



## Protective support and supportive protection for families “in the middle”: Learning from the Irish context

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## **Protective Support and Supportive Protection for families ‘in the middle’; learning from the Irish context.**

### **Abstract**

This paper critically examines the relationship between statutory family support and child protection using the case study of Ireland. It builds on the work of Devaney and McGregor (2017) to offer an additional contribution to existing frameworks for practice through adapting the Hardiker Exton and Barker (1991) model of prevention. Using evidence from current Irish developments, the case for moving away from linear and simplistic differentiation of family support and child protection is made. Evidence from three main sources in Ireland is presented to develop the argument. This evidence includes the Child Care Law Reporting project (Coulter, 2015; 2018); a recent evaluation of a family support practice model called Meitheal (Rodriguez Cassidy and Devaney, 2018) and recent findings about public awareness of family support (McGregor and NicGabhainn, 2018). We argue that special attention should be paid to families ‘in the middle’ who are in need of both support and protection and propose an adapted version of Hardiker et al's model to aid in this work. We identify what should happen at different levels for macro structural to micro practice levels. We conclude that the learning from the Irish case study can be applied to an international context.

### **Keywords**

**Family Support, Child Protection, Welfare, Prevention**

### **Introduction**

The aim of this paper is to critically examine the relationship between statutory family support and child protection using the case study of Ireland. The intention is to offer an additional contribution to existing frameworks for practice through adapting the Hardiker, Exton and Barker (1991) model of preventative practice. The work is based on learning from developments in the Irish child welfare system. This country is ideal for this present study because at one and the same time, key strategic developments are taking place in relation to child protection and family support within the child protection and welfare system. This article builds on previous work which has charted the history of child protection and family support in Ireland and in so doing, highlight commonalities as well as differences in this path (Devaney and Mc Gregor, 2017). They show how two histories - one of family support and one of child

protection - effectively drew from many similar data sources and key moments showing the historical continuity of a strong interconnection between support and protection. The need for this to be translated into education of social workers and social care workers in the field of child protection, welfare and family support is emphasised as is the importance of avoiding simplistic distinction that belies historical evidence. Devaney, Mc Gregor and Cassidy (2017) also develop this argument through use of emerging data from the implementation of a family support model of practice in Ireland called Meitheal. They have set the ground for this article by highlighting the importance of using empirical specific evidence to deepen analysis and understanding of the relationship between support and protection and showing the value of continued work on devising a 'structured continuum' along which prevention and protection services can be delivered. This paper seeks to go beyond this to problematize further the need for a more integrative and aligned perspective based on further exposition of empirical evidence from three selected sources. This analysis results in the presentation of an adapted version of Hardiker et al. (1991) illustrated in Figure 3.

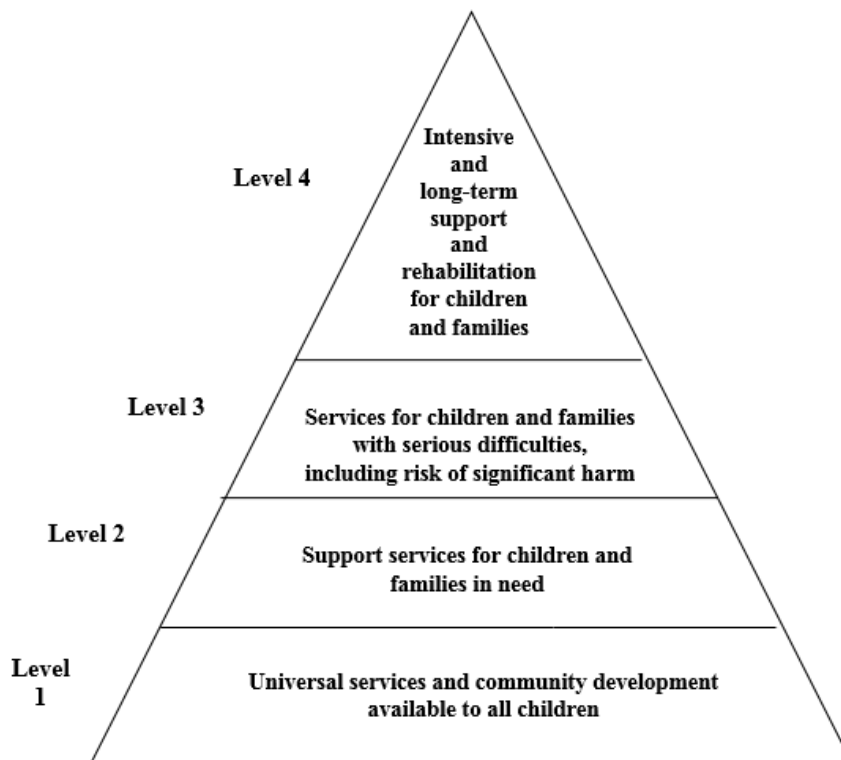
The article progresses as follows. Firstly, we comment on the main international context relating to the 'interface' and relationship between child protection and family support in different global systems. Then we set out the case why Ireland is ideal as a case study example of this issue presently with regard to the developments within the child welfare system in general and in the implementation of models of practice in particular. We comment on general systems change development and practice model development in Ireland and specifically compare Meitheal and Signs of Safety, family support and child protection practice models. In this, we challenge the assumption of the models interfacing in a linear way by showing the common features of the core underpinning principles of both. We make three arguments supported by selected evidence from the current Irish context to support this challenge. Sources include; the Child Care Law Reporting project (Coulter, 2015; 2018); the evaluation of the Meitheal model (Rodriguez et al., 2018) and recent findings about public awareness of family support (Mc Gregor and NicGabhainn, 2018).

The discussion considers the evidence presented with a view to offering an adapted version of the Hardiker et al. (1991) model (Figure 3). In this, we suggest the need for further differentiation to capture more effectively the needs for support and protection for children and families in the middle - effectively Level 2, 3 and part of 4 in Hardiker et al. model (see Figure 1 & 2). We use our discussion to challenge the notion of 'interface' as adequate to explain the

relationship between family support and child protection. We propose an alternative way to construct and problematize the way in which families and children are responded to with regard to support and protection using Irish developments as an example. By way of conclusion and contribution to further debate, theorisation and empirical research, we propose a revised framework to inform ongoing practice and policy development that has capacity specifically to inform understanding of and responses to the majority of children and families in the ‘middle’ tiers of child and family state interventions for reasons of protection and/or support based on the current Irish context and transferable to other jurisdictions.

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

Figure 1: Models of prevention in Child Care (Hardiker et al., 1991, p.45)



**Figure 2: Levels at which families need support (The Agenda for children’s Services, 2007, p.23)**

### **International Context of Child welfare systems and orientations**

The question of how we conceptualise child protection and family support is complex and influenced by many factors. Despite having immense and impressive literature on this subject, traditionally there has been a tendency to present child protection and family support as two individual strands or if integrated, only in a linear and superficial way. From an international perspective, at the time of writing, we find that almost every country in the world is in some way attempting to work out this relationship between family support and child protection. The UNCRC which, other than in the USA for specifically defined constitutional reasons has been ratified worldwide (See Merkel-Huguin et al, 2019) through its four pillars of rights - Survival, Development, Protection and Participation. Article 5 emphasises the state duty to support parents or carers to achieve such rights for children while Article 19 makes provision for those situations where the child is not naturally protected in their own environment. With regard to changes over time, across all systems the emphasis on children’s rights has become greater in recent years and rather than just thinking of the continuum of family support and child protection, we are encouraged to consider this as triangulated with children’s rights (Gilbert et al, 2011; Merkel-Huguin et al, 2019).

It is important to note that most child welfare systems pre-date the introduction and ratification of the UNCRC and traditional or existing practices can be slow to change. As Devaney and Mc Gregor suggest '(H)istorically, countries around the world have had different responses in their attempts to meet the needs of children and their families depending on their ideologies, cultures and political climates although there have been some seminal global influences that have shaped some of this development' (2017, p.1257). Moreover, while each country is broadly signed up to the UNCRC their interpretation and application of this in law, policy is historically, socially and culturally bound to the specific national and local context. This in turn impacts on how the core elements of support and protection are constructed to become a system and a set of practices in a specific jurisdiction at specific moments depending on whether the model of service is residual, developmental or institutional (Hardiker et al. 1991; Pinkerton, 2000). Despite such differences it is common in the present to refer to the way a child welfare service is delivered, in terms of its balance between support, prevention and protection as its 'orientation' (See Daly et al 2015; Devaney and Mc Gregor, 2017).

When making sense of child protection and welfare systems, three main types can be identified in the present. The first is systems and practices mostly orientated towards protective risk management such as Australia, the United States of America (US) and the United Kingdom (UK). The second are those identified as being more welfare oriented such as Nordic countries and some central European countries. Thirdly are those that are more community orientated such as African, Saharan and some Asia-Pacific models. Within this fairly basic distinction, one finds further nuances in relation to country specific and regional practices that evolve and change also over time and context. Gilbert et al (2011) provide one of the most well-known comparisons of child welfare systems focusing on the different orientations of systems including Europe and North American countries. Covering all of Europe, Daly (2007) considers in particular how a discourse of children's rights and child development has influenced child welfare systems. Merkel-Hoguin et al (2019) provide an updated detailed overview of child protection systems globally. Writers about practice in Nordic Countries (e.g. Gilbert et al. 2011; Satka and Harrikari, 2008) show how their services developed from a broad welfare prevention approach to having to incorporate a more explicit protection/risk focus more recently. This is in comparison to developments in the UK for example, as reported in detail by Parton (e.g.1997; 2014) where we might say it developed from a protection to a family support ethos from the 1980's onwards. In Ireland, this orientation to child protection historically is even starker (Skehill, 2004; Buckley & Burns, 2015). With a focus on the US,

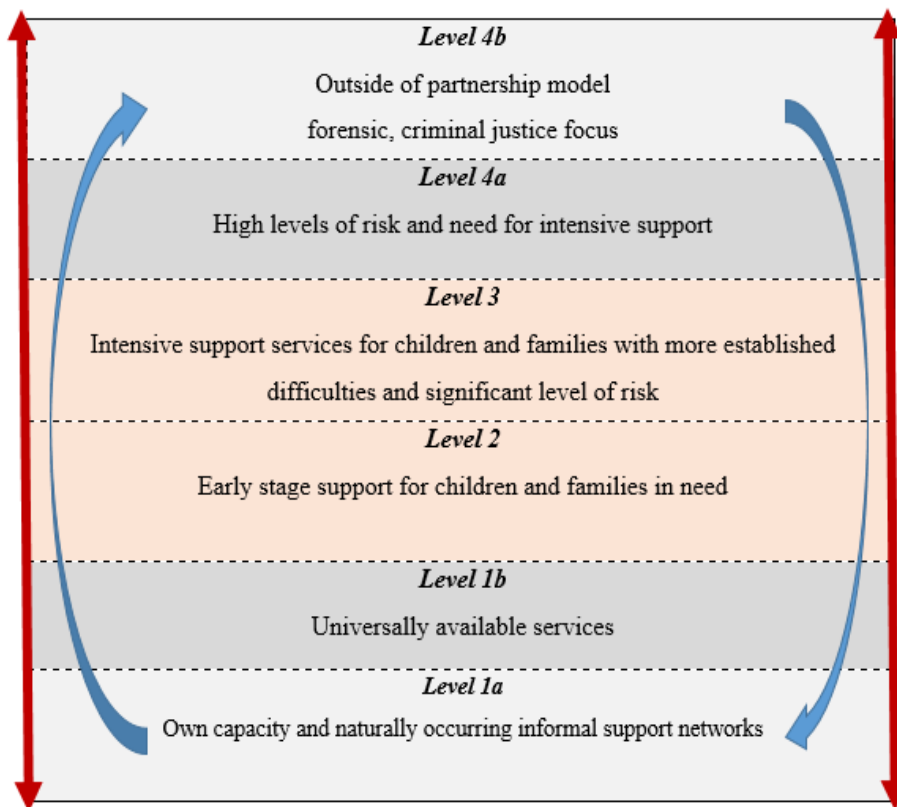
Daro and Donnelly (2002) articulate very starkly what we might call the ‘push-pull’ between support and protection in child welfare. Churchill and Fawcett (2016) captures the interface very aptly in the Australian context and Schmidt (2010) gives an excellent overview of the South African context focusing specifically on the tension between protection and social development reflecting a broader community development ethos that feature in systems such as UK, US and Australia.

Tiered models of child welfare have long been influential to help differentiate the levels of service within the child welfare system to incorporate universal services through to advanced legal interventions taking on board the nature and focus of service delivery. The work of Hardiker et al, 1991 was particularly influential in this mapping of services presented firstly as a boxed model of welfare as shown in Figure 1 and adapted especially to the Irish context as a triangulated progressive model as shown in Figure 2.

This framework provides a conceptual model to illustrate how services can be provided at different levels, in response to the stages of problem development. The four level model conceptualises children and family services as meaning something different according to the different levels of need and associated services and interventions. At the primary level, there are universal services provided with a promotional role which are available to all children and families in an accessible and localised format. As a child or young person presents with an identified level of need, the services available at the secondary level are targeted to vulnerable families, groups and communities. Much of what is understood as preventative child care services are framed within this level. At the tertiary level the services are more specialised, and focus on children with a high level of need and risk, who are at risk of requiring a care placement. Where, in spite of the input of the preventative services, residential or therapeutic placement is needed, such services are provided for children at the quaternary level of the framework. The aim at this level is to minimise damage to the child, and prevent long separations from their families (1991, pp.46-49). This framework has become very well know and the name ‘Hardiker’ is now synonymous with levels of children’s need and associated service responses.

These models are very useful to help locate the different levels of need and risk involved indicating what we commonly refer to as ‘thresholds’ for intervention. However, the notion of threshold itself needs to be considered critically as a guidance framework (Devaney, 2019). In

this article, we develop these models (Figure 3) to capture more clearly the inter-play between family support and child protection and to highlight the inherent complexities involved in different situations for children and their families. For example, sometimes a family may go from Level 1 to level 4b with a serious child sexual abuse allegation. And often, families ‘in the middle’ vacillate between ‘Level 2’ and ‘Level 3’.



**Figure 3: Advanced adaptation of Hardiker et al. models of prevention**

### **Ireland as a Case Study**

Currently in Ireland, key strategic developments are taking place in relation to child protection and family support. These are happening within the context of a relatively new Child and Family Agency (Tusla) which was established in 2014 as an independent statutory child welfare and protection authority. Services provided include a range of universal and targeted services: child protection and welfare services; Educational welfare services; Psychological services; Alternative care; Family and locally-based community supports; Early years services; and domestic, sexual and gender-based violence services. It provides both direct and commissioned protective and supportive services and operates under the Child Care Act 1991 which establishes a duty of protection and support for families within the context of core



principles of the child's best interest; paramountcy of child welfare and the assertion that children are best cared for within their families. The Act is presently under review by the Department of Children and Youth Affairs and it is expected that any new legislation is likely to broaden the scope of provision for supportive services, consolidate protection responsibilities including mandatory reporting as established within the Children First Act 2015. Children First 2017 is the child protection guidance legislated for under the Children First Act 2015 and the overall provisions of the child and family agency are set out in the organisations current strategic plan 2018 - 2020 (Tusla, 2018).

Since its inception, Tusla reports on activity levels (Tusla, 2018b). Recent figures for 2018 show:

- The total number of referrals to Tusla's child protection and welfare team was 56,830. This was an increase on the 50,811 referrals received in 2017;
- There were 26,433 open cases (child protection and children in care) in the child protection and welfare system with 20,001 of these allocated to a social worker;
- 6,026 children and young people were in the care of Tusla. 92 percent (4,042) of these were in a foster care arrangement with 26 per cent (1,667) of these in foster care with relatives;

Figures for 2017 show that

- At least 21,526 children were in receipt of family support services either directly provided by Tusla or through another agency funded (in full or part) by Tusla; and
- There were 1,409 Meitheal's requested.

Before Tusla was established, child protection and welfare was delivered as part of a wider health and social services programme including hospital and primary care (authors own). Family support played an important but relatively minor part in terms of resources and staffing in the former statutory structures and was delivered more prominently within the voluntary and community/third sector (See authors own). The Child Protection and Welfare Strategy 2017 and Tusla's Corporate Plan (2018- 2022) sets out the aims for Tusla into 2022 (Tusla, 2018) and highlights the opportunity for Tusla to integrate the child protection and welfare approach with the mainstreaming of Prevention, Partnership and Family Support (PPFS). The Prevention, Partnership and Family Support (PPFS) Programme is a comprehensive

programme of early intervention and preventative work which has been undertaken by Tusla. There are many dimensions to the developments in child welfare, family support and child protection in Ireland in recent years including the introduction of Mandatory Reporting (2017), the new Child and Family Agency, Tusla (2014), a constitutional referendum on Children's rights (2012) and new legislation relating to families and relationships (2015) (see Buckley & Burns; 2015; Burns et al, 2017; Devaney and Mc Gregor, 2017; Canavan, Devaney, Mc Gregor, and Shaw (2019). Overall, one can observe a shift in Irish child welfare from a reactive and residual service towards an attempt to be more developmental, preventative and supportive.

Reflective of this shift is a new national practice model for family support known as Meitheal. One of the central objectives of Meitheal is to ensure that families throughout the country receive preventative and early intervention services at a localised level. This forms part of a cohesive system through agencies identifying needs early with children and families and working in collaboration to provide practical help and support. The core elements and principles of the Meitheal national practice model are that it is inclusive, voluntary, strengths based and functions on the basis of partnership with families. It operates on the basis of working through a key worker known as a 'Lead Practitioner' who can be from a range of disciplines and a clear and transparent review process. Later in the paper, evidence from early evaluation of Meitheal is used to help develop our arguments in this paper.

Not long after the introduction of Meitheal, the Signs of Safety approach was incorporated in Ireland and is currently being implemented as the national child protection practice in Ireland. The Signs of Safety (SoS) practice approach aims to take a constructive cultural approach around child protection organisation and practice. An important component in this context is the use of specific practice tools and processes where professionals and family members can engage with each other in partnership in addressing issues of child abuse and neglect. As such, maintaining a strong constructive working relationships between professionals and family members, and between professionals themselves is a key precursor to facilitating effective practice in the process of keeping children safe from harm. Some of the central elements and principles contained in the SoS model are that it is simultaneously forensic through exploring harm and danger with the same rigour as exploring strengths and safety; brings forward clearly articulated professional knowledge while equally drawing upon family knowledge and wisdom; undertakes risk assessment with the full involvement of all stakeholders, both professional and family; and is holistic (Turnell et al, 2017).

Malone et al (2018) have carried out the first direct comparison of the two practice models and suggest that Tusla's *Clear Response Pathways along the Continuum of Need* framework (Tusla, 2018a) offers descriptors of the remit and context in which both approaches come into force. Services within this framework are delivered on the basis of low, medium or high prevention, the aim being to ensure that children and families receive integrated and high quality services at the earliest opportunity across all levels of need. The Meitheal model is depicted on the continuum as low-medium prevention/level of needs while the SoS practice approach is contained in the medium prevention services/level of needs strand. Within this framework the principles of participation, partnership and collaboration in service delivery formulated by both models are practiced across the three levels.

However, the work needs to continue on how we understand relations between practice models of family support (e.g. Meitheal) and of child protection (e.g. Signs of Safety) as differentiating between low, medium and high levels of need is not always straightforward. For example, the child care law reporting project has been observing child welfare cases in court in Ireland over a number of years. The project makes their in-depth work, including detailed case studies freely available online. This project, for the first time in Ireland, reports in detail on the child care cases concerning various orders under the Child Care Act 1991. It collected evidence from throughout Ireland and has allowed for in-depth analysis of the features of the case, threshold decisions and factors that influenced outcomes for children. The first report in 2015 (Coulter, 2015) highlights how so many included family support and child protection cases. Many of the cases seemed to have the potential with support for a child to remain at home and reinforce the need for attention to families in the middle as many of the cases showed a need for support as well as risk management and protection. At the same time, some were outside of this 'middle' range and resided more in the higher end of Level 4 (i.e. 4b). Coulter's later in-depth work (Coulter, 2018) focused specifically on complex and prolonged cases confirming the importance of sustained effort at the high end risk oriented child protection domain of the top tier which requires excellent socio-legal forensic work usually in partnership with police and/or the criminal justice system. Another report in 2018 highlighted specific challenges relating to complex care cases.

The work of Coulter and her team highlights the need to be cognisant of the distinction between *family support* and *child protection/risk management* when identifying a level of need along a continuum. In defining the essence of family support, Dolan et al. (2006: 16) highlight that:

“...The primary focus of [family support] services is on early intervention, aiming to promote and protect health, wellbeing and rights of all children, young people and their families. At the same time, particular attention is given to those who are vulnerable or at risk”.

This contrasts with a child protection/risk management focus where emphasis is placed on the processes associated with protecting children identified as either suffering or likely to suffer significant harm as a result of abuse or neglect. There is also a need to problematize Level 1 of the Hardiker model also in light of current evidence. Traditionally this is referred to as the universal services such as School, Health Services, General Medical Practitioner and Public Health Nursing. When thinking about a framework for family support, in addition to this, the role of families themselves in providing family support needs to be made more visible with regard to a layer of informal family support. Findings from the evaluation of Tusla’s public awareness work within the PPFs programme provides interesting insights. A population wide survey asked about the levels of awareness of family support in 2015 and again in 2018. This study found that most of the public did not think about family support as professionals or academics do in terms of the Hardiker model or related approaches. Members of the public in Ireland define family support as coming from their own networks (family or friends) or from universal services especially their GP. They do not conceptualize support in terms of ‘levels’ or ‘tiers’ and only rarely associated specialist support services. Moreover, they often combined protection and support and were more likely to present these as overlapping rather than as distinct features (author own).

A related media analysis of reporting about Tusla during the same time period (O Connor, Mc Gregor and Devaney, 2018) suggested the same lack of differentiation as to how the media perceived child protection and family support. While some of this may be attributed to a lack of awareness and a need for more public education about the suite of services from Tusla, it also suggests that in most people’s minds, support and protection may be inter-linked as much formally as they are informally. The establishment of more clear demarcation at Level 1 and Level 4 enhances and differentiates practice well adding further depth to the Hardiker et al model. The challenge of taking forward thinking and practice in relation to Level 2 - 4a with families in the middle continues to be where the dilemmas persist with regard to balancing support and regulation, determining point of intervention and finding a way to move beyond the notion of support and protection being interfaced or opposed while at the same time appreciating the different responses needed. The earlier comparison of SOS and Meitheal goes

some way to articulating this dilemma. It highlighted areas of alignment and overlap between both models while also noting the distinctions in terms of where each model is operating along a continuum of needs framework. The following section giving more detailed analysis of the early implementation of Meitheal adds further opportunity to progress the revised model we are attempting to derive in this work.

### **Intervention with Families in the Middle - Early evaluation of the Meitheal model**

Overall most of the participants in recent research on the Meitheal model reported that they were satisfied with the experience of taking part in the Meitheal process and with its capacity to ensure a range of supports are coordinated to meet identified needs. Meitheal was described by family members as being effective, supportive, positive, and coordinated. Maternal well-being emerged as a crucial aspect of family functioning and well-being in this study, as this was the only statistically significant contributor of variance in family outcomes (Rodriguez et al., 2018). This is an important finding as poor parental mental health is strongly associated with child maltreatment and reflects the literature that shows the importance of supporting parents as a way of improving children and young people's outcomes (Okafor et al., 2014; Department of Children and Youth Affairs, 2015b; authors own). In this research, maternal outcomes and well-being significantly improved over time, suggesting that Meitheal can improve outcomes more for those that higher levels of need to begin with. Further highlighting the importance of supporting parents in Meitheal, many parents in this study reported that taking part in Meitheal led to a reduction in their own mental health problems and resulted in the development of better coping skills and greater self-confidence in their role as parents especially where their children have ongoing issues. Parents themselves specifically linked their increased capacity to cope with their children's needs to positive changes in their own mental health such as reduced stress levels.

Fathers' participation in the study was low however for those that did participate their well-being improved significantly but fathers' ratings of family outcomes and child and adolescent well-being decreased. Fathers' engagement is a challenge as previous studies in Family Support in Ireland have identified low levels of participation of fathers, stating that of 46 per cent of households that were engaged in the services, only one in ten fathers were involved (McKeown

et al., 2001). Children and young people's self-reports on their well-being and family outcomes improved but this was not statistically significant.

The successful implementation of Meitheal appears to be based, at least partially, on adhering to the principles underpinning Meitheal, such as privileging the voices of children, young people, and parents. Many parents in this study described Meitheal as a trusted space where they were listened to as equals and not judged by other participants. In some situations where needs could not be met parents still reported being satisfied with Meitheal in part because they felt listened to. This is also shown in how the Lead Practitioners (the key workers) spoke about the families they worked with, the emphasis they placed on listening and the empathetic manner in which they helped to nurture parents' confidence to take part in the process. These factors have been identified by parents in other research as important to a positive experience of the help provision system (Anderson et al., 2006; Darlington et al., 2012). Listening to parents' voices also enabled them to play a meaningful part in the process as key decision makers. This contrasts with other research including a study from Flanders (van Houte et al., 2015) about parental participation in a Family Support Centre programme, which indicated that their involvement was largely tokenistic and only at the will of professionals.

In general, the emerging model of practice is showing the potential for greater emphasis to be placed on prevention and early intervention. Findings also show how practitioners are interpreting the relations between the step down to Meitheal and step up to child protection as it is set out in the practice model representing the dialogue about the 'interface' as reflected earlier in the international literature. Meitheal as a practice model offers an option other than a decision that the matter does not warrant a child protection concern as it does not meet the threshold and in so doing, increases the potential for a more coordinated and holistic response to the many families who at moments in their lives, or throughout them, are balancing needs and risks with regard to their children's welfare and well-being.

### **Discussion: Reconsidering responses to families 'in the middle'**

Devaney and Mc Gregor (2017) proposed an extension of Hardiker et al to bring about a more clear 'forensic demarcated' child protection threshold (4b) and a more explicitly differentiated universal support system (1a). But even with this demarcation, how to intervene at Levels 2, 3 and 4a with families in the middle who present with high levels of need and/or concerns for

safety and risk remains a challenge. Recent developments such as the implementation of a single model of child protection practice such as Signs of Safety alongside a new family support practice model, Meitheal, have helped clarify this matter to some extent. However, as with any other model of practice that may be developed in Ireland or elsewhere, there still needs to be more work done in the conceptualisation of the relationship between family support and child protection that reflects the complexity and reality of child and family needs and risks. Practitioners involved in child protection need skills and awareness to promote children's rights and Family Support in their daily practices. Those working in Family Support likewise need skills to identify, report and manage levels of risk and need in their work with families. If practitioners lack this knowledge and awareness, the connection between Family Support and child protection will be jeopardised and maintained more an oppositional rather than a complimentary stance - with potential negative implications for children's and young people's outcomes. To help in this challenge, authors own suggested that less association of family support with social care and child protection with social work was needed in order to recognise that Family Support and child protection are not distinct disciplines but rather practices needed across the continuum of intervention from level 1 to 4. This is not to deny the clarity of role whereby social work tends to be more dominant in the socio-legal sphere and social care in the family support sphere nor is it to question the need for differentiation of different aspects of a system from intake/duty to assessment to long term intervention and supporting children in care. Rather, it is to call for greater acknowledgement of the importance of supportive protection and protective support across all of these elements.

This paper sought to develop an adapted framework that could capture better the relationship between these two tiers and those in the middle. We recognise there are a number of ways one might consider this, bearing in mind the international literature discussed above but for the purposes of our argument, we will focus specifically on adapting Hardiker et al (1991) along the lines depicted in Figure 3. Throughout the child welfare system, there is a need for better differentiation between concerns, needs and risk resulting from between micro-meso causes such as individual /family factors and wider exo-macro causes (socio-economic and environmental factors in order to direct responses more accurately (see Bywaters et al, 2018; Morris et al, 2018).

In thinking specifically about the Levels from 1 to 4, , we reiterate our call from authors own of the need to assertively and urgently address the issues at the top tier described as high level

prevention or level 4b protection which has a wider forensic and legal focus. While systems re-orientate and resources over time should reflect this in terms of less costs at the high end protection and more investment in early intervention and prevention (Canavan & Malone, 2018) the need for intensive and well-resourced child protection services for those at immediate, persistent and future risk of harm or known to be experiencing harm is urgent. This is not just about financial resources to continue to address the issue of staff shortages, unallocated cases, court delays, limited scope for direct work with children in care and specialist assessment services for child sexual abuse in particular. It is also about greater cooperation between Gardai, judges, lawyers and barristers, social workers and foster parents. The child care law reporting project (Coulter, 2015; 2018) and other recent Irish studies such as Halton, Harold, Murphy and Walsh (2018) has clearly identified the major issues relating to training of social workers and lawyers and the structural issues that must be addressed in the Irish law system to stop children experiencing further harm by delay, poor assessment, inadequate balance of proportionality in decision making and adversarial approaches to a field that should be protected from this model of legal practice. It is also about greater cooperation with the criminal justice aspect of child abuse and neglect to ensure that those who sexually and physically abuse children intentionally and for their own or others malicious intent are detected, charged with their crimes and given appropriate sentencing for the grievous crime that deliberate child abuse is. A serious child protection concern can arise for a child and family who has been receiving services in Level 2,-3/4a but also a child who has had no prior receipt of services beyond basic Level 1 health and educational provision.

Secondly, looking to Level 1, we must be reminded that the majority of a country's children do not receive services from the designated child welfare authority in their country but rather from within their own informal networks and general welfare systems as evidenced most recently by author own. Services to most children and families come through universal basic services of education, housing, welfare and civic amenities. Moreover, the majority of support to families comes neither from the state or its commissioned services in the voluntary and third sector but rather from within families and their informal support networks. This knowledge emphasises the importance of universal support services and the need to attribute greater value and investment in the universal informal support networks of individuals, groups and communities on which the majority of children rely on to keep them safe and to have their needs met.



Thirdly, more focus needs to be placed on the complexity of interventions in with families ‘in the middle’, between 2 and 4a as depicted in Figure 3. These range from need to risk that can potentially be prevented and addressed with appropriate intervention. It is welcomed that presently we have two strong practice models of Meitheal and Signs of Safety to offer many families in the middle balancing between needs for support and protection. This is happening within an overall change process within the Child and Family Agency. While the differentiation between the family support and child protection models is necessary to ensure fidelity and clarity of purpose, the common principles of practice should underpin the work and ensure the notion of ‘stepping up’ or ‘down’ from protection to support is understood as the complex and nuanced process that the evidence and knowledge shows it to be. The implementation of the two practice models in Ireland can serve as a grounded example of how to negotiate and continue to deepen our ability to engage in complex supportive and protective work with families in the middle for whom universal and informal family support (Level 1a, 1b) is not enough nor is the forensic legalistic approach sufficient or appropriate (Level 4b) Many families captured in both the child welfare and child abuse and neglect statistics vacillate between high need and risk and those working with these families need to have the sophisticated ability to do the same, Having the structures of PPFS alongside Child Protection is a great step forward to Irish services but their success in implementation and outcomes depends on many factors. These include governmental and societal commitment to properly resourcing supports for children and families and leadership from those charged to lead. It also includes professional’s ability to reorient all aspects of their work towards the core principle of child centered practice and to have the required skills and knowledge to operate under the principals of strengths, partnership and a commitment to promoting rights, supporting families and protecting children in circumstances where this is not happening within their own natural systems.

Finally, the work of statutory child protection, welfare and family support services needs to be known and understood by the public in general and by the media in particular to allow a move forward from the assumption that there is just one story to tell which is a narrow child protection one to understanding, communicating and engaging in the fact that there are multiple stories to tell and knowing and understanding this can improve ability to seek and get help as well as capacity to critique and call to account the need for ongoing quality improvement and enhancement. Children First (2017) clearly states that child protection is everyone’s business.

Family support is also everyone's business. The closer we can get to ensuring that children and families, no matter what point they come into contact with 'the system' or 'the state', are responded to in a manner that promotes strengths, offers partnership working, supports while it asserts and prosecutes as needed to protect, the more likely we are to achieve the goal of reducing abuse and neglect and enhancing family well-being.

## **Conclusion**

In this article, we have sought to take advantage of the change process underway in Ireland to add to the body of literature relating to the complex relationship between family support and child protection as delivered from state child and family agency services. We consider the learning from this study to be applicable to a wider global context and we offer the revised Hardiker et al model in Figure 3 as one way to capture the messaging from this article. The discussion points above have resonance for any system attempting to get the balance between responding to needs for prevention and early intervention and needs for protection and legal intervention. The necessity for this consideration to not only be about the child and family agency itself but also about related government departments is emphasised. The need to address structural factors such as poverty, homelessness, inequality and discrimination is evident especially in light of recent research in the UK which helps to differentiate child welfare with regard to the impact of social inequality and disadvantage (Bywaters et al, 2018' Morris et al 2018) and a shift in thinking about child protection not just as an individual but a wider social issue (Featherstone, Gupta, Morris and White, 2018). The need for greater investment in organisational factors including inadequate services for many adult parents with substance abuse problems, mental health needs or disabilities' as well as improvements within the child welfare system is another priority.

For front line practice, it is essential that those who have responsibility to role deliver support and protection to children and families have the capacity to work in a manner that puts the child at the centre and the skills and values to engage effectively in protective support work and supportive child protection. Finally, families and their support networks need to be championed and recognised for the extensive protection and support done for the majority of children and supported to help those in need of help to support and protect. The importance of working from a perspective of parental and child participation should be at the centre of our practice approaches (please see [www.childandfamilyresearch.ie](http://www.childandfamilyresearch.ie) for a body of published research on

this area). They also need to continue to self-regulate and have the confidence and clarity of pathway to report instances of harm and neglect to a system they believe will work effectively and appropriately to intervene. And at a societal level, we need a significant cultural change in how public and media discourse construct their relationship (O' Connor, Mc Gregor and Devaney, 2018) with an agency that offers both supportive and protective services within a socio-legal framework. .

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