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Family Support as an Approach to Working with Children and Families in Ireland: An Explorative Study of Past and Present Perspectives among Pioneers and Practitioners.

A thesis submitted for the Degree of PhD to
National University of Ireland, Galway.

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Contents

List of Tables	i
List of Figures	iii
Abstract.....	iv
Acknowledgements	v
 Chapter One: Introduction	
Introduction	1
Section One: Background to the study.....	3
Section Two: Overarching aim and objectives of the study	5
Section Three Layout of the thesis.....	6
Chapter summary	7
 Chapter Two: Literature Review	
Introduction.....	9
Section One: What is Family Support?.....	10
Section Two: Towards a theoretical basis for Family Support	43
Section Three: Orientation of children and families welfare service delivery.....	66
Section Four: A framework for Family Support service delivery.....	74
Section Five: Postgraduate education for practitioners in children and families services.....	86
Chapter summary	89
 Chapter Three: Methodology	
Introduction.....	91
Section One: Rationale, aim and objectives.....	91
Section Two: Designing the study	93
Section Three: Implementing the study	108
Chapter summary	125
 Chapter Four: Context of the study	
Introduction.....	127
Section One: Children and families policies and services in Ireland.....	127
Section Two: Educational context: The Family Support Studies programme	146
Chapter summary	154
 Chapter Five: Findings	
Introduction.....	155
Section One: Sample characteristics of respondents.....	156
Section Two: A review of the growth of Family Support in Ireland as an approach to working with children and families (Objective One).....	166
Section Three: Examining current perspectives on Irish Family Support practice as perceived by selected pioneers and practitioners in the field (Objective Two).....	185
Section Four: Identifying and assessing the impact of, and academic learning attained through a postgraduate programme in Family Support studies in Ireland (Objective Three).....	227

Section Five: Implications of this research and recommendations on the future of Family Support as an approach to working with children and families (Objective Four).....	250
Chapter summary	252
 Chapter Six: Discussion	
Introduction.....	253
Objective One: The growth of Family Support in Ireland as an approach to working with children and families	255
Objective Two: Current perspectives on Irish Family Support practice	259
Objective Three: The academic learning attained through a postgraduate programme in Family Support Studies	269
Objective Four: Implications and recommendation for the future of Family Support.....	272
Chapter summary	280
 Chapter Seven: Conclusions	
Introduction.....	281
Section One: Background to the study.....	281
Section Two: Key research findings from the study	285
Section Three: Recommendations for the future of Family Support	289
Chapter summary	295
 Bibliography	296
 Appendices	330

List of Tables

Table 2.1: Models of prevention in child care	76
Table 2.2: Categories of Family Support	80
Table 2.3: Categories of Family Support across levels of need	81
Table 3.1: Mixed methods used to collect data required to address objectives of the study	103
Table 3.2: Patton's Reflexive Enquiry Model.....	106
Table 3.3: Timeline for data collection with source and method used to answer each objective	112
Table 4.1: Significant developments in child care policies and services with relevance for Family Support; 1921-1980	135
Table 4.2: Significant developments in child care policies and services with relevance for Family Support; 1981-2011	144
Table 4.3: Family Support programme modules in year one and two	152
Table 5.1: Location of results in this chapter relative to objectives of this study.....	156
Table 5.2: Identity and profile characteristics of pioneers who participated in the qualitative research (interview).....	158
Table 5.3: Agencies and roles of practice who participated in the qualitative research (interview).....	159
Table 5.4: Agencies, roles and models included in research these reviewed as part of qualitative research (documentary analysis)	161
Table 5.5: Year respondents commenced Family Support Studies programme	163
Table 5.6: Years of experience respondents had at time of commencing Family Support Studies programme	163
Table 5.7: Age range of respondents at time of commencing Family Support Studies programme	164
Table 5.8: Educational attainment of respondents at time of commencing Family Support Studies programme	164
Table 5.9: A summary of the sample characteristics of participants included in the study	165
Table 5.10 Five key factors in the growth of Family Support in Ireland	167
Table 5.11: Summary of contributing factors in the growth of Family Support.....	184
Table 5.12: Key findings on current perspectives on Irish Family Support practice	186
Table 5.13: Summary of key findings on the meaning of Family Support	189
Table 5.14: The number of responses made in relation to social theories underpinning Family Support.....	189

Table 5.15: Summary of key findings on a theoretical framework for Family Support	194
Table 5.16: Summary of key findings on Family Support service characteristics	204
Table 5.17: Summary of key findings on Family Support practice characteristics	211
Table 5.18: Family Support research theses reviewed by practice model and theoretical basis.....	214
Table 5.19: Family Support research theses reviewed by practice model and Family Support characteristics	216
Table 5.20: Summary of key findings on Family Support as an approach in practice	217
Table 5.21: Summary of key findings on Family Support and child protection	223
Table 5.22: Summary of key findings on current perspectives on Irish Family Support practice.....	225
Table 5.23: Influence of programme on acting as a Family Support advocate.....	228
Table 5.24: Place of employment on commencing programme and at time of research	229
Table 5.25: Employment role upon commencing programme and at time of research	230
Table 5.26: Influence of Family Support programme on practice and degree of change	242
Table 5.27: Summary of key findings on the Family Support Studies programme	244
Table 5.28: Summary of the key findings – objective one	245
Table 5.29: Summary of the key findings – objective two	247
Table 5.30: Summary of the key findings – objective three	249
Table 5.31: Summary of overall findings – objective one, two and three	251

List of Figures

Figure 2.1: A proposed theoretical basis for positive family functioning and informal Family Support.....	44
Figure 2.2: Bronfenbrenner’s ecological framework	58
Figure 2.3: Levels of support for children and families	78
Figure 2.4: A tentative conceptual model for formal Family Support.....	84
Figure 5.1: Influence of core Family Support programme modules, year one and two.....	231
Figure 5.2: Aggregated influence of core Family Support programme modules, year one and two.....	232
Figure 5.3: Influence of other modules on Family Support programme, year one	233
Figure 5.4: Influence of other modules on Family Support programme, year two.....	234
Figure 5.5: Aggregated influence of other Family Support programme modules, year one.....	235
Figure 5.6: Aggregated influence of other Family Support programme modules, year two	236
Figure 5.7: Theories which informs practice of Family Support students and graduates	237
Figure 5.8: Perspectives which inform practice of Family Support students or graduates	238
Figure 5.9: How Family Support is delivered; service characteristics.....	239
Figure 5.10: How Family Support is delivered; practice characteristics	241
Figure 6.1: A conceptual model for formal Family Support.....	279

Abstract

In Ireland, the value and merit of Family Support as an approach to working with children is debated and contested. From a policy and practice perspective, Family Support is at times recognised and applauded as a worthwhile orientation in addressing difficulties in children's lives or conversely demeaned or ignored. As Family Support is a relatively new orientation in children's services there has been little consideration as to the factors which have shaped and informed its growth. A lack of clarity and vagueness remains in policy and practice terms as to what Family Support is. Furthermore, a purposely designed postgraduate education programme in Family Support Studies delivered by the Child and Family Research Centre, at the School of Political Science and Sociology, National University of Ireland, Galway has not been evaluated in terms of its influence on participating students. Considering this gap in knowledge, the overarching aim of this study therefore is to review the growth of Family Support as an approach to working with children and families in Ireland, and to consider current perspectives on practice, including the influence of academic learning attained through specialised postgraduate education in the area. To establish a theoretical base for the study five theoretical areas were examined in detail. These were family and Family Support, underpinning theoretical basis and perspectives for Family Support practice, the orientation of welfare services including those from a Family Support and child protection stance, frameworks used to categorise the delivery of services and multidisciplinary postgraduate adult education. Using core messages from the theory a tentative conceptual model for Family Support practice was constructed.

A mixed method triangulated methodological approach was used over two phases. The first phase involved pioneers and key informants in children's welfare while the second phase concerned students or graduates of the Family Support Studies programme who are current practitioners in children and families services. Documentary analysis was also conducted on a sample of Family Support research theses. Key findings indicated the arbitrary and subjective nature of the growth of Family Support, and the need for an agreed understanding of Family Support. A number of specific service and practice characteristics which constitute Family Support practice were highlighted. The postgraduate programme was shown to have achieved its original objectives, having a strong influence on a group of practitioners. Using these findings the researcher built on and finalised the conceptual model for the delivery of Family Support. As the findings have implications for the practice, policy and research communities the researcher concludes by suggesting a number of recommendations for each sector.

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Chapter One: Introduction

Introduction

The view that parents and family are the most important people in children's lives and a fundamental influence on their overall wellbeing is widely accepted (Fahlberg, 1994; Commission on the Family, 1998; Thoburn et al., 2000; Hayes, 2001; Katz and Pinkerton, 2003; Featherstone, 2004; Lalor et al., 2007; Sheppard, 2009; Munro, 2011). As Sheppard points out, the importance of parents to child development is sufficiently obvious that it is practically axiomatic (2009, p.1427). Expanding on this point, Connolly (2004) suggests that good outcomes are achieved through positive parenting, a stable environment, a stable family life, strong family and kin relationships, community involvement and supportive networks (p.1). In Ireland, this viewpoint is evident from a policy, theory, and practice perspective. The current national policy on children emphasises the role of the family in the lives of children and holds that family, extended family and communities must be included in services for children to ensure their effectiveness (The Agenda for Children's Services, 2007, p.v). The National Children's Strategy offers a vision whereby all children in Ireland are cherished and supported by family (2000, p.10).

However, in certain circumstances and for a myriad of reasons, some families' capacity to provide for, and care for their children can be reduced or compromised, and as a result they require support and assistance in carrying out this fundamental function. Irish social services for children who require support and protection are typically delivered to children and their parents or carers, and in many instances, as appropriate, other significant family members¹. Family Support is one way in which children's wellbeing can be protected and promoted and families assisted in their role within this. However, Family Support is a contested and contentious practice orientation with divergent views on its merit and place in children's social service settings.

¹ For the purpose of this study 'children' refers to children and young people under the age of eighteen, and 'families' refers to their parents or main carers, sibling and any other significant family members.

In mid 2010, Canavan asserted that Family Support's currency as a policy and service option in the Irish childcare arena is palpably strong. This position reflected a significant shift over the last two decades with a number of key policy, service and practice developments in the child welfare arena occurring in the mid to late 1990s and continuing through the 2000s. One significant factor in this overall shift was a positive economic environment favourable to a long-term preventative view, with Family Support central to this. However, the latter part of 2010 and early 2011 saw a debate on Family Support as an orientation in children's services occurring in the political and public arena. Publicity regarding children who had been abused by family members prompted debate toward the need to protect children from family. Furthermore, an unprecedented fiscal crisis in Ireland has impacted dramatically on the resources available for public services. Undoubtedly, this research study on Family Support is very timely.

While there has been a significant increase in the knowledge base, research literature, and policy on the area of Family Support, there remains a vagueness and lack of clarity about the concept which does not help to advance its cause. This study aims to address this gap by providing a reservoir of knowledge on the growth of Family Support in Ireland, current perspectives on Family Support practice, and the impact of, and academic learning attained through specialised education in the area.

The remainder of this chapter is divided into three sections, the first of which broadly discusses the background to the study, and in doing so, begins to refer to the theoretical areas examined in the study. The second section presents the overarching aim and objectives of the study, while the third lays out the structure of the thesis, chapter by chapter.

Section One: Background to the study

Family Support is a contested and contentious practice orientation in children and families social care settings. Children's social care is an all-embracing term which refers to a range of support services for children who are in need of some level of care and protection (Frost and Parton, 2009). While there is a degree of acceptance of the merits of Family Support, it remains a nuanced concept with its current place in Irish policy and practice unresolved, and its future somewhat unpredictable.

Currently, statutory children's services in Ireland are typically organised under the domains of Child Protection, Family Support, and Alternative Care (HSE, 2011). Alternative Care is typically provided to children when the protective and supportive measures available are not adequate or have failed, and involves children being cared for by someone other than their parents or primary carer. In the past, voluntary services under the auspices of the Catholic Church, provided much of the assistance which families needed. As O' Sullivan (2009) highlights, a number of key changes in child welfare services in Ireland occurred from the mid 1960s within the broader social, economic, cultural, and political environments which shaped developments and prompted the beginnings of the radical changes evidenced during the 1990s. In the two decades since the current legislation for children was enacted, the 1991 Child Care Act, there has been a shift from a mainly 'hand-offs' attitude by the State towards families whereby they were largely left to their own devices, to a more interventionist stance. This change is reflected in an increase in family policy and investment in children's services across the aforementioned domains and at a general level.

Today in Ireland, there exists a wide range of children and families services delivered by both statutory and voluntary service providers, responding to a variety of needs at different levels of intensity. While the statutory services have overall responsibility for Child Protection, Family Support and Alternative Care, voluntary services also provide Family Support and Alternative Care services, usually within an agreed arrangement with the statutory body. A change in focus has also occurred regarding the understanding of how best to meet the needs of children and promote their wellbeing. As noted, the importance of family is now

widely recognised and accepted and the general ethos is towards supporting rather than supplanting children's natural family units. As Ferguson cautions, the removal of children from family is only justified when it is evident that the overall outcome is that it will actually protect them and enhance their long-term wellbeing (2004).

The researcher has worked as a practitioner and manager for 15 years across the continuum of children's services in child protection services, residential care services and statutory Family Support services. The interest in this topic is due to an unrelenting belief that children should be afforded every opportunity to flourish, and that childhood is a sacrosanct time which must be preserved and protected. The researcher holds firm that a lost or disrupted childhood will last a lifetime and this contention has been clearly indicated in the recent reports on the abuse of children in institutional care in Ireland from 1940 (or earlier) onwards (Commission to Inquire into Child Abuse, 2009). It is the researchers view that high quality responsive Family Support can have a positive impact on children's wellbeing and that in the majority of instances it is through supporting families that children are protected. The researcher has met and known many children whose childhood was severely disrupted and too many children whose childhood was lost. With every child and with every family, more support could have been provided to prevent the levels of difficulty and upset experienced. Moreover, what was done to help children and families could have been done better.

As Skehill (2007) notes, in order to understand the present, it is useful to reflect on the past. Therefore, in order to examine the issues which inform and impact on the dialogue surrounding Family Support as an orientation in practice with children and families today, it is necessary to reflect on the journey as it evolved which brought it to here. This thesis aims to bring together a number of theoretical areas relevant to the wellbeing of children and families, and therefore used to form a basis for Family Support practice. A framework for the delivery of services to children and families in the Irish context is outlined in order to situate this research study. A detailed contextual account of developments in children's services is also provided to illustrate the depth of changes in Irish child care services.

Section Two: Overarching aim and objectives of the study

The overall aim of this research thesis is to explore the growth of Family Support as an approach to working with children and families in Ireland, and to consider current perspectives on practice, including the influence of academic learning attained through specialised postgraduate education in the area. The objectives of the research study are:

1. To review the growth of Family Support in Ireland as an approach to working with children and families;
2. To examine current perspectives on Irish Family Support practice as perceived by selected pioneers and practitioners in the field;
3. To identify and assess the impact of, and academic learning attained through a purposely designed postgraduate programme in Family Support Studies in Ireland;
4. To consider the implications of this research, and make recommendations on the future of Family Support as an approach to working with children and families.

In order to answer these four objectives, the study obtained the views and perspectives of a number of selected Family Support pioneers and key informants² in the child welfare arena from Ireland and abroad, and current practitioners who are students or graduates of a specialised postgraduate education programme on Family Support Studies. Knowledge acquired on the practice base for Family Support through documentary analysis of the research theses completed for the postgraduate programme provides additional information.

The study has a number of core strengths. Firstly, it assembles the views of a distinct group of Family Support champions and reviews the growth of Family Support in a way which has not been done before. This body of knowledge and

² Pioneers and key informants include experienced practitioners and academics who have engaged widely in debate and discussion on how best to work with children and families and on the value of Family Support.

experience would not otherwise be collected and considered in this way and inevitably would be lost. Rather than considering these views in isolation, they are considered in tandem with practitioners who are committed and dedicated to Family Support as a means of responding to the needs of children. Thirdly, it assesses the impact on students of a specifically commissioned and designed academic programme on Family Support. Lastly, the study amasses this wealth of experience, knowledge, insight and enthusiasm and applies it to reflect on the future of Family Support.

Section Three: Layout of the thesis

This introductory chapter briefly introduced the concept of Family Support and the associated issues, outlined the rationale for and background to the study, and set out the research aims and objectives. The remainder of the thesis is divided into seven chapters.

Chapter Two provides a comprehensive review of the literature across five principal areas. This includes the study of family and Family Support; theoretical approaches used as a basis for conceptualising Family Support; the orientation of child welfare services; frameworks used to organise and deliver Family Support in practice; and postgraduate education for practitioners working in the children and family arena. The methodology for the study is outlined in Chapter Three, which describes and elaborates on the research methodology designed and implemented in order to answer the overarching aim and associated objectives of this study. The chapter is divided into three sections. The first section reiterates the rationale for the study and its overarching aims and objectives. The research design, including considerations on theoretical perspectives and insider research, is outlined in section two. The third section lays out the issues relating to the implementation of the study, including the ethical issues, the sampling process and data collection, and the methods of analysis used. The limitations of the study and suggested ways to overcome them are also outlined.

Contextual information for the study is provided in Chapter Four which is divided into two sections. The first part of the chapter examines the development of children and families services in Ireland. It includes international and national

policies and legislation which has resonance for Family Support and this study. The latter part of the chapter provides a detailed description of the Family Support Studies programme. This includes the rationale, overall aim and the programme content.

Chapter Five presents the core findings of the study. A brief profile of the sample characteristics of the respondents in the study are presented in the first section. The core research findings for the first three objectives are then presented. The final objective is addressed in an initial way, with greater attention given to this objective on the future of Family Support in Chapter Six. The research findings are discussed and elaborated on in relation to the objectives of the study in Chapter Six with key points highlighted. This chapter also addressed the final objective on the future of Family Support as an approach to working with children and families. The final chapter, Chapter Seven re-states the purpose of the study and puts forward overall recommendations in relation to the future of Family Support.

Chapter summary

Family Support is a disputed orientation in children and families social services. Although there have been a number of significant advances made in this regard in recent decades at practice and policy level discussion is ongoing as to its value and merit. There is also a dearth of knowledge on the influence of a specialist postgraduate education programme on the area. This study aims to address this gap by providing a reservoir of knowledge on the growth of Family Support, current perspectives on Family Support practice in Ireland, and academic learning attained through specialised education in the area.

This chapter has set the scene for the entire study, including the objectives and background to the research. The structure of the thesis was also presented. The next chapter, Chapter Two, will examine the five theoretical areas which underpin the study.

Chapter Two: Literature Review

Introduction

In Ireland, the importance accorded to Family Support as a specific and worthwhile orientation in children's services is, at times, very high, with its merit applauded, but, at other times conversely viewed as a 'soft', less valuable or effective intervention. There are varying viewpoints regarding its role and relevance in protecting children and promoting their welfare. Although Family Support is now a widely used term in child care discourse, there is not an agreed understanding regarding what it entails, when it is applicable, and its value as a service and practice choice (Pinkerton, 2000).

From an Irish policy perspective, the adoption of this approach within the current national policy indicates a commitment to Family Support, at least as a services paradigm (the Agenda, 2007). The current Prevention and Early Intervention Programme, jointly funded by the State and Atlantic Philanthropies Ireland, reflects key aspects of Family Support thinking (Canavan, 2010). Internationally, support for preventative Family Support approaches remains strong. In the United Kingdom (UK), in its summary of findings on targeted Family Support activities, Tunstill et al. report that: "intensive support can make a positive difference to the lives of children and their families in even the most challenging circumstances" (2009, p.1). Munro (2011) in her review of the UK child protection system, emphasises that support for families is vital in promoting children's well-being. In a paper to the United States of America (USA) House of Representatives, Daro (2009) highlighted the efficacy of early home-based interventions with newborns and their parents, based on numerous randomised control trials, quasi-experimental studies, and implementation studies.

However, given the lack of financial resources currently available from government departments in Ireland, and the current political and public attention on the need to 'protect' children from harm (including harm perpetrated by family), the place of Family Support in children's services is open to review and

consideration. Although a degree of understanding and lucidity on Family Support as a concept has emerged, and been broadly accepted in recent years, further clarification, synthesis and unanimity is necessary if Family Support is to be clearly recognised and accepted as a mainstream option in children services. The literature underpinning this debate on both ‘thinking about’ and ‘doing’ Family Support is reviewed and elaborated on in this chapter.

Section One examines the literature on family and Family Support, including definitions and accompanying principles used, in an effort to categorise Family Support as a specific orientation in concrete terms. A set of theoretical approaches proposed as basis for conceptualising Family Support and underpinning perspectives are reviewed in Section Two. The next section explores the orientation of welfare services, including those from a child protection and Family Support stance. An overview of the frameworks used to organise and deliver Family Support in practice is provided in Section Four, and a tentative conceptual model for Family Support is constructed and proposed. In Section Five, multidisciplinary postgraduate education for practitioners working in the children and family arena is discussed.

Section One: What is Family Support?

Both the strength and the weakness of Family Support is that it can mean many things. However, in order to be of value to practitioners and managers, be selected as a focus by policy makers, gain credibility in the academic arena, be open to evaluation and research, and denote an agenda which has momentum, Family Support must be defined, described and categorised. The literature and debate on Family Support focuses on definitions, principles and categories in an effort to conceptualise Family Support as an approach to working with children and families. In advance of reviewing the literature on Family Support the definition of family itself is first considered.

What is Family?

The family unit is commonly accepted as the primary setting where children's needs can best be met. The late child psychologist and educator Mia Kellmer-Pringle highlighted the four developmental needs of children which have to be met. Physical needs, such as shelter, food, clothing, and emotional needs of love, new experiences, recognition and responsibility are generally provided by primary carers within a family (Kellmer-Pringle, 1975). The welfare of the child depends on the capacity of the family to meet those needs, and a large body of research highlights the role of parents and family in promoting children's healthy development and well-being into adulthood (Bowlby, 1969; Fahlberg, 1981; Belsky, 1980; Jack, 2000; Families Matter, 2009; Munro, 2011). Children are dependent on adults to secure their needs and welfare. For children who have the benefit of a warm, continuous and intimate relationship with their parent or parent(s) throughout their childhood, there is the opportunity to develop a strong sense of identity, self-worth, trust in others, the ability to handle stress and to develop and maintain relationships (Richardson, 2005, p.157).

However, for some children, the opportunity to experience family life does not exist. Some families do not exist as a viable unit. Some temporarily or permanently break down, and some parents are unwilling or unable to care for their children (Ibid., p.158). In such instances, the need to support parents and families in the rearing of their children is well researched (Belsky, 1997; McKeown, 2001; Ghate and Hazel, 2002; Gardner, 2003; Families Matter, 2009). How the family is defined in any particular context has important implications for children and families who may be in need of such support services. State determined family policies and associated systems of intervention and support are underpinned by the accepted definition of family within a particular context.

Taking a broad view of family, Gambrill (1997) observes: "families may be defined by biological relatedness and/or living arrangements. There are many kinds of families, including step-families, nuclear families, extended families, gay/lesbian families, single parent families, families without children, families

with grown up children and bicultural families (p.571). Families Matter (2009) describes how the definition of family has evolved and covers single parent households, children living with step-parents, same sex families or children living with a relative (p.7).

The United Nations General Assembly proclaimed 1994 as the International Year of the Family. The United Nations (UN) considered that the fundamental principle underlying the celebration of the International Year is that the family constitutes the basic unit of society. In doing so, it focused on a broad definition of the family as the basic unit of society in all its forms, whether they are traditional, biological, common law, extended or one parent. The UN defines family very broadly as: “any combination of two or more persons who are bound together by ties of mutual consent, birth and/or adoption or placement and who, together, assume responsibility for, *inter alia*, the care and maintenance of group members, the addition of new members through procreation or adoption, the socialisation of children, and the social control of members” (cited in Daly, 2004, p. 23). In debating the relevance of the UN definition of family in an Irish context, the government of the time stated: “we need an understanding which accepts the term “family” as an all-embracing and all-inclusive one which covers a wide range of structures and functions and which recognises, supports and empowers families in their many diverse forms whether based on marriage or not (Dáil Éireann, 1995).

In Ireland, Article 41.1.1 of the 1937 Constitution (Bunreacht Na hÉireann): “recognises the Family as the natural primary and fundamental unit group of society and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law”. Article 41.1.2 continues: “the State therefore guarantees to protect the Family in its constitution and authority and as the necessary basis of social order and as indispensable to the welfare of the Nation and the State”. The institution of marriage is afforded specific protection in Article 41.3.1, which reads: “The State pledges to guard with special care the institution of Marriage on which the Family is founded, and to protect it

against attack”. However, as Daly (2004), following a public consultation on family life, notes, there is a growing acceptance in Ireland to have an inclusive definition of family which recognises and gives value to different types of families while the country undergoes a process of transition from the type of family norm envisaged in the Constitution (p.57). The national Family Support Agency use the term ‘family’ to include: personal relationships which link people together - sometimes in the same household, sometimes across different households which are created biologically or socially and which may or may not have a legal formal status. These relationships include those between couples (including life partners/ cohabiters), parents/guardians and their children, siblings, grandparents and their grandchildren, and extended family members (2011).

Family and family life in Ireland and internationally is a dynamic concept. According to Daly (2004), the world, and therefore the concept of family is constantly shifting and changing which results in varied family forms, cultural diversity and socioeconomic disparity. Cheal (2002) highlights that forces of modernisation have radically altered the shape and form of traditional family life with significant implications for children’s lives. Changes include an increasing convergence to a nuclear family structure, the partial dissolution of the traditional family unit through separation and divorce, an increasing rate of births outside marriage and the growth of full time employment among mothers. Fahey and Field (2008) analysed the trends and patterns in families in Ireland, and highlighted that following a decline in marriage rates during the 1980s and early 1990s, the popularity of marriage has picked up in the past decade, with 40 per cent more marriages in 2006 than in 1995. Ireland’s divorce rate is low by international standards. Even taking a broader measure of marital breakdown to include both divorces and separations which do not lead to divorce, that broader measure still indicates a low rate of marital breakdown compared to other developed countries (Fahey and Field, 2008).

With a decline in the number of large families, children in Ireland are now much more likely than in previous decades to grow up in households with only one or two children. For example, in 1981 38 per cent of children were living in households with four, five or six or more children, but by 2006, this had fallen to 13 per cent of children. There has been a steady increase in the number of children living in lone parent families, and by 2006, 17.6 per cent of children aged under 15 were in that situation (Fahey and Field, 2008, p.7).

However, regarding family influences on children, Hobcraft and Kieran (2001) stress that it is not the nature of the household which is the most significant factor, but the quality of the relationships and economic resources. Children's outcomes vary and differ in terms of their susceptibility to risk factors which can include economic and changing family structures, educational experiences and psychological well-being (Cleary, 2004). Family Support is concerned with children's outcomes and working with families who need help in their efforts to ensure their children achieve the best outcomes possible.

What is Family Support?

The requirement to agree a meaningful definition of Family Support is well supported in the literature. Penn and Gough (2002) contend that Family Support is a phrase which has been used so often it has almost lost its meaning, or, rather, encompasses so many meanings that it is difficult to disentangle them (p.22). Frost et al. (2003) have described Family Support as a 'slippery concept' and in need of a definition (p.vi), while Dolan and Holt (2002) note that an absence of an agreed definition takes away from policy advocacy and makes it difficult to deliver coherent services and effective practice methods. However, to add complexity to the debate, a number of scholars note that Family Support is generally an undefined phenomenon and that the diversity of the programmes involved defies a single explanation, description or categorisation (Kagan and Shelly, 1987; Weissbourd and Kagan, 1989; Featherstone, 2004). Weissbourd posed the question: "is Family Support a program with specific characteristics? Is

it a set of principles applicable to all social service delivery systems? Is it an approach? Or is it all of the above?” (1994, p.44).

A definition [by definition] must set out the essential attributes of whatever is being defined. Therefore, the essential attributes of Family Support must be included in any attempt to define it. Several of the key writers, in their definitions of Family Support from an Irish and international perspective, share common characteristics and elements, and therefore, a composite of essential features or attributes can be gleaned from reviewing the literature.

In the United Kingdom, the work of the Audit Commission (1994) provided impetus for the development of Family Support and provided the following definition: ‘Any activity or facility provided either by statutory agencies or by community groups or individuals, aimed at providing advice and support to parents to help them bringing up their children’ (p. 39). Gardner (1998) provided a further more delineated definition: “Family Support can mean self help or volunteer help for family members with minimal outside involvement until the family itself identifies the need. It can mean a continuum of advice, support, and specialist help starting in the community and signposting the family towards early, less traumatic intervention to avoid a crisis. And it can mean a specific approach that is a way of dealing with life crises and problems, including abuse within families, which takes account of any strengths and positive relationships within these families which could assist recovery”(p.1).

Featherstone (2004) suggests that up until the 1980s, ‘prevention’, rather than Family Support, was the term used to refer to activities engaged in by services to prevent children coming into care and to assist families with their difficulties, and that the advent of the term Family Support was designed to signal a broader focus in service provision. Featherstone notes that this broad focus was strengthened in the UK the use of the term Family Support in the guidance associated with the Children Act 1989 (p.3). In Northern Ireland, Family Support is defined as: “the provision of a range of supports and services to ensure all children and young

people are given the opportunity to develop to their full potential. It aims to promote their development primarily by supporting and empowering families and strengthening communities. Its focus is on early intervention, ensuring that appropriate assistance is available to families at the earliest opportunity at all levels of need” (Families Matter, 2009, p.18).

Murphy (1996) provided the first widely accepted definition of Family Support in Ireland, describing it as: “the collective title given to a broad range of provisions developed by a combination of statutory and voluntary agencies to promote the welfare of children and families in their own homes and communities. These services are provided mainly to particularly vulnerable children in disadvantaged areas, and often include pre-school, parental education, development, and support activities, as well as homemaker, visiting schemes and youth education and training projects” (p. 78). Children First, the National Guidelines for the Protection and Welfare of Children (1999, and currently being revised), described how Family Support should aim to:

- i. respond in a supportive manner where children’s welfare is under threat;
- ii. reduce risk to children by enhancing their family life;
- iii. prevent avoidable entry of children into the care system;
- iv. attempt to address current problems being experienced by children and families;
- v. develop existing strengths of parents/carers and children who are under stress;
- vi. enable families to develop strategies for coping with stress;
- vii. provide an accessible, realistic and user friendly service to connect families with supportive networks in the community;
- viii. promote parental competence and confidence;
- ix. provide direct services to children;
- x. assist in the re-integration of children back into their families.

(1999, p.60)

McKeown (2000), in his work on Family Support in Ireland, defines Family Support as an umbrella term covering a wide range of interventions which vary along a number of dimensions according to their target group, professional

background of service provider, orientation of service provider, problem being addressed, programme of activities and service setting. Such diversity indicates that Family Support is not a homogenous activity but a diverse range of interventions (p.4). As Pinkerton (2000) suggests: “Family support can be used as a synthesising term to create something which is more than the sum of the parts” (p. 218). To this end, the term ‘Family Support’ is used as an umbrella term under which clusters a broad range of family based services and programmes.

The current definition used in an Irish context from a theoretical, policy, and practice perspective was developed on request for the Department of Health and Children and describes Family Support as:

“both a style of work and a set of activities which reinforce positive informal social networks through integrated programmes. These programmes combine statutory, voluntary and community and private services and are generally provided to families in their own homes and communities. The primary focus is on early intervention aiming to promote and protect the health, well-being and rights of all children, young people and their families, paying particular attention to those who are vulnerable or at risk (Pinkerton et al., 2004, p.22).

This definition is used as a basis for this research when referring to Family Support and will be discussed further in Chapter Six.

The principles of Family Support

A sound definition of Family Support provides a basis with which to frame activities engaged with, and services provided to children and families. However, much of the literature also refers to the necessity of an accompanying set of practice principles to add descriptive value and to ensure that Family Support is a useful and meaningful approach in practice (Weissbourd, 1994; Dunst, 1995; Gilligan, 1995, 2000; Chaskin, 2006; Pinkerton et al., 2004; Pinkerton, 2006; the Agenda, 2007; Families Matter, 2009). According to Pinkerton (2000),

collectively, a sound set of guiding principles ensures that Family Support is more than a “warm and fuzzy” concept (p.207). The international literature offers many versions of principles or standards (Dunst, 1995; Family Support America, 1996; Layzer et al., 2003; Families Matter, 2009).

The argument put forward by Weissbourd (1994), Dunst (1995), Gardner (2003), and Pecora (2006), among others, is that although services may offer support to diverse family forms, unless they are based on, and meet specific criteria, they cannot be appropriately described as Family Support. The elements, features and characteristics of Family Support describe the efforts to distinguish between traditional human services and what are viewed as Family Support. According to Weissbourd: “the Family Support principles have provided a basis for service development and have served as the binding force for a wide diversity of programme forms” (1994, p.37). Whittaker (1997) argues that Family Support reflects a set of values as opposed to a clearly defined programme strategy or direction, with a respect for the complex task of parenting essential, and a collegiate relationship between the parent and the professional. The principles serve as a philosophy and ideology on families and how best to work with them.

In an Irish context, Gilligan (1995) outlined the principles of Family Support and suggested that Family Support is about recognising and responding to the needs of families, especially during a time of difficulty. The family must define their own need or problem, and the necessary support must be available when needed. Rather logically, Family Support must be supportive; it must not be experienced as threatening, alienating or demeaning. It must be offered and available on terms which make sense in the lived reality of the service user; in practice this will mean a low key, local, non-clinical, unfussy, user friendly approach. To be effective, it will be offered within ‘pram pushing’ distance and operate on a principle of consent rather than coercion. Families must be left with a clear sense of benefiting from their involvement, with the service presented in an enticing and attractive manner. Family Support should aim to enhance rather than diminish the confidence of those being helped. Of note, it will require an

orientation on the part of the professional which is of respectful ally, as opposed to patronising expert. Finally, Family Support needs to “wrap around” the particular circumstances and child rearing stage of the family (pp.71-72).

In 2004, following a request by the Department of Health and Children to develop a working definition of Family Support, Pinkerton et al. also developed a set of practice principles based on the national and international evidence available to inform practice. These principles are used in the current policy document on children’s services and in the Irish literature on Family Support (the Agenda, 2007; Dolan et al., 2006).

The principles of Family Support are:

1. Working in partnership with children, families, professionals and communities;
2. Family Support interventions are needs led and strive for minimum intervention required;
3. Requires a clear focus on wishes, feelings, safety and well-being of children;
4. Family Support reflects a strengths-based perspective which is mindful of resilience as a characteristic of many children and families’ lives;
5. Effective interventions are those which strengthens informal support networks;
6. Family Support is accessible and flexible in respect of timing, setting, and changing needs, and can incorporate both child protection and out of home care;
7. Facilitates self-referral and multi-access referral paths;
8. Involves service users and front line providers in planning, delivery and evaluation on an ongoing basis;
9. Promotes social inclusion, addressing issues of ethnicity, disability and rural/urban communities;
10. Measures of success are routinely included to facilitate evaluation based on attention to outcomes for service users, and thereby facilitate quality services based on best practice.

(2004, p. 17).

Chaskin (2006) suggests that Family Support practice principles operate on different levels; a strong value base is suggested (a strengths-based, inclusive perspective focused on prevention) with an overall conceptual guide to service provision advocated (strengthening informal supports and partnership) and promotion of concrete suggestions for practice (needs led and flexible). The core principles under each of these levels, including prevention and early intervention, partnership, a strengths based approach and the provision of supports based on children and family's needs, are now further elaborated. The importance of communities and the increasing drive towards evaluation and evidence-based practice in children and families services is also discussed.

Prevention and early intervention

The role of Family Support in preventative services for children and families in Ireland is advocated in the national policy document, the Agenda for Children's Services (2007). This principle suggests that services use prevention and promotion as a model of practice as opposed to treatment, and by doing so will achieve better outcomes for children and families (the Agenda, 2007; Sheppard 2009; Allen, 2011). A key goal of Family Support is to intervene early where there are difficulties, in order to prevent problems escalating, to strengthen families' capacity to nurture children and function well for all members, to integrate fragmented services and make them accessible to all families, and to encourage and enable families to solve their own problems (Kagan and Weissbourd (1994a). Prevention involves intervening early in the genesis of a problem or difficulty experienced, and also early in the life of a child where necessary (Daly, 2004; Families Matter, 2009; Munro, 2010; Barlow et al., 2010; Allen, 2011; Munro, 2011). As Allen (2011) suggests, one great merit of early intervention is that it can help families under stress to fulfill their mission of giving children a secure and loving space in which to grow. It can keep families together and save many from the trauma of break-up and removal (p.ix). There is a vast body of evidence available on the benefits of intervening early in children's lives (Allen and Smith, 2008; Field, 2010; Allen, 2011; Tickell, 2011).

The concept of prevention is not a new one, and has its origins as a concept in the public health field. Allen (2011) reminds us of the old adage: “prevention is better than cure” (p.3). The Seebohm Report (1968), in a review of the local authority social services in the UK to consider what changes are necessary to secure an effective family service, called for more preventative work (pp.136-141). In Ireland, as early as 1970, the Reformatory and Industrial Schools Systems Report into child care services in Ireland recommended that the: “whole aim of the child care system should be geared towards the prevention of family breakdown and the problems consequent on it. The committal or admission of children to residential care should be considered only when there is no satisfactory alternative” (p.6).

In the 1990s, the case for prevention was again made in the UK with a suggestion that early childhood prevention strategies should be placed at the centre of policies for children and families (Utting, 1995; Thoburn et al., 2000; Frost and Parton, 2009). Utting (1995) argued for prevention services to meet the welfare and safety needs of children directly, and also to lessen the financial and social costs which occur when there is family malfunction and breakdown (1995, p.8). As Utting continued, the quality of children’s lives is viewed as key to their future attitudes, behaviour and achievements. The role of prevention is not only to combat risk factors but also to enhance and promote the positives and opportunities for child development by maximising protective factors and processes (Frost and Parton, 2009; Allen, 2011).

Preventative initiatives deter the occurrence of problems before they become a negative factor in family functioning. As a means of strengthening and supporting family functioning, the Family Support approach asserts that a preventative model should be employed as opposed to a more treatment or crisis intervention approach. The timing of interventions is also noted as key, with success most likely where intervention occurs in the ‘early years’ (Families Matter, 2009; MacMillan, et al., 2009; Allen, 2011; Munro, 2011). Gardner (2006) suggests that the aim of preventative Family Support is that concerns about children’s welfare are addressed effectively in a timely and sensitive

manner (p.103). This assertion has had little argument. As Hardiker (1991) highlights, the difficulty in using the term ‘prevention’ in discourse on children and family services is not so much in the meaning of the term itself, but, rather, when a more specific question is posed, and an object placed after the verb: to prevent *what?* (p.43).

Sheppard (2009) notes that prevention is traditionally understood in terms of services provided to families and the timing of these, and suggests that the actions of families themselves, in particular parents, ought to also be included in the prevention continuum. Sheppard refers specifically to the actions of parents in the stages prior to the involvement of services, and the actions families will take to ameliorate or resolve a situation (p.1442). He highlights what he terms ‘proto-prevention’ in describing the earliest stage on the prevention continuum where the actions of families, and parents in particular are considered. Accessing informal social supports prior to any engagement with formal services in an effort to improve their situation demonstrates how the preferred informal sources of support for families are often best placed as a form of early intervention and prevention. Such efforts should be recognised and encouraged in the first instance at times of difficulty, where possible. Barlow et al. (2010) emphasise a focus in universal service provision on preventing difficulties arising in the first instance.

The debate on prevention has also centered on whether preventing a problem in a family unit equates with optimising individual or family competence and capabilities, or of other aspects of individual or family functioning. Discussions have focused on models of prevention versus models of promotion (Rappaport, 1981; Cowen, 1985; Dunst, 1995; Thoburn et al., 2000). Promotion is described as the enhancement and optimisation of positive functioning which focuses on acquiring competencies and capabilities which strengthen functioning (Dunst, 1991). This debate has asked whether the absence of problems is the same as the presence of health and functioning. A call for the use of promotion and competence building approaches in Family Support programs has been strongly advocated (Weissbourd, 1994; Thoburn et al, 2000). As Gilligan (1995) suggested: “Family Support is not just about securing the safety of children in the

face of immediate physical or sexual threat. It is also about promoting their welfare and normal development in the face of adversity. Family Support activities seek to enhance the moral supports and coping skills of all, but especially vulnerable children and parents (p.61). This promotion model is viewed as proactive because it assumes that all people have existing strengths and capacity to achieve and be competent (Dunst, 1995)

Providing services with a focus on prevention and early intervention both early in a child's life, and early in the genesis of a problem, necessitates operating a range of services for different levels of need. This premise will be further discussed when considering frameworks for Family Support services in section four.

Partnership

From both a policy and practice perspective, partnership with families and between key agencies has become the advocated approach (McKeown, 2001; Dolan, 2006; Families Matter, 2009; Munro, 2011). A call for a change in the traditional relationship between service providers and family and community members has been noted for some time (Weissbourd and Kagan, 1989; Dunst, 1995; Tisdall et al., 2000; Higgins, 2000, Munro, 2011). As noted by the Agenda for Children's services: "effective protection of children and young people at risk or in crisis as well as the promotion of all children's well-being requires working in partnership with families. This principle is noted as particularly important when dealing with those children and families who are most vulnerable and most difficult to engage" (2007, p.17). Davis (2007) emphasises the need for dialogue between parents, children and service providers to ensure no one professional defines children's problems or the solutions to their life issues.

In order to make positive changes in a child's life, the overall needs and context of the family have to be taken into consideration. Strategies which do not fully engage with parents and children are less likely to be effective (McKeown, 2001). As stated by Weiss (1987): "we no longer view parents as empty vessels waiting to be filled up with professionally derived child development knowledge, but as active partners in a search for the formal and informal supports necessary to carry

out the difficult tasks of parenting” (p. 144). According to Weissbourd (1990), Family Support is: “designed in collaboration with parents to meet their expressed needs for supports and resources” (p.73). This style of practice assumes that once families are given the information and advice, they can and do make informed decisions and sensible choices. Hill et al. (2004) note that ensuring children are involved effectively and meaningfully in matters which affect their well-being, and participating in national policy making is a challenge now, and will continue to be in the future.

Engaging effectively with parents requires skilled staff which is described as the lynchpin of good practice (Lonne et al., 2009). As Connolly (2004) notes, a constructive relationship involves an attitude of respect and liking for the parent, an understanding of their point of view, and the ability to establish common ground on which to base an intervention plan which accommodates the needs of the parent as well as the child (p.78).

Nonetheless, it is important to avoid pitfalls in a romanticised view of partnership when protecting children through statutory involvement. The potential in forming strong helping relationships with parents, while at the same time attending carefully and effectively meeting the needs of children requires recognition and understanding (Thorpe et al, 1988). As highlighted by Stevenson (1998), the general theme of partnership with parents is ‘wholly admirable’ in its desire to work with, rather than against parents, and to reduce the imbalance of power between parents and professionals. However, such ideals also pose problems in particular instances. Partnership with parents, whose capacity is diminished for one reason or another, may not be possible, no matter how well intended practitioners are (p.113).

Promotion of children’s well-being at every level of service delivery also requires working in partnership with the appropriate agencies (McKeown, 2001; Pinkerton, 2001). Difficulties in inter-agency communication and co-ordination have plagued child welfare services over a considerable period of time (Connolly, 2004). The importance of partnership and interagency co-ordination also exemplifies a move beyond organising services in ‘silos’, and has been a regular

core recommendation of public child care inquiries (Frost and Parton., 2009). However, inter-agency and inter-professional working in children services represents something of a conundrum because it is simultaneously seen as both the problem and the solution (Rose and Barnes, 2008; Fish et al., 2008). While current policy may require increased communication and collaboration across agencies and professions, this is known to be a complex task where misunderstandings, omissions and duplications easily occur (Munro, 1999; Reder and Duncan, 2003; Fish et al., 2008).

A strengths based approach to working with children and families

A strengths based perspective is also considered a cornerstone of practice in Family Support (Dunst et al., 1992; Saleeby, 1997; Gilligan, 2000; McKeown, 2001; Gardner, 2003). The Commission on the Family (1998) recommended an approach to practice which: “is empowering of individuals and builds on family strengths” (p.16). Family Support has emphasised and focused on the strengths of individual and family members, in marked contrast to models which have attempted to correct weaknesses or cure deficiencies. Smith and Davis (2010) describe how a strengths based Family Support perspective advocates choice, participation, anti-discrimination and timeliness and employs approaches that put peoples own solutions at the centre of service provision. As Buckley (2002) observes: “an important feature of Family Support is its facility to focus on strengths rather than problems” (p.9).

Saleeby (1997) argues the advantages of a strengths based approach to helping individuals, groups and communities to meet the challenges faced, and working collaboratively using people’s own resilience to achieve change. In his research on Family Support in Ireland, McKeown (2001) highlighted a strengths based approach as a key factor in the success of the Springboard Family Support initiative. Ghate and Hazel (2002), in their research on ‘Parenting in Poor Environments’ highlighted the importance of building on the strengths of parents in need of support who have accrued multiple forms of disadvantage.

Advocates and promoters of Family Support have forcefully and intentionally asserted that Family Support programmes acknowledge family strengths, build upon them and promote the use of family strengths as a way of supporting family functioning and parenting capacity (Family Support America, 1987; Weissbourd, 1990; Dunst, 1995; Gilligan, 2000). Dunst (1995) usefully synthesised thinking on how to incorporate a strengths based approach in practice. This involved five premises:

- a recognition of that fact that all families have strengths. These strengths are unique and depend upon culture, background, beliefs, and socioeconomic status;
- the failure of a family to display competence must not be viewed as a deficit in the family, but rather as a failure in the system to create opportunities for the competency to be displayed or learned;
- work with families must be approached in a way which focuses on positive functioning rather than perceiving families as “broken” and “needing to be fixed”. This approach requires acceptance but also valuing individual difference;
- a shift away from the use of treatment and prevention models as primary frameworks is necessary to promotion and enhancement models, consistent with strengthening family functioning;
- the goal of intervention must be viewed not as “doing for people”, but as strengthening the functioning of families to become less dependent on professionals for help. This involves a shift away from the belief that experts should solve the families’ problems and towards empowering families to master the challenges in their own lives (p.22).

These five considerations collectively suggest an alternative to the deficit and weakness based approaches which have traditionally been present in service delivery, towards a proactive and positive approach which is truly supportive of families (Dunst, 1995; Gilligan, 2000).

Reflecting this orientation, Children First (1999) emphasises developing the existing strengths of children and parents who are under stress. In the UK, the ‘Think Family’ Report (2008), which aimed to provide a comprehensive support package to children and parents in ‘families at risk’, also advocated that services should start with families’ strengths. The Report recommends that practitioners work with families, supporting them to build up their aspirations and capabilities, so they can take responsibility for their own lives and support each other in the present and in the future (p.8). Recognising that such an approach cannot take place in a vacuum, a system wide approach is suggested, with recognition that particular skills are needed by practitioners to confidently work with families in this way (pp.11 - 13).

Services offered to families based on need

The delivery of Family Support services is inextricably linked to the concept of need. The needs of children should determine the extent and nature of services provided to them (Percy, 2000; Dolan et al., 2006; Families Matter, 2009; Barlow et al., 2010; Allen, 2011; Munro, 2011). Thoburn et al. suggest that a key initial task in Family Support service delivery is to generate information on the needs of family members (2000). This approach entails a focus on need as identified by family members, as opposed to the needs identified by practitioners, and recognises the role and strengths of the family in both identifying and meeting their needs (Dolan and Holt, 2002). Pinkerton (2001) makes the point that children and families looking for a service should not be placed in set routine categories. While some degree of consistency and categorisation may be necessary, needs viewed in this narrow way are only partially understood and responded to. In an effort to deliver this type of approach, the early intervention area-based initiative in the UK, ‘Sure Start’, lists: ‘meeting the needs of every family’ as a provision in its first guiding principle (Frost and Parton, 2009, p.115). The ‘Think Family’ approach recommended that family centered packages are “tailored” to varying levels of need (2008, p. 8). In Ireland, the Family Support initiative, Springboard, placed a strong emphasis on responding to the identified needs of children and their parents (McKeown, 2001).

Children's First (1999) described how a true assessment of the needs of children and families should take account of:

- the perception of problems experienced by each family member;
- the perception of problems and concerns by other persons, such as professionals and extended family;
- the level of risk to children which is believed to exist;
- solutions which are jointly informed by the family's perception of their needs and the expertise of those providing services;
- existing family strengths and protective factors;
- acceptable informal supports already available and potentially available;
- formal supports available and which need to be made available.

A needs led response involves the ability to be flexible in tailoring the Family Support practices to the particular circumstances of the families and communities in which they are based. As suggested by Harris, Family Support is likely to be more helpful when it mirrors: "milk van support" (that is, daily, low key, routine), as opposed to: "fire brigade support" (that is, once off, emergency, dramatic), and available over the long haul (1993, p.99).

Sources and types of Family Support

Based largely on social support theory (see Section Three below), the sources of support for families are categorised as either formal, semi-formal or informal. Informal supporters offering unpaid support include family, friends and neighbours, and provide the most desired type of support at times of difficulty or in a crisis (Cutrona, 2000; Gilligan, 2000; Dolan and Holt, 2002; Dolan et al., 2006; Families Matter, 2009). Whittaker and Garbarino (1983) described the support within families as the 'bread and butter' source of help (p.4). In their study on parenting Ghate and Hazel (2002) found that 74 per cent of the sample had their primary source of support living in the same house or in very close proximity. Weissbourd et al. (1989) noted peer support as a particularly important

resource in Family Support programmes, and highlighted that: “informal supports increase a family’s ability to cope and fosters independence and mutual interdependence in contrast to dependence” (1989, p. 23). However, where such supports is non-existent, weak, or incapable of providing the help required, a person is more likely to turn to formal support sources (Dolan et al., 2006).

Additionally, as Gardner (2003) cautioned, families can also be the main source of stress, prompting a need for external supports. Formal support refers to the services provided by professional agencies with paid employees, including State run and those run by voluntary organisations and offering both universal and targeted interventions. Semi-formal sources of support are described as organised supports received from community or neighbourhood based services, which are normally voluntary and do not have paid staff (Ghate et al., 2002). Semi-formal support services may be thought of as complementary to informal supports.

Highlighted as one of the core principles of Family Support, the building and strengthening of informal support networks, and the provision of supports and resources in a flexible, responsive and individualised manner to meet the changing needs of families, is a prerequisite of practice. Building and strengthening informal support networks are viewed by practitioners and academics alike as being central to Family Support (Weissbourd, 1987a; Dunst, 1995; Gardner, 2003; Sheppard, 2007; 2009). Garbarino and Sherman (1980) found that families with less supportive social networks are more likely to come into contact with formal support services. As Gardner highlighted in her research on parents’ support needs, the greater the informal support network, the lower the degree of difficulty perceived by parents regarding their vulnerability, stress and ill-health. Conversely, the weaker their informal network, the greater their degree of difficulty (2003, p. 8). Reiterating this point, Sheppard’s study on social support and parental coping showed a significant relationship between the adequacy of forms of support and positive outcomes. Those who consider their informal support network to be inadequate are liable to be particularly vulnerable and their capacity to resolve their problems consequentially diminished (2009, p.1443).

Overall, the four most common types of support provided to children and families as identified in the literature are: concrete support, emotional support, advice support and esteem support (Weiss, 1987; Cutrona, 2000; Dolan et al., 2006). Concrete support is very visible and relates to practical forms of help, such as giving a lift, minding children or doing grocery shopping. Concrete support is sometimes also referred to as tangible support and typically can be measured in physical acts of helping between people with: “an offer to do or provide” (Cutrona, 2000, p.112). As Gilligan (1991) observes: “sometimes it is all too easy to lose sight of the fact that often what a family needs is immediate and tangible practical help” (p.171).

Advice or information support is referred to as guidance support, and relates to helping someone with a decision or giving him or her information on how best to complete a task or resolve a difficulty. Advice or information on child rearing practices or financial matters are everyday examples of this type of advice. Cutrona (2000) suggests that, grouped together, concrete and advice support can be thought of as “instrumental support” (p.112). Emotional support is a more sensitive form of support and relates to feelings and usually involves close relationships (Munford and Saunders, 2003). Typically, it is about being available for people we feel close to, listening to them if they are upset, and offering them unconditional positive regard. Esteem support relates to how others rate and inform a person in respect of her or his worth and competency. An example of the provision of esteem support would be where a teacher encourages a child in her or his efforts, and expresses confidence in the child’s ability. Together, emotional and esteem support can be conceptualised as “nurturant support” (Cutrona, 2000, p.112).

All four types of support are needed and are valuable in different situations, but Cutrona (2000) found that emotional support may be consistently most helpful, having a role in almost all situations and appreciated regardless of the circumstances. She suggests there may be times that when practical support is sought, a person is offered a kind word instead. Whereas this is not what was

asked for, it is usually reassuring and welcome. This type of support will not solve the problem, but it may lessen the feelings of anxiety or isolation. This reflection refers to what Cutrona calls “optimum matching”, and is an important consideration in social support, which is elaborated on as a principle of social support below (2000, p. 112).

Community as context for Family Support

Although it is but one element of a Family Support principle, community is a fundamental component in the context of delivering Family Support services. Community as a context focuses on communities as local environments providing a set of risk and protective factors which have an influence on the well-being of community members (Chaskin, 2008). From a Family Support perspective, McKeown (2000) notes how a community development focus addresses the contextual factors which impinge on, and often exacerbate the problems of vulnerable families. Building on this viewpoint, Gilligan (2000) points out that Family Support is about mobilising support: “in all the contexts in which children live their lives” and about: “counteracting the corrosive potential of poverty and other harm that can befall children in disadvantaged communities” (p.13).

Community development is about building communities through collective strategies on common issues. As a field of practice, Family Support has, for the most part, been characterised by the development and delivery of a diverse set of services, by a broad range of practitioners and organisations in local communities. Such service provision is intended to be flexible, responsive and interactive (Chaskin, 2006; Families Matter, 2009). A key assumption in this orientation is the importance of community in the lives of families. Reflecting this assumption, Chaskin (2008) defines community as: “an affective unit of belonging and identity, characterised by close relationships among members, shared norms, and common circumstance...relations among community members are rooted in a common identity with and daily adherence to local life and custom” (p.67). An alternative way of looking at community is also provided by Chaskin (2008) regarding social support and social capital. In this view,

community is a network of relations, two aspects of which are highlighted. The first is the degree of network closure – the extent to which people know the people who know them, and is important in supporting informal social support. The second aspect has to do with the ‘ties’ or ‘bridging’ relationships which connect individuals to networks held by others, and provide access to information and resources beyond their own networks of close association (p.67).

In describing the relationship between Family Support and the community, Weiss (1987) noted: “in addition to working with the family the programmes now increasingly recognise the importance of creating and reinforcing links between families and external sources of support, both formal (local social and health services) and informal (opportunities to meet neighbours and utilization of natural helpers in programmes)” (p.139). This reflects the assertion that Family Support programmes emphasise the identification of need, locate informal and formal community based resources for meeting those needs, and assist families in using existing capabilities, as well as learning new skills necessary for mobilising community based resources (Dunst, Trivette and Deal, 1988, 1994). Family Support programmes employ practices which intentionally lead to programmes being assimilated into the “community life” of the families served by these programmes (Weissbourd, 1990; Families Matter, 2009). “The intent is to extend well beyond the initial goal of establishing linkages and to work instead to build a comprehensive community of support for parents” (Weissbourd, 1994, p.40).

The underpinning theoretical basis which underpins the community development aspect of Family Support is elaborated in the review of the ecological perspective and social capital theories (see Section Three).

Evidence-based practice

As Bruner (2006) notes, it is essential for Family Support services to build a better evaluation framework because policy makers and funders increasingly require evidence on the effectiveness of funded programmes, and service providers need to know whether what they are doing is making a difference (p.238). The search for evidence-based practice, and the debate on what constitutes an evidence base in children and families services, is well underway

with a need to demonstrate services are making a difference (MacDonald, 2001; Pecora, 2006; Whittaker, 2009; Munro, 2011).

Marsh et al. (2005) propose six reasons why we need evidence from research within the knowledge base for social care. These reasons are:

- the major impact of decisions made on the immediate lives of services users, with a need for informed practitioners to achieve the best possible outcomes (for example, in child protection);
- the impact over time of decisions on the lives of service users and outcomes achieved (for example, children in care); good evidence may challenge assumptions in social care and bring about advantages to service users (for example, the evidence on the Family Welfare Conference model);
- the importance of providing the best available evidence to inform statutory decisions about people's lives; the need to inform the public so they can better engage in relevant debates about services; and finally,
- evidence is needed to inform service users and carers. Direct involvement in the development and delivery of services requires access to evidence and knowledge (p.4).

Gardner (2003) suggests that in order to demonstrate effectiveness, services need to offer robust evidence that the service is achieving their stated aims in supporting children and families in ways which conform to, or exceed acknowledged practice standards, and at optimal cost (p.3). In Ireland, as elsewhere, there is a relatively new focus on the evidence base for achieving outcomes for children and families in both planning and reviewing service provision (The Agenda for Children Services, 2007; Canavan, 2010).

Outcomes are defined as articulated expressions of well-being (Hogan, 2001) and are identified as having characteristics such as: clear declarative statements of well-being, stated in positive terms, ideally developmental, interactive and interdependent, measureable by standard indicators, collaborative by nature and comparable at all levels (Friedman, et al., 2005, p. 246). The Agenda for

Children's Services promotes an aspiration towards good outcomes for children; and defines outcomes as: "the best possible conditions, situations and circumstances to live their lives to their full potential. Outcomes are about what is happening now in children's lives and what may happen in the future" (2007, p. 12).

The use of an outcome-focused approach in a search for an evidence base has been advocated by number of researchers and evaluators in the field as it: promotes the effectiveness of services and provides clarity and focus in a partnership approach to service delivery (Friedman et al., 2005; Canavan, 2010) provides a framework for accountability and specificity in relation to achieving results (Bruner, 2006), and provides standards which can be adhered to over a period of time (UNICEF, 2007). As Bruner (2006) points out, there is an increased recognition of the need to focus evaluations on outcomes and results as opposed to measuring inputs. The achievement of better outcomes for children and families, as opposed to traditional services is, according to Dunst (1995), the degree to which quality must be measured and defined.

'Best practice' is also a commonly used term in the social work and social care field. A definition of best practice includes: "those practices which experts believe represent the state of the art in a particular area or field of practice" (Manela and Moxley, 2002). Best practice is generally viewed as building on the term evidence-based practice. According to Gambrill (2003) and Cournoyer (2003), empirically-based or evidence-based practice within the social work area promoted a model of social work practice which was built on scientific evidence. A definition of evidenced-based practice suggests that it: "indicates an approach to decision making which is transparent, accountable and based on careful consideration of the most compelling evidence we have about the effects of particular interventions on the welfare of individuals, groups and communities (Mac Donald, 2001).

In considering the need for research in social care and social work, Marsh et al. (2005) note that there is an increasing emphasis on evidence-based practice which has highlighted a need for 'practice-based evidence'. They describe practice-

based evidence as research directly derived from practice concerns and aimed at providing practice improvement. They describe how the Joseph Rowntree Foundation succinctly described the role of evidence in the knowledge base for social care in the formula: Knowledge = evidence + practice wisdom + service users' and carers' experiences and wishes.

The importance of this definition is that there is no hierarchy; the three components will vary in importance depending on the question under consideration. Evidence, in this construction, is the product of research, defined as a form of structured enquiry capable of producing generalisable knowledge. The strength of this definition is that research-based knowledge should be of significant value in policy making because it is designed to deliver general messages of wide applicability. However, the capacity of research-based evidence to do this is limited unless we add that evidence deriving from research should be relevant and applied; that is, that it derives from and addresses practice concerns, and is potentially capable of translation into applicable ideas (Marsh et al., 2005).

However, in order to make a difference in children's services, efforts towards evidence-based practice and outcomes evaluation must have meaning for those directly and most closely involved with children and their families. This requires "a two way street" with a cyclical feedback loop in play from science to services, and services to science. The insights and understandings of those directly involved in interventions (particularly children and their parents) must inform and ultimately improve applied research studies (Whittaker, 2009).

A technique or steps to conduct best practice inquiries which reflect this premise are outlined by Petr and Walter (2005). Recommended steps include:

1. Identifying the question for the best practice inquiry. This includes who are the target population, and what are the problems and the desired outcomes;
2. Finding qualitative and quantitative research articles which address the question. Relevant research on both impact and the experience will enrich any process to determine 'what works' and 'why';

3. Ascertain the consumer perspective on the question, the experience of the consumer receiving the service, and their perspective on the factors which helped or those which caused further distress or upset;
4. Find sources of professional wisdom on the question. Crucially, this includes the view of professionals involved in the 'real world' of practice. As Petr et al. suggest, the: "real practice world is quite different from the research-about-practice world" and includes all the contextual and individual factors which produce knowledge about best practice;
5. Summarise the current state of the art best practices in relation to the question. This involves a comparison of the research and consumer and professional perspectives;
6. Assess the strength of support for best practices as described by the three sources in step five. This includes a check for potential bias of a possible vested interest. Overall, support is judged as strongest when the quantitative and qualitative research is extensive and rigorous, when consumer and professional sources are credible, influential and independent, and when there is consensus or at least extensive common ground among all the perspectives;
7. Use value criteria to critique and improve current best practice. Best practices should not at this stage be regarded as immutable, but as starting points for improving services. The value analysis allows for strengths and weaknesses of current best practices to be identified, and facilitates improvements. Practitioners, service users and service developers then have the information needed to understand, interpret, implement and improve on the ever changing 'best practices' (Petr and Walker, pp.255-261).

Freedman (2000) suggests that an incorrect focus on evaluation accounts for a lack of definitive research on the positive effects of Family Support programmes (cited in Benard, 2000). This point is further explained by Bruner (2006) who reminds us that families are: "messy units of analysis" whose "change and growth is not linear", with what works for one family not necessarily working for the next (p.246). One way forward is for formal evaluations to critically explore and assess all aspects and practices of the helping relationship and its effect on the

efforts to achieve defined outcomes for children and families (Maluccio et al., 2000; Katz and Pinkerton, 2003; Munford and Sanders, 2006). An emerging strand in the current thinking about outcomes in children's policy is related to the idea of coping as an outcome, with an associated question regarding whether the expectation of what Family Support and other social interventions can deliver are overly ambitious given the life circumstances of many children and families (Dolan, 2008; Canavan, 2010). Such an orientation allows for outcomes-focused evaluations to measure significant successes in engaging hard to reach populations and building relationships on which to base further supports and interventions.

The 'worker' in Family Support

As in the delivery of any human service there is an increasing recognition of the importance attached to the style practitioners adopt in their day to day interactions with children and families, and relationship building in Family Support. Munro (2011) argues that skills in forming relationships, the use of intuitive reasoning and emotions, along with knowledge on theories and empirical research are equally important components of effective practice. Closely aligned with the style and skills of the worker is the use of reflective practice and the availability of high quality supervision (Munro, 2011).

Workers style and relationship based practice

Dolan et al. (2006) describe the interpersonal skills which the practitioner uses to connect with and work alongside families as essential to good quality professional practice. Focusing on the relationship based aspects of practice, the quality of the relationship between the children and families and practitioners surfaces as a key contributor to programme success in research literature on support services (Weissbourd, 1994; McKeown, 2000, 2001; Dunst and Trivette, 2001a; Riordan 2001; Gardner, 2003; Barlow et al., 2010; Munro, 2011). Freedman (2000) emphasises 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 Family 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., 2006). 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 (Mc Curdy and Jones, 2000; Dale, 2004; Munro, 2011), and that there is a need to return to relationship-based practice (Brandon and Thoburn, 2008).

The suggestion is put forward by Brady et al. (2007) that children and families can tell if a practitioner is genuinely interested in their relationship, and this is likely to affect their relationship, and ultimately, the outcome of the intervention. McKeown (2000), in his review of literature relevant to Family Support, highlighted how the quality of the client-therapist relationship in therapeutic interventions is one of the key factors influencing success. The real value in Family Support is described by Bruner (2006) as the opportunity created by the worker's interaction with the children or family member to build relationships.

The literature on resilience (see Section Two for full description) and research on youth work programmes, and programmes such as Big Brother Big Sister³ has indicated the importance of the relationships developed between workers and young people and the quality of the practitioners who build them (Mc Laughlin, et al., 1994; Tierney, 1995). Dunst and Trivette (2001) have suggested in their research that the Family Support services which adhere to the principles of Family Support build supportive relationships which nurture growth and development, whereas those that do not show limited effects. However, as Weissbourd et al. (1994) cautioned, forming helping and enabling relationships is a complex and often arduous process, especially when working with individuals from diverse ethnic, cultural and socioeconomic backgrounds. A degree of professional maturity is required to provide a balance between caring but not colluding, and providing wise, informed support to meet need as required without creating dependence (p. 204).

³Big Brothers Big Sister (BBBS) is an internationally renowned youth mentoring programme that forms friendships between a young person and an adult volunteer. www.bbbsireland.ie

A caring, non-judgmental and respectful approach from staff was highlighted by McKeown as a positive feature of the experience of children and families attending the Springboard Family Support initiative (2001, p.116). Neatly pulling together many of the various strands of the Family Support principles, McKeown (2000) suggests that in order to be of any benefit, interventions with children and families who are vulnerable and experiencing adversity must (for as long as is necessary) be tailored to the family's definition of need, be based on a strong therapeutic relationship, build on existing strengths and resilience, develop the family's social support networks and restore faith and hope in the family's capacity to solve its problems (p.33).

Reflective Practice and Supervision

Although not strictly a principle of Family Support, reflective practice is increasingly viewed in the literature as a central component of practice within the Family Support debate (Parton, 1997; Dolan et al., 2006; Houston, 2008). As Thompson notes: "given the complexities of the work there will always be a role for professional assessment and decision making - and reflective practice is an essential part of developing good practice in that area. Non-reflective, uncritical approaches to such a complex and constantly changing set of circumstances are dangerous in the extreme" (2006, p.9).

Reflective practice is closely associated with the work of Schön (1983, 1987, 1991) and is an approach to professional practice which emphasises the need for human service practitioners in order to avoid standardised responses to the circumstances they are working in. Houston (2008) argues that: "no matter how elegantly a system arranges its targets, outputs, outcome measures and so forth, at the heart of transformative practice is the reflective practitioner, the ethical practitioner" (p.33). Reflective practice has been described as a complex and deliberate process of thinking about and interpreting experience in order to learn from it (Rolfe and Gardner, 2006; Ferguson, 2011), and part of the process of developing best practice in Family Support (Munford and Sanders, 2006).

Schön draws a distinction between what he terms the: “high ground of theory” and: “the swampy lowlands of practice”, and developed a concept which he termed: “reflection-in-action”, viewing professional practice as “artistry”, differentiating between practice as a purely technical activity. Schön devised a cyclical process whereby the practitioner could move between theory and practice, subsequently establishing a flow of learning which linked real life situations with frameworks for action (1983, pp.49-69). As Dolan et al. contend, the practitioner must not only have the ‘know-of’ (theory), but also the ‘know-how’ (skills) and ‘know-to’ (reflective practice), in order to deliver an effective and responsive service to the children and families they are working with (2006, p.45). Working with children and families is complex, with each set of circumstances and family unique. As Munro (2011) cautions, helping families can: “never be simply a case of taking an intervention off a shelf and applying it to a family” (p.44). Expanding on this viewpoint, Thompson (2009) describes how: “the field of practice is not a static, passive recipient of expert knowledge. The situation itself ‘talks back’, resists and constrains the practitioner’s every move” (p.319).

Reflective practice involves being able to relate theory to practice, drawing on existing ideas and frameworks for each situation which may arise (Thompson, 2009; Ferguson, 2011). However, as Thompson elucidates, the relationship between theory and practice is not straightforward. Theory influences practice in a number of subtle and intricate ways, but practice can also influence theory. Furthermore, theory does not provide hard and fast answers or simple solutions to practice issues. Reflective practice operates in the middle ground between the continuum of theory and practice, where theory is viewed and used as a resource for understanding practice situations without an unrealistic expectation of what it can offer. This involves recognising the ways in which the general principles offered by theory can be adapted and tailored to fit the specific circumstances of each situation dealt with (2009, p.282).

High quality services are delivered by high quality practitioners, and in an Irish context the policy document, The Agenda for Children’s Services (2007), strongly promotes the use of reflection and reflective practice in ensuring such

high standards. As noted by Dolan et al.: “the challenge for the reflective practitioners grappling with service delivery, management and policy making is to understand what it is that they are contributing to the negotiation of useful responses to families needs” (2006, p. 18). However, the act of reflection on practice does not occur as a matter of course, for a number of reasons. The obstacles identified range from the elitism of academic processes and practices on one side, and the anti-intellectualism of practitioners on the other (Thompson, 2000), to organisational issues such as time and priorities around direct work with families, meetings and report writing (Canavan, 2006).

There is a need for high quality support and supervision to counteract some of these tensions and work towards meeting the needs of children and families. Significant attention is paid in the literature to the importance of good reflective relationship-sensitive supervision when working with children and families (Howe et al., 1999; Connolly, 2004; Munro, 2011). Supervision is essential if workers are to provide services which benefit children and their families. Munro (2001) describes supervision as a core mechanism for critical reflection on the understanding of the family, for workers to consider their emotional response and whether it is adversely affecting their reasoning, and for making decisions about how best to help (p.53).

As Ferguson (2004) and Frost and Parton (2009) note, social care is always associated with the most marginalised children with the most complex needs, and social care work therefore, always associated with problems and, to a degree, failure. The impact and effectiveness of interventions is hard to measure. Supervision provides a forum for examining perspectives, exploring alternatives and reducing stress.

However, similar to the opportunities for, and priority attached to the process of reflective practice, regular high quality supervision is not always available to practitioners. Laming (2000), reporting on a child care inquiry, noted the absence of quality supervision and support for workers and uncertainty in their role in child protection. Many of Laming’s recommendations were previously highlighted in other inquiries into children’s deaths (Reder et al., 1993; Reder

and Duncan, 2000) and continue to be highlighted today (Roscommon Child Care Case Report, 2010). In her review of child protection, Munro (2011) indicates that the evidence shows how managerial oversight predominates with little attention to professional supervision (p.53). Howe (1992) similarly made the point, noting the growing concern that tensions were being resolved by tighter managerial control with increased emphasis on procedures, and Laming (2009) cautioned that a tradition of reflective practice is being put in danger because of an overemphasis on process and targets.

In the UK, the Social Work Task Force Report (2009) highlighted that many workers do not receive quality supervision which focuses on workload, case discussion and professional development. The report highlighted how these practitioners feel their skills stagnate, they become reluctant to think critically or creatively, fall back on a mechanistic approach to their work, question their own effectiveness and experience ‘burn-out’ (p. 32). Reder and Duncan (2003) suggested that using supervision to review the process involved in practice and as a “reflective learning process” will encourage the practitioner to think more systematically and broadly on the issues involved (Ibid., p.96: Munro, 2002). As the late Dr. Morrison contends: “the quality of child protection and welfare work will never improve unless agencies understand and invest in supervision (1997, p.138). Furthermore, in order to provide high quality reflective supervision, managers tasked with providing such support require training which provides them with the skills to support individual workers (Munro, 2011).

Section summary

This section has reviewed the literature on family, and Family Support definitions and principles in an effort to provide clarity as to what Family Support is. The core principles of prevention and early intervention, a strengths based approach and providing services based on need were elaborated on. The importance of community and evidence-based practice was also considered. The issues relating to the ‘worker’ in Family Support were examined. This included the style and skills of practitioners, relationship based practice, reflective practice and high quality supervision. The next section reviews a theoretical basis for Family Support.

Section Two: Towards a theoretical basis for Family Support

Family Support, as an approach, is not based upon one theoretical foundation. Rather, it is underpinned by an amalgam of a number of distinct theories from the social sciences. This research study is underpinned by the researcher's view that a number of theories have particular relevance for positive family functioning where, in the main, **informal family support** is enough for all family members to 'get by'.

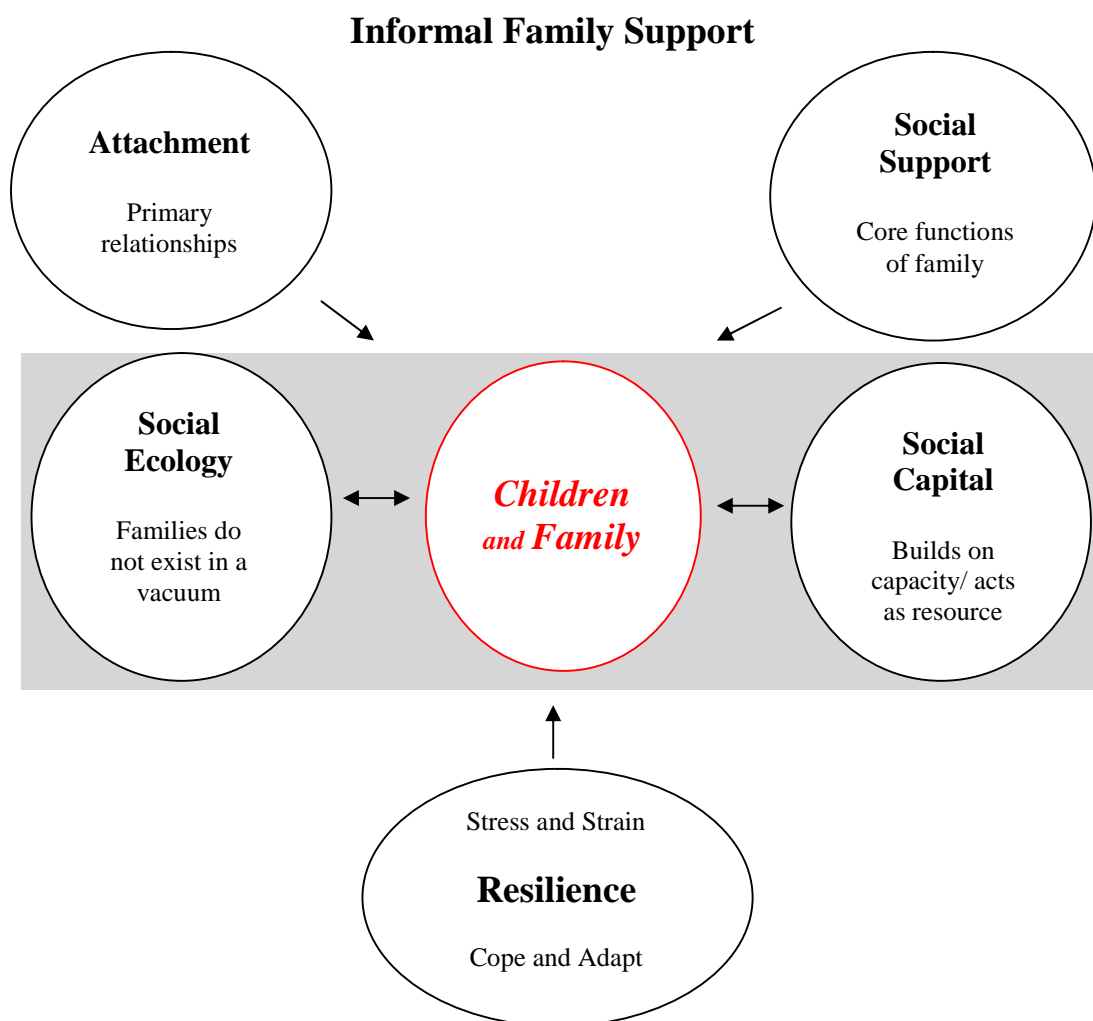
In reviewing the literature the theories which are deemed to have particular resonance in considering positive family functioning and informal Family Support include: attachment, social support, resilience, social ecology, and social capital. Considering family life and the well-being of children within families, a number of core theoretical concepts hold through and make *the* difference.

For the majority of children, the primary relationships formed within a family provide the platform from which children grow, develop and explore the world. Assured by the permanence and stability of their **attachment** to, and connection with their family members, children reach out towards their full potential. While regular 'ups and downs' in family life throughout childhood and adolescence may 'bend' these relationships, they won't and don't break. An integral part of these relationships are the core functions performed within each one of them. This informal **social support** is provided throughout the life cycle by family members from adult to adult and crucially, from adult to child. Depending on the age and stage of children, this support varies in type and intensity as required. Again, in the majority of instances, children (and indeed adults) will turn to their family members for all types of support and assistance from 'a listening ear' to a financial 'dig out'. Coping with day to day stressors and difficulties, big and small, is also a regular and accepted part of functioning family life. Life brings many challenges experienced in a unique way by all families and by all family members. The security and supports provided by family act as a protective factor, building children's **resilience** to cope with, adapt to, and survive life's challenges. Families and family life do not exist in a vacuum, with extended family, neighbours, communities and various social institutions (schools, work, religious groups, clubs, et cetera) playing an interconnected influential role in family

functioning. This **social ecology** within which children and families live, and the **social capital** which is accrued by the close ties which individual family members develop as part of these community-based relationships, is drawn on as a resource in good times and bad.

The relevance and connection of these theories to positively functioning family life is illustrated below in a proposed theoretical basis in Figure 2.1.

Figure 2.1: A proposed theoretical basis for positive family functioning and informal Family Support



A summary review on the main points of each of these theories is presented in the next section. This proposed theoretical basis will be returned to in Section Five of this chapter where this premise on family functioning, as outlined, will be used in this research study to develop a tentative conceptual model to underpin the delivery of **formal Family Support**.

Attachment Theory

Forming close attachment to a care-giving figure is regarded as perhaps the most important early social relationship (Howe 2005, p. 45). Attachment theory involves the study of human relationships, particularly early formative relationships, and holds that it is imperative for infants to form attachments and asserts that they exhibit behaviours to promote such attachments. The quality of such relationships and attachments inform emotional functioning and personality development throughout childhood, adolescence and on into adult life.

The obvious starting point to discuss attachment theory is recognition of the seminal work of John Bowlby (1969, 1979) on attachments in early childhood. Bowlby's theories continue to inform current thinking on the effects of poor attachment in childhood on relationships throughout the life course. Bowlby argued that: "the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or mother-substitute), in which both find satisfaction and enjoyment" (1969, p.77). He studied children's reactions to being separated from their mothers (1952), and also the long term developmental impact on children who had been separated from their parents for long periods of time (war orphans or evacuees), or suffered emotional adversity in childhood (1944, 1951). Both studies highlighted to Bowlby the strong bond formed between children and their primary carers, and the great upset and distress which occurred if this bond was broken. Bowlby's later research along with colleagues such as Robertson (1952) and Ainsworth (1969) developed and expanded these findings. The importance of a close continuous care-giving relationship for long term emotional development, and the impact of loss and separation in early childhood on well-being in later years, highlighted by Bowlby and his colleagues (1979; 1980; 1988), is widely accepted and applied in research and literature on child development and adult-child relationships (Seden, 2002).

Fahlberg (1994) defines attachment as an: "affectionate bond between two individuals that endures through space and time and serves to join them emotionally" (p. 14). She notes that attachment helps the child to:

- Attain full intellectual potential, sort out what he or she perceives;
- Think logically;
- Develop a conscience;
- Become self reliant;
- Cope with stress and frustration;
- Handle fear and worry;
- Develop future relationships and reduce jealousy.

Research based on this notion continues to stress the need for positive interpersonal relationships in infancy, childhood and adolescence, and suggests that for healthy development, a child needs to experience warm and consistent relationships, preferably within the family (Fahlberg, 1994; Amato and Keith, 1991a). Attachment theory emphasises that secure early relationships can produce good emotional, cognitive and behavioural outcomes, while insecure attachments can lead to difficulties in these areas. Early intervention to support primary caregivers who have difficulty in forming sensitive attachments is important, due to the long-term impact on the child of their experience of attachment (Fahlberg, 1994).

Attachment behaviour is activated when children are stressed and fearful and seek the proximity of a familiar adult who becomes an attachment figure. Children who do not have a consistent and positive response from attachment figures from an early age (six months and earlier) are likely to develop problems in their emotional and social development (Howe et al., 1999; Aldgate and Jones, 2006). A lack of secure attachment is correlated with emotional distress, antisocial and aggressive behaviour, and feelings of rejection and incompetence. How children learn to develop such attachments influences their emotional and social development, including their perception on who they can trust and build positive relationships later in life. Attachment theory also adds to the understanding regarding how the developmental wellbeing of children and adults can be recovered within good quality close relationships (Howe et al., 1999). Furthermore, secure attachments create a context in which resilience can be developed (Connolly, 2

Applying attachment theory to the lifespan provides an understanding of why those who have suffered adverse relationships in the past go on to find relationships difficult in the future, with parents, peers, partners, children, neighbours and figures in authority (Howe et al., 1999, p.293). Although it is not inevitable that the children raised in adversity will, in their turn, become parents who raise their children in adversity, there is an increased risk that those who have suffered poor care giving will become poor care givers. The intergenerational transmission of insecure attachment styles, problem behaviours, and social incompetence is strong (Howe, et al., 1999, p.293). However, Family Support can intervene by introducing positivity to the relationship between parent and child, supporting problem solving and the building of social skills in an effort to discontinue such intergenerational patterns. Supportive interventions to improve the quality of care throughout childhood, and critically, in the early years of a child's life, can work towards preventing difficulties in later life and promote healthy relationships. Attachment theory supports an understanding of how the developmental well-being of children and adults can be recovered within good quality close relationships through supportive initiatives.

It is, however; too simplistic to say that it is the parent or primary carer who is fully responsible for children's well-being. Children are influenced by many others in their ecology, including other family and significant others outside the family. As Green suggests: "attachment describes a crucial part of the parent-child relationship but it is not the whole (2003, p.1).

Social Support

Social support is a central feature of life and generally refers to the acts we perform in order give or get help. Cutrona defines social support as: "behaviours that assist persons who are undergoing stressful life circumstances to cope effectively with the problems they face" (2000, p.103). The role of social support as a proven buffer to stress is well established in the literature (Cohen and Wills 1985; Weiss, 1987; Eckenrode and Hamilton, 2000; Ghate and Hazel, 2002; Gardner, 2003). Hill (2002) suggests that when one maps out the agreed social support concepts, there is a strong resonance with Family Support. Supporting this notion Dolan et al. (2006) suggest that there is a clear link between social

support theory and the practicalities of supporting families. Research has indicated that children who can access practical, emotional, advice and esteem support from others are more likely to be strengthened in their coping capacity (Pinkerton and Dolan, 2007). In order to illustrate the relevance and connection of social support theory to the Family Support field, the sources, types and qualities associated with social support are elaborated on.

Sources of support

Whittaker and Garbarino (1983) define a social network as a: “set of interconnected relationships among a group of people that provides enduring patterns of nurturance (in any or all forms) and provides contingent reinforcement for efforts to cope with life on a day to day basis” (p. 5). Simply put, it refers to the pool of ‘helpers’ a person would turn to on an everyday basis for friendship, support, and social interactions. In the main, social support is accessed through informal social supports (naturally occurring relationships with family and friends). However, there are times and instances where more formal supports (through service based or professional relationships) are necessary (Thompson, 1995; Gilligan, 2000; McKeown, 2001; Gardner, 2003; Dolan et al., 2006). Cutrona (2000) suggests that in times of crisis, the most meaningful support received is from those closest to us. Among married people, the spouse is typically the first person from whom support is sought during a crisis (Beach et al., 1993; Cutrona, 1996). For a young person striving to overcome adversity, where there is at least one reliable adult responsive to his or her needs in terms of tangible support, he or she will be more likely to be successful. Such a relationship is typified by the adult believing in the young person and is best housed within a strong emotional connection (Cutrona, 2000). Informal support is also preferred as it is natural, non-stigmatising, cheap and available outside of ‘nine to five’. (Gilligan, 2000; Gardner, 2003) Thus, it is suggested that the best kind of Family Support may be to facilitate and support the flow of support within the immediate and extended family unit, assuming there is a close relationship which can be nurtured (Cutrona, 2000).

Research in Northern Ireland indicated that having a wide variety of sources of support was an important asset in a network (McAuley, 1999). Firstly, by having

a variety of sources one may be better able to access a full range of supports across all types of need, and secondly, it lessens the chance of the pool of support running out. If the small number of people who are the source of support become inaccessible or unable to offer assistance, the network could quickly diminish. Notably, while the size of a network may be important, it does not necessarily follow that the bigger the network, the greater support which will accrue (Thompson, 1995). Type of membership within a network is more important than quantity of members present (Tracey, 1990). While one person might have a very small network of, say, four or five people, they may still get an abundance of help across many types of support needed. Conversely, another person may nominate a large set of people in his or her network, but may only be able to yield small amounts or specific types of help (Cutrona 2000). Dolan (2006) suggests that this negative principle of size and support in networks may sometimes be misjudged by professionals such as social workers, public health nurses, and youth workers who may assume that the more people you put in contact with a child or parent in need, the more support they will get; this does not always apply.

As noted above, a key issue in providing support is the extent to which the level and type of difficulty experienced is related to the need for, and adequacy of support. As Sheppard highlights: “support, problems and needs are close conceptual companions” (2004, p.944). A core task of an assessing worker involves a focus on the social support network and the extent to which this is enacted and available to family members. Cutrona (2000) terms the correlation between the support required, and the support offered as: “optimum matching” (p. 111). This is relevant, both in relation to the type of support offered, and the timing of that support. At differing times in people’s lives, and at different stages of a problem, people require and will benefit from different levels and types of social support. Early in a crisis, a high degree of support may be necessary whereas six months later, a more back stage cultivating role may be appropriate (Cutrona, 2000; Dolan and Holt, 2002).

The support perceived by any person to be available is of equal importance (if not more important) than the actual support received. Earlier research across a large number of studies has highlighted the consistent positive relationship between

perceived social support and well-being (Cohen and Wills, 1985; Thompson, 1995). Cutrona (1990) neatly described social support as being in the: “eye of the beholder” (p.30). A person can be strengthened by their belief in the availability of people available to offer support. Teelan et al.’s study of parenting and Family Support programmes also indicated the importance of perceived support. From their study they concluded: “it may be the mother’s perception of receiving support is more important than the support itself” (1989, p.418).

Quality of support

Apart from the source and timing of social support on offer, the quality of the actual support received is also important. Support is, in essence, positive in its nature and must be offered in a positive and giving fashion in order to be perceived as helpful, and truly benefit the recipient. If support is offered out of a genuine concern it will have more impact than if it is offered out of obligation, politeness or social pressure (Cutrona and Cole, 2000). Help which is offered begrudgingly or with a personal cost to the recipient is, by nature, a poor quality of support. If we feel beholden, stressed or burdened as a result of accessing help, then the personal liability which accrues can easily outweigh the benefits received. Additionally, these positive qualities or lack of them may help or hinder our ability to access and mobilise support in the first instance (Cutrona and Cole, 2000). The quality of social support may be generally identified and grouped across four dimensions: closeness; reciprocity; non-criticising; and durable.

Closeness and social support are also inter-linked. In general, people only turn to those they feel close to for support. As Cutrona (1996) suggests, the development of close ties: “is hard to imagine in the absence of a consistent exchange of supportive acts” (p.13). Closeness to network members relates to the extent to which one has feelings of ease, comfort and familiarity with and towards those in his or her social network. The closer one feels towards someone, the more likely one will be to mobilise support from him or her, and not perceive oneself to be a burden towards them or feel burdened by them. Cutrona and Cole (2000) and

Riordan (2001) found that in respect of teenage mothers and lone parents this is particularly the case in respect of emotional support.

For some people, network members, including families, can be highly critical and non-constructive and can lead to poor self-image, self-efficacy, and low self-esteem which can contribute to poorer coping capacity (Compas et al., 1993). Criticism in social support relates to the extent to which the 'supporter' criticises the recipient or person in need of assistance (Tracey and Whittaker, 1990). Such criticism and negativity can have the effect of making people feel inadequate or bad about themselves and their ability to cope and manage their difficulties. In times of difficulty, criticism from someone who is expected to offer help and assistance can have the effect of increasing the stress level of the person needing support (Cutrona and Cole, 2000).

Durability in social support refers to the strength of a relationship and the amount of contact between the person and the social network members (Pinkerton et al., 2004). Durable support is typified by responsive members who are known for a long period, are nearby to offer help, and who are in regular contact. Essentially, one needs to be sure that if one asks for support that there is a reasonable chance, based on the nature of the existing relationship, that there will be a positive response. Emphasis is placed on the length of time a person needs to be known before they can be considered a source of support (Tracey, 1990; Tracey et al., 1994).

Resilience

For all, life throws up difficulties and challenges. Some experience these difficulties, cope with and are strengthened by them. Others, as a result of the absence of the necessary problem solving skills or self belief, find it too difficult to manage these situations. Resilience is a person's ability to withstand stress and the ability to be positive, optimistic and stronger as a result of life experiences, whether positive or negative (Rutter, 1985). Resilience refers to a dynamic process of positive adaptation within the context of significant adversity (Luthar et al., 2000). While there are a number of definitions for resilience, Masten's (2001) assertion that resilience represents: "good outcomes in spite of serious

threats to adaptation or development” (p.228) is one which holds strong among a broad audience of policymakers, practitioners and academics, and has resonance for Family Support.

Being resilient implies ‘stickability’ on the part of the person who, rather than becoming overwhelmed by stressful situations, does not give in, but rises to the challenge and comes through unscathed. Resilience is found to be a critical resource in coping with everyday challenges (Ungar, 2005). Rutter noted that: “good relationships outside the family can have the protective effect similar to that which apparently stems from within the immediate family” (1984, p.139). Three factors identified by Rutter (1985) as associated with resilience include a sense of self esteem and confidence, a belief in one’s own self efficacy and an ability to deal with change and adaptation, and a repertoire of problem solving approaches. Theorists have identified factors which help a person to become resilient. They include competent parenting, the availability of a close social support network, a positive educational experience, and a sense of self worth. Good relationships with pro-social adults and an ability to problem solve and make sense of what is happening are critical factors in promoting resilience (Seden, 2002).

Rutter (1985) proposed a model where resilience and vulnerability are seen as opposite ends of a continuum, with individual response to adversity falling at some point along this continuum. Any given response, Rutter suggests, is an interplay between the protective factors possessed by an individual, and external factors, such as the timing of the event. Rutter also suggests that the process of resilience is promoted and strengthened, not by avoiding stressful situations, but rather, by encountering stressful incidents at a time and in a way which allows self confidence and social competence to develop. This learning and growth comes into play at times of stress or at ‘key turning points’ in life (p.316). Children or parents with high stress levels, who rarely have positive experiences which protect them against risks, typically do not possess or develop traits of resilience. Rutter summarises risk, resilience and recovery in six points.

He suggests that individual variation derives:

- from personal characteristics, including temperament;
- in part from previous experience;
- in part from the way in which individuals cope with negative experiences;
- in part through indirect chain events stemming from the experience and how it is dealt with;
- in part by subsequent experiences;
- in part from the way in which people cognitively process, think about or see themselves as adults.

(1995, p. 85).

Essentially, Rutter et al. (1998) and other pioneers on resilience theory such as Gilligan (2001), while acknowledging that resilience is a complex concept, suggest that every child has in their lives, risk and protective factors, and that the interplay between these is of central importance. Risk factors can be wide ranging for a young person, and include issues such as poverty, poor educational opportunity, lack of access to, or interest in hobbies or leisure, and poor parenting, including potential or actual harm or abuse. Conversely, a young person can have a wide range of protective factors, such as nuclear and extended family with whom the child feels close, friends he or she can turn to or rely on, interest in school and the capacity to be successful at a hobby, a strong personal capacity to problem solve, and a strong sense of self determination. Gilligan uses a weighing scale to illustrate the need for a balance for survival between negative risk factors on the one side, and on the other, a set of positive protective factors (2001). In order to promote resilience, strategies should address risk factors and build on protective factors (Gilligan, 2001). Gilligan further suggests that where protective factors outweigh risk factors, the likelihood of the child or young person coping will increase, and his or her resilience will emerge.

Obviously, where the volume of risk factors are so huge that over time they overtake the presence of protective factors, the outcomes for the person will be very poor indeed. Resilient adults and children can successfully deal with both the

positive and negative life experiences they face, by drawing on both internal and external protective factors (Clarke and Clarke, 2003).

Gilligan (2001) suggests that resilience can be modelled or grown as part of family life, based on the principle that it is through ordinary, everyday events which resilience is promoted and strengthened; as Masten (2004) describes it, part of 'ordinary magic'. As a resilience building strategy in everyday life events, Gilligan also advocates for establishing and maintaining '5 Rs': responsiveness, relationship, reciprocity, ritual, and routine.

Responsiveness relates to the capacity of others, and in particular, parents and other family to be able to pick up on the needs of young people and act positively with and for their interests. It implies knowledge in respect of knowing when and how to provide support encouragement and comfort to others. Relationship involves the capacity to retain closeness, warmth, and caring with and for the young person. It also implies the provision of love and affection even at times when there are relationship problems, particularly in the parent-child relations. Reciprocity relates to the fact that children, families and communities are not 'empty vessels', and that rather than being recipients in life, they all have an active role to play. In fact, even for those people who are most disadvantaged, acts of civic engagement and altruism towards others in need can have benefit to them as donors of help, indirectly contributing to their own resilience building. Ritual relates to the importance of celebrating regular events, such as birthdays, Christmas, family dinners on a Sunday, or going shopping with parents every Thursday, which also contributes to resilience in childhood. Observing and partaking in occasional rituals, such as family baptisms, weddings and funerals are also important. Routine refers to the fact that children thrive on regular routine, and most adults can relate positively to family routines, such as what they did every Sunday afternoon with their parents and siblings. Routines contribute to resilience in that they provide assurance and comfort for children in terms of school routine, regular family chores, and travel schedules

Such opportunities foster and promote resilience. In the absence of naturally occurring networks to support such conditions, Family Support service providers

can play a role in promoting and building resilience by introducing these aspects to family functioning. Gilligan (2000) notes the direct connection between Family Support and resilience with recognition that: “Family Support is important in promoting resilience as it may be able to reduce stressors and add protective factors” (p.16). In an evaluation of community based Family Support, McAuley (1999) found support for enhancing resilience in children and families through Family Support interventions. Success in hobbies and leisure activities as a means of increasing resilience is well established (Gilligan, 2009), with support and capacity for resilience building at family, school and community level through increasing protective factors, and decreasing aspects of risk increasingly receiving attention (Dolan, 2008).

Ungar (2005) emphasises a shift towards viewing social support and resilience at a wider ‘outside of the child or young person’ ecological level. The impact of community on well-being and resilience has been the subject of a wide range of research (Barnett et al., 2006; Brennan et al., 2007). Communities have the capacity to improve local well-being and to be considered resilient in themselves, as actors responding to adversity (Chaskin, 2008). Emphasis has been placed on the positive and beneficial outcomes from community participation (Kegler et al., 2005), with a strong association with civic engagement (Brennan, 2008).

Social Ecology

The principles of Family Support are firmly embedded in the ecological perspective which recognises that the family is a system within itself, where the care, protection and development of children, among other functions, are facilitated. However, families do not exist in isolation, and they are both affected and influenced by their surrounding environment. Essentially, the social ecology theory proposes that there is an interdependent relationship between the individual and the environment (Bronfenbrenner, 1979; Garbarino, 1992; Kemp et al., 1997; Jack, 2000), which must be considered when supporting children and their families.

Every family and person within the family exists in a symbiotic relationship to those around her or him, and must relate and adapt to the environment. General systems theory is a science which describes the systemic connectedness between

variables, such as people and their environments. It was first used to explain the functioning of the major and minor systems incorporated in the human body, including the skeletal system, muscular system, circulatory system, and so on (Heffernan et al., 1997). Medical researchers were interested in the way in which illness in one system affected other systems, and the functioning of the whole body. Von Bertalanffy (1967) defined a system as a set of units with relationships among them, and applied systems theory to the family (p.38). Families, he suggested, can be viewed as a system, composed of separate but interdependent family members who influence each other directly and indirectly.

Urie Bronfenbrenner's seminal publication, *The Ecology of Human Development: Experiments by Nature and Design* (1979), was a significant addition to the theorisation of child development. His ecological model provides a framework for understanding how critical factors in a child's environment are inter-related. Bronfenbrenner's work, and that of Whittaker and Garbarino (1983) and Garbarino (1992), has provided the basis for the increased focus on community and family level interventions with children and families through a social ecology framework.

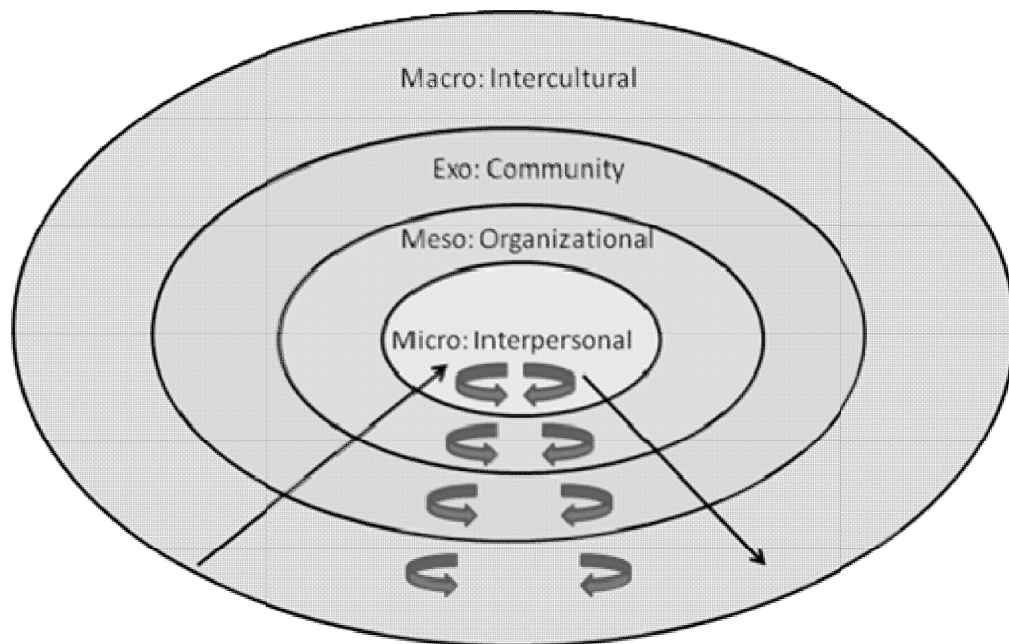
A Social Ecology framework

Interventions with children and families do not take place in a vacuum, and adopting an ecological approach to meeting their needs through Family Support provides an awareness of the overall context of the family, community and environment of which they are part. In Bronfenbrenner's ecological model (1979) the individual is viewed as dynamic and growing, and there is reciprocal interaction between the individual and his or her environment (see Figure 2.2). In agreement with Bronfenbrenner's hypotheses, Germain suggested that: "people and their environments are viewed as interdependent, complementary parts of a whole in which the person and the environment are constantly changing and shaping each other (in Kemp et al., 1997, p. 42).

Bronfenbrenner described the ecological environment as a set of nested systems. The **micro-system** refers to the setting in which the individual has direct face to face contact, usually the family, school, local neighbourhood, et cetera. The development of the individual will be influenced by the roles, relationships and

activities played out in these contexts. For most children, the micro-system will be quite small to begin with – firstly family, then crèche, child minder or playgroup, before their micro-system gradually expands to include more social settings. As the micro-system expands, the nature of the activities becomes more complex. For Bronfenbrenner, the expanding capacity for greater levels of complex interaction is the essence of human development. The **Meso-system** literally means ‘in-between’ and refers to the interactions among two or more settings in which the developing child actively participates. For example, the link between a family and crèche, primary school, local church, or neighbourhood. The key point is that the stronger and more diverse the linkages between micro-systems, the more powerful the resulting meso-system will be as an influence on development. Garbarino (1992) suggests that a rich range of meso-systems is both a cause and effect of development in that a child who has rich social connections will, in turn, be better able to make such connections for her or himself. The individual plays a role in shaping his or her own meso-systems, but a range of external forces also shape them, which are referred to as **exo-systems**. The child is not a direct participant of the exo-system, but these settings can influence the child indirectly. For example, the attitude of the parent’s workplace to family friendly working arrangements may influence the time available for parent-child interaction. Garbarino (1992) refers to research which illustrates that the greater the degree of flexibility which parents have at work, the more likely they are to be adaptable with their own children. Likewise, parents with more authoritarian working conditions reflect this in their parenting practices. The **macrosystem** refers to society at large, including its norms, laws, culture and beliefs. It shapes the nature of services which families avail of, and influences attitudes and behaviour.

Figure 2.2: Bronfenbrenner's ecological framework



Bronfenbrenner's model underlines the interdependent interaction of systems and the importance of biological, psychological, social, cultural and economic conditions. His theory emphasises that: 'what happens to an individual in his or her family (microsystem) can only be understood by the relationship of the family to school, the church, the neighbourhood (mesosystem), the parent's work setting (exosystem) and society at large (macrosystem)' (1979, p.338). As Steevenson (1998) noted: "though it is theoretical, it is very practical, it provides a kind of map that guides us through very confusing terrain" (p.19).

The ecological perspective is closely linked to the concept of social capital. The more embedded the family is across the levels of the eco-system, the greater will be their social capital. The benefits or 'capital' which they accrue from involvement with networks includes support for themselves, activities, and opportunities for children, and supervision of children by people outside the family. Families who are not integrated across the levels of the eco-system can be isolated and have trouble in functioning.

Social Capital

Social capital refers to the assets of daily living, including goodwill between people, fellowship, mutuality and social intercourse (Feldman and Assaf, 1999). An original pioneer of social capital, Hanifan (1916), describes social capital as: “those tangible assets that count most in the daily lives of people” (cited in Coleman, 1988). Social capital refers to the social connections and networks between people which are based on principles of shared norms, trust and reciprocity. It is created by people’s actions, and is not located in individuals, organisations, the market or the State, although all can be involved in its production (Bullen and Onyx, 2001).

According to Coleman (1988), family social capital refers to the relationship between parents and their children, and which encompass the time, efforts, resources and energy which parents invest in their children. As Putnam summarises: “social capital keeps bad things from happening to good kids” (2000, p.296).

As a concept, social capital is firmly embedded in the ecological and social support network theories (Dolan, 2008). Thompson links social capital to wider community networks describing it as: “the integrated, structured, mutually supportive relations between individuals within a community - necessary for productive activity and growth” (1995, p.116). Coleman (1988) describes this as exterior or community social capital, representing the family’s interactions with the surrounding community, residents and local institutions such as schools. Social capital can play a role in promoting the resilience of community members and responding to the threats or opportunities which have collective implications for community well-being.

Morrow (1999) and Gottlieb (2000) connect social capital directly to social networks and social network theory. Morrow suggests that: “social capital needs to be established rather than assumed...and that studies do not give account to broader social context such as friends, social networks, out-of-school and community based activities” (1999, p. 752). The members of one’s social network

are therefore viewed and counted as key assets in one's social capital. According to Putnam, the core idea is that social networks have value: "Just as a screwdriver (physical capital), or a college education (human capital) can increase productivity, so too can social contacts affect the productivity of individuals and groups" (2000, p.19). Given this dual focus on both intra- and inter- familial relationships, social capital can facilitate a better understanding, not only of the interactions between families, but also of the wider interactions between families and their surrounding communities and how these may influence the well-being of children and youth (Coleman, 1988).

Some of the key themes from the literature on social capital, as summarised by Bullen and Onyx (2001) are:

- *Participation in networks* – social capital cannot be created by individuals on their own; they must participate in networks and associations;
- *Reciprocity* – people provide a contribution to the good of others without expecting an immediate reward, but in the belief that others will act out of similar goodwill, resulting in the long-term benefit of all;
- *Trust* – people are willing to take risks in the expectation that others will operate in mutually supportive ways;
- *Social norms* – generally understood, unwritten rules indicate what patterns of behaviour are expected in a given social context;
- *The commons* – the exercise of the above themes results in the creation of a strong community, which is used by all. An ethos of trust, mutuality and effective social sanctions against 'free-riders' enables the commons to be maintained indefinitely to the mutual benefit of all (Putnam, 1993);
- *Proactivity* – individuals must be willing and active participants in a participative community; they must be 'creators, not victims' (p.8).

The concepts of bridging and bonding social capital, in particular, have been used in the context of community based Family Support services. Bonding social capital refers to the close ties and strong localised trust which characterise relationships in many communities, while bridging social capital is characterised by weak ties by people who are not close. The concept of social capital underpins

the Family Support approach, particularly in community-based settings where the local supportive networks are created or enhanced in an effort to build up bonding social capital (Jack, 2000).

In sum, the theories of attachment, social support, resilience, social ecology and social capital are suggested as a theoretical basis for Family Support with the main points on each theory reviewed. This proposed theoretical basis will be returned to in Section Five of this chapter. Along with this theoretical basis Family Support is also informed by issues of social justice and children's rights. The main issues with regard to these perspectives are reviewed.

Social Justice and Children's Rights

At a wider level, Family Support is also increasingly viewed as a social justice issue. As Stevenson (2009) notes, families have a right to be supported in their efforts and children have a right to be supported within their family unit. The issues of social justice and children's rights are considered collectively.

Anderson et al. (1994) suggest that it is a central task of social justice to guarantee rights, and that it is through a just legal framework to ensure such rights which respect for people is provided. As Honneth (1995) states: "respect for persons ... may simply be respect for their rights, so that there cannot be the one without the other" (p.127). Social justice theory frames rights for all people, including young and old, within a model which implies an innate set of human rights which incorporate the key principle of 'recognition of any person' (Honneth and Fraser, 2003). Where children experience such recognition in ample amounts and of good quality from a wide ranging network of relationships, it can be argued that they are living within a 'rights rich' environment (Honneth, 1995; Dolan, 2010). The 1989 United Nations Convention on the Rights of the Child (UNCRC) was ratified by Ireland in 1992, and is a core point in the debate on children's rights in Ireland. The UNCRC is described by Ben-Arieh as, at its most fundamental, based on recognising and enhancing the dignity of the child (2010, p.133).

The guiding principles of the Convention as set out in the National Children's Strategy are:

- all children should be entitled to basic rights without discrimination;
- the best interest of the child should be the primary concern of decision making;
- children have a right to life, survival and development;
- the views of children must be taken into account in matters affecting them (2000, p.6).

Honneth et al. (2003), expanding the social justice model, indicates that positive regard in relationships (which includes respect and, where appropriate, love) is a key part of the principle of recognition between people. In effect, for children this means their needs are met through relationships forged out of love, respect and understanding, ideally in a family unit (Dolan, 2010). The UNCRC also describes the family as *the* place for the full and harmonious development of a child's personality, and the natural environment for the growth and well-being of children, and as such it should be afforded the necessary protection and assistance so that it can fully assume its responsibilities (UNCRC Preamble, 1989, emphasis researcher's own). Dolan (2010) suggests that such opportunity and protection can be viewed as an automatic right. The Convention affirms the individual rights of children and focuses on three main areas of provision, protection and participation. The right to provision refers to such things as family, health and education. The right to protection relates to protection from discrimination, violence and all types of abuse. The right to participation relates to having a name and an identity, consultation and freedom of speech (UNCRC, 1989).

Partnership with children inherently involves their participation in matters which affect them (Ferguson, 2011). As outlined in Article 12 of the UNCRC: "state parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child". The National Children's Strategy states that giving a children a voice means: "encouraging children to express their views and demonstrating a

willingness to take those views seriously, setting out clearly the scope of such participation by them to avoid misunderstanding, providing children with sufficient information and support to enable them to express informed views, and explaining decisions taken, especially when the views of the child cannot be fully taken into account” (2000, p.30).

Honneth et al. (2003) also hold that where respect is given, personal rights are being acknowledged. For children, this suggests a formal endowment of civil, political entitlements, with a formalisation of such rights through legal processes and supporting policies. Hayes (2001) contends that reports on the Irish State’s performance in relation to its obligations under the Convention have been significant prompts in developing children’s policies and services. Research carried out by the Ombudsman for Children’s Office in 2007 considered the area of children’s rights in Ireland, and identified six barriers to the realisation of children’s rights in areas of law, policy, and practice. These included the invisibility of children in law, decision-making, and policy; an absence of advocacy, complaints and monitoring; an absence of dedicated supports and services in the areas of mental health, family breakdown and adolescent health; lack of investment in children’s lives; a lack of investment in information and training about children’s lives, and the law itself. The content of the law and the absence of children’s rights in the Constitution are noted as particularly problematic.

In an Irish context, the need for an active child rights agenda has been identified in numerous policy reports, including the report of the All-party Oireachtas Committee on the Constitution regarding an amendment to the Irish Constitution to explicitly provide for children’s rights (Dolan, 2010). Children’s rights in the Irish Constitution are found under Article 40 (personal rights), Article 41 (family) and Article 42 (education), Article 43 (private property) and Article 44 (religion). In 1993, the Kilkenny Incest Investigation recommended consideration be given to reviewing Article 41 and 42 of the Constitution. This was followed in 1996 by the Constitution Review Group who also highlighted the need to review Article 41 and 42. With regard to Article 41, it is proposed that a reconstituted provision could include an express guarantee of certain rights of the child including the

right to know and be cared for by his or her parents, the right to be reared with due regard to his or her welfare, and an express requirement that in all actions concerning children the best interest of the child shall be the paramount consideration (Kilkelly, 2010, p. 71).

In 2006, the government announced its intention to hold a constitutional referendum on children. The Minister for Children initiated a process of consultation and discussion with the other parliamentary parties and with all relevant groups, with the aim of achieving consensus on the wording of an appropriate amendment regarding the place of children in the Constitution. The aim was to find a wording which would reflect the desire of the Irish people to establish robust safeguards for all children, and which would enshrine the very highest possible standards for the protection of children. The current wording proposes changes in relation to Article 42, but does not revise Article 41.

Children's rights and needs are inherently intertwined. As Bessel et al., (2009) suggest basic needs identify the nature of many of children's rights. Rights talk can provide an important framework to discuss needs while addressing ideas of self respect and dignity (p.291). Ife (2000) usefully discusses the difference between needs and rights, stating that connecting needs with rights provides a stronger reference point from which to meet need, and takes the discussion beyond a subjective interpretation of what constitutes need. In linking rights to needs, children's rights are grounded in the day to day practice of service delivery, and offer a benchmark from which to plan deliver and evaluate services (Sherlock, 2010). However, as Canavan (2010) contends, for children's rights to be a meaningful goal of Family Support, the exact nature of realising children's rights in practice has to be engaged with directly. Issues concerning participation and protection have not been fully considered by the State (Canavan, 2010).

Additional considerations are also necessary in relation to the rights of migrant children and separated children seeking asylum in Ireland. Over the past decade, Ireland has experienced significant change in its demographic landscape. The transition of Ireland from a country of emigration to one of immigration in the

late 1990s has highlighted the complexities of meeting the needs of children and families in a more diverse society (Immigrant Council of Ireland, 2003). The number of migrant children and young people in Ireland, according to Census 2006, is approximately 7.4 per cent of the total children and young people living in Ireland. Although the levels of immigration have decreased significantly, there now exists a post Celtic Tiger society which is rich in cultural diversity (Sherlock, 2010). Concerns have been expressed about the inequality of care offered to separated children seeking asylum (Christie, 2002; Children's Rights Alliance, 2006), and the rights of children and families living in direct provision centres, specifically with reference to the right to privacy and to an adequate standard of living (Kilkelly, 2008).

Over a decade ago, Murphy (1996) suggested that Irish society continued to be affected by strong forces of familialism, which, along with adultism, ran counter to the achievement of children's rights. As emphasised in the Report of the Commission to inquire into Child Abuse (2009), the overall aim of child care should be to respect the rights and dignity of children, and its top priority should be their safety and welfare. However, with, at the time of writing, a recently elected new government in office, it is unclear what level of priority will be afforded to a constitutional referendum on the rights of children or children's issues generally.

Section summary

A theoretical basis for family functioning and informal Family Support was proposed in this section with each theory summarised. This included theories on attachment, social support, resilience, social capital and social ecology and will be returned to in Section Four. The issues of social justice and children's rights were also considered. The next section reviews the orientation of children and families welfare services.

Section Three: Orientation of children and families welfare services

Countries around the world have different responses in their attempts to meet the needs of children and their families depending on their ideologies, cultures and political climates. At any given point in time, and in any country around the world, the provision of welfare services is determined by factors such as history, culture, economic performance, political wishes, pragmatism and competing demands. Understanding the orientation of service provision is important because how we perceive the nature of an issue influences the way we respond to it.

According to Hetherington (2002), there are three important factors which influence the functioning of child welfare systems: structural, professional ideology and culture. Structural systems provide the structure through which services are delivered. This may be organised at a governmental level or through local non-governmental systems. The structural system influences the way in which the interventions occur and the thinking behind them. Legislative frameworks are important aspects of, and contributors to the structural systems. The minimum expectations of the child welfare system are dictated by legal frameworks in the particular country or jurisdiction. How the law provides for the needs of children and their families influences the way in which practice and systems develop. The structure of the welfare system is also influenced by the ideology of the practitioners involved. Professional training, which is based on specific theoretical underpinnings and frameworks, guides practice and decision making. Hetherington suggests that while organisational structures, legislation and resources provide the framework for child welfare services, decision making is influenced by professional training, knowledge and theories. The cultural society in which child welfare services exist also influences it: “Culture influences and expresses expectations of the various roles that should be played by the State, the family and the community in relation to their child” (Hetherington, 2002, p. 14). Because professional child welfare involves complex relationships between the State and the family, the way in which society perceives these relationships influences both the philosophy and the practice on the ground. This is true in the Irish context (see Chapter Four). Because culture is constantly changing and because it is resistant to change, it can have a significant impact on the development of child welfare services (Hetherington, 2002).

One key aspect within any discussion on the orientation of child welfare services, which must be included in this literature review, is that of the disputed and contested distinction between child protection and Family Support as a specific focus and practice choice.

Family Support and Child Protection

In Ireland, as elsewhere, there is an ongoing debate in the academic, policy and practice arena on the distinction between, and merits of a child protection or Family Support orientation in child welfare service delivery. Shannon (2009) notes that: “at the moment Ireland seems to be straddling both the child protection system and a Family Support system with a large amount of inconsistency throughout the jurisdiction” (p.x). This debate is not unique to the Irish situation. As Whittaker (2009) indicates, there is, in many systems, a ‘fault line’ in children and families services which includes: “the continuing tension between ‘front-end’, preventative services and ‘deep-end’ highly intensive treatment services and the unhelpful dichotomies these tend to create and perpetuate” (p.167). The degree to which childcare systems achieve a balance between protecting children and supporting families is generally regarded as a critical issue in the design and delivery of services (Gilligan, 1995; Ferguson, 2001; Lonne et al., 2009)

Spratt (2001) has identified a definite schism reflected in differing descriptions of Family Support and child protection orientations in the child welfare system. The child protection orientation is characterised by a: “primary concern to protect children from abuse, usually from parents who are considered morally flawed and legally culpable. The social work processes associated with this orientation are built around legislative and investigative concerns, with the relationship between social workers and parents becoming adversarial in nature” (p.934). In comparison, the Family Support approach is characterised as: “having a tendency to understand acts or circumstances, thought of as harmful to children, in the contexts of the social or psychological difficulties experienced by families. Here, families are seen as needing support to undertake the task of parenthood and services are provided to enhance their capacity to do this successfully” (Ibid, p.934).

Gilberts (1997) compared child welfare systems in nine Western countries, and similarly argued that it is possible to differentiate welfare responses into the two welfare orientations of child protection and Family Support. He found that countries with a child protection focus tended to be legalistic in approach, delaying intervention and applying resources at the investigative front end of the welfare process. Countries with a more Family Support orientation emphasis on prevention and the early provision of support services, work in solidarity with parents within broad system of universally available welfare services. Pecora et al. suggest that the development of such an approach to child welfare reflects a stance that a: “society is willing to invest in as many or more resources in the prevention of problems as in treating these problems or placing children in out-of-home care” (2000, p. 231).

Critiques of the child protection systems argue that the focus of practice is too narrow, with a sole emphasis on incidents of maltreatment and identifying specific risk factors, including the responsible person in order to prevent future incidents (Parton, 1997; D’Cruz, 2008). The context in which such harm occurs is minimised, with little attention given to the impact of extreme stress or poverty (D’Cruz, 2008). Lonne et al. (2009) argue that child protection systems are punitive to everyone involved in them. Concern is expressed about a number of issues within the system, which include an over-focus on investigation and assessment rather than providing assistance and interventions. A focus on beneficial outcomes regarding the welfare and well-being of children is seen as secondary to a focus on risk assessment. Already vulnerable children and families are often further damaged by overly intrusive investigative procedures (p.9). In real terms, there is little assistance provided to those in need (Melton, 2005). Munro (2010) asserts that while there have been efforts to improve practice in the child protection system, they have tended to focus on the process of case management, increasing regulation, and standardised assessment frameworks.

The voice of the main stakeholders in child welfare services, the children themselves and their parents, is also largely unheard (Hill and Tisdall, 1997; Lonne et al., 2009). Pecora et al. also highlights how parents who are “alumni” of the child protection system themselves, often feel judged for this rather than it being acknowledged that their experiences have burdened them with extra difficulties which should be judged with empathy rather than criticism (Pecora et al., 2000). The gender dimension in child protection is also worthy of note when considering the experiences of parents involved with the child care systems. The challenge in engaging with fathers (Pittman and Buckley, 2006; Scourfield and Pithouse, 2006) and the associated impact of the main responsibility remaining with mothers is well documented (Featherstone, 2004). The potential for fathers in caring for, protecting and nurturing their children is not being realised, either by the inability or unwillingness of practitioners to engage and work with fathers in a meaningful way.

Worries have also been expressed in the UK and more recently in Ireland, regarding the extremely high thresholds operated in children’s services, the consequences of which result in many referred high-need families being assessed but not necessarily receiving a service. Laming (2009) asserts that thresholds are an attempt to limit access to services because of financial constraints, have no statutory basis, and reports concerns from a wide range of service providers that thresholds, acting as a gateway to restrict services for children, are inconsistent and too high (p.30). The fear is expressed by Sheppard (2009) that such families deprived of a service are liable to reappear in deteriorated circumstances, with higher need and greater risks to the children (p.1429). Sheppard also suggests that because evidence of this high level of need has been understood for some time, referrals are ‘tailored’ to ensure families receive a service. Laming (2009) argues that this issue needs to be addressed urgently to ensure that the range and level of services and support which children require are available when they require them.

The need to protect children is not negated by a call for a more balanced, inclusive and family focussed system, but rather a move towards a more ‘helpful’ approach to caring for and protecting children - improving their situation as

opposed to making them worse. A recommended major change in the system is the provision of support to families, as opposed to monitoring developments within the family. As Lonne et al. (2009) highlighted, many children and families struggling to cope appear to be on the “radar” of child protection services, and rather than receiving assistance to reduce the impact of the stresses they are experiencing, they are “monitored” until the threshold for removal is reached (p.107). In the UK, Rose (1994) suggested an integrated approach to child protection and Family Support, with a balance between investigation and assessment processes, and the provision of support services. Messages from Research (1995) made a number of suggestions regarding how children could be better protected and emphasised:

- The importance of sensitive and informed professional-client relationships, where honesty and reliability were valued;
- The need for an appropriate balance of power between participants where serious attempts were made to work in partnership;
- A wide perspective on child protection, concerned not only with investigating forensic evidence but also with notions of welfare, prevention and treatment;
- That priority should be afforded to effective supervision and the training of social workers;
- That, generally, the most effective protection from abuse was brought about by “enhancing children’s quality of life.”

(pp.45 - 50).

A key finding in the report was that if these conditions prevail, outcomes for children are generally better at all stages of the protection process. In support of these messages, Gardner (2003) highlights that while Family Support is not only or solely child protection, it can play a part in creating safer contexts for children, by helping parents to care for them and by obtaining assistance for children at the greatest risk. Devaney and Smith (2010) highlighted the application and implementation of Family Support practice principles in social work practice with families with high levels of need.

Munro (2011) proposes a series of practice principles to underpin a strong child protection system which have a strong connection with Family Support. These include:

- the family is the best place for bringing up children and young people, but the child protection system faces difficult judgments in balancing the right of a child to be with their birth family with their right for protection from abuse and neglect;
- the child protection system is a multi-professional, multi-agency operation, requiring all who work with children, young people and families to consider the effectiveness of their work;
- the child protection system should be child-centered, recognising children and young people as individuals with rights, including their right to participation in major decisions about themselves, in line with their evolving capacities;
- the child protection system understands its dual mandate to support families and to help them to provide adequate care, and to intervene authoritatively when children and young people need protection;
- the general public and all who work with children, young people, families and carers have a responsibility for protecting children and young people;
- helping families involves working *with* them and therefore the quality of the relationship between the family and professionals directly impacts on the effectiveness of help given;
- children's needs and circumstances are varied, and so the child protection system requires sufficient flexibility, with space for professional judgment to meet that variety of need;
- the complexity of the world means that uncertainty and risk are features of child protection work, and that risk management cannot eliminate harm, only reduce its occurrence;

- a learning and adaptive system is characterised by regular questioning of how the system (locally and nationally) is functioning and whether children are receiving effective help;
- good professional practice is driven by knowledge of the latest theories and research (p.19).

In Ireland, the children and families service providers, in an effort to respond to some of the criticism of the child protection system, have introduced new initiatives aimed at protecting children, while simultaneously including and supporting family members. These new initiatives reflect many of Munro's principles. The first model introduced was the Family Welfare Conference model (FWC)⁴, which involves a participatory approach to child care planning and places the family at the centre of the decision making in relation to its children. The model originated in New Zealand in the early 1980s as a consequence of the fact that the Maori people were faring poorly in the child welfare system (Brady, 2009). The model emphasises the role of kin networks in the care and support of children.

The FWC involves a designated coordinator convening a special meeting, bringing together immediate and extended family members, along with other key stakeholders to discuss concerns about individual children. The specific concerns are expressed by the relevant professionals and family members, with the family then meeting privately to come up with a plan to address these concerns. The coordinators work closely with the family members to identify who attends the meeting, the timing and location, liaise with any identified advocates for the children, and supports the family with the implementation of the support plan. A FWC review meeting is set for six to eight weeks following the initial meeting.

An evaluation of the first three-year pilot of the model in Ireland found that it represents an effective means to include and facilitate families in planning for, and thereby strengthening their capacities to provide for and manage their children (O'Brien, 2001). There was also little adaptation necessary for use of the

⁴Family Group Conferences is the term used to describe this model internationally but the model is called Family Welfare Conference under Irish legislation.

model in the Irish context. A pilot programme was subsequently implemented in one catchment area to examine the applicability of the FWC as a means of improving the management of child protection concerns. The evaluation of this pilot provided evidence that the FWC model can optimise family placements for children when necessary and access a family's ability to draw up a protective plan for their children (O'Brien, 2002).

FWC has legislative backing in Ireland under the Children Act, 2001 and statutory regulations governing the model were issued in 2004. The regulations state that the welfare of the child should be the first and paramount consideration in relation to the convening, proceedings, invites and recommendations of the conference. In so far as reasonably practicable, the wishes of children should be given due consideration at all stages (Government of Ireland, 2004).

In 2009, The Report of the Commission to inquire into Child Abuse highlighted the fact that lessons in relation to failings in the Irish child protection system should be learned, and the system of protecting children should be amended accordingly. One such change currently being considered is the implementation of the Differential Response Model (DRM)) in the child protection system. The Differential Response Model (DRM) is a system designed to work with families to bring about solutions to core child protection and welfare issues, using signs of safety, and it is now internationally recognised as more effective than traditional child protection work. Therefore, the overall aim of DRM is to keep children safer and deliver more enhanced, effective and appropriate child protection and welfare services than currently exist in the area. The approach aims to build a more comprehensive strategy for improving child protection (Waldfoegel, 1998, 2008).

Waldfoegel suggests three elements which are key to the approach (1998, 2008). Firstly, it recognises the diversity of families and aims to provide case specific assessments and services plans, in order to deliver a customised response. Secondly, it calls for a community based system where child protection services continue to take a lead, but work with partner statutory, voluntary and private agencies to provide preventative and protective services. Thirdly, it recognises the

importance of Family Support in preventing child abuse and offering such support services at a much earlier stage before problems reach crisis point. The DRM model is currently being piloted in one statutory social work team in Ireland with the potential to expand its implementation pending the outcome of an ongoing evaluation.

Section summary

The orientation of children and families welfare services were considered in this section with particular attention paid to those from a Family Support and child protection stance. Section Four now examines a framework for the delivery of children and families services and Family Support.

Section Four: A framework for Family Support service delivery

The delivery of welfare services are now generally organised into typologies or frameworks, in attempt to categorise and differentiate the types and levels of supports provided. Such interventions provided by welfare services are typically located on a continuum, from universally available preventative services to more targeted protective and specialised services (Colton et al., 2001). This section will present the frameworks typically applied to the delivery of children and families services in Ireland, concluding with specific frameworks for the delivery of formal Family Support.

A framework for the delivery of children and families services

In 1986, Hardiker, Exton and Barker were commissioned by the Department of Health and Social Security in the UK to: “take one step back and undertake an exploratory study on preventative practice to prevent family breakdown or the need to take children into care” (1991, p.168). In doing so, Hardiker and colleagues developed a conceptual framework which differentiated between the three major alternative types of welfare state provision (1991). The framework was informed by their view that child care practice is located in its social policy context, and that the concept of levels of prevention and targets of intervention is common currency in literature (p.2). Moreover, the framework had to have

relevance to different disciplines, to theory, practice and policies. Their conceptual framework included residual, institutional and developmental models of welfare aligned with primary, secondary and tertiary levels of prevention (see Table 2.1 below).

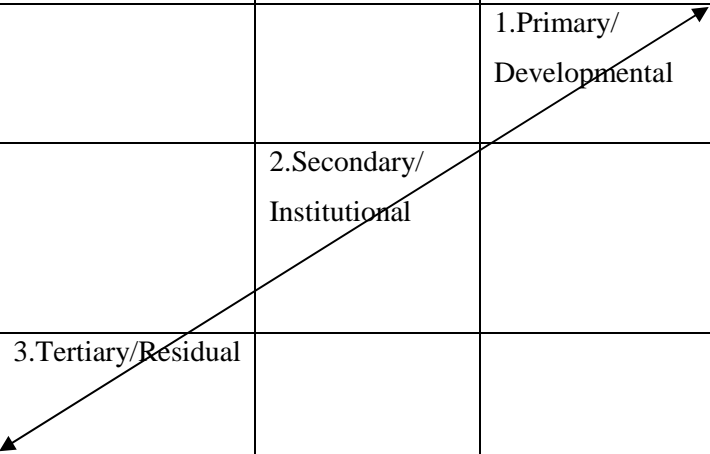
Pinkerton (2000, p. 215) summarises the models of welfare as described by Hardiker et al. as thus:

- Residual: the State provides the social minimum as a last resort, with families carrying the main responsibility to provide for all their needs. The care services are generally provided by informal, voluntary or private sources;
- Institutional: the State has a duty to ensure that the needs of the most disadvantaged members of society are met, and coordinates a mixed economy of welfare;
- Developmental: the State guarantees social rights and accepts responsibility for meeting social need through universal social service delivery and redistributive social policies. The State welfare is seen as a means to an equal society.

Hardiker and colleagues also included a fourth radical option, which sees the welfare state as an inherently unstable attempt to manage the conflicts within a capitalist society, in the interests of those holding economic, social and political power. However, in attempting to frame the levels of preventative support services with a social policy model, Hardiker et al. do not attempt to integrate the radical policy model. They continue their framework, differentiating between the different levels of prevention, and draw on a standard three part classification from the medical field. Higgins et al. (1997) describe the preventative levels as each successive level representing a deeper engagement with formal statutory services. From this perspective, prevention is the goal at every level, with actions taken to prevent movement to the next level down.

Table 2.1: Models of prevention in child care

Levels of Prevention	Residual	Institutional	Developmental	Radical
Primary			1.Primary/ Developmental	
Secondary		2.Secondary/ Institutional		
Tertiary	3.Tertiary/Residual			
Quaternary				



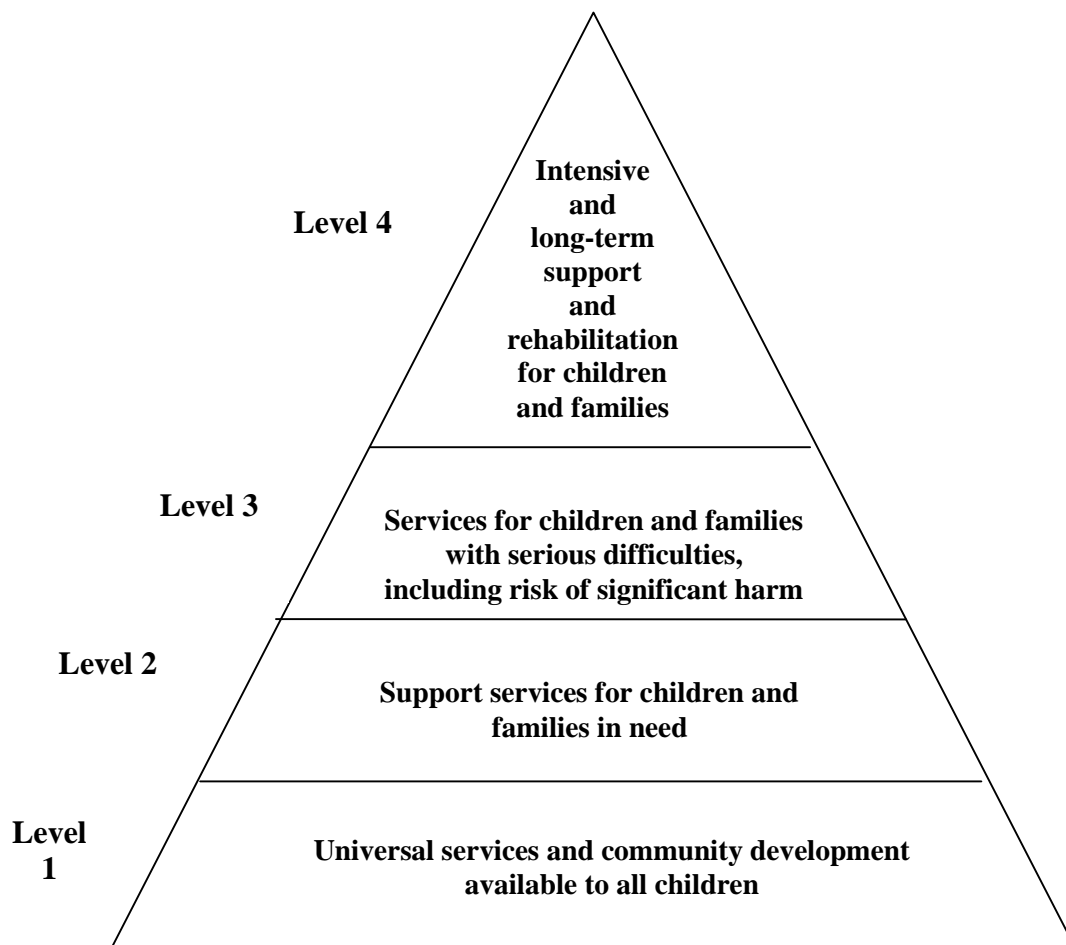
(Hardiker et al., 1991, p.45).

This framework provides a conceptual model to illustrate how services can be provided at different levels, in response to the stages of problem development. The four level model conceptualises children and family services as meaning something different according to the different levels of need and associated services and interventions. At the primary (developmental) level, there are universal services provided with a promotional role which are available to all children and families in an accessible and localised format. As a child or young person presents with an identified level of need, the services available at the secondary level (institutional) are targeted to vulnerable families, groups and communities. Much of what is understood as preventative child care services are framed within this level. At the tertiary level (residual), the services are more specialised, and focus on children with a high level of need and risk, who are at risk of requiring a care placement. Where, in spite of the input of the preventative services, residential or therapeutic placement is needed, such services are provided for children at the quaternary level of the framework. The aim at this

level is to minimise damage to the child, and prevent long separations from their families (1991, pp.46-49).

This framework has become very well known and has influenced children's services widely throughout the United Kingdom, and more recently in an Irish context. The name 'Hardiker' is now synonymous with levels of children's need. In an Irish policy and practice context, this framework is typically presented as a triangle, with the specialised services represented at the most narrow point, and the more widely available universal services represented at the wider bottom part of the triangle. The current policy, The Agenda for Children's Services (2007, p.23), and the Report of the Commission to Inquire into Child Abuse, Implementation Plan, use this framework (as illustrated in Figure 2.2) in describing the levels at which children and families need and receive support services (2009, p.6).

Figure 2.3: Levels of support for children and families



As children's needs vary in complexity and intensity, so too must the formal support services provided to meet their needs, when necessary. This framework illustrates the level of need and services provided to respond to this level of need. At level one, services are provided to all children and families. At level two and three, services are provided based on an identified need, which may be at the request of families, and are more targeted and focused in their delivery. A number of service providers in the children and families arena operate predominately at these levels. Interventions at level four represent the need for specialist support or care placements for children where the family unit has broken down temporarily, or on a more permanent basis. However, children receiving supports at this level are also dependent on access to effective services at levels three, two and one in efforts to return to live with immediate or extended family members, or towards a

reduced level of specialist therapeutic supports. The framework of services needs to be fluid, with children and their families able to avail of services across the levels, at varying stages and intensities. At all levels, priority should be given to maintaining and supporting relationships with family members in working towards achieving successful outcomes for children (McTernan and Godfrey, 2006; the Agenda, 2007; Implementation Plan, 2009).

A framework for the delivery of formal Family Support services

Along with a working definition, the accompanying set of principles and an underpinning composite of theories, Family Support is also usefully categorised according to a specific framework or typology. Possible frameworks have been suggested and developed over time.

Gilligan (1995a; 2000) suggested three categories of Family Support as also providing a useful framework for service delivery, as illustrated in Table 2.2. The first is that of *developmental Family Support*, which seeks to strengthen the social supports and coping capacities of children and adults in the context of their neighbourhood and community. This type of Family Support is not problem focused and is available to all who are experiencing the everyday challenge of parenting. Youth programmes, personal development groups, and parent education groups are included in this category. Secondly, *compensatory Family Support* seeks to compensate family members for the negative or disabling effects of disadvantage or adversity in their current or previous experiences. Examples of such support includes child care centres, school attendance and completion programmes, targeted youth services, and parent support groups. *Protective Family Support* is the third category, which seeks to strengthen the coping and resilience of children and adults in relation to identified risks or threats experienced in families. Protective Family Support programmes include: respite fostering, refuges and support groups for those experiencing domestic violence, behaviour management programmes for parents who have difficulty with children's behaviour, home management and budgeting skills, and intensive youth work groups focused on issues such as bullying and self esteem (1995a, p.66; 2000).

Table 2.2 Categories of Family Support

Category of support	Developmental	Compensatory	Protective
Aim of the support	Strengthen the social supports and coping capacities.	Compensate family members for the negative or disabling effects of disadvantage or adversity.	Strengthen the coping and resilience of children and adults in relation to identified risks or threats.

Merging Gilligan's categories (2000) and Hardiker's (1991) levels into a new and developed conceptual framework illustrates the potential to meet children and families' needs across the range of levels, with an array of services provided across the three categories, by a range of disciplines working on behalf of children and families (Family Support Strategy, 2011). Again, this framework of services delivery, illustrated in Table 2.3, needs to be fluid, enabling children and their families to avail of services across the levels, at varying stages and intensities (the Agenda, 2007; Family Support Strategy, 2011).

Table 2.3 Categories of Family Support across levels of need

Categories of Support	Levels of Needs
<i>Protective</i>	Supports and rehabilitation for children and families with established difficulties and serious risk <i>Level 4</i>
	Services for children and families targeting early difficulties and significant risk <i>Level 3</i>
	Support for children and families in need <i>Level 2</i>
	Universally available service <i>Level 1</i>
<i>Compensatory</i>	
<i>Developmental</i>	

Towards a tentative conceptual model for formal Family Support

In order to advance Family Support as an accepted mainstay in the continuum of services provided to children and families, it needs a stronger, more robust connection between the issues involved in ‘thinking about’ and ‘doing’ Family Support. To this end, collective consideration of the theoretical basis (as reviewed in Section Two) for informal family support, and the categories and levels for the delivery of formal Family Support outlined in Section Five, is necessary. Integrating the theoretical areas, with the framework of categories and levels a tentative conceptual model is now proposed.

As outlined in Section Two the functions of family life are conceptualised within a number of core theoretical areas. The relevance of the attachments formed, the social supports provided and the resilience of individuals is key to positive family functioning. The social ecology in which families live their lives and the social capital accrued within such close community based relationships further strengthens family functioning (see Figure 2.1). This theoretical basis describes and underpins family functioning and the informal family support provided when necessary within families and communities.

However, in certain instances and for varying lengths of time, families do not function in the positive, healthy manner outlined and are unable to provide the necessary supports. There may be difficulties associated with attachments within the family relationships, with the source, type, or quality of the social support available, with particular stresses or adversities in the immediate or extended environment, and an accompanying lack of resilience in coping with these issues. A myriad of reasons can impact on individuals within families affecting their ability to support and care for each other. Direct and indirect influences on well-being can adversely affect each family member’s ability to deal with regular and irregular life events. Additional, exacerbating factors, such as poor mental health, physical illness, poverty, isolation, addiction, or family breakdown, can detract further from the ability of children and parents to respond to, and cope with difficulties. In such circumstances, where the family unit is not providing the informal supports necessary, **formal Family Support** can help and assist children

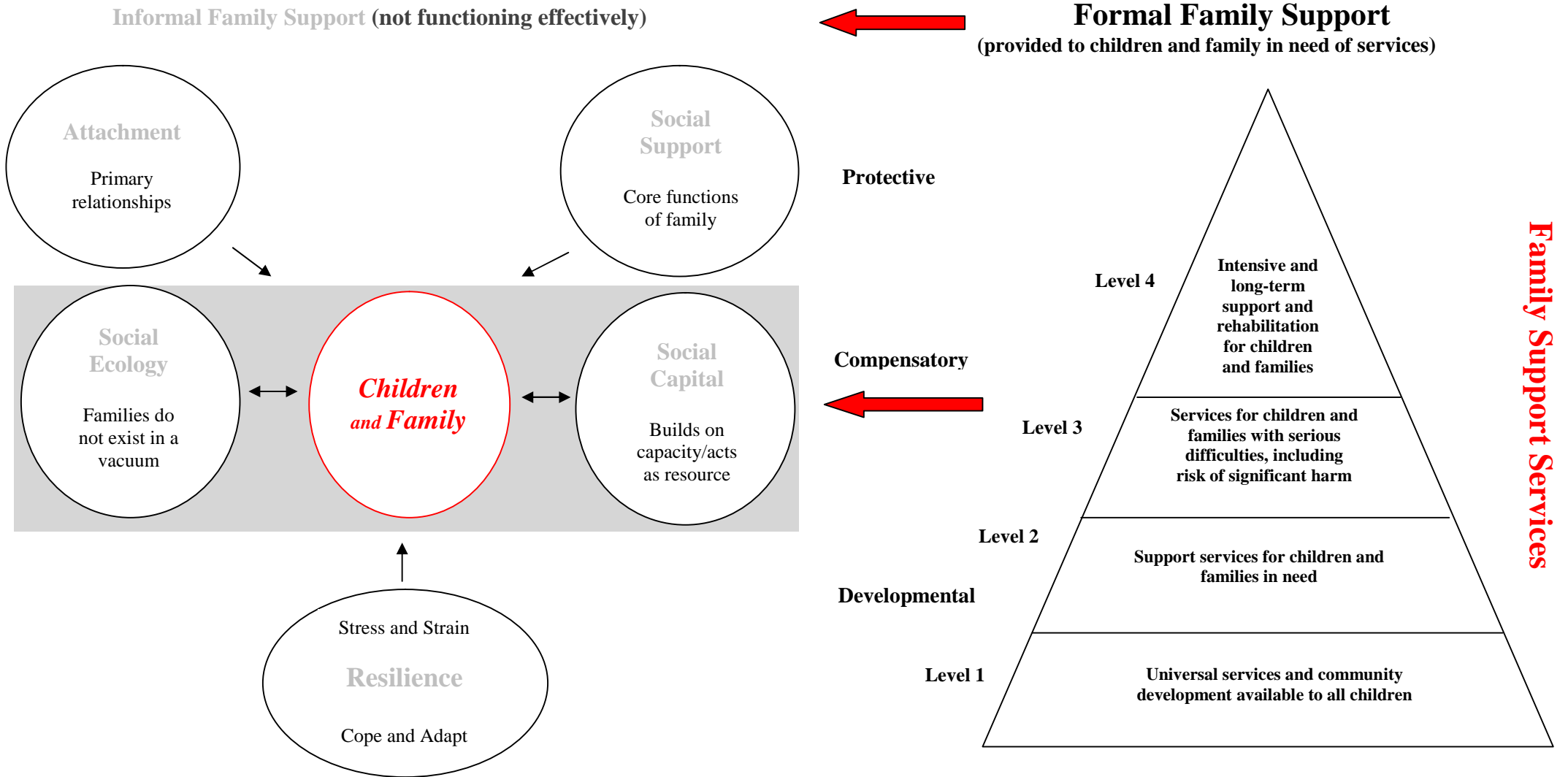
and their families, as required. This formal Family Support is the focus of this research study.

Throughout the levels of need (as indicated in Figure 2.3), and with a developmental, compensatory or protective focus as required (as indicated in Table 2.2) for the necessary length of time, formal Family Support can provide the support typically provided by informal sources. A main aim of Family Support is to work with family members, promoting positive attachments, building relationships and re-establishing their capacity to provide concrete, emotional, information, and esteem supports as appropriate.

Building on and integrating the proposed theoretical basis for positive family functioning outlined in Section Two and the categories and levels of need across which Family Support is delivered, a tentative conceptual model for formal Family Support is illustrated in Figure 2.4. Reading the model as illustrated from right to left the delivery of formal Family Support is described.

This model proposes that formal Family Support can be provided for children and families when there is an absence of positively functioning informal Family Support to meet the needs of children. Moving across the model from right to left formal Family Support can be provided throughout all levels of need and with a developmental, compensatory and protective focus as required. As illustrated in Figure 2.4, Family Support can be provided to children and families presenting with need categorised across levels 1 to 4 in the framework. Family Support is equally applicable at the higher end of the spectrum where specialist treatment and rehabilitation is necessary, as in the lower level, with universally provided services for all. Furthermore, Family Support can help to progress and develop children's potential and parents' capacity to support this process. Family Support can compensate where there are negative effects of disadvantage or adversity. Family Support can strengthen and increase protective factors in response to specific risks. Underpinned by a knowledge base from the relevant theoretical fields of attachment theory, social support, resilience, social ecology and social capital, Family Support can address and help restore core family functioning, with the aim of returning to a position where the formal service providers are not required.

Figure 2.4: A tentative conceptual model for formal Family Support



Summary: Sections One - Four

The first four sections of this chapter have reviewed in detail the national and international literature on Family Support in children and families services. This review was preceded by consideration of the definition of family, with an acceptance that how a society views 'family' influences its approach to intervening and supporting family life. The definitions and principles of Family Support were reviewed with the current Irish definition afforded prominence in this research study. A number of key principles were explored in depth, in order to gain an understanding of the essence of Family Support in practice. The significance of the practitioner in children's services was also reviewed, with consideration of the importance of relationship-based practice, the style employed by the worker and the need for reflective practice and supervision.

A theoretical basis for Family Support, based on positive and informal family functioning was proposed, with the included theories examined. The issues of social justice and children's rights were also discussed, with particular attention to their relationship to Family Support. The orientation of welfare services was explored, with additional examination of the literature on the distinction and contest between Family Support and child protection as selected approaches within children and families social services.

Existing typologies and frameworks used to organise welfare services in the children and families arena were presented, along with suggested categories of Family Support. Building on the proposed theoretical basis for positive family functioning and the service delivery frameworks outlined, a tentative conceptual model to position Family Support is constructed. This model serves as a basis for this study and will be examined in Chapter Six in light of the research findings.

The final section in this chapter, Section Five takes a different direction and reviews the literature on postgraduate education and training for practitioners in children and families services.

Section Five: Postgraduate education for practitioners in children and families services

The need for ongoing professional development and training for practitioners in children and families services is reiterated in child care inquiries and research reports on a regular basis (The Kennedy Report, 1970; The Kilkenny Incest Investigation Report, 1993; The Roscommon Report, 2010; Munro, 2011). The recent report on a child care inquiry in Ireland highlighted the need for a culture of professional development to be built into every discipline and agency working in child welfare and protection services (Roscommon Report, 2010, p.93). The need for ongoing academic learning and training on specific practice issues is widely recognised in the children and families services generally. However, in reality it is not always a priority in distributing human and financial resources. As Dolan et al. (2006) caution, while the concept of experiential learning is not new in professional education and training programmes, opportunities to continue reflective learning post-qualification can be difficult, not least as a consequence of the increasingly bureaucratic context in which the helping professions now work. Buckley (2000) asserts that practitioner skills and competencies must be regularly updated to ensure best practice informs interventions with children and families, but also that practitioners must be empowered through education to: “ponder the reason of things through critical reflection” (p.261).

Howe (1995) highlighted that while social care workers are experienced in their field, they are often not adept at articulating the theory to inform their practice, with much of their work based on feeling and intuition. Connecting theory to practice is a significant challenge for all providers of education and training in applied areas (Dolan et al., 2006). An aim of the specialised postgraduate programme in children and families is to articulate the knowledge and experience from students’ own individual settings within a wider theoretical context, and to account for, and evaluate their choice of intervention (Daniel et al., 1997). Dolan et al. note that one of the core tasks of professional training is to ensure that wide populations of workers who interface with families have the necessary up to date knowledge and skills to meet need (2006). Elaborating this viewpoint, Buckley (2000) suggests that the ultimate aim of postgraduate learning should be a

preservation of the skills, values and knowledge which underpin practice, and an enabling of practitioners to operationalise them in an informed, confident, critical, yet optimistic manner. The engagement (or re-engagement) of experienced practitioners with theory framed with current practice, in an environment where time for reflection is validated in the context of study, should make the acquisition of conceptual knowledge more meaningful overall (Dolan et al., 2006).

The provision of postgraduate programmes in an effort to enhance practice, involves a number of critical considerations. As Daniel et al. (1997) ask, how can theoretical ideas be made accessible to busy practitioners? How can research findings be presented in a way which is applicable to day to day practice? How best can relevant findings in related disciplines be made accessible? (p. 209). As noted earlier, bridging the gap between theory and practice is not an easy task. Thompson (2000) articulates a number of strategies to bridge the gap between theory and practice. These include: recognising that all practice has a theoretical base; that there is a need to make theory accessible and applicable, and to avoid anti-intellectual approaches which do not engage in theory; the use of cycles of learning which link concrete experiences to previous learning and experience before re-engaging in new practice; using case study approaches to learning; ensuring ongoing opportunities for supervision; appraisal and in-service training; and opportunities for multi-disciplinary practice and training. Postgraduate education for practitioners in children and families services is an example of these strategies in action.

One of the key defining features of adult education is the diversity of work, life and academic experience which students bring (Daniel et al., 1997, p. 210). Debate on the theory of adult learning questions whether the learning of adults is sufficiently distinct from the learning of others; nonetheless there are considerations which typically influence the style employed by the 'teacher' (Fry et al., 2007). Knowles (1978) coined the term andragogy to describe a model of learning which he felt was distinctive of adults. He contrasted this with pedagogy, which he felt was more concerned with the learning of children.

The main features of the andragogical model include:

- As a person matures they become more self-directed;
- Adults have accumulated principles which can be a rich resource for learning;
- Adults become ready to learn when they experience a need to know something;
- Adults tend to be less subject-centered than children; they are increasingly problem-centered;
- For adults the potent motivators are internal.

(cited in Light and Cox, 2006, p.59).

Andragogy does raise important issues for the teaching practice in postgraduate education for an adult population, and supports the use of experiential learning, student autonomy in learning and self-directed learning (Beaty, 2007; Fry et al., 2007). The challenge in adult education is to pitch material appropriately to meet the diversity of need, and to further harness this diversity to enrich the impact of the material provided (Knowles, 1978; Fry et al., 2007). This challenge is particularly marked in a postgraduate programme targeted at a wide range of disciplines with very different experiences of qualifying training. The eclectic mix of academic learning, practice knowledge and experiences and personal stories of childhood and family, brought to a multi-disciplinary, multi-agency cohort of adult participants brings inherent challenges. It cannot be assumed that there is a common baseline of theoretical or practice knowledge or accepted human values.

In an Irish context, differences in education and training between core practitioners working directly in social care and social work settings is noted as impacting on the tasks of providing a comprehensive and integrated child care system. Reviewing the education system to enhance the possibilities for collaborative work has been long advocated (O'Cinnéide and O'Daly, 1981; Gilligan, 1991). A system of common training is suggested with additional specialism as appropriate, relevant to individual areas of interest (Gilligan, 1991). Currently, specific disciplines are trained in their respective specialism in

a way which emphasises their strong sense of professional identity and commitment to their professional values and techniques. Conversely, in practice, the emphasis is on collaboration and integration, with a resulting ongoing challenge in maintaining a professional identity and adhering to the approved or expected approach to practice (Frost et al., 2005).

Chapter summary

This chapter has reviewed the literature on Family Support in detail. The first section examined the literature on family and provided an in-depth review of the definitions and principles of Family Support. A theoretical basis for Family Support was proposed and the relevant social theories reviewed briefly in Section Two. The orientation of children and families' welfare services and the frameworks applied to the delivery of children and families' services and Family Support specifically were then presented. The theoretical basis and the categories and levels outlined were then collectively considered and integrated to construct a tentative conceptual model for Family Support in practice. This model will be examined in Chapter Six, with reference to the research findings in this study.

The final section explored the issues inherent in multidisciplinary postgraduate education for practitioners in children and families services, and included particular considerations for adult learners. The next chapter, Chapter Three outlines the methodology designed and implemented in order to answer the overarching aim and objectives of the research study.

Chapter Three: Methodology

Introduction

This chapter outlines the methodology designed and implemented in order to address the overarching aim and objectives of this doctoral research. The chapter is divided into three sections. Section One provides the rationale, aims and objectives for the study. The research design, including considerations on theoretical perspectives and reflexivity, are discussed in Section Two. In Section Three, the process of implementing the study is outlined in detail. This includes the ethical issues, sampling process and data collection, and the analysis used. The limitations of the study and suggested ways to overcome them are also provided.

Section One: Rationale, aim and objectives

Family Support in Ireland is a relatively recent approach to working with children, young people and their families who are in need of formal social services. Consequently, there has been little, if any, research or analysis regarding why and how Family Support has come to the fore as an option in policy and practice choice in children and family services. Furthermore, an ongoing theoretical, policy and practice based debate exists in Ireland regarding what Family Support is and where it fits within services provided to support and protect children. Family Support is a disputed and contested means of protecting children, and is viewed by some as a ‘soft or easy’ option in service delivery. Thus, policy makers, academics, and practitioners hold differing views on the potential for Family Support and its place in child protection and welfare services. Such ambiguity and tension in the child welfare arena does not help to advance Family Support as an accepted and valued orientation in children’s services.

The researcher holds a strong view on the potential of Family Support to enhance the lives of children who are experiencing difficulty. An actor in the Family Support arena in Ireland, the researcher worked as a practitioner and manager in children and families services for over 15 years. This practice based experience

was in statutory child protection services, residential care services and in dedicated statutory Family Support services. Based on this professional experience and learning, the researcher holds that Family Support, when provided in a high quality responsive manner, can have a positive impact on children's wellbeing, and contends that in the majority of instances it is through service providers supporting families that children can be protected and their welfare promoted.

Prompted by this conviction, the researcher participated in, and graduated from the first intake of a purposely designed specialised postgraduate programme in Family Support Studies at the National University of Ireland, Galway in 2003. The programme was first delivered on a pilot basis from 2003 - 2005, and has continued annually since then with its sixth intake completed in 2010. The Family Support Studies programme is unique to Ireland and Europe with a focus on providing a theoretical framework for Family Support and its application across disciplines as an approach to practice in supporting children and their families. Apart from minor internal reviews on the organisational aspects of the programme, no formal evaluation has been conducted on the experience of participating in, or the influence of the Family Support programme on practice. The researcher's experience in Family Support as a practitioner and as a student is outlined below in further detail when considering the issue of reflexivity within this study.

Therefore, both Family Support as a practice orientation in children's services and the specialist postgraduate education programme, are areas of considerable interest to the researcher, and in many ways an obvious choice of topic for doctoral study. The academic learning accrued, and the practice experience of the researcher, has strengthened and emphasised her belief in, and commitment to Family Support as an orientation in children's services. The lack of broad based recognition for its potential is a source of concern to the researcher and it is envisaged that this doctoral research will address many of the issues which are currently a cause for debate amongst players in the field. To date, the opinions and views of those who advocate and pioneer a Family Support approach have not been collated, or the common issues highlighted. This research will be the

means for their collective voice to be heard and for the Family Support debate to be considered fully and in depth. However, the researcher is also aware that Family Support is not a panacea for all difficulties faced by children, and that families themselves can be a source of concern and threat, and alternative responses may be necessary to safeguard and protect children.

Based on this rationale, the overarching aim of this research thesis is to explore the growth of Family Support as an approach to working with children and families in Ireland, and to consider current perspectives on practice, including the influence of academic learning attained through specialised postgraduate education in the area.

The objectives of the research study are:

1. To review the growth of Family Support in Ireland as an approach to working with children and families;
2. To examine current perspectives on Irish Family Support practice, as perceived by selected pioneers and practitioners in the field;
3. To identify and assess the impact of, and academic learning attained through a purposely designed postgraduate programme in Family Support Studies in Ireland;
4. To consider the implications of this research, and make recommendations on the future of Family Support as an approach to working with children and families.

Section Two: Designing the study

Three overall considerations in designing an appropriate methodology to answer the objectives of the study are discussed in this section. Initial considerations concentrate on the general research paradigms underpinning research and the issues involved in considering qualitative and quantitative methodologies. The issue of reflexivity is then examined with specific issues pertinent to this study addressed. Finally, the research design chosen as appropriate to answer the objectives of this study is described and discussed in detail, followed by consideration of the ethical issues and limitations inherent in this study

A theoretical basis for the research design

Because the worldview or paradigm of the researcher influences the research design and implementation, it is an important initial consideration in the design process. These considerations held particular significance for this study given the researcher's own experience and knowledge as an actor in the Family Support field (see Section Two for a full discussion on reflexivity). Guba and Lincoln (2005) describe a paradigm as containing a set of beliefs or assumptions which guide our inquiries. The basic beliefs fall into three categories: ontology, epistemology and methodology.

The researcher's beliefs on the nature of the reality being studied (ontology) and how knowledge is gained (epistemology) informs the researcher's choices in their methodology and in the interpretations offered. Because, according to Bateson (1972): "the researcher is bound within a net of epistemological and ontological premises", it is useful to situate the research study in the ontological and epistemological debate concerned with social inquiry (cited in Denzin and Lincoln, 2001, p.19). Guba and Lincoln (1994) further suggest that: "paradigm issues are crucial; no inquirer... ought to go about the business of inquiry without being clear about just what paradigm informs and guides his or her approach" (p.116). Mason (2001) notes that a researcher's epistemology is the theoretical basis of knowledge, and therefore concerns the principles by which one decides whether and how social phenomena can be known, and how knowledge can be demonstrated. Therefore, at an initial stage in this process, the researcher had to establish a research position appropriate to this study. In addition, the influence of personal experiences, culture and history is emphasised by Creswell (2007) as shaping the paradigm held by an individual researcher, thereby highlighting the unique stamp each researcher will bring to their study.

Ontological debate surrounds whether or not social reality exists independently of human interpretations, whether there are common social contexts or multiple context-specific realities, and if social behaviour is governed by laws which are generalisable (Ritchie and Lewis, 2003). Such debate focuses on three broad positions: realism, which claims there is an external reality which exists independently of peoples beliefs or understanding; materialism, which holds that

there is a real world, but the reality is held only in material features such as physical space or economic relations; and idealism, which asserts that reality is known through the human mind and socially constructed meanings (Ritchie and Lewis, 2003). Two variants of idealism, subtle idealism and relativism, go further. Subtle idealism suggests that there is a collective understanding of socially constructed meaning, while relativism proposes that there is actually no shared social reality, only a series of alternative social constructions (Ritchie and Lewis, 2003). Guba and Lincoln (2000) believe that criteria for judging reality are defined from community consensus regarding what is real, what is useful and what has meaning, particularly for action and further steps. Advocating a relativist approach, they suggest social phenomena consist of the meaning making activities of groups and individuals around those phenomena. Others arguing a relativist approach, argue that there is no single reality; rather, a series of social constructions (Hughes and Sharrock, 1997). This relativist approach reflects the position adopted for this study by the researcher.

The epistemological considerations associated with a research study refer to what is regarded as an acceptable form of knowledge within a particular discipline (Bryman, 2001). The central debate is whether the natural and social sciences can be studied according to the same principles, procedures and ethos. A natural science epistemology, positivism holds that knowledge is arrived at through the gathering of facts in a value free objective manner, based largely on quantitative data. Causality is established through testing hypothesis and demonstrating empirical regularities (Bryman, 2001; Robson, 2002, 2011). Positivistic approaches have been criticised by many researchers, highlighting the characteristics and perspectives of the researcher even within the natural sciences. Feminist researchers and others advocating qualitative approaches also strongly critique the positivist view (Robson, 2002). Post-positivism, recognising these criticisms, accepted that the theories, hypothesis, background, knowledge and values of the researcher can influence what is being researched. The commitment to objectivity remains however, with recognition of the likely effects of these biases. Post-positivists also continue to believe in one reality, and the view that it is the researcher's job to discover this (Reichardt and Rallis, 1994; Robson, 2002).

Interpretivism (or constructivism as it is also known), on the other hand, refers to a contrasting epistemological position to positivism and post-positivism, and holds the view that the study of the social world requires a different logic to that in the natural sciences where the subjective meaning of social action is considered. Von Wright (1971) described the epistemological debate between positivism and interpretivism as each having an emphasis on either the explanation of human behaviour or on the understanding of human behaviour (cited in Bryman, 2001). Interpretivism is a theory of knowledge which suggests that humans generate knowledge from their experiences. The interpretivist stance reflects an emphasis which supports answering the research question and research approach in this study. In an interpretivist approach, the inquirer works from the “bottom up”, using the participants’ views to build broader themes and generate a theory of interconnecting the themes. Interpretivists desire participants to take an active role in nominating questions of interest and considering outlets for findings to be shared more widely within and outside the community (Guba and Lincoln, 2000).

Reflecting relativist ontology, Guba and Lincoln (1994) suggest that a philosophical base of interpretivism offers the researcher the opportunity to examine human experience as people live in and interact with their social worlds. The task of the researcher is to understand the multiple social constructions of meaning and knowledge. Within this, the researcher and object of investigation are assumed to be linked, so that the findings are created rather than proven or falsified. A relativist interpretivist position underpins this research study. This stance is particularly reflective of the relationship between the researcher and the research in this research study, with a strong connection between both (this issue will be returned to in Section Two).

A methodological basis for the research design

The research design must also consider the qualitative or quantitative methodologies appropriate to the study in question. This research, situated in a real world setting, with the aim of acquiring an in-depth understanding of Family Support, requires participants to furnish their own account of developments in

the area, their perspectives on current practice, and their views on the influence of a specialised postgraduate programme.

Qualitative methodologies support the premise held by the interpretivist approach to research, allowing the creation of knowledge through a shared process. A generic definition of qualitative research is offered by Denzin and Lincoln: “qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them” (2000, p.3). Quantitative methods are described as methods which emphasise quantification in collection and analysis of data with a deductive approach to the relationship between theory and research (Bryman, 2001). Undoubtedly, qualitative methods are suited to answering a number of the questions posed in this study.

Patton (2002) describes qualitative designs as naturalistic, in that the research takes place in a real world setting with no attempt to manipulate the phenomenon of interest. Observations take place in real world settings and people are interviewed with open-ended questions in places which are familiar and comfortable to them (p.39). Accordingly, a wide range of interconnected methods are employed by qualitative researchers, in order to: “get a better fix on the subject matter at hand” (Denzin and Lincoln, 2000, p.2). There is no assumption that objective reality can be captured. Rather, attempts can be made to secure an in-depth understanding of the phenomenon in question. This reflects the overall aim and objectives of this study. Patton (2002) recommends avoiding the debate on objectivity or subjectivity, and aiming for: “balance, fairness and completeness” in the research study (p.51). Bryman (2001) also highlights that the qualitative strategy emphasises an inductive approach to the relationship between theory and research in which the generation of theories is stressed.

Patton notes that qualitative inquiry is: “particularly orientated towards exploration, discovery and inductive logic” (2002, p.55). Because the researcher was interested in hearing the individual and personal views and accounts of the participants, a qualitative approach to data collection was deemed most appropriate in this study. In addition, as already stated, the researcher is an actor

in the Family Support field and was extremely conscious of not introducing her own 'views, opinions and responses' indirectly through a structured interview schedule. An unstructured qualitative interviewing method was therefore chosen by the researcher as a specific method of eliciting narrative data from the pioneers.

According to Fontana and Frey (2000), unstructured interviewing can provide a greater breadth of data than other types of interviewing. Therefore, the interview style adopted by the researcher is characterised by: "minimal interviewer intervention", with the key skill required: "to listen" (Wengraf, 2006, p.112). However, as Gillham (2005) notes, an expectation that the interviewee will provide a full account of the information you require is naïve, and without some encouragement the interviewee may start to doubt themselves (p.49). Showing appreciation and understanding, and asking for examples or clarification will encourage the interviewee in the direction required by the researcher. The use of shared terms and language is also important as it implies: "a sharedness of meanings in which both the interviewer and respondent understand the contextual nature of specific references" (Fontana and Frey, 2000, p. 660). Furthermore, even within the unstructured interview there are parameters given to the interviewee: on the time period, on the topic, by the sample group (Gillham, 2005). Within these parameters the unstructured narrative interview is suited to answering the aim and objectives of this study.

Rosenthal and Fischer-Rosenthal (2004) developed the practical skills of narrative-style interviewing building on work by Labov and Waltetzy (1967) and Schütze (1992). They refined and profiled a mode of narrative questioning and set of techniques for analysis with respect to lived experiences and narrated life. Wengraf (2006) describes this interviewing process (as adopted by the researcher in this study) in detail. The characteristic of the interview style is that the interviewee's primary response is determined by a single question (asking for a narrative) with the interviewee encouraged to continue until s/he has nothing more to say. The interviewer then asks for more information on the topics relevant to the research question which were raised in the initial response. The interviewer follows the order in which they were raised and uses the words of the

interviewee in respect of those topics. This process is continued until the interviewer has elicited all available information on the topics raised by the interviewee. The option of returning to the interviewee for clarification or follow-up at a later stage, if necessary, is also emphasised (p.119-120). Essentially, this is giving structure to the unstructured interview.

Greenhalgh et al. (2005) propose a number of benefits of adopting a narrative approach to interviewing, many of which are relevant to this study. They suggest that the information provided by the interviewee:

- is embedded in a broad context (what other factors were at play at the time);
- is action oriented, depicting what people did and what shaped future action;
- bridges the gap between the formal codified space of an organisation (roles, job descriptions) and informal uncoded space (relationships, feelings, unwritten rules);
- offers insights into ‘what might have been’, allowing consideration of different options for change;
- embraces the tension between the canonical (an organisation’s standard routines and procedures) and the unexpected (new ways of working and thinking);
- has an ethical dimension depicting both acts and omissions.

They also suggest that this approach is suited to leaders: “leaders are people who tell good stories and about whom good stories are told” (p.444). The requirement in this study to collect the views of participants on their experiences and perspectives, combined with the benefits of qualitative research outlined, informed and supported the researcher’s decision to use the unstructured narrative interviewing style, as described, to collect the data necessary to answer the objectives of the study.

A pragmatic ‘best-fit’ approach chosen for this study

However, while this study is interested in exploration and inductive logic it is also interested in the impact of, and academic learning attained through specialised postgraduate training on Family Support practice. In order to adequately answer this question, a quantitative approach is required. The specialised postgraduate training programme is conceived in this study as a ‘fixed item’ or an ‘intervention’ with a measurable outcome in which the research is interested (Patton, 2002, p. 54). Therefore, in order to adequately answer the objectives of this research study, a mixed methods approach, using both qualitative and quantitative methods is required.

The term ‘mixed method’ is used to describe an approach in which both qualitative and quantitative research methods are used in relation to the same object or study of a substantive issue. As Creswell and Plano Clark (2007) note, it is important for a research design to fit within a paradigm while matching both to the purpose of the study: “A mixed methods way of thinking is an orientation toward social enquiry which actively invites us to participate in dialogue about multiple ways of seeing and hearing, multiple ways of making sense of the social world, and multiple standpoints on what is important to be valued and cherished” (Greene, 1998a. p. 20). Such a varied approach is suited to this study on different aspects of Family Support which includes a number of viewpoints. Guba and Lincoln (2000, 2005) argue that it is possible within each philosophical paradigm to adopt mixed methodologies, as appropriate, to answer the research question. Supporting this argument, Newman (2000) holds the view that qualitative and quantitative methods are a continuum rather than opposing approaches. Bryman also argues that while quantitative and qualitative research traditions have been influenced by specific epistemological positions, it is not the case that they are inseparable from them (2001, p.22).

A number of researchers are now advocating an acceptance of pragmatism in choosing the appropriate method for addressing the specific research question, rather than focussing on the underlying philosophical debate (Seale, 1999; Hammersley, 1992; Bryman, 2001; Creswell 2007, 2008). Tashakkori and Theddlie (1998, 2003, 2008) formally linked the use of mixed methods and pragmatism, supporting the argument that both qualitative and quantitative

methods can be used in a single study, and that the research question should be of primary importance, more important than either the method or the philosophical worldview which underlies the method. Patton (2002) also advocates the use of mixed methods noting: “as qualitative and quantitative methods involve differing strengths and weaknesses, they constitute alternative but not mutually exclusive strategies for research” (p.14). Denzin (1970) describes this use of a research approach which uses multiple observers, theoretical perspectives, sources of data and methodologies as triangulation.

Similar in nature, and therefore of relevance to the design of this research study on Family Support, Patton (2002) outlines a study he conducted with adults in higher education using both a quantitative methodology (questionnaire) administered to programme participants as a whole, and a qualitative methodology (group interviews) to a sample of the programme participants. Explaining his choices, Patton notes: “statistical data provided a distinct and parsimonious summary of major patterns, while interviews provide depth, detail and individual meaning” (2002, p.16). A study exploring changes in adult education postgraduate programmes conducted by Milton et al. (2003) also employed a similar mixed method approach. Qualitative interviews were conducted with a small population group and the data gathered used to identify themes and generate survey items which were then administered to a wider group. Goldenberg et al. (2005) describe their study, which also used mixed methods in their research, where they identified variables about predictors of family literacy based on qualitative interviewing and case studies. They then used a quantitative study to test these variables and their relationships.

Assured by, and building on the success of Patton (2002), Milton et al. (2003), and Goldenberg et al. (2005) in their mixed method approaches with similar cohorts, the researcher finalised a mixed methods design as the most appropriate method to answer the objectives of this research study. Because this research explores different aspects of a phenomenon, different methods are selected to address specific areas.

In addressing the growth of Family Support as an approach to working with children and families, and to establish and examine current perspectives on practice, qualitative interviews are used for depth and richness. The use of a survey questionnaire allows for breadth with a whole population of practitioners who participated in the postgraduate training, providing a 'point in time' record to identify and assess the impact of, and the academic learning attained, with insight on current practice also provided. Documentary analysis is also employed to corroborate the findings from the interviews with applied research findings from the Family Support programme. The process of analysis and interpretation is built using data from three sources, employing three distinct methods. Thus, methodological triangulation using quantitative and qualitative approaches is used to address different aspects of the research question, in order to elicit a complete picture and to answer the research question in full.

Patton (2002) and Creswell (2007) describe this two-phase approach to mixed methods as exploratory design, while others describe it as exploratory sequential design (Creswell et al., 2003). The design starts with the qualitative data, and builds on the findings to a second quantitative phase. Typically, such studies give greater weight to the qualitative data, although there are variations on the model.

The mixed methods chosen as most appropriate to answer each objective of this study, and the accompanying sources of data for each are illustrated in Table 3.1. A one-to-one interview was chosen as the most suitable method to review Family Support, to establish current perspectives on practice and to consider recommendations for the future. Documentary analysis complemented this data. A questionnaire was chosen in order to assess the impact of the specialised postgraduate programme.

Table 3.1: Mixed methods used to collect data required to address objectives of the study

Research Objectives	Method
1. To review the growth of Family Support in Ireland as an approach to working with children and families.	Interview (Qualitative)
2. To examine current perspectives on Irish Family Support practice, as perceived by selected pioneers and practitioners in the field.	Interview (Qualitative) Questionnaire (Quantitative) Documentary Analysis (Qualitative)
3. To identify and assess the impact of, and academic learning attained through a purposely designed postgraduate programme in Family Support Studies in Ireland.	Questionnaire (Quantitative) Documentary Analysis (Qualitative)
4. To consider the implications of the research and make recommendations for the future of Family Support as an approach to working with children and families.	Interview (Qualitative)

The implementation of the research methods employed is discussed in detail in section three of this chapter. The issue of insider research and reflexivity within this study will now be examined.

Insider research and reflexivity

Attention is required throughout this study to the issue of ‘insider research’ and reflexivity, considering the researcher’s own experience and knowledge as an actor in the Family Support field. As noted, the researcher in this study is an active agent in the Family Support arena in Ireland and a strong advocate of the approach. Therefore, a strong emphasis on reflexivity is required at all stages of the research process. Specific considerations on reflexivity included:

1. The researcher worked for 15 years in the children and families services arena as a basic grade practitioner and as a manager. Latterly, this was in a statutory Family Support service;
2. The researcher is an advocate of Family Support as a means of protecting children and promoting their welfare;
3. The researcher participated in and graduated from the first intake of the postgraduate programme in Family Support Studies;
4. The researcher's doctoral thesis supervisor and current manager was included as a participant for interview;
5. The researcher currently directs and teaches on the postgraduate programme in Family Support Studies;
6. Participants in this study who are currently participating in the Family Support Studies programme are taught by the researcher.

Therefore, from the onset of this study the researcher was extremely aware of the issue of insider research and the need for an active system of reflexivity. An interpretive epistemological stance holds that findings can be influenced by the researcher's perspective and values. Applying a pragmatic approach, Grady and Wallston (1988) suggests the researcher's time can be productively spent trying to understand the effects of one's inside experiences rather than engaging in futile attempts to eliminate them.

The concept of reflexivity is part of the debate on qualitative research emphasising the importance of self awareness, cultural awareness and ownership of one's perspective (Crotty, 1998; Greene, 1998a; Ahern, 1999; Patton, 2002; Robson, 2005). "Reflexivity is the process of reflecting critically on the self as researcher; the human as instrument" (Guba and Lincoln, 2000, p.183). The challenge is to be clear about: "our own authorship of whatever we propound, to be self-reflective, to acknowledge biases and limitations, and to honour multiple perspectives" (Patton, 2002, p.65).

Neutrality in all research strategies is highlighted by Patton (2002) as necessary for credibility in a research study. He describes neutrality: "the investigator does not set out to prove a particular perspective or manipulate the data to arrive at predisposed truths... [but] enters the research arena with no axe to grind, no

theory to prove (to test but not to prove) and no predetermined results to support” (p.51). Such neutrality is not easily obtainable. As Mason suggests: “the researcher should constantly take stock of their actions and their role in the research process and subject these to the same critical scrutiny as the rest of their data” (2001, p.6). The assertion is that the researcher cannot be totally objective or detached from the knowledge which they are generating, and should aim, rather, to understand their role in the process. According to Mason (2001) the posing of difficult questions to oneself is an integral part of reflexivity. It is suggested that reflexivity forces us to consider our choice of research process, with those with whom we engage within the research process and with ourselves. Creswell (2008) also notes how a pragmatic approach to the research: “reminds us that our values and politics are always a part of who we are and how we act” (p.57). Creswell asserts his belief that as researchers themselves make choices about what is important and appropriate to study, based on aspects of their personal history, social background and cultural assumptions, it follows that researchers therefore need to: “continue the reflexive outlook toward what we choose to study and how we choose to do so” (2008, p.56).


Being reflexive involves self-questioning and self-understanding. Hertz (1997) helpfully describes the process of reflexivity as having: “on-going conversation about experience” (p.viii). Reinharz (1997) suggest that three categories of self are involved in the research process: research based self, brought self (the self which determines our standpoint as referred to above), and situationally created self. Reflexivity asks that researchers focus on the different selves in relation to the interaction with participants, the interpretation and in the writing process. This holds particularly true in qualitative research strategies, as Patton (2002) points out: “the researcher is the instrument. The credibility of qualitative methods therefore, hinges to a great extent on the skill, competence and rigour of the person doing the fieldwork – as well as things going on in the person’s life which might prove a distraction” (p.14). Notwithstanding the need for reflexivity in the qualitative research process, Guba and Lincoln comment: “the potential loss of rigor is more than offset by the flexibility, insight and ability to build on tacit knowledge which is the peculiar province of the human instrument” (1981, p.113).

Reflexivity in practice in this study

Given the many associations between the researcher and the researched in this study, the influence of insider research was an issue which required consideration and attention throughout. Patton (2002) proposes a triangulated approach to reflexivity in which he outlines a series of reflective questions to apply to the participants, those receiving the study and the researcher within what he terms a reflexive screen (p.66). The researcher, Patton suggests, must be attentive to, and conscious of the cultural, political, social and ideological origins of one's own perspective and voice, as well as the perspective and voice of those one interviews and those to whom one reports.

Adopting Patton's model to ensure reflexivity in this study, the researcher in this study asked a series of reflexive questions and considered the reflexive screens relating to the participants and her (as researcher) across the specific areas of the research process where self-awareness and self-reflection were required (see Table 3.2). Additional reflexive screens (in italics) were added by the researcher to Patton's original listings for this particular research context.

Table 3.2: Patton's Reflexive Enquiry model

Reflexive Questions	
Participants	Researcher (<i>and actor in Family Support field</i>)
How do they know what they know? What shapes and has shaped their world view? How do they perceive me? Why? How do I know? How do I perceive them?	What do I know? How do I know what I know? What shapes and has shaped my perspective? With what voice do I share my perspective? What do I do with what I have found?
<div style="text-align: center;">  </div> Gender, Age, Education, Status, Values, <i>Relationship (current / previous)</i> , <i>Professional History and Experiences</i> , Power, Culture, Language, Family, Political Praxis	
Reflexive Screens	

Self-awareness is an asset in both the fieldwork and the analysis stages of research. In all qualitative research, the researcher is an active agent in the process of data collection and analysis. The application of this model of reflexivity throughout this research study increased the value, depth and credibility of the study overall. As Brown (1996) asserts, developing appropriate self-awareness can be a: “form of sharpening the instrument” (p.42). In addition to Patton’s model, the researcher applied a number of Ahern’s (1999) strategies to identify areas of potential bias in the analysis and write up stages of the research. Specifically this involved:

- regularly questioning the process of reviewing the data;
- being open to re-interview or reanalyse transcripts upon recognising a bias in data;
- consulting with others if there is a sense of “a block, desensitisation, or boredom” in the analysis;
- reviewing the writing process to check if one respondent is quoted more than another, and if the evidence in the literature is really supporting the analysis.

(1999, p. 409).

A further concern in the reflexive process raised during the research was the issue of interviewing the researcher’s thesis supervisor. The influence of the relationship between the supervisor and the researcher in the fieldwork and analysis of findings was raised as a possible opportunity for further bias. In order to address this specific consideration, the researcher requested advice and guidance from the internal ethics committee overseeing the study (see ethical considerations below for further information on this committee). An overview of the reflexive process in place as described, and the issues and potential for bias was provided to the committee. Once satisfied that there was no concern on the researcher’s behalf regarding the interview process itself, it was advised that in addition to the use of the reflexive model of enquiry and strategies outlined, a Memorandum of Understanding, outlining that particular data sources would not be identified, or any influence brought on the analysis of data, be drawn up and agreed between researcher and supervisor. This was agreed and is available in Appendix 1.

The process of reflexivity can also bring certain risks into the research task. Hughes (1999) identifies two in particular. The first is the possibility that the self-challenging can result in a sense of “petrification” on the part of the researcher; the second is the risk that the focus on the self: “replaces, interrupts or distracts from the work itself” (pp. 283 - 294). In a similar vein, Fawcett and Hearn caution against making the “researcher visible” in an effort to be reflexive, resulting in an overshadowing or silencing of the researched (2004, p.215). In conclusion, although as Lynch (2000) notes reflexivity offers no guarantee of insight or revelation and must not overtake the research process, it is a necessary component of qualitative research studies, and particularly in this study, in order to ensure perspective and a bias-free account of the research. The reflexive model of enquiry was enhanced to include the specific issues pertinent to the researcher in this study and the connection with the research topic and participants. The model and the strategies as outlined were applied to bring self-awareness to the research and to identify areas of potential bias in the analysis and write-up stages. This process was, however, discussed and reviewed regularly by the researcher and supervisor to ensure that it was achieving its intended effect while not taking over from the core research objectives.

Section Three: Implementing the study

This section focuses on the implementation of the research fieldwork. The use of an advisory committee to support the research study is first described, followed by a discussion of the ethical considerations. Details on the actual data collection, which was conducted over two phases (phase one with pioneers and key informants in the Family Support and child welfare field, and phase two with graduates of the Family Support Studies programme and current practitioners) is presented. Lastly, the methods used to analyse the data generated by the study are examined.

The researcher and research supervisor established an advisory committee to oversee and support the work of the research study. It was agreed that it would be useful to have advisory committee members who are familiar with the area of children’s welfare internationally. Two possible members were identified, based on their experience and knowledge in the area, in the United Kingdom and in the

United States of America. Both invited members accepted an invitation to partake in the committee without hesitation, and a small advisory committee was thus established. The committee members included:

- Professor Brid Featherstone, Professor of Social Work and Social Policy, School of Social Sciences and Humanities, University of Bradford, England (UK);
- Dr. Mark Brennan, Assistant Professor of Community Development, Department of Family, Youth and Community Sciences, University of Florida (USA); ⁵
- Professor Pat Dolan (principal supervisor), UNESCO Chair and Director, Child and Family Research Centre, School of Political Science and Sociology, NUI, Galway (Ireland).

The committee agreed that it would meet at least four times during the course of the research, with the research design, data collection, results and final report being the focus of these meetings. The role and terms of reference of the advisory committee are detailed in Appendix 2. Acting on the advice and support of the committee, the research design was finalised and the fieldwork phase implemented.

Ethical considerations

All researchers have to consider the ethical issues which may arise in the course of their study. Ethical concerns traditionally include consideration of such topics as informed consent, right to privacy and protection from harm, and this study is no different in that regard. Particular to this study is a consideration of the degree of involvement of the researcher to the population and topic under study. An internal ethics committee in the School of Political Science and Sociology, NUI, Galway, oversaw this proposed research. The committee comprised two senior academics with expertise and experience in research methods and doctoral studies. Because this study does not include children or vulnerable adults as participants, and was not concerned with a sensitive area or topic, the committee

⁵ In January 2010, Professor Featherstone moved post to the School of Political Science and Sociology, NUI Galway. In July 2009, Dr. Brennan changed his post to become Associate Professor - Leadership Development, Department of Agriculture and Extension Education, The Pennsylvania State University.

approved the proposed research design. Nonetheless, the committee reiterated the onus on the researcher to consider the issues of reflexivity referred to above, to implement the strategies outlined, and to adopt an ethical approach in conducting the research. In order to give guidance and structure to the approach taken in conducting the fieldwork, the researcher applied a number of Patton's (2002, p.408) ethical issues checklist to the process. The relevant checks included for this study are listed:

1. Explaining purpose - how is the study explained, what language will make sense, what details are critical to share, what can be left out?
2. Promises and reciprocity - what is in it for the interviewee, why should the interviewee participate, can I keep all promises made?
3. Risk assessment - in there any way in which conducting the interview will put the person at risk?
4. Confidentiality – will names or locations be required, do participants have the option of being identified, what information will be anonymous, where will the data be stored, how long for, who will see it?
5. Informed consent – what kind of informed consent is necessary, what needs to be covered to ensure adequate information?
6. Advice – who will act as an advisor to the researcher in the event of a difficulty?
7. Ethical/value base – what ethical stance and value base informs your work, what is the code of conduct which will guide you as a researcher?

This checklist provided structure and guidance to the researcher's approach to obtaining consent and providing information to participate. However, the model of reflexive inquiry discussed above was useful in prompting the researcher to ensure that the sample group of practitioners had a means of anonymously refusing to participate, therefore alleviating any potential for feeling pressurised to participate.

The research process

The research process for this study was conducted in two distinct phases. Phase one involved qualitative interviews with the Family Support pioneers and key informants in child welfare. Phase two was conducted with the students in, or graduates of the Family Support Studies programme who are current practitioners. The timeline for both phases of the data collection, the sources and methods used to answer each objective of the research study are detailed in Table 3.3.

Table 3.3: Timeline for data collection with source and method used to answer each objective

Timeline	Research Objectives	Source	Methods
Phase one ➡ December 2008 - July 2009	1. To review the growth of Family Support in Ireland as an approach to working with children and families.	Pioneers and key informants in Family Support and child welfare	Interview (Qualitative)
Phase two ➡ October 2009 - March 2010	2. To examine current perspectives on Irish Family Support practice as perceived by selected pioneers and practitioners in the field.	Students or graduates of Family Support programme (are current practitioners)	Interview (Qualitative) Questionnaire (Quantitative) Documentary Analysis (Qualitative)
	3. To identify and assess the impact of, and academic learning attained through a purposely designed postgraduate programme in Family Support Studies in Ireland.	Students or graduates of Family Support programme (are current practitioners) Family Support research theses	Questionnaire (Quantitative) Documentary Analysis (Qualitative)

Phase one - the sampling of and data collection with Family Support pioneers and key informants in child welfare

The first phase of the study involved a review of Family Support in Ireland and involved both an extensive examination of the literature, and primary research with pioneers and key informants in the child welfare field.

Sampling process

A purposive approach to sampling was employed in this phase of the study. Creswell describes this approach as: “intentionally selecting participants who have experience with the central phenomenon or key concept being explored” (2007, p.112). Participants were initially identified through the published literature in the area of child welfare and Family Support, and through the research supervisory committee. As noted previously, much of the literature and debate on working with children and families is influenced by key informants from the UK and the USA (Hallet and Stevenson, 1980; Nelson, 1984; Buckley, 1997; Ferguson and O’Reilly, 2001; Featherstone, 2004; Richardson, 2005). Therefore, the participants selected included representation from the USA, the UK and [predominantly] Ireland.

Additionally, as there are significant legislative and contextual differences in specific countries within the UK, following discussion with the researcher’s advisory committee, it was decided to include specific locations in an effort to achieve a comprehensive account of the UK perspective. Although the same argument could be made with reference to the United States of America, it was decided that given the proximity of the UK (with many Irish practitioners either training and gaining work experience in that jurisdiction) that a greater number of participants would be invited from the UK. Representatives were sought from Scotland, Northern Ireland and England and Wales. Advice was sought regarding the appropriateness of grouping England and Wales together from a social work academic in Wales, who supported this approach.

In keeping with the qualitative nature of this part of the research, the aim was to identify a small number of participants in the required contexts who would provide in-depth information. Criteria for selection initially included a

background as a practitioner in the area of children and family services and academic publications in the field. However, as the numbers in an Irish context available for selection based on this criteria are relatively small, the criteria was widened to include pioneers and advocates in the field from a practice or policy background who had been instrumental in supporting children and family services at a practice rather than academic level. Therefore, all participants selected had a background in practice, working in a variety of professional roles in children and families services, with a number also currently or previously working in academia and publishing on this area.

Participants were approached by email by the researcher's supervisor or by members of the advisory committee to request permission for the researcher to make contact and invite them to participate. Because the participants in this phase are known by, and hold meaning for the community engaged in the children and family arena, consent was also requested to identify the participants in the study. All agreed to participate and to be identified, without hesitation (see Appendix 3). The researcher then sent brief information on the study (see Appendix 4). The researcher travelled to meet with researchers in either their place of work or their homes in the UK, USA and in Ireland to conduct the interviews. Participants who were retired and met with the researcher in their homes were given a small gift as a token of appreciation for their time.

The introduction to the study and narrative inducing question are outlined.

As you know, I am researching the growth of Family Support as an approach to working with children and families in Ireland and considering current perspectives on practice. The research includes the influence of academic learning attained through specialised postgraduate education in the area.

Q. So, please can you tell me about your involvement in children and families services since you first started thinking about it? All the events and experiences that were important as you see it.

I won't interrupt and will take notes in case I have questions for you when you have finished. Please take your time and begin whenever you like.

Piloting the interview

The interview question was piloted in advance of the research study with both an academic and a practitioner who are involved in the Family Support arena. One participant in the pilot interview is currently an academic with a background in practice, while the second is a practitioner managing a Family Support service. Although somewhat younger in age, the participants mirrored the background of the participants in the study. The researcher was initially concerned that the chosen method of narrative interviewing would not elicit either any data or any appropriate data. Consequently, for the pilot the researcher drew up a guideline of topics related to the research question and covered in the literature which could be referred to as a safety mechanism. However, the pilot interviews achieved their aim of extracting relevant data from the participants. After asking the narrative inducing question, the first interviewee spoke for 42 minutes, recounting her experience in the evolution of Family Support. The full interview was one and half hours in duration, with five follow-up questions on relevant topics mentioned by the interviewee. The second pilot interview was two hours and 10 minutes in duration. The single question elicited one hour and 15 minutes of narrative, and the follow-up prompts provided more depth on particular topics as raised by the interviewee. The researcher did not refer to the safety guidelines and was confident that the interview was obtaining rich data on the evolution of Family Support and on current practice as the interviewee saw it.

Following discussion with the researcher's supervisor and advisory committee on the piloting of this method, the narrative interviewing was used in one-to-one interviews with all pioneers of Family Support and key informants in the child welfare arena. Fontana and Frey (2000) note that because a key purpose of the unstructured interview is understanding, it is important that rapport is established between the researcher and the interviewee. Because the researcher had a common interest and shared professional experiences with the interviewees, this was easily achieved.

The interview (phase one)

The interviews took place in participants' homes with those currently retired or semi-retired from formal employment and in work environments where participants were still involved with an agency or institution. Interviews typically lasted between two hours to two-and-a half hours and yielded comprehensive rich accounts of incidents through the years regarding the evolution of Family Support and insights on current practices. The earliest memories recounted were from 1947 and continued up to the present day.

Due to the pilot being conducted in an Irish context, the researcher had a concern that there may be a difficulty in using the interview question in the USA and UK contexts, due to confusion over terms used or contextual issues. However, this concern was unwarranted with the first interview taking place in England yielding a rich retrospective journey over three hours, through developments in child and families services from both a personal, political and practice perspective.

All the interviews were audio recorded using a digital voice recorder and then transcribed verbatim. The researcher sent the interviews on compact disc via registered post to a professional transcription service who then returned the discs upon completion of the transcripts. Two sample transcripts and follow-up questions (using the words of the interviewees) are provided for illustration in Appendix 5. After each interview, the researcher made field notes on observations, thoughts, and questions which came to the fore during the interview process.

Data analysis (phase one)

The analysis in this first phase of the research concerned the results of the qualitative interviews. Qualitative analysis transforms data into findings, and the challenge for the researcher is to make sense of large amounts of data collected (Patton, 2002). At an overall level, the analysis framework used in this study is that of inductive analysis. Inductive analysis refers to discovering patterns, themes and categories in the data. Findings emerge out of the data through the researcher's interaction with the data, as opposed to deductive analysis, where

the data is organised according to an existing framework (Patton, 2002). Qualitative analysis is particularly inductive in the initial stages when the researcher is concerned with identifying possible categories, patterns and themes.

In the phase one analysis the researcher was particularly interested in the qualitative data collected relating to objective one of this study, which is to review the evolution of Family Support as an approach to working with children and families. In answering this objective the researcher was interested in how and why Family Support became a debated orientation in children's services, and the characteristics of the approach which define it as a distinct mode. Classification of both of these aspects of Family Support then formed the basis for the content analysis of the data. The interview recordings were listened to while reading the transcripts to ensure the data was correctly recorded and to become familiar with the content of the material. Once the researcher was confident that the transcribed material was accurate, the transcripts were re-read practicing what Fuller and Petch (1995, p.85) describe as: 'immersion in the data', and initial notes were made of the main themes, concepts and issues emerging.

The complete transcriptions were then imported into the Nvivo software package (version 8) for qualitative analysis. Nvivo is used as a tool to manage and organise the analysis. However, as Patton (2002) reminds us: "the analysis of qualitative data involves creativity, intellectual discipline, analytical rigor and a great deal of hard work" (p.442). Computer programmes can facilitate the work of analysis but cannot replace the understanding, interest and creativity of the researcher. The core feature of the qualitative data analysis is the coding process. Coding involves the process of grouping evidence and labelling ideas so that they reflect the broader perspectives (Creswell, 2007, p.132).

In this first phase of analysis, the data relating to objectives one and two of the study, which are reviewing the evolution of Family Support and current perspectives on practice, were coded thematically. All issues, events and theories referred to, and descriptors of Family Support characteristics, were selected and coded into themes and sub-themes. This catalogued information was then used

along with the findings for objective one and two to sequentially inform parts of the survey questionnaire used in phase two of the study (Creswell, 2007).

Phase two - the sampling of and data collection with students or graduates of the Family Support Studies programme

The second phase of the study related to objectives one, two and three of the study, and was concerned with current perspectives on Family Support practice and identifying and assessing the impact of, and academic learning attained through a specialised postgraduate programme. Phase two was linked to phase one, because the data from the interviews were initially analysed to determine theoretical approaches underpinning Family Support and common characteristics of practice. As outlined, these findings were used to inform the design of parts of the survey questionnaire which was administered to current students or graduates of the Family Support programme. Specific sections of the questionnaire referred to the programme, with additional sections focusing on the theoretical basis for, and service and practice characteristics of Family Support. Respondents were also asked to participate in an unstructured interview similar to that conducted in phase one. The final strand in phase two was documentary analysis of research theses of graduates of the postgraduate programme

The sampling process (phase two)

A number of distinct approaches to select the participants were employed in this phase of the research study. All current or past students of the Family Support Studies programme were invited to complete a survey questionnaire on their experience and learning from the programme and Family Support. Combining the quantitative and qualitative approaches, in a separate section of their survey, the respondents were also invited to participate in a one-to-one interview to further discuss Family Support and their practice. The majority of participants consented (n=55) to the researcher contacting them to arrange an interview.

A sequence of stratification in the sampling decisions and procedures was then adopted with this group of participants. Stratification refers to a system of controlling elements of the population included in the research (Creswell, 2007). The researcher wanted to give similar weight to the practitioners' data compared

with the pioneers interviewed in the first phase of the study. Furthermore, in an effort to achieve equal representation, the researcher wanted to include participants from each intake of the Family Support programme. Therefore, a total of 12 practitioners were decided on - two participants from each year of the six intakes of the programme. In order to achieve this aim, the researcher first stratified the consenting population according to year. In addition, the researcher required representation from a varied selection of disciplines involved in the Family Support programme. Because the research study is interested in whether Family Support is indeed an approach to working with children and families (as contested in the current Irish definition, outlined in Chapter Two) as opposed to a distinct form of intervention, the researcher was interested in considering the practice and influence of Family Support across a broad range of disciplines and service providers. The population stratified from each intake was then further stratified according to their discipline, role, or agency. Therefore, of the consenting group of participants, two from each year of the Family Support programme were purposively sampled in order to gain access to the wide range of disciplines who participated in the programme.

The final sampling procedure required was for the documentary analysis in this phase of the study. In a similar process to consenting to participate in the interview, the respondents were also asked in the same section of the survey to consent to their Masters Degree dissertations being used anonymously by the researcher for documentary analysis. The researcher, using the stratification system described, selected a range of research theses from an array of disciplines and agencies for inclusion in the sample for documentary analysis. As the current first year students on the programme did not have their dissertation completed during the timeframe of this study, that year was omitted in this selection procedure. However, two additional dissertations were selected across the remaining five years, totalling a sample size of 12.

Designing the questionnaire

Once the sampling process was finalised, the next stage in the research process was to introduce the quantitative method in the study using a survey questionnaire. The questionnaire was structured into three distinct sections. Section one contained profile information on the respondent and on their participation on the Family Support Studies programme. Section two referred to their experience and learning on the programme, focussing on specific modules and assignments over the two-year period. The final section of the questionnaire, section three, asked the respondents about their current practice in working with children and families. This section was informed by the content analysis of the interviews with the participants in the first phase of the study. Respondents were asked if specific theoretical frameworks (some of which are taught on the programme) and characteristics of Family Support obtained from the interviews findings underpinned their practice.

A separate form was also designed with a fourth section on future research on Family Support. Respondents were asked to consent to a one-to-one interview with the researcher and/or their research dissertations being used for analysis in the research study. Both the questionnaire and the consent form were professionally printed in an effort to increase the response rate (see Appendices 6 and 7).

Piloting the questionnaire

The questionnaire was piloted with two colleagues who are familiar with Family Support and the Family Support programme. This was to avoid using any of the student sample group who had participated in the programme in the pilot and thus eliminate them from participating in the research study. Minor amendments were made to the wording of three questions upon receipt of feedback from the pilot group. The time taken to complete the questionnaire was approximately 15 minutes which was deemed an acceptable length of time.

The questionnaire

The anonymous questionnaire was posted to all past and current students on the Family Support studies programme, a total of 77 participants. The only exception was the researcher herself. A detailed cover letter was included which invited participants to:

1. Complete the enclosed anonymous questionnaire and return it in the stamped addressed envelope provided;
2. Provide consent to participate in a one-to-one interview to discuss Family Support and the postgraduate programme in more depth and/or consent to a documentary analysis of your Masters Degree research thesis (see Appendix 8).

Two separate stamped addressed envelopes were provided and students were asked to enclose the two documents separately. Just after the closing date, a reminder letter was posted to all participants once again asking them to complete the questionnaire and consider consenting to the interview (see Appendix 9). The option of receiving further information on any aspect of the future research was also offered, and a number of practitioners availed of this before providing consent.

The Interview (phase two)

Interviews were conducted with 12 students or graduates of the Family Support Studies programme who are also practicing in the area of children and families services. The interview question and process was identical to that described in phase one of the study. The interviewer went to the workplace of the participants at a time and date which suited, and the interviews were all digitally recorded. A similar descriptor on the study as was used in phase one was assigned in advance (see Appendix 4). The digital recordings were anonymised immediately after the interview and transcribed verbatim by a professional transcription service. Unlike the participants in phase one, the current practitioners were not asked to consent to their identities being used in the research. Interviews tended to be somewhat shorter in duration than in phase one, lasting approximately one and half hours, on average.

Data analysis (phase two)

The data analysis in this phase involved both quantitative and qualitative analysis and again, was initially conducted in two distinct stages. The statistical software package Predictive Analytics Software, PASW (version 18), formerly known as SPSS, was used to run statistical analyses on the survey data. The survey consisted of 23 questions (a number of which had sub-questions) with each answer being assigned a particular code. For example, an answer of '*Greatly influenced*' by the respondents was scored as a '1', '*Influenced*' as a '2', '*Somewhat influenced*' as a '3', '*No influence*' as '4' and '*Don't know*' as a '5'. Reports were then run on the frequency of responses from participants on each question and sub-question.

The same method of inductive analysis was used for the qualitative data in both phases of the study with both the pioneer and the practitioner interviews. Similar to phase one, the second wave of transcripts were read and re-read to ensure accuracy and also imported in full into the Nvivo software package (version 8) for qualitative analysis. The emergent themes under each of the four objectives of the study were coded using the Nvivo software, and this process was repeated until all data had been coded into sub themes.

The final stage of the research methods involved the documentary analysis of the dissertations completed for the award of a Masters Degree in Family Support studies. A total of 12 theses were reviewed across the first five years of the programme, completed by students from a broad range of disciplines and employed in a variety of agencies. The practice models outlined in the research theses and the recommendations made based on the findings of the studies were cross referenced with the theoretical basis for, and the service and practice characteristics found in the findings of this research study, as detailed in Chapter Five (Section Three). The purpose of this exercise was to ascertain if Family Support, as described by the respondents in this study, is reflective of, and holds true in current practice contexts across a range of settings.

Limitations of this research study

As with any research study of this kind there are a number of limitations to this study which require consideration. Once such limitations were identified however, the researcher, supported by her supervisor and advisory committee, compensated for their potential impact. As with any choice of methods, there are limitations inherent in the actual methods employed in the fieldwork phase. This was discussed earlier in the chapter. Additional limitations of the research are now highlighted along with suggestions regarding how to overcome them.

Although this study is concerned with the evolution of Family Support as an approach to working with children and families and current perspectives on Irish practice, the voice of those receiving services have not been included in the study. There are no children or families included in the sample group. The perspective provided is that of the practitioner only. It is acknowledged that this is one source of data only and that the voice of the service users is equally, if not more important when considering Family Support as an approach to practice. While the scale of this study was largely determined by the time restrictions associated by the PhD, it is suggested that the voice of children and families is included in future postdoctoral research on this area.

While a focus of the research study involved the applicability of Family Support across a range of disciplines and service providers, it was not possible to include all disciplines or agencies represented in the programme since it began in 2003. The sample included is broad, but relatively small and not a complete picture. Indeed, the researcher is aware of many other disciplines and agencies in the children and families arena where a Family Support approach is used, which have not been referred to or included in this study.

A number of respondents were still engaged in their postgraduate studies in Family Support or were recent graduates of the programme. Some had not yet completed their academic requirements for year one. A greater length of time between respondents having completed their studies and exploring the influence of their academic learning is preferable. However, this was not possible within the timeframe for this study. A follow-up study (which also includes the voice of

the children and families, as suggested) would allow for a longer-term view of the influence of the programme on practice.

In exploring the development of Family Support the research did include two key informants in the child welfare field who would not be considered pioneers or strong advocates of Family Support. However, this was not an attempt to provide comparative data on differing perspectives, but merely an effort to introduce an element of counter balance to the data collected. Again, the numbers in this sample overall were relatively small. A comparative study would require equal numbers of participants who espouse alternative approaches along with the Family Support advocates.

Finally, the strong association between the researcher and the research question has also the potential to be a limitation in this study. The researcher is an active agent in the Family Support area and is a strong advocate of the approach. However, being acutely aware of the possibility of bias, the researcher discussed this issue with the internal ethical committee, the thesis supervisor and the advisory committee. Following the advice given, the researcher employed a number of specific strategies and checklists while conducting the fieldwork, data analysis and report writing to avoid any bias or undue influence in the research findings.

Chapter summary

This chapter set out to describe the methodology designed and implemented to answer the overarching aim and associated objectives of the study. The rationale, aim and objectives of the study were outlined, followed by discussion on the research paradigms, the appropriate methods to answer the research question and the issue of reflexivity. The implementation of the research process was then described in detail, including ethical considerations, the actual data collection and analysis used. Finally, the limitations experienced by the study were addressed. This included specific consideration on the issue of insider research given the strong association between the researcher and the research question.

The mixed method approach employed a complementary layered set of data, incorporating both the qualitative and quantitative data which addressed different aspects of the research question and provided a complete picture on the topic studied. The next chapter provides contextual information for the research. This includes the development of children and families policies and services in Ireland and the educational context for the purposely designed postgraduate programme in Family Support Studies.

Chapter Four: Context of the study

Introduction

This chapter provides contextual information for the research study and is presented in two sections. Section One examines the development of children and families policies and services in Ireland. It includes international and national policies and legislation which have resonance for Family Support and this study. Because objective three of this research study is to identify and assess the impact of, and academic learning attained through specialised postgraduate education, a detailed description of the purposely developed programme in Family Support Studies based at the National University of Ireland, Galway, is outlined in Section Two. This includes the rationale for the programme, its overall aim and objectives, and the programme content.

Section One: Children and families policies and services in Ireland

This section provides an overview of significant developments in child welfare services in Ireland which have relevance for Family Support. Major changes in policy, direction, and legislation are noted, with a particular focus on the moves towards a Family Support orientation. Family Support has received varying degrees of attention and debate since it was initially considered as an orientation in working with children and families. The ebb and flow of these debates and accompanying policy and practice developments are reviewed. A concise overview is provided since the formation of the Irish State in 1921, with particular attention paid to the latter half of the twentieth century when the most significant developments in children's services occurred. The publication of the Task Force on Child Care Services (1980) marked a change in the orientation of children's services and shaped developments in Family Support from the 1990s onwards. The relevant developments are therefore considered before and after 1980. The definition of family and family policy in an Irish context is firstly considered.

The development of family policy in Ireland

How the family is defined has important implications for the overarching policies in the area and the design and delivery of social services. As noted in Chapter Two, the place of the family in meeting the needs of children and young people is generally recognised in Ireland and internationally (Commission on the Family, 1998; Gilligan, 1999; Katz and Pinkerton, 2003). The Commission on the Family, acknowledging the importance of family life, states:

“The experience of family living is the single greatest influence on an individual’s life... [because]... it is in the family context that a person’s basic emotional needs for security, belonging, support and intimacy are satisfied”

(1998, p.13).

In Ireland, the importance attached to the family is emphasised by Bunreacht Na hÉireann (1937), the Constitution of Ireland, which describes the family as: “the natural primary and fundamental unit group of society and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law” (Article 41.1.1). This article underpins all legal, social, and political discourse and decisions on family life in Ireland. The rights of Irish parents are also enshrined in the 1937 Constitution as antecedent and superior to the rights of children. Calls for children’s rights to be recognised independently in the Constitution have been ongoing (Task Force Report, 1980; Mc Guinness, 1993; Shatter, 1997; Kilkelly, 2008; Kilkelly and O’Mahony, 2008; Shannon, 2009) and there is currently a proposal to amend the Constitution to afford children rights independently of their parents (Kilkelly, 2008).

The definition of family and how the family is constituted informs how families are viewed from a policy perspective. The relations amongst family members, the role and responsibilities of the family and of the State, and the relationship between both are inherently assumed in policy relating to family life. Until the 1990s, family policy in Ireland developed very gradually with the sole focus of family policies initially to assist families in relation to the costs of rearing their children. This approach was underpinned by the Constitution with the family unit, based on marriage, considered as a whole. As noted by Daly and Clavero (2002, p.19), family policy in Ireland takes the form of a loose amalgam of

different areas of policy with the most prominent set consisting of measures to provide financial assistance to families with children. This includes cash assistance and measures to support the rearing of children, and parents in general. Family income protection is also directed at women in various family situations. In 1935, the widows' pension was introduced with the State effectively compensating for the provision of the man following his death. Since the 1970s, the policy broadened its understanding of family and also provided for deserted wives and lone mothers (unmarried mothers as it was then termed). Such State led provisions highlighted a significant departure in recognising variety in family formation (Daly and Clavero, 2002; Considine et al., 2009). The Constitution continues to influence family policy with married families with children receiving preferential recognition in the tax codes as determined by the State (Considine et al., 2009).

However, in the 1990s, the policy context was redefined. An unexpected and unprecedented growth in the public finances and the evolution of a consensus based partnership model of national planning are deemed to have been largely responsible for the radical change in policy provisions (Daly and Clavero, 2002, p. 50). As partnership grew, the management of the economy was governed in a highly consensual manner with an emphasis on wage agreements but also on a strong social orientation. Reflecting an emerging discourse on equality and social justice, a national anti-poverty process was initiated, and social welfare and low waged recipients afforded above average increases in benefits (Considine et al., 2009). Cash benefits for families with children were also increased significantly across the range of entitlements throughout the decade. This trend continued until the late 2000s when a world-wide economic recession impacted negatively on both the social partnership process and the welfare entitlements available for families.

Historically, cash benefits have been the dominant response of State led family policy with support services for children and families largely provided by Church-led voluntary organisations (Considine et al., 2009). The expansion and further development of support services for children, particularly those with an association with Family Support will be reviewed in detail in the next section.

The development of policies and services to support children and families in Ireland: 1921 - 1980

In Ireland, since the foundation of the State (1921) and until the 1990s, those concerned with the issue of children's welfare and child abuse have struggled to make them a political or public matter (Ferguson and Kenny, 1995; Ferguson, 1994; O Sullivan, 2009). As noted, Irish social policy concerned with family wellbeing was primarily focused on the provision of cash benefits. The provision of support services was primarily provided by the Churches until the 1990s, particularly the Catholic Church, with an overriding view that families and communities should in the main service themselves. Together, the 1908 Children's Act and the 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 soon found its way into child protection and welfare discourse (Powell, 1997; Skehill, 2003b). A tension for professionals existed between the use of minimal intervention into family life as prescribed by the Constitution, and the powers available under the child care legislation (Skehill, 2003b, 2007).

The Irish Society for the Prevention of Cruelty to Children (ISPCC), which was initially established under the auspices of the National Society for the Prevention of Cruelty to Children (a United Kingdom based organisation), administered the child protection services in Ireland until 1965. The services offering residential care to children 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, with no distinction between the two groups, in industrial schools. However, in the 1930s, State attention began to focus on the differing needs of these children. In 1934, the Minister for Education, Tomás Ó Deirg set up a Commission of Inquiry into the Reformatory and Industrial School System under the chairmanship of Senior Justice G.P. Cussen to examine the operation of the institutions which incarcerated a wide variety of children. Raftery (1999) suggests that the Cussen Report (as it became known) was a report of considerable importance given that it was the first

examination of the operation of industrial schools since the formation of the State. The resultant Report stated that it had a number of reservations with respect to the operation of the schools, mainly in regard to the nature of the education and training obtained, the large numbers of disabled children to be found in the schools, the lack of support from local authorities and the stigma attached to the schools (Department of Education, 1936).

In 1966, a think tank of interested individuals known as Tuairim published 18 pamphlets on a range of topics, one of which was entitled 'Some of Our Children: A Report on the Residential Care of the Deprived Children in Ireland'. The report, known as the Tuairim Report, 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, and also advocated for all child care services to be administered through the Department of Health. The report also recommended that children could be better cared for without splitting up the family (Raftery, 1999, p. 361; O'Sullivan, 2009, p.288). Tuairim was instrumental in setting in train developments which led to what is regarded as a pivotal moment in childcare services in Ireland.

In 1968, the Minister for Education, Donnagh O'Malley, in response to the concerns expressed in the Tuairim Report and others, established a committee under the Chairmanship of District Justice Eileen Kennedy, with the task of surveying: "the Reformatory and Industrial Schools systems and to make a report and recommendations" (Raftery and O'Sullivan, 1999; O'Sullivan, 2009). The report of this committee, known as the Kennedy Report, was published in 1970 (Department of Education, 1970) and was scathing in its criticism of the residential child care system in Ireland. Its 13 recommendations had far reaching consequences for child care services in Ireland. Richardson suggests that the most important recommendation made by the committee was its emphasis on the prevention of family breakdown (2005, p.161). The Report was instrumental in highlighting the unrealistic nature of dealing with children in care in isolation, with an entire chapter devoted to preventing children from being placed in care.

Supporting families with financial difficulties, providing advice and guidance and practical supports such as: “home help and nursery schools” were recommended as necessary in an effort to keep the family together (Ibid., p. 66).

The Kennedy Report is widely acknowledged as having done much to speed up the course of positive change in Irish child care services and prompted a move towards supporting children to remain at home, cared for by family members. As O’Sullivan (2009) notes: “the report brought about a remarkable shift in emphasis - from punitive to caring, from controlling to understanding, from custodial to educative...” (p.310).

The publication of the Kennedy Report coincided with the reorganisation of the health and social services. The Health Act (1970) decentralised the delivery of these services to the eight regional Health Boards and the Community Care programmes became responsible for the delivery of the personal social services which included those of residential childcare and protection (Gilligan, 1993; Ferguson 1994; Buckley, 2003; Skehill, 2003b; O Sullivan, 2009). Richardson (2005) suggests that for those working in the child care services field, it was increasingly obvious that the 1908 legislation was inadequate to deal with the welfare of children. The Campaign for Care of Deprived Children (CARE) lobbied for developments in child care services and produced an influential manifesto for reform, *Children Deprived – The CARE Memorandum*, on deprived children and children’s services in Ireland (1972).

As a result of the recommendations from the Kennedy Report committee and under the Minister for Health who had been recently allocated the main responsibility in relation to child care, the government established the Task Force on Child Care Services in 1974 to look at all aspects of children’s services with the intention of preparing a new Children’s Bill. The Task Force presented its final report in 1980 which contained the main report, a supplemental report and a number of reservations by its members. The main report included recommendations under the headings of general child care services, alternative care including residential and foster care, and the introduction and implementation of a comprehensive Children Act concerned with the welfare and

protection of children. The report noted the absence of co-ordinated planning across departments with responsibility for children, and a mirroring of this at service delivery level. It recommended setting up a Statutory Child Care Authority with responsibility at a regional level under the Department of Health, and a National Children's Council which would have advisory, monitoring and promotional functions in relation to child care (The Task Force on Child Care Services Final Report 1980, pp. 265-266).

Among its many recommendations, the report included a significant section (six separate recommendations) on the development of a community based approach and Family Support services. The Family Support recommendations included:

- Family Support should be provided to children and families experiencing difficulties across a wide range of helpful services. This should include home help services, day care, group work, case work, family therapy, counseling and supervision;
- All Family Support services should be coordinated in each area by a statutory child care authority within a framework sufficiently flexible to enable services to be adapted and combined to meet the needs of children and families;
- Family Support services should respond to the common needs of families in each community and should be developed in cooperation with the community and the potential users of the service should take part in the identification of needs and in the planning and operation of the services;
- The extent of Family Support should not be pre-determined on a national basis but may need to be closely linked to the needs of families in particular communities;
- Family Support services should include community development and community youth work and should form links with other agencies working in these fields;
- As far as is feasible, the needs of children and families who require intensive help should be catered for within the general Family Support services (Ibid, p.268).

The length of time taken to finalise the Task Force report, and the fact that there was a significant disagreement amongst members, with a supplemental report submitted, contributed to delays in the intended progress in the development of the child care services, and highlights the nature of the debate and discussion which ensues when changes are proposed in children and families services. Of note is the emphasis which the supplemental report placed on training of child care workers with a recommendation that training includes not only working with children but also with their families and the local community (Ibid., p.401).

Nonetheless, the report was instrumental in advancing long-awaited legislation on children's care and protection and instrumental in informing and shaping associated service developments. A summary of the key developments in child care policies and services in Ireland with relevance for Family Support in Ireland between 1908 and 1980 is provided in Table 4.1.

Table 4.1: Significant developments in child care policies and services with relevance for Family Support: 1921 – 1980

Significant developments in childcare with relevance for Family Support: 1921 - 1980	
Report/ Incident	Main focus
1908 Children's Act	Legislation used at time of formation of the State. Legislated for control of deprived children and sanctioning of their parents.
1936 Cussen Repot	Inquiry into Reformatory and Industrial School system – highlighted poor education received, lack of support and stigma attached to the schools.
1937 Bunreacht Na hÉireann	The Constitution of Ireland - highlights the importance of the family unit based on marriage, and affords parents rights antecedent and superior to children's rights.
1966 Tuairim Report	Called for replacement of 1908 Act and recommended children could be better cared for without splitting up the family.
1970 Kennedy Report	Scathing criticisms of the residential care system, suggested the whole aim of the child care system should be towards preventing family breakdown , care should be considered only as the last option. The need to support families with their practical needs, providing information and advice along with the unrealistic nature of working with children in isolation was highlighted.
1970 The Health Act	Decentralised delivery of social services to eight regional Health Boards under the Community Care programme.
1970 CARE Memorandum	Lobbied for developments in child care services, produced influential manifesto.
1980 The Task Force Report	Called for new Children Act , highlighted lack of co-ordination across child care services, recommended improvements in general child care services and alternative care, and promoted professional training for all child care staff. Included six sections on development of community based approach and Family Support services.

The development of policies and services to support children and families in Ireland: 1981- 2011

In 1985, the long awaited Child (Care and Protection) Bill was published, superseded in 1988 by the Child Care Bill and enacted in 1991 as the Child Care Act. The Child Care Act of 1991 represented a landmark in the history of children's services in Ireland. The Act was the first major legislation enacted since the formation of the State focusing on issues of child protection, child welfare and Family Support.

The Child Care Act is founded on the premise that it is generally in the best interest of children to grow up at home and places a statutory duty on Health Boards (now the HSE) 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 must 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 primary emphasis of the Act is the provision of support and assistance by the State so that children can remain at home. Only in exceptional circumstances are children to be taken into care. The overall aim is for the State to support the role of parents in a humane way, rather than supplanting it (Ferguson and Kenny, 1995). The Act, currently in use, mirrored provision in the 1989 Children Act in the United Kingdom where Family Support had gained impetus from the emphasis placed in Section 17 on supportive work with children and families (Featherstone, 2004).

The Irish government at the time made public its intention to implement the Act on a phased basis in keeping with the "genteel pace of reform" (Gilligan, 1995, p.366). The implementation of the Act happened slowly with just 16 of 79 sections implemented by the end of 1992. The main impetus for enactment emanated from a child care inquiry described by Ferguson (1994) as a: "powerful symbolic event" which focused the Irish political and public interest on child abuse in a way never seen before. Similar to the impact of a public inquiry into

the death of Maria Colwell in the United Kingdom (Frost and Parton, 2009) the Kilkenny Incest Investigation gave rise to an unprecedented awareness and debate on child abuse (McGuinness, 1993). The 'Kilkenny case', as it became known, involved the sexual and physical abuse of young girl by her father over a long period of time. Within a week of the circumstances surrounding the abuse of this girl becoming public, an inquiry, the first of its kind in Ireland, was instituted by the Minister for Health, Brendan Howlin, to investigate the circumstances surrounding the abuse, to establish why action to stop the abuse had not happened earlier, and to make recommendations for future recommendations on the investigation and management of child abuse cases (Mc Guinness, 1993, p.11). Although, at this time there had been a growing interest in child care issues, this was the first time that the system set up to deal with child abuse, was itself under scrutiny (Buckley, 2003). However, the investigation had a narrow focus and dealt with areas of child protection, taking children into care, court proceedings and the powers and duties of Health Boards in relation to children in their care (Ibid., p.95). The immediate response of government was to commit the release of a substantial budget to fully implement the Act over the following three years with a new and increased emphasis on child protection (Ferguson, 2001).

Following the Kilkenny Report, the issue of children's welfare and child protection continued to dominate public and political debate through the mid and late 1990s with a number of subsequent events and inquiries. Ferguson (1994), at the time argued that the absence of child abuse inquiries in Ireland did not mean that similar cases did not exist. Ferguson asserts that the previous lack of public interest in child abuse was symptomatic of low level involvement by the State in family life and a high tolerance of possible professional error. He suggested that these factors contributed to the neglect of the child welfare system. The death of a young girl, Kelly Fitzgerald, in 1993 while involved in the social work services, prompted another child care inquiry and a report on the key learning and recommendations (Keenan, 1996).

Public and political attention on child protection and welfare did not wane with cases of sexual abuse by priests, particularly the case of Fr. Brendan Smyth

(Moore, 1994), the Madonna House Inquiry into child abuse in a large children's home (Department of Health, 1996), the 'X' case where a young girl who had been raped was initially prevented from travelling to England for an abortion (1992), and the West of Ireland farmer case (North Western Health Board, 1998) where the family GP and social work service failed to protect a family who were being severely sexually and physically abused by their father maintaining interest and publicity. In the midst of, and because of this concentrated and unprecedented attention, the Child Care Act was implemented in full by 1996.

From a Family Support perspective the late 1990s and early 2000s produced a number of policy and practice publications which had a strong focus on the importance of supporting families and investing in preventative services (the Commission on the Family, 1998; Children First, National Guidelines for the Protection and Welfare of Children, 1999; the National Children's Strategy, 2000 and the Best Health for Children Report, 2002). The National Guidelines on child protection and welfare were introduced in 1999, and were intended to assist people in identifying and reporting child abuse and to improve professional practice in both statutory and voluntary agencies and in organisations which provide services to children and families. The Guidelines highlighted Family Support as a statutory response to child abuse and children at risk (pp. 59 - 63). A detailed outline on the aim of Family Support, the essential components of effective Family Support, and guidelines on the delivery of Family Support services were provided. While Children's First did not have a mandatory brief, it was widely advocated and promoted by government departments with responsibility for children across a wide range of agencies and disciplines.

In 1992, Ireland ratified the United Nations Convention on the Rights of the Child (UNCRC). The Convention, adopted by the United Nations in 1989, is founded on the belief that for a child to develop there are accepted pre-conditions which must be present and provided. The Convention recognises that children have a range of civil, political, economic, social and cultural rights.

The report of the Commission on the Family (1998) was instrumental in the emergence of a State policy on Family Support. Hazlett (2003) suggests that the focus of the Commission's report was: "on the need for public policy to focus on preventative and supportive measures to strengthen families in carrying out their functions" (p.131). A national Family Support initiative, 'Springboard', was established in 1998 with an initial 14 community based services set up in designated disadvantaged areas. The Springboard initiative was evaluated over an 18 month period to ascertain if Family Support improves outcomes for children. The initiative also included a number of government publications on supporting families (a Guide to What Works in Family Support Services, 2000; Family Well-Being and Family Policy, 2001; Fathers and Families, 2001; and Springboard Promoting Family Wellbeing through Family Support services, 2001).

The National Children's Strategy, *Our Children - Their Lives*, was published in 2000 and outlined its vision for the future to be: "an Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own; where children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential" (p.10). The Strategy works from a 'whole child perspective' and sets out three national goals for children:

- Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity;
- Children's lives will be better understood, their lives will benefit from evaluation, research and information on their needs, rights and effectiveness of services;
- Children will receive quality supports and services to promote all aspects of their development (p.11).

Other significant key developments included the appointment of a Minister of State with special responsibility for Children across government departments (1994) and a Child Care Policy Unit established in 1995 under the Department of Health and Children. This unit, currently known as the Child Welfare and

Protection Policy Unit (CWPPU) is responsible for developing the policy and legislative framework in relation to child welfare and protection. The establishment of both was in response to the long held view by those involved in child welfare that the absence of a lead department contributed to the lack of co-ordination of children's services (O'Sullivan, 2009).

In 2001, the Children's Act was signed into law which introduced significant new sections to the Child Care Act 1991 (specifically in relation to special care facilities for children who require secure accommodation and suitable accommodation for homeless children), and was described by Shannon (2005) as a fundamental revolution in the law relating to juvenile justice in Ireland. The main provisions in the Act were in relation to preventing criminal behaviour, diversion from the criminal justice system, and principles of restorative justice.

The Ombudsman for Children's Office was established under the Ombudsman for Children Act, 2002 with an Ombudsman appointed in December 2003. The office has a duty to promote children's rights, investigate complaints and has a role in relation to research and policy. In 2003 the Family Support Agency was established with the aim of providing support to families under the Family Support Agency Act, 2001. The main services provided include the development of 107 Family Resource Centres nationwide which offer a range of supports to children and families.

A Review of Family Support Services was established in 2003, to inform the planning process and ensure the balanced future development of service provision. To further inform the work of the review, consultants were commissioned to undertake pieces of work leading to the publication of Family Support in Ireland - Definition and Strategic Intent and the Census of Family Support Services in Ireland (2004).

In 2004, the Department of Health and Children also published Working for Children and Families, Exploring Good Practice, which outlined exemplars of best practice in Family Support initiatives in an effort to underscore its central role in working with children and families.

Developments in children's issues continued apace with the National Children's Office established in 2005 (subsequently known as the Office of the Minister for Children and now as the Office of the Minister for Children and Youth Affairs (OMCYA)). The role of the OMCYA is to improve the lives of children under the National Children's Strategy and bring greater coherence to policy making for children. The Agenda for Children's Services: A Policy Handbook was published in December, 2007 by the OMCYA. The core principle of the policy is the provision of health and social services, based on the child being supported within the family and within the local community. The Agenda presents seven national outcomes, highlighting that children should be:

- healthy both physically and mentally;
- supported in active learning;
- safe from accidental and intentional harm;
- economically secure;
- secure in the immediate and wider physical environment;
- part of a wider network of family, friends, neighbours and the community;
- included and participate in society

(2007, p. 12).

The document is accompanied by a series of reflective questions for policy-makers, HSE Senior managers, and front-line managers and practitioners. These questions are designed to assist people working in any part of the children's health and social services system, to check and possibly change the way they work. The questions also aim to assist individuals to understand where their own work fits into the wider system and to ensure that their work is effectively linked with that of other stakeholders, in delivering better outcomes for children and families.

In 2003 and 2008, the impact of inquiries into the death of two children in the UK once again had a ripple effect into public awareness on child abuse in Ireland. The trial into the death of baby Peter Connelly (baby P) and the subsequent inquiry in 2008 into the role played by the social services fuelled a

heated political and public debate in the UK, with significant attention paid by the relevant Irish authorities and those interested in children's welfare. The inquiry was similar in nature to a 2003 inquiry into the death of eight year old Victoria Adjo Climbié whose great-aunt and her partner were convicted of murdering the young girl in February 2000 (Laming, 2003). Both children had been involved with the statutory social service departments and their deaths and the subsequent inquiries prompted immense public and political debate and discussion in both the UK and Ireland. However, as Ferguson (2004) highlights, the overwhelming response by welfare states to child deaths and other systems failures is to seek administrative or bureaucratic solutions by introducing more laws, procedure and guidelines. While acknowledging the validity of such concerns, Ferguson asserts that there is a problem with this one dimensional approach and the relentless focus of reorganising of child welfare work as the key to solving problems (2004).

In 2009, the Commission to Inquire into Child Abuse and the Dublin Archdiocese Commission of Investigation published their reports (known as the Ryan and Murphy reports, respectively), and once again political and public attention focused almost completely on the issue of child abuse in Ireland. The Commission to Inquire into Child Abuse was established pursuant to the Commission to Inquire into Child Abuse Act 2000, and heard evidence of abuse from persons who allege that they suffered abuse in childhood, in institutions, during the period from 1940 or earlier, until 2009 and inquired into abuse of children in institutions during that period, and, where satisfied that abuse occurred, to determine the causes, nature, circumstances and extent of such abuse (Commission to Inquire into Child Abuse, 2009). The Office of the Minister for Children and Youth Affairs published a response to the Ryan Report in the form of an "Implementation Plan" (2009). The government categorically stated that it: "accepted all the recommendations of the Commission and is committed to their implementation (2009, p.1). The Dublin Archdiocese Commission of Investigation into the handling of clerical child sexual abuse in the Archdiocese of Dublin over the period 1975 to 2004 began its investigation in 2006 and reported on the abuse of 320 children by 46 priests (Murphy, 2009).

The publicity surrounding the trial of parents in County Roscommon in 2010 found guilty of physically and sexually abusing their children, and the subsequent inquiry into the response of the State to prevent this abuse maintained political and public attention on child care issues. Although the State services maintained that a Family Support response had been provided to the Roscommon children, the inquiry report was scathing in its criticism of the fact that Family Support failed these children (Roscommon Child Care Case Report, 2010). The deaths of a number of young people involved in social services and in some instances in State care in Ireland have also received significant attention in the latter part of 2010.

The debate on how best to protect and support children and the issues involved is ongoing. Currently there is an independent review underway into the deaths of children while in State care; the 1999 National Guidelines on child protection and welfare are currently being revised with the current draft version omitting the section on Family Support; and calls for a referendum on the Constitution to afford children rights independent to their parents continue. In early 2011, a newly elected coalition government appointed a senior Minister with responsibility for children for the first time and announced its intention to establish a new child protection and welfare agency. However, at the time of writing few details have emerged on the intentions of the Ministers with regard to the role and remit of this new agency.

A summary of the significant developments in child care services with relevance for Family Support between 1981 and 2011 is provided in Table 4.2.

Table 4.2: Significant developments in child care policies and services with relevance for Family Support: 1981 – 2011

Significant developments in child care with relevance for Family Support: 1981 - 2011	
Report/ Incident	Main focus
1991 Child Care Act	Replaced 1908 Children Act, is underpinned by general principle that it is better for children to grow up in their own families , placed onus on Health Boards to provide a range of child care and Family Support services , welfare of child is paramount consideration.
1989 UNCRC	International Convention recognises that children have a range of civil, economic, cultural and political rights . Ratified by Ireland in 1992.
1993 ‘Kilkenny Report’	First child care inquiry in Ireland, placed child protection and welfare on public and political agenda, prompted full enactment of Child Care Act , highlighted need for co-ordination in service delivery.
1996 Kelly Fitzgerald Report	Inquiry into the failings of the statutory system to protect a young girl who died as a result of abuse by her parents.
1998 Commission on the Family	Instrumental in emergence of a State policy on Family Support , highlighted need for preventative and supportive measures for families in carrying out their functions.
1999 Children First National Guidelines for Protection and Welfare of Children	National guidelines for protection and welfare of children, includes a section on Family Support , outlining what it is, and how it should be delivered.
1999 Springboard initiative	National Family Support initiative offering intensive community based Family Support to children and their families. Evaluated over an 18 month period to explore what works in achieving outcomes for children.
2000 National Children’s Strategy	Outlines three national goals for children ; they will have a voice in matters which affect them, their lives will be better understood and they will receive quality supports and services to promote all aspects of their development.
2003 Family Support Agency Act	Established Family Resource Centres nationwide offering a range of supports to children and families .
2003 Review of Family Support services	Produced a paper on a definition of Family Support in Ireland and strategic implementation of Family Support as a policy choice .
2005 National Children’s Office	Role of Office is to improves lives of children under Children’s Strategy and bring coherence to policy making for children. Now know as the Office of the Minister for Children and Youth Affairs (OMCYA).
2007 The Agenda for Children’s Services	Core principle of this national policy document is the provision of health and social services based on the child being supported in the family and within the local community .
2009 Ryan Report	The Ryan report focused public and political attention on child care and highlighted severe abuse of children while placed in institutions.
2009 Murphy Report	The Murphy report investigated clerical child abuse and the handling of this by the religious authorities
2010 Roscommon Child Care Inquiry	Most recent child care inquiry . Highlighted the failings of the social services to protect children from parental abuse and reported an over reliance by the service providers on Family Support .
2011 Minister for Children	A senior minister for children is appointed for the first time and intention to develop a new agency, the child protection and welfare agency announced.

Section summary

There were a number of significant developments in the child care arena during the late 1990s with a shift from a sole focus on financial supports to providing supportive service based initiatives for children and families. In the main, these changes came about as a result of political and public attention and interest in child care services as a result of failings of the State to care for and promote children's wellbeing. Within this move, there was also a change in focus from care and control of individual children to the prevention of family breakdown. There were a number of significant policy developments in the children and families arena supporting this focus on family. Notably there was also a move towards considering children as bearers of 'rights' (UNCRC) and towards the use of reflective practice in children and families services (Agenda for Children's Services).

The next section, Section Two presents detailed information on the educational context for this study and specifically on the Family Support Studies programme. This includes the rationale for the programme, its overall aim and information on the content and delivery.

Section Two: Educational context - the Family Support Studies programme

A detailed description of the Postgraduate Diploma or Masters Degree in Family Support Studies is provided in this section. This includes information on the rationale for the programme, its overall aims and objectives and the organisation and content of the programme.

Rationale for the Family Support Studies programme

While Family Support has received attention at a policy and practice level, it continues to be under-conceptualised with many practitioners continuing to work without a common view of its meaning (Dolan et al., 2006). Developing Family Support further and ensuring its operation within the global operation of child welfare (and other human services), required sustained intellectual work wherein the collective actions of front line workers, operational managers, policy makers and researchers are brought together in a coherent fashion to reflect on and analyse the issues involved (Canavan, 2006). To this end, in 2001, following the development of a number of Family Support initiatives and services in the child care arena, the Department of Health and Children approached the Child and Family Research and Policy Unit (CFRPU) based in the Western Health Board to explore the possibility of developing a postgraduate training programme in Family Support studies. As Family Support was viewed as a new model of service delivery in the children and families arena, a need was expressed for specialised education in Family Support for practitioners working in the field. The need to address a separation between the theoretical and practice basis of those working in the field was evident. An interdisciplinary cyclical model of training for experienced practitioners from a broad range of agencies and roles was proposed. One of the core tasks of professional training is to ensure that the wide populations of workers who interface with families who have the necessary up-to-date knowledge and skills in consistently meeting such need (Dolan et al., 2006). The CFRPU, in collaboration with NUI, Galway, purposely designed and developed the Family Support Studies programme with a two-year pilot programme which commenced in September 2003.

Programme aim and objectives

The overall aim of the Family Support programme is to further the education, training and skill enhancement of a multi-disciplinary cohort of professionals currently working with children and their families across a wide range of services, with a common interest in Family Support. This includes the following key learning objectives:

1. To educate participants in respect of core theoretical ideas underpinning Family Support;
2. To develop key skills in Family Support work among participants;
3. To provide participants with project management and evaluation skills;
4. To develop participants' research and report writing skills.
5. To enhance the quality of Family Support services delivered by relevant State, voluntary and community agencies;
6. To strengthen the knowledge base of Family Support theory, policy and practice.

The Family Support programme is currently based in the Child and Family Research Centre (CFRC, previously known as the Child and Family Research and Unit, CFRPU) and part of the School of Political Science and Sociology at the National University of Ireland (NUI), Galway. The CFRC is a partnership between the national office of the Health Service Executive (previously comprising seven regional Health Boards, one of which was the Western Health Board) and NUI, Galway, and undertakes research education and training in the area of child and family care and welfare. In 2008, the Centre was awarded a UNESCO Chair in Children, Youth, and Civic Engagement. The vision of the CFRC is to improve outcomes for children and their families, and advance practice and policy in Ireland and internationally through research, evaluation, and service development.

The Centre's objectives are to:

- understand child and family needs by producing scientific research and evaluations;
- improve services for children and families through third and fourth level education, better service design and learning networks for service practitioners;
- build research capacity in Family Support through applying best practice methodologies;
- develop researchers and supporting practitioner research;
- influence policy for children by engaging with policymakers, service providers, children and their families.

Underpinning the CFRC vision and objectives is a commitment to research and evaluation on Family Support as a broad based policy and services paradigm. The CFRC is widely recognised as being at the forefront of research, education and training in Family Support and collaborates extensively with centres of excellence at universities and other research units, non-governmental organisations, and agencies nationally and internationally.

The Family Support Studies programme complements the other programmes at undergraduate and postgraduate level in the School of Political Science and Sociology, most notably the Masters Degree in Community Development and Masters Degree in Social Work. Together, these programmes facilitate students to acquire theoretical and practical skills which can be applied in a wide range of social policy and practice settings. Cross-fertilisation of ideas and perspectives between students of the three programmes enhances and adds value to the individual programmes.

Programme participants

A fundamental aspect of the Family Support Studies programme is the multi-disciplinary nature of the student group who are employed in a wide range of agencies and services working on behalf of children and families. The interdisciplinary nature of the student group reflects the underpinning Family Support philosophy as an approach to working with children and families which is applicable across roles and agencies. To date, the disciplines which have participated in the programme have included representation from **youth work, social work, education settings, justice, disability, public health, community development and social care**, among others. There is also a mix of voluntary and public sector employees.

To facilitate the release of students from the many host agencies where students are working involves the Family Support programme operating on a part-time basis (two days each fortnight over two academic years) with students attending lectures at NUI, Galway. The class group comprises approximately 15 students per annum from the aforementioned multi-disciplinary population.

In order to be eligible for the programme, students must have a third level qualification or a recognised professional qualification in a field related to children and families service delivery. In addition, a minimum of three years of work experience in the health and social services area is required of candidates. The programme is not, therefore, geared towards individuals completing undergraduate programmes. Reflecting the rationale for the programme, two places are offered annually on the programme at Postgraduate Diploma level to practitioners working with children and families in community settings who, despite a wealth of skill, have not attained a formal recognised undergraduate qualification. Students in the Postgraduate Diploma strand who reach a standard of 60 per cent are eligible to proceed to the Masters Degree if they wish to do so. Those who do not reach this standard will exit with a Postgraduate Diploma.

Participants are recruited on the basis of completing an application form and attending for interview. Application includes two written statements based on the following areas:

- The applicants' motivations for undertaking the programme, including ways in which they envisage that they will benefit from doing the course;
- What the applicant understands Family Support to mean in terms of its policy and practice, and identify what areas of Family Support are in specific need of research.

As a multi-disciplinary make up of the class group is an essential feature of the programme, attention is paid in the selection process to ensure an eclectic mix of backgrounds, roles and agencies in each intake. The selection process is undertaken by the core programme team, all of whom are staff members of the CFRC.

Programme content

The programme consists of seven modules in year one and students are required to complete all modules. Three of the seven modules delivered in year one are core to the programme and are offered in an advanced format in year two. These core modules are Family Support Theory, Family Support Practice and Sociology of Children and Families in Ireland. Through these three modules, students are provided with an overview of Family Support theory and practice which spans the concept of Family Support, the wider context in which it occurs and specific models of intervention.

A core body of social support theories is taught in both years which underpin Family Support practice. These theories are social support, social capital, social ecology, attachment and resilience. Application of these theories in a practice context and models of reflective practice are considered in the Family Support practice module. The overarching aim of the practice module is to provide participants with a knowledge base and accompanying skill bank in a range of methods to support families in light of their developmental, compensatory and protective needs. In essence, this module involves accruing theoretical knowledge and practice skill bank in each participant's specific focus,

culminating in their “thinking about” and “doing” Family Support work with children and families (Dolan et al., 2006). Policy considerations and sociological debate on contemporary issues relevant to children and families are explored in the Sociology of Children and Families module. Children’s rights and the issues involved in upholding their rights are also considered in this module.

In addition to the three core modules, students are required to complete a module on Child Protection and Alternative Care, Community Development and working with Vulnerable Populations, all of which incorporate a specific emphasis on Family Support. The Child Protection and Alternative Care module explores the issues involved in protecting children and out of home placements, with an emphasis on policy and practice issues. A child’s rights focus and the implications of this inform the content of this module also. Providing Family Support to particular populations with specific needs is considered in the Vulnerable Populations module. Although the module does not have the capacity to address the needs of all groups potentially in need of Family Support, it does consider the additional needs of, for example, those who are homeless, experiencing domestic violence or family conflict, have a physical or intellectual disability, suffer from poor mental health or have problems with addiction. The practice and principles of community development and the connection between it and Family Support is discussed in the Community Development module.

In year two, Family Support and Health Promotion and Family Law are included as additional modules. Contemporary child care law, the Constitution of Ireland, children’s rights and legislation on other family matters such as divorce and domestic violence are taught in the Family Law module. The principles and practices of health promotion and their connection to, and applicability in Family Support are explored in the final module. A summary of the programme modules is provided in Table 4.3.

Table 4.3: Family Support programme modules in year one and two

Core modules - year one and two	
Family Support Theory Family Support Practice Children and Families in Ireland: Sociological Insights and Policy Perspectives	Family Support Theory Family Support Practice Children and Families in Ireland: Sociological Insights and Policy Perspectives
Other modules - year one	Other modules - year two
Child Protection, Alternative Care and Family Support Community Development and Family Support Family Support with Vulnerable Populations	Family Law Health Promotion and Family Support

The Family Support Practice and theory modules also incorporate an action based research component in both years of the programme. In year one the students complete a small applied research project or ‘practice task’ (described below) and in year two undertake a minor research thesis. Because there is a close relationship between students’ work practice and their learning on the programme, both of these projects are strongly connected to their host agency and role therein. A unique feature of the programme is that students are considered to be ‘on placement’ in their own workplace and are required to complete and analyse this ‘practice task’ in their first year. This enables students to apply their learning on the programme to their ‘real world’ practice. The practice task is ongoing for the duration of the programme with a number of distinct phases. Firstly, the process involves students agreeing with their line manager a particular initiative which has relevance for their particular agency and role. The initiative must be linked to the theoretical and practice concepts learned on the programme. The process then involves planning an innovative piece of work, implementing the project in full over a six month period with each participant sharing their learning through in-class presentations. The final phase of the task involves reflection on the task over time, with a review and evaluation of its strengths, limitations and potential for future use in light of their learning. Students retrospectively review this ‘practice task’ in year two, critically

reflecting on its impact in the 'real world' of supporting children and families in light of their learning and development on the programme.

A major component in year two is the completion of a minor research thesis. This is an applied research study which is typically closely connected to the students' agency and role within that, with a focus on Family Support. In this regard, each student's dissertation incorporates at least one of the following themes:

- Theories on Social Support, Social Capital and Social Ecology;
- Strengths based approaches and resilience;
- Partnership, participation, rights;
- Reflective practice.

The overarching objective is that each student completes a research study on a specific topic relevant to Family Support and their practice, which is agreed between the student, the CFRC and the host agency. The nominated themes are those taught on the programme and which have currency in the literature on working with children and families internationally and in the Irish policy context.

All students have the option of exiting at the end of the first year of the programme with a Postgraduate Diploma in Family Support studies. In order to proceed to year two of the course:

- students who enter at Postgraduate Diploma level are required to achieve a minimum level of 60 per cent in each core module;
- Masters Degree students must acquire at least 40 per cent in each module.

The Family Support programme is managed and overseen by a core team, all of whom are staff members of the CFRC. A significant feature of the programme is that it is part sponsored by the Department of Health and Children, resulting in a reduced fee in respect of those attending the programme. An advisory committee oversaw the programme during the pilot phase of the programme over the first two years (2003 - 2005). At that point the programme was reviewed by a group of students, the external examiner, and the core programme team. The

programme is now overseen by the programme team, as described above, and an external examiner who typically has a practice and academic background in the children and families area.

Chapter summary

This chapter set out to provide contextual information for this research study. Firstly, in Section One it examined family and family policy in Ireland before outlining the key developments in children and families policies and services with a particular focus on those which have relevance for Family Support. National and international child care policies and legislation with particular resonance for this study were also detailed. In the final section, a detailed description of the purposely designed postgraduate Family Support Studies programme was provided. This unique purposely designed programme is delivered by the Child and Family Research Centre, based in the School of Political Science and Sociology at the National University of Ireland, Galway.

The next chapter, Chapter Five presents the findings of this research based on the data collected in order to answer the overall aim and objectives of the study. The findings are presented in five distinct sections. This includes the sample characteristics of the respondents which are outlined in the first section.

Chapter Five: Findings

Introduction

This chapter outlines the findings of this research study. There were many interesting findings uncovered during the data collection. However, for the purpose of answering the four objectives of this study only those relevant findings are included in this chapter. The chapter is divided into five sections. The first section provides a brief description of the sample characteristics of the participants in the study. The main findings under each objective are then presented sequentially with a summary provided of each one in the final section of this chapter. Table 5.1 shows the sequencing for this by matching each of the research objectives to a specific section in the chapter.

Section Two presents the data in relation to the growth of Family Support from both selected pioneers and practitioners in the field. The third section presents the data in relation to current perspectives on Irish Family Support practice, as perceived by selected pioneers and practitioners. The next section, Section Four, presents the qualitative and quantitative data on the impact of, and academic learning attained through a postgraduate programme in Family Support Studies in Ireland. This data is from the practitioners who are students and graduates of the programme. Objective four, with regard to the future of Family Support as an approach to working with children and families, is addressed in an initial way in the final section, and discussed fully in Chapter Six.

Table 5.1: Location of results in this chapter relative to the objectives of this study

Objectives of the study	Location in the chapter	Source
1. To review the growth of Family Support in Ireland as an approach to working with children and families.	Section Two	Qualitative data collected through interviews with pioneers of Family Support and key informants writing in the area of children and families, and with current practitioners in Ireland.
2. To examine current perspectives on Irish Family Support practice, as perceived by selected pioneers and practitioners in the field.	Section Three	Qualitative data collected through interviews with pioneers of Family Support, key informants writing in the area of children, families, current practitioners, and documentary analysis of Family Support Studies research thesis.
3. To identify and assess the impact of, and academic learning attained through a postgraduate programme in Family Support Studies in Ireland	Section Four	Qualitative and quantitative data collected from practitioners who are students or graduates of the Family Support programme.
4. To consider the implications of the research, and make recommendations on the future of Family Support as an approach to working with children and families.	Section Five and further expanded in Chapter Six.	Qualitative and quantitative data collected from the pioneers of Family Support and key informants writing in the area of children and families, and current practitioners.

Section One: Sample characteristics of respondents

Introduction

The data required to address the research study's objectives were collected from three sources: pioneers of Family Support and key informants in the area of children and families in Ireland, the UK, and the USA; students and graduates of the postgraduate programme in Family Support Studies; and a sample of Family Support research theses. This is a mixed methods study: pioneers participated in one-to-one interviews, while the students and graduates of the Family Support programme were

asked to participate in a one-to-one interview, and to complete a questionnaire. Documentary analysis of a selection of Family Support Studies research theses was also conducted. The sample characteristics of participants who participated in the qualitative research are described, followed by the characteristics of the participants in the quantitative research.

Participants in the qualitative research

The sample group of participants who participated in the qualitative research is outlined in detail. Table 5.2 firstly illustrates the Family Support pioneers and key informants in the area of children and families services.

Table 5.2: Identity and profile characteristics of pioneers who participated in the qualitative research (interview)

Participant	Location	Experience		Training	Status
Helen Buckley	Ireland	Practitioner	Academic	Social Work	Working full time
Pat Dolan	Ireland	Practitioner	Academic	Social Care	Working full time
Harry Ferguson	England	Practitioner	Academic	Social Work	Working full time
Nora Gibbons	Ireland	Practitioner		Social Work	Working full time
Robbie Gilligan	Ireland	Practitioner	Academic	Social Work	Working full time
Malcolm Hill	Scotland	Practitioner	Academic	Social Work	Working full time
Owen Keenan	Ireland	Practitioner		Social Work	Semi- retired
Sylva Langford	Ireland	Practitioner		Social Work	Working full time ⁶
Jim Mansfield	Ireland	Practitioner		Police/Social Work	Retired
John Pinkerton	Northern Ireland	Practitioner	Academic	Social Work	Working full time
Olive Stevenson	England	Practitioner	Academic	Social Work	Retired
June Thoburn	England	Practitioner	Academic	Social Work	Semi - retired
Bernice Weissbourd	USA	Practitioner	Academic	Early Childhood Educator	Retired
Jimmy Whittaker	USA	Practitioner	Academic	Social Work	Working full time

A total of 14 pioneers and key informants with a range of practice and academic experience in Family Support and child welfare were interviewed for this study (see Table 5.2). Participants in this phase of the research had between 27 and 63 years of experience working in the area of children and families services. This experience spanned from 1947 until the current day, with a number of pioneers working full time. 12 of the 14 interviewees were from a social work background, one had trained in social care and one in early childhood education. The majority were based in

⁶ Retired during course of study.

Ireland (n=7), while a number were from the United Kingdom (n=5), and the remainder were from the United States of America (n=2).⁷

Table 5.3: Agencies and roles of practitioners who participated in the qualitative research (interview)

Discipline/ Agency	Role	Statutory/ Voluntary
Public Health Nursing	Public Health Nurse	Statutory
Child and Adolescent Mental Health	Social Care Worker	Statutory
An Garda Sioch��nna	Community Garda	Statutory
Family Support Services	Family Support Manager	Statutory
Early Years Child Care	Service Manager	Voluntary
Social Work	Child Protection and Welfare	Statutory
Addiction and Health Promotion Services	Health Promotion Worker	Voluntary
School Completion Service	Coordinator	Voluntary
Family Support Services	Project Leader	Statutory
Community Development Project	Community Development Worker	Voluntary
Child Care Services	Development Officer	Voluntary
Asylum Seekers and Refugees Service	Project Worker	Voluntary

12 practitioners working in the area of children and family services who had completed, or were currently engaged in the Family Support Studies programme, participated in a one-to-one interview for this research study. As illustrated in Table 5.3, the participants were from a variety of disciplines, and employed in diverse roles

⁷ Family Support pioneers, and key informants writing in the children and families area are collectively referred to as pioneers (Pn) from here on.

in a wide range of statutory and voluntary agencies. The roles included public health nursing, social care, policing, dedicated Family Support services, early years child care services, child protection social work, health promotion, school completion, support services for asylum seekers and refugees, and community development. A brief description of each role is provided in Appendix 10.

Table 5.4: Agencies, roles and models included in research theses reviewed as part of qualitative research (documentary analysis)

Discipline/ Agency	Role	Model / Programme	Statutory/ Voluntary
Youth Justice	Project Worker	Crime prevention	Statutory
Social Work	Fostering	Foster parent support programme	Statutory
Youth Work Project	Project Worker	Suicide prevention programme	Statutory
Community Based Family Support	Project Worker	Rural intergenerational support	Voluntary
Child and Adolescent Mental Health	Social Care Worker	Support programme for parents of adolescents	Statutory
Domestic Violence Services	Project Worker	Support programme for mothers and children	Voluntary
Asylum Seekers and Refugees Service	Child Care Officer	Child care service	Voluntary
Public Health Nursing	Public Health Nurse	Community based public health nursing	Statutory
Addiction Services	Project Worker	Support programme for young males	Statutory
Residential Care	Social Care Worker	Residential care for young people (male and female)	Voluntary
An Garda Síochána	Community Garda	Community based policing	Statutory
Intellectual Disability Services	Social Care Worker	Parent support	Voluntary

Documentary analysis was completed on 12 Family Support research theses purposively selected to include a broad range of disciplines and agencies (see Table 5.4). The research theses were completed over the first five years of the programme.

Participants in the sixth year of the programme had not completed their research during the timeframe of this study. The agencies and models of work in the sample reviewed included youth justice, social work fostering, a youth work suicide prevention programme, a rural intergenerational support programme, a parenting support service in child and adolescent mental health, a support service in the domestic violence service, a child care service for asylum seekers and refugees, Public Health Nursing, addiction services, residential care, community policing, and intellectual disability services. The practice model, key findings and recommendations outlined in the research studies were cross referenced with the theoretical basis for, and the service and practice characteristics identified in the findings from the qualitative interviews. The purpose of this exercise is to ascertain if Family Support, as described by respondents in this study, is reflective of, and holds true in current practice across a range of settings. A brief description of the agencies and models of work are provided in Appendix 11.

Profile of the participants who participated in the quantitative research (questionnaires)

The total sample of practitioners who had completed, or were currently students of the Family Support Studies programme, who participated in the quantitative research in this study was 62. A total of 77 students or graduates were invited to complete a postal questionnaire. The response rate, therefore, was 80 per cent. In certain sections of the questionnaire, respondents did not complete specific questions. Where the total number of respondents is less than 62, this is indicated in a footnote. The sample group included practitioners who partook in the Family Support programme between 2003 and 2009. The number of respondents from each year of the programme is indicated below, in Table 5.5.

Table 5.5: Year respondents commenced Family Support Studies programme

Year	Frequency	Valid per cent
2003	9	14
2005	7	11
2006	12	19
2007	11	18
2008	10	16
2009	13	21
Total	62	100

The programme was implemented over a two-year pilot basis from 2003 until 2005 resulting in a total of six intakes over the seven year period. The highest number of participants per year was from the 2009 class, with 13 of the class members responding. The 2006 class had the second highest number of participants, with 12 students responding.

Table 5.6: Years of experience respondents had at time of commencing Family Support Studies programme

Length of experience (years)	Frequency	Valid per cent
3 - 5	4	7
6 - 10	17	28
11 - 15	20	33
16 - 20	10	16
21 - 25	5	8
26 - 30	4	7
31 - 35	1	2
Total⁸	61	100

Students on the Family Support Studies programme are required to have three years of experience working in the children and families area prior to commencing their studies. As illustrated in Table 5.6, the majority of respondents (33 per cent) had between 11 and 15 years of experience prior to being accepted on the programme. A further 28 per cent had between six and 10 years of experience. Five respondents (eight per cent) had been working in the field for over 25 years, with four students (seven per cent) having between three and five years experience. One respondent did not answer this question.

⁸ One respondent did not answer this question.

Again, as students must have experience in children and families services before commencing the programme, the age range of students is over 25 years. Although there has been a wide range of age groups on the programme, the highest number of students has been in 41 to 45 year age bracket (23 per cent), as illustrated Table 5.7. A total of 36 per cent of the students were aged between 31 and 40 years, with the majority of students under the age of 45.

Table 5.7: Age range of respondents at time of commencing Family Support Studies programme

Age Range	Frequency	Valid per cent
25 - 30	13	21
31 - 35	11	18
36 - 40	11	18
41 - 45	14	23
46 - 50	6	10
51 - 55	5	8
56 - 60	2	3
Total	62	100

Unlike many other Master Degree programmes, the Family Support studies programme accepts applications from practitioners who may have experience of working in the area of children and family services, but who have not acquired a formal academic qualification. A minimum of two places are reserved each year to accommodate such applicants. The academic achievements of the participants upon commencing the programme are outlined below, in Table 5.8.

Table 5.8: Educational attainment of respondents at time of commencing Family Support Studies programme

Educational attainment	Frequency	Valid per cent
Leaving Certificate	2	3
Higher Diploma	14	22
Primary Degree	37	60
Masters Degree	6	10
Other	3	5
Total	62	100

Over half of participants (60 per cent) had achieved a primary degree prior to commencing the programme 14 (22 per cent) had achieved a qualification to higher diploma status. In the children and families arena, this qualification typically refers to a three year full time applied programme, leading to a qualification in social care. A small number of participants (three per cent) had no third level training prior to the Family Support programme

A summary of the sample characteristics of participants included in the study is provided in Table 5.9.

Table 5.9: A summary of the sample characteristics of participants included in the study

A total of 26 qualitative interviews were conducted with 14 Family Support pioneers and key informants in the child welfare area, and with 12 practitioners who had completed, or were students on the postgraduate programme in Family Support Studies.

The pioneers and key informants were based in Ireland, the United Kingdom and the United States of America, while the practitioners were all based in Ireland. 12 of the 14 pioneers interviewed were from a social work background, one had trained in social care and one in early childhood education. The pioneers and key informants had between 27 and 63 years of experience working in the area of children and families services.

The majority of the practitioners had between 11 and 15 years of experience in the area. Five of the 12 practitioners had been working in the field for over 25 years.

All past or current students of the Family Support studies programme (all of whom are practitioners in the field) were invited to complete a survey questionnaire (n=77). A total of 62 respondents completed the questionnaire, yielding a response rate of 80.5 per cent.

Documentary analysis was conducted on twelve Family Support research theses purposively selected across five years of the postgraduate programme, across a broad range of disciplines and agencies.

Section Two: a review of the growth of Family Support in Ireland as an approach to working with children and families (Objective One).

Introduction

This section presents the findings for objective one of this research study, which is to review the growth of Family Support in Ireland as an approach to working with children and families. In their reflections on the growth of Family Support in Ireland, both sets of participants recalled significant developments in children and families services which contributed to the emergence of what is now generally known as 'Family Support'. The quantity of information provided by respondents under this objective was considerable, with a number of points made. Along with factors which promoted the growth of Family Support, respondents also noted many missed opportunities where particular roles or initiatives were not given the attention or resources required to develop and continue.

Although a number of interesting points were made by respondents, five overarching findings were raised repeatedly as contributing factors in the overall growth of Family Support. There was commonality and agreement between both groups of participants, with pioneers (denoted by the abbreviation Pn) and current practitioners (denoted by the abbreviation Pt) emphasising the five key factors. These five factors, the source of each and the weighting received in the findings, are presented in Table 5.10. This information clearly outlines the number of respondents who referred to each finding, the number of references made and the length of those references. Each finding is then discussed individually.

Table 5.10: Five key factors in the growth of Family Support in Ireland

Key factors in the growth of Family Support in Ireland	Sources	References
1. A move away from residential care to preventative community based support services for children and families.	n = 21 Pn = 14 Pt = 7	69 (8,115 words)
2. Child care inquiries arising out of tragic events or serious incidents involving children in care of, or known to the State services.	n = 18 Pn = 12 Pt = 6	57 (6,062 words)
3. The tensions in the relationship between voluntary and statutory services providers.	n = 18 Pn = 10 Pt = 8	54 (5,140 words)
4. The influence of Family Support champions.	n = 23 Pn = 11 Pt = 12	54 (4,283 words)
5. The development of a child rights agenda.	n = 15 Pn = 9 Pt = 7	20 (3,149 words)

Factor One: A move away from residential care to preventative community based services for children and families

A key factor in the growth of Family Support, which was discussed by the majority of respondents, was the need to move away from residential care services for children. A gradual shift away from residential care as the first and only option for children who needed care and support, towards preventative community based support services, was attributed as a key influencing factor in the growth of Family Support in Ireland.

12 of the 26 participants interviewed (43 per cent of pioneers, n=6, and 50 per cent of practitioners, n= 6) had worked directly in the residential care sector at an earlier stage in their professional career. The remainder had indirect contact. This experience involved services run by statutory and voluntary organisations dating from the late 1940s to the late 1990s (approximately). Additionally, over half (57 per cent, n= 8) of the pioneers progressed during their career to a senior decision making role in service delivery, which included decisions on the number and nature of

residential care centres in their particular catchment area. Respondents, particularly those with a role in service development, recalled a strong sense of wanting to “*move away*” from the residential system, and being prompted to seek out alternative ways of working with children who needed care, and their families. An overall sense of injustice and unfairness was expressed by respondents in relation to the system of residential care in operation over this period, with a number of specific points mentioned.

The specific points which participants deemed to have particular relevance for Family Support include:

1. the reason for children’s placement in care;
2. a lack of parental involvement;
3. the absence of community networks;
4. the abuse of children within the care system;
5. education and training programmes for practitioners;
6. a general sense that the time for change had come.

1. The reason for children’s placement in care

Participants recalled how, at the time of their involvement in residential care services, the reasons why children were placed in care were quite vague, with little sense of the children’s social history or circumstances. One respondent recalled an awareness at the time that the system appeared disjointed and fragmented, and knowing from a very early stage [in career] that working in such an isolated way: “*did not work well and that the system was very wrong for children*” (Pn12).

Participants described an overall feeling of adding to children’s difficulties by virtue of their placement in the residential system, as opposed to any real effort at alleviating or addressing concerns relating to children’s welfare. Respondents recollected that there was very little effort to address the reasons why children were in care, to explore the emotional impact of being separated from all which was familiar, to work towards a return home, or to plan for a move to independent or semi-independent living.

2. A lack of parental involvement

A lack of parental involvement was also acknowledged, and expressed as a significant deficit in the care provided in residential centres. Participants recalled many children and families they worked with, where the issues of concern and reason for the care placement were essentially due to poverty, unintentional neglect, or a parent trying to cope alone with raising a large family without sufficient supports. When children were placed in care for such reasons, respondents recalled little effort being made at maintaining contact with their parents:

“I didn’t see one parent visit or call, some children went home, but it was rare, very infrequent... I just felt that it was a huge injustice that children should be brought into such a place and have no contact with their parents” (Pt9).

Contact with extended family was also not generally part of the children’s lives, and again, participants described little effort at facilitating or supporting any level of contact with extended family members. However, participants were not naive in their reflections on the reasons why children were in care, and the difficulties associated with, and caused by abusive parents. Nonetheless, they reported that for the majority of children they worked with, more could have been done to prevent entry into care, and to maintain familial relationships once in care. As Pn7 summarised: *“it’s not to say that there are certain children who don’t (and didn’t) need to be in care, but certainly it struck me that other things could have been tried and done at the time”*.

3. The absence of community networks

An absence of a community network or natural environment was commented on and emphasised by all the participants who reflected on the limitations and difficulties associated with residential care. The social ecology of children’s lives was highlighted as essentially having been ignored within the structures of the residential care system. Respondents recalled how children placed in residential care had no connection with the community they came from, and no connection with the community in which they were now living, often for many years. The impact of this isolation was highlighted:

“You’re creating, within a matter of hours, if not days, a barrier that means it’s going to be more and more difficult to get that child back into its community, because it loses that contact with peers, with its relations, and with its parents, so the task of rehabilitation and a successful return home becomes increasingly difficult”
(Pn6).

The physical buildings in which the children were placed to live, the use of mini-buses to transport the children in groups, and the overall lack of interaction with peers outside of the residential centre, were highlighted as examples of the stigmatising and negative associations with residential care, and exacerbated this disconnect from communities. The need to move away from such institutionalisation of children who required care was strongly evidenced in the responses proffered by participants. As Pn13 explained:

“the children were very isolated; there was no support, and no sense of community. They left residential care at the age of 18 and they belonged nowhere. Their aftercare was that they would come back to the residential unit for Christmas... I felt a huge sense that we failed these young people. When you see an 18 year old coming back to a big old institution for Christmas dinner you think there is something very wrong here”.

One respondent while researching what factors are associated with successful outcomes in children leaving residential care Pn3 described: *“being automatically pushed beyond the boundaries of the residential milieu as family relationships were found to be instrumental in positive outcomes for children in residential care”*. This ‘boundary’ further widened with the debate and focus turning to the influence of the communities which the children came from, and were returning to. The overall lack of knowledge and information on practice at the time was acknowledged:

“Hindsight is a great thing, looking back now, it’s a very different time than it was then... there was a lack of knowledge on how best to work with children, there was a lack of knowledge in relation to research and what worked in other countries, what’s positive for children and what’s not” (Pn12).

4. The abuse of children within the care system

The now well known accounts of physical, sexual and emotional abuse of children while in residential care in Ireland⁹ and elsewhere were also referred to by respondents. Those who had worked in residential care management and frontline residential care practitioners recalled being aware at the time of allegations of abuse in particular residential centres, reporting incidents of physical abuse, being concerned about the power yielded over children by staff members, and the upset and distress for children and staff members where incidents of abuse occurred. Participants involved in decision making on service delivery and resource allocation, spoke of their drive and efforts to change systems, and to consider alternative approaches, sensing there had to be a better way for children and their families. The injustice and unacceptable nature of this abuse increased participants' belief that there had to be an alternative to institutional care for children.

However, these respondents also highlighted many initiatives and efforts by individual staff members to make the residential care a more “homely” and “natural” (Pt9) environment for children. As respondents noted: “*huge efforts were made to compensate*” (Pn2) with “*really good relationships*” (Pn6) and “*a strong sense of care*” (Pn10) evident between the staff members and the children. As one participant highlighted:

“some of the greatest breakthroughs with children occurred during the ordinary routines of the day, getting children up in the morning or putting them to bed at night, with staff really caring for children” (Pn3).

5. Education and training programmes for practitioners

Deficits in the overall nature of training programmes in operation at the time were reflected on by respondents. As outlined by one: “*the focus in training and education was from a deficit perspective, concentrating on how to deal with children with difficulties*” (Pn6). Considering the ethos and general practice at the time of not involving parents in children's lives while in care, another respondent commented that as well as not being part of the overall structures and organisation in the care

⁹ See Chapter Four and Commission to Inquire into Child Abuse Report, 2009 for further information on abuse in residential care institutions.

system, there was little attention paid to the importance of parents and family members in the relevant third-level training programmes. The primary focus of the training was on managing children with behavioural problems. Recalling the feelings held at the time, Pn7 further illustrated this point:

“Parents and families were not a focus when I trained ... the focus was very much in residential care, and on special schools for children. Working with parents and working with families in the community, the concept hadn’t hit Ireland at that stage”.

Challenging the ethos of both the residential care system and the training, participants recalled questioning the status quo:

“Although most of the work that was being done was with young people in care, they still had parents... and when you looked at it objectively or even took a step back, a lot of these young people were in care for something that they didn’t do themselves anyway” (Pn5).

6. A general sense that the time for change had come

The final report of the Task Force on Child Care Services in 1980 strongly recommended the development of preventative community based supports for families, in an overall move away from residential care as the only child care option. A degree of political support and backing was then given to the concept of Neighbourhood Youth Projects, in the midst of a debate against children being placed in custody.

“The NYPs continued to grow inch by inch, not because of any strategic vision, but more that people at ground level tried to seize opportunities that presented themselves” (Pn13).

The legislative support in the 1991 Child Care Act for Family Support also gave impetus and structure to the concept of preventing family breakdown, with a corresponding drive to re-orientate existing services, or to develop new services.

These developments in the residential care area also contributed to a focus on staff training, with increased lay practitioners and a general move towards a

professionalisation of the field. As a result: *“people started looking at where residential care was going to go, how it was going to evolve”* (Pt9).

However, a shift towards a family and community based orientation was not the only approach being advocated in efforts to address the needs of children. As a result of political attention, based on a number of high court cases involving children who required care placements, participants recalled: *“secure residential facilities being increasingly suggested”* (Pn6) by senior managers as the solution to the difficulties displayed by children. As Pn6 recalled:

“what the judiciary and senior managers went for was often secure type environments, there wasn’t a sufficient shift to where I was at, there was much more to be done out in the community to prevent children coming anywhere near a residential facility of any kind”.

Nonetheless, many new progressive support services developed. Participants described how, in many cases, initiatives started: *“almost independently of each other, quite serendipitously or randomly, almost accidentally even”* (Pt13), and a reflection that on looking back, it seems that the Family Support: *“grew so fast because it was so necessary”* (Pn6).

Factor Two: Child care inquiries

The impact of inquiries into tragic events or serious incidents involving children in care of, or known to the State services, was the second key influence identified by respondents in reflecting on the growth of Family Support. 18 respondents discussed in detail the nature of public child care inquiries and their impact on children and family services generally. This included inquiries in the United Kingdom and Irish based inquiries. Both the positive aspects and the limitations of inquiries were highlighted, with particular reference to their influence on the growth of Family Support.

Starting with a recollection of the Maria Colwell inquiry in the United Kingdom (published in 1974) as the *‘first of its kind’*, and representing a *“landmark”* (Pn11) in children’s services, a chronology of inquiries were discussed by participants. The

Colwell inquiry was attributed as having brought about a sea change in terms of how services were delivered in the UK, with a subsequent ‘knock-on’ effect to the Irish system. As Maria had died (aged seven) severely undernourished and physically abused by her step-father following a return home from a long-term care placement, the public, political and professional debate concentrated on the need to protect children from those close to them, while respecting family life. Attention and debate on protecting children and supporting families continued in this manner in the United Kingdom, with a number of subsequent inquiries.

The emergence of the “battered child syndrome” in the 1960s, and inquiries into the deaths of children at the hands of family members (the Maria Colwell, Susan Auckland and Jasmine Beckford inquiries in the UK were mentioned in particular by respondents) prompted pressure for a strong system of detecting, investigating, and monitoring child abuse. However, the Cleveland Inquiry in 1988 (again in the UK) changed the tone of the debate, with a finding that children had been placed in care far too readily with no consideration of the rights of the children or their parents. This inquiry, it was suggested, had: *“an almost immediate and opposite effect of other inquiries, advocating an increased involvement of parents and a more partnership approach to children’s care”* (Pn4).

Generally, participants explained: *“the direction and focal point in these inquiries and the accompanying publicity swung from a narrow child protection focus to a broad preventative Family Support focus, depending on the nature of the inquiry and the concerns in relation to the particular child(ren) involved”* (Pn4).

As summarised by Pn1: *“the Colwell inquiry was the beginning of the saga, which some would say twisted and distorted the development of Family Support right through to Victoria Climbié and the present day Baby P”*.

All of the respondents suggested the more recent, high profile, UK based Victoria Climbié (2000) and Baby P inquiries (2009) had prompted a shift towards a tight proceduralised narrowly focused system in both the UK and in Ireland.

The Irish based respondents recalled how child care inquiries emerged onto the public, political and professional child care scene in Ireland in 1993: “*with a bang*” (Pn14), with what became known as ‘the Kilkenny case’. These participants strongly emphasised the impact of the ‘Kilkenny case’ at the time, equating it with the unprecedented interest and attention with the Colwell case 19 years earlier in the United Kingdom. The case involved the sexual and physical abuse of a young girl in Kilkenny by her father over a long period of time, and who, supported by a member of An Garda Síochána, went public.

As noted by the participants:

- “*if you want to trace back, the Kilkenny incest case had a dramatic effect on child care services*” (Pn13);
- “*[it] was the main one in a way that started the debate on child welfare, it had an effect of rallying and motivating people to do something about the inadequacies in the system for children*” (Pn6);
- “*the people rose up*” (Pn14);
- “*and conveyed a sense of urgency and a need for services to cooperate much more*” (Pn12).

Participants noted the positive impact the outcry, following publicity surrounding the Kilkenny case, had on the implementation of the outstanding sections of the 1991 Child Care Act. Along with increased coordination of services and additional child protection staff, Family Support and preventative services also received recognition in the Kilkenny Investigation Report (McGuinness, 1993), which gave impetus to implementing the relevant sections of the 1991 Child Care Act and delivery of Family Support services:

“In 1993, there was no allocation made for further implementation [of the Act] and it was probably going to be on the back burner, until the Kilkenny incest case hit the headlines, which led to the establishment of the Inquiry and then out of that suddenly there was money, resources, political will, new structures. The effect was very dramatic” (Pn12).

The impact of further subsequent inquiries in Ireland (and those mentioned in the UK) on the growth of Family Support were also recalled, with consistency and repetitiveness in the messages and recommendations outlined:

- *“the one constant that comes up is this silo working and children not being seen”* (Pn1);
- *“one of the key issues in every one of them has been that failure to communicate between the services”* (Pn6);
- *“having an involvement with the families and children... and in some ways a failure to act in what appears to be quite clear and obvious abuse”* (Pn5);
- *“a need for multidisciplinary work”* (Pt4); and
- *“quality time should be spent with children and families to build up a relationship”* (Pt6).

Although recognising the need for and the potential for positive outcomes from inquiries, participants were despondent regarding their overall impact and longer term effect. As emphasised by Pn7:

“if you took the recommendations from Jasmine Beckford’s case, Maria Colwell, Cleveland, right through to Victoria Climbié and baby Peter, and then in Ireland you took from the Kilkenny incest case, Kelly Fitzgerald, Madonna house and now Roscommon, the Ryan report - all the recommendations are the same basically and you could write the recommendations before the inquiries”.

Nonetheless, participants felt that while there may be a lack of time and attention given to the recommendations of inquiries, they have been a major influence on the evolution of Family Support in Ireland.

Factor Three: The tensions in the relationship between voluntary and statutory service providers

An equal number of participants (n =18) also spoke about past and current tensions between the services delivered by the non-governmental voluntary organisations, and those delivered by the statutory authorities, and the impact of this on the evolution of Family Support. Irish based participants, who had previously worked in the United Kingdom, recalled how, on their introduction to the childcare field in Ireland, they became particularly aware of a distinction between the voluntary and statutory service providers. Recalling a more collaborative approach across the domains of preventative and protective work with children and families in the United Kingdom,

participants were surprised and concerned at the difficult relationships within the Irish system:

“At the time I thought, and I still think, that the sometimes hostility between statutory and voluntary organisations in this county is quite clearly mad and a disservice to children and families” (Pn5).

Respondents described how the child care system is organised through both the statutory and voluntary organisations. The Child Care Act, 1991 gave responsibility to the Health Service Executive (HSE, previously known as the Health Boards) to provide Family Support services. Participants explained how this occurs in two distinct formats. Under section 9 (1) of the Child Care Act, the HSE can provide funding to voluntary organisations, or others to provide Family Support services on their behalf. Voluntary bodies can also independently provide services and seek funding from the HSE and other sources.

Consequently, respondents suggested, there are a number of voluntary organisations providing Family Support services nationwide. Initially, service arrangements with voluntary bodies funded by the HSE were loosely structured, whereas there are now formal service level agreements in place, with a clear outline of expected activities, roles and responsibilities. However, this arrangement was noted by participants as contributing to a: *“fragmented and precious”* (Pn5) approach to the provision of Family Support services. The system was described as: *“a form of apartheid in need of reform with a need to overhaul the current system, whereby the voluntary organisations are given a grant and informed what the HSE want for it”* (Pn7).

These respondents felt strongly that this system raised a question as to the regard held by the statutory child care organisation, the HSE, on the value of Family Support generally, and their responsibility in providing same:

“It’s a fundamental issue - how you think about the whole thing, whether you see it as something that you can hive off - it is an easy option for the HSE; we’ll give you a contract to provide us with Family Support services and then we have honoured our responsibility, we have a Family Support service in our county or in our community”
(Pn13).

“I would see that as going against the point or the spirit of the whole thing. I’m not saying you wouldn’t have the contract with voluntaries, but to say that’s the whole, that we’ve done our bit, that’s what I find difficult” (Pn11).

An example of the tensions between the two service providers described by participants included a perception of the work of the voluntary service being of less importance or less difficult than that of the statutory services. Participants who had worked in voluntary services recalled statutorily based workers highlighting that the voluntary services did not work with: *“hard edge families”* (Pn5). Essentially: *“hard edge”* was noted to involve: *“taking children into care”* (Pn12). A sense that the voluntary services could: *“cherry pick the easier work”* (Pn11) was outlined, with the statutory service viewed as having the more serious and difficult work of investigating allegations of child abuse, and removing children from their families into care placements.

However, overall respondents did not negate the demanding and challenging nature of the work involved in statutory child welfare and protection services, but also emphasised the challenges in working in a supportive context with targeted families whose difficulties are both serious and entrenched. As Pn12 outlined:

“I would make that point that there needs to be recognition that achieving results with families that have very entrenched difficulties is not easy work, it’s very demanding, very challenging and doesn’t always succeed, but when it does there’s a huge contribution not only to the children and the families, but to society as a whole”.

Respondents also described positive developments, with a number of innovative and proactive initiatives realised following the implementation of the Child Care Act, which were attributed to successful partnerships between statutory and voluntary organisations. Participants emphasised that such initiatives would not (and could not) have materialised and subsequently been mainstreamed, without a joint approach to planning, designing, funding, staffing, and so forth:

“Many of the currently mainstreamed services would not have happened if there hadn’t been strong committed partnerships with NGOs involved in the organisation and delivery” (Pn11).

The Springboard model of Family Support was highlighted as an exemplar of cooperation, with a strong alliance between the voluntary and statutory services, evidenced in the experience of a number of participants:

“a crucial factor in Springboard is the support of the local agencies, the Health Boards, the local advisory committees, the local voluntaries - all with their connections and expertise to quickly get to grips with the problems that families are presenting... Springboard has worked extremely well overall in this regard” (Pn5).

Factor Four: The influence of Family Support champions

The role of ‘champions’ or ‘advocates’ was strongly depicted in the findings on the growth of Family Support in Ireland. Almost all of the respondents (n = 23) readily identified particular individuals who had encouraged and supported their mode of thinking about, and working with children and families. There is a definite perception amongst the participants that Family Support was pioneered by a number of dedicated, committed and forward thinking people working in the field, who advanced a move towards a broader context of supporting families. Many of those viewed by participants as those advocates or campaigners are represented in this study; many others are not.

“She was extraordinarily influential, she had a very coherent view about the importance of working preventatively with people...was very clear that you have to think outside the box, to try and understand the issues from people’s own perspective...to respect people’s capacity... look at the resources that are there, not just the formal resources but the informal resources... to try to keep kids out of care at all costs... look at resources in their family network, all those sort of ideas before anyone else had heard of them...she was a very seminal influence on me” (Pn13).

Persistence and a: *“gift of being able to work with people”* (Pn11) were acknowledged as present in campaigners and advocates in most areas of life, and likewise in the child care and Family Support arena, with the ability to move: *“between the individual and the big picture”* (Pn14). Respondents suggested that persistence, positive modeling, commitment, tenacity and, importantly, clarity as to one’s purpose will inevitably have a certain level of influence, whether that is with the children and families one is working with, one’s wider team and colleagues or the system as a whole:

“The champion alone isn’t the only ingredient but it’s an important ingredient... he was clear, he had this conviction, he was grounded, he convinced people, he could get across what he was talking about... he was real, he knew these kids, he knew the workers, he believed in the approach and he just kept repeating this is good, this works” (Pn13).

While a significant number of participants expressed a view that advocates can have influence when in a position of authority or decision making, many others felt that even when playing a more junior role in service delivery, significant influence can be made.

The good fortune and chance of having a supervisor, manager or colleague with such qualities was recalled with an immense feeling of gratitude for such influences. As Pn4 recalled earnestly:

“an hour of supervision would teach you the kind of things now they’d have Commissions to discover, my supervisor would trot out about 10 insights - it would take a Department years to work out some of the points she would make”.

A combination of an ability to have new ideas, but also crucially to action such ideas was described as a fundamental component in the personality of those who moved Family Support from an unheard of term, to words on a sheet, to a practice choice in children and family services. The connection of a group of like-minded people was also portrayed as part of the required package:

“Like-minded people have to work at getting their like-minded idea up and going, it won’t happen if we just sit here... this is how we moved things on. There has to be serious work put into making sure that idea, that germ if you like, gets sown and you kind of reap the rewards down the road” (Pn6).

Reflecting on their career choice and focus, a significant number of participants named their: “greater desire to be supportive of families rather than being in any way punitive towards them” (Pn6), and a: “belief that through supports, that families would be carried through their fairly considerable difficulties” (Pn13). Serendipity was also referred to by participants, as many described the: “good fortune” (Pt4) and: “providence” (Pn11) of meeting proactive, forward thinking managers and politicians who were prepared to allow innovation, creativity, enthusiasm and possibility flourish. And, it was suggested, once an initiative is seen to work and attract positive

attention in one location, then one is: *“on to a winner and the whole country wants a slice”* (Pn6).

In a genuine manner, all participants downplayed their own contribution to the development of family support:

“Truthfully, all I wanted to do was to set up a program that was based on these principles; I just thought it would make a difference” (Pn2)... *“I was given freedom to do it”* (Pn6)... *“there has to be acceptance by people along the line to allow something to really happen of significance, and I think that was there* (Pn7)... *“it was purely fortuitous more than anything, and it worked; I’d love to say that it was great inspiration in planning on my part, but really it was purely by coincidence”* (Pn4).

Factor Five: The development of a Child rights agenda

A growth in a rights based approach was also noted by over half of the respondents (n = 15) in their reflections on the evolution of Family Support. The distinction in upholding family rights, parent’s rights and children’s rights was also discussed.

This growth, participants recalled, occurred in a gradual and phased way, with an initial emphasis on practice issues which were affecting parents and family members:

“This move began with a recognition that parents did have rights - a right to be at their case conferences, and a right to a bigger say in relation to their children... and then moved on to children’s rights” (Pn11).

Participants suggested that this focus on rights prompted some changes in the overall process employed in meeting the needs of children and families, as Pn7 explained:

“It’s actually a child rights issue, it’s a parent’s rights issue and the provision of Family Support brings a sense that all mechanisms are being exhausted to try and uphold those rights”.

An overall shift in policy direction was also attributed to the ‘rights agenda’, with a sense that the recent focus on having distinct children’s policy, as opposed to an all encompassing family or parents’ policy, was in large part due to the recognition of children as individuals within their own right. However, respondents also noted how, in many instances, the inclusion of Family Support and other supportive measures for children have generally been included into national policy as a: *“half-*

hearted knee-jerk reaction” (Pn6), in a large part due to pressure on government departments as a result of a publicised child care issue.

Questions were also raised regarding whether policies and guidelines which uphold and advocate children’s rights are enacted in practice, with examples of children’s and parent’s rights being ignored in the areas of mental health, child protection, education and juvenile justice highlighted. Participants also highlighted inequalities in overall services for specific groups of children and parents identified, whose rights are not being upheld. Particular reference was made to asylum seeking and refugee parents, and children involved in the ‘Direct Provision’¹⁰ process amongst others.

The potential impact of the proposed constitutional referendum on children’s rights in Ireland¹¹ was discussed by a number of respondents, with a sense that: *“if their rights are put specifically in the Constitution, people would stand up and have much more respect for them”* (Pt3). Considering the balance between children’s rights and the rights of parents, Pt6 suggested:

“talking about children’s rights to the exclusion of family rights is unhelpful because you have to look at both together. It doesn’t mean you don’t advocate for children’s rights. But it’s completely possible to look at both of them. If you don’t respect one set of rights, how are you respecting the other”.

The rights given to families were also discussed, with Pn1 highlighting: *“there is this right to have children, but we don’t provide the support when needed, to ensure all aspects of this are covered and in place”.*

However, other participants suggested that recognising children’s rights as distinct from parents’ rights is essential in developing children’s services, and ensuring all children’s needs are met.

“A little bit more pressure on all of us to do what is right by the child, we can’t hide behind the family - sometimes family isn’t the best place, it is most of the time the best place to keep the child, and I would support the family, but we also have to give the child their own individual rights” (Pt3).

¹⁰ Direct provision is a system for asylum-seekers, whereby accommodation together with the cost of three main meals and snacks, heat, light, laundry, maintenance, et cetera, are paid directly by the state. In addition, asylum seekers in receipt of direct provision are paid €19.10 per adult and €9.60 per child per week www.ria.gov.ie.

¹¹ See Chapter Four for further detail on the proposed Constitutional referendum.

Section summary

While acknowledging that there are many outstanding developments necessary to ensure Family Support is available to all children and families who need it, respondents suggested five contributing factors which have contributed to its growth thus far. The overall findings and the main points in relation to this objective on the growth of Family Support in Ireland are presented below in Table 5.11.

Table 5.11: Summary of contributing factors in the growth of Family Support

Key factors in the growth of Family Support in Ireland	Summary of main points
1. A move away from residential care to preventative community based support services for children and families.	<p>An alternative to the system of placing children in institutional residential care settings was necessary.</p> <p>A strong sense of injustice and unfairness at this system encouraged a move towards a Family Support orientation.</p> <p>The timing was right to support a change of ethos in practice and in training programmes.</p>
2. Child care inquiries arising out of tragic events or serious incidents involving children in care of or known to the State services.	<p>Child care inquiries have had a significant influence on the evolution of Family Support in Ireland.</p> <p>The outcome of inquiries, and the associated public and political interest, has had the effect of swaying the orientation in child care services from a narrow child protection focus to a broad preventative Family Support focus, and back.</p> <p>Similar learning and recommendations are found by all inquiries, with a lack of attention and resources to implementing such recommendations.</p>
3. The tensions in the relationship between voluntary and statutory services providers.	<p>There is a tension between the voluntary and statutory child care service providers.</p> <p>This tension is accompanied by a perceived differential in the status of the work in both services, with a higher status attached to the statutory work. This contributes to a disjointed and fragmented system of meeting children's needs.</p> <p>The distinctions and tensions influenced specific developments and emphasised difference in agencies' roles</p>
4. The influence of Family Support champions.	<p>Particular individuals who championed Family Support played a fundamental role in its evolution.</p> <p>At both national and local levels, change was effected by committed, forward thinking workers who did not accept the status quo.</p> <p>Champions in this study played down their own role in this process, attributing the evolution of Family Support to other factors.</p>
5. The development of a child rights agenda.	<p>The emergence of a child rights agenda and inclusion of this at a policy level contributed to the growth of Family Support.</p> <p>The realisation of children's rights is noted as piecemeal, with practice not always upholding children's rights. There is ongoing debate on the rights of children vis-à-vis the rights of parents and families.</p>

Section Three: examining current perspectives on Irish Family Support practice, as perceived by selected pioneers and practitioners in the field (Objective Two)

Introduction

This section presents the data from the participants' interviews on their perspectives on Irish Family Support practice. Although a number of specific issues and considerations were raised, five overarching findings were repeatedly emphasised by both cohorts of participants on their current perspective of Irish Family Support practice. These five findings, which will be discussed individually, include:

1. Clarity on the meaning of Family Support;
2. A theoretical framework to underpin Family Support;
3. How Family Support is delivered;
 - (a) the characteristics of Family Support services
 - (b) the characteristics of Family Support practice
4. Family Support is an approach across roles and disciplines;
5. A debate on Family Support and child protection.

These five findings, the source of each, and the weighting each received in the data are presented in Table 5.12. This information outlines the number of respondents who referred to each finding, and the number and length of each reference made.

Table 5.12 Key findings on current perspectives on Irish Family Support practice

Objective two: key findings on current perspectives on Irish Family Support practice	Sources	References
1. Clarity on the meaning of Family Support	n = 21 Pn = 11 Pt = 10	77 (8,959 words)
2. A theoretical framework to underpin Family Support	n = 19 Pn = 10 Pt = 9	62 (3,479 words)
3. How Family Support is delivered (a) The characteristics of Family Support services	n = 26 Pn = 14 Pt = 12	210 (16, 449 words)
3. How Family Support is delivered (b) The characteristics of Family Support practice	n = 24 Pn = 12 Pt = 12	107 (10,042 words)
4. Family Support is an approach across a range of disciplines and roles	Research thesis n = 12	
5. A debate on Family Support and Child Protection.	n = 20 Pn = 12 Pt = 8	73 (7,289 words)

One: Clarity on the meaning of Family Support

The issue of ‘what Family Support is’ was raised by both sets of participants, with a general recognition that while this is an ongoing and complex debate, it needs resolution in order to advance and embed Family Support as a key player in the policy, practice, research, and academic discourse on working with children and families. Broad philosophical questions on the Family Support debate were reflected on, with the question asked: “*is Family Support a field in itself, or is it an approach that ought to be in every field?*” (Pn2).

The confusion around a clear and consistent understanding of Family Support is outlined by Pn13: “*people don’t get what it is, even the insiders aren’t that precise about it, so how would the people who don’t know what it is understand it?*”

Highlighting the variances in perceptions, Pt9 explained:

“I think some professionals see Family Support as a ‘wishy washy’ kind of a service and don’t rate it as a worthwhile or a professional service, and others who have a huge value and recognition for it, and really believe it is invaluable for children and families”.

On the whole, the ambiguity and lack of clarity in Family Support was acknowledged and outlined by participants:

“Family Support is a diffuse concept which has been in the background for a long time, with lots of different senses, but not often with a very clear cut sense of what it really is and what its boundaries are” (Pn12).

Family Support is also described as an: *“elastic concept”*, with the accompanying question: *“what does Family Support mean... is it simply anything that supports a family, or does it necessarily need to have some kind of particular value system or theoretical basis?” (Pn12).*

In an effort to promote the required clarity and understanding, all respondents described Family Support as an approach to working with children and families which can be applied across a range of services and disciplines. Family Support is not viewed as a single component in the child care system, but, rather, as an orientation across the specific domains working with children and families within the overall system. Therefore, each discipline which works with children and families has a role in family support. As summarised by Pn12: *“Family Support belongs to any profession and any worker that works with children and families”*. Reiterating this point, Pn13 emphasised:

“I try to get across the view that public health nurses, dentists, teachers, adult psychiatrists, child care workers, the health centre porter all are part of the Family Support effort. Their attitudes, the way they relate to mothers about their children, the way they encourage and respect parents and so on - that’s all Family Support”.

Considering current practice, the practitioners also reiterated this point:

“the Family Support approach should underpin all of our work, it shouldn’t be just one core designated group, it has to underpin how everybody that’s working with families practices in their everyday” (Pt6).

Furthermore, Family Support is viewed as an approach which can be applied to all levels of services delivery, with children and families in universally available services, and in those with higher levels of need targeted at more specified and specialist services. Both groups of participants suggested that, at times, a population wide Family Support approach is necessary and most effective in ensuring services are available to all, with additional or more specialist approaches targeted through specific service provisions. Regardless of the intention or scope of the service, one participant noted how: *“all services should have a Family Support approach”* (Pn4) underpinning the delivery of that service.

The Family Support approach is further described as an attempt to change systems, as opposed to simply offering distinct programmes. Applying Family Support as: *“the strategic direction of the system as a whole”* (Pn12) across a continuum of services was noted as a key focus and aim of this approach. Respondents also noted that for professionals in services whose role is not directly Family Support, specialist training or professional development in the approach is required in order to ensure capacity to adopt this style of work.

The contention that Family Support is an approach which is applicable across roles in children and families service provision is returned to later in this section in the fourth overarching finding under this objective.

A summary of key findings on the meaning of Family Support are illustrated below in Table 5.13.

Table 5.13: Summary of key findings on the meaning of Family Support

<p>An accepted understanding of Family Support is necessary in order to advance and embed Family Support as a key player in the policy, practice, research and academic arenas.</p> <p>Family Support is an approach to working with children and families which can be applied to a range of disciplines and roles, across a continuum of services at all levels of need. This includes universally available supports and more targeted specialist services.</p> <p>Specialist training in Family Support is necessary if all disciplines are to adopt this style of work in their practice.</p>
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Two: A theoretical framework for Family Support

Key theoretical areas which underpin Family Support as an approach to practice and provide a supporting theoretical framework were also discussed by participants. However, in the main, respondents did not reflect on the specific theories in great numbers or in great detail, but, rather, mentioned their role in underpinning current Family Support practice. This finding is in marked contrast to the attention respondents gave in reflecting on other issues involved in the Family Support discussion, and in answering the objectives of the study. The theories referred to, albeit briefly, included social ecology, attachment, social support, social capital, and resilience. The number of responses in relation to each theory is illustrated in Table 5.14.

Table 5.14: The number of responses made in reference to social theories underpinning Family Support

Theoretical framework for Family Support	Social Ecology	Attachment	Social Support	Social Capital	Resilience
Number of respondents	n=16 (Pn = 7 Pt = 9)	n= 6 (Pn = 4 Pt = 2)	n= 3 (Pn = 2 Pt = 1)	n= 3 (Pn = 2 Pt = 1)	n= 3 (Pn = 3).

Social Ecology

The application of social ecology in practice with children and families was given most attention and reflected on by over half of participants (n=16 (Pn = 7 and Pt = 9)). The introduction of a social ecology perspective to working with children and families was reflected on by pioneers as a 'landmark' in how services responded to the lives and needs of children and families. This perspective involves applying a broader view to the lives of children, where the connection with, and influence of family, neighbourhood, communities and wider society is incorporated into efforts to assess and address particular issues. Prior to this time, pioneers recalled viewing children as individuals who were in need of some form of treatment or intervention which was delivered in an isolated and narrowly focused manner. Applying a broader focus, which took into account the wider context of a child's life, including family, neighbourhood, and communities, was a new approach to practice in children's services generally:

"I remember attending a conference on juvenile justice and listening to a presentation on ecological systems and having the closest thing to a moment of God, literally a revelation in seeing this thing differently" (Pn12).

Adopting a perspective which takes on board the dynamic nature of systems themselves, along with their multiple elements was noted by the respondents. Reiterating this point one participant reflected:

"the broad approach involves taking account all of the different levels, the individual, the family, the community, society, and also crucially, looking at the interaction between those" (Pn11).

Viewing children as individuals within the family unit within an ecological systems perspective is also of note, as highlighted by Pn3:

"it's looking at the family in terms of what part it plays in children's lives as opposed to looking at the family as a whole and how children fit in - there's a difference in emphasis there that's quite important".

The need to broaden the concept of family was also framed within the discussion on the ecological perspective, with a move towards the traditional focus on the nuclear family replaced by a broader focus on extended families and communities welcomed:

“I emphasise that is not just simply to see children in terms of the relationship with their parents, but brothers and sisters, friends, relatives, neighbours, everybody who is significant in their network could potentially play a role in their lives” (Pn4).

Practitioners proffered examples of the ecological systems perspective as an accepted model of practice applied on a regular basis. Pt4 described one such model:

“the model of working we have here is that we work with the young person, we would be working with the family, with the school, possibly with a peer group and appropriate community resources. This way of working is a regular feature for us”.

Attachment

The importance of attachment in the relationship between a parent or carer and a young child, in particular, was highlighted by a small number of participants (n= 6 (Pn = 4 and Pt = 2)). Reflecting on significant changes which have taken place in practice, participants highlighted the now accepted premise that children need to have contact with their parents. Using examples from the medical world, participants recalled how the importance of having family members or carers have contact with children in hospital was eventually realised, accepted, and became standard practice. Linking this movement to the Family Support approach, Pn11 commented:

“this way of thinking fed into a general assumption of the importance of Family Support, before it was put on the agenda or a formal footing”.

Considering challenges in practice, promoting and supporting attachment in key relationships was outlined as part of the current Family Support focus:

“A big issue in Family Support is to look first of all at the relationship between the children and their parents and the attachment issues, and getting the workers to think about how this can be supported” (Pn5).

A focus on attachment when working with families with young children was noted as particularly important. Implementing a routine, while building a relationship and promoting a bond between the carer and the child, is noted as a key task with a young baby. The sense of belonging which comes from family was noted as irreplaceable and a fundamental premise underpinning the Family Support approach:

“Ultimately, 99 per cent of the time they are loved by their parents or their siblings or their aunts; they might not get a lot of food, hygiene may be poor, but there is that huge sense of belonging and sense of being wanted and you can never replace that with children, ever” (Pt9).

A need for knowledge and specific training on the area of attachment was noted as necessary in ensuring that a focus on attachment and relationships is an integral aspect of a Family Support approach. On reflection, participants noted that there appeared to be a deficit in many of the current education and training programmes focused on children and families in fundamental areas, such as child development, attachment theory, and the dynamics of family relationships.

Social Support

The significance of the social support networks of children and families was raised with a minority of participants (n= 3 (Pn = 2 and Pt = 1)). Accessing naturally occurring networks of support was noted as a strength of a Family Support approach, and advocated as a beneficial practice in children and families service delivery. The importance of not making assumptions regarding the source of social support was also emphasised. As one participant recalled:

“when you ask families who helps them, all types of support sources are listed, Jesus, family, pets, deceased relatives... until you ask the question each time you actually don’t know for each family” (Pn3).

Social Capital

The concept of social capital as an underpinning feature of Family Support was also included by a minority of respondents when considering the needs of children and families (n= 3 (Pn = 2 and Pt = 1). Related to both the ecological perspective and social support theory, participants suggested that social capital, as a distinct focus in service delivery, has gained currency. As Pn2 describes:

“social capital has become quite important as a policy in academic terms much of which draws on social network theory and bringing in other ideas about trust and values. I think that has become an important component in Family Support”.

A lack of social capital in individuals and families is noted as a risk factor, with an aim of Family Support practice to promote and support the development of social capital (Pt4). As one participant noted, this is true for a variety of families: *“families who need help, who are not abusing their children, and have little or no social capital, need the external support services to help them”* (Pn8).

Resilience

Related to the beneficial effect of good quality social networks is the resilience which can stem from the impact of a positive network. Promoting resilience in children and families was highlighted as a feature of Family Support practice by a minority of participants (n= 3 (Pn = 3)). The importance of positive relationships and the wide-ranging source of such relationships were emphasised. Resilience at an individual level, and also at a family level as a support in coping with stress and adversity, was referred to by respondents.

A summary of key findings on a theoretical framework for Family Support are illustrated in Table 5.15.

Table 5.15: Summary of key findings on a theoretical framework for Family Support

Family Support is underpinned by an amalgam of a number of theories, including: Social Ecology, Attachment, Social Capital, Social Support, and Resilience.

Less attention was paid by respondents to the theoretical framework for Family Support, in comparison with other aspects of Family Support.

The introduction of social ecology theory brought significant change to practice with children and families.

The sense of belonging and importance of attachment which comes from family was noted as irreplaceable and a fundamental premise underpinning the Family Support approach.

Three: How Family Support is delivered

Respondents commented on their perspective on the delivery of Family Support in practice. Consideration was given to the characteristics of Family Support services from a service delivery perspective, and from an individual practice perspective. The service characteristics are initially discussed, followed by the individual practice characteristics.

3 (a) Characteristics of Family Support services

Within the discussion on the characteristics of Family Support service delivery, a number of issues emerged, with four specific characteristics focussed on in depth. Areas discussed by participants which are presented are:

- i. Services offered to families, based on need;
- ii. Partnership;
- iii. Prevention and early intervention;
- iv. A focus on outcomes and an evidence base for practice.

(i) Services offered to families based on need

A thorough assessment of the needs of children and families, and the provision of appropriate services to respond to this need is seen as a key feature in the delivery of a Family Support approach by the majority of respondents (n= 21 (Pn = 13 and Pt =8)). Consideration is also given to a needs-led service, in terms of the types and availability of such support. Also referenced as important by respondents is inclusion of the views of children and families in the assessment process, within an overall context of consultation and partnership. Participants suggested that such consultation leads to increased opportunity to work together to meet the needs of children and families. The points raised are discussed in detail.

The assessment of children's needs in order to develop an appropriate and responsive plan of work is emphasised, with participants noting: *"when you've assessed the needs you then have to look at what is the work plan for this child, and for every child in the family"* (Pn5). Supporting family members to be involved in identifying their own needs, with a focus on their strengths and existing resources, promotes a sense of engagement and joint working. As noted by Pt4: *"family members help identify what it is they want to change, so they set the agenda and you work with them towards achieving that"*. The limitations in current assessment procedures, described by participants as dominated by checklists and tick boxes, with little opportunity to hear the views of family members or gain a full understanding of the family dynamic, were highlighted. Varying experiences of the assessments process were outlined, which included those: *"completed following one visit with a family"* (Pt6), to detailed assessments: *"conducted over a six-week period which cover the individual, family, school, peer and community... and considers family dynamics, living arrangements, and relationships"* (Pt4). The types of support necessary to respond to these identified needs were also discussed.

Within an overall needs-led framework, distinct types of support were referenced by participants, which can be grouped into three specific sets. The need for advice and information was noted as a minimum requirement in any intervention with families. This need is largely associated with the stress felt by families in understanding the systems, procedures, language used, legal issues, and roles and responsibilities of the service providers involved in their lives. The need for practical supports across a

range of areas was also included. Support for transport and child care in particular, was raised as a requirement for families, which can make a positive difference in coping with certain difficulties. Offering emotional support was viewed as a key factor in helping families to cope, and also in supporting family members to work towards identifying solutions and exploring alternative options. The long-term, wider effect of offering practical and emotional support was highlighted:

“You visit, have a cup of tea, give a lift to appointments... Small things that make a huge difference and then one day they will ring and ask for help” (Pt9).

Related to social support theory, working with families to access informal supports from family, friends and neighbours was strongly advocated by the majority of participants. The importance of this approach is highlighted by Pn13:

“we put too much emphasis on services, losing the fact that most support is being done informally... and that this is the first option families want... it requires a whole mindset change by professionals to acknowledge, reinforce and respect that”.

However, the necessity for families to avail of formal supports services at varying times, and for various reasons is also acknowledged, with one participant emphasising when formal supports may be required: *“alongside or instead of families’ own support systems”* (Pn12).

Offering services which are accessible to families was also emphasised as part of a needs-led response. Tailoring the mode of delivery to ensure ease of use for children and families is seen as a central tenet of a Family Support approach. A number of specific features of accessible practice were included by respondents. Location of services, in particular, was highlighted as an area where services could be delivered in a more responsive way to families. Establishing specialist services within communities is viewed as one option in ensuring this requirement is met:

“A location within the community is a tremendous advantage and allows children and families to see personnel as people first, rather than the official hats they might be wearing... it also enables staff to work with families within a joint approach that recognises the reality of the difficulties that they’re having” (Pn12).

Other features included providing specialist services such as speech and language therapy or mental health supports outside of clinic based settings, in families' own homes or a community base, again with positive and far reaching benefits. Flexibility is also portrayed as a key feature in offering a needs-led service:

“What works with one family doesn’t work with the other, so you have to be very adaptable... so many programmes are so rigid, defined by geography, age, gender and so on... we need to be much more flexible in our approach” (Pt12).

Consideration was also given to the length of involvement with families, the debate ranging from offering a time-limited service to families, with a focus on specific identified and prioritised issues, and an expectation that change can occur within this period, to providing an ongoing longer-term gradual approach to change, with a service provided as necessary. On the whole, respondents suggested that the possibilities for change are strengthened when there is an enduring and persistent commitment to the family. Dependency by families on services in such circumstances was discussed, with a clear sense that potential for dependency should be considered when working with all families, and measures taken to prevent over-dependency developing. Nonetheless, there was consensus amongst participants that family need should dictate the duration of involvement, as opposed to any prescribed approach.

“We have been involved with some families for three months, others for three years. With a needs-led service, we try to meet the needs, and if the needs are met we leave. Services should be needs-led and not time specific, and when finishing work with a family, this is done in a phased and gradual way” (Pt4).

The requirement to support families across the life stages was also emphasised. Notwithstanding the differences in the issues involved for a young child or an adolescent, participants highlighted the potential for a Family Support approach in working with families with children of differing ages. The importance of working with: *“expecting parents and through early childhood”* (Pt7) was noted as an area where the emphasis must be placed on prevention and early intervention at this stage of a child's life. The focus at this stage tends to be working directly with the parents in relation to their parenting of their young children. Family Support is, however, equally necessary throughout latency and adolescence, with references made to the

difficulties many families face when their children are in their adolescent years. The focus at this stage may be working with both the young person and their family members on an individual basis towards a common plan, and at times bringing the family together to work on a collective basis. The increasing number of grandparents raising grandchildren, and the corresponding need for Family Support in these circumstances, was referred to with recognition that, particularly in urban communities, and for a variety of reasons, this is a growing family form.

(ii) Partnership

Partnership with family members and across agencies was advanced by a large number of respondents (n = 20 (Pn = 9 and Pt = 11), and viewed as a core concept in Family Support. While accepting that children are the primary focus, partnership with parents was accorded particular significance. Working with children in isolation was generally considered to be less effective than a more inclusive approach which involved parents. The core principle that, in the main, the welfare of children is best achieved within their family unit, underpinned respondents' commitment to promoting partnership with a child's parents at whatever level possible in the particular circumstances. As Pn2 recalled:

“it struck me that our role was an important role, but it was highly secondary to the role of the parent and there was no supports available for parents”.

One participant also reflected the learning from an early influential mentor: *“she never ever forgot the fact that parents were involved in the lives of these children”* (Pn1).

Examples of partnership with parents proffered were:

- *“involving parents in decisions on their children, respecting their view point and acting on it”* (Pt2);
- *“consulting with them on proposed interventions with children”* (Pt7);
- *“respecting their role in their children's lives and valuing their contributions”* (Pt9);
- *“giving the power back to parent(s) in an appropriate manner”* (Pt8).

Achieving a balance in a partnership with parents, while maintaining a focus on the child's welfare, with his/her needs taking priority, was seen as a challenge which must be met. As Pn5 emphasised, this is a core requisite for all Family Support practice.

“Family Support works involves children and their families, but must be absolutely clear about who is the main client, it must be child focused, with the child at centre stage at all times” (Pn5).

“I think you also have to be very conscious of the fact that you're there to protect and advance the interests of the child or the children. Listening to parents' views on their children's needs and their capacity and strength to meet those needs was outlined as a starting point in a partnership-based relationship with parents” (Pn12).

Participants cautioned against absorbing children within the family unit as a whole, emphasising the requirement to view and consider each child as a unique individual with specific needs. Specific instances were recounted:

“No doubt you have to work with parents, but I think the focus can go skewed... I've seen situations where I don't see a description of the child, I see lots information written down but I don't get a pen picture even of what this child is like, families maybe ten children in them, no one child distinguished from the other” (Pn5).

To avoid such issues, strategies to ensure all children's and parents' views are heard and included by workers were outlined:

“We have to hear that young person's views, their perspective on what they would like to see changed... and we would ask the parents the same question...sometimes they differ, sometimes they don't, but it's about hearing the voice of the child”(Pt4).

Although advocated and believed in as a core value in Family Support, respondents discussed the challenges inherent in true partnership with parents and other family members. A differential in power and status in the relationship between parents and service providers was described by a number of participants as a consideration in whether true partnership can be achieved. Circumstances where the possibility of partnership with parents in formal situations may be difficult to uphold were described:

“There can be a dilemma because the parents involved are the most disadvantaged, the most vulnerable and to ask that they participate in a formal setting can be intimidating” (Pt8).

Specifically, in situations where parents have an intellectual disability or a mental health issue, the challenges in achieving meaningful partnership with parents were reflected on. As Pn12 outlined:

“in a way, the word partnership was deeply misleading when working with parents with learning disabilities... there is an assumption of a degree of equality, which is simply not true of these relationships”.

A number of respondents provided examples of practice where partnership was poor, and little effort was made to include family members in the service offered to their children. As participants noted, despite the concept of partnership being advocated in policy and practice guidelines, the reality in practice does not necessarily reflect the spirit of such documents:

“You can see that there are guidelines about how the [child protection] conferences should be run, and how parental involvement and engagement should happen. But then you see week after week in practice, those good ideas aren’t put into place... you see people’s rights trampled over” (Pt6).

Further concerns were expressed by Pt9:

“professionals make decisions without any recourse to people’s views, or just a very tokenistic thought of them... there are systems in place to ensure people’s views are heard but I would question whether that really happens in practice”.

Interagency partnership and collaboration to achieve the best possible outcome for children and families was also emphasised as a key issue. Throughout the range of agencies involved in children and families services, participants noted the potential for a positive impact when relevant agencies working together. At a micro level, very practical benefits for families and for service providers were noted as accruing from adopting an interagency approach:

“The biggest thing is to be able to work within a network, with other agencies, and to be able to have a two, three pronged approach to, beside having ten agencies going into the one house and none of them talking to each other” (Pt3).

At a wider level, a coordinated approach to service delivery is viewed as respectful to families, and also as an effective mode of maximising the use of agencies' resources and personnel. Without such organisation and coordination, the potential is there to: *"end up with these little silos all trying to do their bit, without any kind of unifying construct that holds it together"* (Pn3). This influence at a local level was described by participants as subjective, with a strong sense that individual workers can support or reduce the level of interagency collaboration. Adopting a Family Support approach requires a commitment to partnership with parents and across agencies.

(iii) *Prevention and early intervention*

The importance of preventing difficulties escalating for children and their families, and of working with families early in the stage of problems, was highlighted and emphasised by a number of respondents (n= 18 (Pn = 10 and Pt = 8)). Prevention is viewed by this group of respondents as the essence of Family Support, and a core premise underpinning the approach. Participants highlighted the potential for Family Support to prevent difficulties occurring through universally available services, but also specifically in terms of preventing identified difficulties escalating from an initial stage through early intervention. Intervening early in the genesis of a difficulty developing, and also intervening at an early age to promote and develop children's capacity, are emphasised as central aspects of prevention. The necessity to address difficulties before they arise, or before they cause significant delay or difficulty for children, is viewed as a fundamental principle in Family Support.

The associated benefits of identifying need early and providing a timely and responsive intervention, were highlighted across a range of issues by all participants, with a strong belief that the earlier areas of concern are addressed, the better the outcome:

"Families that have achieved the most are the ones that we worked with early in the difficulty... those that are still experiencing difficulties are where there was intervention in place too late following a difficulty" (Pt9).

The long-term benefit of identifying and addressing specific areas of need or developmental delays early was emphasised:

“If we intervene earlier with, for example, children who need the speech and language support, which has huge implications in terms of their readiness for school and ability to participate, we can prevent a lot of upset at a later stage” (Pn13).

The role of Family Support in preventing family breakdown and children requiring a care placement, was also noted by respondents. In relation to preventing entry to the care process, Pn12 explained: *“there is an impression in the public; just get kids into care, and then all is grand. There is no concept of how difficult it is to substitute for a family”*. Preventing such breakdown is a key Family Support principle. Elaborating on this point, the importance of prevention is also highlighted by participants when considering the current economic climate, albeit from a different perspective. The cost effectiveness of preventative services, as opposed to substitute care for children was also emphasised:

“We spend an incredible amount of money once we take the parenting role of children from parents. It’s an incredibly expensive intervention, and even more so when you consider troubled young people... compared to prevention or early intervention costs” (Pn7).

The Family Support approach does not end with a care placement, with a belief expressed by respondents that: *“although you may need to take children into care, that is not the end of Family Support; the care placement is also underpinned by a Family Support approach”* (Pn4).

(iv) A focus on outcomes and an evidence base

A focus on outcomes for children has received attention in recent years in academic, policy and practice arenas and was discussed by over half of the respondents (n= 14 (Pn = 9 and Pt = 5)). Although commented on as a self-evident purpose of services, with the: *“whole ethos and aim being to improve outcomes for children”* (Pt6), participants reflected on the prominence this debate has received of late. In part, it was suggested that the need for this refocusing came about as a result of a move away from an intervention focused approach to service delivery. As one participant highlighted:

“possibly where we go wrong sometimes, is we are all focused on inputs and activities, and then on outputs, we don’t actually look at whether they are effective or not” (Pn13).

Expanding on this point it was suggested:

“we were not paying attention to outcomes; the intervention provided is only an input...if you think because you put the input in that everything is grand, and you are not actually looking at the outcome on the children” (Pn14).

Recognising that it is not easy to measure the impact of services provided or the outcomes achieved, it was nonetheless felt that a focus on outcomes would create: *“a focus for the contact hours and delivery of something tangible for children and families”* (Pt12). The possibilities and potential of outcome-focused Family Support work was highlighted, with a sense expressed of: *“knowing we are going to get better outcomes for children by providing support to the parent alongside the children”* (Pt5). Respondents also identified that if a focus on outcomes is in place there is a corresponding need to train and support staff members to work in this way. Specific issues mentioned included ensuring staff are trained and up skilled, are clear about the focus of interventions, and understand what is involved in working towards this.

The positive impact of an evidence-based approach to practice and the inherent challenges involved was also discussed. Another relatively new debate in the children and families arena, the focus on evaluations to produce an evidence base for practice, has gained considerable momentum in recent years. As reflected on by Pn13: *“we are now living in a much more evidence-based climate”*. Considering the issues in evaluation, one respondent highlighted that the crucial factor is determining the specific: *“active ingredients”* (Pn3) which distinguish the effective and well received programme from a programme which is not achieving its original aims.

The unsuitability of many of the children and family services to the strict randomised control trial types of evaluation was also noted, with the point outlined that: *“interventions with families involve familiarity, flexibility, personalities”* (Pn4), and

furthermore: *“it’s as much about the process, about making people feel comfortable and remembering they have responsibility and ownership”* (Pt7).

“The use of a quick-fix approach to treat individuals is not, in essence, what children and families services are about” (Pt7).

A small number of the respondents drew attention to the apparent discrepancies in the requirements for children and families services to be evaluated, with a number of participants highlighting that many mainstream services have no evaluation requirements. Notwithstanding the need for evaluation, participants highlighted how:

“core services have never been really evaluated... including residential care, foster care, child protection services, and child guidance... the tendency is that the more mainstream something is, the less subject it is to the idea of evaluation. The more marginal it is, the more you keep doing evaluations” (Pn13).

A summary of key findings Family Support service characteristics is illustrated in Table 5.16.

Table 5.16: Summary of key findings Family Support service characteristics

Assessment of children’s needs with a focus on strengths and existing resources, accompanied by a responsive support plan is a feature of a needs-led Family Support approach. Accessible, flexible services which provide support across the life stages form part of a needs-led response.

Meaningful partnership with children, parents, and agencies is a requirement of Family Support practice.

Inequality, as a result of status or power differentials between practitioners and families, can impact on efforts at partnership. In reality, partnership with families is not always evident in practice.

Working with children and families to prevent difficulties occurring, intervening early where there are difficulties present, and early in the stages of a child’s life, are key principles of Family Support practice.

Attention to children’s outcomes and an evidence base for practice increasingly informs the delivery of services. Training for practitioners is necessary to ensure the skills to practice in an outcomes-focused manner.

3(b) Characteristics of Family Support practice

Participants reflected on the manner in which Family Support is delivered by individual practitioners across disciplines and services. Specific areas which were focussed on and are described in detail are:

- i. Workers' style and skill base, with a focus on building relationships;
- ii. A non-judgmental and respectful manner;
- iii. Reflective practice and high quality supervision.

(i) Workers' style and skill base, with a focus on building relationships

Almost all respondents emphasised the approach and style taken by individual workers as particularly important and as a central aspect of Family Support, highlighting the impact which this can have on the service received by children and families (n= 24 (Pn = 12 and Pt = 12)) . Many points were made regarding the centrality of the relationship building process in working with children and families, and the issue of workers' style is strongly connected to that. The importance of valuing human relationships was highlighted by all as a very basic belief and underpinning premise when working with children and families:

“We cannot underestimate the power of relationships and staff who are empathetic, where children and parents feel that this is someone who understands me, they're able to hold the line on the things that I'm doing wrong but they do understand me, they're not judging me and they come from a good place and I'll be able to get a rapport going with them” (Pn5).

“It all comes back down to the relationship and if that's not right, it doesn't matter what else you have...that to me is key” (Pt12).

The importance of a warm and kind relationship was described by one participant in recalling recent conversations with adults who had been in care as children. Of significance are their memories of what mattered to them at the time:

“What was remembered and what had actually mattered was the kind word from staff” (Pn5).

The positive impact of relationship building in the process of engaging and retaining children and families was also highlighted by this set of participants, with one

participant noting: *“the relationship is important to support people to become engaged but also in retaining participation (Pt12). As Pn3 described it: “engagement to me is the name of the game, how do we start the process to make sure people come the first time and then keep coming back?”.*

The providence involved in the service received by a child and family was commented on, with a view held that luck informs the type of service a child or family receives depending on the particular worker they are allocated. As another participant outlined:

“you could get two people of the same disciplines who would have two totally different approaches... you can be lucky enough to get worker A who works with you, who goes that extra mile to get you from A to B, who you know actually believes in you, or you can get worker B who sees you as a client, as an object, who sees their job as gate keeping, to a job to be done” (Pn7).

The arbitrary nature and element of luck in terms of the service received by children and families was noted as completely unsatisfactory, with a minimum standard in practice suggested:

“There should be things that we guarantee children and families, that they’re entitled to... about how they’re going to be supported; who is going to work with them and, crucially, how they’re going to work with them” (Pn7).

The skills and competencies required to work in children and family services were also emphasised. As (Pt12) described:

“working with children and families, it is a skill and you have to be very people centered and be able to relate to people, whether it’d be young or old or marginalised”.

Personality traits, such as creativity, innovation, energy and enthusiasm, and a sense of groundedness were outlined as a key requirement in selecting suitable personnel to work in children and families services. Additional traits noted as fundamental included:

- *“a strong belief system” (Pn10);*
- *“a strong value base” (Pn1);*
- *“friendliness, but able to make difficult decisions” (Pn12);*
- *“the ability to work alongside others such as team members” (Pt3).*

A further point made related to the suitability of individual workers' skills sets to work with families across the life stages:

"You can have people who are good working with tinies and others who are good working with teenagers, but the number of people who can work with teenagers and work with parents and do really good group work, and so on, are very few" (Pn13).

Referring to family work, this participant continued:

"if you really want family work done you've got to hire people who are confident working with parents on adult relationship issues and on parent/child relationship issues" (Pn13).

The benefits and positive outcomes of working with children and families within a professional relationship were illustrated. The effectiveness of interventions and activities with families were noted as having more impact where there are existing relationships on which to base the contact:

"I think if you can establish a relationship, then it is possible to work very intensively with families on real issues, and to confront and to challenge as you need to do, but you're doing so on the basis of an established relationship rather than wearing an official hat knocking on the door and dropping in for half an hour or an hour and coming back every so often, just checking on how things are, but not really making a difference" (Pn12).

"If that's not there, that's the core, there's nothing to build on then. You could have all the fancy tools in the world but so what, they don't make a difference. I think people know that, people are not stupid, they pick that up" (Pt5).

These respondents also acknowledged that a professional relationship involves an element of challenging behaviours or conditions which are not acceptable and require changing. As Pt9 noted: *"you are trying to support families in a respectful way, but you still have to draw the line and say, listen that's not good enough, this can't happen again"*.

It was also highlighted that addressing a negative behaviour is more effective if there is an existing relationship between the worker and the family members. Intervening in difficult situations where the worker knows the family, and the community, where:

“the service is not into labeling, doesn’t stereotype or blame, and looks for solutions and resources, while offering real practical help and support” (Pn12) is more likely to have an impact and effect some real change. A relationship was noted as a platform for specific and more targeted work with children and families.

The importance of the knowledge gained through academic qualifications and training was recognised by participants, but questions remained regarding the skills sets accumulated by students in education. As one participant put it:

“given that humanity is the raw material of the business we do, how you’re worked with is as, if not more important than what’s done with you...how instilled hope is placed inside you, how step by step somebody brings you to a point where they don’t need you anymore” (Pn7).

(ii) A non-judgmental and respectful manner

A non-judgmental and respectful approach to working with children and families was also advocated as a core value in Family Support practice by a number of participants (n= 18 (Pn = 8 and Pt = 10)). As Pn10 emphasised:

“you really have to see the family and individual members as real people, not as labels, abusive, inadequate or deprived, but as real people who are on their journey with their struggle”.

Notwithstanding the requirements involved in specific roles, issues and levels of need, a respectful and non-judgmental approach to working with children and families was emphasised. Treating children and individual family members with respect can have a powerful effect, particularly in families where there are ongoing chronic issues. Treating a child: *“well and respectfully can give something to hold on to”* (Pn5). Spending time addressing issues and offering support in a meaningful way conveys a sense of care and trust, which is recognised by children and families.

In practice, a respectful non-judgmental approach is also taken to include an understanding of the circumstances families are living in, and considering the impact of such when arranging appointments and expecting changes in behaviour. The rate and pace of change will reflect the circumstances the children and families are living in and coping with. Highlighting expectations, offering alternatives and working

towards solutions in a supportive and realistic manner was highlighted as a non-judgmental and respectful response to such difficulties:

“Trying to empower families to come up with solutions themselves, working from a position with families that you respect them and their efforts to address their difficulties, that is a non-judgmental approach” (Pt4).

A number of respondents noted how an opposing approach to this leads to a sense of: *“us and them, and a feeling of being disrespected and disempowered with a lack of consultation”* (Pt6). Respecting difference in values and expectations among families, and maintaining a non-judgmental approach in situations where there are contentious or challenging circumstances with families, was also noted as a necessary feature of a Family Support approach.

(iii) Reflective practice and supervision

Reflective practice was highlighted as an element of Family Support practice by a number of respondents, with a strong connection advocated between both (n= 17 (Pn = 10 and Pt = 7)). Adopting a reflective element to working with children and families was emphasised in ensuring *“best practice”* (Pn7) in service provision. Participants suggested that there is a requirement on practitioners (at all levels of service provision) to review and reflect on their style of work, their interventions, the approach used in working with children and families, in order to gain insight and understanding into the impact of their involvement. Self-reflection will, it was suggested, encourage understanding, and appreciation of the circumstances in which children and families are living:

“I think you need a lot of self-reflection to understand what is like to be living on a different side of the fence, if you have never been there” (Pt2).

Reflecting on and understanding one's own limitations, areas or issues which cause difficulty for individual workers, possible judgments made and experience of family life and relationships, was stressed as a requirement in Family Support practice:

“You can become more aware of what pushes your buttons, where your strong and weak points are ... what you're better at and so on”(Pt12).

Acknowledging that the skills involved in self-reflection do not occur automatically for practitioners, participants emphasised the need for reflective practice to be included in third level training programmes, and also as a regular and routine element of supervision and professional development structures within agencies:

“I think the reflection comes from education and training... I think ultimately you need a certain amount of introspection, reading and finding out why you are the way you are, and how you’re working with families”(Pt12).

The role of supervision in working with children and families was also stressed by these respondents. Working with children and families in social care settings generally was described as:

“demanding and very challenging, which requires a huge amount of resourcefulness and resilience on the part of the workers themselves, which also means that workers have to be well supported and well managed” (Pn11).

Almost all of these participants had experience of the supervision process as a supervisee, with many having also supervised staff members. A variety of experiences in receiving and providing supervision were recounted. The quality of supervision experienced was, in the main, personality led as opposed to following a template or agreed model. Participants recalled that in their experience, discussing family issues and associated tasks was the main focus of the supervision session. There was little scope for professional development or reflection on the part of the worker. Participants who did not have a formal scheduled supervision reflected on the informal arrangements established amongst peers: *“it’s informal over a cup of coffee in the morning, or every few weeks colleagues will meet for lunch informally”* (Pt12). Again, the focus was on task specific issues, as opposed to deeper reflection or professional development.

The need to have acquired adequate experience prior to being promoted to a supervisory role was expressed by respondents, with a recognition of the responsibilities involved in supervising practitioners involved in working with

children and families. Concern regarding practitioners being promoted and supervising their colleagues was also raised:

“Staff members are promoted to management positions with no management training and often to supervise a group of staff who have been previously been their co-workers, their colleagues” (Pn10).

This has, participants suggested, implications for the quality of the supervision process and line management responsibility, as workers adapt to their new role with inadequate training and experience. The importance of supervising students on placement, and the responsibility inherent in this, was also commented on by participants in ensuring practice with children and their families is of the highest standard.

A summary of key findings on Family Support practice characteristics is illustrated in Table 5.17.

Table 5.17: Summary of key findings on Family Support practice characteristics

The relationship building process is central in working with children and families. The style adopted by individual practitioners is an important factor in the quality of the service delivered.

The arbitrary nature and providence, in terms of the service received by children and families, dependent on the style of individual practitioners, was noted as completely unsatisfactory.

The range of skills and competencies required to work effectively with children of all ages, and with parents, is extensive.

Working with children and families in a non-judgmental and respectful manner a core Family Support value.

The dynamics of interpersonal relationships, the skills involved in non-judgmental, respectful practice and models for reflection need to be included in practitioner training programmes.

High quality supervision and opportunities for reflective practice are essential in promoting best practice and supporting practitioners. In-service training in the supervision process is required as both a supervisee and supervisor.

Four: Family Support is an approach across a range of disciplines and roles

In order to further examine the contention that Family Support is an approach to working with children and families which is applicable across disciplines, roles, issues and levels of need, a detailed review and analysis was conducted on a number of applied research studies completed as part of the Family Support Studies postgraduate programme. This finding is linked with the first finding under this objective on the need for clarity on the meaning of Family Support.

In total, 12 applied research theses were reviewed, two from each of the five intakes of the Family Support Studies programme, and two additional theses, with the research carried out in a variety of practice contexts. The practice models outlined in the research theses, and the recommendations made (based on the research studies), were cross referenced with the theoretical basis for, and the service and practice characteristics found in the findings of this study, and detailed earlier in findings 3(a) and 3(b), in order to ascertain if Family Support, as described by the respondents in this study, is reflective of, and holds true in current practice contexts across a range of settings.

This data is reflective of the information presented in the theses only, and is not categorical evidence regarding the theoretical basis and manner in which Family Support is delivered in the particular contexts.

The range of disciplines or issues reviewed in the research theses included:

- a **youth suicide** prevention programme;
- a **social work fostering** parent support programme;
- a **youth justice** crime prevention programme;
- a rural intergenerational programme in a **community based family support** service;
- a parent support programme in a **children's mental health** service;
- a support programme for mothers and children who have experienced **domestic violence**;
- a child care service for **asylum seekers and refugees**;
- Community based **Public Health Nursing (PHN)**;

- an **addiction** service for young males;
- community based **policing**;
- a parent supports programme, a service for children with an **intellectual disability**.

Based on the findings of this research study, outlined earlier in this section, the theses were first reviewed to assess the use of Social Ecology, Attachment, Social Support, Social Capital and Resilience as theoretical bases to practice in the identified contexts. As is illustrated below, in Table 5.18, all of the models and programmes of work presented in the research studies are based on a minimum of one theoretical framework which is found to underpin a Family Support approach. Four of the discipline areas or programmes, however, are underpinned by three theoretical fields (youth justice, residential care, community policing, youth suicide, and fostering) with three informed by four of the identified fields (intergeneration Family Support programme, domestic violence, and child care service for Asylum Seekers). The addiction and parent support in mental health are reported as being underpinned by one theoretical field only; namely, a social support and resilience theoretical basis respectively.

In the theses, where the practice or programme models described were underpinned by only one theoretical framework, the recommendations of the research studies were reviewed to assess if particular theories were suggested for future development. The research studies on the parent support programme in mental health, on addiction and on the intellectual disability services included recommendations in relation to named theoretical fields.

Table 5.18: Family Support research theses reviewed by practice model and theoretical basis

Theoretical basis for Family Support	Research topic / Discipline area											
	Youth Justice	Intergenerational Programme	Parent support mental health	Domestic Violence	Asylum Seekers (Child Care)	Public Health Nursing	Addiction	Intellectual Disability	Residential Care	Community Policing	Youth Suicide	Fostering
<i>Social Ecology</i>	✓	✓	*	✓	✓	✓	*	*	✓	✓	✓	
<i>Attachment Theory</i>			*									✓
<i>Social Support</i>		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
<i>Social Capital</i>		✓		✓	✓	✓						
<i>Resilience</i>	✓	✓	✓	✓	✓		*	✓	✓	✓	✓	✓

✓ Underpinning the programme/practice model

* Recommendation of the research thesis for future practice

The theses were then cross referenced to assess their use of, or recommendation for the service and practice characteristics of Family Support identified in this study. The Family Support practice and service characteristics are very well represented in the majority of models and disciplines reviewed. This data is illustrated in Table 5.19.

The parent support programme delivered by the child mental health service and Public Health Nursing are reported as reflecting nine of the 10 service and practice characteristics in their service delivery. The intergenerational Family Support programme is similarly represented as reflective in seven of the service and practice characteristics, with a further practice characteristic recommended for future delivery. The youth suicide prevention programme and fostering parent support programme uphold five of the practice characteristics, while community policy is reported as upholding four, with a further two characteristics recommended. The support programme for parents with children who have an intellectual disability is not reported as reflective of any of service or practice characteristics for delivering Family Support, but recommends five characteristics based on the study's findings. The addiction service similarly recommends five of the characteristics, while upholding two in practice.

Table 5.19: Family Support research thesis reviewed by practice model and Family Support characteristic

Family Support characteristic	Research topic / Discipline area											
	Youth Justice	Intergenerational Programme	Parent support mental health	Domestic Violence	Asylum Seekers (Child Care)	PHN	Addiction	Intellectual Disability	Residential Care	Community Policing	Youth Suicide	Fostering
Service characteristics												
<i>Needs Led</i>	✓	✓	✓		✓	✓	*	*	✓		*	✓
<i>Preventative</i>		✓	✓			✓	*			✓	✓	✓
<i>Offered early in difficulty</i>		✓			✓	✓	*	*		✓	✓	✓
<i>Partnership</i>	✓	✓	✓	*	*	✓	*	*	*	*	✓	
<i>Time Limited</i>			✓			✓	✓					
<i>Outcomes focused and evidence based</i>	✓		✓			✓	✓				✓	
Practice characteristics												
<i>Relationship based</i>		✓	✓	✓		✓			✓	✓	*	✓
<i>Non-judgmental</i>		✓	✓	*		✓		*	*	✓		✓
<i>Respectful</i>	*	✓	✓		✓	✓					✓	
<i>Reflective Practice</i>		*	✓				*	*	✓	*	*	

✓ Underpinning the programme/ model

* Recommendation of the research thesis for future practice

Combining the findings on the theoretical basis or perspective with the service and practice characteristics, the majority of the agencies and services reviewed, based on the analysis of the research theses, are highly reflective of a Family Support approach. The service provided by the community based public health nursing is reflective of 12 of the 15 features of Family Support identified in the findings of this study.

The intergenerational support programme is reflective of a total of 11 of the features, and the parent support programme in the children's mental health service is reported as being informed by 10 of the 15 features. As noted, this is not to say that there are not additional aspects of Family Support in practice in those particular services, rather, that which is reported in the research theses. A lower rating is reflected in the support programme for parents of children with an intellectual disability (two in total and six recommended) and the addiction programme (three in total and seven recommended).

The documentary analysis of the Family Support research theses strongly indicates applicability of the approach across issues and across disciplines in the current practice contexts. The practice models reviewed are all based on at least one named theoretical framework, with the majority reflective of three or more. The Family Support service and practice are also represented in the majority of models reviewed. This review highlights the relevance and applicability of the named theories and characteristics across a range of agencies, disciplines, and programmes. The findings will be further discussed with reference to the current perspectives on Family Support practice in Chapter six.

A summary of the key findings on Family Support as an approach across roles and disciplines is summarised in Table 5.20.

Table 5.20: Summary of key findings of Family Support as an approach in practice

The Family Support research studies strongly indicate and support the applicability of the approach across issues and across disciplines.

The theories and characteristics of Family Support are reflected in a range of disciplines and programmes of work.

Five: Family Support and child protection

Family Support and child protection are viewed as two distinct orientations in the delivery of services for children. The debate on this distinction between supporting and protecting children was raised as an issue in the Family Support discourse by the majority of participants in this study (n= 20 (Pn = 12 and Pt = 8)). A number of key points were made in relation to the commonalities and distinctions involved in the two approaches.

Orientation One: Child protection and Family Support as two separate approaches

Respondents, in the main, reflected on a perceived division between these two foci in intervening with children and families, and the difficulty which this can cause for all involved. Concerns were expressed that a tendency exists to afford child protection a higher status than Family Support, with a greater value placed on the child protection interventions with families. A perceived lower value and recognition placed on direct work with children and parents as opposed to: “*case management or coordination*” (Pn10) was portrayed as an example of this. A sense was also expressed that, in many instances, current statutory child protection practices involve a significant element of case management, as opposed to any direct involvement with family members. This role is not reflective of traditional social work practice, and participants reflected that the: “*potential of spending time, building relationships, and supporting and promoting change with families is more akin to what social work practice is about*” (Pn12).

Regretfully, and with serious misgivings, one participant stated that there appears to be a culture of: “*Family Support is very good if you can get to it, but we won’t be able to spend that amount of time because we are so busy*” (Pn7). This perception is highlighted as: “*one of the greatest challenges to tackle for Family Support and child care services generally, both from a policy as much as a practice perspective*” (Pn7).

As described by one respondent:

“statutory social work, in many cases is so narrowly focused and child protection orientated that the service can now offer nothing other than case coordination and form filling” (Pt4).

Participants were concerned with distinguishing between the two approaches and allocating responsibility to one particular discipline such as statutorily employed social workers.

“It’s an issue the public health nurses, doctors, teachers, the guards and the courts and others who also have a role to play in protecting children not necessarily perceived as having a remit in this area” (Pn3).

Allocating responsibility in such a strict sense allows for particular disciplines to view child protection as: *“someone else’s business and places huge demands on the resources available to the ‘designated’ discipline” (Pn12).*

One participant reflected how the social work profession: *“wrapped its arms around child protection”* after it was established, and suggested that: *“this is not particularly helpful for current day children and families services” (Pt14).* Even within statutory social work teams, a distinction between child protection and child welfare teams is highlighted as also allowing for a sense that child protection: *“belongs to one specific role”* and not necessarily: *“part of my brief” (Pt13).*

Considering reasons why Family Support may not receive the same level of political attention as child protection and alternative care, Pn13 suggested that the lower visibility and costs involved in Family Support may play a part in this. Furthermore, Pn13 continued that the level of perceived crisis may be highest in child protection and alternative care because:

“the media are alert if a child dies or if there is a high profile abuse case – someone has to explain to the public, but who cares about the pain of a playgroup or a parents’ support centre closing... it is the Cinderella of the three areas; children in care, child protection and Family Support”.

From a service organisation perspective participants felt that:

“two strands such as prevention and child protection shouldn’t be set against each other as an ‘either or’ situation, as a crisis oriented system will always win out in terms of resource allocation” (Pt12).

Participants suggested that such a narrow approach does little to provide a preventative needs-led responsive service to children and families.

Orientation Two: Child protection and Family Support as a joined approach

Respondents emphasised how a robust and effective child protection system cannot be achieved without: *“a broader framework of welfare and support”* (Pn12), with protecting children synonymous with *“supporting families”* (Pt5), with both *“practices sitting together, absolutely”* (Pn13):

“I think there are certainly occasions when a rigorous child protection system is needed, but I think there are a lot of cases where that isn’t needed and a strong preventative Family Support service that works in partnership with families that is not about surveillance or not about exacerbating the situation, but there to actually help families is what is required” (Pt4).

Examples of initiatives with both protective and supportive services working in tandem with common approaches were proffered by respondents. Thorough assessment of need, and appropriate channeling of referrals so that families can avail of appropriate interventions to support and protect children with: *“connecting points”* (Pn10) to transfer from one type of service to another were noted as essential components of a robust system which protects and supports. Services, it was suggested by respondents, must be organised so that the allocation of resources is toward the: *“children most in need, with a link between systems that speak to each other, as appropriate, through different processes”* (Pn4). Furthermore:

“child protection can, in the majority of instances, be delivered in a family supportive way... what’s the point of rolling social workers up to a family’s front door without a menu of support services behind them?” (Pn4).

There was an overall sense among participants that:

“it must be recognised and uniformly accepted that any intervention to improve the lives of vulnerable children is difficult, demanding and very important work, with different interventions required, depending on the circumstances, and none of those interventions should have a higher status over others, that they’re equally important (Pn12).

It was also emphasised that the orientation of the system: *“has to come from the perspective of children’s interests, and it’s very important that where children are seriously at risk that the services are adequately resourced to investigate and intervene very rapidly” (Pn3).* Referring to the child protection system specifically, one participant continued:

“I’m not in denial of really severely abusive behaviour, but, rather, hold a belief that to push people into what is a blaming system, adds insult to injury where people are coping with the sort of problems I couldn’t cope with” (Pn4).

It was also noted that both protecting and supporting children and families are extremely challenging practices which require experienced and skilled teams of workers. Removing children who are not receiving adequate care and protection from their families was, suggested by one participant, an easier option in some senses, which does not: *“require the level of input and innovation involved in keeping a troubled family together” (Pn12).*

Supporting families throughout a child protection process and onwards throughout a care placement was also reflected on by this group. Across relative, non-relative and residential care placements, participants suggested that a supportive approach can be adopted by workers involved. Because the ultimate goal of the majority of placements is for children to be returned to live with their family unit, it holds that the potential capacity of that family should be promoted and nurtured at every possible opportunity. Recognising that there will be particular junctures in the process where difficult decisions may be taken against the wishes of the family, it is nonetheless held that adhering to the Family Support principles of a non-judgmental and respectful approach during this process will, in the majority of circumstances, support positive contacts and, where possible, reunite family members.

The diversity of family forms, and the challenges in working with uncooperative or seriously manipulative family members, was also discussed. The issue of family members abusing their children is noted as a relatively new concept in an Irish context, and one which has radically altered over the last three decades. While families where poverty and neglect was evident were traditionally viewed as requiring support, the issue of serious physical abuse and sexual abuse of children has only emerged latterly in public thinking and discourse on Irish family life:

“There is a severity of problems and level of trauma and emotional burden present now that is so much greater than what was experienced before, with the role of professionals having had to dramatically and rapidly change” (Pn8).

This has implications for both models of service delivery and for education programmes for professionals working in the area. Concerns about the effect of: “burn out” (Pt6) and: “disillusionment” (Pt4) among workers involved in such roles over long periods with inadequate resources, were stressed, with a possible corresponding negative impact on the practices engaged with children and families.

Consideration regarding the role of the Constitution in traditionally revering the family and family life in Ireland was also raised by respondents in their deliberations on the response to, and addressing the impact of familial child abuse. The rhetoric and practice traditionally focused on a ‘hands-off’ approach by the State with regard to family matters and the relationship between children and their parents. A further consideration is that in contemporary practice, the level of skills and expertise which is required in detecting child abuse in families (albeit the minority) where there is a significant element of manipulation and deceit. There are implications for professional training and also service delivery in how to identify families where there is a common will and effort to improve the wellbeing of children, and those where there is not a positive emotional connection between members, or an innate sense of goodness. In such instances, there is also a requirement for a skilled effort on behalf of the workers involved to negotiate and attempt to achieve change and redirection while protecting the children concerned.

As noted:

“it becomes absolutely critical in distinguishing between Family Support in its simple, trusting kind of form and a need for close family surveillance... if you don’t get that balance right you can be in big trouble” (P12).

Associated with the issue of non-cooperation is participants’ consideration of power within the relationship between the workers involved and the family members. There is an onus on workers in the required situation to: *“challenge parents if their practice if not acceptable”* (P12), and to address and question their efforts to meet the needs of their children.

A summary of the key findings on Family Support and child protection as an orientation in children’s services is provided in Table 5.21.

Table 5.21: Summary of key findings on Family Support and child protection

A debate on Family Support and child protection is at the forefront of discourse in children and families service provision.

A divergent view is held that child protection and Family Support are separate systems, or conversely, synonymous activities. A perceived difference exists in the status attached to each orientation.

Allocating a child protection brief to social work personnel only is not conducive to promoting the view that protecting children is a responsibility of all working with children.

A distinction between both approaches is not helpful in terms of service delivery or distribution of resources. A Family Support approach is applicable in child protection and alternative care services.

The impact of working in protecting and supporting children can be difficult for practitioners, with additional challenges involved, and specific training required for working with uncooperative families.

Section summary

The overall findings and the main points expressed by participants in relation to objective two on examining current perspectives on Irish Family Support practice are presented in this section. The findings included a number of key points, with five overarching findings emphasised by both cohorts of respondents. The five findings are: clarity on what Family Support is; a theoretical framework for Family Support; how Family Support is delivered, including service delivery and practice characteristics; the applicability of Family Support across roles and disciplines; and the debate on Family Support and child protection in children's services. A summary of the main points under each of these findings is presented in Table 5.22

Table 5.22: Summary of key findings on current perspectives on Irish Family Support practice

Key findings on current perspectives on Irish Family Support practice	Summary of main points
1. Clarity on the meaning of Family Support	<p>An accepted understanding of Family Support is necessary in order to advance and embed Family Support as a key player in the policy, practice, research and academic arenas.</p> <p>Family Support is an approach to working with children and families, which can be applied to a range of disciplines and roles, across a continuum of services, at all levels of need. This includes universally available supports and more targeted specialist services.</p> <p>Specialist training in the Family Support is necessary if all disciplines are to adopt this style of work in their practice.</p>
2. A theoretical framework to underpin Family Support	<p>Family Support is underpinned by an amalgam of a number of theories including: Social Ecology, Attachment, Social Capital, Social Support, and Resilience.</p> <p>Less attention was paid by respondents to the theoretical framework for Family Support in comparison to other aspects of Family Support.</p> <p>The introduction of social ecology brought significant change to practice with children and families.</p> <p>The sense of belonging and importance of attachment which comes from family was noted as irreplaceable, and a fundamental premise underpinning the Family Support approach.</p>
3. How Family Support is delivered (a) The characteristics of Family Support services	<p>Assessment of children's needs, with a focus on strengths and existing resources, accompanied by a responsive support plan, is a feature of a needs-led Family Support approach. Accessible, flexible services which provide support across the life stages form part of a needs-led response.</p> <p>Meaningful partnership with children, parents, and agencies is a requirement of Family Support practice.</p> <p>Inequality, as a result of status or power differentials between practitioners and families, can impact on efforts at partnership. In reality, partnership with families is not always evident in practice.</p> <p>Working with children and families to prevent difficulties occurring, intervening early where there are difficulties, and early in the stages of a child's life are key principles of Family Support practice.</p>

	<p>Attention to children's outcomes and an evidence base for practice increasingly informs the delivery of services.</p> <p>Training for practitioners is necessary in order to ensure the skills to practice in an outcomes-focused manner.</p>
<p>3. How Family Support is delivered</p> <p>(b) The characteristics of Family Support practice</p>	<p>The relationship building process is central in working with children and families. The style adopted by individual practitioners is an important factor in the quality of the service delivered.</p> <p>The arbitrary nature and providence regarding the service received by children and families, dependent on the style of individual practitioners, was noted as completely unsatisfactory.</p> <p>The range of skills and competencies required to work effectively with children of all ages, and with parents, is extensive.</p> <p>Working with children and families in a non-judgmental and respectful manner is a core Family Support value. The dynamics of interpersonal relationships, the skills involved in non-judgmental respectful practice, and models for reflection need to be included in practitioner training programmes.</p> <p>High quality supervision and opportunities for reflective practice are essential in promoting best practice and supporting practitioners. In-service training in the supervision process is required as both a supervisee and supervisor.</p>
<p>4. Family Support is an approach across a range of disciplines and roles</p>	<p>The Family Support research studies strongly indicate and support the applicability of the approach across issues and across disciplines.</p> <p>The theories and characteristics of Family Support practice are reflected in a range of disciplines and programmes of work.</p>
<p>5. A debate on Family Support and Child Protection.</p>	<p>A debate on Family Support and child protection is at the forefront of discourse in children and families service provision.</p> <p>A divergent view is held that child protection and Family Support are separate systems, or conversely, synonymous activities. A perceived difference exists in the status attached to each approach.</p> <p>Allocating a child protection brief to social work personnel only, is not conducive to promoting the view that protecting children is a responsibility of all working with children.</p> <p>A distinction between both approaches is not helpful regarding service delivery or distribution of resources. A Family Support approach is applicable in child protection and alternative care services.</p> <p>The impact of working in protecting and supporting children can be difficult for practitioners involved, with additional challenges involved and specific training required for working with uncooperative families.</p>

Section Four: identifying and assessing the impact of, and academic learning attained through a postgraduate programme in Family Support studies in Ireland (Objective Three)

Introduction

The main findings of the questionnaires (n=62) and the interviews (n=12) conducted with participants who are current students on, or graduates of the Family Support Studies programme are presented in this section. This aspect of the research focussed on the impact of and academic learning attained through the postgraduate programme. Participants interviewed reflected on the changes to their style or approach to practice over their time on the Family Support programme. In their responses to both the questionnaire and interview, participants referred to specific skills and learning acquired on programme, including theoretical concepts and characteristics of Family Support practice.

While four of the interviewees and 23 respondents who completed the questionnaire were participating in the programme at the time of the research, the remainder had graduated from a range of programme intakes, and were continuing to practice in the area of children and families services. In certain sections of the questionnaire, respondents did not complete specific questions. This research was conducted towards the end of the academic year, and therefore, a small number of questions were not applicable to respondents in year one of the programme. Where the total number of respondents is less than 62, this is indicated and explained in an accompanying footnote.

The findings on the impact of, and academic learning attained through the overall Family Support Studies programme is first presented, followed by specific data on individual modules. The application of the learning from the programme and its influence on current practice is then examined from a service and practice perspective.

Family Support Studies programme

All respondents reflected on their general learning and overall experience of participating in the Family Support Studies programme. There was a universal sense expressed by participants that their perspective and practice had changed as a result of completing the programme. Specific comments made in their interviews included:

- “the programme gives you hope and inspiration in your work” (Pt5);
- “it has changed my mindset or perspective” (Pt1);
- “seeing that a child doesn’t just come to you, that she is bringing everything with her, even that has opened my eyes” (Pt10);
- “I’d seriously challenge certain practices now” (Pt12);
- “now I see that if I can just get in and find one little thing that’s happening well, we can effect change” (Pt9);
- “only when I did the course did I realise we were only chipping away at the one old block really. We weren’t getting through at all, and needed to change practice” (Pt4).

There was consensus among participants on their increased overall confidence in using a Family Support approach to underpin their practice:

“I’m much more confident and competent in terms of what I am trying to deliver and how I hope to deliver it, and in the practice of supporting families in relation to a variety of needs” (Pt7).

Respondents were asked to rate whether the programme had supported them to act as an advocate for Family Support. Their results are illustrated in Table 5.23. A large number of respondents (72 per cent) reported that the Family Support programme had a *very significant or significant influence* on their role as an advocate.

Table 5.23: Influence of programme on acting as a Family Support advocate

Family Support Advocate	Frequency	Valid %
Very significant / Significant	42	72
Moderate	12	22
Not at all	2	3
Don’t Know	2	3
Total ¹²	58	100

¹² Three respondents indicated that this question was not applicable, and one respondent did not answer this question.

A number of those interviewed also specifically referred to their increased confidence in advocating on behalf of Family Support.

“I have become a complete advocate for family support, but in a more confident and knowledge based way. I have given presentations at staff meetings and feel more able to articulate confidently things that I know now” (Pt5).

“I have a stronger affinity or identity, and I feel myself I would be a stronger advocate now of the Family Support perspective, than I was prior to doing the Masters course” (Pt1).

Respondents were also asked to indicate their employment circumstances before commencing the Family Support programme, and at the time of the research. This referred to their place of employment and their role with their agency. The findings on participants’ employment status are presented in Table 5.21 and Table 5.22, below.

Table 5.24: Place of employment on commencing programme, and at time of research

Place of employment	Commencing Family Support programme		2009	
	Frequency	Valid per cent	Frequency	Valid per cent
Voluntary	31	50	31	50
Statutory	27	44	24	39
Other	4	6	7	11
Total	62	100	62	100

There was little change in the employment circumstances of respondents from when participants commenced the Family Support programme to the time of the research. Reported changes involved three participants moving from a statutory organisation, and three moving to ‘another’ organisation.

Table 5.25: Employment role upon commencing programme, and at time of research

Employment role	Commencing Family Support programme		2009	
	Frequency	Valid per cent	Frequency	Valid per cent
Front line	32	51.6	29	46.8
Managerial	22	35.5	25	40.3
Policy	2	3.2	1	1.6
Other	6	9.7	7	11.3
Total	62	100	62	100

Similarly, the majority of participants did not experience any change in the organisation they worked for, or in their role. Three participants moved from a frontline role, and one participant changed position from a policy role.

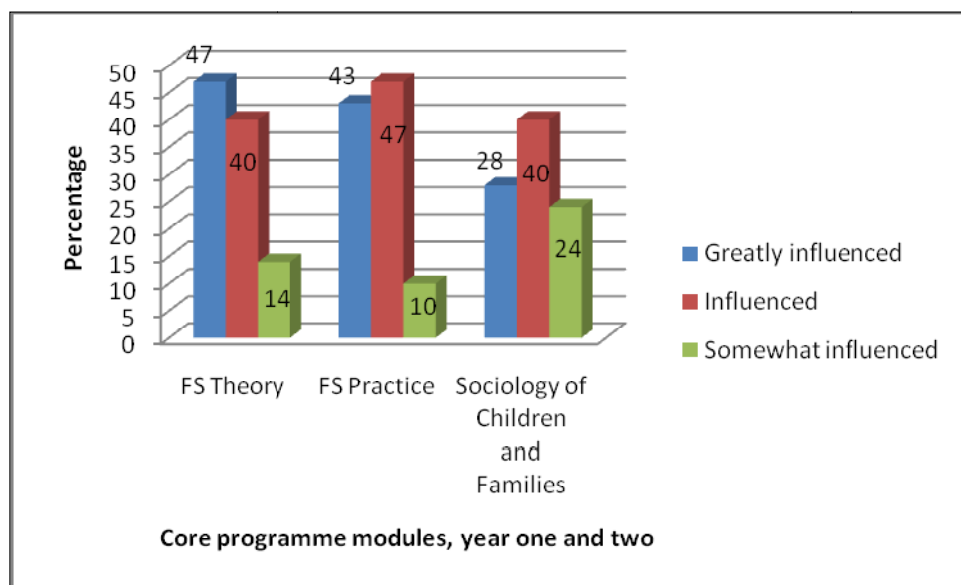
Programme modules

Participants were asked to rate which of the programme modules influenced their practice. There are three core modules delivered in year one and two of the programme: Family Support Theory, Family Support Practice and Sociology of Children and Families. Other additional modules are delivered over the two years of the programme: Community Development, Child Protection and Alternative Care, Family Support with Vulnerable Populations in year one; and Health Promotion and Family Law delivered in year two. An applied research project is also completed each year by students. The findings on the three core modules is firstly presented, and is illustrated in Figure 5.1, below¹³.

Just under half of respondents were *greatly influenced* by Family Support theory (47 per cent) and by the Family Support practice module (43 per cent), with less than half (28 per cent) being *greatly influenced* by the module on the Sociology of Children and Families. A similar number of participants were *influenced* by the three core modules, with 40 per cent *influenced* by Family Support theory and Sociology of Children and Families, and 47 per cent *influenced* by Family Support Practice.

¹³ A total of 58 respondents completed these questions, rating the three modules as indicated.

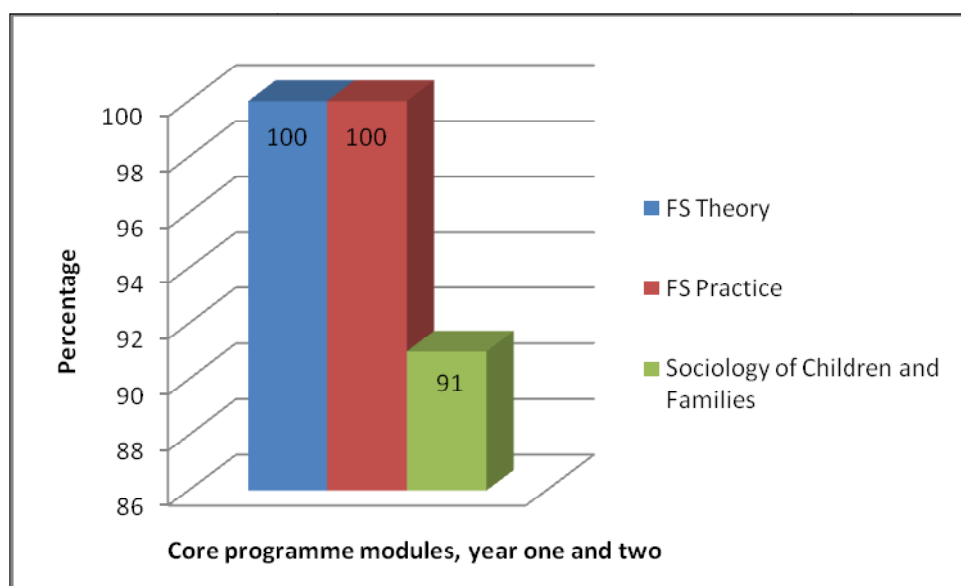
Figure 5.1: Influence of the core Family Support programme modules, year one and two



Using the data which corresponds to the “*greatly influenced*”, “*influenced*” and “*somewhat influenced*” ratings, it is possible to aggregate the overall positive influence of the modules on respondents’ practice. This data is presented in Figure 5.2¹⁴. These three modules had the most influence on participants overall, with all of the respondents (100 per cent) highlighting Family Support Theory and Practice as a positive influence, and a majority of participants (91 per cent) highlighting the module on the Sociology of Children and Families as positively impacting on their current practice in children and family services.

¹⁴ A total of 58 respondents completed these questions, rating the three modules as indicated.

Figure 5.2: Aggregated influence of core Family Support programme modules, year one and two



Respondents described having acquired a clearer understanding of what Family Support is and the characteristics of a Family Support approach, and highlighted this as an important and beneficial outcome of the programme. Participants referred to having increased structure to their work, an overall change in their practice as a result of incorporating the Family Support principles, a new found awareness of the amount of Family Support inherent in their role, and clarity on what a Family Support approach means in practice.

“Family Support is much less nebulous. I would now find myself absolutely very clear about what it is I do in terms of Family Support and how I can link with other services and how those services can link with me” (Pt7).

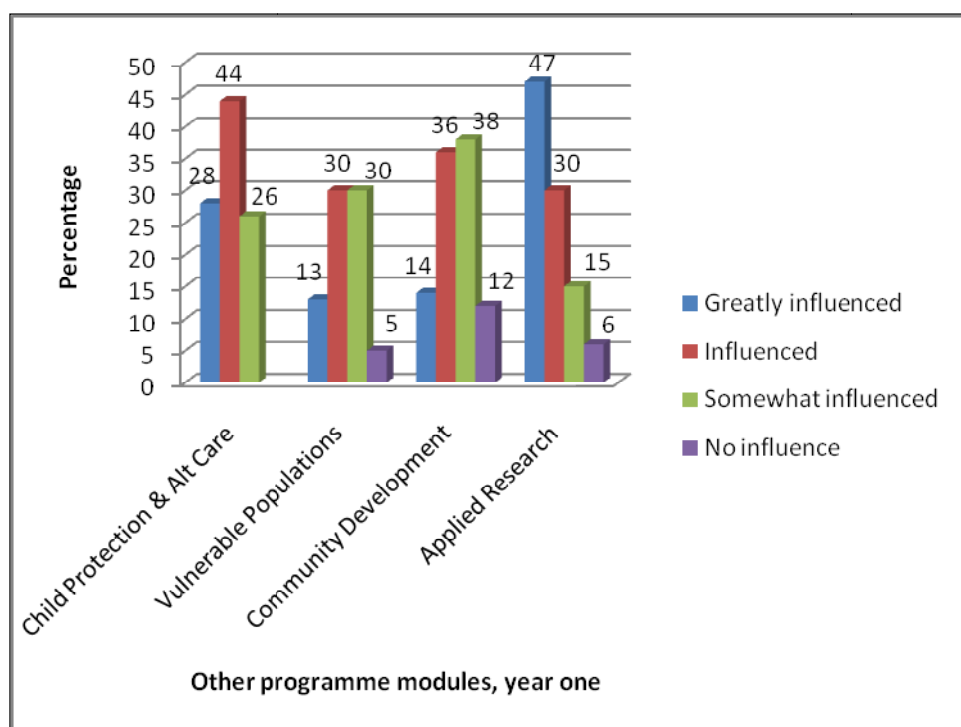
“I came out of the programme with a much clearer idea in my mind about what constitutes Family Support, the models of practice, the theoretical basis and if you like, an accepted mindset or perspective on it” (Pt4).

The additional five modules are delivered over year one and two of the programme, with an applied research based project undertaken in both years. The data on the modules in year one is illustrated in Figure 5.3¹⁵. The year one applied research project *greatly influenced* 47 per cent of respondents. The modules on Child Protection and Alternative Care *greatly influenced* 28 per cent, with Family Support

¹⁵ A total of 58 respondents completed these questions, rating the additional modules in year one as indicated.

with Vulnerable Populations and Community Development *greatly influencing* 13 and 14 per cent, respectively. Child protection and Alternative Care was rated as *influencing* 44 per cent of participants, Family Support and vulnerable populations as 30 per cent and Community Development as 36 per cent of participants.

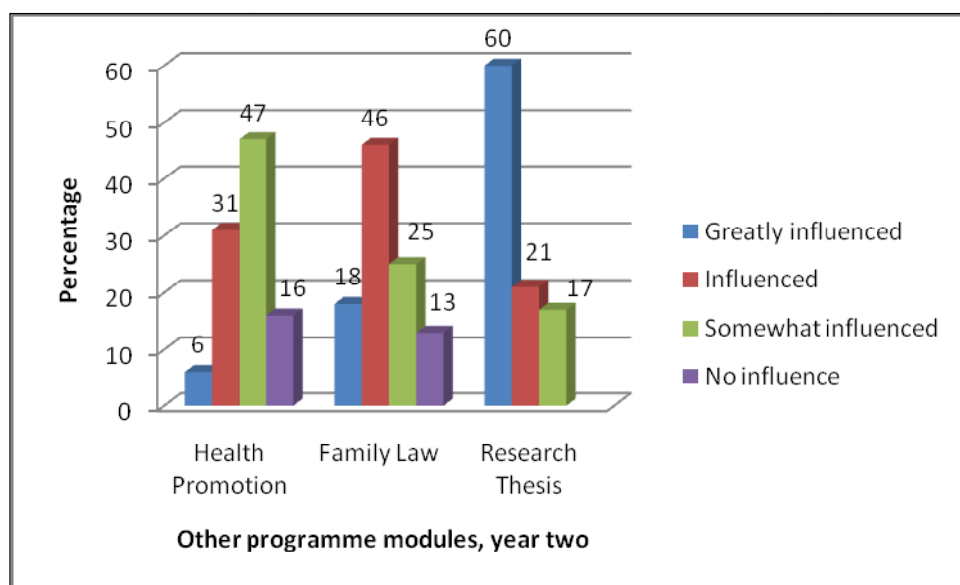
Figure 5.3: Influence of the other modules on Family Support programme, year one



The data on the modules in year two is illustrated in Figure 5.4¹⁶. The research thesis completed in year two was rated as *greatly influencing* practice by 60 per cent of the respondents. Six per cent of respondents were *greatly influenced* by Health Promotion, with 31 per cent *influenced* and 18 per cent of respondents *greatly influenced* by Family Law with 46 per cent *influenced*.

¹⁶ A total of 49 respondents completed these questions, rating the modules as indicated

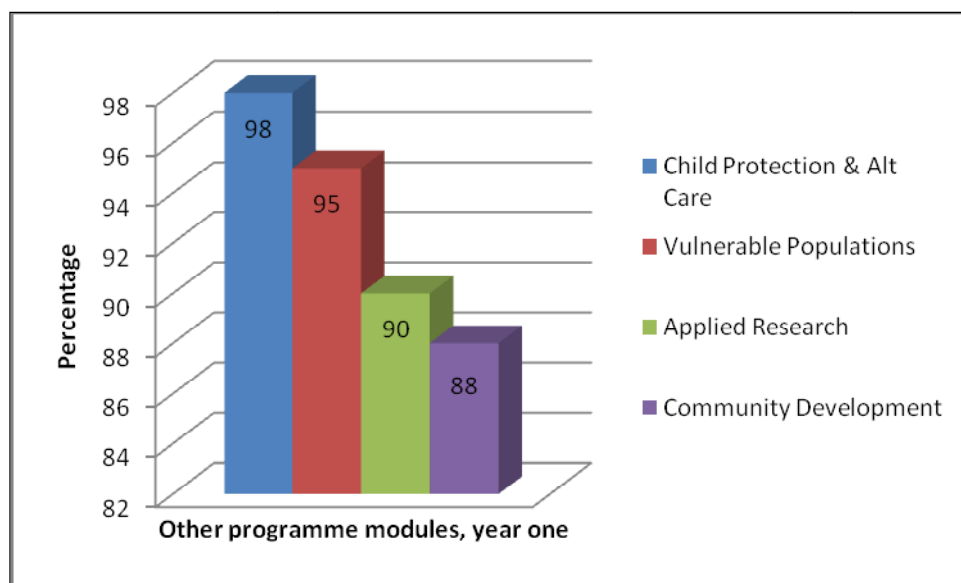
Figure 5.4: Influence of other modules on Family Support programme, year two



Again, using the data which corresponds to the “*greatly influenced*”, “*influenced*” and “*somewhat influenced*” ratings, it is possible to aggregate the overall positive influence of the additional modules. This is illustrated in Figure 5.5¹⁷. The Child Protection and Alternative Care modules were reported as having an overall positive influence on 98 per cent of participants, with 95 per cent reporting Family Support and Vulnerable Populations as an overall positive influence. The applied research was rated by 90 per cent of respondents as a positive influence.

¹⁷ A total of 58 respondents rated these modules as indicated

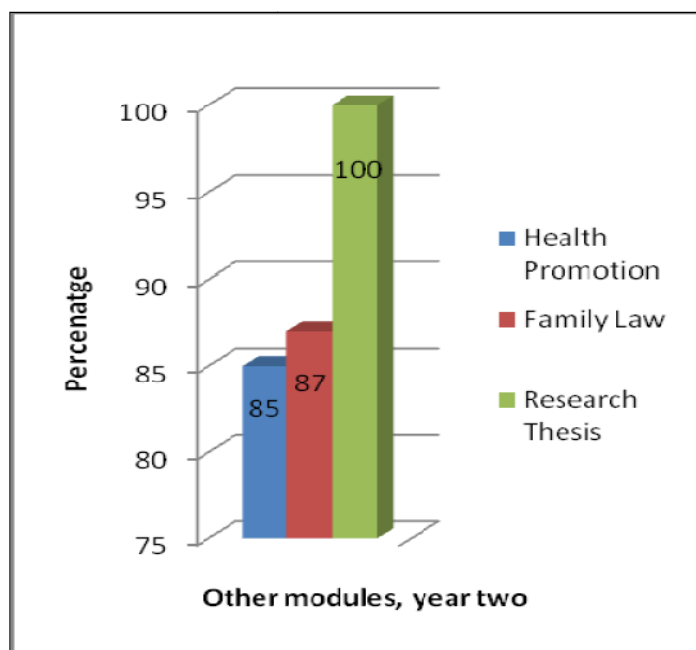
Figure 5.5: Aggregated influence of other Family Support programme modules, year one



The aggregated data on the remaining modules on Health Promotion and Family Law and the year two research project are illustrated in Figure 5.6¹⁸. The research thesis was a positive influence overall on all (100 per cent) of the respondents. The Health Promotion and Family Law modules received a similar rating, with 85 and 87 per cent of participants, respectively, reporting them as overall positively influencing their practice.

¹⁸ A total of 49 respondents rated these modules as indicated

Figure 5.6: Aggregated influence of other Family Support programme modules, year two



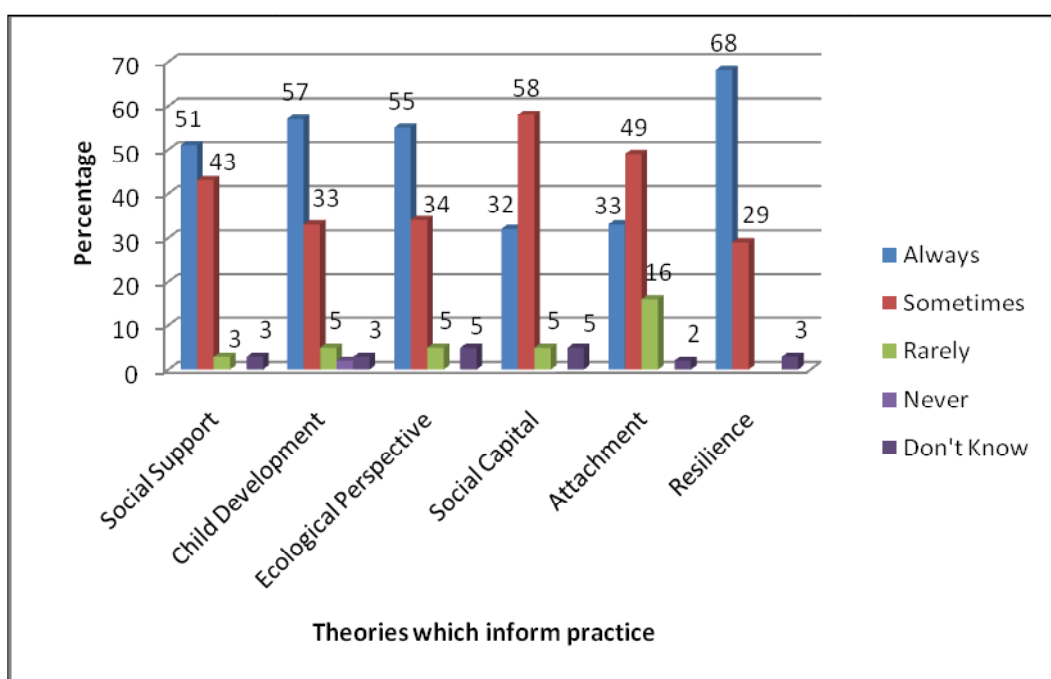
Of those who rated the two research projects as positively influencing their practice, a variety of reasons were attributed to this. These included:

- increased knowledge of national and international evidence on what works;
- a greater understanding of social science research and its impact on practice;
- developing of new skills and models of practice;
- an increased ability to apply theory to practice;
- an opportunity and ability to reflect on practice; and
- an ability to use research findings to inform practice.

A theoretical base to practice

Respondents were asked to report on the theories which actively inform their practice on a regular basis. This data is presented in Figure 5.7. Resilience theory was reported as having a significant impact on practice, with 68 per cent of participants rating it as *always* informing their practice, and 29 per cent of participants as *sometimes* informing their practice (97 per cent in total). Combining the two ratings, an *always* or *sometimes* rating was reported by the majority of respondents with regard to social support (94 per cent), social capital (90 per cent), child development (90 per cent), social ecology (89 per cent) and attachment (82 per cent) as informing their practice.

Figure 5.7: Theories which inform practice of Family Support students or graduates



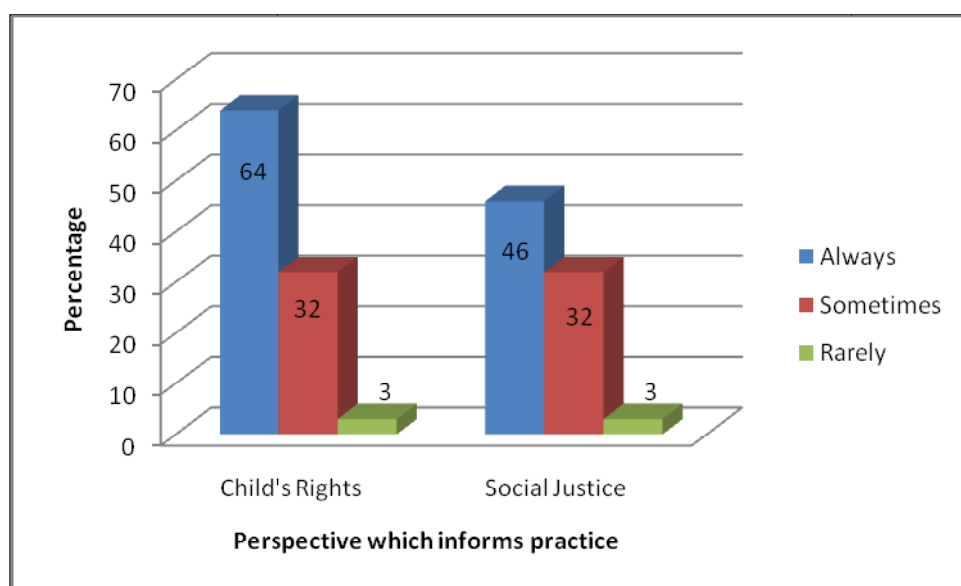
Acquiring a sound theoretical base for their practice also featured strongly in the learning accrued on the programme by the participants interviewed. Participants emphasised the acquisition of an understanding of the theoretical foundation for their practice as a significant and positive outcome of their involvement on the programme. Respondents referred to the fact that, in many instances, while their practice before their involvement in the programme may have reflected in part the theoretical concepts learned on the programme, they were not aware of the teachings of the theory or the possible outcomes from framing their practice in this way:

“I think I’ve learned a lot around things that may have been there but I’d no names on them, looking at resilience for example...it was like being able to put words on it, it’s like suddenly it was all falling into place” (Pt9).

“You can be out there on the ground all you like but you do need to be taught the theory as well... to actually know why things happen, that was the biggest plus for me doing the M,A that I learned actually how and why these things can happen” (Pt4).

Participants were also asked to indicate if a child’s rights and social justice perspective (taught in the Family Support Theory, Sociology of Children and Families and Family Law modules) actively informed their practice on a regular basis. The results are examined below, and illustrated in Figure 5.8. A child’s rights perspective was rated by the majority of participants (64 per cent, and 32 per cent respectively) as *always* or *sometimes* informing their practice. A social justice perspective was rated by 46 per cent of participants as *always* and 32 per cent as *sometimes* informing their practice.

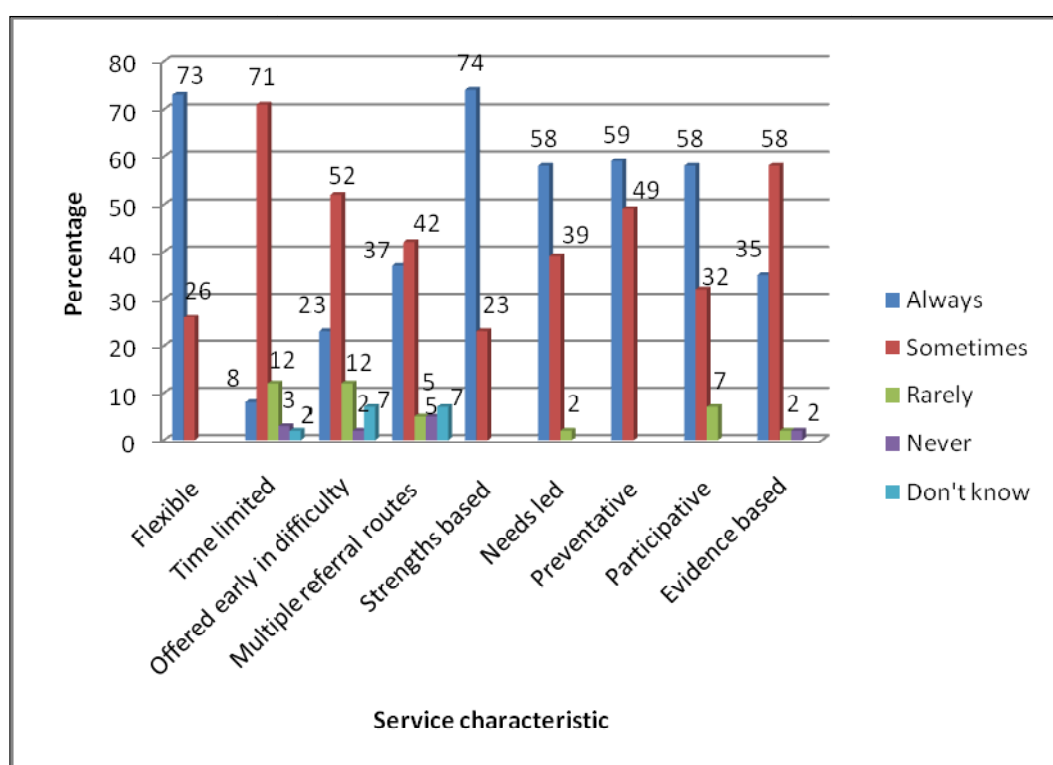
Figure 5.8: Perspectives which inform practice of Family Support students or graduates



How Family Support is delivered: service and practice characteristics

Participants were asked to indicate if characteristics related to both service delivery and individual practices reflected their work on a regular basis. For the purpose of clarity, the data on the service characteristics are presented first, as illustrated in Figure 5.9¹⁹ followed by the data on characteristics of individual practice, illustrated in Figure 5.10 below. A flexible service (73 per cent) with multiple referrals routes (37 per cent) and offered at an early stage in a difficulty (23 per cent) was reported as *always* a feature of practice of participants. A time limited approach was reported as *always* being a feature of service delivery by 8 per cent of participants. Participants also reported service characteristics reflective of a strengths-based (74 per cent and 23 per cent), preventative (59 per cent and 49 per cent), needs-led (58 per cent and 39 per cent); and participative (58 per cent and 32 per cent) service as *always* or *sometimes* informing practice. An evidence base was reported by 35 per cent of participants as *always* informing practice.

Figure 5.9: How Family Support is delivered; service characteristics



¹⁹ A total of sixty-one respondents rated the service characteristics as indicated.

Related to a rights-based perspective, participation of children in matters which effect them and opportunities to express their opinions featured strongly in respondents' comments, and was attributed as a direct outcome of their learning on the programme. Specific examples of how the programme encouraged their practice of giving a voice to the children and parents they work with in a meaningful way were articulated:

"I would now make sure I consult with the children first... what they would like, where things should be and what would be important for them... then at the same time try and consult with the parents and see well, actually, what is it you want" (Pt12).

"I always had an idea to get parents into courses; if we could get them there they'd be grand. And when I started this course and the practice task²⁰, a light bulb went on... Who am I to tell them to go into courses? That even was a huge learning... to say, hold on a minute, I need to meet parents where they're at" (Pt9).

Elaborating on this point, respondents further suggested that their approach to consulting with children and families changed almost immediately upon commencing the programme. Prior to this, participants recalled how, in many instances, while they attempted a process of consultation it was often more tokenistic than of any real value. Participants described how they are currently engaging in more varied and meaningful approaches to involving children and families, and ensuring that their views and opinions are sought and listened to. The direct result of an increased sense of ownership and involvement in particular initiatives by families was highlighted by respondents as one outcome of this more inclusive approach.

A number of respondents also noted in their interviews that, as a result of their learning on the Family Support programme, their practice is increasingly underpinned by a strong evidence base with a focus on outcomes:

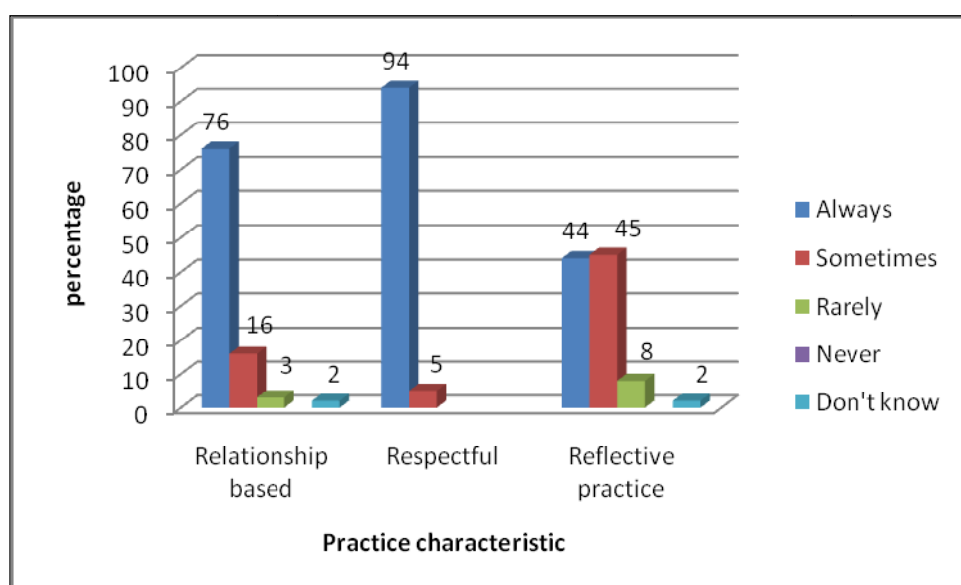
"I have the knowledge now that the research shows that the core methods used in Family Support actually work and are effective, and can have positive outcomes for children and their families" (Pt5).

²⁰ Applied research project undertaken in year one of the Family Support Studies programme.

“I am more confident now that I know the evidence base and evaluation behind the work” (Pt6).

Specific characteristics of Family Support practice were reported as informing individual practice and illustrated in Figure 5.10.²¹ Reflective practice was reported as *always* being a feature of practice by 44 per cent of participants, with a further 45 per cent reporting it as *sometimes* being a feature of practice. A respectful approach to working with children and families was reported as *always* informing the practice of the majority of participants (94 per cent). A number of participants reported a relationship base (76 per cent) to their practice.

Figure 5.10: How Family Support is delivered; practice characteristics



Respondents also commented on their use of models of reflective practice on a regular basis following their learning on the programme:

“I am more likely now to go away and think about the implications of what is happening with children and families. I have the theory and the knowledge now, but I also now reflect on the different aspects of a given situation and consider it from all angles” (Pt9).

I'd always go away now, take time, no matter what has happened with a staff member or parent and reflect - really look in my gut and think about what's really happening here” (Pt5).

²¹ Similarly a total of 61 respondents rated the practice characteristics.

Respondents highlighted the influence the programme had had on their practice and indicated the level of this change. This data is illustrated in Table 5.26²². Areas where their practice had changed due to the influence of the programme were outlined. Specific areas where practice had changed included:

- the use of assessment tools;
- adopting a model of reflective practice;
- an awareness of policy and its implications for practice;
- understanding of the impact of environmental factors;
- a focus on outcomes and indicators of change;
- accessing informal supports and families' own strengths;
- underpinning practice initiatives with a theoretical basis; and
- the use of Family Support principles as criteria to guide practice.

Table 5.26: Influence of Family Support programme on practice and degree of change

	Influence on practice		Degree of change	
	Frequency	Valid per cent	Frequency	Valid per cent
Very significant	24	40	15	25
Significant	27	45	28	46
Moderate	8	13	16	27
Don't Know	1	2	1	2
Total	60	100	60	100

The increased knowledge base and theoretical framework to underpin practice are clearly identified as increasing respondents' sense of confidence. However, the overall recognition of the Family Support approach at a Masters Degree level is also acknowledge as a contributing factor to this. The academic endorsement of Family Support at this specialised postgraduate level is viewed as an indirect outcome of the programme overall, contributing to a sense of confidence in participants to practice, promote and advocate a Family Support approach.

²² A total of sixty respondents answered this question.

A number of respondents also referred to the fact that their personal and professional development in relation to the Family Support practice is an ongoing process, with the postgraduate programme one component of that. Participants currently engaged in the programme referred to their expectation that on completion of the course they will be more available to implement their learning on their approach to practice. Reference was also made to their experience of working in partnership with practitioners who have completed the programme, describing a common approach used with a strong focus on families' strengths. One participant noted how practitioners involved with the programme are:

“fully aware of the benefits of family support, they are engaging with families in a partnership, it's respectful, it's not patronising, you know that families' opinions will be valued and that people will be looking for solution...it's essentially working your way out of a job” (Pt2).

The potential for the longer-term and wide-ranging influence of the programme on how practitioners work with families is suggested as “*monumental*” (Pt8), as increased numbers of practitioners participate in the programme and adopt the Family Support approach in their practice.

A summary of key findings on the impact of, and academic learning attained through the Family Support Studies programme is illustrated in Table 5.27.

Table 5.27: Summary of key findings on the Family Support Studies programme

Key findings on the impact of, and academic learning attained through a postgraduate programme in Family Support studies
<p>The programme overall instilled confidence, brought about a change in practice and supported participants to act as an advocate for Family Support. An understanding of Family Support and clarity in the practice and roles was accrued on the programme.</p> <p>The three core modules had the greatest influence on participants, with resilience theory reported as the most influential on practice. Social support, social capital, social ecology, child development and a child rights' perspective were influential for the majority of participants.</p> <p>Participants were engaged in more meaningful consultation with children as a result of their learning on the programme.</p> <p>The service and practice characteristics referred to by participants in the first phase of the study were reflective of the service delivery and individual practices respondents were involved in.</p> <p>The potential for the longer term wide-ranging impact of the programme is evident, with a growing population of participants who apply a Family Support orientation to their practice.</p>

Summary of key findings

This chapter set out the key findings of the research study. The findings of the data relating to objectives one to three is presented in this chapter. However, objective four of the research has not yet been addressed. Objective four set out to consider the implications and make recommendations on the future of Family Support as an approach to practice with children and families, based on the findings of this study. This next section examines the data from the respondents with regard to their reflections on future directions in family support. This data is gleaned from the findings under objectives one to three, and will be used in Chapter Six to address this objective in detail.

In addressing objective one, Section Two set out the data collected in the one-to-one interviews on the growth of Family Support as an approach to working with children and families in Ireland. The key findings under this objective are illustrated in Table 5.28.

Table 5.28: Summary of the key findings - objective one

The growth of Family Support in Ireland as an approach to working with children and families
<ol style="list-style-type: none"> 1. An alternative to the system of placing children in institutional residential care settings was necessary. 2. A strong sense of injustice and unfairness at this system encouraged a move towards a Family Support orientation. The timing was right to support a change of ethos in practice and in training programmes. 3. Child care inquiries have had a significant influence on the growth of Family Support in Ireland. 4. The outcome of inquiries, and the associated public and political interest has had the effect of swaying the orientation in child care services from a narrow child protection focus to a broad preventative Family Support focus, and back. 5. Similar learning and recommendations are found by all inquiries, with a lack of attention and resources to implementing such recommendations. 6. There is a tension between the voluntary and statutory child care service providers, which is accompanied by a perceived differential in the status of the work in both services, with a higher status attached to the statutory work. This contributes to a disjointed and fragmented system of meeting children's needs. 7. These distinctions and tensions influenced specific developments and emphasised difference in agencies' roles. 8. Particular individuals who championed Family Support played a fundamental role in its growth. 9. At both national and local levels, change was effected by committed, forward thinking workers who did not accept the status quo. Champions in this study played down their own role in this process, attributing the evolution of Family Support to other factors. 10. The emergence of a child rights agenda, and inclusion of this at a policy level, contributed to the growth of Family Support. 11. The realisation of children's rights is noted as piecemeal, with practice not always upholding children's rights. There is ongoing debate on the rights of children vis-à-vis the rights of parents and families.

The results in relation to objective two are presented in the next section and refer to current perspectives on Irish Family Support practice. The data presented includes the findings from the qualitative interviews with both cohorts included in the study, and the documentary analysis on a selection of Family Support applied research theses. A summary of the key findings are presented in Table 5.29.

Table 5.29: Summary of the key findings - objective two

Current perspectives on Irish Family Support practice as perceived by selected pioneers and practitioners in the field.
<ol style="list-style-type: none"> 1. An accepted understanding of Family Support is necessary in order to advance and embed Family Support as a key player in the policy, practice, research and academic arenas. 2. Family Support is an approach to working with children and families which can be applied to a range of disciplines and roles, across a continuum of services, at all levels of need. This includes universally available supports and more targeted specialist services. Specialist training is needed if all disciplines are to adopt this style of work. 3. Family Support is underpinned by an amalgam of a number of theories including: Social Ecology, Attachment, Social Capital, Social Support, and Resilience. Less attention was paid by respondents to the theoretical framework for Family Support in comparison to other aspects of Family Support. The introduction of social ecology brought significant change to practice with children and families. 4. The sense of belonging and importance of attachment which comes from family was noted as irreplaceable, and a fundamental premise underpinning the Family Support approach. 5. Assessment of children's needs, with a focus on strengths and existing resources, accompanied by a responsive support plan, is a feature of a needs-led Family Support approach. Accessible, flexible services which provide support across the life stages form part of a needs-led response. Meaningful partnership with children, parents, and agencies is a requirement of Family Support practice. 6. Inequality, as a result of status or power differentials between practitioners and families, can impact on efforts at partnership. In reality, partnership with families is not always evident in practice. 7. Working with children and families to prevent difficulties occurring, intervening early where there are difficulties and early in the stages of a child's life, are key principles of Family Support practice. 8. Attention to children's outcomes and an evidence base for practice increasingly informs the delivery of services. Training for practitioners is necessary to ensure the skills to practice in an outcomes-focused manner. 9. The relationship building process is central to working with children and families. The style adopted by individual practitioners is an important factor in the quality of the service delivered.

10. The arbitrary nature and providence in terms of the service received by children and families, dependent on the style of individual practitioners, was noted as completely unsatisfactory.
11. The range of skills and competencies required to work effectively with children of all ages, and with parents, is extensive.
12. Working with children and families in a non-judgmental and respectful manner is a core Family Support value. The dynamics of interpersonal relationships, the skills involved in non-judgmental respectful practice and models for reflection need to be included in practitioner training programmes.
13. High quality supervision and opportunities for reflective practice are essential in promoting best practice and supporting practitioners. In-service training in the supervision process is required as both a supervisee and supervisor.
14. Family Support research studies strongly indicate and support the applicability of the approach across issues and across disciplines. The theories and characteristics of Family Support practice are reflected in a range of disciplines and programmes of work.
15. A debate on Family Support and child protection is at the forefront of discourse in children and families' service provision, with a divergent view held that child protection and Family Support are separate systems, or conversely synonymous activities. A perceived difference exists in the status attached to each approach.
16. Allocating a child protection brief to social work personnel only, is not conducive to promoting the view that protecting children is a responsibility of all who are working with children. A distinction between both approaches is not helpful in terms of service delivery or distribution of resources. A Family Support approach is applicable in child protection and alternative care services.
17. The impact of working in protecting and supporting children can be difficult for practitioners involved, with additional challenges involved and specific training required for working with uncooperative families.

Results relating to objective three on the impact of, and academic learning attained through the postgraduate Family Support Studies programme are presented in section 5.4, and summarised in Table 5.30.

Table 5.30: Summary of the key findings - objective three

The impact of, and academic learning attained through a postgraduate programme in Family Support studies in Ireland
<ol style="list-style-type: none"> 1. The programme overall instilled confidence, brought about a change in practice and supported participants to act as an advocate for Family Support. 2. An understanding of Family Support and clarity in the practice and roles was accrued on the programme. 3. The three core modules had the greatest influence on participants, with resilience theory reported as the most influential on practice. 4. Social support, social capital, social ecology, child development and a child right's perspective were influential for the majority of participants. 5. Participants were engaged in more meaningful consultation with children as a result of their learning on the programme. 6. The service and practice characteristics referred to by participants in the first phase of the study were reflective of the service delivery and individual practices respondents were involved in. 7. The potential for the longer term, wide-ranging impact of the programme is evident, due to a growing population of participants who apply a Family Support orientation to their practice.

Section Five: the implications of this research and recommendations for the future of Family Support as an approach to practice with children and families

(Objective Four)

Objective four of the research study is to consider the implications and make recommendations for the future of Family Support as an approach to practice with children and families, based on the findings of this research study. This section, therefore, examines the data from the respondents with regard to future directions in family support. The main findings gleaned from the data under objectives one to three are outlined in Table 5.31 and will be used in Chapter Six to form the basis for the overall discussion and to address objective four in detail.

Table 5.31: Summary of overall findings - objectives one, two and three

Key research findings objective one – three
<ol style="list-style-type: none"><li data-bbox="320 387 1410 674">1. Family Support in Ireland grew as a result of arbitrary and subjective developments in children and families policies and services. Contributing factors included; the zeitgeist of the time which supported a move away from residential care as the only option for children, the political and public attention that arose from child care inquiries, tensions between voluntary and statutory service providers, the emergence of a child rights agenda and the efforts of a number of forward thinking and committed individuals.<li data-bbox="320 748 1410 882">2. Current perspectives on practice hold that clarity is necessary on an agreed understanding of Family Support with specific characteristics of service and practice required in the delivery of Family Support.<li data-bbox="320 956 1410 1196">3. Service characteristics include an emphasis responding to need, partnership, prevention and early intervention, children's outcomes and an evidence-base. Practice characteristics include a relationship based, non-judgmental, respectful style accompanied by the necessary skills. The use of reflective practice and high quality supervision is also emphasised.<li data-bbox="320 1270 1410 1453">4. Family Support is an approach that is applicable throughout all disciplines, roles and agencies working with children and families in a wide variety of domains and in wide range of services. There is synonymy between orientations within children and families services particularly Family Support and child protection.<li data-bbox="320 1527 1410 1662">5. The Family Support Studies programme has achieved its six original learning objectives. The programme has had a very strong influence on a group of practitioners trained, skilled and confident in a Family Support approach.

Chapter summary

This chapter provided the core research findings under the three objectives of the study, with the fourth objective being discussed in an initial way, with a more detailed description provided in Chapter Six. A brief description of the sample characteristics of both cohorts of respondents included in the research was provided in the first section. Following this, the core research findings relative to objectives one to three were presented. The main findings gleaned from the data under objectives one to three was outlined and will be used in Chapter Six to form the basis for the overall discussion and to address objective four in detail.

The next chapter, Chapter Six discusses the main research findings and considers them with reference to the literature on the area. The main findings as outlined in Table 5.31 provide the basis and structure for the discussion.

Chapter Six: Discussion

Introduction

Family Support remains a contested orientation in children and families services in Ireland. Debate and discussion continues in the practice, policy, research, and academic communities regarding how best to work with children and their families when they require involvement from social service providers. Within the current landscape of children's services, Family Support is at times valued and applauded, or conversely, ignored and even belittled.

As a specific and named orientation, Family Support is relatively new in the overall child care discourse, and consequently there is a dearth of knowledge on the growth of Family Support in Ireland and on how current practice is characterised. Ambiguity exists regarding *what Family Support actually is, who does it, and how?* While there has been some advances with regard to this discussion it has tended to be contained within clusters of interested individuals and has not permeated mainstream or accepted dialogue or direction. Furthermore, there has been no formal examination of the influence of the purposely developed postgraduate programme in Family Support Studies at NUI, Galway on current practice in children and families services.

Because of this, and combined with the researcher's interest and commitment to this area, the overarching aim of this research thesis is to explore the growth of Family Support as an approach to working with children and families in Ireland, and to consider current perspectives on practice, including the influence of academic learning attained through specialised postgraduate education in the area.

This chapter discusses the findings of the research in order to address each of the objectives of the study and in doing so to determine if it has achieved the overall aim. The objectives of the research study are:

1. To review the growth of Family Support in Ireland as an approach to working with children and families;
2. To examine current perspectives on Irish Family Support practice as perceived by selected pioneers and practitioners in the field;

3. To identify and assess the impact of, and academic learning attained through a purposely designed postgraduate programme in Family Support studies in Ireland;
4. To consider the implications of this research, and make recommendations on the future of Family Support as an approach to working with children and families.

In Chapter Two, a comprehensive review of the key literature pertinent to the objectives of the study was presented. This review initially focussed on the areas of family and Family Support as a concept, and included a proposed framework for its theoretical basis. The orientation of welfare services was also reviewed, with specific consideration of the issues involved in Family Support and child protection, and of the framework currently applied to the delivery of children and families services in Ireland. Building on the proposed theoretical basis for Family Support, and with reference to the existing delivery frameworks, a conceptual model for the delivery of formal Family Support was constructed and proposed. In order to fully consider and answer objective three of this study, the literature on applied postgraduate adult education in the area of children and families was also reviewed in Chapter Two. Furthermore, in Chapter Four, in order to provide context to the research, a chronology of the social, policy and political events and developments with relevance for children's services, and particularly, Family Support was provided.

This chapter will now elaborate on the key research findings in relation to the objectives of the study and discuss them with reference to the literature as reviewed in Chapter Two and, in part, the contextual information provided in Chapter Four. This discussion will highlight the knowledge learned from this study on Family Support as a practice orientation in Irish children and families services and essentially answer the questions - *what it is, who does it and how?* In doing so, the discussion will review the growth of Family Support in Ireland and elaborate on current perspectives on practice, including the influence of the postgraduate education programme. In concluding this discussion, the implications of the knowledge gained in this study are considered and the tentative conceptual

framework for the delivery of Family Support proposed in Chapter Two reviewed in light of the overall findings and current literature reviewed.

In order to provide structure to this discussion, the research findings in relation to objective one are first considered. The key findings under objective two on Family Support practice are then discussed with a brief reference to the findings under objective three. The findings relating to objective three are presented in full. Finally, objective four on the future of Family Support is discussed based on the implications of the findings from this study.

Objective One: the growth of Family Support in Ireland as an approach to working with children and families

As Family Support is a relatively recent domain within children and families services (Dolan et al., 2006), the first objective of this research study was to review the growth of Family Support in Ireland. A detailed review of the findings of this study indicates the arbitrary and capricious nature of the growth of Family Support with opportune and serendipitous developments portrayed as salient factors. Five contributing factors were found to have been particularly influential which are discussed collectively to summarise and conclude on their overall influence.

Key Finding: Family Support in Ireland grew as a result of arbitrary and subjective developments in children and families policies and services.

It is evident that the outcome and effect of a number of key events and incidents, combined with the efforts of committed individuals in the child care area, concentrated policy and practice towards a particular Family Support orientation, as opposed to any strategic foresight or vision. While these factors had varying degrees of impact they all, nonetheless, were instrumental in shaping a changing landscape in children's services. These factors are: the zeitgeist of the time supported a gradual move away from residential care; the influence of publicity arising from child care inquiries; tensions between voluntary and statutory services providers; the emergence of a children's rights agenda; and the efforts of a number of forward thinking and committed individuals. At an overall level, the enthusiasm for, and commitment to a Family Support approach has ebbed and flowed over time depending on the dominance of the particular factors mentioned.

The zeitgeist of the time was attributed to a gradual move away from residential care as the only option available to children requiring care and support towards an increased focus on the importance of family and preventing entry of children to care. This move was initially endorsed following the publication of the Kennedy Report in 1970, and continued to receive attention in Irish child care services throughout the 1980s and 1990s (Gilligan, 1995; Murphy, 1996). Factors which prompted and supported this overall move were: an increased recognition of the role of family and community in children's lives, the lack of 'after care' available to children leaving residential care, a growing awareness of the abuse of children while in care and the need to prevent this, and a general sense that the time had come for alternative approaches.

In 1993, inquiries into the failure of the child care system to protect children and promote their welfare were new to Ireland. The Kilkenny Report (1993) brought unprecedented attention on child care services and their role in protecting children (McGuinness, 1993). While the 'Kilkenny case' prompted the allocation of resources and improved coordination of services, it also focussed services towards child protection with 'family' viewed as a risk factor. A number of further inquiries ensued, and the complexity of the issues involved in ensuring children are safe and their welfare promoted gave rise to conflicting debate on the orientation of children's services. This influence mirrored the impact of inquiries on the direction of services in the UK and elsewhere (Parton, 2003, 2004; Stanley and Manthorpe, 2004). The publicity, findings and recommendations emanating from child care inquiries is typically viewed as prompting change within services to either a narrowly focussed child protection system or a broader preventative approach (Ferguson and O'Reilly, 2001). This study finds that the level of political and public attention given to inquiries and the circumstances of the children and family involved is described as quite arbitrary. Consequently, the recommended changes to the child care services and indeed the likelihood for implementation of such changes is also quite arbitrary.

Professional tensions among service providers is also referenced as instrumental in shaping the overall nature of children's services and impacting on the growth of Family Support. The relationship between statutory and voluntary service providers is described as whimsical with nuanced relationships and arrangements evident

throughout the country. The perception of a higher status afforded to the work of the statutory agencies compared with the work carried out by the voluntary service providers is articulated as contributing largely to this tension. This professional tension has impacted on developments in Family Support, detracting at times from possible opportunities to collaborate on the delivery of specific localised services. The impact of the arrangement between the funder (the statutory service) and the recipient (the voluntary service), is highlighted with a sense expressed that this practice promotes a two-tier system with a higher status attached to statutory work. The model employed by the statutory provider, the HSE, of funding voluntary service providers to deliver 'their' Family Support service, is questioned in terms of the value this places on Family Support in children and families services.

The emergence of an agenda on a rights base for children is described as having promoted a preventative and supportive approach to meeting the needs of children. Since Ireland ratified the UNCRC in 1992, attention to children's rights has increasingly underpinned developments in policy and practice and advanced an overall move toward a considerate and promotional approach to children's well-being. Although the significance of children's rights speak for themselves, consideration is necessary of the factors associated with their actualisation. This is true for all children and particularly for children who may not be receiving adequate support from their parents and other adult family members (Dolan, 2010). Developments in this regard, however, can also be described as random and piecemeal. The lack of attention and priority to children's rights is evidenced in ongoing delay in the proposed referendum on a Constitutional amendment.

Overall, and throughout the factors mentioned, the role of individual and collective efforts by particular personnel involved in children's services, at different levels and across a range of areas, is recognised and commended in this study. The influence of managers and supervisors perceived as having a positive and motivating impact on participants' practice and overall input into the growth of Family Support is without question. A combined ability to develop progressive ideas and to implement them is seen as a crucial component in supporting the developments in Family Support from its earliest beginnings. A common focus and emphasis on working with children and their families from a preventative perspective, in a supportive fashion, with an

element of providence in meeting like-minded colleagues, is attributed as a key aspect of any change which has been achieved. Interestingly, participants considered for this research as pioneers and advocates in the Family Support field did not consider their own role in shaping the orientation of services, but focussed instead on the influence of others on their practice. However, current practitioners participating in the study referred to the impact of the selected pioneers and commented on their influence on the evolution of Family Support. These reflections highlight the recurring nature of influential figures.

Undoubtedly, the growth of Family Support as an approach to working with children and their families has been largely informed by a number of key events and incidents in Irish child care services over the past four decades in particular. Random happenings, as opposed to any planned developments at a strategic level, contributed to the make-up of the current landscape in children's services. A number of these contributing factors supported and enhanced the overall concept of Family Support and have been instrumental in introducing and sustaining Family Support practice. Others, however, have been less favourable in advancing Family Support and have directed the orientation of children's services towards alternative domains. Overall, depending on the dominance of the factors mentioned the enthusiasm for, and commitment to a Family Support approach has both risen and waned over time.

This study concludes that the random and whimsical nature of the growth of Family Support has contributed in large part to the ambiguity and 'fuzziness' regarding what it actually is. The capricious nature of its development, in varying degrees and forms across the country, combined with the lack of academic support or training in the area, has resulted in a lack of clarity and conviction amongst the majority in the child care arena. This has resulted in the ongoing questions as to *what Family Support is, who delivers it, and how?*

Objective Two: current perspectives on Irish Family Support practice.

The findings on current perspectives on Irish Family Support practice are discussed under two overall headings. Findings in relation to objective three on the influence of postgraduate training regarding their relevance to practice are also briefly referred to in this section.

Key Finding: An agreed understanding of Family Support is necessary with specific service and practice characteristics required in the delivery of Family Support

The findings on the need for an agreed understanding of Family Support and the specific service and practice characteristics required are discussed in turn.

An agreed understanding of Family Support

This study finds that clarity regarding the meaning of Family Support is essential in order to strengthen and advance its place across the continuum of children and families services. Achieving such understanding requires an approved definition of Family Support, which has resonance for practitioners, but which also holds for the policy, research, and academic communities. The core features of the current Irish definition on Family Support, developed at the request of the Department of Health and Children (DoHC, 2004), reflects the findings of this study regarding Family Support practice (see Chapter Two for the full definition).

Family Support is clearly espoused in this study as an approach to practice which has relevance and applicability across disciplines working with children and families and in response to a range of levels and types of need. The findings emphasise that a range of disciplines, with a variety of roles, employed in a number of different agencies, adopt a Family Support approach within their practice. This finding, therefore, supports the notion that Family Support is a *style*²³ of work with wide ranging application, as opposed to belonging to one specific role or worker. An array of supports provided through a *set of activities* are described and referenced in the study. Thus, Family Support is not confined to one specific model of work and

²³ Emphasis placed on the relevant parts of the Irish Family Support definition by the researcher.

responds to a *range of needs* at varying *levels* of adversity and suffering, targeting those who are most *vulnerable* and *at risk*.

The Family Support definition is accompanied by 10 practice principles which are also referred to, and well represented in the findings (DoHC, 2004). The study indicates that Family Support is an approach which is underpinned by, and adheres to a set of principles, with many examples of this in past and current practice proffered. Schön (1988) refers to practice skills as “a kind of knowing”, and “artistry” which is the hallmark of the competent practitioner (p.13), and this is evidenced in this study. A number of these principles are also reflected in the current Irish definition.

Partnership with children, families, and agencies is emphasised, with an explicit focus on prevention and *early intervention* where there is a difficulty with the *health* or *well-being* of a *child and their family*. Accessing and *reinforcing* naturally occurring *positive informal social networks* of support underpins much of the practice referred to in the delivery of Family Support.

At an overall level, this study strongly supports the relevance of the current Irish definition and accompanying principles with current perspectives on practice (DoHC, 2004; Dolan, et al., 2006). The definition and principles are viewed as a ‘good-fit’ and are recommended for use consistently across practice and policy arenas.

A theoretically sound conceptual base to Family Support is also emphasised in this study as necessary to add validity, understanding and enhance practice. If complemented and underpinned by sound and rigorous academic discourse, Family Support is open to contest, critique and evaluation. Although the findings from the qualitative research in this study did not describe the theories underpinning Family Support practice in detail, they were nonetheless individually referred to. All participants in the Family Support Studies programme indicated that individual theories had positively influenced their practice. While acknowledging that these theories form varying degrees of content in the theory module on the programme, and that this may contribute to some of the positive responses with regard to their application in practice, the findings nonetheless suggest a strong theoretical base for

Family Support. A child rights and social justice perspective were also rated as informing participants' practice on a regular basis. This suite of underpinning theories and perspectives provides further clarity and understanding, and a knowledge base for Family Support practice.

Specific characteristics of service and practice are required in the delivery of Family Support

The study found specific characteristics are required in the manner in which Family Support is delivered from both a service and practice orientation. Family support is clearly viewed as a practice orientation with a strong value base which needs to be reflected in the style of individual practitioners and in the administration of services. A guarantee of a minimum standard in the delivery of Family Support from the service and practitioners' perspectives is recommended.

Service characteristics

From a service delivery perspective, this study stresses, in particular, the requirement to respond to the needs of children and their families, with an emphasis on partnership, prevention and early intervention, children's outcomes and an evidence base to practice. These service delivery principles are noted in the study as requisite features in delivering Family Support.

A needs-led service

A responsive, needs-led service, recognising the differences and unique features within family units and in individual members of a family, is emphasised. Reflective of a partnership approach, identifying and responding to each individual child's needs and offering a support service to meet this need within the context of the family unit, epitomises how Family Support should be delivered (Dolan and Holt, 2002; Dolan et al., 2006; the Agenda, 2007). As the Roscommon Report highlighted, the effect of not offering a response based on the clearly identified needs of individual children, can have negative consequences (2010, p.70).

Meeting children's needs in a timely manner is also viewed as of paramount importance in this study and central to a Family Support approach. As Munro (2011) emphasises, timeliness matters. Accessibility and flexibility for children and

families, in terms of the location, availability, and length of involvement with services are included as core components of a needs-led Family Support approach. As Thoburn et al. (2000) reported, for some families, repeated short periods of ‘task-centred’ help, with repeated referrals and assessments may be counterproductive. More sustained interventions over a longer period are required. McKeown (2001) highlighted the fact that the key indicators of family well-being are highly stable and not amenable to quick change. As he notes: “the forces for stability – even when the stable condition in question may not be indicative of well-being - are often greater than the forces for change”. There is no miracle cure for families with serious problems (Connolly, 2004).

Partnership with children, families and agencies

Building a relationship with children and their families is included in this study as a core practice principle. Involving children and family, with a positive relationship underpinning all interventions undertaken, is also noted as essential to collaborative problem solving and more likely to result in a greater commitment to outcomes (Connolly, 2004). Participation and partnership with children are generally viewed as one and the same. Reflecting recommendations from previous child care inquiries in the UK (Frost and Parton, 2009, p. 26), the UNCRC (1989), the National Children’s Strategy (2000), and the current Irish policy outlined in the Agenda (2007, p.17) partnership is prompted a key service characteristic in Family Support.

The challenges involved in achieving partnership are also highlighted in the study. Ferguson et al. (2001) emphasise the difficulties in true partnership with parents where there is an unequal relationship, while Stevenson (2007) considers the possibility of truly working in partnership with parents who have a disability or are suffering from a mental health illness.

This study also finds that as well as partnership with children and parents there is a need for collaboration between agencies in order to provide a co-ordinated and seamless service. Difficulties in interagency communication and co-ordination have plagued child welfare services over a considerable period of time (Connolly, 2004; Roscommon Report, 2010). As evidenced in the Climbié inquiry report: “effective support for families cannot be achieved by a single agency acting alone. It depends

on a number of agencies working well together. It is a multi-disciplinary task” (Laming, 2003, p.6).

Prevention and early intervention

Preventing issues which cause difficulty in children’s lives escalating to such a stage that significant delay or damage to children’s welfare and development is likely to occur is included in the findings as a core feature of Family Support service delivery. This includes a strong focus on preventing difficulties arising in the first instance, but also intervening early where difficulties have occurred. Reflecting the Family Support ethos espoused in this study, Frost and Parton (2009) usefully highlight that the role of prevention is not only to combat the negatives or risks involved for children and families, but also to enhance the positives and opportunities for child development by maximising protective factors and processes (p.20). Using the Hardiker framework of levels of intervention, the first primary level universally available services are designed to maximise the health and well-being of all, with a significant focus on identifying ‘at risk’ groups and engaging in early intervention before the onset of a problem, or to prevent problems getting worse (Frost and Parton, 2009, p.27). Targeting individuals or population on the basis of extra need or vulnerabilities via early intervention is a key preventative strategy (Barlow et al., 2010). As Connolly (2004) and Barlow et al. (2010) highlight, Family Support interventions can identify children at risk before they reach the threshold for the intervention of services.

An outcomes focus and evidence base

Results from this study highlight the need for a focus on outcomes with practice underpinned by a sound evidence base. Although commented on as a self-evident purpose of services, there is also an acceptance in the findings that a shift towards a focus on children’s outcomes is a relatively new debate in the children and families arena (Gilligan 2000a; Connolly, 2004; Canavan, 2010). At a basic level, Canavan (2010) suggests that adopting an outcomes-focussed approach is seen to lead to increased accountability. Furthermore, clarity on outcomes between agencies can enhance partnership and effective service delivery. It can also be argued that adopting a child’s rights perspective to service delivery places an emphasis on a focus on outcomes. Whittaker (2009) highlights the tension between a widely shared

desire to adopt more evidence-based practices and the genuinely felt resistance to these, particularly when they are employed in a rigid fashion requiring strict adherence to established protocols with little opportunity for experimentation, customisation or practitioner discretion (p.167). The use of evidence-base practice and a focus on outcomes in this study is advocated in a drive to deliver the best quality service possible to children.

Practice characteristics

From an individual practice perspective, a relationship-based, non-judgmental, respectful style accompanied by the necessary skills is also a required feature of Family Support. The use of reflective practice and high quality supervision is also deemed essential in Family Support practice. Particularly noted in this study is the providence involved in the service children and their families receive due to the particular practitioner allocated to work with them. The random and subjective nature of this is emphasised as totally unsatisfactory with the experience of a child and family largely influenced by the individual style and approach of the worker.

A relationship base in practice

This study places great emphasis on the benefits of practitioners developing a professional relationship with children and their families within an overall Family Support approach to their practice. Notwithstanding the complexities involved, the potential for underpinning practice within a respectful relationship is highlighted. This study serves as a reminder of the ‘human service’ aspect of working with children and families in need of support and protection. The possibility of improving the experience of children and their families through developing a relationship base is advocated. Lonne et al. (2009) and Munro (2011) highlight the need to reorientate the philosophy and guiding principles of child welfare practice and practitioners, with a return to work practices which are relationship-based rather than procedurally dominated and “managed” (p.108). As Ferguson (2011) emphasises, there is a great deal which workers can achieve in developing the knowledge and skills to be able to reflect on what they are experiencing while they are in the presence of children and their families.

The benefit of a respectful relationship is noted as being instrumental in both engaging with families at an initial stage, and also maintaining contact over the necessary period of time. Recognition of the range of skills involved in working with people across a variety of age bands and with an array of presenting issues and concerns is also noted in this research, with an emphasis also on the need to know when to challenge behaviour and to make difficult decisions. Challenging specific behaviour within an overall professional relationship, while also working with a child or parent to identify solutions and provide supports, is viewed as more effective, with greater potential for positive outcomes.

A non-judgmental and respectful approach

Aligned with the style of practitioner and forming a relationship, this study finds that a Family Support approach incorporates working with children and families in a non-judgmental and respectful manner. Specific personality traits which espouse respect, and encompass compassion, kindness and fairness without judgment, combined with a strong value base and decision-making abilities, were found in this study to be essential in working with children and families. The principle of working with children and families in a non-judgemental and respectful fashion is viewed as applicable right across the continuum of services, from support to protection, and if necessary, care.

Reflective practice and Supervision

The research findings support the need for supervision which incorporates a reflective practice component. Furthermore, the process of reflection is fundamental in practice which is underpinned by a value base, as Family Support is found in this study to be. Significant attention is paid in the literature to the importance of good reflective relationship-sensitive supervision when working with children and families (Howe, 1999; Munro, 2002, 2011). Self-reflectivity helps individuals to make sense of the meaning of an experience (Howe, 1999). This study emphasised the need to review and reflect on work practices in order to gain insight and understanding into their impact. Self-reflection will, it was suggested, encourage understanding, and appreciation of the circumstances in which children and families are living. This study also found that the Family Support Studies programme encourages the use of reflection as a regular feature of practice.

Aligned with the need to reflect on practice is the need for regular high quality supervision for practitioners. The complexities and intensity involved in working with children and families across services is found to demand high levels of support through effective supervision. Hill et al. (2002) reported on the job dissatisfaction within child protection services, with an endemic and unsustainable staff turnover rate, and noted that in order to continue working in this system staff must be committed, skilled, well trained, and well supported. This research also highlighted the need for adequate experience prior to undertaking a supervisory role and the associated need for training and ongoing professional development in this regard. As recommended in the Roscommon Report (2010), those providing supervision should receive training in supervision theory and practice (p.90), and learning from case reviews and emerging practice initiatives should be systematically embedded into practice through opportunities for professional reflection (p.93).

Overall, this amalgam of service and practice characteristics is viewed as core and essential components in Family Support practice.

Key Finding: Family Support is an approach that is applicable throughout all disciplines, roles, and agencies working with children and families. There is synonymy between orientations within children and families services including Family Support and child protection

The findings on Family Support as an approach applicable across all disciplines, roles, and agencies working with children and their families and the synonymy between orientations within children and families are discussed in turn

Family Support is an approach applicable across disciplines, roles, and agencies
This study resoundingly indicates that Family Support is an approach which is applicable across all disciplines, roles and agencies working with children and families, in a wide variety of domains, and in a wide range of service contexts. Rather than belonging to one specific role or discipline Family Support is an approach to practice which can be incorporated and applied by all working with children and their families. While Family Support may not form a significant aspect of particular roles or agencies all practitioners can apply the services and practice

characteristics advocated in this study to their interactions and involvement with children and families. Given the breadth of roles, disciplines, agencies and contexts included in this research, it is suggested that Family Support is an approach which has currency and relevance throughout all areas of children and families services.

While Family Support is accepted in varying degrees by a range of disciplines there is opportunity and potential for a far reaching adoption of the approach with the necessary supports provided as required.

There is synonymy between orientations within children and families services including Family Support and child protection

The balance between protecting children and supporting their families is a topical issue in this study and viewed as central to any consideration on Family Support practice with children.

This research highlights an issue in the status afforded to child protection practices vis-à-vis Family Support practice, and notes the effect which this can have on service delivery and the role and responsibilities of individual disciplines. The impact of allocating responsibility for child protection to one specific discipline (statutorily employed social workers) promotes a view that the responsibility for protecting children is the domain of this discipline only, and not within the remit of others working with children.

All child protection and child welfare systems have weaknesses as well as strengths (Lonne et al., 2009). Research has suggested that the majority of welfare needs are ignored in the process of child abuse and neglect investigations (Spratt, 2001; Buckley, 2002). This distinction is not, therefore, helpful in ensuring the provision of the range of services necessary for children and families to receive the supports required to achieve the best possible outcomes for children. As Laming stressed: “it is not possible to separate the protection of children from wider support to families. Indeed, often the best protection for a child is achieved by the timely intervention of Family Support services...the needs of the child and his or her family are often inseparable” (2003, p.6). A partnership approach between child protection and Family Support services is advocated as best practice (Daro and Donnelly, 2002). As the Climbié inquiry further highlighted: “it is neither practical nor desirable to try

and separate the support services for children and families from that of the service designed to investigate and protect children from deliberate harm” (Laming, 2003, p.6). A robust and dynamic system of collaboration is necessary across the Family Support and child protection domains, with ease of access between both as and when necessary.

The findings point to a sense that Family Support is less of a priority in terms of resources and political attention than child protection or alternative care services. This has the effect of making Family Support an easier target if a reduction in service delivery is required.

The tensions involved in this debate and the need to effectively integrate the statutory child protection services within a wider Family Support approach, has been identified as *the* issue confronting child welfare in the twenty first century (Buckley, 2003; Gardner, 2003; Featherstone, 2004; Connolly, 2004; Tominson, 2004; Laming, 2003, 2009; Munro, 2011). The ongoing attention and use of resources given to this debate does little to improve or enhance the lives of children experiencing difficulty or distress. Such integration has been achieved elsewhere, with child protection services viewed in the fields of practice, policy and research as having a dual mandate of protecting children and supporting families and services’ aim to protect children within an integrated family-centred response (Iwaniec and Hill, 2000; Buckley, 2002; Connolly, 2004; Parton, 2006; Lonne et al., 2009; Laming, 2009). An acceptance in policy and practice terms that children, in the main, are best protected by supporting their families is necessary to put an end to the tensions and debate on the distinction between the current Family Support and child protection domains.

At an overall level, the findings of this study support the view that protecting children and supporting their families is ‘one and the same’ and involves synonymous activities. Protecting children and supporting families requires a unified approach across levels of need, systems, disciplines and agencies with all disciplines accepting their role in this. A Family Support approach can be applied throughout the systems of support, protection and if required, a care placement.

Objective Three: the academic learning attained through a postgraduate programme in Family Support Studies

Working with children and families who experience a range of circumstances and difficulties which create disadvantage, cause distress, and influence their ability to function safely or adequately, requires a knowledge and skill base (Connolly, 2004). Specialised high quality training and education is essential in order to provide the necessary high quality supports and services to address such issues. The purposely designed Family Support Studies programme at NUI, Galway aimed to bridge a gap between theory and practice and provide this knowledge and skill base.

Key Finding: The Family Support Studies programme has achieved its original learning objectives. The programme has had a strong influence on a group of practitioners trained, skilled, and confident in a Family Support approach.

At an overall level, the findings of this study indicate that the programme has had a very strong influence on a cohort of practitioners trained and skilled in a specialised approach. The learning attained has also instilled confidence and supported these practitioners to advocate for Family Support.

Prior to the development of this Family Support programme, practitioners in the field were practicing in a vacuum regarding specific theories, research and practice resources. There is solid evidence in this study that the original six key learning objectives of the programme are being achieved. The findings in relation to the six learning objectives are presented individually.

To educate students in respect of theoretical ideas underpinning Family Support

An original objective of the programme was to educate participants in respect of the core theoretical ideas underpinning Family Support, and this study finds that the learning accrued on a theoretical basis for practice is being applied. All respondents were positively influenced by the core theory module. An amalgam of a suite of related theories taught on the programme provides a basis for interventions and activities with children and families. While the individual theories were not discussed with profundity, there was a strong inference that there is now an accepted suite of theoretical schools which together form a framework to underpin practice.

To develop a knowledge base and key skills in Family Support practice and policy base

Two further objectives of the programme are to develop the practice and policy knowledge base of Family Support and key skills in this area. These objectives have also been achieved with participants indicating that their day-to-day practice had changed as a result of the learning accrued on the programme. Specific areas where practice had changed included using assessment tools and models of reflective practice, a focus on outcomes and indicators of change, insight into the impact of broader policy and environmental issues on children and families, and regular application of the Family Support principles to inform specific interventions and as an overall criterion to guide practice.

To develop project management, research, evaluation and report writing skills

The research projects conducted in both years were highly regarded by participants indicating success in achieving a further two objectives of the programme. The year two research thesis positively influenced all respondents. The expectation that the programme would develop students' research and report writing skills, and provide them with project management and evaluation skills were achieved through the process of designing, implementing, analysing and reporting on two applied research studies.

To enhance the quality of the delivery of Family Support services

The final programme objective is to enhance the quality of service delivery and evidently this has also been achieved. The academic learning attained has had a direct impact on the manner in which Family Support is delivered in practice. The characteristics of service delivery and individual practice referred to in the research were developed from inductive analysis of the interviews with pioneers in phase one of this study. Indicating a high level of congruence between the more experienced pioneers and current practitioners, the identified characteristics had strong relevance for the participating practitioners with positive findings reported on their use in daily practice. Participants reported that they offer support early in the stage of difficulty, offer multiple routes of referral, and increasingly use an evidence base with a focus on outcomes on which to base their practice. Participants readily offered examples of partnership and preventative work and clearly espouse this approach in practice.

However, as many practitioners are working in services which work with very high levels of need in children and families, the reality is that preventative work is not always a focus in their practice. Practice characteristics reported as used regularly by participants included reflective practice, and a respectful approach which involved a relationship base to their involvement with children and families. The use of social science research and evidence - based practice is also being applied by respondents in an effort to enhance the quality of the services being delivered.

Overall, there is strong evidence that the six learning objectives of the programme have been achieved with the students or graduates who participated in this study. Interestingly, there was little change in the employment circumstances of the participants since completing the programme. However, as participants were very positive about the influence of the programme, a change in their position or role does not appear to have been a motivating factor. Specialising in Family Support appears to be a primary reason for participating in the programme, with the desired outcome to improve practice. Recognising the difficulties inherent in this work, people choose it as they feel they can make a positive difference to the lives of children and families experiencing disadvantage. Altruism is seen as more important than the financial remuneration, with the majority of staff prepared 'to go the extra mile' (Lonne, 2003; Lonne et al., 2009).

On the whole, the purposely designed postgraduate programme has significantly impacted on participants, with an increased confidence in the Family Support approach. This is a key finding for Family Support practice particularly, with an ongoing contention on the merits of Family Support vis-à-vis child protection held in the frontline service, policy and academic communities. Working in collaboration with colleagues who have completed the programme is highlighted as a wider benefit of involvement in the programme with a common approach to practice evident. Practitioners spoke of the potential for the programme on a longer-term basis as increased numbers of graduates apply the Family Support approach in practice. Again, this is a significant finding in the current context and will help to ensure that a Family Support approach in practice is not diminished by the focus on a proceduralised child protection system as a result of publicity arising from child care inquiries and scarce resources.

The final objective, to consider the implications of the findings of this research for the future of Family Support, will now be discussed. The final section will then conclude the discussion on Family Support practice and answer the overarching questions of *what Family Support is, who does it and how it is done?*

Objective Four: the implications and recommendations for the future of Family Support

Family Support has grown and evolved; it is ‘here’ in terms of practice in children and families services and, this research suggests, it is ‘here to stay’. Having reviewed the growth of Family Support and reflected on current practice, it is now time to consider its future. In doing so the implications of the findings of this research study are first discussed, with the overall findings then considered with reference to the tentative conceptual model for Family Support proposed in Chapter Two.

In current policy and practice, the role of Family Support in working intensively with children with high levels of need is well established (Children’s First, 1999; McKeown, 2001; the Agenda). Residential care placements are now viewed as the ‘last option’ for children and deemed to be necessary only when all other options have failed. As the current National Guidelines for the Protection and Welfare of children state: “children should only be separated from their parents when all alternative means have been exhausted and reunion should always be considered”. The Guidelines also state: “intervention should not deal with the child in isolation; the child must be seen in a family setting (1999, currently being revised, p.23). In April 2009, there were 5,589 children in the care of the State, with 376 of these children in residential care. Foster care²⁴ is the more dominant form of alternative care now, offered to children in circumstances where a placement is required (Report of the Commission to Inquire into Child Abuse, 2009, p.10). In many respects, the desired attitudinal shift away from residential care as the only option for children has been accomplished. However, given the changeable disposition in the orientation of child care services evidenced in this study, regression is always a possibility.

²⁴ HSE figures from 2008 show that 90 per cent of children in care are placed in a family setting of a foster home. Two-thirds of these are placed with general foster carers (families unknown to the children previously) and one-third are placed in the care of a relative or neighbour with whom they have had a previous relationship (OMCYA, 2009, p.10)

As a cautionary reminder of such a possibility, the reactionary influence of child care inquiries remains topical. At the time of writing, child care practitioners are being adjured to learn from the most recent inquiry into the failings of the child care system (Roscommon Child Care Case, 2010). Conflicting debates are ongoing, with the inquiry indicating an over-valuing of Family Support work which failed to meet the needs of children and once again directing the focus towards a narrow child protection stance (p.69). As Buckley (2003) advocates, we need to “move beyond the rhetoric” in attempting to change the child care systems. Talks of partnerships, children, and families’ input and other sound practice principles based on rights-based approaches are well represented in the recommendations of a plethora of child care inquiries. It has all been said before (Lonne et al., 2009).

This study highlights a consensual view on the predictability of findings and recommendations, and the equally predictable lack of attention to implementing the recommendations in child care inquiries. It is clear that if this climate is allowed to continue, more children will be failed by the current system in operation to protect children and promote their welfare. As Shannon (2009) notes: “it is no longer sufficient to provide children with the opportunity to be heard. They must now be listened to” (p.viii). The importance of implementing the recommendations made by child care inquiries is seen as key, with a general acceptance that it is in this area which inquiries fail.

There is currently agreement for a referendum on the Irish Constitution to grant children rights independent of their parents, and the findings of this study strongly support the need for a referendum on children’s rights. From a Family Support perspective, Canavan (2010) highlights the: “clearest challenge for a policy and services paradigm that includes Family as one part of its title is to account for the tensions between the rights of the child and the rights of parents and to offer guidance on how these tensions should be managed (p.21). Participants referred to the need to uphold the rights of children, and do not view this as an ‘either/or’ decision believing in the possibility of upholding children’s rights and parents’ rights, while also supporting the family unit.

Furthermore, this study holds that families have a right to be supported in their efforts to care for and promote their children's well-being. Kilkelly (2008) highlights that in reality, the UNCRC recognises the importance to children of family life and safeguards the family from unlawful interference. As Cooper et al. emphasise: "the State must trust families to bring up their children, and must be driven by the basic belief that families that need help are entitled to support by right, rather than that these families are failures in need of surveillance and monitoring" (2003, p.31).

While the growth in a child rights base has been noted as a significant contributing factor to the growth of Family Support in Ireland, actually realising children's rights in terms of the Constitution and in all areas of required service provision would enhance and expand such positive developments. However, with a new government recently elected in Ireland and a first time appointment of a senior Minister for Children, there is some uncertainty regarding the status of the proposed referendum and the focus in children's services generally.

The future of Family Support

As noted earlier, the ambiguity inherent in Family Support involves *what it is, who delivers it and how?* By considering the findings of this study with reference to the literature reviewed and the proposed conceptual framework for delivering Family Support outlined in Chapter Two, this ambiguity is resolved. The three factors involved are individually considered before incorporating them into a revised and final conceptual framework for the delivery of formal Family Support.

What is Family Support?

This study raised the need for clarity and a common understanding on Family Support. The answer, however, has been provided in the research findings. The core components of the current Irish definition for Family Support are found to hold true with the findings of this study. This definition, with the accompanying set of practice guidelines and an amalgam of Family Support theories, provides a robust underpinning framework. Furthermore, a clear understanding of Family Support is attributed as a key learning outcome of the Family Support Studies programme. Therefore, an increasing pool of practitioners, resolute in their commitment to

Family Support, and working from a common perception of what Family Support entails, will ensure an expansion of an accepted and uniform knowledge base.

Who delivers it?

This study has indicated that Family Support is an approach which is applicable across all disciplines, roles and agencies working with children and families, in a wide variety of domains, and in a wide range of service contexts. Rather than being the remit of one specific discipline or role Family Support can underpin and inform the practice of *all* working with children and their families.

An accompanying need for both pre-service and in-service training and education in Family Support is, however, required for practitioners working across children and families services, in order to ensure a coherent understanding and to provide the necessary skills to apply Family Support in practice.

How it is delivered?

A crucial learning acquired from this study is the absolute importance of how Family Support is delivered. The findings of this study indicate that a core set of service and practice characteristics are fundamental to providing Family Support. These core features include a knowledge and skill base, a particular style and orientation for practice and service delivery, and the use of reflective practice and supervision. The key principles of preventing difficulties arising, intervening early in the lives of children and in the genesis of a problem, in a responsive, needs-led manner, with a focus on outcomes and an evidence base, is advocated in how services orientate themselves. A relationship-based, non-judgmental, respectful approach in how practitioners orientate themselves, supported by reflective practice and supervision are also advocated.

Integrating the research findings with respect to each of these questions, the tentative conceptual model for formal Family Support is now further developed, built on and finalised.

Family Support: what it is, who delivers it and how?

This study has indicated that there are a number of distinct, interconnected, dynamic and equally important components which must be included in Family Support practice. These components are now bound together in a final integrated conceptual framework to illustrate Family Support in practice. The components are described sequentially in an explanatory framework to provide formal support to a child and his or her family (see Figure 6.1).

As explained earlier, healthy family functioning in order to ‘get by’ involves the dynamic relationships and attachments formed among family members, combined with the supports provided to each other on a regular basis, and buffered by individual resilience to cope with, and adapt to day to day stressors and strains. This functioning is further enhanced by the social ecology within which family members live their lives, and the social capital accrued through their networks (see Figure 2.1). However, this study is concerned with children who live in families where these factors, for varying reasons and for varying lengths of time, are not functioning as they need to be, and **formal Family Support** is necessary. A tentative model for the delivery of this formal Family Support was proposed (see Figure 2.4). In this model, Family Support services are provided to children and families with varying level of need across the four levels of intervention and developmental, compensatory and protective categories.

However, in order to provide a high quality and standard of formal Family Support /to children and their families which is not based on serendipity or good fortune and, it is clear from the findings of this study that consideration is necessary of a number of specific factors. An agreed understanding of Family Support (definitions and theories) and specific service and practice characteristics are core features of Family Support practice. As illustrated in the right side of Figure 6.1, these features are wide ranging. In no particular order of importance, and with a dynamic relationship between them, all are viewed as core and essential features of Family Support practice. Moving sequentially from the right of the diagram to the child and their family on the left the specific components of Family Support are illustrated.

In order to adequately and expertly compensate for the disruption to the functions of family unit as explained above, practitioners must be informed and knowledgeable on the theories on attachment, social support, resilience, social ecology and social capital. An understanding and appreciation of the issues involved in realising children's rights and upholding their social justice is also required within the knowledge base of practitioners. Knowing the theories and issues involved, however, is not enough to deliver high quality Family Support. Practitioners must also have the skills and 'know how' to apply them in their chosen practice context and with each child and family they are charged with helping. Training in the named theories and perspectives, along with the regular use of a model of reflective practice and good quality supervision is required to develop these skills and the 'know how'. This training is necessary both prior to commencing to practice in children and families services and as part of ongoing in-service professional development.

The manner in which a practitioner goes about his or her business is also core characteristics of Family Support practice. Adopting a non-judgmental approach in how practitioners interact with the children and families they are working with portrays a respect for the human being and exemplifies the value base from which Family Support developed. Allowing a relationship to develop between the practitioner and children and their families (at whatever level is appropriate to each individual circumstance), forms a place from which to support, protect, or challenge as required. Again, a model of reflective practice enhanced by regular good quality supervision and ongoing professional development will support practitioners in this style of working, addressing any concerns or anxieties which may arise.

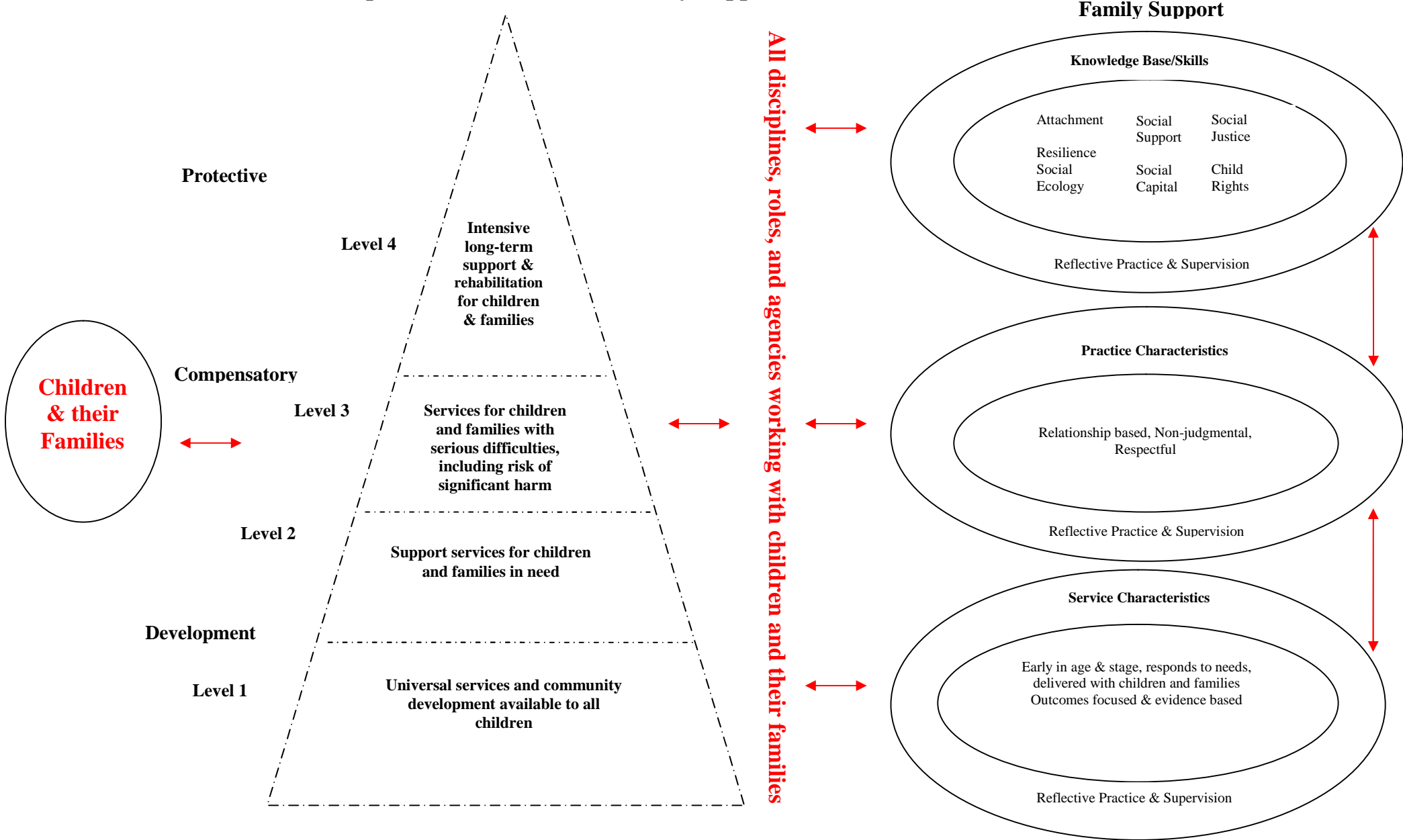
From a service delivery perspective, in order to achieve the best possible outcomes for children and to maximise the potential for families to support themselves informally, Family Support must be delivered in a timely and responsive fashion based on need. A prompt response to the needs of children and families will maximise the potential for a positive outcome within a short time period. The necessary supports for young children to promote their overall development, and the supports required throughout the four levels of need, as illustrated, must be delivered early in the genesis of a difficulty. Preventing difficulties from arising in the first place, and preventing existing difficulties from escalating or becoming more

entrenched, is a requisite feature of Family Support practice. Identifying solutions with children and families and working with their existing strengths and resources will also maximise the potential for achieving a positive outcome. Reflective practice, supervision and ongoing professional development is again a requisite of Family Support and will support practitioners with these tasks in practice.

In sum, all practitioners working with children and their families throughout the levels of need used to organise the delivery of services can (and do) provide Family Support. Family Support is not the remit of one discipline or one agency. It is an approach which is applicable across agencies, disciplines and roles. Throughout the four levels of need, from providing support to care and protection, with a protective compensatory and developmental focus Family Support can and does apply. As illustrated in Figure 6.1 the broken lines in the service delivery framework illustrate the possibility for families to move throughout the levels of support with the Family Support approach equally ‘moving’ throughout the levels of support as required and provided.

There is a caveat to this, however. *How Family Support is delivered* at all levels is essentially its essence; it is more than the sum of its parts. If practitioners apply, and are supported to apply the core features of Family Support in practice, as described, then they are providing Family Support. Regardless of their title or role, if a practitioner’s mode of delivery is not reflective of these characteristics, they are not practicing Family Support.

Figure 6.1: A conceptual model for formal Family Support



Chapter summary

This chapter elaborated on the research findings in relation to the objectives of the study, with reference to relevant literature and policy on the area. The implications of the research under objectives one to three were first considered, with specific reference to the ongoing debate and question regarding what Family Support is, who delivers it and how it is delivered. In arriving at the concluding answer to these questions, the discussion focused on the growth of Family Support and current perspectives on practice, including the influence of postgraduate training in the area. The tentative conceptual framework developed in Chapter Two was reviewed in light of the findings on each objective, and a final conceptual framework for Family Support proposed. This finally answers the questions; what Family Support is, who does it and how?

The next and final Chapter will conclude with a set of overall recommendations for the future of Family Support, based on the findings of this study. These recommendations are in relation to practice, policy, training and future research.

Chapter Seven: Conclusion and Recommendations

Introduction

This chapter fulfills a number of functions. Firstly, it reiterates the background to, and rationale for this study. It also briefly revisits the research methods used, and the theoretical areas which situated and provided academic reference for the study. The chapter then reiterates the key messages of the study and draws together the findings under the four objectives in order to make recommendations for the future of Family Support.

Section One: Background to the study

Family Support is a relatively new approach within the realm of services provided to children and families in Ireland. Debate on the benefits of this way of working with children who are experiencing adversity, and the distribution of resources towards it continues in academic, policy and practice arenas. There exists a divided opinion in the child and families field in Ireland and elsewhere regarding the merit and value in working in this way. An opposing body of thought advocates an orientation in service delivery which is more narrowly focussed on monitoring and protection, with a distinct role for workers in ensuring that families adhere to required standards in the care of their children. The Family Support approach is mindful of the circumstances children and families are living in and the difficulties they face, and is focussed on supporting them to address and overcome such issues in order to care for and promote their children's welfare.

While there is an ongoing debate in Ireland regarding what Family Support is, there is very little research on its development and on features of practice. In order to add to the body of knowledge on Family Support and provide this information, this study reviewed the growth of Family Support in order to determine how the current situation evolved. Although a point in time study this involved collating a historical picture on policy and service developments which contributed to the growth of Family Support. The study

also examined features of current practice in order to establish the core ingredients in a Family Support approach. The experience of Family Support pioneers, key informants in the children and families arena, and current practitioners who are students or graduates of a specialised postgraduate programme informed these findings. As this specialised postgraduate programme in Family Support Studies is also relatively new and has not been evaluated in terms of its influence on practice, this study also assessed its impact on practice. Graduates and current students on the programme provided data on the impact and influence of the programme on their practice and on Family Support generally.

Theoretical base and Research methodology

Theoretical base

Five relevant theoretical areas were examined in detail in Chapter Two. These areas were family and Family Support, underpinning theoretical approaches and perspectives, the orientation of welfare services including those from a Family Support and child protection stance, frameworks used to categorise the delivery of services and multidisciplinary postgraduate adult education.

The importance of the family unit to a child's wellbeing and development was first reviewed. The implications of how the family is defined in a particular context with State determined family policies and associated support systems underpinned by the accepted definition was noted. In Ireland, the Constitution (Bunreacht na hÉireann, 1937) is also influential in determining how family is viewed and responded to. The definitions of Family Support were described with the current Irish definition accepted for the purpose of this research. The literature reviewed also refers to the need for an accompanying set of principles to ensure Family Support is meaningful in practice. These principles were also then examined in detail. As Family Support is involved in the delivery of human service the practitioner is central to practice. The issues relating to the 'worker' in Family Support were reviewed including the style employed by individual practitioners, the use of relationship based practice, and the importance of reflective practice and high quality supervision. A suite of underpinning theoretical

approaches for Family Support were proposed and summarised. These theoretical approaches were: attachment, social support, resilience, social ecology and social capital. The associated issues of social justice and children's rights were included and reviewed.

The issues involved in the orientation of children and families welfare services generally were examined with particular reference to the Family Support and child protection stance. In Ireland, as elsewhere there is an ongoing debate as to the distinction between, and merits of a Family Support or child protection orientation. Frameworks used to describe the delivery of welfare services generally and children and families services specifically were described with the 'Hardiker' framework currently used in Ireland outlined. In order to begin the process of advancing Family Support as an accepted mainstay in the continuum of services provided to children collective consideration was given to the reviewed suite of theories and the categories and levels used to frame and describe service delivery. An integrated tentative conceptual model for the delivery of Family Support was then proposed.

Connecting theory to practice is a challenge for all providers of training and education in applied areas. The issues involved in multidisciplinary and adult education postgraduate education for practitioners in children and families services were examined. The impact of differences in education and training between core practitioners working in social service settings is noted as impacting on providing an integrated child care system.

Research methodology

A mixed method, triangulated approach was used over two phases in this study to gather the data necessary to answer the overarching aim and objectives of the study. As Denzin and Lincoln advise, a wide range of interconnected methods are necessary in order to get "a better fix" on the subject matter at hand (2000, p.2). In the first phase, pioneers and key informants in the area of children and families participated in a one-to-one interview. This sample group comprised participants from the USA, UK and Ireland, some of whom had been working in this area since 1947. The interview style used was

an unstructured narrative induced by a single question followed with a request for further detail on topics relevant to the research question as raised by the interviewee. Current practitioners who are graduates of, or students in the postgraduate programme on Family Support Studies, participated in phase two. This sample group, all based in Ireland, completed a one-to-one interview and a postal questionnaire. The same narrative inducing interview style was used with this cohort of participants. The questionnaire obtained data on their experience of the postgraduate programme in Family Support Studies and its impact on their practice. Documentary analysis was also completed on a sample of Family Support research theses. Using this two-phase, mixed methods approach to data collection, a complete picture relating to the objectives of this study was established.

However, as with any research study, there were a number of limitations to this study which had to be compensated for. Although this study is concerned with Family Support as an approach to working with children and families, they have not been included in this research. The perspective is that of the practitioner only. It is acknowledged that future research to ascertain the experience of receiving a Family Support approach in practice is necessary to ensure a complete account of what this involves.

While the sample group included in the research is broad, it is nonetheless relatively small and not representative of all agencies, disciplines or roles working with children and families. A wider sample of practitioners in this area of work is needed for a representative viewpoint. Furthermore, a number of the practitioners who were included had recently completed their postgraduate training in Family Support. A longer timescale between this group of respondents completing their studies and research on its influence in practice is preferable. A further limitation of the sample group included in this research is the small numbers of informants in the area who do not espouse a Family Support approach. While this study did not claim, or try to be a comparison of alternative approaches in practice, differing perspectives could be included in future research to add value to this debate.

Finally, the strong association between the researcher and the research had the potential to limit this study. The researcher did not arrive to this research study with a ‘blank canvas’. However, as the researcher was acutely aware of this position, the advice and support of the thesis supervisor, the internal ethical committee, and the advisory committee informed a number of strategies which were implemented in the fieldwork, data analysis and report writing to counteract any undue bias or influence.

Section Two: Key research findings from the study

As discussed in Chapter Six, it is possible to identify a core set of findings from the amalgam of data generated by this study. These findings are collectively discussed under three overall headings below.

Family Support in Ireland grew as a result of arbitrary and subjective developments in children and families policies and services

Over the past three decades in particular, Family Support has evolved arbitrarily as one element of the services provided to children and their families in Ireland. This growth and development has been shaped and informed by a number of key factors which both supported and hindered its overall progress. The fickle and unpredictable nature of this growth has contributed in large part to the ongoing ambiguity and vagueness regarding what Family Support is. This lack of clarity is regularly put forward by detractors in the Family Support debate in an attempt to negate its usefulness in practice. This is an important finding, therefore, as it is only by knowing what has caused this ambiguity that steps can be taken to address and rectify this question. This study finds that the need for such clarity is essential in advancing Family Support as a mainstream practice choice.

An agreed understanding of Family Support is necessary with specific characteristics required in the delivery of Family Support. Family Support is an approach that is applicable to all working with children and families with synonymy between all orientations.

The data showed that Family Support is an approach which is applicable across a wide range of disciplines and roles in working with children and their families across a variety of levels and types of need, as opposed to belonging to one specific brief or job title. The data also show that the manner in which Family Support is delivered is of paramount importance. The subjective nature of the service received by children and their families, and the strong element of chance involved in this, is totally unsatisfactory. There are specific characteristics within the orientation of services and individual practitioners which characterise a Family Support approach in practice. Practice which does not reflect these essential features is not Family Support.

(a) Service characteristics

The administration and orientation of all services working with children and families can adopt a Family Support approach. In essence, this involves responding to the unique needs of individual children in a timely and considered way. Involving children and their families in the overall plan of work to meet these needs is necessary throughout this process. Involving and including relevant service providers is also necessary. Efforts to prevent such need arising in the first instance and addressing need early in its genesis is an essential component of practice. Finally, assessment is required to determine if such input is supporting children to achieve identified outcomes. The use of evidence and knowledge on what works in supporting this process is needed to be both effective and efficient with children's lives and competing resources.

A unified approach across services to protect children by supporting them and their families is required. In the main, children are protected by enhancing their capacity and the capacity of those caring for them. In instances where alternative care is necessary to protect children, a Family Support approach can also be incorporated into practice.

Differentiating between competing systems of supporting families or protecting children is not helpful for children, families or practitioners.

(b) Practice characteristics

There are a number of specific orientations which individual practitioners must also apply in practicing Family Support. Developing a relationship base to their involvement with children and families is an essential and core ingredient of practice. Notwithstanding the complexities involved and the need for professional boundaries, a respectful, non-judgmental and healthy relationship can be developed. This relationship forms the basis for all professional involvement: supporting, challenging, protecting.

The complexities involved in this process, and working with children and families generally, demands time and space to reflect on practice, and support through regular high quality supervision. Working in the human services, and particularly with children who are experiencing upset, distress and trauma, is onerous. All involved in this area of work aim to improve the lives of children and are affected and frustrated when this is not the reality. Working with uncooperative or hostile family members who cause harm to children, or hamper efforts to support and protect them, is also very difficult for practitioners. Working in this time of scarce resources and increasing demands adds to the pressures and stress involved. High quality regular supervision and support which includes a model of self-reflectivity is essential to work to a high standard in supporting and protecting children.

Overall, this is an important finding, because in order for Family Support to be incorporated and delivered across *all* disciplines and roles working with children and their families, it must be viewed and accepted as part of everybody's brief. Delegating others to 'do' Family Support is not, in essence, what this approach involves. Furthermore, the manner in how Family Support is delivered is core and central to what it is. Applying and incorporating specific service and practice characteristics is necessary for all who practice Family Support. Moreover, labelling, or describing as

Family Support practice which is not reflective of these core features, is not helpful to the approach itself, or more importantly for the children and families we are working with.

The Family Support Studies programme has achieved its original learning objectives. The programme has had a strong influence on a group of practitioners trained, skilled and confident in the Family Support approach.

The Family Support Studies programme has had its intended impact on the participating students and has successfully achieved its initial objectives. On the whole, the programme has brought about an overall confidence in Family Support as a valid approach underpinned by a sound theoretical basis and a Masters Degree awarded by a reputable academic institution. Practitioners who have completed the programme advocate for, and practice Family Support with expertise, confidence and conviction.

At a practice level, graduates and students are knowledgeable and skilled in an array of theory, policy and practice concepts which complement and enhance their day to day work with children and families. Aligned with the findings on Family Support practice at both a service delivery level and an individual practitioner level, the postgraduate programme has contributed to a high standard in this regard.

The use of social science research findings, combined with an increased level of skill in conducting research and report writing, is contributing to a move towards the use of an evidence base for practice, and adopting a 'best practice' position in working with children and families. This is an important finding and can only lead to a higher quality, consistent, outcomes-focused service being provided to children.

Section Three: Recommendations for the future of Family Support

The fifth and final objective of this study was to consider the implications of the findings and make recommendations for the future of Family Support. The implications of the findings were discussed in Chapter Six and a conceptual model for Family Support in practice was proposed. Drawing together all the knowledge accrued in this study, and in light of this new model for Family Support practice, a number of recommendations for the future of Family Support are now presented. These recommendations are made in relation to practice, policy, training and future research.

Recommendations for practice

Family Support is an approach to practice in services working with, and on behalf of children and their families. All disciplines who work with children, regardless of the remit of their service, the specifics of their role and their original training, can incorporate a Family Support approach into their practice. It is recommended that practice is based on the conceptual model as developed in this study.

In doing so, children must be placed at centre stage in all debates, discussions, interventions and decisions. Their needs are paramount, and must inform and underpin, always. At a broader service delivery level and at an individual practice level, working to support the child and his or her family to achieve their best outcomes possible is essentially what Family Support is about.

This study recommends that the term Family Support worker is not applied to one specific role within the child care arena. Using this term is counter to the notion that Family Support is an approach across roles and disciplines. The use of the term also implies that responsibility for Family Support rests with one specific group of practitioner, when the opposite is the case.

The centrality of relationship-based practice needs to be developed and sustained while also applying evidence-driven understanding of child and family well-being. There is an unspoken premise that it is unprofessional for practitioners to develop a relationship

with the children and families they work with. This study recommends that service managers and supervisors give 'permission' to practitioners to form a professional relationship with their clients. Within an overall system of support, supervision and reflective practice, this relationship can be developed and managed.

There is a need for space and time to reflect on individual practice, accompanied by support, supervision and professional development. This study recommends that all practitioners are afforded such resources as an accepted and minimum part of working in children and families services. Furthermore, this support and supervision must be provided by an experienced manager with the additional training and resources required.

A guarantee of a minimum standard in practice must be provided to all children and families in need of support services. All elements of providence must be removed in determining the experience children and families have when in need of a service. It is recommended that the characteristics of practice, along with the Family Support practice principles outlined in Chapter Two, are used as criteria to ensure a minimum standard is adhered to consistently. A Family Support charter or declaration of assurance is suggested in order to promote and ensure such standards are uniformly and consistently adhered to.

Recommendations for policy

National policies must robustly advocate a focus on preventing difficulties which may affect children's from arising in the first instance, and address issues early where they arise. While the current policy document, the Agenda for Children's services, espouses the concept of prevention and early intervention, in reality it is not afforded the attention and commitment necessary.

Aligned with this, an emphasis in national policy on incorporating the features of Family Support practice as outlined in this study into all services working with children is recommended. Policy support for the Family Support approach will support its application and acceptance as a mainstream orientation with broad relevance in

children's services. Throughout the domains of support, protection, care and after care, a Family Support orientation can enhance and improve the experience of children and their families.

There is a need to ensure that attention is paid to implementing the recommendations of child care inquiries and informing future practice based on the learning gleaned. A review of the common messages and recommendations made in the plethora of inquiries to date should be collectively considered, in order to improve practice across all services and agencies working with children. The shape and intensity of public and political attention cannot be allowed to dictate the outcome of inquiries into serious incidents or events concerning children's well-being.

Further attention is needed to realise children's rights. To this end, it is recommended as a first step in this process that the referendum on children's rights is given priority at a political level. A government decision is necessary to agree a final wording for the proposed changes to the Constitution and a date for the referendum to take place. Children have waited long enough. Attention is also necessary to the rights of families to receive support as necessary in their child rearing functions.

Recommendations for training

A key overall finding in this study is the need for ongoing specialist training and professional development across a number of areas. It is apparent, based on these findings, that there is a role in education and training programmes to explore and emphasise the overall style employed by practitioners with the importance of relationship building, and a non-judgemental and respectful manner stressed, and accompanying skills taught.

As indicated, if Family Support is to be universally accepted as a mainstay orientation in children and families services, and practiced at a high standard across disciplines and roles, then the associated training and education must also be provided. Given the eclectic pool of disciplines, roles, and levels of need which are involved in the provision

of services to children and their families, a comprehensive curriculum of education and training will need to be far reaching and delivered at undergraduate and postgraduate levels, and continued through professional in-service development courses. The silo approach to education and training currently in operation does not support or promote the collaborative partnership based approach espoused in practice.

Recommendations for future research

This study is concerned with children who are in need of support, protection and care from formal support services. However, their voice is absent from this study. It is recommended that future research considers the impact of the Family Support approach, and the associated postgraduate training, on the experience of children and families in receipt of services. This research answers questions on the delivery of Family Support. However, questions are also necessary on the experience of receiving Family Support.

A longer-term follow up study on the impact and influence of the Family Support Studies programme would also enhance the findings of this study and add valuable insight to its effect on practice. Combined with the voice of children and families in receipt of services, a longer term view on the outcome of the programme would provide a more detailed and comprehensive picture on current Family Support in practice.

This study is largely concerned with pioneers and practitioners who are advocates and champions of Family Support as a practice orientation. Future research with practitioners who have not completed the Family Support Studies programme would add to this research. Moreover, the opinion of other informants in the children and families arena who contest this approach and advocate alternative orientations would also bring added value to the Family Support debate.

Concluding comment

“Family Support grew so fast because it was so necessary” (Pn6).

Family Support is still necessary; one could argue never more so. The difficulties children face today are as stark as they ever were. Children continue to experience neglect, emotional, physical and sexual abuse. Many families contend with issues of poverty, addiction, poor mental health, family violence, crime, among others. Unemployment is once again reaching more and more families. The difficulties in the economy have resulted in less and less resources for services to respond to every level of need. The capacity of many services to meet the needs of children is severely diminished.

Children need their families. The informal supports provided by family members to their children are needed now as much as ever. In instances when such supports are not available, formal Family Support is needed now more so than ever. In concluding this research, the question remains: is it not self-evident that families should be supported in rearing their children where necessary? How and why is this issue debated and contested in a developed country, built on a proclamation which resolved to ‘cherish all the children of the nation equally’, and with a Constitution which holds the family unit as “the natural, primary and fundamental unit group of Society”? Support must be available for families as and when necessary.

The question is also raised in this research as to who are the champions of the future to further advance Family Support? The answer, however, has been provided in the research findings. The influence of postgraduate education in Family Support has been very positive, and has produced a growing legion of practitioners who are extremely well informed and skilled in Family Support discourse and practice. The award of a Masters Degree from a reputable academic institution lends credibility, eminence and recognition to the Family Support approach. The commitment and dedication of this

highly qualified group of practitioners, combined with their understanding, knowledge and confidence in this style of work, will ensure that Family Support continues to evolve, reach its pinnacle and take its place as an established, uncontested orientation in children and families social services.

This study has answered the question as to how Family Support grew in Ireland, what current practice entails and the influence of specialised postgraduate education in this area. There is clarity regarding what Family Support is, who delivers it and how. Family Support is a specific approach to working with children and their families; it has a clear working definition and an accompanying set of principles which has relevance and currency in the current world of practice. This clarity and understanding must be accepted within the mindset of the relevant actors throughout the children and families arena. All agencies and the disciplines employed therein to perform various roles and tasks can adopt a Family Support approach and incorporate it into their daily practice. Professional debate and tensions regarding whose role it is are redundant. Family Support does not belong to one set of practitioners or apply in one type of service delivery. It is a style of work which applies to all. This style of work is based on a number of core and essential service and practice characteristics. These characteristics are not optional extras. They are Family Support practice.

Chapter summary

This chapter has fulfilled three primary functions. It reminded the reader of the background to the study and the objectives of the research. It also reiterated the theoretical areas reviewed and the methodology used to collect the data necessary to answer these objectives. Finally, the key messages arising from this research, and a number of recommendations for the future of Family Support were suggested.

Reflecting overall on this research study it is the researchers sincere hope and anticipation that the knowledge gleaned in this study will help advance Family Support as a practice approach and ultimately result in an improved experience for all children who are in need of and receiving a service. This applied 'real world' research study has reiterated the researchers view, based on her practice and academic experience and own learning, that it is necessary to put an end to the fruitless and unnecessary contest and debate regarding the merits and value of Family Support. Children must be supported and protected and this research will contribute to clarity on how formal Family Support can do this in practice.

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Appendices

Appendix 1

Memorandum of Understanding

Introduction

The thesis supervisor involved in this research study on Family Support in Ireland is an active agent and pioneer of Family Support. The supervisor is therefore included in the sample population interviewed as part of the study. In advance of this interview process and on the advice of the internal ethics committee (School of Political Science and Sociology, NUI, Galway) a number of actions are necessary.

The supervisor and researcher agree:

1. The researcher wishes to interview the thesis supervisor as part of the data collection for this study.
2. The supervisor is available for a one-to-one interview.
3. During the interview itself the supervisor will engage only in answering the questions asked.
4. The supervisor will not attempt to identify his responses in the data analysis and report writing phase of the study.
5. The supervisor will not bring any undue influence on the data analysis and subsequent findings produced.
6. The researcher will apply the reflexive model of enquiry and the ethical strategies outlined in the methodology chapter and agreed with the ethical committee.
7. The researcher will seek advice from the internal ethical committee should any issue arise during in relation to this interview process.

Professor Pat Dolan
Research Supervisor

Ms. Carmel Devaney
Researcher

Appendix 2

Terms of Reference for Research Advisory Committee

The RAC will advise and support the researcher in the research process. The RAC does not have a management function over the researcher.

1. The RAC will consist of:

Principal Supervisor Professor Pat Dolan, Director, Child and Family Research Centre, School of Political Science and Sociology, NUI Galway (Ireland),

Professor Brid Featherstone, Professor of Social Work and Social Policy, School of Social Sciences & Humanities, University of Bradford (UK) and

Dr. Mark Brennan, Assistant Professor of Community Development, Department of Family, Youth and Community Sciences, University of Florida (USA)

2. The RAC will meet four times during the course of the research, to support and advise at the following stages:
 - completing research design;
 - data collection (assisting in accessing study populations);
 - final analysis of research findings;
 - format of final report.
3. The RAC will also raise anything additional which is relevant and pertinent to the research process.
4. Each RAC meeting will last 1 hour.
5. Key decisions only, will be recorded at each meeting, with minutes being forwarded afterwards by the researcher.

Appendix 3
Pioneers & Key Informants
Consent Form

Research topic

The growth of Family Support as an approach to working with children and families in Ireland and to consider current perspectives on practice including the influence of academic learning attained through specialised postgraduate education in the area.

Consent

I agree to participate in this interview by Carmel Devaney (PhD student) on the above research topic. I understand that my name will be used as an advocate of Family Support but that I will not be identified in terms of the information provided. I understand that this interview will be recorded and transcribed verbatim.

Name

Date:

Appendix 4

Information on PhD Research

This research study aims to review the growth of Family Support as an approach to working with children and families in Ireland and to consider current perspectives on practice including the influence of academic learning attained through specialised postgraduate education in the area.

Research Advisory Committee

Principal Supervisor

- Professor Pat Dolan, Director, Child and Family Research Centre, School of Political Science and Sociology, NUI Galway (Ireland)

Research Committee Panel

- Professor Brid Featherstone, Professor of Social Work and Social Policy, School of Social Sciences & Humanities, University of Bradford (UK)
- Dr. Mark Brennan, Assistant Professor of Community Development, Department of Family, Youth and Community Sciences, University of Florida (USA)

Carmel Devaney

Appendix 5

Transcription One

I: So as you know I'm researching family support as an approach to working with children and families in Ireland so please can you tell me about your involvement in children and families services from when you first started thinking about it? All the events and experiences that were important as you see it. I won't interrupt and I'll take some notes and please take your time and begin wherever you would like.

P: Oh right. Well in terms of my own direct involvement of course, the crucial moment for me is the post war 1948 children act because I began my involvement professionally with all this in 1952 when I went to the LSE to do a post graduate social work course in 54 actually it was with Claire Winecott and people of that kind. And that was at the time when the children act 48 had given a tremendous impetus to the development of completely new services for children and that's pretty well documented and you all know all about that.

The interesting point about the children act though was that although it was set up primarily to improve services for children who were not living at home, there isn't, there was a very clear brief mentioned, I can't give you the actual quote but you can easily find it, efforts should be made not to receive children into care (inaudible) so what was happening at that time was that I think local authorities across the UK were quite well, not quite, very very different in how rapidly they responded to what you might call the prevention or support cry and I when I had done my training took a very deliberate decision as one of a group of rather messianic young people at the time to go down to Devon to work in Devon where I knew there was a very progressive then children's officer, in charge, a man called Kenneth Brille, whom I had known since he was children officer actually in Croydon Surrey which is where I was brought up. And I had worked in a children's home that he, one of his children's homes in Croydon before going to university at all. So I knew of him and I knew of his reputation, he was one of the psychiatric social workers of that time, a good many of whom were involved in these developments of services. Claire herself was a psychiatric social worker. So that's important I think, that I went to an authority which looking back was innovative, creative and gave young energetic people like myself, really a much freer hand to go where we thought we needed to go, that would have been the case in the number of

other counties or cities, where they would have been held much more closely to the basic remit about children already in care.

And looking back one of the things I can see that made such a difference to my understanding of those issues was that when Claire taught us at the LSE she never ever forgot the fact that parents were involved in the lives of these children, or should be, or there were ways of trying to help them to be. So although it was starting from a position that they were in care, there was no question that my whole training was don't forget the parents. In a really quite highly skilled way because it was about children's perception, young children's perception of their parents and of what had happened if their parents went away. I remember her famous example of the little boy she took to, who said I expect (inaudible) which was the place he lived in, is at the bottom of the pond. Because in a way he was, all he could think of was the place that disappeared. So the interesting thing was intellectually was about children's cognitive development and the extent to which they could grasp and what they grasped about this and this was very much in my mind in the early days when we used to do a lot of short term reception into care, not much now, where children's parents for one reason or another couldn't cope for hospital things or whatever, so we did an awful lot of to-ing and fro-ing between parents and home in the days before the child abuse complications dominated the agenda to the extent they do now. So in a sense it was routine because you were making the arrangements, taking the children to the foster parents, taking them home again at the end but but but, if you did it well, it was quite a little art form because you noticed for instance what the children needed to take with them, their cuddlies, their toys, you noticed how they responded to their parents when they went home, and this of course, crucially, coming on here, was the work of the Roberstsons, and those famous films. Have you seen those films?

Appendix 5

Transcription Two

- P: I worked with her from October '77 to, I worked in Killarney Street from October '77 to May 1980 and she would have been there part time I think for some of that because she was still working on the Task Force and then I think she came in full time for a while and then she went off to something else and Ciaran came in but he was very similar actually, very similar kind of quirky ideas, quirky by the system's perspective of ideas. So he set up I think the first day fostering scheme you know, where you place kids in families locally rather than sending them even to a day centre you'd send them to a family and all that but you set it up on a fairly high quality basis so that you were supporting the carers properly and assessing them properly. It was almost like fostering but it was only, they went home each night you know. Now we thought that was very innovative, in fact we discovered there were schemes like that in other countries but not that many other countries and exactly the same model but you know. So a lot of these things have come and gone.
- I: You mentioned the Task Force, can you think back to then, what's your recollection of what happened that time?
- P: I don't think it had much of an impact, in some way. I mean I think it had an impact on maybe the thinking of some people but I don't think it had the impact that say the Kilkenny incest case had in the sense of there being a big, suddenly there was a big investment in additional posts and so on but I mean the problem is when there has been a policy impact it's generally been just at the level of throw more money at the issue as in create more posts but don't ask us to do hard thinking about what's to be different about how they work or set up new structures or new models, it's just throw more jobs at the thing or throw more money at it.
- P: They had an interim report in '75, which actually had some of the stuff about the Neighbourhood Youth Projects and all that. I think it kind of missed the boat, like I just think they were, but on the other hand I think it did, I mean, it's hard to

know. I mean I think it would be an interesting study to say ok, what impact did it have. I mean we did get a Child Care Act eventually. In many respects it did follow some of the ideas of the Task Force in a broad sense. We have had a Children Act broadly that follows what was in the Task Force. I mean not down in the detail maybe but a lot of the broad principles. There was some spending on prevention and support which I think they helped. Just doing some thinking on this thing of policy and research, (Inaudible) (43.53) research study or policy paper have any impact linear, you say this appeared here and trace a direct effect, whereas a lot of the time its about influencing the climate or something, the air, the policy air that people are breathing you know so it's more subtle what the effect is but at the same time I think there was a shift. Now it was also probably the zeitgeist of the period, the atmosphere at the time, there were ideas around you know. But often policy is more epileptic, like there's a knee jerk reaction to some crisis like, some Minister has his car robbed or something, not quite, oh we must do something about juvenile delinquency, what are we going to be doing about juvenile delinquency? Well let's do it you know, suddenly a policy that nobody was interested in is happening and people are saying, how did that happen? Or something goes off the boil equally for a similar reason. I mean, I think in some ways the people on the Task Force were too independent minded, it went on too long I think, for various reasons, not their fault necessarily but that there weren't people in the Departments, some of the people were open to being influenced maybe had themselves moved on so the whole thing was just out of synch, do you know what I mean? You have to have people waiting to take the ideas and put them into practice and if they move on before the ideas come in the door then the next people are saying, what are these for? We didn't order these ideas and the whole thing is, you know. So there's a sort of a, it's like a tide in these things you know, if you miss the tide I think in some ways it slightly missed the tide but on the other hand I think it did create, it contributed to a climate of thinking. And I wouldn't underestimate the stuff about students, like I know that sounds, may sound fairly lame to some extent but students being fed material from Task Force reports or writing essays and then they go out and they

kind of see that as the knowledge and these things work at a whole lot of levels I think you know. I think it reinforced, I wouldn't single it out as the only factor but I think it reinforced the emphasis on closing residential care, smaller residential units, you see that when you go to other countries where they sometimes have big residential units and then you think, why have we such small ones and so on now? Why have we such a big emphasis on foster care? Now some other countries do but not every other country has you know. And a lot of catholic countries don't, why are we a catholic country that does have strong foster care, you know. And I think when you look at those things the Task Force I think has had a big influence but it's very hard to unpick and say, you can trace, definitely that's trace something back and say that's where it started, in the Task Force Report. I think these things are much more multi causal really you know so I don't think they were wasting their time, put it like that but I think there were probably other committees, I think like if you wanted to trace, the Kilkenny incest case had a dramatic effect but that was a very specific, like the Task Force didn't have a child with tears on the front of the cover, there wasn't a sad tale that was the basis of, it was boring administrative stuff from the point of media, do you know what I mean? So when you've a sad tale, or the Ryan report, I think it's probably going to have some kind of a policy impact as well because, even that question and answer session where the guy stood up and said, I was, that made a big impact you know. But that was one person's story and the Task Force kind of lacked that kind of a narrative, do you know what I mean, that captured people.

Appendix 6
MA Family Support Studies
Questionnaire

Please answer the following questions or indicate your level of agreement
by circling the appropriate response.

All information will be treated anonymously

Section 1: Profile Information

1. When did you commence the MA Family Support Studies

2003 ☐ 2005 ☐ 2006 ☐ 2007 ☐ 2008 ☐ 2009 ☐

2. Which category best describes your age on commencing the MA Family in Support Studies?

- | | |
|-------------------------------------|-------------------------------------|
| 5. 25 - 30 <input type="checkbox"/> | 1. 46 - 50 <input type="checkbox"/> |
| 6. 31 - 35 <input type="checkbox"/> | 2. 51 - 55 <input type="checkbox"/> |
| 7. 36 - 40 <input type="checkbox"/> | 3. 56 - 60 <input type="checkbox"/> |
| 8. 41 - 45 <input type="checkbox"/> | 4. 61 - 65 <input type="checkbox"/> |

3 To date; how many years experience have you working in children and family services?

- | | |
|-------------------------------------|--------------------------------------|
| 1. 3 - 5 <input type="checkbox"/> | 6. 26 - 30 <input type="checkbox"/> |
| 2. 6 - 10 <input type="checkbox"/> | 7. 31 - 35 <input type="checkbox"/> |
| 3. 11 - 15 <input type="checkbox"/> | 8. 36 - 40 <input type="checkbox"/> |
| 4. 16 - 20 <input type="checkbox"/> | 9. 41 - 45 <input type="checkbox"/> |
| 5. 21 - 25 <input type="checkbox"/> | 10. 46 - 50 <input type="checkbox"/> |

4. Please indicate your level of educational achievement prior to the MA in Family Support Studies

- 1. Leaving Certificate ☐
- 2. Diploma ☐
- 3. Primary Degree ☐
- 4. Masters Degree ☐
- 5. Other; Please outline _____

-

5. Which sector were you employed in on commencing the Family Support Programme?

Statutory Voluntary Other Don't Know

6. Which sector are you currently employed in?

Statutory Voluntary Other Don't Know

7. On commencing the Family Support programme were you employed in?

Front line Role Managerial Role Policy Role Other

8. Are you currently employed in?

Front line Role Managerial Role Policy Role Other

Section 2: Participation in the MA in Family Support Studies

Please answer in light of your experience on and learning from the Family Support programme

9. Please indicate which module(s) had a positive influence on your practice?

Core Modules (Year one and two)

i. Family Support Theory ☐

Please rate the influence

Greatly Influenced Influenced Somewhat Influenced No Influence Don't Know
ii. Family Support Practice ☐

Please rate the influence

Greatly Influenced Influenced Somewhat Influenced No Influence Don't Know
iii. Sociology of Children and Families ☐

Please rate the influence

Greatly Influenced Influenced Somewhat Influenced No Influence Don't Know

Other Modules (Year one)

iv. **Family Support and Community Development** ☐

Please rate the influence

Greatly Influenced Influenced Somewhat Influenced No Influence Don't Know

v. **Family Support with Vulnerable Populations** ☐

Please rate the influence

Greatly Influenced Influenced Somewhat Influenced No Influence Don't Know

vi. **Family Support in Child Protection and Alternative Care** ☐

Please rate the influence

Greatly Influenced Influenced Somewhat Influenced No Influence Don't Know

Other Modules (Year two)

i. **Family Support and Health Promotion** ☐

Please rate the influence

Greatly Influenced Influenced Somewhat Influenced No Influence Don't Know

ii. **Family Law** ☐

Please rate the influence

Greatly Influenced Influenced Somewhat Influenced No Influence Don't Know

iii. **Applied Research (Year one and two)**

Practice Task ☐

Please rate the influence

Greatly Influenced Influenced Somewhat Influenced No Influence Don't Know

If yes please outline how;

Family Support Research Dissertation ☐

Please rate the influence

Greatly Influenced Influenced Somewhat Influenced No Influence Don't Know

If yes please outline how:

Section 3: Current practice in supporting children and families

Please consider the Family Support Studies programme overall

9. On reflection what level of influence has the Family Support Programme had on your current practice?

Very Significant Significant Moderately Not at all Don't Know

If yes please indicate in what way:

10. Has your practice changed since completing the Family Support Programme?

Very Significant Significant Moderately Not at all Don't Know

If yes please indicate in what way:

11. Has the programme supported you encouraged you to act as an advocate for Family Support in any way?

Very Significant Significant Moderately Not at all Don't Know

If yes please indicate in what way:

Please consider your current practice in answering the following questions

12. Please indicate which (if any) of the following theories actively inform your practice on a regular basis

i. Social Support Theory

Always Sometimes Rarely Never Don't Know

ii. Child Development

Always Sometimes Rarely Never Don't Know

iii. Ecological Perspective

Always Sometimes Rarely Never Don't Know

iv. Social Capital

Always Sometimes Rarely Never Don't Know

v. Attachment theory

Always	Sometimes	Rarely	Never	Don't Know
--------	-----------	--------	-------	------------

vi. Child's Rights Perspective

Always	Sometimes	Rarely	Never	Don't Know
--------	-----------	--------	-------	------------

vii. Resilience

Always	Sometimes	Rarely	Never	Don't Know
--------	-----------	--------	-------	------------

viii. Social Justice

Always	Sometimes	Rarely	Never	Don't Know
--------	-----------	--------	-------	------------

13. Please indicate which (if any) of the following characteristics reflect your practice on a regular basis

i. Flexibility

Always	Sometimes	Rarely	Never	Don't Know
--------	-----------	--------	-------	------------

ii. Strengths Based

Always	Sometimes	Rarely	Never	Don't Know
--------	-----------	--------	-------	------------

iii. Multiple access routes of referral

Always	Sometimes	Rarely	Never	Don't Know
--------	-----------	--------	-------	------------

iv. Relationship Based

Always	Sometimes	Rarely	Never	Don't Know
--------	-----------	--------	-------	------------

v. Respectful

Always	Sometimes	Rarely	Never	Don't Know
--------	-----------	--------	-------	------------

vi. Time limited

Always	Sometimes	Rarely	Never	Don't Know
--------	-----------	--------	-------	------------

vii. Offered early in difficulty experienced by family				
Always	Sometimes	Rarely	Never	Don't Know
viii. Tailored to individual need				
Always	Sometimes	Rarely	Never	Don't Know
ix. Culturally aware				
Always	Sometimes	Rarely	Never	Don't Know
x. Participation with children and families				
Always	Sometimes	Rarely	Never	Don't Know
xi. Evidence Based				
Always	Sometimes	Rarely	Never	Don't Know
xii. Preventative				
Always	Sometimes	Rarely	Never	Don't Know
xiii. Informed by Reflective Practice				
Always	Sometimes	Rarely	Never	Don't Know

14. Any other comments you would like to make on Family Support and the Family Support Studies programme: _____

Thank you for completing this section of the Questionnaire
Please return in the envelope provided to:
Carmel Devaney, Child and Family Research Centre,
Science and Engineering Technology Building,
NUI, Galway

Participant Number: _____

Appendix 7
Further Research on Family Support

I am also conducting one-to-one interviews discuss Family Support and current practice in children and family services. As current participants in, or graduates of the Family Support Programme your participation and contribution in this research study is invaluable. I would therefore greatly appreciate and welcome your views and opinions. Please indicate if you are willing to participate in a one-to-one interview which will be held at a time and location that is convenient to you.

Yes ☐ Possibly (would like further information) ☐ No ☐

Don't Know ☐

Finally, I am planning to review a number of completed Family Support Studies research thesis to include in this study. All thesis reviewed will be reported on anonymously with commentary focusing on the theoretical basis and practice models only. If for any reason you do not wish your thesis to be included for selection please indicate so.

Please provide name and contact details if interested in participating in the one-to-one interview or in receiving further information. I will then be in contact with you.

Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Thank you for completing this section of the Questionnaire
Please return in the envelope provided to
Carmel Devaney, Child and Family Research Centre,
Science and Engineering Technology Building,
NUI, Galway

Appendix 8

Dear

I hope this letter finds you well. I am currently carrying out PhD research on the growth of Family Support as an approach to working with children and families in Ireland, with a specific focus on current practice. In order to achieve this aim, part of the research is considering the impact of the MA in Family Support Studies in terms of the learning accrued and participation on the programme.

As a graduate of, or current participant in, the Family Support Studies programme, your opinion and insights are invaluable to both this research study and to the future orientation of the programme. Professor Pat Dolan (PhD supervisor) and I both greatly appreciate and welcome your contribution to this research and it's associated outcomes. I therefore invite you to please:

1. Complete the enclosed anonymous Questionnaire and return it in the stamped addressed envelope provided.
2. Provide consent to participate in a one-to-one interview to discuss Family Support in more depth. On receipt of signed consent forms, participants will be randomly selected, and invited to participate in an interview.

In this regard, please read and complete the enclosed consent form and return it in the second stamped addressed envelope provided. Should you be selected further detailed information on the interview will follow.

Your contribution to this research is an essential component of the study and of great value to Family Support overall. I thank you in advance for your co-operation and participation. Please contact me or Prof. Pat Dolan if you have any questions or require further clarification on the research study. I look forward to hearing from you.

Yours sincerely,

Ms. Carmel Devaney,
Researcher
Email: carmel.devaney@nuigalway.ie
Telephone: 091 495733

Professor Pat Dolan,
Research Supervisor
Email: pat.dolan@nuigalway.ie
Telephone: 091 492930

Appendix 9

Dear

I hope this letter finds you well. Thank you very much if you have completed and returned the Questionnaire on Family Support previously sent to you. However, if you have not yet returned the forms can I please ask you to do so as soon as possible.

As a graduate of, or current participant in, the Family Support programme, your opinion and insights are invaluable to both this research study and to the future orientation of the programme.

Please contact me or Prof. Pat Dolan if you have any questions or require further clarification on the research study. I look forward to hearing from you and thank you in advance.

Yours sincerely,

Ms. Carmel Devaney,
Researcher
Email: carmel.devaney@nuigalway.ie
Telephone: 091 495733

Professor Pat Dolan,
Research Supervisor
Email: pat.dolan@nuigalway.ie
Telephone: 091 492930

Appendix 10

Role of interviewees (phase two)

Public Health Nurse (PHN)

The PHN is employed by the statutory service with as part of the community services. The role of the PHN is to focus on a particular catchment area meeting the curative or preventative needs of the population. The PHN provides a range of broad base, integrated, preventative education and health promotion service and acts as coordinator of a range of services in the community. The PHN has direct contact with all children under five and their families.

Child and Adolescent Mental Health Service (CAMHS)

The CAMHS services are a child psychiatry service provided by the statutory health service. The service supports children who experience mental health problems or emotional, behavioural or relationship problems that interfere with their wellbeing. The service provides both residential and day care services with a number of outreach services. A multi-disciplinary team delivers the service.

Community police (Garda)

The community Guard is a specific section within the Garda Siochana. The Community Garda has a specific role to provide a police presence in a particular community, initiating and promoting crime prevention programmes, communicating and liaising with individuals, associations, schools, groups, and to encourage and support those who work for the welfare of the people in the area, particularly the young and the elderly.

Family Support Services (Manager and Project Leader)

Community based Family Support services working with children and their families. The service is part of the community care service provided by the HSE. The manager of the service has responsibility for a number of Family Support programmes in a particular County. The Project Leader has overall responsibility for a community based service offering intensive Family Support to children and their families in a particular catchment area.

Early Years Child Care

This Child Care centre is based in an urban community with a high level of poverty and social deprivation. The Centre provides early childhood and out-of-school education and care to over one hundred and fifty children per week, aged between three months -10 years. The Centre is targeted at children in families who cannot afford private childcare and to support parents in education and training programmes.

Social Work

The Social Work Service is part of the community care services provided by the HSE and has a role with regard to the protection and welfare of all children in the area.

Addiction and Health Promotion Service

The Addiction and Health Promotion Service provides a support service to young men (under eighteen) who are abusing illegal drugs and their families. The service applies takes a broad preventative, health promotion and educational approach in an effort to prevent drug abuse. The service connects with communities and families as well as working on an individual basis with the young person.

School Completion Service

The School Completion Programme (SCP) is a Department of Education & Skills initiative that aims to have a positive impact on levels of pupil retention in primary and second level schools and on the number of pupils who successfully complete the Senior Cycle, or equivalent.

SCP entails targeting individual young people of school-going age, both in and out of school, and arranging supports to address inequalities in education access, participation and outcomes. It is based on the project model with an integrated approach involving primary and post primary schools, parents and relevant statutory, voluntary and community agencies.

Community Development Project

Community Development seeks to challenge the causes and effects of poverty and inequality and to offer new opportunities to those lacking choice, power and resources. Community Development empowers people and involves them in making changes they identify to be important and which put to use and develop their skills, knowledge and experience. This Project is based in a rural area.

Child Care Services

The Child Care officer has a role in strategic development of the child care services and supports in a particular community. A developmental approach is taken to developing child care services, working collaboratively with community members, agencies, and families.

Asylum Seekers and Refugees (Project Worker)

This service is a support service for young people and their families who are seeking asylum or refugee status. The service is delivered by a national youth work organisation. The project worker has a remit to work with the young person, their families/ carers and relevant services to meet their support needs.

Appendix 11

Roles and agencies reviewed in Family Support research thesis

Youth Justice Projects

Youth Justice Projects are local community based activities which work with children. These projects aim to help children move away from behaving in a way that might get them or their friends into trouble with the law. They can help children develop their sense of community and their social skills through different activities. The projects offer opportunities for education, employment training, sport, art, music and other activities. Most projects operate outside of school hours. However, in areas with a high proportion of early school-leavers, activities may also be planned during the daytime.

Social Work Fostering

The Social Work service provides fostering as a care placement to children in need of an alternative care placement. This service provides a support and training programme to foster parents in a particular catchment area who are provided care to children placed by the Social Work Department.

Youth Work Project

This service provides a community based youth project with a specific focus on suicide prevention. As a result of a high number of suicides and attempted suicide the project was funded on a pilot basis to specifically address risk factors associated with suicidal behaviour. The project works with young people, their families and the community.

Community based Family Support

This rurally based Family Support project delivers an intergenerational support programme. The programme is described as an initiative which brings together two or more generations for planned, purposeful, and ongoing activities that are designed to achieve specific programme goals. These programmes provide opportunities for sharing of skills, knowledge, experience and the development of mutually beneficial relationships. This programme is one of a number of support programmes delivered by this project.

Child and Adolescent Mental Health (CAMHS)

A parent support programme provided to parents involved with CAMHS (see Appendix 9).

Domestic Violence Service

This service is a community based voluntary organisation supporting the right of women and children to live free from violence and abuse, by providing a safe place and accessible community based services. This specific support programme is a treatment programme for children and their mothers who have experienced domestic violence. The purpose of the programme is to provide mothers and their children with the opportunity to process and understand the violence and abuse they have experienced, to create a safe

environment where children can talk about their experiences and where mothers are helped to understand the effects of domestic violence on their children. Both sessions run concurrently.

Asylum Seekers and Refugees (Child Care Service)

The role of the child care service is to support and encourage Asylum Seeking and Refugee families to access early childhood care and education services. As part of the social inclusion remit of the child care service, the service provides information to families, encouraging and supporting their involvement and coordinating and liaising with relevant services in the area.

Public Health Nursing (PHN)

The PHN is employed by the statutory service with as part of the community services. The role of the PHN is to focus on a particular catchment area meeting the curative or preventative needs of the population. The PHN provides a range of broad base, integrated, preventative education and health promotion service and acts as coordinator of a range of services in the community. The PHN has direct contact with all children under five and their families.

Addiction Services

The service provides a support service to young males who are involved in drug abuse. The service is provided in a particular area and works with the young person and his family members. The programme works with young males on all areas of their wellbeing and development.

Residential Care Service

This service provides residential care to children who are in need of an alternative care placement. The service provides for the needs of the young person while in care and works alongside the social work department towards a return home for the young person.

An Garda Síochána (Community Policing)

The community Guard is a specific section within the Garda Síochána. The Community Garda has a specific role to provide a police presence in a particular community, initiating and promoting crime prevention programmes, communicating and liaising with individuals, associations, schools, groups, and to encourage and support those who work for the welfare of the people in the area, particularly the young and the elderly.

Intellectual Disability Service

This service provides formal support to children, young people, and adults with an intellectual disability. This specific programme is provided to families of children involved with the service. The service is provided in a number of community based educational and development centres and offer both residential and day care services.

