



A critical consideration of the relationship between professional and public understandings of Family Support: Towards greater public awareness and discursive coherence in concept and delivery

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TITLE PAGE

A critical consideration of the relationship between professional and public understandings of Family Support: Towards greater Public Awareness and discursive coherence in concept and delivery.

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A critical consideration of the relationship between professional and public understandings of Family Support: Towards greater Public Awareness and discursive coherence in concept and delivery.

Abstract

The aim of this article is to consider critically the relationship between professional and public understandings of Family Support. It is based on research comprising baseline and follow-up population surveys carried out with 1000 respondents to establish levels of public awareness of the Parenting, Prevention and Family Support services provided by the child and family agency in the Republic of Ireland (McGregor & Nic Gabhainn, 2016; McGregor & Nic Gabhainn, 2018). In the article, we draw on three main conceptual areas: Family Support, Public Awareness and Help-seeking. The findings either reflect some of the conceptual ambiguity in the academic field or illustrate major gaps between the theoretical and the actual. Thus, we found that, adults rely on informal supports in dealing with challenges and issues they face and that universal services are the next line of support, if informal sources are not enough, both of which reflect the literature. However, the findings show that the public do not see Family Support in terms of resource centers, specialist parenting programmes or other formal services. Rather, Family Support is more commonly associated with Child Protection. The findings and our analyses challenge us to provide better accounts of what Family Support is in order to ensure service-use, in particular in the context of preventing and / or intervening early to address the issues families face. Such accounts require more and better engagement with children, young people, parents and wider family members, and reflection by academics and researchers on the provenance of our own constructions of Family Support.

Key Words: public awareness, Family Support, Child Protection, public-professional discourse.

Introduction

The aim of this article is to consider critically the relationship between professional and public understandings of Family Support. It highlights an important and relatively under-recognised challenge related to public understanding of what Family Support is. Family support has gained traction and recognition in recent times as a concept within the professional world of child and family services (See Pinkerton et al, 2019). In Ireland, this is reflected in the development of the Parenting, Prevention and Family support (PPFS) strand of the country's Child and Family Agency, Tusla, and the explicit re-orientation of Child Protection services towards early intervention and prevention. Tusla was established in Ireland in 2014 as an independent state agency. Prior to this, child protection and family support services were provided within a wider statutory health and social services structure. One component of this development is a new Family Support practice model called 'Meitheal' a collaborative service approach. It emphasises a focus on the child at the centre (Rodriguez et al, 2018). A parallel programme of research was established to evaluate the implementation of the PPFS alongside this shift within the Irish Child Protection system from 2014 to 2018. This has contributed to the production of a range of empirical data to help excavate the necessarily complex inter-face and interaction between protection of children and support of families (see for e.g. Malone et al, 2018; Devaney and McGregor, 2017). This study reports on a Public Awareness study, which was part of a comprehensive research study of the implementation of the PPFS programme (Malone & Canavan 2018). The primary intended outcome of the Public Awareness package was that 'children and families are increasingly aware of available supports and are less likely to fall through gaps, as all relevant services are working together in Tusla's prevention and early intervention system' (McGregor & Nic Gabhainn, 2018, 5).

The study involved baseline and follow-up population surveys of awareness of Family Support services (McGregor & Nic Gabhainn, 2016; McGregor & Nic Gabhainn, 2018). This study shows that theoretical constructions of 'family support' were not in line with lay understandings. How people understand services matters because it influences how they seek help (see Heerde et al, 2015). It also affects how those most in need of services access them in a timely manner. The findings suggest that it is at least as much the case that the families themselves find it 'hard to reach' a Family Support service when they need it as it is that the service finds it 'hard to reach' the family in need. We argue that there is a need for more in-

depth consideration about the relationship between professionally constructed explanations and publicly generated understanding. While focused on an Irish example, we argue that the issues arising is not simply an Irish challenge but a global one (Churchill and Fawcett, 2016; Daro and Donnelly, 2002, Gilbert et al, 2011; Daly et al, 2015). Our findings challenge those involved in theoretical, policy and practice developments in the field to reconsider how family support is theorised. In the discussion, we provide suggestions for future developments to address this gap so that people who need external family support know what types of help is available as well as knowing how to access this support.

The remainder of the article is in five sections. First, is an overview of key concepts involved, drawing on literature on Family Support, help-seeking and public awareness. Section two provides an outline of the study design. In section three, key findings are summarised with a focus on the themes relating to understandings and interpretation of early intervention and Family Support. In section four, we discuss the conceptual and policy implications from the study findings. We include in this discussion the relevance and importance of these findings for a wider international audience. By way of conclusion, we reflect critically on the implications of divergence in public and expert definitions and discourses of Family Support and identify routes towards further interrogation of these key questions.

Conceptual Overview

In this brief overview, we focus on three conceptual areas most relevant to our aims in the article: Family Support, Public Awareness and Help-seeking. Family Support is a concept that has a place in public, policy and academic discourse internationally (See Pinkerton et al, 2019). However, it is an uncertain and ambiguous place. Extant definitions of Family Support emphasise: informal social networks, social support, and the strengths and capacities of children and parents who use services; the need for services to be socially and culturally inclusive, accessible and responsive; and for services to work in partnership between children, families, services across all phases of intervention from needs identification to evaluation. Family support is associated with theories of social ecology, social support, social capital, resilience and attachment (Canavan et al, 2016; Pinkerton et al, 2019). Yet while these conceptual foundations have an internal coherence, there are a series of wider academic

/ policy debates where the meaning and added-value of Family Support is more contestable. Here, we frame five of these debates as questions:

Is Family Support simply a set of services and practices or could it be a paradigm for policy?

Family Support represents a set of services and practices reflecting the emphases just outlined. Alternatively, Family Support is an organising paradigm for social and public policy, so that societal wellbeing is more achievable if policy and services work to support families in their care-giving roles. While more established within academic and policy discourse on Child Protection and Welfare (the focus of this article) and Disability (Dunst, 1993), the general notion of Family Support is present in other policy sectors, for example, mental health (Hoagwood et al 2010), Leggatt, M. and Woodhead, G. (2016). Viewing Family Support thus opens a wider set of questions for society and politics, centred on the relationship between the child, the family, the state and civil society (Frost et al, 2015, p.22; Canavan et al., 2016 p.29-31).

What is the relationship between Family Support and Child Protection? Viewed through a Child Protection lens, Family Support is a diversion option, fitting within universal and public health services, or it represents a subset of activities, for example, focused on supporting parents to bring the care of their children to a safe level. Viewed differently, Family Support could be the overall set of services provided to children and their parents, in the context of risk and vulnerabilities, inclusive of Child Protection investigations and assessment and State care provision. Increasingly, the integrated nature of Family Support and Child Protection is promoted, with McGregor and Devaney (2019), for example, referring to protective support and supportive protection in Ireland when comparing a Family Support (Meitheal) and Child Protection (Signs of Safety) model of practice (See also Malone et al, 2018). This is reflected also in international comparisons of child protection systems (See for e.g. Connolly and Katz, 2019 Merkel-Holguin et al, 2019, Gilbert et al, 2011).

What is the difference between Family Support, prevention and early intervention? These terms are often used interchangeably. In practice, activities under the label prevention and early intervention demonstrate at least some Family Support dimensions – for example, emphasising parents’ or children’s strengths. Gilligan integrates Family Support and Prevention in a three-fold classification of Developmental, Compensatory, Protective Family Support (2000, p.15). This classification maps onto the idea of Primary, Secondary and

Tertiary prevention related to public health models (See Lonne et al, 2019). Frost et al. (2015, p.27) highlight ‘early help’, the term used by Munro (2011) in her review of Child Protection in the UK – noting its connotations of working with and supporting families – rather than early intervention.

Is Family Support the same thing as Parenting Support? In some ways, parenting support is more clear-cut than the broader term Family Support. An evidence base is now in place demonstrating the value of parenting programmes of various orientations (e.g., parent education - Triple P (Cheri et al, 2012; Shapiro et al, 2012), which makes it an attractive service option. However, it is worth noting that the emphasis on parenting has received sustained critique, in particular for its individualist orientation and its ‘blaming’ of parents, de facto mothers, for the anti-social behaviour or non-normative development of their children (Gillies, 2005). Reflecting its potentially narrow focus, Daly et al.’s international UNICEF report suggests that Parenting Support should be viewed as fitting within the broader notion of Family Support (2015, p.12).

Where are Children’s Rights in Family Support? Family Support interventions within Child Welfare are often associated with prevention of entry to formal Child Protection systems and /or entry to the care of the State (see Daro, 2019). However, an over-identification with the right to family life runs the risk that other rights move out of focus, particularly those relating to protection (Asgeir Falch-Eriksen and Backe-Hansen 2018). While one way of mitigating the risk is to follow participation as a core practice principle (See Tierney et al, 2018), it remains a challenge to ensure that Family Support is not parent-focused at the cost of its intended focus on children’s rights (Murphy, 1996). Moving beyond childhood, this point to apply also to the rights of all persons who are dependent on the care of families for their wellbeing.

Moving onto an overview of literature on ‘help-seeking’, this refers to seeking assistance through formal avenues of support (e.g., medical or psychological services) (Heerde et al, 2015). Help-seeking behaviour is commonly referred to as adaptive behaviour that can be associated with coping. It is a theme featuring across a range of medical, health, welfare and social care research. Collins et al (2011) defined help-seeking as a complex variable which is embedded in everyday life. Different elements have an impact on a person’s help-seeking behaviours including accumulation of knowledge, skills and social supports. Collins et al

(2011) referred to the concept of ‘positive brand association’ as helping to develop awareness, trust and loyalty towards services and practitioners. Other aspects, however, they argue, can instead have a negative impact on help seeking behaviours such as no previous experience of services, negative perceptions of the usefulness of services and low levels of emotional competence. As Daro (2019; 32) argues ‘all families need outside help; the question is how best to direct them to such assistance’ and argues that we need to create ‘a new paradigm that explicitly recognizes parents’ universal need for support. She adds that this would require ‘making all parents comfortable with asking for and using help, particularly when informal support is limited’ (2019; 33). In their overview of research relating to help-seeking, Featherstone and Broadhurst (2003), argued that “whilst the trend towards evaluative studies does provide some information about sources and types of referral, the current literature on Family Support offers limited insights into processes of help-seeking“ (2003, pp.341). They challenge the view of the help-seeker as a passive potential recipient of services and call for greater recognition of the help-seeker’s agency. In more recent commentary, some of the same issues arise about the definition of help-seeking beyond a connection to family or social support. Heerde et al (2015) offer a more definitive differentiation between Family Support and family help seeking in their longitudinal study focused on adolescents. Overall there is a lack of interventions and campaigns specifically targeted at increasing help-seeking behaviours. Generally, this is perceived as a by-product or a parallel process that will happen as a consequence of public awareness campaigns.

Regarding the literature on public awareness campaigns, it has been demonstrated that awareness activities can have an impact on people’s help- seeking behaviours. Raising public awareness on specific issues such as mental health is important as this can increase demand for services, which in turn could lead to provision and access of services in their local community (Burns and Rapee 2006). Campaigns can also increase the visibility, credibility and usefulness of health care services and reduce stigma which may motivate people to seek help when needed (Coppens et al 2013). Members of the public can benefit from knowing what to do in order to prevent or intervene early (Jorm, 2012). However, not all campaigns have demonstrated positive results following awareness intervention with regard to recognition, awareness, attitudes and knowledge (Livingston et al., 2013). Overall, it has proven difficult to establish causation between public awareness campaigns – be they once-off or sustained- and help-seeking behaviour.

Methodology

This paper reports on baseline and follow up surveys conducted in 2015 and 2018. The surveys were part of a larger study of public awareness within a programme of research and evaluation focused on the development of the Prevention, Early Intervention and Family Support strand of Tusla, Ireland's child and family organisation (see Malone & Canavan 2018). The aim of the survey was to establish public knowledge, understanding and help-seeking in relation to family support. It was originally envisaged that a publicity campaign would occur between the two dates of the survey. However, this was delayed. Therefore, the comparison of data from 2015 to 2018 allowed for reporting on changes in knowledge, understanding and help-seeking but could not establish the specific reasons for these changes (McGregor et al, 2018). The focus of this article relates to data generated from two surveys of understandings and knowledge of Family Support and prevention and early intervention, where the public source help and who they see as responsible for supporting families.

A structured interview protocol was developed with questions on socio-demographic characteristics of respondents, knowledge and awareness of services (e.g., about Tusla services, early intervention and prevention), help-seeking behaviour (e.g., who is responsible for family support and who would people go to for help if needed) and perceptions of services (e.g., attitudes to Tusla). Full details of the interview protocol and all responses are provided in the final published report (McGregor et al, 2018).

Data were collected through cross-sectional face-to-face surveys of a quota sample of the population of adults (over 18 years) in the Republic of Ireland, with quota controls based on the National Census of the population for age, gender, social class and geographical location to ensure representativeness. One hundred nationally representative sampling points were used as initial starting points, with ten interviews conducted per sampling point. Trained and supervised interviewers collected all data through Computer Assisted Personal Interviewing (CAPI). Potential respondents were given a participant information sheet and a consent form. Interviewers verbally asked the questions of the respondents without giving prompts and recorded the given answers electronically by ticking the relevant response in the research schedule which listed multiple response options which were post-coded. All interviews took place at respondents' own homes and took 15-20 minutes. A range of standardised quality-control checks and processes were applied to ensure adherence to the sampling and data

collection protocols. The instructions to interviewers included ‘Do not read out options for each question unless otherwise stated. Code answers back to options given’. There were questions of two main types: factual questions which required a Yes/No/Don’t know response and open questions where responses were subsequently coded to options provided. In a small number of cases, respondents were read the possible response options (e.g., if they did not understand the question).

Data were submitted electronically to the field supervisors and subsequently amalgamated, anonymised, cleaned and weighted to be representative of the population. Data analyses were conducted with SPSS v.21.0. The weights applied to the data were designed to ensure that the overall sample was reflective of the Irish population in terms of age, gender, socio-economic status and region, and were retained throughout all subsequent analyses. Data are presented for the full sample at the two time points, and also by population subgroups, defined: Parents (having dependent children under 18 years old) or Non-Parents (not having dependent children under 18 years old); Rural (residing in a rural location (<1500 inhabitants) or Urban (residing in an urban location (>1501 inhabitants); High Social Status (ABC1) or Low Social Status (C2DEF); Young (18–34 years old) or Old (35+ years old); and Female (identifying as female) or Male (identifying as male). Tests of significance were carried out via Chi Square analysis as all data were categorical in nature.

The study protocol received full approval from the Research Ethics Committee of the authors. No identifying information was sought from respondents, but all were provided with sufficient information to access follow-up supports if required.

Findings

Here we present findings relating to knowledge and understanding of Family Support and help seeking behaviour. We also explore change between 2015 and 2018. We focus on respondent’s perception of who is responsible for supporting families and where they seek help from within their own networks and beyond. We then present findings on respondents’ knowledge and awareness of Family Support services and early intervention and prevention services.

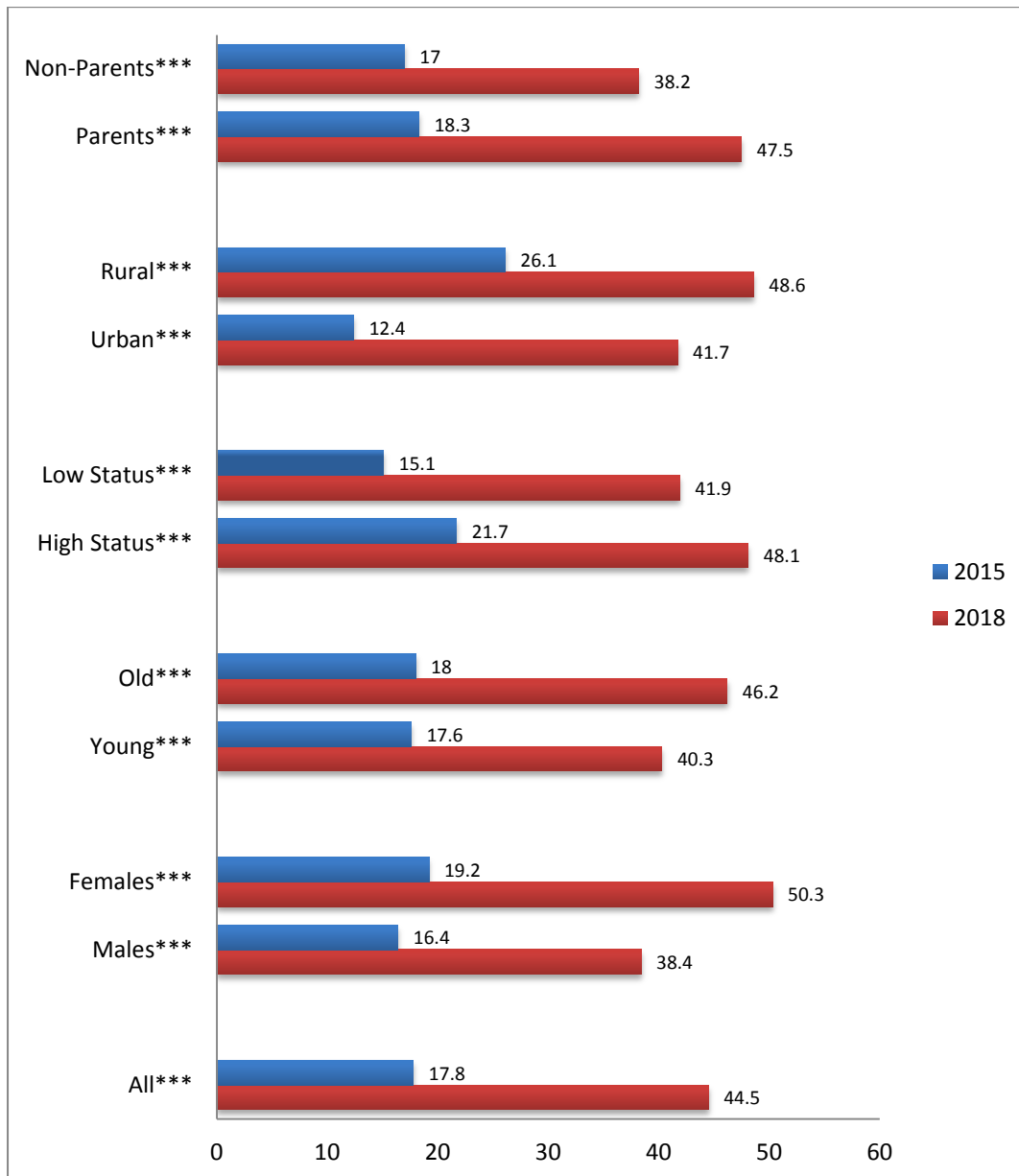
It is important to note a key context of the research was the establishment and early life of Tusla Ireland’s new Child and Family Agency. Public knowledge that Tusla was the Child

and Family Agency responsible for Family Support increased from 25% in 2015 to 56.4% in 2018 ($X^2=21.53$; Cramer's $V = 0.146$; $p<0.001$). Of those who reported that they knew what Tusla was in 2018, 65.3% accurately stated that it was a 'new child and family agency for support and protection'. This percentage was an increase from the 2015 figure of 61%. The increase was most substantial among those of lower socio-economic status, up from 58.6% in 2015 to 66.1% in 2018 ($X^2=29.34$; $\Phi = 0.19$; $p<0.01$).

Who is Responsible for Supporting Families?

Participants were asked who is responsible for supporting families when they cannot manage. In 2015 and in 2018, the State, Social Workers, and Tusla were the top three answers, with all other options being reported by less than 10% of respondents. This pattern was the same for the whole sample and each of the population subgroups. However, between 2015 and 2018 the rank order of the top three answers changed. In 2015 the State was the most common answer (47.4%), followed by Social Workers (38.7%) and Tusla (17.8%). In 2018 Tusla had become the most common answer, with a statistically significant increase ($X^2=165.42$; $\Phi=0.29$; $p<0.001$) as shown in Table 4 (44.5%) since 2015 (17.8%). The next most common answers were the State (41.4%) and then Social Workers (40.3%). Notably, there was a statistically significant reduction in those reporting that they did not know who was responsible, from 6.2% to 2.4% ($X^2=17.58$; $\Phi=0.09$; $p<0.001$) with the largest reductions among those living in rural areas (down from 7.3% to 2.0%; $X^2=12.94$; $\Phi=0.13$; $p<0.001$) and among non-parents (down from 8.9% to 2.4%; $X^2=13.18$; $\Phi=0.14$; $p<0.001$). As shown in Figure 1, parents, rural dwellers and high socio-economic status respondents were most likely to report that Tusla was responsible overall.

Figure 1: % reporting that Tusla has responsibility for supporting families when they cannot manage



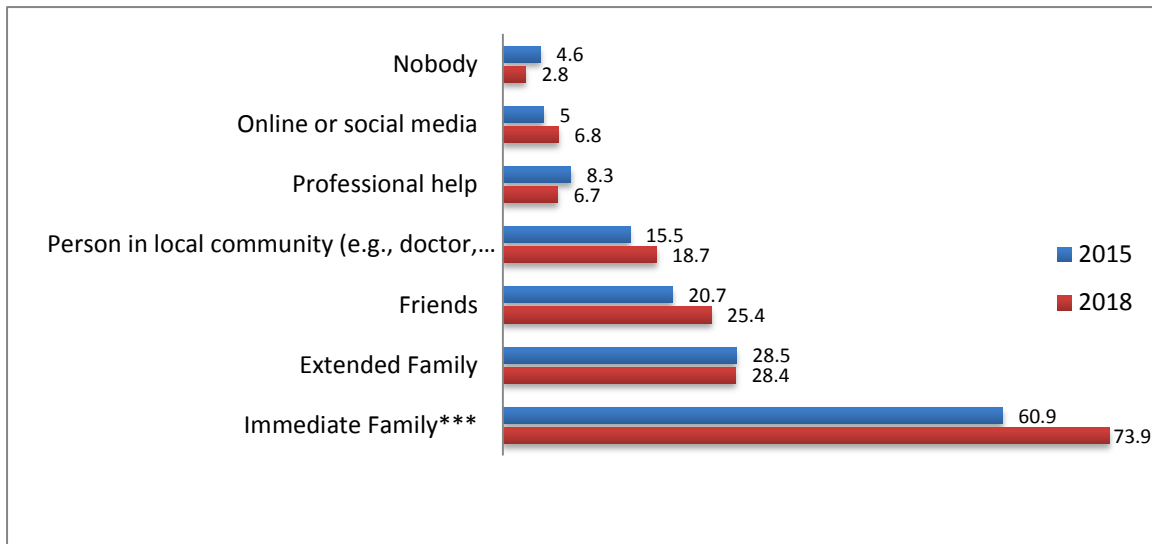
*** p < 0.001

From Whom do People Seek Help?

With regard to help-seeking behaviour, as presented in Figure 2, the 2015 survey showed that most people seek help within their own families (60.9%) or extended families (28.5%). Reliance on immediate family had increased in 2018 to 73.9% ($X^2=213.70$; $\Phi=0.33$; $p<0.001$), while reliance on extended family stayed the same (28.4%). While more people in 2018 reported they would go to a friend (increase from 20.7% to 25.4%) or to someone in the

local community (increase from 15.5% to 18.7%), and fewer reported in 2018 that they would seek professional help (decrease from 8.3% to 6.7%), these changes were not statistically significant.

Figure 2: Who respondents would ask for help with a parenting problem if they could not manage, % in 2015 and 2018



*** $p < 0.001$ When asked further about what they would do if they could not manage with their own supports (see Table 3) the General Practitioner (GP) was most commonly cited, increasing in from 38.7% in 2015 to 47.8% in 2018 ($X^2=16.72$; $\Phi=0.09$; $p<0.01$) The next most common response was to attend the local family resource centre, which increased from 11% in 2015 to 16.2% in 2018 ($X^2=11.39$; $\Phi=0.08$; $p<0.01$). As shown in Table 1, another notable increase from 2015 related to asking a schoolteacher (increase from 5.1% to 15.8%; $X^2=61.06$; $\Phi=0.18$; $p<0.00$). Statistically significant increases were found in relation to each of these sources of help for many population sub-groups.

Table 1: Statistically significant increases between 2015 and 2018 in respondents reporting what they would do if they could not manage a parenting or family problem with their own resources through family and friends

Response	Overall	Population subgroups
Ask the GP	38.7% in 2015; 47.8% in 2018; $X^2=16.72$; Phi=0.09; p<0.01.	Statistically significant (all p<0.01) increases among males and females, young and old, higher social status, urban and non-parent sub-groups. No significant changes for low social status, rural or parent subgroups
Attend the local family resource centre	11% in 2015; 16.2% in 2018; $X^2=11.39$; Phi=0.08; p<0.01.	Statistically significant (all p<0.01) increases among females, old and rural sub-groups. No significant changes for male, young, urban or parental sub-groups
Contact another agency in my area	6.8% in 2015; 12.7% in 2018; $X^2=19.78$; Phi=0.10; p<0.001.	Statistically significant (all p<0.01) increases among old, lower social status, urban and parent sub-groups. No significant changes among young, high social status, rural or non-parent sub-groups.
Contact my local community group	5.6% in 2015; 9.1% in 2018; $X^2=8.92$; Phi=0.07; p<0.01.	Statistically significant increases (all p<0.01) among low social status, urban and parent sub-groups. No significant changes among males, females, high social status, rural or non-parent sub-groups.
Ask the teacher	5.1% in 2015; 15.8% in 2018; $X^2=61.06$; Phi=0.18; p<0.001.	Statistically significant increases (all p<0.01) among old, high and low social status, urban and rural, parent and non-parent sub-groups. No significant changes among males and females or young sub-groups.

No statistically significant changes over time were reported for the following possible sources of help: local social services, community worker, professional help, public health nurse, Parentline, priest or other religious, citizen information centre. Respondents were asked if they had had received or were presently receiving any child and Family Support services. Overall, 8% of those answering in 2018 answered yes, a slight, and non-significant, increase on 2015 (6.9%). The services reported as being most frequently accessed in 2018 were Public Health Nursing (4.2% in 2018, up from 1.6% in 2015; $X^2=11.98$; $\Phi=0.08$; $p<0.01$), with significant increases in the population subgroups: male, old, low social status, rural and parent. The greatest increase related to rural respondents (increased from 1.3% in 2015 to 7.9% in 2018; $X^2=20.97$; $\Phi=0.16$; $p<0.001$). An overall significant increase over time was reported in use of Early Years Services from 1.5% in 2015 to 3.3% in 2018 ($X^2=6.89$; $\Phi=0.06$; $p<0.01$).

Where respondents reported they had not received services, the most frequent response as to why was that they did not need services (down slightly, and non-significantly from 88.3% in 2015 to 87.8% in 2018). Very low percentages of respondents reported that they had asked for services and not received them (1% in 2015; 1.5% in 2018; $p=ns$) or that they did not know who to ask or where to go (1.5% in 2015; 1.1% in 2018; $p=ns$). Similarly low percentages reported that they didn't ask for services because they did not know that services existed (0.5% in 2015; 1.7% in 2018; $p=ns$), or because they did not trust the child and family services (0.5% in 2015; 0.2% in 2018; $p=ns$).

Knowledge and Understanding of Family Support

In 2015, just over 50% of respondents reported that they knew what a Family Support Service was and this remained the same in 2018 ($p=ns$). While there were some changes in population sub-groups, none of these were statistically significant at $p<0.01$ or less.

Table 2: % reporting knowledge of Family Support services by gender, age, socio-economic status, urbanity, and parenting status, 2015–2018

Dimension	Level	% 2015	% 2018
Gender	Men	45.5	43.3
	Women	56.5	58.2
Age	Young	46.8	49.5

	Old	53.3	50.8
Social Status	High	56.7	55.7
	Low	47.1	46.7
Urbanity	Urban	50.8	54.3
	Rural	51.4	44.7
Parenting Status	Parent	56.9	52.3
	Non-Parent	40.7	46.7

While Table 2 shows that there were some changes between 2015 and 2018, these changes were not statistically significant overall or in any population sub-group. In 2015 and 2018 women were more likely to know what a Family Support service was than men. Urban dwellers and those with higher socio-economic status also reported higher levels of awareness than rural dwellers and those of lower socio-economic status.

Table 3: % reporting their view on what Family Support is?

Service	All	
	2015 %	2018 %
Social Work	35.3	36.5
Services for Child Protection	32.4	37.6
Services for Children in Care**	23.7	28.9
Public Health Nurse	21.0	18.2
Domestic Violence Services	19.5	19.6
Mental Health Services	19.4	21.4
Family Resource Centres	17.7	18.5
Educational Welfare and school support services	17.3	17.8
Support for parents in their home	17.2	16.5
Early Years Services	16.5	19.3
Disability Services	15.8	17.3
General Practitioner	14.9	16.0
Youth and Adolescent support services	14.7	16.3
Residential or Foster Care**	14.2	19.2
Addiction or Substance Abuse Services	13.9	17.3
Parenting groups or programmes	13.8	13.8

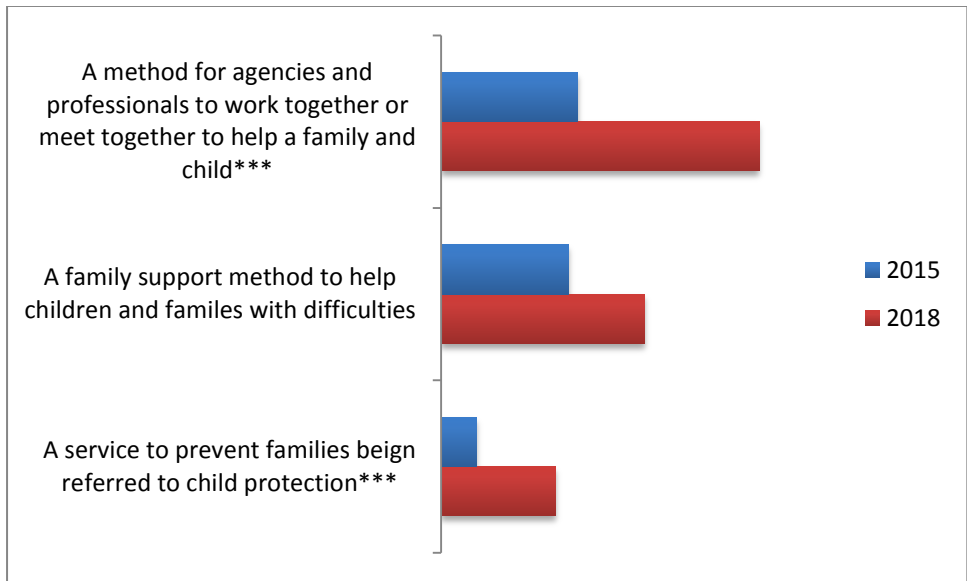
Health Centre or Clinic	10.6	9.3
Community Centres	10.4	10.7
Primary Care Centres	9.8	9.4
Other	2.2	1.3
Community or Voluntary organisation or service provider	1.9	0.8
Provide support to families in need of help***	1.6	0.2
Don't know	0.3	0.2

p<0.01; *p<0.001

As Table 3 shows, the most common services identified as Family Support services were Social Work, Child Protection, Services for Children in Care, Public Health Nurse, Domestic Violence Services and Mental Health Services in both 2015 and 2018. Statistically significant increases were found for Services for Children in Care from 23.7% in 2015 to 28.9% in 2018 ($X^2=6.98$; $\Phi=0.06$; $p<0.01$) and Residential or Foster Care from 14.2% in 2015 to 19.2% in 2019 ($X^2=11.89$; $\Phi=0.08$; $p<0.01$), with a decrease in reporting that Family Support was to provide support to families in need of help from 1.6% in 2015 to 0.2% in 2018 ($X^2=16.13$; $\Phi=0.09$; $p<0.001$).

With regard to the new practice model Meitheal, which is aimed at prevention and diversion from the Child Protection system (See Tusla 2015; Rodriguez et al, 2018), only 5.9% of respondents had heard of it in 2015. This had increased to 10.5% by 2018 ($X^2=16.60$; $\Phi=0.08$; $p<0.01$). As shown in Figure 3, greater understanding of what the purpose of Meitheal is was also found in 2018: with 10% (compared to 4.3% in 2015; $X^2=24.47$; $\Phi=0.11$; $p<0.001$) indicating that it was a method for agencies to work/meet together to a family and child; a service to prevent families being referred to Child Protection (3.5% in 2018 compared to 1.1% in 2015; $X^2=13.59$; $\Phi=0.08$; $p<0.001$) and significantly fewer of those who had heard of Meitheal reported that they did not know what it was (down from 9% in 2015 to 4% in 2018; $X^2=9.04$; $\Phi=0.07$; $p<0.01$))

Figure 3: % reporting what they thought Meitheal was in 2015 and 2018

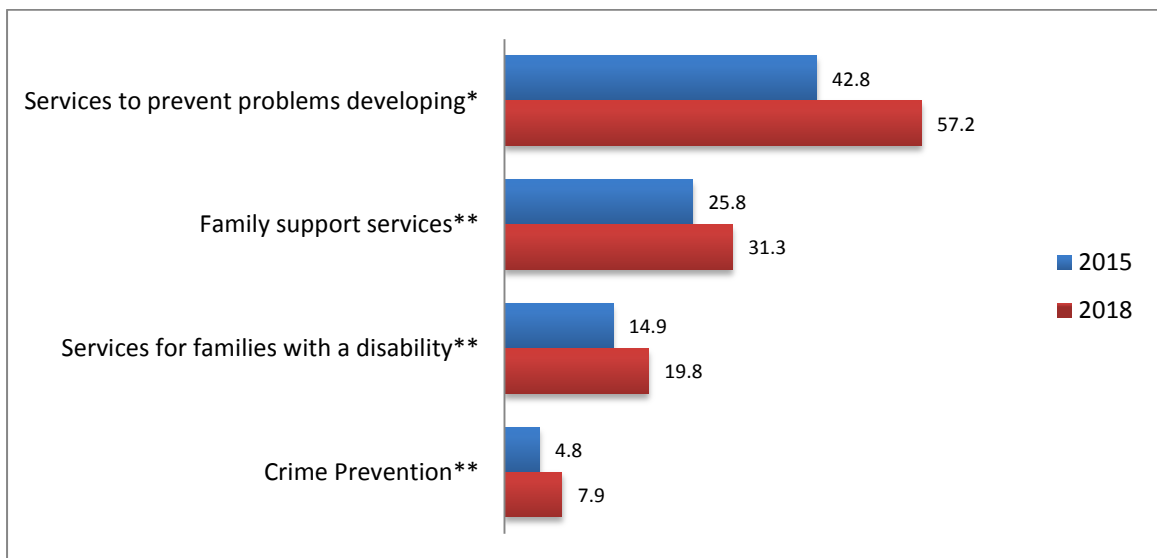


** p < 0.01; *** p < 0.00

Knowledge and Understanding of Early Intervention and Prevention

Overall 43.4% of respondents reported that they knew what Early Intervention and Prevention Services for children and family meant in 2015 and this increased to 46.5% in 2018 (p=ns). The only substantial difference over time among the population subgroups was among urban dwellers, where the percentage who knew what early intervention and prevention services were increased from 43.2% in 2015 to 52.1% in 2018 ($X^2=13.31$; Phi=0.10; p<0.01).

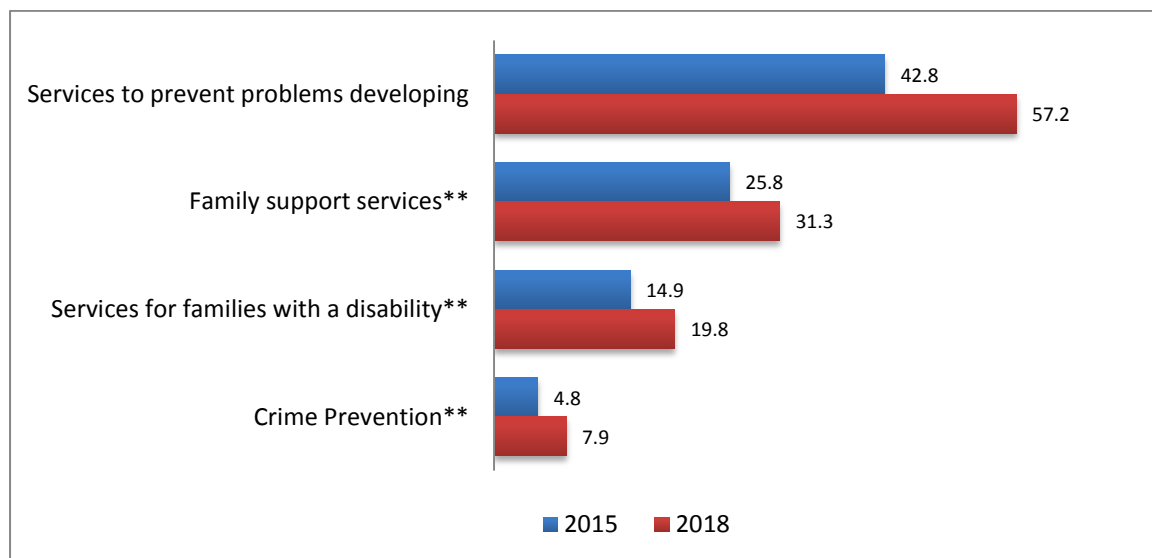
Table 7: % respondents reporting that Early Intervention and Prevention comprises the following services in 2015 and 2018



* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

An increase in understanding of Early Intervention and Prevention was noted across time as shown in Figure 4. The most common answer was that early intervention is about Services to help prevent problems developing (42.8% in 2015 and 57.2% in 2018; $p=ns$) and about Family Support services (25.8% in 2015 and 31.3% in 2018; $X^2=7.42$; $\Phi=0.06$; $p<0.01$). The next most common response was Services for families with a disability (14.9% in 2015 and 19.8% in 2018; $X^2=8.31$; $\Phi=0.06$; $p<0.01$) and Crime Prevention (4.8% in 2015 and 7.9% in 2018; $p X^2=8.05$; $\Phi=0.06$; $p<0.01$).

Figure 4: % reporting that Early Intervention and Prevention comprises the following services in 2015 and 2018



** $p < 0.01$; *** $p < 0.001$

Discussion

The findings presented above provide an overview of who people in Ireland think is responsible for Family Support, how they seek help if needed and what they understand to be Family Support. For this discussion, we focus on how the findings speak back to the first three questions outlined earlier relating to: Family Support debates; Help Seeking; and Public Awareness. Overall, both the baseline and follow-up surveys confirm a longstanding underpinning assumption in the international literature that most support for families happens naturally, within families, extended families and the local community (e.g., Daro, 2016; Kimbrough-Melton and Melton, 2015). Our findings suggest that the Irish public understand

the State and the Child and Family Agency to be responsible for family support services but they generally expect to be self-sufficient in relation to Family Support. Where additional needs arise, people are most likely to go to their own informal networks or to formal universal sources. These formal sources included their own doctor (who may be accessed via a medical card or a private paying system), a public health nurse (only engaged with young children) and possibly a child's teacher. It was of interest to note a significant increase in those who would ask the teacher though not possible to determine what may have influenced this shift. Indeed, an overall limitation of the study was that while we were able to establish changes in understanding, attitudes and actions we could not determine the causal effect. While we can assume people have become more familiar with PPFS as it has become more established in Ireland, there was no specific publicity campaign, during the period of the study, which sought to influence public awareness and understanding. Our findings align well with our academic and professional understandings and, notwithstanding the limitations with regard to being able to establish causation of changes over time, the collective findings make an important contribution relevant for Ireland and a wider global audience.

Regarding Family Support as a service and practice paradigm, there is a global dilemma of how best to manage the relationship between family support and child protection within specific contexts and jurisdictions (see for e.g. Fargion, 2014). The findings show that in Ireland only a minority of members of the public see Family Support in terms of separate service and practice paradigm with its own specialist services. Given the range of targeted family support programmes applied in different international contexts, including Ireland, this is remarkable. In Ireland, we have found that instead, Family Support continues to be more commonly associated with Child Protection. While broad knowledge and awareness of Family Support services are evident, there is less evidence of increased understanding of what Family Support is, as distinct from Child Protection and/or general health services. Recent developments in Irish services show the emergence of a discourse of supportive protection and protective support which depends on strengthening relations between statutory and voluntary/third sector organisations and practitioners (See McGregor and Devaney, 2019). This is likely to have an impact as Tusla seeks to ensure its Child Protection and Family Support activities more strategically and conceptually aligned (see Malone et al, 2018, Malone and Canavan 2018). Our findings suggest that we need to find a new frame of reference within our professional domains to accommodate Family Support and Child Protection in light of how the public view these services. While academics and researchers

may be at pains to differentiate and analyse the interface in the academic and theoretical sense (Devaney and McGregor 2017; McGregor and Devaney 2019), the public do not have this nuanced viewpoint (see Dolan and Holt 2010). Rehearsing well-established debates about noting the differences in orientations between systems (Merkel-Holguin et al, 2019, Gilbert et al, 2011) or establishing the thresholds for support and protective interventions (See Connolly and Katz, 2019) is in itself insufficient. The questions emerging from this study are how this ongoing conceptualisation impacts on public knowledge and if or how the public can be more proactively engaged in the construction of the discourse and delivery of Family Support services vis-à-vis the wider Child Protection system. As Pinkerton et al (2019, 59) argue, into the future, family support practice most ‘be alive to new needs reflecting macro-trends of globalization and related demographic, cultural, social structural and policy shifts’). This implies the value of looking to models of family support and child protection that are more integrated into communities and led by and with families and informal networks Mafle’o (2019), for example, discuss how family and community are engaged with within a Pacific social work context with an emphasis on valuing indigenous knowledge, relationships and humility.

With regard to the third question about the relationship between Family Support and early intervention and prevention, our findings show that understanding early intervention and prevention differs by population group. This suggests that targeted interventions should be developed in response to findings such as ours though not as separate to universal services but rather as part of a continuum (See Daro, 2016). While our research did not feature specific findings about the relationship between family support and parenting support and the wider connection between children’s rights we would consider this an important theme for further research.

Moving from Family Support to the broader conceptual area of help-seeking, the findings demonstrate how public understanding of Family Support is linked to help-seeking behaviour. The fact that most of the public understand Family Support as coming from informal or local services, such as a General Practitioner, will guide where people go to for help. It also strengthens the case for a more public health model of family support and child protection (See for e.g. Lonne, 2019) that takes account of the rural-urban divide in Ireland (Manktelow, 2003). Association of Family Support with Child Protection, social work and children in care is also likely to influence help-seeking behaviour making it possibly less

likely for people to approach a service that does *both* protection and support. This evidence suggests that it is at least as much the case that the families themselves find it ‘hard to reach’ a Family Support service when they need it as it is that the service finds it ‘hard to reach’ the family in need. A limitation of the study as a general population survey is that it did not target those most likely to be in need of services. This points to the need for specific engagement with targeted groups – for example Irish indigenous population of travellers, disabled children or marginalised young people. .

In relation to the third related conceptual frame, public awareness, the question underpinning all of this is ‘what is being communicated and how is this being delivered?’ Moreover, we have to ask whose construction is promoted and how can public awareness activities move beyond educating or informing the public about services that we have constructed within our expert domains?

We argue that for greater investment in public awareness and public education activity to be worthwhile and to deliver on its aims, we need to reflect critically on how we theorise Family Support and then communicate this theory. A limit of this study has been that it was only an adult population that was surveyed. The engagement of young people in this process is also crucial and in Ireland, a well-developed youth participation strategy can be used to facilitate this (Tierney et al, 2018). How the media frames family support through local and national channels (See O Connor et al, 2018, Lonne and Parton, 2014) is another important dimension. Our findings suggest that in developing a communication strategy, there needs to be a better connection between what is conceived theoretically, and what is experienced by those using and delivering services. This could render Family support services more accessible to those already in need of service or likely to require services at some time in their future lives. Following on from this, there is a particular need to develop an approach that takes account of diversity of location (rural/urban) age, gender, family circumstances, ethnicity and level of need (e.g., mental or physical ill-health; disability; addiction, domestic violence). Successful campaigns are usually those that have very specific objectives and target specific, homogenous populations instead of aiming for entire populations (Dumesil and Veger 2009). The importance of Partnership between statutory and voluntary agencies delivering family support across continuums from universal to targeted is also emphasised (see Daro, 2019, Stanfield and Beddoe 2013).

Conclusion – Connecting professional and public understandings of Family Support

The findings and our analyses offer major challenges for those interested in building the conceptual base for Family Support. The findings reflect some of the conceptual ambiguity in the academic field and illustrate major gaps between the theoretical and the actual.

The findings challenge us to provide better accounts of what Family Support is. While the recent literature contains a great deal of analysis and theorization, these conceptualisations now need to be shared with the general public. It implies the need to increase the participatory nature of our academic and policy accounts of Family Support through dialogue, partnerships and awareness raising. The value commitments in the Family Support principles to participation by children and parents need to be communicated effectively to people who may need to know them. Overall, a non-linear, dynamic and differentiated approach to public awareness activity is crucial to ensure that it becomes accessible for a range of audiences with appropriate attention to gender, age, location, and family circumstances in general.

Disconnects between theory and practice are not a new phenomenon. An extensive literature offers various frameworks, conceptual and practical, on how to understand the gaps between research, policy and practice and how these can be bridged. Best et al (2008) distinguish between linear, relational and systems approaches to understanding the relationship between research and policy. Canavan et al (2014) set out key factors that enable or constrain research use drawing on insights from Nutley et al. (2007), Davies and Powell (2010), Bogenschneider and Corbett (2010) among others. Stone (2012) provides a useful summary of the main trends and themes in relation to public policy transfer and translation, although focused on a broader political theme of international policymaking, describing the processes as diffusion, transfer, convergence and translation. Indeed, there is currently a strong focus in the policy literature on translational approaches in social policy and social work (e.g. Palinkas & Soydan, 2012).

We can regard this knowledge base as a technical resource to be drawn on in the task of renewing Family Support thinking. But a more fundamental challenge is to focus on ourselves as academics engaged in attempts to understand and engage with the social world. While Bourdieu's focus was on the practice of Anthropology, his insights are instructive here (Bourdieu, 2003). He highlighted how researchers can be 'remote from their subject of inquiry, of a superior attitude, in that they purport to describe what is 'really' going on, claim to be more informed by the interpretations of their subjects and involve theoretical posturing'

(Jenkins, 1992, p.47). Bourdieu's advice to manage this risk was to subject the practice of research and theorising to the same objectification that we apply to the world we study. This means reflecting not just on methods and subjectivity but also seeking to understand the impact of the nature of our disciplines, and our positioning within them, on the phenomena we study. If we want to ask the general public how they see Family Support and why they see it the way they do, we need to subject our own orientations to the same questioning and find ways to engage with a diverse range of public interests in dialogue to progress our conceptual and actual developments in this field. Acknowledgements

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