learning and insights in relation to good practice and what is perceived to be good practice at a local level. While the aims of the project were relatively straightforward, methodologically it posed a number of challenging questions, as discussed below:

- *While good practice guidelines have been developed in sectors such as foster care and early years in Ireland, a definition of good practice applicable across all aspects of child and family services does not exist. Should this project attempt to define it?*

After much discussion on the part of the Project Team and Advisory Group and based on external expert advice, it was agreed that the project would not attempt to define good practice or to evaluate submissions against pre-defined ‘good practice’ criteria. Instead, a set of broad good practice principles applicable across all child and family services, would be identified from literature, research and policy.

- *With a history of negative publicity for child care services, what incentive exists for managers and practitioners to put forward work for public scrutiny and risk criticism for their shortcomings?*

Securing submissions did not prove to be a problem – Health Service Executive regions were willing to nominate their work for public scrutiny, such was the strength of conviction among practitioners that their experience would provide valuable learning for others and their hunger for opportunities to share and exchange information. Yet, practitioners were reluctant to make claims to being ‘perfect’, and were keen to highlight aspects of their service that needed improvement or development. The publication, therefore, started from the perspective that all child and family services are works in progress, influenced by a range of issues and factors. The ecological nature of good practice was stressed in the good practice principles outlined in the document. To encourage a positive culture of learning and development, the document adopted a strengths perspective, highlighting examples from among the case studies of how the good practice principles are being put into practice. While the original intention had been to short-list the set of case studies, in keeping with the positive spirit of the initiative, it was decided that all submissions would be included in the document, as they had put themselves forward as having experiences that others could learn from.

- *Is it possible to say that an initiative is good practice if it has not been evaluated?*

The issue of evaluation was a crucial one in this project. It was beyond the scope of the project to actually evaluate services. Also, in the context of this project, putting a requirement that submissions had to be evaluated would restrict the range and scope of submissions. The project team recognised that, even if initiatives were evaluated, they may be found wanting in some areas, but strong in others. It would be rare, if not impossible, to

find a ‘perfect’ example of good practice. Also, it was likely that there would be variation in the quality and depth of evaluation undertaken.

It was decided that the submitted profiles would not have had to be evaluated. The information would be accepted on good faith that the HSE regions and their service users had found the models to be effective. The project overcame the problem of having to ‘stand over’ the services profiled by describing them as examples of current practice in child and family services, rather than ‘good practice models’, but highlighting aspects of their approaches that are in line with good practice principles. The issue of evaluation is discussed in greater detail later in this paper.

- *In encouraging submission of good practice ideas and models from throughout Ireland, is it possible to achieve balance across service types and sectors?*

It was felt that it should be left open to HSE regions to nominate what they felt was most worthy from among their range of supported services. Thus, there would not be an attempt to achieve a balance between sectors. The group of examples put forward was not intended to be a representative sample of all child and family services in Ireland, but more simply a set of perceived positive case/service vignettes at a point in time.

Profiles of twenty-six current child and family interventions and services were put forward by the ten HSE regions. One region submitted just one profile, two submitted two, while eight submitted three. As mentioned above, nominators were not restricted to choosing certain categories. Nineteen nominations were in the arena of ‘family support’, two were in ‘child protection and five in alternative care. Seventeen of the profiled services were provided by the HSE directly, while nine were provided by a voluntary organisation on behalf of the HSE.

## **Framing and analysing the data**

In essence, what was received from HSE regions was their perceptions about what is good practice. From the fieldwork with practitioners, we could investigate what practitioners perception of good practice is. The challenge then was – how to relate to and make sense of what was being said and find common themes and learning. This was done by devising a framework of principles from literature that are associated with good practice.

Framing and analysing the data had three key components, as illustrated in Figure 1:

- Principles and Theories: Developing a framework and set of good practice principles with which to understand good practice.
- Practice: Categorising and describing the service profiles.
- Principles into Practice: Using the framework to highlight examples of good practice evident in the service profiles.

**(Insert Figure 1 here)**

### *1. Principles and Theories*

Based on existing research and policy literature, the project team sought to develop a framework of good practice principles to structure analysis of the data derived from the fieldwork. While the principles were derived from research, theory and policy, the structure of the framework was influenced by the feedback from services in the fieldwork stage. It became apparent that good practice is a very dynamic concept, with no interventions taking place in a vacuum. The nature of work can be affected from day to day by changes in policy, resource cutbacks or increases, staff illness, demographic changes in the target group or the

introduction of a new work practice. Like all systems, if one part is under stress or malfunctioning, it has implications for all the other parts. The aim of the framework, therefore, was to identify universal principles that are sufficiently broad to be relevant to all services, but also to reflect the systemic nature of good practice and the inter-dependent factors that influence it.

The framework of good practice principles used to structure the analysis is outlined in Figure Two. A distinction was made between principles that guide service delivery at *management* and at *intervention* levels.

*(Insert Figure 2 here)*

#### ***Management Principles***

- *A range of services is available, targeted at different levels of need, within a framework of prevention*
- *Services have clear objectives and a management and organisational culture that facilitates their achievement*
- *The service has a culture of learning and development*
- *The service measures outcomes*
- *The service has adequate resources to meet its objectives and offers value for money*
- *The service has a commitment to effective partnership practice*
- *Services provide good staff development & support*

#### ***Intervention Principles***

- *The service is 'whole child' focused*
- *The service is accessible and attractive*

- *Services are integrated*
- *The service is responsive to need and effective*
- *The service works in a way that is collaborative and strengthening*
- *The service is culturally competent*
- *Staff are interested and able*

While the intervention level principles, such as staff interest, accessibility, integration and cultural competence, are important they cannot exist in a vacuum. They are dependent upon a service and agency environment that creates the climate in which these principles can be effectively put into practice. Conversely, neither will a ‘perfect’ agency nor service climate produce good practice if the principles at intervention level are not adhered to. Combining the management and intervention level principles illustrates that good practice requires a systematic approach and positive culture at service and agency level, and that the individual components are inter-related, both within levels and between levels of the model.

The framework was used to relate to the profiles and to review and discuss some of the lessons emerging from the diverse experiences depicted in the service profiles. A set of the core theories and concepts that inform, justify and guide child and family interventions were also acknowledged. These include attachment theory (Bowlby, 1969), the need for services to respond to levels of prevention (Hardiker *et al*, 1991), resilience theory (Rutter *et al*, 1998) and the ecological model (Bronfenbrenner, 1979). These theories have influenced and shaped interventions in child and family services and have informed our understanding of good practice.

## 2. *Practice*

As one of the objectives of the project was to facilitate information sharing, it was felt to be important that an adequate description of each ‘good practice’ submission would be provided in the document. The profiles were separated into eight categories that describe a central focus of the intervention. This categorisation was chosen as it reflected the diversity of the profiles submitted and meant that some background research/context could be provided to frame the profiles in the document, thus enhancing the readers understanding of the rationale for these particular approaches and methodologies. Each service was described and those aspects of the project considered by project staff to be good practice was highlighted. The service profiles were not presented as a definitive statement of good practice. Rather, they are illustrations of current practice that highlight how principles of good practice identified are being or could be put into practice in a range of settings and models. The eight areas are as follows:

- *Early childhood development*
- *Parent support*
- *Community based family support*
- *Strategies for working with ‘at risk’ children and adolescents*
- *Promoting partnership*
- *Therapeutic approaches*
- *Work with children in care and aftercare*
- *Policy and service development*

It is important to note that these categories are not mutually exclusive. For example, services that offer community-based family support also offer early intervention, social support and therapeutic approaches. Early childhood development services have a strong focus on parent support. Likewise, promoting partnership is something that is not confined to the three

profiles in that category, but it is a common feature across the range of models. The categorical division was used to emphasise and clarify particular approaches and aspects of the interventions, in order to make it easier for the reader to relate to and make sense of the breadth and diversity of information.

### *3. Principles and theories in practice*

For each of the principles of good practice identified, examples were given of how the principles were put into practice among the case studies. For instance, under the theme of *Early Childhood Development*, the Marte Meo Project in Dublin uses video in a therapeutic approach to strengthen parent's capacity to promote child development and build relationships. One principle that was very evident in its work was 'the service works in a way that is collaborative and strengthening' in that the intervention is organised around the parents' identification of a question or problem. It empowers the family to communicate in a way that makes life easier for all the family. The model also helps other professionals to reflect on their own practice to ensure that they are not working in a way that is disempowering for the family concerned. An example of good practice under the theme of *Parent Support* was the case study of the HSE Mid- West, which developed a universal strategy to meet parent's support and information needs 'from the womb to the tomb'. The principle of 'responsive to need and effective' was clearly seen in the strategy's commitment to research, evaluation and ongoing feedback from parent's regarding their support and information needs.

## **Discussion**

Having described the initiative, we now return to the two questions raised at the start of the paper:



*Is it useful to think of good practice at a general level or should it be specific to individual need area, service setting and intervention method? In other words, can a general model of good practice be developed?*

In undertaking the fieldwork for this Project, the Project Team became aware that, despite huge diversity among services in terms of focus, location, context and methodology, a number of common factors were essential to good practice among all services. Services as diverse as an inner city residential child care centre and a rural youth project were influenced by factors such as staff ability and attitude, style of working, organisational culture, commitment to learning and development, valuing people and the input of service users. These are good practice principles that are universal in child and family services. Furthermore, the ecological nature of good practice became apparent, as each of these individual elements were potentially undermined if other principles of good practice were not adhered to in the service. You could have excellent workers, but a poor agency environment and vice versa. The conceptual model developed in this project can help us to understand the systemic nature of good practice. This is not to say that there is not still a need for the development of good practice pertaining to specific areas of intervention, such as early years, family support and foster care.

The question also arises – why attempt to develop a universal understanding of good practice? What value is it? Our belief is that, because services from diverse settings and backgrounds are all part of a child care system, there should be uniformity in terms of standards and principles that families can expect, regardless of the nature of their difficulties or where they live. Also, as complementarity and sharing between disciplines and services is a cornerstone of good practice, a common understanding of universal principles is likely to facilitate sharing and joint working.

*Can we talk about something being good practice if it isn't externally evaluated at a minimum?*

This project prompted reflection on the relationship between evaluation and practice, which in its current configuration is both helpful and unhelpful in terms of supporting services to meet children's needs. On the one hand, the emphasis on the need for robust empirical evidence to add to the body of knowledge regarding what is effective in child welfare is absolutely vital, and without it, the process of service development would be uninformed and possibly ineffective and unethical. On the other hand, evaluations are prone to scientific concerns and practical constraints and, while the scientific basis for services has improved, much of what goes under the banner of evaluation is of 'limited utility' (Ghate, 2001, p.24). Resource constraints, lack of research training and skills, ethical concerns, differing priorities of researchers, practitioners and policy makers and power differentials have all mounted challenges to the aspiration for ideal evaluation (Sanders and Munford, 2006). Another problem separate to these factors is, as highlighted by Weiss (2001), that evaluation can take on a different role depending on the needs of the agency. For example, "gotcha" evaluation can be used to justify the difficult decisions that need to be made about services, or evaluation may be used to "show off" the merits of services for political reasons. Furthermore, social research tends to be undertaken as a 'singular' function either focusing solely on an adversity, for example, drug misuse; domestic violence or on specific populations, such as, early years, adolescents or lone parents. As with the organization of child welfare services to date there tends to be compartmentalisation of research and not enough 'cross factor' analysis.

Until the range, standard and culture of evaluation improves, therefore, it is inevitable that the majority of children's services will not be evaluated using the 'gold standard' of randomized controlled trials (RCT). Furthermore, RCT should not be viewed as a stand-alone research method, but part and parcel of a bank of mixed qualitative and quantitative methods. In the mean-time, we believe that there are advantages in enabling services to profile, showcase and exchange experiences that they have found to be valuable in supporting children and families. Many services derive their methodologies from proven models, using approaches associated with good practice. For other services with a less explicit theoretical or knowledge base, engagement with key concepts and principles can support them to reflect on their practice and engage in greater articulation of their practice model. A system of low-key evaluation, inclusive of ways of focusing on specific parts of interventions or aspects of service provision which can be completed easily, quickly and cheaply, may have particular currency for all interested stake-holders. Evaluation does not have to be 'all or nothing' - a lot can be gained without formal evaluation - practitioners and managers can be encouraged to develop a self-reflective, dynamic process in relation to good practice (Dolan et al, 2006, Pecora *et al*, 1997; Weiss, 2001; McAuley *et al*, 2004). This Project could be seen as an attempt to work from a strengths perspective, model positive behaviour and move from a 'gotcha' approach. Anecdotal evidence suggests that the document raised awareness among services of the value of evaluation and measurement of outcomes. In summary, while there is no question of the need for evidence based-practice, there is also a need for research that promotes practice learning by building on the experiences of practitioners, whether or not these experiences have been professionally evaluated (Randall et al, 2000).

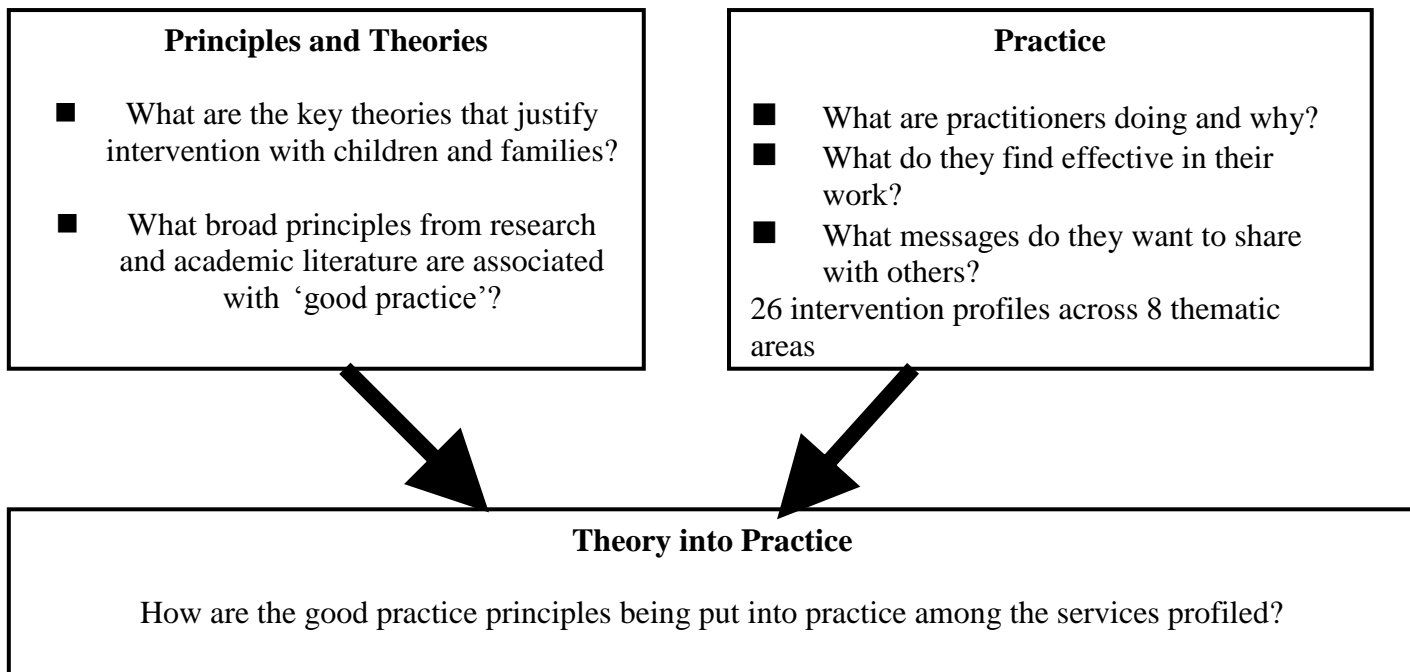
*Based on the Irish experience, what are the messages that emerge in relation to exploring good practice?*

Just as children and families who experience difficulty have problems which do not occur in isolation, so also the intervention to assist them does not occur in isolation. There are many facets and factors which contribute to best practice in such contexts ranging from skill and commitment of professionals to availability and adequacy of service provision, to name only some. As such it would be very difficult for any such research to identify a panacea in terms of service provision simply because it is more than reasonable to suggest such a 'utopia' service or intervention does not exist. With this in mind the aim of both the commissioners and the research team was to show case examples of good practice including models of assessment and intervention; worker skills and agency networks; programmes and policies, which collectively demonstrate 'good practice rather than best practice'.

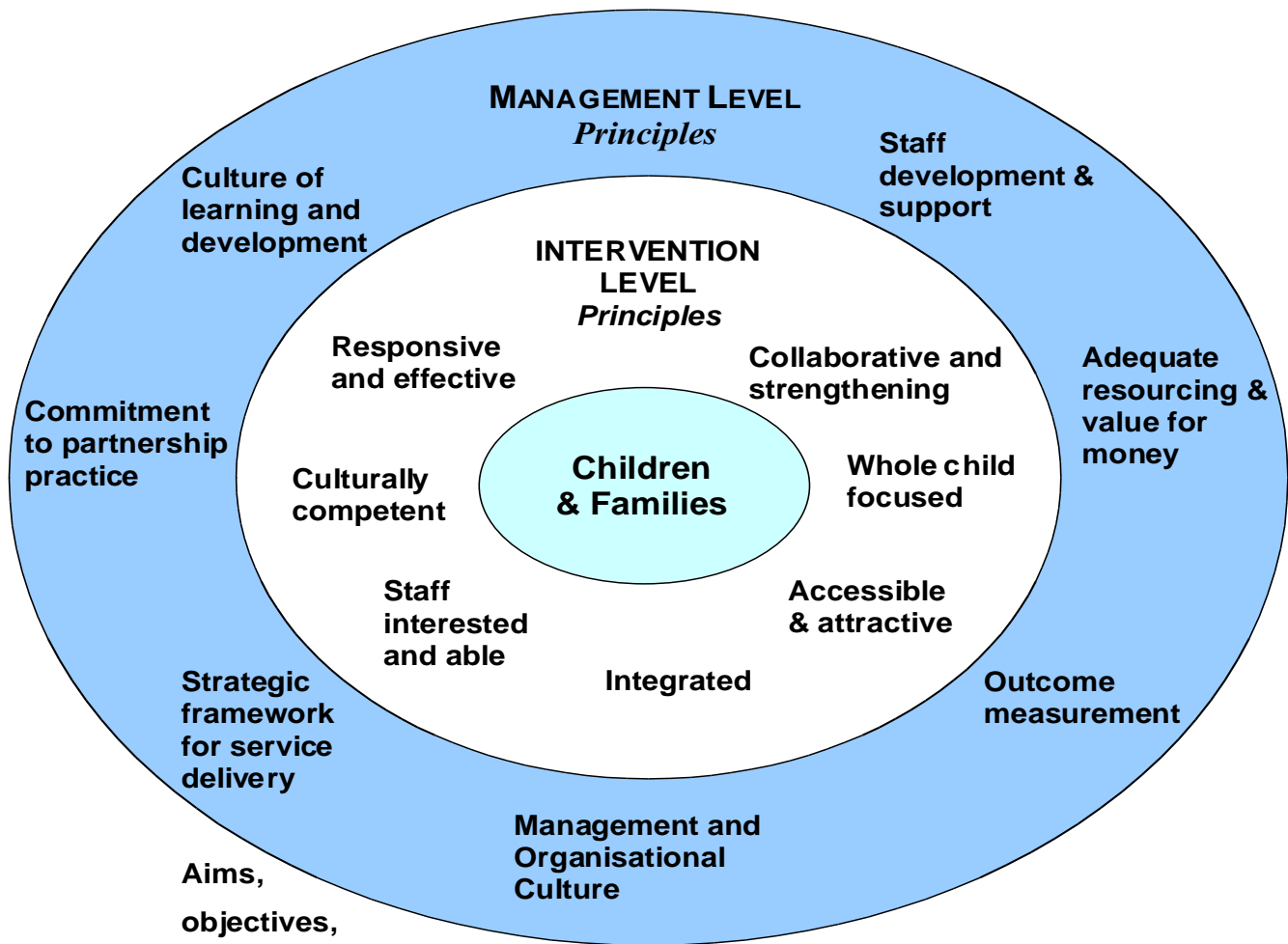
More importantly in some ways, the aim of the research apart from sharing and disseminating such important information among practitioners services and policy makers, is the attempt to collectively analyse the set of demonstration projects nominated into a framework for understanding the factors that contribute to good practice. In doing so, it is hoped that, not alone will positive work with and for families in need be recorded, but a greater understanding will emerge regarding what good practice is and how it can be conceptualized. Importantly, the research occurs as a 'point in time' exercise and what emerges as good practice now, may be and probably will be surpassed in years to come with more distinctive concepts and better understanding of how to help families.

The participating child and family services profiled welcomed an initiative that could promote networking and sharing of good practice. In fact, informal feedback at the launch of the report suggested that practitioners were not aware of aspects of the services provided by

services in their own HSE regions. In a context where services can operate in isolation, an initiative that brings sharing is positive. To use an analogy from the medical world - if somebody had developed a cure for a disease, it would be considered a crime for it not to be shared – yet, within an Irish context at least a mechanism for practitioner sharing does not exist in child and family services. Viewed in this light, the question is not ‘should we do it’ – but when and how best can it be done. Our contention is that research has a role to play in countering the negativity that besets child care services by identifying and supporting good practice and particularly so within a culture of a strengths based approach. It is our view that not alone will this help child welfare workers and services, but ultimately and more importantly, the families who use them.



**Figure 1: Conceptual Model for Framing the Data**



**Figure 2: Framework of Good practice Principles**

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