Family Support in Ireland
Definition & Strategic Intent
A Paper for the Department of Health and Children

By

Dr. John Pinkerton
Queens University of Belfast

and

Dr. Pat Dolan
WHB/NUI, Galway
Child and Family Research and Policy Unit

and

Mr. John Canavan M.A.
WHB/NUI, Galway
Child and Family Research and Policy Unit

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This paper is based on a review of literature relating to the policy and practice of family support, primarily within Ireland and the United Kingdom but also taking account of some international experience. The review was commissioned by the Department of Health and Children to inform the work of the Steering Group to the Review of Family Support Services. The aim of the paper is to provide a knowledge based working definition of family support which will help in the work of the Review.

In preparing this paper a wide range of books, chapters, journal articles, policy reports and legislation, mainly published in the last ten years, was identified. Particular attention was given to identifying material that provided:

- a perspective on children and family needs consistent with the UN Convention on the Rights of the Child and the National Children’s Strategy;
- an indication of the range of types of existing family support services and the levels of intervention at which they operate;
- suggestions as to existing best practice principles.

An initial list of written material was generated through considering the contents of three key texts covering Irish, UK and international material: Anne Buchanan’s chapter “Family Support” in the evidence based practice collection “What Works for Children” (Buchanan in McNeish et al, 2002), Kieran Mc Keown’s “Guide to What Works in Family Support Services for Vulnerable Families” (2000) which was produced as part of the Springboard Family Support Initiative, and Ilan Katz and John Pinkerton’s edited book of international material and national case studies “Evaluating Family Support: Thinking Internationally, Thinking Critically” (2002).

The initial list was supplemented by drawing on the authors’ collective knowledge of the field. The list was then further added to, and some titles withdrawn from it, as the review was being carried out. Each source was examined with a view to extracting relevant information in the areas of policy, practice and operational management. Also efforts were made to characterise the content of the material...
according to three designations: theory, research findings and policy/practice commentary. As might be expected, some sources reflected more than just one of the categories. In all, one hundred and forty sources were identified, split more or less evenly between the different types of text, although journal papers constitute the majority. Material was found on policy, practice and operational management but the latter was noticeably limited. In the main, the texts were concerned with policy/practice commentary and descriptive research findings.

Wieler (2000) has suggested that family support can be seen in three ways: as a political goal, a method and an organisational form. In this paper all three are considered, the first in Section 2: Emerging Policy Consensus, the two others in Section 3: From Policy to Practice. Section 2 also identifies the rights and needs that should underpin any consideration of family support. Understanding family support also requires theoretical anchoring and this is provided in Section 4: Grounding in Social Support Theory. Unlike the previous four sections, which describe areas covered in the literature that was found, the final section, Section 5: Definition and Strategic Intent, proposes a definition for family support and a statement of strategic intent, necessary to transpose this definition into an achievable policy goal.
Reviewing the family support literature shows that it has deep roots in the history of child welfare (Ferguson and Kenny 1995, Hill 1995, Murphy 1996). In Ireland and the UK this goes back to the shared Poor Law heritage where ideas of the ‘deserving and undeserving’, ‘less eligibility’ and ‘child rescue’ were first formulated and which still chime with aspects of the family support debate. This is so, not only in terms of the counter posing of child protection to family support services but also the blaming of individual family members for the perceived failures in family functioning - both mothers and fathers for lacking the skills and motivation to provide satisfactory parenting, and children and young people for lack of self discipline and respect for authority.

At the same time as drawing attention to lessons that might be learned from the past, an historical perspective emphasises that family support as a coherent, contemporary policy perspective is still at a relatively early stage in its development (Pinkerton et al 2000). It also emphasizes that it is a significant shift from the previous direction of child care policy. The dominant focus in child care services since the early 1990’s has been on the protection and care of children who are at risk. More recently, the policy focus has shifted to a more preventative approach to child welfare, involving support to families and individual children, aimed at avoiding the need for further more serious interventions later on (Department of Health and Children 2001). The same point, going back a further decade, has been made for the UK (Jack and Jordan 1999, Gardner 2003).

Recognising the extent of the change and the early stage in trying to achieve it goes some way to explaining the considerable confusion and debate that continues over what exactly family support means in policy terms. It also suggests that it is appropriate at this stage in the policy process to focus on foundation work around developing a working definition. Any government or agency that is committed to family support needs to develop a conceptual framework and vocabulary that make explicit welfare assumptions, areas of need and types of services (Pinkerton 2000). Such secure ground that exists within legislation and documented strategic
commitments has to be used to provide the basis of a working definition of family support on which a policy driven, strategic mission can be built.

At the same time as secure ground needs to be sought, the contingencies of an ever changing national policy climate also have to be acknowledged (Tunstill 2003). This needs to be kept under constant review as to the implications for both developing family support as a policy and for evaluating its success or failure (Katz and Pinkerton 2003). Over the ten to twenty years that family support has been pursued within Ireland and the UK respectively, managerialism and consumer satisfaction have emerged as key imperatives within the public sector and in recent years have been joined by the commitment to evidence based policy and the pursuit of measurable, costed outcomes. These developments have brought with them a whole range of technical challenges around organisational structures, management capacity, including financial controls and communication and information systems.

There is a politics of family support that needs to be recognised and managed by policy makers. This includes the micro politics of the relationship within and between levels of government, disciplines, professions, organisations and sectors and across the divides of commissioners, providers and service users (Tunstill 2003, Parton 1997, Katz and Pinkerton, 2003). But it also means the formal world of politics has to be taken into account as both the Irish and UK Governments have struggled to manage very fast changing worlds whilst maintaining electoral support – particularly in Ireland with the economic boom and rapid social change of the 1990s.

As part of considering this wider canvass, there needs to be recognition that lurking in the shadows of the debate over family support there is a much more extensive political, social and economic challenge. Pauline Hardiker and her colleagues in Leicester in their influential work on prevention in child care have suggested there are three types of welfare that inform both the way in which needs are seen and what services are provided – residual, institutional, and developmental (see Table 1). The political choice to pursue one or other of the three has a profound effect on how family support is understood and pursued. For example, the Scandinavian experience of family support may have much to recommend it (Steen Jensen 2000, Andersson 2003) but as one Danish commentator has observed, it has to be seen as part of “comprehensive well funded interventions in many areas of social life and in particular in the care and support of children” and that “represents one end of an ideological continuum constructed along the dimension of the responsibilities of individuals and the state” (Steen Jensen 2000, p.195).

Issues of economic, housing, education and health policy all directly impact on what is feasible to deliver as family support and whether it is contained within a relatively narrow children’s services framework or seen as a cross cutting policy imperative closely linked to social inclusion (May-Chahal et al 2003). Children and their
experience within families have become a central concern of policy aimed at addressing social exclusion such as the Anti Poverty Strategy (Ireland, 1997). “Childhood lays the foundations for adult abilities, interests and motivations and hence is the keystone for assuring equal opportunities for adults” (Ashworth quoted in May-Chahal et al 2003).

<table>
<thead>
<tr>
<th>Types of Welfare</th>
<th>Needs</th>
<th>Services</th>
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| Residual        | • individual explanations  
                 • pathology model/individual defect  
                 • individual requires corrective treatment | • individual/family carries burden of responsibility to provide for all needs  
                                                                 • right to choose/duty to provide  
                                                                 • state provides basic social minimum as a last resort/safety net  
                                                                 • informal, voluntary and private sources of care are predominant |
| Institutional    | • product of faulty interaction between individual and environment  
                 • faulty functioning of either individual or social institutions  
                 • individual needs help to adjust to demands of society  
                 • improvements may be needed in delivery of welfare services | • state has a duty to ensure needs of most disadvantaged members of society are met  
                                                                 • state discharges its duty by co-ordinating mixed economy of welfare in which it plays a significant role |
| Developmental    | • individual difficulties arise from the unequal distribution of power and resources in society  
                 • individuals need to be able to exert more control over their lives including increased access to resources  
                 • social systems not people are required to change | • state guarantees social rights  
                                                                 • state accepts predominant responsibility for meeting social need via universal social services and redistributive social policies  
                                                                 • state welfare is a means towards a just and equal society |

In addition to concern for the needs of children as adults in the making, there is now a global consensus around the United Nations Convention on the Rights of the Child (UNCRC) that the needs of children as children demand respect. In line with Ireland’s obligations as a signatory to the UNCRC, the internationally innovative cross cutting National Children’s Strategy: Our Children - Their Future (2000) set out a ‘whole child’ perspective as a means of expressing the holistic needs of children and young people. Nine interwoven developmental dimensions to children’s lives are presented. For children to realise and express their potential along these dimensions, they require supportive relationships through both the informal social care networks...
of family, friends and neighbours and public and commercial services. The ‘whole child’ perspective takes an active view of children in which they both affect and are affected by the world around them. Within the ‘whole child’ perspective there is an underlying assumption that children’s lives can be improved as a result of positive and supportive interventions. This includes desired outcomes for children and families such as: optimum happiness, realisation of their full intellectual and cultural potential, the ability to cope with adversity, improved mental health and greater sense of fulfillment in life.

The place of the family in meeting the social care needs of children and young people is generally recognised within Ireland and internationally (UNCRC 1997, Commission on the Family 1998, Gilligan 1999, Katz and Pinkerton 2003). However, the reality of the family’s central role in meeting social care needs is in tension with the equally apparent reality that the capacity to respond to that need through contemporary forms and functions of family life is being eroded. In part that tension is an expression of the extent of change in family structure and family life that has given rise to a much broader and inclusive view of what constitutes a family and who the carers are within them (Daly 2004). Family members who have a high degree of dependence, such as children, elderly people and disabled people, and those who are depended on, primarily women, are particularly exposed to the pressures of continuing need but reduced capacity.

This need/capacity dilemma has major implications for the form and function of state services (Cowie 1999). Given the widespread experience of high cost, low quality care where the state has attempted directly substituting its own services for family life (Conjoint Health Boards 2001, Barnardos 2000), the obvious way forward would seem to be to prevent the necessity for invasive and ineffective state intervention through the development of family support. Family support appears to be a necessary and appropriate means to achieve a new and effective way of delivering services. It uses the power and authority of the state to promote the welfare of children but does so in a manner that enhances parental capacity and responsibility within the context of the family as a key institution of civil society.

It would be wrong, however, to regard the promotion of family support as just a pragmatic response by the state to managing social change and family life. It is also a principled position in line with the global aspirations of the United Nations’ Convention on the Rights of the Child (UNCRC). Although the historic importance of the UNCRC is primarily the recognition it gives to children in their own right, it also places special emphasis on supporting the family in carrying out its caring and protective functions.

“The family, as the fundamental group of society and the natural environment for the growth and well being of all its members and
particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community” (UNCRC)

The mandate for developing family support services is not only found in the UNCRC but also in legislation in both Ireland and the UK. The promotion of family support through Part IV and Schedule 2 of the Children (NI) Order 1995, along with the associated guidance and regulations, closely follows the 1989 Children Act in England and Wales. While neither legislation defines family support, the recipients of family support services are identified in terms of three categories of ‘children in need’.

The literature and research generated in the wake of the UK legislation clearly demonstrates the difficulty in monitoring and evaluating the working through of the legislative mandate for family support (Gardner, 2003). Both the attempt to find ways to identify children in need and to develop family support services proved very difficult. The challenge of refocusing, as it became known (Jack 2001), centered around the interface between child protection and family support. Following the publication of an influential summary and a set of twenty government funded research studies into child protection (Department of Health UK, 1995), the debate shifted from balancing the two types of needs and associated services to finding the means to integrate family support and child protection in a way that neither stigmatises support services nor lowers safety thresholds to a level that endangers children (Parton, 1997). As the quote below from the most recent review of Government commissioned research, ‘Children Act Now: Messages from Research’, makes clear, the debate has remained stuck in that mode.

“The current system of separating child protection enquiries and family support assessment is ineffective and counter-productive to meeting the needs of children and families. The studies suggest that, by separating the two systems, some children have missed the value of early intervention to prevent more intrusive and intensive activity at a later stage. Conversely, some children, who need safeguarding because of neglect are slipping through the net of family support services because these services fail to address the importance of safeguarding Children’s welfare”. (Aldgate J et al, 1989, P.144)

It remains to be seen whether the very recent green paper prompted by the tragic killing of Victoria Climbie, ‘All Children Matter’ (Laming 2003), with its integrative administrative reforms and redesignation of Departmental responsibilities away from health to education will move the debate on.

In Ireland, support for the policy commitment to family support is found in the Child Care Act 1991 which places a statutory obligation on health boards to identify and
promote the welfare of children who are not receiving adequate care and attention. Section 3 of Part 2 of the Act specifically states that Health Boards should provide family support services. While the Child Care Act, 1991 provides a clear context for the development of family support services at local level, it is fair to say a child protection focus informed the implementation of the Act due to the findings of the Kilkenny Incest Investigation published two years later (McGuinness, 1993) and other subsequent inquiries. It was only in the report of the Commission on the Family in 1998 and the launch of the Springboard Programme in the same year that more sound building blocks of State policy on Family Support emerged. Hazlett characterises the overall thrust of the former as focusing “on the need for public policy to focus on preventive and supportive measures to strengthen families in carrying out their functions” (p.131, 2003). Allied to this universal policy orientation was the approach of the Springboard programme, which focuses on specific communities and families and provides integrated, intensive interventions with targeted families and other families in the targeted communities. In 1999, the Government also committed to further expanding the network of family resource centres to 100.

A family support orientation is evident in other key policy and legislative developments, for example in the National Children’s Strategy, and its specific objective in relation to family life, and in the Children Act, 2001, with its significant emphasis on an expanded role for families at different levels in the juvenile justice system. At this time also, the Health Strategy published in 2001, proposed an expanded role for family support services (p.15, 2001). While these measures contain significant family support elements, the most significant new legislation focusing on family support is the Family Support Act, 2001. It established a new Family Support Agency, which is charged with responsibility for Family Mediation services, counselling services, the Family Resource Centre network and development of a programme of family related research. Family support is also consistent with the general trend within social policy towards integrated approaches to policy development and service delivery (Government of Ireland 2001).

Research into how family support has developed in Ireland is limited (Hazlett 2003, Canavan and Dolan 2003). However, providing a backbone for what has been done is a high quality evaluation of the 21 projects nationwide that now make up the Springboard family support programme (McKeown et al, 2001). The findings from that evaluation are encouraging in that whilst the programme offers no ‘miracle cure’ there is evidence “that significant progress has been achieved in promoting the well being of children and parents” (McKeown 2001, p. 123). There are also documented accounts of family support policy development at Health Board level (Western Health Board 1998, South Eastern Health Board 2003, North Eastern Health Board 2002). The latter makes it clear that what is required from policy is a working definition of family support, a perspective on children and families’ needs, an indication of range,
type and level of intervention, and a set of practice principles. All of these elements need to be combined in a timetabled development plan that has clear objectives but which is also flexible and open to review. Similar work has been undertaken by Children’s Services Planners in Northern Ireland’s four Health and Social Services Boards (WHSSB).

As seen in Table 2, they have drawn on the four level model developed by Hardiker and her colleagues, and also used by the major Northern Ireland research on family support (Higgins et al 2000), to conceptualise family support as meaning something different according to different levels of need and services/interventions. The four level model makes it clear that as the degree of need increases at the higher levels, the number of those in such need declines. What increases with the need is the intensity of support. Need at Level 1, for example as experienced by the majority of mothers with new born children, can be met by universally available services, such as a home visit by a public health nurse. By contrast at Level 4, a child who has spent a considerable period in substitute care placements due to a mother’s mental health problems may require a residential worker to put together a complex package of care involving a range of interdisciplinary and interagency interventions.
A successful central Government policy must have impact at the level of practice and that requires effective operational management. In the literature on family support however there is surprisingly little material on organisational structure and management practices (Frost 1997, Thoburn 2000). It is however clear that very different approaches can be taken to organising provision. Service delivery may be determined by locality with an emphasis on coverage and accessibility. Services may be orientated towards need, in a life-cycle context; for example ante natal support services, early years services, community based adolescent support projects, and parenting programmes for first time parents. Services can also be delivered on the basis of types of adversity (Reid 1999, Farrington and Welsh 1999). This involves providing targeted services in response to identified specific needs, such as support services to women who experience domestic violence. Such targeting is linked to assessment of need rather than provision of service on request (Gilligan 2001).

Little and Mount (1999) and Cowie (1999) suggest that as with any human service programme, family support practice should start with a focus on the accurate assessment of need. It is important to distinguish between two forms of needs assessment, population needs assessment and individual needs assessment (Pinkerton, Dolan and Percy, 2003). The former refers to attempts to measure the extent and nature of need within a geographical area or subpopulation living within it. The latter refers to the needs assessment that is conducted by professionals, such as social workers and health visitors on a daily basis in relation to an individual family or child and the matching of that need to a specific service designed to alleviate assessed need. There can of course be overlap between the two. Individual needs assessment data can be used to estimate the level of need within a population or area, likewise, many approaches to the assessment of need at the population level collect data from individuals and therefore can be used to provide insights into individual variations in need. Martin and Kettner (1996) indicate that this can be done through a standardised approach whereby services work together for a child or family through two formats, a multi-agency response programme and direct case planning, the latter focusing solely on a client completing an individualised case
programme (Farrington and Welsh 1999). Whittaker (1997) and Stevenson (1999) support the view that these methods should not be seen as mutually exclusive.

From their work on family support in cases of child maltreatment and neglect, Thoburn and her colleagues (2000) also suggest that a key task in service delivery is to start with generating information about families’ needs and the different types of service responses required. They propose that families can be usefully categorised as requiring either a long-term service, a short-term focused service or an efficient and knowledgeable advice and referral service. They go on to suggest that multi-agency planning groups are needed to identify high need areas from where referrals are coming and locate family centres within them. They also advocate a multi-agency approach for developing strategies to address specific types of problems. It has also been suggested that Children’s Services Plans are the vehicle for this within the UK (Frost 1997, Pinkerton 2000).

As part of the refocusing debate in the 1990s in the UK, the Association of Directors of Social Services and the charity NCH Action for Children suggested a set of key elements that could ensure that family support for those in need was combined with effective child protection.

- service flexibility over level of intervention
- needs led service
- multi-agency integrated planning
- co-ordinated interdisciplinary practice
- comprehensive service
- effective and balanced provision
- well trained professional staff
- capable managers
- partnership with independent sector

Detailed description of five family support settings in Northern Ireland suggested a set of criteria against which family support services and organisations might be assessed comprising: the inclusion of service users in management; effective and flexible working across disciplines, agencies and sectors; close and co-operative relationship with representatives of the neighbourhood in which families in receipt of services live; the capacity to deliver a range of services; and attendance to staff training and support needs and the creation of effective and integrated staff teams (Pinkerton et al 2000). Later additions to that list include: creativity and responsiveness in services; understanding of and respect for issues of race and culture; attention to outreach and engagement; and ensuring clarity about the
relationship between family support and child protection (Katz and Pinkerton 2003).

Similar ideas can be found in the work of Dunst et al (1988) and Dunst (1997) in the US context. Writing about what she calls a “family centered approach”, Dunst emphasises that services must provide for family-professional collaboration at all levels, the honouring of cultural diversity and the need for flexible, accessible and comprehensive support systems across each of hospital, home and community services (1997). She also highlights a further service characteristic also identified in UK studies (Pinkerton et al 2000) – the capacity to provide a range of supports for families: developmental, educational, emotional, environmental and financial. More abstract, though possibly most significant for operational managers, is the advice to see family as the constant in the child’s life and also retain the capacity to see families as families and children as children, beyond the narrow confines of their specific needs. Placing families themselves at the centre of service delivery is also emphasised by another US researcher, Whittaker, who, when writing about challenges for intensive family preservation services, advocates the involvement of ‘consumers’ in services management and blank-slate analyses (i.e. creative thinking outside of what is currently feasible). In this regard, he exhorts services to be ambitious and hopeful. Whittaker also recommends developing services from an explicit family support value base (1997).

In the Irish context, McKeown and his colleagues (2001) reported that being neighbourhood based and responsive to the local community through presenting as accessible, informal and comfortable were seen as major strengths of the Springboard Programme by professionals involved. In addition, the improvements suggested by parents and children on the programme included more activities and services and more involvement of local people.

Research from England (Frost 1997) suggests that there are benefits from having specialist family support teams as these encourage a shared high commitment to and definition of the task. They also provide a secure organisational base which encourages sharing and developing skills and is open to monitoring and evaluating the impact of practice. There is however a disadvantage in specialisation in that family support becomes hived off from mainstream services thereby undermining capacity for interagency and partnership working.

It is clear from the literature that there are many different types of provision gathered together under the title of family support (Gilligan 1995, Murphy 1996). These can range from home visiting (Belsky 1997), to programmes delivered in school (Ryan 2000, Dryfoos 1993, Mayall and Hood 2001, Boldt 1997, Weiss 2001), in day care, in community projects (Teelan et al 1989, Munford and Saunders 2003, Buchanan 2002, Toubourou and Gregg, 2002, Canavan and Dolan 2003), in health centres (Schofield and Brown 2000), in more formal clinical settings such as therapeutic
environments (Hoghughi 1999) and even in out of home placements such as residential care (Sinclair and Gibbs 1998, Stein and Rees 2002).

One of the most obvious representations of family support on the services landscape in the UK are family centres. Colton and Williams (1997) argue that services based on locality, with family centres as a central resource are ideally suited to family support and in particular partnership with parents in terms of both decisions about services and actual service provision. Thoburn and her colleagues (2000) see family centres as a “particularly appropriate service setting for provision of long term services to identified families” (p.201). Pithouse and his colleagues (1998) argue for an appropriate combination of open access and specialist referred services, while Armstrong and Hill (2001) reach the same conclusion. They propose an ideal of “well-coordinated multiple intervention”, recognising that this is the most expensive approach and is most often only available in urban areas. In their analysis of the use of family centre budgets in UK Social Services Departments, Batchelor and her colleagues (1999) suggest that there was a strong case for open access centres with management undertaken by voluntary organisations on the basis of service agreements.

In Ireland, Gilligan (2000) suggests that family support practice can be seen as occurring within three distinct contexts: interventions which focus on developmental family support, for example first time parenting of an adolescent; compensatory family support, such as one to one work with a child with a physical disability; and protective family support such as working with a group of children who have witnessed domestic violence at home. Layzer and his colleagues (2001) in their meta analysis of family support programmes in the USA, identified family support practice as being orientated around programme goals which include, improved parenting, child development, social support for parents, child and family health care, child abuse prevention, parent self-help and empowerment, parent literacy and employment training, parent and child community and school involvement and child behavioural change (2001). They suggest that these goals are met through modes of service delivery which include home visits and school and community settings groups.

Family support practice also involves working with family members and other people from the community as central players. Numerous programmes, both nationally and internationally, place the positive enlistment of support from family and other informal sources of help as central tools in family support practice. Such approaches include Family Group Conferencing (Marsh and Crow 1998, O’Brien 2000), Mentoring (Tierney et al 1995, Rhodes 2002), Communities that Care (Anderson 2000), Strengthening Families (Russell et al 1997), Parent Outcome Evaluation Programme (Tierney et al 1995), Homebuilders (Pecora et al 1992), Homestart
(McCauley 1999, McGuffin 2002), PACE (Toubourou and Gregg, 2002) and Teen Parenting Support Programme (Riordan 2002). Much has been written advocating the potential of informal supporters in family support in Ireland (National Children’s Strategy 2000, Commission on the Family 1998), in the UK (Belsky 1997, Jack and Jordan 2001, Morrow 1999) and in the USA (Gottlieb 1990, 2001, Cutrona and Cole, 2001). However it is only in more recent literature that semi-formal help from paid and trained volunteers has become recognised as a model for practice interventions both in the UK (Ghate and Hazel 2002) and in Ireland (Mullin et al 1990, McCauley 1999, Dolan and Holt, 2002).

Family support practice is usually described as involving activities whereby professionals enable the service user to be supported (Pecora et al 1997, Murphy 1996, Audit Commission 1994, Commission on the Family 1998, Pinkerton et al 2000). Existing guidelines and practice frameworks in Ireland all follow this perspective (Western Health Board 1998, North Eastern Health Board 2001, South Eastern Health Board 2003). Furthermore, family support interventions which mobilise help from natural sources are now more attuned to the real world needs of service users. Recent developments in family support practice encourages social workers and other similar professionals targeting and training natural helpers as family supporters in both specific contexts, such as specialist foster care (McFadden 1998), and for particular populations, for example estranged fathers (Daniel and Taylor 2002) and friendship groups for adolescents with challenging anti-social behaviours (Weiss 2001).

The literature suggests a move towards seeing family support practice as constituting a supportive programme of action by multi-professionals based on using a range of assessment/intervention tools (Ghate and Hazel 2001, Pecora et al 1997, Belsky 1997, McKeown 2001, Layzer et al 2001). Earlier work (Garbarino 1983, Tracy and Whittaker 1994, Hains 1992 and Compas et al 1993) also suggested that family support entails the use of tools to assess need and direct intervention with children and families. Some examples of such practice tools are the Social Support Questionnaire and Provision Scale, the Adult/Adolescent Perceived Life Events Scales and the Adult and Adolescent Wellbeing Scales. These are particularly useful in emphasising family social capital building and resiliency enhancement (Howard et al 1999, Clarke and Clarke 2003). The evidence base for the success of practice interventions built on the use of such tools by individuals or agency programmes is growing, particularly in school settings and in early childhood programmes (Dryfoos 1993, Mayall and Hood 2001, Wright et al 2001, Weiss 2001).

The wide-ranging provision that exists can usefully be characterised according to:

- Target group (e.g. parents, toddlers, teenagers, people with disability)
- Professional background of service provider (e.g. social worker, family worker,
child care worker, youth and community worker, public health nurse, community mother, psychologist, project worker, family support worker, home help, home support worker)

- Orientation of service provider (e.g. therapeutic, child development, community development, youth work)
- Programme of activities (e.g. home visits, pre-school facilities, youth clubs, parenting courses)
- Service setting (e.g. home based, clinic based, community based)

Within programmes the practice of family support is often perceived as focusing on one to one work whereas it actually can occur at different levels (Whittaker and Garbarino 1983, Wieler 2000), one to one individual or group work interventions; within and between services at their various levels. Also although much has been written about the preventive nature of family support, it also involves child protection work (Thompson 1995, Parton 1997) and reunification work with children and young people looked after in residential and foster care services (Sinclair and Gibbs 1999, Stein 1999, Stein and Rees 2002). Whereas family support requires skills in different settings and occurs across a range of sites (from working with individual children to families, groups or in wider community settings) the skills required to work effectively in all situations may differ. Whereas some workers operate very effectively in supporting individual children, their capacity to work with community groups may be very limited. To enhance practice across sites requires skill development for workers which Coulshed and Orme (1998) and Davies (1997) both suggest is often overlooked by agency and service managers alike. Skills need to express a strengths based approach to families with emphasis on being supportive, holistic and practical, customer-friendly and solution focussed. Workers need to adopt a positive frame of mind with emphasis on being approachable, available, astute and committed partners in their dealings with both families and agencies.

For example, providing family support to families at risk requires explicit and delicate skills which workers need to develop (Thompson 1995). Similarly working with parents under stress requires specific aptitudes (O’Connor 1999). Also, intervening with adolescents, who present as difficult to work with while still in urgent need of support, can be complex and require particular abilities (Herbert 2000). Families who suffer serious negative life events like suicide need particular help at particular times. Children with disabilities need knowledgeable professionals trained to deal with the particular challenges they face (Best Health for Children 1999, 2001, 2002). However, the difficulties of matching practice skills to need can be overcome and the burden of ensuring a sufficiently wide repertoire of skills can be shared between workers. Springboard is a clear example of how differing workers with differing skills can work as a united team to support family members in different ways depending on need (McKeown 2001).
However, as family support interventions inevitably imply human interaction, the style of the worker needs to be recognised as a key ingredient in any model of best practice (McKeown 2001, Martin and Kettner 1996, Thompson 1995). McKeown (2000) in his review of what works in family support suggests worker style as one of four clear ingredients. Similarly, other research which explored what parents saw as crucial in support from professionals also emphasised the social presentation of the worker (Dolan and Holt, 2002). These styles and qualities of the worker which have been identified by families globally have been more specifically grouped and named by Martin and Kettner as including Accessibility, Courtesy, Durability, Empathy and Humaneness (p.42, 1996). These attributes require ongoing reflective practice.

It is becoming clearer what the ‘practice’ tasks involved in delivering family support entail. In terms of the resources required to deliver assistance to families, having able and willing staff is more crucial than infrastructure such as buildings. In order to ensure that family support staff across all key disciplines are capable of successfully helping family members, two key ingredients need to be regularly audited and maintained: the characteristics of staff themselves and the tools and skill base available to them.

The persona and social presentation of the worker needs to be recognised as a key ingredient in successful engagement of families and subsequent interventions. The importance of supervision, self-appraisal programmes, team building and sustenance programmes for staff is critical. However, staff need more than their presenting personality and no longer is it adequate just to see family support as giving soft emotional support to vulnerable families. It requires staff to learn tools and skills, not just as a means to engage families in the work but also to be used with them in measuring the success of the intervention. There is now a growing bank of family support instruments, which cover referral, assessment, and an intervention and evaluation model which staff can learn and use as part of a ‘tool kit’ in their work.
On the basis of what is now known about delivering family support services, it is possible to identify a set of ten practice principles.

1. **Working in partnership is an integral part of family support.** Partnership includes children, families, professionals and communities.

2. **Family Support interventions are needs led and strive for the minimum intervention required.**

3. **Family support requires a clear focus on the wishes, feelings, safety and well being of children.**

4. **Family support services reflect a strengths’ based perspective which is mindful of resilience as a characteristic of many children and families lives.**

5. **Family support promotes the view that effective interventions are those that strengthen informal support networks.**

6. **Family support is accessible and flexible in respect of location, timing, setting and changing needs and can incorporate both child protection and out of home care.**

7. **Families are encouraged to self-refer and multi-access referral paths will be facilitated.**

8. **Involvement of service users and providers in the planning, delivery and evaluation of family support services is promoted on an ongoing basis.**

9. **Services aim to promote social inclusion, addressing issues around ethnicity, disability and rural/urban communities.**

10. **Measures of success are routinely built into provision so as to facilitate evaluation based on attention to the outcomes for service users and thereby facilitate ongoing support for quality services based on best practice.**
To date there is no shared or dominant theoretical underpinnings apparent in the literature. One candidate for that role is social support theory (Veiel and Baumann 1992, Gottlieb in Eckenrode, 1990). Hill (2002) has suggested that when one maps out agreed social support concepts including sources, types and qualities of social network support, there is clarity in describing and measuring these factors, many of which have a resonance in family support.

From research over the last 30 years, there is now overwhelming evidence that primarily, people access support from informal sources namely nuclear and extended family and to a lesser extent friendships (Berkman and Syme 1979, Weiss 1974, Cutrona 2000, Aymmens 1995, McKeown 2001). Family and friends are also commonly grouped together in the literature and referred to as ‘natural sources’ of help (Duck 1986). In general, it is also known that it is only when natural support is deemed to be weak, non-existent or incapable of offering the help required that a person then seeks aid from formal sources. Whereas informal support is preferred because it is natural, non-stigmatising, cheap and available outside of ‘nine to five’, there are of course occasions where professional help is required due to the severity of need (Gardner 2003), for example, a home visit from a GP to a child who continues to be ill, despite the best efforts of parents to help the child get better. Additionally, families are not always supportive and indeed can be the main source of stress, hurt or abuse. In such cases professional interventions from social workers and others is sometimes necessary as a substitute for the informal networks or as the means to control them (Thompson 1995, Ghate and Hazel 2002). Nevertheless, the literature in the social sciences and social psychology since the 1980’s has consistently recommended professionals to optimise natural sources of support for service users, culminating in what Whittaker (1997) describes as the quiet revolution of the eighties.

Apart from providing most support, families also offer a wide variety of help which Weiss (1974) in his pioneering paper grouped into eight types but which has been mostly described as occurring in four forms namely: concrete support, emotional...
support, advice support and esteem support (Depanfilis 1996, Coyne et al 1994, Tracy and Whittaker 1990, Cutrona 2000). Concrete support relates to tangible acts of help between people, for example, loaning a friend a lawnmower, or sharing a school run with a parent who also has children attending the same local school. In terms of offering concrete support, research by Cochran (1993) indicates that very often a family’s need for practical help is either missed or underestimated by professionals. According to Cutrona (1996), emotional support is a crucial form of support and comprises acts of empathy, listening and generally being there for someone when needed. It is an important form of support in that if it is offered instead of other forms of support, it is well received and usually perceived as helpful.

Conversely, other forms of help cannot compensate for a lack of emotional support from others. The provision of advice support can be complex and sometimes it is the perceived intention of the donor that may be more important than the advice given (Cutrona 1996). Advice is often sought within families for its comfort and reassurance rather than the advice in itself (Cotterrell 1996). For example, often during the turbulence of adolescence, both parents and young people need reassurance that they are each doing well in their respective roles (Herbert 2000). Esteem support, which relates to how one person informs another of his/her worth, has been measured less in research (Veiel and Baumann 1992). However, it is an essential form of support, for within families it is the basis of personal value between members and between families and non-kin relationships (Burleson 1990). For helping professionals interested in supporting families, particularly those members who are in the higher levels of need within the Hardiker model (1991), matching the support on offer to the type needed is a key practice issue (Tracy and Biegel 1994).

The quality of the support on offer to families is also a crucial factor in how help is both perceived and received. Within social support theory four main qualities have been identified and are generally all used in measuring social networks (Veiel and Baumann 1992, Hill 2002). These include closeness, reciprocity, durability and support which is non-criticising. In general people only turn to others they feel close to for support. Even within families it is only to members who are seen as responsive and towards whom a person feels attached that support is both sought and accessed (Aymanns 1995).

Cutrona and Cole (2001) in the US and Riordan (2002) in Ireland have recently found that in respect of teenage parents and lone parents this is particularly the case in respect of emotional support. Reciprocal support is preferable as it involves acts whereby help is exchanged between people, ensuring that a person does not feel beholden to another. Within families where members are responsive to each other’s needs this often occurs automatically and without much thought on the part of the donor or recipient. Importantly, where support is reciprocated its value lies in the
comfort of knowing that the exchange of support is ready made and available, if and when it is needed. In recent times some family support interventions have focused on building up this reserve of available support for families in what can be commonly called social support banking (Pecora et al 1997).

Durability in social support applies to the strength of ties between a person and his/her network members, the amount of contact between members and length of time people are known to each other. Durable support is typified by responsive members who are known for a long period, are nearby to offer help and who have regular but not intrusive contact with the central social network member. Tracy and Beigel (1994) have found that where people have mental health problems and are difficult to support, they often have non-durable networks typified by constant changes in memberships. Within familial relationships, because one cannot deselect another family member from the network, they are always potential supporters despite levels of animosity between family members. Cutrona and Cole (2001) who advocate a strength perspective in family support, suggests that this fact alone makes it all the more worthwhile to work on bolstering social support ties between family members. However, social support is not always positive and can be both stressful and harmful, particularly when a person negatively criticises another. For some people their networks members, including family, can be highly critical in a non-constructive way which leads to poor self-image, self-efficacy and low self-esteem that ultimately contributes to a person with poorer coping capacity (Compas 1993).

In summary, it is being suggested that social network support theory in terms of source, type and quality of support can be concisely described and clearly understood. Importantly, consideration of these aspects of support can be directly applied in understanding how children and young people achieve their rights and have their needs met through a series of widening, cupped informal supports - immediate family and carers, other family members and friends, key people within school, community, and leisure social networks. Support is then widened out further through semi formal and formal support practitioners in the community, voluntary and statutory sectors drawing on agencies, services, organisations, national policy and legislation. Thus social support theory can act as a lynchpin towards an emerging ‘definitional frame’ for family support professional practice.
Table 3: A Model of the Networks of Social Support

Child / Young Person
ACHIEVING RIGHTS / MEETING NEEDS
Nuclear Family

Other Family / Friends

School / Community / Leisure Interests

Semi Formal / Formal Family Support Practitioners

Community / Voluntary / Statutory

Agencies / Services / Organisations

National Policy / Legislation
From the growing literature in the area of family support, it is possible to identify emerging levels of agreement around characteristics of need, reflecting the pressure and change being experienced by families. It is also possible to identify a service response to that need which expresses shared features of style and format, reflecting some confidence that providing support, in certain ways can be demonstrated to work. Collectively, this allows us to define family support as:

“Family support is both a style of work and a set of activities; which reinforce positive informal social networks through integrated programmes; combining statutory, voluntary, community and private services, primarily focused on early intervention across a range of levels and needs with the aim of promoting and protecting the health, wellbeing and rights of all children, young people and their families in their own homes and communities, with particular attention to those who are vulnerable or at risk”.

This definition can be presented figuratively as:

**Table 4: Elements of a Definition for Family Support**

- integrated programmes combining statutory, voluntary, community and private sectors
- positive reinforcement for informal social networks
- targeting of the hard to reach, vulnerable or at risk
- wide range of activities & types of service
- early intervention across a range of levels and needs
- style of work based on operational and practice principles
- promotion and protection of health, well-being & rights of all children and young people, their families and their communities.
Whilst it is possible to identify the elements generally agreed as defining family support it is vital not to deny the complexity and contested aspects of the purpose, process and outcomes associated with family support which are also clearly registered in the literature. This includes acknowledging the absence of an agreed theoretical base. It is also important to recognise the extent to which family support as a policy direction for service development is contingent on the specific features of the child welfare conditions in which it is being pursued. That in turn will reflect the broader national and international political, economic, and social context.

In order to transpose the definition which has been arrived at into an achievable policy goal, it is imperative to ground it in a statement of strategic intent. On that basis it is possible to plan and manage the strategic implementation of the policy choice of family support through planning, service delivery and monitoring and evaluation (see Figure 5 below).

Table 5: Strategic Implementation of Family Support as a Policy Choice

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| Monitoring and Evaluation      |

The statement of strategic intent is an attempt to draw together a number of key threads running through the literature in a way that grounds them in the Irish context. In considering this statement it is important to note that whereas it obviously has a clear resonance for families, it is aimed primarily at all professional or semi-professional practitioners, community activists, agency managers, services, policy makers and researchers.
“Family Support within Ireland is a policy choice based on a legislative mandate to identify need and promote the rights and well being of children and young people. Delivery and training systems within the statutory, voluntary and community sectors, at all levels of intervention, which enable the practice principles of family support in accordance with the UNCRC and the National Children’s Strategy will be promoted. The development, outcomes and costs of the policy will be monitored and evaluated in order to inform regular policy review.”

The first thing to be noted in this statement of strategic intent is the need to be clear that a policy choice is being made and that this has certain clear features.

- The welfare assumptions being made lie between the institutional and developmental types of welfare.
- The underlying goal is to strengthen informal social support and promote social inclusion.
- A ‘Whole Child/Whole System’ rights perspective is being taken to both need and services.

Secondly, there are a number of key operational principles being applied.

- Working in partnership with children, families, professionals and communities.
- Integrative cross departmental, cross sectoral working at all levels of provision/intervention.
- Attention to organisational culture, particularly management style, staff support and training.
- Routine timetabled monitoring, evaluation and review.

Thirdly, whilst no specific programme or type of activity is being identified as constituting family support, the set of ten practice principles noted earlier are being endorsed which must apply if family support is being undertaken.

- Working in partnership is an integral part of family support. Partnership includes children, families, professionals and communities.
- Family support interventions are needs led and strive for the minimum intervention required.
- Family support requires a clear focus on the wishes, feelings, safety and well being of children.
- Family support services reflect a strengths based perspective which is mindful of resilience as a characteristic of many children and families lives.
Family support promotes the view that effective interventions are those that strengthen informal support networks.

Family support is accessible and flexible in respect of location, timing, setting and changing needs and can incorporate both child protection and out of home care.

Families are encouraged to self-refer and multi-access referral paths will be facilitated.

Involvement of service users and providers in the planning, delivery and evaluation of family support services is promoted on an ongoing basis.

Services aim to promote social inclusion, including issues around ethnicity, disability and rural/urban communities.

Measures of success are routinely built into provision so as to facilitate evaluation based on attention to the outcomes for service users and thereby facilitate ongoing support for quality services based on best practice.

The provisional position represented by the proposed statement of strategic intent, with its policy features and operational and practice principles, allows for knowledge limitations and political and administrative contingencies, whilst building on such solid ground as can be found. It also anticipates the need for the policy commitment and its outworking in operational management and practice application to be tested and refined as the associated research and information becomes available and is reflected on (Dolan et al forthcoming). Such openness to learning and changing as a policy is rolled out may appear to be at odds with the certainties that seem to be offered by evidence based policy. Knowledge however insists on self reflection and so should policy if it is to rise to the challenge of making family support the defining characteristic of Irish child welfare.


Belsky, J. (1997) Determinants and consequences of parenting: Illustrative findings and basic principles in W. Hellinckx, M Colton, and M Williams (Eds.), International Perspectives on Family Support, Ashgate USA, pp 1-22, Chapter 1.

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