



## **Assessing the community development-family support relationship: an exploratory examination of projects & programmes in the West of Ireland**

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Publication Date	2003
Publisher	Child & Family Research and Policy Unit, WHB/NUI Galway

*Assessing the  
Community Development-Family Support  
relationship:*

*An exploratory examination of Projects &  
Programmes in the West of Ireland*

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*Research Report submitted to  
Western Health Board/NUI, Galway  
Child & Family Research and Policy Unit*

2003

### *Acknowledgements*

The author would like to thank the following for their contribution to the research study: the survey respondents and interviewees of the Western Health Board's Adolescent & Family Support Projects/Programmes and the Department of Community, Rural and Gaeltacht's Community Development Projects who gave their time generously; Pat Dolan and John Canavan of the Western Health Board/NUI Galway Child and Family Research and Policy Unit; the Management Board of the Western Health Board/NUI Galway Child and Family Research and Policy Unit; Stephanie O'Connor, Child Care Unit, Western Health Board; Jillian Sexton, West Training and Development Support Agency; Yvonne O'Rourke of the Community and Voluntary Section, Department of Social and Family Affairs.

# Table of Contents

	<i>Page</i>
<i>Acknowledgements</i>	1
<b>Chapter 1</b>	
<b><i>Introduction</i></b>	4
<b>1.1 Context and Background</b>	4
<b>1.2 Objectives and scope of present study</b>	5
1.2.1 Research questions	6
1.2.2 Methodology	6
<b>1.3 Structure of report</b>	7
<b>Chapter 2</b>	
<b><i>Connecting Community Development and Family Support</i></b>	8
<b>2.1 Introduction</b>	8
<b>2.2 Community Development and Family support - the common ground</b>	8
2.2.1 What is distinctive about a community development approach to family support?	10
2.2.2 How does community development provide or encourage support for families and children?	11
<b>2.3 Community Development and Family Support - challenges of closer proximity</b>	14
2.3.1 Dominant paradigms and conflicting models of welfare	14
2.3.2 Pressures from and facing community development	16
<b>2.4 Towards closer proximity</b>	18
2.4.1 Need for advocacy	18
2.4.2 Cultural change and reviewing professional roles	19
2.4.3 Establishing trust	20
2.4.4 Promoting the role of neighbourhood centres	21
<b>2.5 Summary</b>	22
<b>Chapter 3</b>	
<b><i>Projects and Programmes - Current Scope and Provision</i></b>	24
<b>3.1 Introduction</b>	24
<b>3.2 Community Development Projects in Ireland</b>	24
<b>3.3 Community-based adolescent &amp; family support interventions</b>	26
<b>3.4 Survey and interview responses</b>	27
3.4.1 Identified problems	27
3.4.2 Strengths within communities	30
3.4.3 Priorities of Projects and Programmes	31

3.4.4 Community impact on projects	35
3.4.5 Additional strategies needed	37
3.4.6 What projects should be engaged in?	38
3.4.7 Knowledge and value of Projects/Programmes	41
<b>3.5 Summary</b>	<b>45</b>
<b>Chapter 4</b>	
<b><i>Views on Community Development and Family Support - Current and Future Direction</i></b>	<b>46</b>
<b>4.1 Introduction</b>	<b>46</b>
<b>4.2 Community Development Projects - Views on adolescent and family support work</b>	<b>46</b>
4.2.1 How to undertake more family support - Community Development Projects	49
4.2.2 Changes Needed	50
<b>4.3 Adolescent &amp; Family Support Projects and Programmes - Views on Community Involvement and Development</b>	<b>52</b>
4.3.1 How to undertake more community involvement and development	54
4.3.2 Changes Needed	56
<b>4.4 Summary</b>	<b>57</b>
<b>Chapter 5</b>	
<b><i>Conclusion</i></b>	<b>59</b>
<b>5.1 Introduction</b>	<b>59</b>
<b>5.2 Four Broad Themes of the Community Development and Family Support Relationship</b>	<b>59</b>
5.2.1 Perceptions and understandings among community-based AFS Projects and Programmes and CDPs about issues within their communities	59
5.2.2 Perceptions and understandings about the role of community development and family support within their respective work programmes	59
5.2.3 Current level and nature of involvement in the fields of community development and family support	60
5.2.4 Becoming more active in community development and family support	62
<b>5.3 Some Policy Considerations</b>	<b>63</b>
5.3.1 Community Development and Casework	63
5.3.2 Targeted versus universalist support	64
5.3.3 Improved Learning Opportunities	64
5.3.4 Adequate Resourcing	65
<b><i>References</i></b>	<b>66</b>

# 1 Introduction

## 1.1 Context and Background

Although 'family support' and 'community development' may differ in scope and orientation, it is quite evident that both fields of activity share some common ground in challenging modern adversity and promoting the welfare of individuals and families within society. While family support intervention may be more broadly defined than community development and has gained currency more recently in Ireland, it is also clear that both arenas now occupy and share significant space within contemporary Irish welfare policy. Official responsibility for both is, however, spread across several government departments<sup>1</sup> and this fragmentation has become even more pronounced in recent times with the division, into two departments<sup>2</sup>, of those community development and family resource centres under the aegis of the once titled *Department of Social, Community and Family Affairs*.

Such official change, which suggests that 'community' and 'family' projects require separate responsibility, is testament to the Irish state's recent capacity to compartmentalise civil society needs across a range of provisions. The full implications of this process have yet to be worked out but it does signal the significant role played by the state in co-ordinating the mixed economy of welfare (Pinkerton, 2000) in Ireland. In general terms, some important considerations arise from such 'sectorisation' which surround key aspects of welfare need and provision, namely: what constitute desirable forms of intervention, the scope of inter-agency collaboration, competition for resources, differing concepts regarding needs, and so on. Such issues are significant at a time when there is some debate about fragmentation in governing local social and welfare services and the way in which this politically constructed 'problem' should be handled (see Crawshaw and Simpson, 2002).<sup>3</sup> Whatever the rationale, it is nevertheless clear that recent policy documents in Ireland and elsewhere are recognising and promoting, at least at rhetorical level, the local community as active player in managing a wide range of welfare concerns (Varley and Curtin, 2002), from drug prevention to economic underdevelopment.

As a model of community work, community development has a long tradition in Ireland (see Curtin, 1996; Varley and Curtin, 2002) and is unique in the sense that it provides for 'radical alliances of professional, political and community interests to promote redistributive, anti-deprivation policies and practices' (Barr, 1991, in Popple,

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<sup>1</sup> The principal ones being the Departments of: Education and Science; Justice, Equality and Law Reform; Health and Children; Community, Rural and Gaeltacht Affairs; Social and Family Affairs.

<sup>2</sup> Department of Rural, Community and Gaeltacht Affairs and Department of Social and Family Affairs.

<sup>3</sup> In the UK and US, Comprehensive Community Initiatives (CCIs) have been created to integrate solutions to problems of inequality and disadvantage. These include Neighborhood and Family Initiatives in the US (see Chaskin, 2001) and Education Action Zones and Health Actions Zones in the UK. The extent to which fragmentation of services was a problem prior to New Labour's 'third way' approach in the UK has been questioned by Crawshaw and Simpson (2002).

1995, p.61). As some authors have commented (Taylor and Presley, 1987, *ibid*, p.5), this method of working is distinctive from any other profession in its commitment to developing the capacity and resilience of non-professionals in taking control over their shared circumstances. On the other hand, family support has arrived relatively recently on the welfare scene and is said to be in need of 'direction from diversity' (Canavan *et al*, 2000). What is clear, however, is that family support has emerged in the context of disenchantment with the inordinate role occupied by crisis intervention (Jordan, 1997; Pinkerton, 2000), which, through statutory provision, has become entrenched within the social work profession.

While the literature dealing with family support covers a broad spectrum, including *community-based* adolescent and family support (see especially Canavan *et al*, 2000), there has been little exploration in the Irish context of the role of 'community work' approaches to supporting children and families. At the same time, how family support fits within the community development arena has also remained largely neglected. Such is the case despite community development work and family support services very often sharing similar constituencies and social terrain, particularly where both are targeted at deprivation and social exclusion in rural and urban communities. In the context of an 'institutional' model of welfare need and state provision (Pinkerton, 2000), the extent of commonality and the degree to which further convergence between community development and family support is feasible or desirable are issues which therefore constitute timely investigation.

This report is set within the understanding that, in responding to welfare need, a universalist approach (involving preventive work) constitutes a more effective strategy than approaches which activate around crisis scenarios. Within policy developments, a firmer commitment to family support provides evidence that official thinking is moving in such direction. The growing body of *community-based* adolescent/family support and community development projects throughout Ireland suggests that an opportunity now presents itself for both types of intervention to learn from each other's domains. In the western region particularly, the creation of proposed new 'community childcare' positions<sup>4</sup> makes such sharing of experiences and insights more compelling.

## ***1.2 Objectives and scope of the present study***

In light of recent evidence and debates within family support, the Child and Family Research and Policy Unit commissioned the author to undertake an exploratory examination of the issues arising for community development and family support on the basis of research among Western Health Board *community-based* adolescent/family support interventions and Department of Community, Rural and Gaeltacht Affairs' Community Development Projects located in the Western region.

The underlying objective of the research was to explore the *current* and *potential* relationship between 'Community Development' and 'Family Support' within and

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<sup>4</sup> This proposal concerns the establishment of project workers with a family support brief - funded by the Health Board - within a number of Community Development Projects in the Western region.

across Western Health Board-funded<sup>5</sup> *community-based* interventions and Department of Community, Rural and Gaeltacht Affairs' Community Development Projects.<sup>6</sup> The research endeavoured to examine this relationship in terms of such issues as: (shared) ethos, approaches/processes, organisational cultures, structures and funding arrangements.

### **1.2.1 Research questions**

The research questions underpinning the project were originally agreed as focusing on five key aspects, namely:

- a) What are the perceptions and understandings among *community-based* Health Board Projects and Programmes and Community Development Projects about *issues within their communities*?
- b) What are their perceptions and understandings about *the role of community development and adolescent/family support* within their respective work programmes?
- c) What is their *current level and nature of involvement* in the fields of community development and adolescent/family support?
- d) How can they both *become more active* in the areas of community development and adolescent/family support?
- e) What is the *capacity* of both to become more active in community development and adolescent/family support?<sup>7</sup>

### **1.2.2 Methodology**

The research for the project was undertaken between April and December 2002 and comprised:

- a) A review of relevant academic and policy literature from national and international sources;
- b) Self-completed Questionnaires for all 19 *community-based* Western Health Board Projects (fourteen) and Programmes (five) in the area of family support.<sup>8</sup> A total of seventeen interventions provided completed questionnaires, yielding a response rate of 89 per cent;
- c) Recorded semi-structured interviews with a sample of four Project leaders of the Health Board Projects. The interviews ranged from three-quarters of an hour to over one hour in length. The Project leaders chosen were representative of rural, town and city Projects.
- d) Self-completed Questionnaires for all 13 projects of the Department of Community, Rural and Gaeltacht Affairs' Community Development Projects

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<sup>5</sup> It is important to note that some Projects are totally funded by the Health Board while others receive partial funding. Some Projects referred to in this report are also managed by different organisations such as Foróige or the Galway Youth Federation.

<sup>6</sup> The Community Development Projects in the western region cover Counties Galway and Mayo, while the Health Board funded interventions incorporate Counties Roscommon, Mayo and Galway.

<sup>7</sup> In the remainder of the report this is simply referred to as 'family support'.

<sup>8</sup> According to a recent services audit (Western Health Board, 2002) there are 29 service provisions in family support in the region. Some were not included because either they are recent developments or were deemed inappropriate since they specifically address therapeutic interventions such as speech and language; marriage counselling; advisory visits and inspections.



in the western region. Twelve Projects responded, giving a response rate of 92 per cent;

- e) Recorded semi-structured interviews with a sample of four co-ordinators of the Community Development Projects. The duration of interviews ranged from three-quarters of an hour to one hour and these Projects were selected to reflect rural, town and city dimensions.

### ***1.3 Structure of report***

The remainder of the report is divided into four chapters. The chapter that immediately follows provides a literature review of the key issues surrounding the community development-family support relationship. The idea of there being a clear 'community development-family support' relationship is, however, implicit rather than clearly pronounced within the literature. The principal concern of this section is to distil from the literature areas of commonality between both fields; the challenges that such proximity might present and how closer convergence between both may be advanced.

Chapter three explores the scope of current provisions within the two types of intervention being investigated. Following an overview of the Community Development Programme and a description of the Health Board provisions the section concentrates on seven key themes, namely: identified problems; strengths within communities; priorities of Projects and Programmes; community impact on interventions; other strategies needed; knowledge and value of Projects/Programmes; and what Projects and Programmes felt they should be engaged in.

In chapter four, the community development and family support relationship is brought more sharply into focus and discusses, from the perspective of the respondents, possible future orientations and challenges.

Finally, the concluding chapter returns to the original five research questions and considers some conclusions in the light of the evidence presented in the report.

## *2 Connecting Community Development & Family Support*

### *2.1 Introduction*

This section of the report focuses on the community development and family support relationship, as it is discussed within the wider academic and policy literature. Given the breadth and scope of the respective fields it is not so straightforward, on first inspection, to delineate a neat relationship between such expansive areas of welfare provision. However, there are areas of commonality and evidence of an inherent relationship. The chapter explores first these avenues of proximity and then discusses the challenges of bringing about closer integration. Finally, possible suggestions for future convergence are described.

### *2.2 Community Development and Family Support - the common ground*

While both community development and family support are concerned with managing and minimising the vulnerabilities and risks facing members of society, family support can perhaps be regarded as the more diverse field in which community development occupies a particular orientation to supporting children and families. While community development is clearly implicated with providing support structures for families and children within the local community setting it is not necessarily the case that family support is premised upon community involvement or development. However, it has been argued that strengthening the base of family support means paying particular attention to the wider community supports and infrastructure (un)available to families (Gilligan, 2000; McKeown, 2000). In recognition of the importance of wider influences, such as community, Gilligan (1995) argues that family support is not solely about responding to crisis situations of abuse and neglect but also involves providing the building blocks for more integrated living:

*Family support activities seek to enhance the morale, supports and coping skills of all, but especially vulnerable, children and parents. Family support seeks to maximise the resilience of children and families in the face of stress, particularly by securing their integration into what hopefully prove supportive institutions such as the (extended) family, the school and the neighbourhood (1995, p.61).*

Implicit in this definition is the reality that neighbourhoods/communities may not be such supportive environments for families and children, which in turn focuses attention on the broader context of support. Gilligan (2000) in fact maintains that realising a better future for family support means drawing on multiple sources for its realisation, and within this he includes community development, adult education, schools, social work, criminal justice, early childhood services, social employment and local area regeneration. Such arenas as community development, adult education and quality childcare can particularly help parents to enhance their social

identities and opportunities. In his view “community development has to be a central part of any comprehensive family support strategy in disadvantaged communities” (2000, p.22).

In a useful guide to understanding what works effectively in supporting vulnerable families, McKeown (2000) has highlighted the diverse range of interventions that constitute ‘family support’; a diversity dependent on various dimensions, namely: the target group, professional background and orientation of service provider, problem addressed, programme of activities provided and service setting. What is particularly clear within such diversity is the absence of evaluation evidence regarding the effectiveness of community development approaches to family support, principally because work of this nature tends to be ‘holistic and diffuse’ and gives rise to some uncertainty regarding intended outcomes (*ibid*, p.31). In view of this paucity of evidence, it could be argued that the danger arises of ‘family support’ becoming identified within an unnecessarily narrow range of interventions or programmes. An example of this is the exclusion of therapeutic interventions as an intrinsic element of family support; a feature evident among the research literature in Ireland, Britain and the US (*ibid*, p.7).

As this suggests, what is included within the ambit of ‘family support’ can be narrowly or broadly defined, depending on one’s understanding of the root causes of family problems and how these might be resolved. While the term has recently gained currency within the context of state delivered services, primarily in terms of the statutory responsibility accorded to Health Boards under the Child Care Act 1991, Murphy (1996), for example, criticises the restricted family support model emphasised within the Act, since it fails to address wider societal changes that have a profound influence in people’s lives. In her view public policy to support children and families requires a macro approach, taking account of such influencing factors as income levels, flexible work options, extended day-care, pre-school education and ‘bottom-up’ provisions that are responsive to local needs.

In understanding the scope of family support intervention, Gilligan (1995; 2000) offers a useful typology. An examination of his categorisation of family support as *developmental*, *compensatory* or *protective* suggests there is close proximity with some of the activities that comprise community development work in marginalized communities. Examples of the *developmental* form, which endeavours to build social supports and coping strategies among children and adults, include personal development groups; recreation projects; youth programmes; and parent/adult education geared towards family relations. This form of support is the most generic and open to all children/families in the community, irrespective of background. *Compensatory* support aims to redress the adverse effects of disadvantage on family life; some examples including pre-school day nursery programmes for children from disadvantaged backgrounds and ‘youth at risk’ programmes for young people in communities with high levels of educational disadvantage. *Protective* support is that which “seeks to strengthen the coping and resilience of children and adults in relation to *identified risks or threats* experienced within individual families” (p.66;

italics added). A variety of measures fall under this category including day fostering for vulnerable children, the provision of domestic violence victims' support groups/refuges, support programmes in child behaviour management, 'clubs' for young people experiencing abuse or bullying, and informal efforts by neighbours to improve the social networks and support mechanisms of vulnerable families who newly arrive to a locality.

While family support can be informally based, through, for instance, the resources of immediate and extended family, support for families and children through *formal* sources tends to take three typical forms (Gilligan, 1995, p.65-6), namely (a) through direct service provision, such as support group facilitation, counselling, assessment and so forth; (b) the activation of existing resources within informal social support networks. Rallying the support of a neighbour to act as childminder or companion is an example of this form; and (c) developing new resources and responses to need from within kin or neighbourhood networks, such as the formation of 'breastfeeding support groups' (Gilligan, 1995) or Community Mothers Programmes (see O'Connor, 1999). In this regard, official formal support such as community development strategies can be viewed as reliant on the nature of community, including kinship networks and norms, for their success (see Hasler, 1995). At the same time, such networks and their normative bases can be altered in the process of community development animation. In addition to the complexity of kin and non-kin reciprocity, Crow and Allan (2000) in particular have attuned us to the importance of understanding how 'community' is conditioned in terms of gender and other power relations, social history, cultural values/expectations and demography. Herein lies the challenge of developing future social policy intervention, according to the authors.

### ***2.2.1 What is distinctive about a community development approach to family support?***

In McKeown's (2000) estimation "from the perspective of family support, community development addresses the contextual factors which impinge on, and often exacerbate, the problems of vulnerable families. As such, *its focus of action is strengths and weaknesses within the community rather than within the family*" (p.35; italics added). As Gilligan's review (above) of the various actions qualifying as 'family support' demonstrates, there is some obvious convergence with the activities of community development. Many community development groups are now engaged in delivering services in marginalized communities such as child development and education interventions (crèches, nurseries, play groups, pre-schools, homework clubs, after-school clubs, summer play schemes, etc.); and parent education programmes.

Working within a community development approach to family support, however, means adopting a collective approach to dealing with adversity in a way that is participatory, empowering and tackles prejudice (ADM, 1994). According to Hudson (1999) community development is far more encompassing than the type of family support initiatives which resemble social group work interventions, such as parenting programmes for high-risk families. A broader definition would mean

“enabling the community to exercise its collective voice in challenging the root causes of child poverty, the continued neglect of the inner city, deficits in income security, day care provision or any one of a host of threats to the well-being of communities and families” (Hudson, 1999, p.349). Such a view suggests a momentous task for those working at the ‘coalface’ of community development.

The following definition of community development also suggests that its *principles* start with the wider problem of exclusion and unsupportive environments, which need to be redressed if the well being of individuals and families is to be sustained in the longer term:

*Community development seeks to challenge the causes of disadvantage/poverty and to offer new opportunities for those lacking choice, power and resources. Community development involves people, most especially the disadvantaged, in making changes they identify to be important and which put to use and develop their skills, knowledge and experience* (Department of Social Community and Family Affairs, cited in McKeown, 2000, p.30).

As well as delivering services within a particular ethos (of participation, building confidence/capacity, etc) a community development approach to enhancing well-being involves a more critical and collectively active role in challenging the institutions and systems that perpetuate inequality. Perhaps one of its key strengths in supporting children and families lies not only in the type of service delivery but in its orientation to voicing their concerns collectively and highlighting injustices and prejudices to a range of actors, including its target groups, the local community and those responsible for policy-making. For community development practitioners, the need for *advocacy* occupies a critical dimension alongside service provision.

### ***2.2.2 How does community development provide or encourage support for families and children?***

The research literature in the Irish context has yet to fully engage with the role of community work within family support and vice versa. Recent literature has focused on the role of *community-based* interventions provided by the state (Canavan and Dolan, 2000), which, although rooted in the local community, is somewhat distinct from community work approaches to supporting families and children. The 1990s has seen an upsurge in the use of community development strategies, particularly through the efforts of Community Development Projects and Partnership Companies, which provide varying degrees of support for families and children/youth in disadvantaged communities. In the context of these development interventions, there is little to suggest that community development here is faced with the type of disenchantment emanating in the UK, particularly with regard to the perceived economic/planning route being adopted. In Henderson’s (1997) view, for instance, recent community development initiatives in Britain have become dominated by the concerns of planners and economists, with an emphasis on the ‘hard’ issues of economic development, physical regeneration, employment and housing. He calls for a renewed engagement with issues of more immediate import

for communities, particularly work with children and youth. While the efforts of regeneration programmes are hugely significant, Henderson expresses concern that community development is in danger of compromising its 'distinctiveness' which he places firmly within the role of challenging exclusion and powerlessness and holding the capacity to make important inroads at four key levels: neighbourhoods, networks, agencies and policies (1997, p.26-7). Of particular concern for community development should be the plight of children in poverty and unsafe environments since: "the effects of poverty, environment and fear are to deny children the rights they should have to exist and play in neighbourhoods" (*ibid*, p.27).

Hasler (1995) provides a useful distinction in assessing the approaches adopted in community work with children. The three approaches are:

- (i) direct face-to-face community work with children and young people where they are encouraged to make decisions and take action;
- (ii) working with adults in a locality which provides benefits for their own and other people's children and youth; and
- (iii) inter-generational community work whereby children derive benefits.

While such approaches may not be so clearly demarcated within community projects, the distinction raises important implications for the way in which children and young people are valued as participants and how solutions to identified problems are decided. Community work for Hasler is not just about creating the sense of 'becoming' that certain community action approaches may take; rather he seeks to invoke personal change as fostered in a sense of belonging "brought about and sustained by the presence of the local community" (1995, p.177). He calls for a less narrowly defined system of working with children and younger people; one which explores the relationship between children, youth and adults in a way that allows them to understand each other's perspectives and plan together.

Community development work with children and families is described by Hulyer (1997) as generating both tangible and intangible benefits. From his experiences as community worker at the neighbourhood level the tangible examples he includes are: the creation of after-school clubs, summer play schemes, new playgroups as well as the work of community associations, residents' associations and community festivals. The intangible benefits to be derived from community development activity come from new found confidence and self-esteem which often means that frustrations are rerouted away from physical abuse of children. He argues "if collectively the community has a more positive image of itself this should affect their culture, expectations and beliefs" (1997, p.193). Wilson (1995) has also considered this cumulative image building and sees a connection between the 'collective efficacy' (belief in capacity to achieve) of communities and individual self-efficacy. Where there is weak labour attachment, for instance, this tends to undermine ones' perceived self-efficacy. Within a community, those who share a similar situation and hold like-minded belief systems can reinforce such perceptions (1995, p.536). However, community action has an important role to play for Hulyer who talks about the culture of confidence and belief (1997, p.198) found within the work of

small grassroots organisation; a development, he believes, which could not be achieved merely through a generalist support agency operating a wide catchment area or by a specialist worker in the area of child care.

Tucker (2001) distinguishes three categories where community development approaches to working with children and families in the UK are evident:

*Local resource development and community regeneration* - education and leisure activities have been developed in the attempt to regenerate social activity and community participation. Usually as a result of discontent over the lack of facilities in a locality (playgroups, playgrounds, play buses, summer play schemes) or the presence of a particular problem, parents and residents of estates have engaged in a collective effort to redress such inequities. An important feature is that local community members continue their involvement as members of management or project steering groups, volunteers or workers. Community development very often acts as a catalyst in acquiring the necessary infrastructure, financial and capacity-building resources for family support initiatives. It is worth noting that legislative and policy changes often act as catalyst in changing the form of response to family and children's needs (e.g. the Child Care Act 1991 in Ireland and the Children's Act 1989 in the UK; see Gilligan, 1995 on Ireland; Barford *et al*, 1995 and Jordan 1997 on the UK).

*Needs assessment and consultation* - this involves canvassing the views and opinions of children and young people in terms of preferences for support services and childcare. While this may not be high on the policy agenda, there is some evidence to suggest that seeking the active participation of children in community development can be successfully undertaken (see especially Speak, 2000).

*An increased level of activity in the voluntary sector* - in the UK, charities such as the NCH Action for Children have initiated locally based family support initiatives, typically through the burgeoning of family centres (see also Barford *et al*, 1995; Jordan, 1997). Such centres have adopted a multi-dimensional analysis of family poverty and highlighted the need for a range of actions across a broad spectrum of services, including education, psychological and physical health, finance and the environment. In Ireland, the establishment of Community Resource Centres under the Community Development Programme and the recent family resource centres occupy this comprehensive role.

In comparative perspective, community involvement in supporting families and adolescents is premised on the culture of welfare developed over time. In this respect, some countries stand out as leading exponents in according an active role for communities. In his critique of British community development practice, Henderson (1997) finds much to complement the types of community initiatives with children that have existed in France since the 1980s, namely: inter-professional collaborations between social workers, 'animateurs socio-culturels' (centre-based community

workers) and 'educateurs specialises' (similar to detached youth workers); children's councils linked to local authorities; official policy emphasis on prevention, inter-professionalism, innovation, co-ordination, planning and social integration.

### ***2.3 Community Development and Family Support - challenges of closer proximity***

Some provisos need to be made in considering closer collaboration between community development and family support. These are synthesised in this section around two broad themes: (i) dominant paradigms and conflicting models of welfare; and (ii) pressures from and facing community involvement.

#### ***2.3.1 Dominant paradigms and conflicting models of welfare***

As some authors (Barford *et al*, 1995; Hudson, 1999; Jordan, 1997) have suggested, supporting families and children from a community development orientation poses particular concerns, especially where family support is dominated solely by social work protection methods. Drawing on a case study of community development and child protection work in Manitoba, Canada, Hudson (1999) maintains that the poor linkage between community development and child protection is a form of separation that is general and deliberate. From his experience, carrying the statutory function of child protection serves to undermine the close relationship development workers require when working with a community. Where this dual mandate exists, evidence suggests that the 'crisis workers' tend to resent community development professionals over what is perceived as the "more satisfying work with the voluntary client" (p.350).

Similarly, Jordan (1997), writing in the context of the 'refocusing debate' in the UK<sup>9</sup>, demonstrates the considerable tension that emerges when an integrated community work-family support effort is introduced to an organisation dominated by a 'child protection' paradigm. Evidence from his experience of one local authority's attempt in the UK to generate partnership between its professional service providers and parents of children in need produces several insights into the divisive and political nature surrounding professional as well as community understandings of care. In line with the ethos and recommendations of the Children Act 1989 in the UK, one particularly innovative local authority attempted to move away from the distinctly narrow focus of child protection work, with its emphasis on investigation, assessment, and monitoring 'at risk' children (as opposed to need). Within this local authority some successes in widening its approach had already been achieved in that family centres had been established and proposals were in place to have social work offices positioned next to a daycare centre for children in need. In addition, parents were also liaising and working with staff, and engaging in discussions about local policy issues. As laid out in the Children Act, this improved communication and involvement of parents is an integral part of best family centre practice.

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<sup>9</sup> This debate concerned the move towards more holistic welfare provision, beyond the protection function.



Jordan documents how attempts to strengthen and further extend a partnership approach can prove somewhat strained. For instance, despite sharing the same building, fraught relations existed between day-care unit staff and social workers in the field, who felt separate and distinct from the activities at the day-care unit. Good relations between day-care staff and local parents meant that informal negotiations, rather than every incident being the subject of investigation, were typical of the working methods of staff. As Jordan suggests:

*“many authors have noted that professional practice in the field of child care requires workers to exercise moral judgement about parental behaviour which is seldom related to serious physical harm to children”* (1997, p.214).

He highlights that through family centres, cases that originally may have prompted child protection investigations were handled informally and face-to-face. Although the exact nature of the problems and how they were negotiated are not detailed he suggests that agreements were achieved about the needs of children and how they could be more effectively supported. Parents typically identified with the day-care staff rather than the social workers, whose detached hostile position and criticisms of parents' 'excessive use' of the centre served to undermine the potential of parents. The family centre provided 'drop-in' facilities for parents and a chance to develop trustful relations with professional staff. Groups were formed and were adept at providing support to each other while also honing the necessary political skills for dealing with the state on policy concerns. This signalled a move towards a more open-access, neighbourhood participative approach to day-care provision, and a departure from the 'restricted-access, professionally referred and led model' (*ibid*, p.25); the product of decades of conservative 'child protection' discourse. As Murphy (1996) reminds us, it has also been a typical feature of the Irish context to view crisis-led, child abuse intervention as the 'real work of child care' and to consider prevention as 'softer, more luxurious' and therefore less needful of resources (p.90).

Clearly, inter-professional rivalry poses a significant challenge to collaborative efforts between community-led supports and those working from a 'protection' paradigm. Of particular significance in Jordan's case study are the insecurities and defensive stance taken by social workers who felt threatened that their status and skills might be compromised in the move towards a "more open, public, power-sharing approach to child care and child protection issues" (1997, p.216). Social workers are seen as embedded in a work style which is "power-laden, formal and individualised" (*ibid*, p.219) and reinforced by the way structures are managed within contemporary social services departments. Again, Murphy reinforces the important point that:

*“More conscious and sustained partnership between child protection workers and community support services could improve carers' access to the kinds of programmes that protect children from the damaging consequences of long-term neglect”* (1996, p.90).

A critical question for Jordan is whether the state can fulfil a dual role in areas such as family support on the one hand – which can promote a sense of belonging and community action - and on the other hand, child protection, with its connotations of enforcement among ‘deviants’. Sharing facilities with enforcement agencies in a deprived area can have a tendency to be divisive between agencies and residents. However, keeping the two functions separate and contracting out the ‘communitarian’ club-like end of work to voluntary agencies will not serve as a panacea for the underlying problem. He sees an important role for a ‘mixed economy of welfare’ where the state, as well as voluntary agencies, occupies responsibility in the area of supportive, community and user-oriented services. What is required, he believes, is a change of mindset and “to rebuild common interests in cooperative social relations, based on reciprocity, trust and democratic principles” (1997, p.221).

### ***2.3.2 Pressures from and facing community involvement***

What are the challenges coming from and facing the local community sector in the delivery of family and child/adolescent support? Tucker (2001) raises several questions about the potential problems that can be encountered when a community development approach is taken to working with children and families. In the first instance, devolving power to the level of the local community may result in a loss of power to those who have previously made decisions and allocated resources, namely: politicians, administrators, service managers and practitioners. If community initiatives are deemed as unsuccessful it may signal the reinsertion of centralised decision-making structures. The question is also raised as to how representative are those in the community who claim to advocate on behalf of the community. Tucker is concerned that children’s needs will be subordinated to those of parents who ‘know best’ for what children want or prefer – a problem Murphy (1996) refers to as ‘adulthood’. It is also the case that children and parents who find it difficult to express their views may not be heard.

Henderson (1995) highlights four key arenas where the concerns of children have occupied some importance, namely: social work, play, the environment and education. However, despite some attention to community aspects within these respective fields he believes that “the absence of overall strategies which deliberately seek to link together a range of programmes around themes of ‘community’ or community development is striking” (1995, p.5). The community sector relies on a variety of professionals but according to the author professionals have typically operated in isolation and have failed to think and act strategically or holistically about children’s sense of belonging to ‘community’. In his view policy makers and managers have tended to undervalue the need for community involvement. Even community development initiatives are guilty of using children and their parents as a means toward achieving other objectives. According to the author, research literature provides little evidence of where ‘children-led’ community development has occurred and in the case of some efforts, such as the Harlesden Community Project in the UK in the 1970s, there has been a reluctance to adopt the lessons and

opportunities by those in the field. Another explanation is that professionals find it difficult, in the face of modern day influences and pressures, to assist children to act for themselves.

Hulyer (1997) draws attention to a particularly important point regarding the embeddedness of workers within communities. In his view the long-term presence of workers within a community means they can be attuned to the changing developmental stages of children, which has further implications for their level of participation and involvement in activities. In a similar vein to Speak (2000), Hulyer underscores the need to consult children about development activities as you would with adults and maintains “of course, the children have the capacity to decide what they like and dislike in their playground, their environment and their life” (1997, p.194). Skills are therefore needed in identifying children and young people’s development stages in terms of their capacity to exercise more autonomous command over projects and programmes. Similarly, Barford *et al* (1995) underscore the importance of appreciating how different needs are expressed in socially deprived areas along axes of age (children, teenage and adult), race and mixed family formation types.

Ensuring the success of family support through community interventions requires some appreciation of the practicalities of ‘community-led’ approaches and also of changes in family needs. An evaluation by O’Connor (2001) of the ‘Community Mothers’ programme in Limerick provides some insight to the challenges and lessons regarding strategies adopted, such as ‘paid volunteering’ approaches to social support.

This intervention is an innovative ‘community’ provision approach to supporting mothers recently returned to the home with a new baby and provides one aspect of family support from a community-focused partnership approach (see also Johnson and Molloy, 1995). The scheme was designed by an interdisciplinary team from the statutory and voluntary sectors (co-ordinated by a community worker with the Mid-Western Health Board), with the intention that locally recruited volunteers (paid a nominal fee of £3 per visit) would visit new mothers within their communities and attempt to improve “the parents capacity to rear, educate and provide emotional support to their children by enhancing the self esteem and confidence of parents” (2001, p.66). The other aims of the programme were to provide training and support to the visiting volunteers, who were themselves parents, through a community based resource unit; and to create co-operation between the community, the voluntary and statutory sectors in order to sustain and resource the programme. In terms of its three aims, the programme was clearly successful despite the difficulties of attracting recipients and retaining the providers.<sup>10</sup>

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<sup>10</sup> Other difficulties of the programme include administrative procedures about how the ending of the programme for some mothers was handled; whether those listed as having received three visits did so; the non-replacement of support when some community mothers opted out; whether the frequency of visits was sufficient.

Problems, however, emerged on the part of many 'community mothers' or support providers who were reluctant about 'knocking on strange doors'. Such an approach, which relies on home visits, inverts the relations of power that typically exist between providers and recipients. Since the interaction is based within the recipient's home it is the harmony experienced in this situation that can determine the provider's willingness to continue. A critical factor was the degree to which potential recipients made the 'community mothers' feel comfortable, a factor that is not automatically guaranteed just because it is 'community' led. Of course, in terms of structured programme design this emphasizes the importance of understanding power dynamics at the local community level.

The evaluation of the programme also suggested that the need for a Community Mothers Programme was *time-specific* in the sense that over half of the recipients felt that once the intensity of childcare retreated the need for the programme diminished. According to O'Connor "effectively, what most of these were looking for were 'family friendly' ... initiatives that would help them reconcile work and family" (2001, p.81). The majority of the sample of recipients of the programme cited the need for day care, after-school care, a drop-in centre and access to adult/continuing education. In essence, 'community' led support such as the one described can be of limited relevance if broader concerns about community infrastructure and child/family policy fail to be addressed.

## **2.4 Towards closer proximity**

The issues presented in this section are concerned with how developing a community-oriented family support framework can be further advanced. The dimensions share some overlap rather than being mutually exclusive. They include: (i) the need for advocacy; (ii) cultural change and review of professional roles; (iii) the need to establish trust and (iv) promoting the role of neighbourhood centres.

### **2.4.1 Need for advocacy**

Adopting a holistic approach to welfare, Hudson (1999) suggests that seeking to ensure the well-being of families requires more serious attention being paid to the nature of the communities where they live. Poor housing conditions, wider neighbourhood problems and so forth have significant bearing upon the effectiveness of child welfare interventions. In the context of declining support for community development agencies in Canada, Hudson suggests it is incumbent upon child welfare agencies to incorporate a greater *advocacy* role within their work. In the context of low income assistance, poor family supports, inadequate housing and other markers of deprivation, workers:

*"ought to be charged with, or themselves assume, the grave responsibility of documenting this situation and campaigning for corrective measures. These communities are the very ones from which children in care originate, or which are subject to the constant surveillance of protection workers" (1999, p.351).*

At an advocacy level, the more knowledge a worker has about the communities and families living within them the more an agency has a picture of what it should be campaigning for on behalf of clients.

Henderson (1995) believes there has been a failure on the part of community development in the UK to make explicit the link between children, poverty and unemployment. Practitioners need to respond to the effects of poverty on children by valuing “children’s thoughts and experiences in their own right” (p.7). The need for participative strategies involving children in development should therefore occupy a premium position.

#### ***2.4.2 Cultural change and reviewing professional roles***

Hudson (1999) suggests that an integrated community development-child welfare approach requires cultural change within organisations and that this can be brought about slowly from the bottom up to senior management. This is a role that should permeate an agency at all levels. Senior management can be influenced, he believes, through bottom up pressure in the form of caucuses, networks, team meetings and staff retreats.

Similar to Gilligan’s (1995) classification the author provides a useful understanding of the continuum occupied by community development and child protection in welfare provision. At the protective end of the spectrum is social networking, which, starting with the individual, seeks to widen the formal and informal support framework of clients. Somewhere in the middle are social group work approaches, such as parenting and anger management courses. At the generic end of work is that which seeks improvements for all families through the development of communities in all aspects. Child welfare agencies tend to be weak on this community work aspect, viewed as a luxury supplement to the onerous task of child protection.

In Hudson’s view there are several choices in securing more effective integration of child welfare and community work (see Table 2.1). One approach is to provide a worker with responsibility for a particular community or ‘patch’ but occupies a generic role within community development and child welfare. The problem with such multifunctionality is the invariable prioritisation of direct services for children in need of protection. A second position is to create a team of workers responsible for a community and from which each team member, while having several functions, has specialty in one specific role. Workers can support each other in their respective fields in assessing and dealing with a situation. A third suggestion is the case of a team of generic multifunctional workers who provide each other with the usual supportive mechanisms of teamwork. These three positions are represented schematically in the following table:

**Table 2.1: Hudson's view of professional integration of child welfare and community development**

Approach 1	Approach 2	Approach 3
Generic worker with own 'patch' - responsible for community development and child protection	Team of workers with own 'patch', with specialists in one specific role	Generic team of multifunctional workers

It is argued that working from one of these models provides workers with a *context*, which is critically important in dealing effectively with problem cases. The specialised care worker invariably will not have the more 'rounded' view of the context, which could help a client in significant ways. In other words, a worker needs to be familiar with the community and likewise the community must be familiar with the worker. It is envisaged that such workers will have local knowledge and networking resources upon which they can draw. Hudson sketches the kind of 'rounded' worker he has in mind:

*"This is the mother who (s)he knows by name, with whom (s)he discusses the mothers and babes program a few days earlier, and who (s)he introduced to the coordinator of the local shelter. This is the worker who knows other families in the neighbourhood or functional community who are helpers or clients or both simultaneously. The worker knows who will care for the child if the child needs to be moved to a place of safety: a family who knows the child at risk, and who attend school or other community facilities together"* (p.353)

### 2.4.3 Establishing trust

Hudson also believes there is considerable merit to be found in workers "establishing a presence in the community in helpful but secondary roles to other" (*ibid*). Workers could be actively involved in community-school initiatives, children's programmes, committees or groups set up to deal with child safety. The critical factor is development of trust relations: "at the very least this is a way to build the community trust that has always eluded the protection worker" (*ibid*, p.353-4). What is called for is the insertion of community development and social justice principles throughout the organisation rather than leaving it to the preserve of specialist workers. In so doing the worker is "moving beyond seeing troubled families as clients to understanding them as citizens" which "requires working with all of the concentric circles out from the immediate family, through the community, into the political economy of the nation and back again" (*ibid*).

The development of trust also resonates with O'Connor's evaluation (2001) of a Community Mothers' Programme. In terms of the problem of getting mothers to receive the programme the author raises an important issue for any 'caring intervention' when she states:

*"it is not surprising that in disadvantaged areas intervention by caring agencies in family life is frequently seen as stigmatizing and a prelude to the removal of children into care, the withdrawal of social welfare, and so on"* (p.79).

One of the lessons learned from this evaluation is that developing trust and acceptance between providers and recipients within disadvantaged communities requires time.

Trust and commitment to integrated strategies are also the hallmarks of effective inter-agency collaboration. Gilligan (1995) underlines the need for collaborative initiatives across organisations in contributing resources to family support work and suggests there is “ample scope for each [health] board to develop a network of such projects in partnership with other statutory bodies (VEC/Combat Poverty, etc.), with voluntary agencies, or with local communities themselves” (p.76). In this regard Barford *et al* (1995) attune us to the need for interagency trust and collaboration as well as influencing the practices and policies of senior officers and elected members (p.37). Since the project they refer to operated in a different style to what the local social services were used to it was necessary to promote positive dialogue and identify to all senior management evidence of its relevance and effectiveness. They also managed to involve local authority social workers in organising summer play-schemes and co-running time-limited groups in the project.

What is also evident from Barford *et al*'s account is the need for local centres to be networked to other centres as well as national support structures, which provide credibility and professionalism.

#### **2.4.4 Promoting the role of neighbourhood centres**

According to Gilligan (1995, p.71) family support requires “emphasising a lo-key, local, non-clinical, unfussy ‘user-friendly’ approach. To be effective, it must generally be offered in or near the child’s home, certainly within ‘pram-pushing’ distance”. One of the more effective ways with which to deliver what Gilligan emphasises here can be found within the community resource centre, which have become an essential part of the community infrastructure in recent years.<sup>11</sup>

Henderson (1997) also underlines the impact of neighbourhood family centres which adopt an ‘open access’ preventive approach. In his view the most meaningful level with which to work with children and families is the neighbourhood level, conducive to having clear communication channels between local people and community and statutory staff:

*“Children need good quality play areas and safe streets, community centres should not be monopolised by adults, etc. and it is possible to locate the energy and commitment among adults to help achieve these things. On this basis there is every likelihood that they will see that it is important to work with others at regional and national levels as well as with children at neighbourhood level”* (Henderson, 1997, p.38).

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<sup>11</sup> Between 1995-1999, 39 per cent of ADM supported infrastructure investments were spent on community resource centres (Crooks, 2000, p.10).

In a more optimistic account than Jordan's, Barford *et al* (1995) highlight the need for the development of value systems within such local neighbourhood centres. Such value systems (as empowerment and non-stigmatization) can be assisted through efforts in planning, team building, staff development and training. However, the authors draw attention to the competition for resources that often takes place when trying to run a range of activities and services across a variety of needs.

For Jordan there are several child-care policy questions brought to mind in his discussion of the family/neighbourhood centre. First, it is the norm in the UK, unlike other countries, to view the provision of child protection and family support within the same agency as "desirable and natural" (1997, p.217). In Ireland, recent legislative changes also require the Health Board system to perform this dual role. Family support in many countries tends to be provided through voluntary agencies while the court system has responsibility for child protection services. In Jordan's view these two 'collective goods' are quite distinct and represent a play off between a 'contractarian' model and a 'communitarian' model. Child protection is 'contractarian' in the sense that the state is the enforcer of contracts, such as the parental contract with children, and thereby provides public goods such as that of protecting children and rearing them to become "competent and law-abiding citizens" (*ibid*). Family support can be viewed as somewhat more 'communitarian' in that it promotes mutual obligation, solidarity and club-like attributes. It is based on common membership, where individuals bear the costs and benefits of sharing that which is valued in common. It is therefore somewhat inevitable and understandable that a fraught relationship might exist between the two, especially when both services are located within the same space, the family centre, and where there is a conflict of interpretation between providers and users of services. The author asks whether family/community centres represent a new, invaluable community resource under the community's ownership (communitarian) or are a symbol of the local authority's power and authority as enforcer of contract (contractarian). A single facility can serve this dual position but is premised on an understanding and respectful relationship between staff and service users; a hugely difficult issue as the case study suggests.

Similar concerns arise within Barford *et al*'s (1995) discussion of a neighbourhood centre established in accordance with might be regarded as 'progressive' legislative changes in the UK. They suggest that funding arrangements result in a balancing act emerging between the consumer/neighbourhood criteria for appropriate resources and services and the state's responsibility to protect children: "to argue that tertiary and secondary prevention will decrease the number of children at risk of abuse in the longer term is difficult if the demands for primary prevention today cannot be met" (1995, p.37).

## **2.5 Summary**

In tackling the exclusions and risks associated with contemporary society it makes decreasing sense to view young people and families in isolation from the wider communities within which they live. It also makes less sense to view families and



communities outside the wider political and economic influences impacting on national welfare regimes. This chapter has focused on two spheres of welfare support that are integral to the modern policy equation: community development and family support. While it is suggested here that the relationship is a complementary one the connection between both arenas remains largely underdeveloped, at least in the literature on the national scene.

The chapter has drawn on the research literature to address some of the key policy and practice issues likely to emerge when we assess the relationship between the two arenas. While there is much emphasis on the need to generate closer collaboration in key areas, there are several challenges that are brought to bear. A key consideration is the type of welfare model that will be supportive of such an alliance. How this filters through to the level of professional and community understanding will also shape the nature of the relationship. Despite the challenges, encouraging a more tenable and stronger community development-family support relationship requires, at a practical level, certain cultural changes, as well as the development of trusting relationships and understanding among stakeholders regarding respective roles and responsibilities. Importantly, advancing the relationship necessitates further exploration and definition of boundaries and scope for integration.

## ***3 Projects and Programmes - Current Scope and Provision***

### ***3.1 Introduction***

This chapter analyses the perspectives of senior staff (project leaders/coordinators) of Health Board interventions and Community Development Projects regarding the context, current scope and areas of change within their work programmes. The substantive section of the chapter analyses survey and interview responses to identify the commonalities and differences between Health Board Projects/Programmes and Community Development Projects, centred on the following key themes:

- Identified problems;
- Strengths within communities;
- Priorities of Projects and Programmes;
- Community impact on interventions;
- Other strategies needed;
- What Projects and Programmes should be engaged in; and
- Knowledge and value of Projects/Programmes.

Before addressing these issues the chapter initially explores the current level of provision of Projects and Programmes, both nationally and in the western region.

### ***3.2 Community Development Projects in Ireland***

The Community Development Support Programme, established in 1990, was set up by the State to tackle disadvantage and poverty through the collective action principles of community development. In addition to working at local community level it also supports projects and networks among specific target groups, namely Travellers, ethnic minorities, women, lone parents and long-term unemployed. The Programme originally supported 15 projects nationwide. As of the end of 2002, the Programme provided support to 107 Projects and 48 core funded groups and networks.<sup>12</sup> Before the recent changes at Government level, three types of intervention were supported:

1. Core Community Development Projects;
2. Core Funded Groups; and
3. Family Resource Centres.<sup>13</sup>

In the first case, the Programme currently provides core funding to Community Resource Centres in areas experiencing social and economic disadvantage or to groups working with disadvantaged members of the population, such as Travellers. Funding within this stream is provided for three years to cover such costs as staff,

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<sup>12</sup> According to a list of Projects provided by Voluntary and Community Services, DSFA - 18/02/03.

<sup>13</sup> The former two continue to be funded by the Department of Community, Rural and Gaeltacht Affairs while the third is currently under the responsibility of the Department of Social and Family Affairs.

premises, overheads, activities, etc. In the second case, what are termed 'Core funded groups' receive start up grants (up to €25,400) or seed funding for new initiatives.<sup>14</sup> Local voluntary management committees, of a typical size of eight to ten members, manage the Projects.

In the Western region there are currently 13 Community Development Projects (with a further three to be established); five Core Funded Groups and nine Family Resource Centres (four existing and five to be established).<sup>15</sup>

A recent evaluation of the Community Development Programme by Nexus (2002a) described as 'extremely impressive' the impact of Projects upon the local development infrastructure of communities and the partnerships created with statutory agencies (p.3). This was particularly evident among the older and more embedded Projects. Overall, it suggests important inroads have been made across three broad indicators:

- a) Progression and improved circumstances of individuals through targeted education and training programmes, as well as ongoing information, support and resources;
- b) Improved capacity among people in disadvantaged communities and groups to identify their needs and be active in formulating suitable responses;
- c) Better local delivery of services and programmes, primarily through good working relationships and proper understanding of local needs (*ibid*).

In terms of Project priorities for resource allocation, the evaluation provides evidence that 'women' form the highest ranking (particularly among rural projects) followed by the youth category. Issues relating to youth appear to be acquiring increased significance among recent Project developments. In the last three years for instance, 'youth' forms the highest target group where increases in demands for resources have been committed (Nexus, 2002b, pp.21-22). In terms of newly formed groups, educational disadvantage and support for unattached youth occupy the principal development themes (14 and 13 per cent of total respectively) (*ibid*, p.36). Childcare ranks sixth in the evaluation among fourteen themes identified among new groups. In addition, the 'young people and children' category forms the second highest number of new networks (in joint place with Travellers' networks) established among the Projects ('women' category constitutes the highest) (*ibid*, p.37).

Overall, the different community development methods applied by the Projects include: establishing new groups; local networking; community meetings/events; training/education; group information and advice; policy work; providing resources and services (e.g. computer access, photocopying) and individual information and advice (*ibid*, p.23).

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<sup>14</sup> The Programme also provides funding for Regional and Specialist Support Agencies; and also grant-aid for one-off items.

<sup>15</sup> Pers. comm. Western Training Support Agency.

### ***3.3 Community-based adolescent & family support interventions***

The provision of childcare and family support services by health boards was a significant policy change brought about by the Child Care Act 1991 (section 3). This development was further augmented a few years later by the Interim Report of the Family Commission, known as 'Strengthening Families for Life' (1996), which underscored the need for health boards to undertake adequately resourced preventive family support work (Richardson, 1999, p.187). Although such recent legislative and policy advances have begun to refocus the welfare paradigm, a distinctly 'preventive and family support ethos' was evident in the Neighbourhood Youth Projects (NYPs), which were first piloted in the 1970s on the back of an Interim Report (1975) by the Task Force on Child Care Services (Canavan and Dolan, 2000, p.127). In policy terms, this Task Force represented an important statement regarding closer incorporation of families and local communities in the welfare of children. Today, the burgeoning of child, adolescent and family support services is indicative not only of problem reinterpretation but also a reorientation of how the state, vis-à-vis other providers, should deliver on key welfare issues.

The current *community-based* adolescent and family support service provisions of the Western Health Board incorporate 29 different Projects and Programmes. The Projects are undertaken through Neighbourhood Youth Projects; Family Support Services centres; Springboard Projects; and youth drop-in centres, while its Programmes are delivered in the form of Teenage Health Initiatives, the Big Brother-Big Sister Programme and the Youth Advocacy Programme (Western Health Board, 2002). There is some variation in terms of the proportion of overall funding provided by the Health Board as well as differences in level of direct involvement, e.g. youth organisations such as Foróige or the Galway Youth Federation may be the direct service providers while the Health Board provides funding. The family support services are provided locally in communities and vary in terms of content and balance between more and less intensive support. The services also engage in inter-organisational and professional collaboration, with schools, voluntary agencies, social workers, psychologists and so forth.

A mainstay of the support services is the locally based NYP structure. They are largely concerned with supporting adolescents and their families in their local communities, with particular focus on 'at risk' behaviour. This typically involves undertaking personal development with adolescents, such as confidence building or promoting self-esteem, through individual and group counselling, leisure activities and support programmes. Referrals of young people tend to come from various sources, such as social work and psychology services, schools or self-referral. In their evaluation and exploratory research, Canavan and Dolan (2000, p.128) found that the typical problems adolescents experienced included school exclusion, homelessness, delinquency, family dysfunction and social isolation. More recently, work with parents has become an increasingly evident part of intervention. The authors highlight the importance of working with adolescents and their parents with a view to deriving optimal positive support from informal and formal social networks.

A more recent initiative to emerge in Irish family support policy is known as 'Springboard', launched in 1998 and consisting of 15 projects. The initiative deals with young people and their parents, particularly those who experience acute adversity and may pose a concern to child protection services. In working with a range of support structures, from public and voluntary agencies to local networks, it aims to provide a systematic "structured package of care, intervention, support and counselling to the targeted families and children, and to families within the wider community" (McKeown, 2001, p.5). The initiative works primarily with young people between the age of 7 and 12 years, although its recent evaluation suggested that a quarter were aged 2 to 6 years (*ibid*, p.22). The work involves individual advice, counselling and support; group work and activities, such as parenting courses, arts and crafts classes, after-school activities; family work, such as counselling, outings, accompanying visits; and drop-in facilities giving information and advice (*ibid*, p.7).

Overall, the Springboard evaluation provides much evidence of its effectiveness in enabling families and children to achieve improved 'well-being'. The evaluation found an overwhelming proportion of children and parents who felt that their welfare had been enhanced as a result of direct involvement with Springboard. While professionals generally held the intervention in high regard, Health Boards suggested that the Programme had halved the number of children whose risk of being abused or going into care was moderate-to-high.<sup>16</sup>

### ***3.4 Survey and interview responses***

In the remainder of this chapter the survey and interview responses for both types of intervention – Adolescent/Family Support Projects & Programmes and Community Development Projects - are synthesised under seven key headings as mentioned at the outset.

#### ***3.4.1 Identified problems***

All Projects and Programmes were asked to identify the nature of problems experienced in their communities and among their target groups and whether such difficulties had altered in recent years. The wide range of problems identified (Table 3.1) suggests the multidimensional nature of social exclusion as the context within which the interventions operate.

Not surprisingly Table 3.1 suggests there is some variation in emphasis between the Adolescent/Family Support (AFS) interventions and the Community Development Projects (CDPs), principally as the former are more specific in the issues dealt with. They therefore tended to highlight lack of facilities for young people or the behavioural aspects of their target groups such as alcohol/drug misuse and early school leaving. Projects also provided a wider perspective on problems affecting communities.

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<sup>16</sup> It can be argued that this finding, presented in such terms, is not surprising given that young people, by virtue of their involvement with 'Springboard', would then be deemed a category not 'at risk'.

**Table 3.1: Identification of problems by Projects and Programmes**

Problem	AFS	AFS	CDPs	Problem	AFS	AFS	CDPs
	Projects	Progs			Projects	Progs	
	No. of mentions				No. of mentions		
Alcohol/drug misuse	6		1	One parent families	2		1
Juvenile Crime	3		2	Poverty	3	1	
Early school leaving	7	1	3	Community not working together	1		
Lack of facilities for youth	7		4	Marginalisation from social networks	1		
Lack of safe fora for youth/sexual health		1		Lack of opportunities accessing training/employment support	1		
No focal point for youth	2			Transport	3		4
Educational progression			2	Funding/knowledge of funding	1		
Unemployment/lack of job opportunities	3		3	Domestic violence/abuse	1		1
Isolation/marginalisation	3	1	6	Housing	1		2
Overall lack of resources/services/facilities	3		5	Safety for young people	1		
Lack of resources for elderly			3	Complaints about young people	2	1	
Childcare facilities/access	1		5	After-school services			1
Family/marital breakdown	2		1	State relations/communication			2
Suicide	1			No coordinated approach			1
Powerlessness/lack of participation/lack of confidence	2	2	3	Equality/discrimination			2
Adolescent pregnancy		1		Lack of support for parents		1	
Lack of understanding/analysis/awareness	1	2	3				

The CDPs highlighted in particular those concerns that cut across at community level, such as physical isolation/marginalisation (particularly in rural areas), lack of childcare facilities/access, transport and an overall deficiency of services and facilities. The Projects also drew attention to problems of state relations and communication, discriminatory practices, feelings of powerlessness and lack of awareness among the local population about welfare issues.

Absence of youth facilities and transport were also frequently mentioned concerns among both types of intervention. In this regard, one AFS Project leader described the compounding problem of limited access for rural youth and the capacity to incorporate them into the service:

*“A lot of our target group are in outlying regions ... maybe ten miles away. We have a major problem, they want to come in they want to engage. There is a lot of rural resettlement, so we have got kids who were formerly in Dublin, some of them in NYPs and isolation is a big thing. Getting them in and getting them home again.” [interview 2; Adolescent/Family Support Project]*

Assessing the level of change among these problems poses implications for organisations in terms of response. The respondents, where they had been involved with the Projects or Programmes in the previous two years, were asked to indicate whether these problems had changed within that time period.<sup>17</sup> Of the eight AFS Projects to respond, five suggested no change while three felt that problems had either intensified or new challenges have emerged, as described in the following way:

*“drug/alcohol misuse and juvenile crime client base [is] getting younger. Employment status [has] improved”. [survey response; Adolescent/Family Support Project]*

*“Problems have increased in relation to drug/alcohol use, and particularly that age at which young people start taking drugs, and drug dealers can be as young as 11 years old”. [survey response; Adolescent/Family Support Project]*

In one interview a Project Leader discussed similar noticeable patterns of change for and among young people over a relatively recent period:

*“A couple of things we’ve noticed: the level of involvement in crime that young people have, and an awareness of crime. Alcohol is a huge thing, especially for kids around 15, boys in particular. Girls fighting is a big thing we’ve looked at this year, 12 to 13 (year olds). Unbelievable ... Marriage break-up has a big impact on young people; see a big increase there”. [interview 1; Adolescent/Family Support Project]*

A mixed response was noted from the perspective of the CDPs. Four Projects suggested changes had taken place while another six believed significant changes

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<sup>17</sup> The question was not applicable to the Health Board Programmes since these have only come into existence within the last two years.

were not particularly evident. Some of the new factors impacting on the Projects were described as follows:

*“In some ways the problems have changed focus because of outside circumstances, e.g. we have now developed facilities [but] now the problem is to maintain them in order to provide quality service”. [survey response; Community Development Project]*

*“The whole social scene has changed for the family unit - more marital break up and more domestic violence”. [survey response; Community Development Project]*

*“We feel from our project that community employment has addressed the issue of unemployment, offering training and employment opportunities to enable people to access full-time employment”. [survey response; Community Development Project]*

### 3.4.2 Strengths within communities

Despite the problems identified above, communities were considered as possessing certain strengths, which provide potential capacity in redressing some of their difficulties. Asked to identify key strengths of their communities both Projects and Programmes highlighted slightly different aspects.

*Table 3.2: Identified strengths within communities*

Factors	AFS Projects	AFS Progs	CDPs
	No. of mentions		
Collective/coordinated action	1		5
Presence/history of development groups	4		2
Networking/partnership			3
Commitment/spirit/volunteering	3	1	1
Skills			3
Real understanding of problems	1	1	2
Desire for better life	2		1
Leadership	2		1
Resource centre/festival	2		1
Parents interest	1	2	
Employment created	1		1
Communication			1
Presence of youth clubs	1		

For the AFS Projects two related issues stand out, namely the presence/history of local development groups and local people’s engagement with their communities through commitment, spirit and volunteering. Two AFS Programmes mentioned the active interest taken by parents in its activities. Several key factors were identified in the following statement of one Project:

*“Some members of the community are very active in addressing the child care difficulties, also local leadership is welcomed in the development of the .. Resource Centre. Residents groups exist in individual estates. There is a very active local St*



*Vincent De Paul. Local committees have been developed in the last year through the Home School Liaison Scheme to look at the overall picture in the area" [survey response; Adolescent/Family Support Project]*

The CDPs drew attention to such strengths as the collective/coordinated approach found within communities, its skills (such as funding abilities, identifying problems) and networking/partnership approach of many groups. An example of a response from one Project regarding the collective approach is stated as follows:

*"Collectively - communities can determine their own futures, can confidently meet with [the] County Council, Western Adolescent/Family Support and put their case forward. Community then not only own the problems but also the solutions, developing a sense of pride and empowerment". [survey response, Community Development Project]*

Such positive statements can be contrasted with the following response of one AFS Project, which felt that the community was debilitated by internal weaknesses:

*"None [strengths] - very little community spirit; lots of fighting with neighbours and between estates. When people (local people) involve themselves in the community they feel heavily criticised". [survey response; Adolescent/Family Support Project]*

### **3.4.3 Priorities of Projects and Programmes**

There is some degree of difference evident in the priorities mentioned by both types of Project (Table 3.3). This is particularly the case in relation to childcare development, viewed by CDPs as a critical issue for inclusion and community participation. Compared with the AFS Projects, greater emphasis was also placed by respondents on, *inter alia*, policy development, strategy development/consolidation, women-related support and intervention in rural areas. Difference in priorities among CDPs reflects the nature of problems identified in communities, which can vary across locations. However, recently some Projects have had to become more focused in what they can do over the next year or so.<sup>18</sup>

On the other hand, the AFS Projects emphasised their priorities around youth development (five responses) and the need to engage more in collaborative work with other agencies (five responses). In addition, five projects suggested family support as a priority while two identified community development as a key strategy. In terms of collaborative work, Projects mentioned the need to work more closely with schools, CDPs, Family Resource Centres, Gardai and voluntary agencies. In some cases, Projects have been active in developing and supporting local networks of service providers and parents to come together and discuss overall youth and community development. However, two Project leaders interviewed described the process as a difficult one. According to one interviewee:

*"The last couple of meetings has been two people attending. Maybe people find there is no reason for it, but it's only an hour every 3 or 4 months. But there is a reason for*

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<sup>18</sup> At the time of fieldwork, some Projects at the end of their three year project cycles have been guaranteed funding for an interim two months and one year contracts from there on.

*running it because people change their programmes and they change what they do on a regular basis. And if it's only for contact, you may not see that person bar maybe the odd phone call. I think it's important to keep communication open."*



**Table 3.3: Identified Priorities by Projects**

Suggestion	AFS Projects	CDPs	Suggestion	AFS Projects	CDPs
	No. of mentions			No. of mentions	
Childcare development		6	Single parents support	1	1
Strategy/consolidate work	2	4	Parent/toddler group support		1
Collaborative work with other agencies	5	2	Expanding work with other disadvantaged groups	1	
Policy development		3	Work in rural areas		3
Act as resource centre/be a community resource	3	2	Research		2
Community arts		1	Information provision/awareness	3	2
Cultural work		2	Funding/premises	3	1
Networking	2	3	Fighting inequality		1
Eldercare		1	Youth development	5	
Education provision (incl. drugs)	3	4	Recruit/train volunteers	1	
Capacity building		3	Personal (individual) development	3	
Women related support		4	Community development	2	
Domestic violence		2	Family support	4	1
Accessing decision making/services	2	1			

The priorities of the AFS Programmes are quite specific and relate primarily to raising awareness among young people about personal health and life-skills issues. The following priorities of one initiative capture the essence of what the Programmes aim to achieve, namely:

*“To facilitate young people to explore the facts of sexual health  
To educate yp about how their bodies work (in particular the reproduction system)  
To dispel existing myths about sexual health  
To facilitate the building of self esteem in young people allowing them to be assertive  
and make healthy decisions in relation to their sexual health and relationships”. [survey  
response; Adolescent/Family Support Programme]*

All respondents were asked to comment on whether changes in organisational priorities took place within the previous two years of their work programmes. Of the nine AFS Projects to respond to this question, five indicated no change, three highlighted some change and one could not comment since it had been only recently established. According to one respondent:

*“the priorities when working with young people and their families change according to their needs. The Neighbourhood Youth Project is well established within the community and the Neighbourhood Youth Project tends to be a leader project within the community” [survey response; Adolescent/Family Support Project].*

In relation to family support specifically, two Projects explicitly underscored the need to prioritise more in the direction of targeted family intervention. One Project in particular has targeted a small number of parents who have recently begun to attend the Project and are in the process of group formation.

Respondents for the CDPs provided a mixed assessment of changes in priorities, with five suggesting change and another five maintaining no changes had occurred. One project described the main change, as the development of a more holistic approach to the needs of women while another was engaged in more systematic needs assessment of its target group. Other comments included the following:

*“As the general economic situation changed nationally so did the needs of the area. Also as we develop projects to meet initially identified needs, new needs can appear” [survey response; Community Development Project]*

*“[The] Project has expanded; new outreach worker in place for the last year, thus scope of the project can actively include outlying areas. [The] number of volunteers has increased from 4 to 60/70 over the past three years, involving local community in subcommittees, etc.” [survey response; Community Development Project]*

*“In the early days of the project it was more infrastructurally focused as now it is beginning to focus more on the social deficiencies within the community” [survey response; Community Development Project]*

### 3.4.4 Community impact on projects

More specifically, Projects and Programmes were asked to comment on the impact communities have, both positive and negative, on their own work. Tables 3.4 and 3.5 provide details of responses.

*Positive factors:* All eleven AFS Projects and twelve CDPs responded that there were aspects within their communities that contributed positively to their work. All five AFS Programmes provided similar assessment.

**Table 3.4: Positive factors impacting on Projects and Programmes**

Positive factors	AFS Projects	AFS Progs	CDPs
	No. of mentions		
Volunteering incl. committee work	10	1	6
Networking; coordinated actions by different sectors	6	1	4
Direct contact/involvement of/support from community	6	1	7
Sense of ownership/control			4
School support	3		
Parental support	3	2	1
Location/access to project	2		
Desire for change			1
Leadership			1
Youth as supportive	1	1	
Extended family	1		

Clearly, the role of volunteering (including committee work and fundraising) occupies an important resource for both types of Projects, particularly in the viewpoint of the AFS Projects. The active role played by community members in supporting and getting involved as users of the Projects was also seen as a key strength. In addition, networking and active collaboration between various organisations was considered a positive factor. Examples of some comments by Project respondents on these factors included:

*“Local organisations, e.g. the .. Lions Club and Town Commission have endorsed the work of the Project and provided financial support. Word of mouth helps to promote the work of the Project across a range of backgrounds and across socio-economic groups”. [survey response; Adolescent/Family Support Project]*

*“There are quite a high number of community people who will give their time voluntarily for specific initiatives” [survey response; Community Development Project]*

*“Networking with other services, i.e DSCFA, VdeP, NYPs, VEC. Collectively planning and implementing programmes, groups based on identified needs, e.g One Parent Family Support Groups in ..” [survey response; Adolescent/Family Support Project]*

From the point of view of one AFS Programme there is a particularly positive rural dimension in the way community's respond to its efforts:

*"In rural areas, parents tend to be more interested in the content of the programme and in how their children are progressing. Parents phone to tell if their child cannot attend for a week in rural areas and there is more interest"*

*Negative factors:* Eight AFS Projects believed there were aspects of communities that impacted negatively on their work. The same number of CDPs also identified negative factors at play within their communities.

**Table 3.5: Negative factors impacting on Projects and Programmes**

Negative factors	AFS Projects	AFS Progs	CDPs
	No. of mentions		
Demands on resources	1		4
Conflicts in community/family	3		3
Lack of community infrastructure	3		
Families finding it difficult to cope/accept violence			1
Lack of capacity/skills/education			1
Low self-esteem	1	2	
Lack of coordination of services			2
Non-acceptance of professionalism	1		
Negative stereotyping of projects	1	1	
Lack of community initiative	2		
Lack of input from urban parents		1	
Locating premises		2	
Pressures on youth to engage in sex		1	
Lack of understanding		1	
Underage drinking/drugs	1		

As the table highlights, a wide variety of negative factors were mentioned, some more pronounced than others. A number of CDPs suggested that community demands on limited resources constituted a negative factor. As one Project respondent commented:

*"[The] profile of .. CDP has increased significantly which places demands on us in terms of resources - need for us to be realistic and clear in our aims and objective" [survey response; Community Development Project]*

Both AFS Projects and CDPs identified internal conflicts within communities as having negative repercussions on their work. Some responses that demonstrate tensions among families and between areas included the following:

*"Geographically there is a major divide between [area 1] and [area 2] and even within these areas themselves. This leads to rivalry and groups only working for themselves rather than the community overall" [survey response; Community Development Project]*

*“conflict within the target group between families can interfere with work undertaken either directly with the families or with the children. Negative/stereotypical attitudes towards groups, e.g. Travellers, can lead to resentment regarding service provision to some”. [survey response; Adolescent/Family Support Project]*

*“Internal conflict within the Travelling community” [survey response; Community Development Project]*

For some AFS Projects, poor community infrastructure was cause for concern. For two Programmes, this filtered through to the difficulty of locating premises for running courses and groups.

### ***3.4.5 Additional strategies needed***

There was general consent among Projects and Programmes that apart from current provisions other strategies were required to meet the needs of their target groups. Table 3.6 provides an overview of the main suggestions.



**Table 3.6: Suggested additional strategies to meet target group needs, according to Projects and Programmes**

Suggestion	AFS Projects	AFS Progs	CDPs
	No. of mentions		
Better co-ordination of services	2	2	6
More facilities for children/youth	5		3
Increased resources/funding	1		4
Listening to community/providing info	1		3
Early school leaver supports/projects	3		
More commitment/involvement from state bodies			2
Better understanding of community/community work by State			2
Increased participation	2		1
Conflict resolution			1
Support for parents		1	
Special support for families with special needs			1
Family support	2		
Services to unemployed	1		
Additional professional support (education officers; health promotion)	2	1	
Staff support		1	
Approach to providing services/creative, being friendly face	2		
More research	1		
Adult based programmes	1		
Follow-up support		1	

Reflecting differences in work programmes, some variation can be observed regarding respondents' suggestions of other strategies needed to meet the needs of its target groups. Among the more frequent strategies suggested by the CDPs were: better coordination of services among organisations/agencies; increased resources and funding; more facilities for young people and more attention being paid to communities, such as listening to their needs and providing information. The principal issues emerging for AFS Projects included more facilities for youth/children and supports for early school leavers. Both AFS Projects and Programmes also identified the need for better coordination of services.

### **3.4.6 What projects should be engaged in?**

In similar vein to the previous section, there was also general consensus among Projects and Programmes that their own organisations should be engaged in other areas of support. Some of these suggestions are detailed in Table 3.7.

*Table 3.7: Suggested work that should be engaged in, according to Projects and Programmes*

Suggestion	AFS Projects	AFS Progs	CDPs
	No. of mentions		
Work with parents/siblings	3	4	2
Developing children/youth activities			4
Equality/anti-racist work			3
Health awareness, incl. mental health	3		
Targeting young mothers	2		
Disability area			2
Elderly			2
Policy work			2
Networking			2
Work with Travellers	1		2
Linking with community	2		
Creative approaches			1
Engaging fathers	1		
Research			1
Decision making with City/County Development Board			1
More intensive work with unemployed			1
Family support			1
Individual work	1		
More intensive work with youth	1		

Both AFS Projects and Programmes suggested that they should be engaged in more work with parents or siblings of participants. This was the only suggestion among the AFS Programmes. Engaging young mothers as well as fathers was highlighted, as was the need for health awareness (including mental health issues such as suicide prevention). According to one AFS Project leader, there is a need for reorientation of services in the context of improved understanding of youth needs:

*“What we are realising more and more is a pull away from ... general youth work. We seem to be specialising more and I think that's due to paediatric services and services in the Adolescent/Family Support, as regards diagnosing different like, ADHD ... there seems to be an earlier identification process. So what we are getting is more specialised. It is making it more difficult because it really emphasises the fact that we need to be working with families more, especially around those issues”. [interview 1; Adolescent/Family Support Project]*

Similarly, other Project leaders believed that more proactive engagement with young people's parents was crucial to the ongoing effectiveness of interventions:

*“More parenting, that's my big thing ... we would be better off working with half the amount of kids and their families, and their parents for a shorter space of time. If we*

*could work with 30 parents and 30 children for half the time we work with them, it would be much more beneficial. For a year rather than working with 60 young people for 2 years. Long term I think it would be much more beneficial for the young person, and the parent and the siblings coming up as well. So it may mean that we would have to change our system a bit, and change how we work but as regards resources, if resources didn't change that's how I'd envisage it working". [interview 3; Adolescent/Family Support Project]*

*"From our experience has been that if you work with the kids in isolation and it's not being reinforced at home, you have limited chance of success. Particularly if you are working with kids on things like hygiene, school attendance, if it is not being reinforced at home it's a bit unfair to be putting pressure on kids, to be raising the issues and not dealing with the family. Because there has been so little for families in the area it seemed such a logical step. The other thing is, if the parents are involved and are aware of what the kids are doing, they are more likely to encourage the kids to attend regularly". [interview 4; Adolescent/Family Support Project]*

However, one Project leader expressed reservations about engaging more intensively in 'family support' work. The view expressed was that 'family support' needs to be clearly defined and the role of the Neighbourhood Youth Projects explored vis-à-vis other providers. It was suggested that any 'formalised structured' approach could potentially undermine the trust established between the organisation and families. The Project leader distinguished between support levels for typical teenage troubles and more critical cases "where kids are not being washed ... there is neglect from school, missing school, out at night, parents either not able or not in a position to look after kids well" [interview 2; Adolescent/Family Support Project]. If more family support work was required then it was suggested that this would require increased staff and resources and an obvious trade-off with the current type of provision for young people.

While two CDPs indicated the importance of working with parents, four in particular highlighted a role for engaging young people and children. The next most frequently mentioned suggestion was 'commitment to equality/anti-racist work'. Other suggestions included: networking, policy work, elderly, disability and Travellers.

According to one interviewee, the range of demands placed on CDPs, particularly in terms of important areas such as networking and policy work, meant that direct grassroots level work with projects or groups inevitably suffers.

Ten CDPs, seven AFS Projects and five AFS Programmes indicated intentions, depending on resources made available, to undertake their suggested work plans within two years. According to one CDP the provision of an additional staff member would contribute to a greater focus on family support work:

*"As a project childcare worker will be based here in the Project - thus family support and childcare support and programmes will change significantly over the coming year, as a dedicated worker will spend time in developing programmes and putting support systems in place". [survey response; Community Development Project]*

An AFS Project leader made a similar point about the need for additional resources. Any additional work in its view was:

*“Dependant on the proposed appointment of project workers who will be based in local areas in partnership with Community Development Support Projects”. [survey response; Adolescent/Family Support Project]*

**3.4.7 Knowledge and value of Projects/Programmes**

The extent to which local communities know about and acknowledge the value of such interventions is essential in advancing their effectiveness. Table 3.8 outlines the respondents’ perceptions about the level of knowledge communities had regarding their work.

*Table 3.8: Perceived knowledge of Projects and Programmes*

	Very well known	Well known	Not well known
	No. of mentions		
CDPs	7	3	2
AFS Projects	5	4	2

Most CDPs (7) felt they were either ‘very well known’ or ‘well known’ within the communities they served, while two Projects felt they were not well known. The Projects suggested that visibility within local communities was a critical means of raising awareness about activities; a process achieved through festivals, newsletters, radio programmes, geographical location and actively involving volunteers. Some CDPs highlighted that some aspects of their work, particularly advocacy, may not be fully understood by local communities:

*“I think we are well known. However, the wider community may look at out service work and not at our ‘conscious awareness raising’ work”. [survey response; Community Development Project]*

*“We deal with confidential issues of domestic violence, empowerment of people, family support. This is not always advertised or promoted”. [survey response; Community Development Project]*

Two AFS Projects considered themselves as ‘not well known’ within local communities, principally because they have only been established quite recently. Similarly, the recent emergence of AFS Programmes meant it was too early to gauge how well groups and communities knew about its activities. While most Projects were described as ‘very well known’ or ‘well known’ some highlighted lack of resources as a constraint in targeting geographical locations. A more-established Project described its intentions of seeking greater active involvement of service providers and target groups:

*“The projects are well established in their host communities as they have been there for the past 4 to 5 years. Our most recent project is currently working on establishing itself*

*in its community by advertising, involving other agencies in its activities and inviting parents, community representatives and young people and other services into the project". [survey response; Adolescent/Family Support Project]*

*Value:* Projects and Programmes were asked to comment on how they thought their work was valued in the local community. They were also asked to indicate what aspects of their work were not valued sufficiently.

**Table 3.9: Perceived value attached to Projects and Programmes**

	Highly valued	Valued	Not valued	Don't know
	No. of mentions			
CDPs	4	6	-	2
AFS Projects	4	5	-	2
AFS Programmes	2	2		1

None of the Projects felt the local community did not value its work. Two Projects from each intervention had no clear indication as to the level of value attached to them, with one commenting as follows:

*"Difficult to measure. Feedback from referred families, schools and professionals such as Gardai and Social Welfare departments indicates that the project is valued but it is difficult to get the view of the wider community". [survey response; Adolescent/Family Support Project]*

According to some AFS Projects anecdotal evidence among clients, parents, schools and the local community suggested that they were satisfied that their work was having some impact among the target groups. One Project, however, felt that when crime was committed they were subject to such negative comments as "we are not doing enough". In general, the following remarks capture the positive light within which Projects and Programmes felt they were held:

*"Feedback we have received from families living in the area and other workers within the area is extremely positive about the work of our project and also this feedback is clear in their view that our project is a necessary service". [survey response; Adolescent/Family Support Project]*

*"The feedback from young people who have participated in programmes and workshops along with parents, teachers and co-workers has been very positive, with parents using terms such as 'about time' when they first hear about it or 'I wish it was around in my day'". [survey response; Adolescent/Family Support Project]*

The issue of trusting relationships between the providers and young people and their parents was discussed by a number of project staff. While the Projects are statutory provided it was suggested by a number of interviewees that the perception among service users is that the Projects offer a 'safe environment' and one that tends to differ from mainstream statutory provision. According to one Project leader:

*“I think one of the strengths of the NYP is that we are not you know, while we do home visits we don’t have the kind of formalised structured approach – parents talk to us because they don’t perceive us as being social workers. Normally when we go to case conferences the information we transfer would be positive because the kids come into us, they are engaging ... If you go into any child care conference you would probably find that most of the parents are on better terms with staff of the NYP and will tell the staff more about their children and what’s going on in their lives than social workers and that’s an indication that we are not seen as a threat to them”. [interview 2; Adolescent/Family Support Project]*

For another Project leader, young people and parents view the Project as a support rather than a challenge. It was felt that for young people dealing with bullying or anger management the opportunity to come to terms with issues they may not fully understand was appreciated among them. It provided them with recognition of their own development needs and challenges. In addition, the capacity to meet young people and parents regularly and also deal with issues in the home setting provides a unique role vis-à-vis other professionals:

*“I think the home visits make a huge difference, in so far as not everything is project based. So you are going into the family and you are willing to do some of the work in the home, which suits parents a lot, because there is safety in their own environment, at least initially. And if there are difficulties that need to be thrashed out or discussed or issues come up, to do that in their own home, I think that is very positive. Then when they get to know you they can come down and I think that’s a big thing. ... I suppose our contact is so much more regular that you can work on issues on an ongoing basis rather than a once off or twice off, which tends to happen with other professionals, because of time constraints and because of the work load I guess.” [interview 3; Adolescent/Family Support Project]*

Many of the CDPs highlighted a number of reasons why local communities valued them and this essentially referred to the range of services provided as well as the way they related to users and potential beneficiaries. Some comments include:

*“Our project is an open and friendly environment where people are treated with openness and respect. We have helped many through referral to other agencies; provided necessary information and welcome new ideas through open consultation. Our philosophy is helping people to help themselves”. [survey response; Community Development Project]*

*“I think generally people see and understand what we do. If we were gone there would be an outcry!”. [survey response; Community Development Project]*

However, seven CDPs felt that certain aspects of their work were not valued within the community. Similarly, six Projects and three Programmes of the AFS services suggested there was some undervaluing of their contribution to welfare provision (Table 3.10).

**Table 3.10: Work not valued by community, according to Projects and Programmes**

Suggestion	AFS Projects	AFS Progs	CDPs
	No. of mentions		
Groups targeted/ethos of intervention	3	1	1
Policy work			2
Time commitment			2
Research/preparatory work			1
Community arts	1		1
Community's lack of understanding	1	1	
Too narrowly targeted – not enough beneficiaries		1	

While CDPs mentioned issues such as policy development and time commitment, AFS Projects addressed the issue of negative stereotyping because of the groups they target or the ethos they work within. One Project felt it was perceived as a “bold boys club” while another highlighted how “racism/prejudice can impact on work with members of minority cultural groups”. According to one Project leader, negative perceptions exist among some school teachers concerning the way services are unequally provided to young people within the community:

*“I think some teachers would see us as rewarding bad behaviour or those who are difficult by taking them out of the class and doing some group work with them. And they don't agree with the way we work and don't think its anyway beneficial and that the good kids are always the ones left behind and this is true ... there is nowhere for the 'good' kids to go and it's always the ones with problems who end up in projects like this ... Some schools who have a lot of younger teachers are very keen on us becoming involved and would be much more open.”*

In addition, another Project Leader was particularly concerned about how youth were sometimes treated by adults in positions of responsibility within the community:

*“You go away with a group and you're treated like the disadvantaged group – ‘ye wait there’. It doesn't happen too often but when it does happen you do feel it very strongly. I'd say I've had three incidents in a year and a half where I felt that adults treated the young person that were disadvantaged with the highest contempt”[interview 1; Adolescent/Family Support Project]*

One AFS Programme respondent highlighted the difficulty of reaching certain groups because of misperception about the Programme's intentions:

*“There are groups (e.g. the Travelling community) who in general do not accept that their young people may be sexually active and by doing this programme may somehow be encouraged to become sexually [active]”*

CDP coordinators are invariably active at the level of policy development and networking (discussed in more detail in Chapter 4). According to two Projects, this

tended to be undervalued. The slow process of community development and the need to see results often militate against a value being attached to CDPs, as one respondent noted:

*“The amount of time it takes to include the process of community participation on projects. Capacity building target group to reach the stage of empowerment to actively participate in the process” [survey response; Community Development Project; emphasis in original].*

In addition, for both Project types their geographical coverage often militated against a perceived presence within their communities.

### **3.5 Summary**

The interventions discussed in this chapter occupy distinct roles and responsibilities in the welfare policy landscape. As part of their everyday environment, Projects and Programmes are at the forefront in dealing with the multifaceted dimensions of social exclusion, which range from the personal to the collective levels. While such levels are inter-related certain aspects within the interventions are prioritised according to ethos and identified need.

The nature of work undertaken by Projects and Programmes is very often directed by the wider community dynamics and in this regard, strengths and limiting factors were identified. Despite recent concerns surrounding levels of voluntary activity, volunteering constituted a positive resource for Projects in particular. An active community, willing to support and become involved in actions, was considered a distinct advantage, as was the local capacity to network. On the negative side, a composite of factors can make the work of interventions more difficult, albeit some are less within the remit of organisational influence than others. The problems ranged from competing demands on limited resources to underage drinking and drug use. Generally, Projects felt they were sufficiently valued and known about within local communities, albeit some reservations were expressed concerning key areas of work.

In delivering effective welfare provision, Projects and Programmes do not operate in isolation but occupy part of wider agenda in meeting needs. Several additional strategies, some of which the interventions have a salient role in delivering, were suggested. It was frequently felt that, *inter alia*, better coordination of services, more facilities for children/youth and increased resources ought to bring about improved support. In terms of what their own organisations can provide, respondents again provided a broad spectrum of options, the most frequently mentioned of which were parent and family work (among both CDPs and AFS interventions), children/youth actions and equality work (CDPs) and health awareness (AFS Projects).



# 4 Views on Community Development and Family Support – Current and Future Direction

## 4.1 Introduction

This chapter explores specifically the relationship between community development and family support in the context of current and potential provision. The first section discusses aspects of adolescent and family support from the perspective of the CDPs. It then focuses on the future role of family support within these interventions and the changes envisaged in bringing this about. The following section approaches the issue of community development from the position of the AFS Projects and Programmes. It assesses their understandings of community development and the extent to which they can further engage with their communities.

## 4.2 Community Development Projects - Views on adolescent and family support work

Provided with a definition of family support work<sup>19</sup>, CDPs were asked to comment on whether their work incorporated such an orientation. There was consensus among eleven projects that family support occupied an explicit role within its work. The exception to this came from one issue-based project, which suggested that:

*“The definition in some way contradicts the definition of community work which is about having a collective focus rather than a response to individual crises”. [survey response; Community Development Project]*

This Project considered family support as generally an important activity but felt that it was not its role to provide it.

As evidence of its family support work, five Projects specifically mentioned the provision of childcare/crèche facilities while four noted its work in pre-school and after-school programmes. A further three mentioned supports for women (two in the area of domestic violence); two indicated the formation of parent/toddler groups; while another two indicated the importance of its networking and linkages with other organisations. In interviews, some made reference to parenting/peer support programmes, summer groups with disadvantaged youth as well as arts/crafts classes. In Mayo, a community arts worker has also been employed through the CDPs and has worked regionally with local school pupils as well as intergenerational projects between young and old.<sup>20</sup>

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<sup>19</sup> The definition provided to them described family support as follows: *‘family support seeks to strengthen the coping and resilience of children and adults in relation to identified risks or threats experienced within individual families’*.

<sup>20</sup> One Project mentioned an initiative involving transition year students documenting and recording stories by older people, which was subsequently published in booklet format. At the time of fieldwork, it was planning a project involving older people passing on traditional craft skills to young people.

The eleven CDPs considered family support as either very important (nine responses) or important (two) within their own work remit. It was generally accepted that community development could not be detached from enabling disadvantaged families to access key services as a social right. As the following comments suggest, the well being of families was viewed as deeply connected with the strength of community:

*"The family constitutes a central unit of our community. Family support cannot be separated from poverty, unemployment, education, disadvantage and inadequate facilities and services. Protective, compensatory and developmental family support where appropriate are vital strands to a good community development programme". [survey response, Community Development Project]*

*"The family is the essence of any community. The longer families can remain united the community should benefit". [survey response, Community Development Project]*

*"In order to work with children, particularly from disadvantaged families, it is vital we also work with their immediate families, to promote development and welfare of children, prevent incidents of child abuse, strengthen skills and coping capacities and developing strong links between schools, families and communities". [survey response, Community Development Project].*

In interviews with Project coordinators, it was emphasised that the CDPs should not be viewed as service providers, albeit Projects are often engaged in instigating and coordinating services within their local communities, particularly around accessible and affordable childcare, after-school initiatives and social care among older people. The uniqueness of a community development approach was described as one that allows a community to identify its needs and support its members to respond to its concerns. In the area of parent support for instance, while programmes are structured, it is the participants who typically direct the programmes on the basis of the needs they identify among themselves.

In discussing the distinguishing features between the approach of the community resource centre and family resource centre specific attention was drawn by one coordinator to the unique characteristics of the community development *approach* in supporting young people and families:

*"The Community Development Project through its work should be trying to instigate change; it should be a catalyst to change and it shouldn't be a service provider. If you take the example of childcare ... leading up to those jobs we invested in training and were telling local people that it would be a good idea to do it, so that when the jobs were ready it was the local people were the people who went in and staffed the childcare. Our childcare service would differ from a family resource centre in the sense that the project is managed by local people, it is staffed by local people and it's primarily for their local kids. So it's the community working to solve problems that have been there for years, so they are part of the solution whereas for years gone by they were always seen as part of the problem. The community itself should be part of the whole root and branch of a Community Development Project whereas a Family Resource Centre would be just be providing a service". [interview 3; Community Development Project]*

In one particular case, a CDP has been very active in the role of childcare to the extent that it has reached an advanced stage of planning for a separate purpose-built childcare facility to emerge in the near future, independent of the Project. Again, a distinguishing feature of community development was suggested by another coordinator, who commented:

*“That’s the idea of a Community Development Project which is to support and allow a thing to grow and develop on its own ... that means we’ll have space then to take on another project within our work plan and what the community wants. But the links will still be very strong” [interview 4; Community Development Project]*

According to the interviewees, CDPs provide a range of key pragmatic strengths when dealing with families and children at risk. One of these is the significant level of trust developed over years of community involvement; a relationship that invariably escapes statutory providers. According to one coordinator:

*“The level of suspicion around statutory bodies and professional bodies in the area is massive; it’s absolutely huge. None of the Project workers are seen in that light ... the benefits of that are huge in that you get right into the family and they have no problem telling you what’s happening in the family”. [interview 3; Community Development Project]*

Another interviewee put forward the case that since local voluntary management committees manage CDPs, there exists despite potential negative implications<sup>21</sup>, a unique form of local ownership and control:

*“One of the greatest strengths of our Project is that it is community based; it is community owned and that people have their say in what they want. There is a representative of groups, like someone parenting alone around the table, able to say “this is what our experiences are; this is what we need” and being able to say that. And to have a subgroup established around that and taking action in putting a plan together. They own it then”. [interview 2; Community Development Project]*

In addition, CDPs were described as a critical conduit for people gaining access to whatever services might be available among a range of providers:

*“Being an open and friendly place where people can ask, ring up, is a huge plus in any community ... where do you go for help for anything if you have an alcoholic husband or father, where there is someone you can really ring or meet or programme in place that you can at least direct them”. [interview 2; Community Development Project]*

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<sup>21</sup> The problems identified in interviews regarding voluntary management committees concern the weight of responsibility on members in terms of expertise in key management functions, such as legal and financial knowledge. Also, members are not fully compensated for costs of attending meetings in terms of childcare and travel. In the current economic climate it can prove difficult to recruit volunteers or for volunteers to give sufficient time. Another weakness concerns members being negative towards certain aspects of the work programme which staff may consider important.

### 4.2.1 How to undertake more family support – Community Development Projects

The vast majority of Projects felt that family support should occupy a greater orientation within their work plans. Table 4.1 outlines the suggestions made as to how this might be achieved more effectively.

*Table 4.1: CDPs' suggestions on how to do more family support*

Suggestion	No. of mentions
Additional resources/workers through collaboration with agencies	4
Linkages with other organisations	4
Childcare (improvement/development)	3
Courses for parents	3
Awareness raising/understanding	2
Elderly support	1
More targeted approach	1
Intergenerational work	1

Within the suggestion of additional resources, three Projects made specific reference to the appointment of project workers from the Health Board and one mentioned the need for an outreach family support worker. In an interview, one Project coordinator provided a particular understanding about the function of a dedicated family support worker:

*“You can have a family availing of five different professional services, from psychologists, to social workers, to NYPs, to ISPCC or whatever, but there is nobody tracking, nobody coordinating that, and I think in terms of making an impact the first job a family support worker would have to do would be to gather agencies in our area together who are working with the people. So that would be the wide variety of, Western Adolescent/Family Support people, ISPCCs, community welfare, the whole lot, to see what a coordinated approach to the whole lot of it. I think we would have a real role to play for that. I think it would need to be very strategic from both sides, from the Adolescent/Family Support side and from our side and see where our objectives are similar”. [interview 1; Community Development Project]*

Regarding the role of a family resource worker, two Project coordinators highlighted the benefits to be derived by locating the worker within a community development framework. One suggested its strong position in providing a positive context and link for such a worker in the community, while in contradistinction to the level of suspicion towards professionals, particularly the statutory sector, it was suggested by another that:

*“The perception of the workers in the Project is different; you are not seen as a professional ... you are seen to be working alongside your local ma or da, or cousin or aunt, and that kind of barrier is broken down fast. They won't be seen as somebody who is kind of spying on them”. [interview 3; Community Development Project]*

Four Projects mentioned the need to work with other providers or networks; one of which highlighted the need to work with schools particularly. One coordinator described the loss of its youth worker through funding cutbacks as a major 'hit' to its work in the area of adolescent support. This worker had provided a critical role in making connections with other service providers:

*“So a lot of it collapsed, because we were building it up where you would have a core group of young people who were mainly causing a lot of trouble in the area. When you have that core group, young people in the area were able to access the NYP and other projects an awful lot easier than they are now. Now the NYP workers have to go in ‘cold’ and makes it harder. The result is that a lot of those kids now aren’t involved in anything structured at all”. [interview 3; Community Development Project]*

One of the key functions of networking was described as the opportunity to provide information on what each organisation provides and to instil awareness about non-replication of services. This is important when applying for funding and, as one commented, “justifying” what is applied for. It was also necessary, according to one respondent, to proactively engage with the concept of ‘family support’ and examine evidence of its effectiveness:

*“We need to educate ourselves about this whole area and visit projects which demonstrate best practice, especially projects using creative methods; funding for initiatives and carry out needs assessment we would need advice and guidance on how to progress”. [survey response; Community Development Project]*

The positive experience of networking among CDPs was particularly highlighted by a number of Mayo Projects, for instance in terms of inputting to the County Development Board structures. Other recent local/regional networking initiatives concern domestic violence and childcare. The former network involves providing information to those experiencing domestic violence as well as highlighting the role and problems encountered among service providers (e.g. refuge centres, statutory bodies, rape crisis centres, Gardai) in responding to this growing concern. It was also suggested that work of this nature is highly confidential and not an easily ‘measurable’ or ‘visible’ component of Projects’ activities.

Other suggestions included enhancing community childcare provisions; providing courses for parents/increasing awareness among parents and teachers (about drug use for instance); intergenerational programmes and support for older people. Eleven Projects indicated that they intend to carry out their plans in this area within a two-year time frame, although such comments were made before the recent uncertainty introduced over funding.<sup>22</sup>

#### **4.2.2 Changes Needed**

CDPs were asked to consider the kind of changes they would envisage in activating more support for adolescents and families (Table 4.2).

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<sup>22</sup> At the time of fieldwork, cutbacks in public sector funding were beginning to take effect.

**Table 4.2: Changes needed according to CDPs**

Suggestion	No. of mentions
More funding	6
Additional staff	3
Creative methods	3
Education/information about the issues	3
Support from/links with Adolescent/Family Support	2
Strategic planning around needs assessment	1
Development of policy/procedures	1

Increased resources, in the form of funding and additional staff, constituted the most pressing concern among Projects. One coordinator described the fragmented nature of funding and the level of demands placed on projects as follows:

*“You can’t be everything ... I think if we got the funding to do work, rather than just the bare amount to just exist then we would be reaching what we need to reach. When you are doing it the other way round you have to throw your dice in and hope for the best ... [with the funding] you are struggling. For programme development we should have a budget”. [interview 2; Community Development Project]*

Interviewees highlighted the fact that, despite a recent evaluation regarding the value and effectiveness of the CDPs, their work is under-acknowledged and faces an uncertain future in terms of what they can engage in:

*“There is an awful lot of uncertainty. You cannot plan. You don’t know whether you are here today or gone tomorrow. It’s most unfair to the communities because you need to feel secure. People need to know that it is there and you can feed into it ... it has been grossly under funded ... there is an awful lot of lip service and no solid support ... The fear is that we are setting up something and the plug then being pulled beyond our control. Who is left but the families in the community”. [interview 4; Community Development Project]*

In this environment, it was suggested that coordinators and workers expend a lot of energy in seeking funds (or what was termed ‘firefighting’) to do the actual work they were employed to do (such as creating an awareness of community development ethos and ways of working). Reliance on funding from statutory bodies also means that Projects are in a delicate position if they wish to take on a critical or challenging stance with other agencies in key areas of policy debate, for instance through the City/County Development Board structures.

The loss of development workers through cutbacks in the ‘enhanced funding’ provision has meant that Projects have been unable to gain momentum in key areas of support to adolescents and families in need. Despite this, in key areas of protective family support, such as domestic violence, Projects have taken a lead role in developing ‘codes of practice’ and awareness-raising, which are essentially “jobs

within the Department's plans yet it is the community which does it" [interview 4; Community Development Project].

For one interviewee, closer collaboration with the AFS was specifically mentioned to redress what was perceived as the Board's inadequate provisions around mental health and community care for older people. In addition, the lack of community infrastructure (such as premises) and the inefficient use of existing resources needed to be redressed.

### ***4.3 Adolescent/Family Support Projects and Programmes - Views on Community Involvement and Development***

Both AFS Projects and Programmes were provided a definition of community development<sup>23</sup> and asked to comment on its importance to their own work and whether their organisations operated within these terms.

Eight Projects and three Programmes rated community development as 'very important' while two Projects and two Programmes considered it an 'important' focus to have. Projects viewed family and community as intimately connected as the following comments capture:

*"We believe that families do not live in isolation of their community and therefore that communities have a large impact on family well-being. Also, that families possess skills, knowledge and an understanding of their own communities that workers do not. Parents also respond better to the advice of other parents within their community". [survey response; Adolescent/Family Support Project]*

*"It is important to empower people to have more control over aspects of their lives by creating choice in supportive environments. Ultimately this will more than likely enhance self-esteem and general well-being for parents and their children". [survey response; Adolescent/Family Support Project]*

The twelve AFS Projects and five Programmes felt that a community development focus was evident within their work, with several interpreting their community development approach as premised on the promotion of personal development in the first instance. Much emphasis was placed by both interventions on their capacity to promote 'self-esteem', 'confidence', and 'taking control' among young people and parents. The suggestion emerging is that the 'personal' level must first be empowered in order to promote wider change. The ethos projected is that groups of parents and young people can be assisted in acquiring the skills and confidence to influence their quality of life and of those around them. Some comments that capture this perspective include:

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<sup>23</sup>The definition of community development (from the Combat Poverty Agency) was described as a: 'process whereby those who are marginalized and excluded are enabled to gain in self-confidence, to join with others and to participate in actions to change their situation and to tackle the problems that face their community'.

*"[The] Project helps to increase people's self-confidence and esteem; supports them making changes (life). Positive life changes encourages people to become involved with groups/clubs/support networks". [survey response; Adolescent/Family Support Project]*

*"By providing an individual with the opportunity to build their own self-confidence ideally this will enable them to become a more proactive contributor to their community. Also given the nature of the programme it strives to reduce risk behaviour which can have negative impacts on communities". [survey response; Adolescent/Family Support Programme]*

*"The projects work directly with young people to encourage and facilitate personal growth and development; increase self confidence and self worth for participants. Young people are actively involved in the development and evaluation of programmes and are encouraged to contribute positively to their communities". [survey response; Adolescent/Family Support Project]*

The issue of empowerment and self-direction was particularly evident among respondents operating Programmes throughout the region. This principles underpinning community development were viewed as particularly apposite to the change process:

*"This programme is not alone about imparting information/facilitating young people in the exploration of sexual health issues, it is also about social change, allowing young people to take control of their destiny, i.e. they have the choice of not necessarily becoming a teenage parents. In incorporating the basic principles of community development into group work skills/facilitation skills we are sending the message that young people are in charge of their futures and have a responsibility to themselves to make healthy decisions". [survey response; Adolescent/Family Support Programme]*

A number of Projects laid emphasis on their client groups having a sense of ownership and a participative role to play in the planning and delivery of activities:

*"The young people would be involved in most of the decisions made, particularly about their programmes. I wouldn't ever go in and say 'we are doing this, that or whatever'. They would be very involved in deciding what they do and even in terms of where the Project is going, we would link in with young people a lot". [interview 4; Adolescent/Family Support Project]*

*"The projects are led by the needs of the young people and the young people would have a voice in the projects in terms of how it is run ... You might be exploring things around sexuality with young people; it might be peer support group. The group would dictate itself - the group would come in and you make them all feel comfortable and you sit down and the issues are brought up. A lot of it is discussion and a lot of it is activity". [interview 1; Adolescent/Family Support Project]*

Some projects mentioned its community development actions as based on the involvement of parents, training volunteers, getting involved with local schools and groups as well as joint work with community projects. According to the leader of one Project that promotes young people's involvement in local festivals, fundraising



and intergenerational activities, the intervention offers a broader sense of belonging for adolescents:

*“I think the Project itself offers young people a better sense of where they are at in the community. The nature of the job itself, playing soccer, you are involved in everything in your community and it gives young people a better sense of that they are not just “me, my family and that’s it”. [interview 1; Adolescent/Family Support Project]*

Or, as another Project described the spin-offs of personal development upon community animation and sense of belonging:

*“[The] upcoming parent and toddler group is being developed by a local parent with the support of our project. Parents that take part in parenting programmes are being encouraged to take ownership of these and go on to talk to and assist other parents. Some parents are developing the self-confidence to do this. Parents are also taking part in “Healthy Food Made Easy” programme and will go on to deliver this programme to other parents within the community, with the support of community nutritionist and our project. Parents in one estate have set up a soccer group and organised Christmas and Halloween parties with the support of our project”. [survey response; Adolescent/Family Support Project]*

#### ***4.3.1 How to undertake more community involvement & development***

Projects and Programmes were asked to consider their role in the context of changes in the future, and how ‘community’ and community development will feature within future plans.

In terms of organisational role, there is a general sense from interviews that Projects are becoming more specialised and moving away from any community development orientation that they may have had. As one Project leader described the changes:

*“Our role initially would be community development. Our role would be more specific work with children and families now, whereas initially it would have been a combination of that and community development, community work. We would have been involved in setting up different groups and the setting up of advisory groups and even community development, the resource centre. Supporting [the community project] in doing parenting and different youth projects. Our work would be all referred kids ... that could vary from a child being bullied to an abuse case ... Because there are more youth services now I think we would become more specialised and specific in the work we do. And that’s good because that was our initial role I suppose but because we were the only project in the area the first to set up in some ways after [the community project] we had to start off with a broader band”. [interview 3; Adolescent/Family Support Project]*

Nevertheless, Projects were asked to consider how a more community development orientation was achievable in the future. Table 4.2 provides a breakdown of the responses.

**Table 4.3: How AFS interventions might achieve more community development**

Suggestion	AFS Projects	AFS Progs
	No. of mentions	
Active involvement of users	3	
Needs assessment	2	
Additional resources through collaboration with agencies	1	1
Courses for parents/work with parents		1
Awareness-raising/ understanding		1
Work with schools	1	
Outreach work	1	
Recruitment/training volunteers	1	
Support groups	1	
Information provision	1	

Actively involving users was suggested as a way to engage the Projects more proactively with their communities. Some ideas put forward by respondents include:

*“Initiating and developing community actions, e.g. bring people together to complete specific actions/tasks. Initiating programmes such as adult education, community café, enterprise, family days, etc.”. [survey response; Adolescent/Family Support Project]*

*“We are looking at opportunities for young people to give something back to their communities in a tangible way, e.g. working on a community project such as a playground”. [survey response; Adolescent/Family Support Project]*

*“Through working with young people to enhance self-esteem and involvement in community based activities and involving parents to become involved in activities”. [survey response; Adolescent/Family Support Project]*

For another respondent it was deemed important to network with service providers in order to stimulate multi-agency initiatives or interdepartmental service delivery. For one Programme this was also a role that could be performed through its work:

*“Where it is possible I would intend to bring to the attention or enable those stakeholders to raise areas in need of development within a community by working/liasing with other professionals to enable this to occur”. [survey response; Adolescent/Family Support Programme]*

In one particular case, the continued involvement of a community artist was considered effective in developing coping strategies and support structures among parents as well as teenagers. Parents were active in expanding the support base for themselves and their families:

*“We’ve had a parents pottery group the last 2 years and now they are facilitating a new parents pottery [group]. They are co-facilitating the group with the community artist. And they are the ones supporting the new parents. And a lot of issues have come up*

*regards parenting and young people and self-esteem and different issues. We have found it to be really, really positive. It's a kind of a peer support. A lot comes up in the pottery because its now hugely focused on discussion so I think they tend to talk more when they don't have to". [interview 3; Adolescent/Family Support Project]*

### 4.3.2 Changes Needed

A range of measures was suggested by Projects, albeit the provision of additional staff was the most clearly implicated response in terms of undertaking further changes within their organisational functions (see Table 4.3). As one respondent suggested:

*"We need additional workers to ensure that the project continues to develop with the community. At the moment we do not have the time or resources to hold regular meetings with different interest groups locally, although our local management group works hard to ensure that interests are represented". [survey response; Adolescent/Family Support Project]*

**Table 4.4: Changes needed according to AFS interventions**

Suggestion	AFS Projects	AFS Progs
	No. of mentions	
More funding	1	
Additional staff	5	2
Support from/links with HB (Evaluation support)	1	
Strategic planning of needs assessment	1	2
Peer education programme	1	
Parenting programmes	1	
Closer work with volunteers/groups	1	
Change in ethos	1	
Development of policy/procedures		1
Liaise with other professionals		1

It was recognised by one Project leader interviewed that young people most 'at risk' were sufficiently catered for in the scope of interventions available, at least in the urban setting. Of particular importance, however, was the need to provide a generic youth service to young people who, while currently not 'at risk', could present difficulties in the future through lack of services and engagement. In the context of specialisation of services, it was felt that CDPs should provide for this need:

*"If you have a young person who has nothing to do in the evening, at some stage they are going to get into trouble, at some stage they are going to do something stupid and get themselves in a bit of bother. And that's where is a need. To have something for those kids; ... to be preventive. There is no service like that in the [area]. And you see young people who are fine; they are having no difficulties. In 2 years they are back to you and their referral is in and you probably wouldn't have expected it from that person. I think there is a huge need for that in the Community Development Project. They did deal with*

*the younger age group for a while but not the youth group". [interview 3; Adolescent/Family Support Project]*

In the context of fragmented funding and variety of organisations, it was suggested by another Project interviewee that networking and joint work with other agencies was particularly necessary to redress the problems of working in isolation. It was underlined how inter-agency collaboration can build on the strengths of each organisation in delivering better services generally.

#### **4.4 Summary**

This chapter specifically addressed the community development-family support relationship as it is currently viewed among the interventions but also as it is envisaged in their work in the future. The interventions viewed both 'community' and 'family' as intrinsically interdependent units and whether community development or family support occupied the main orientation of their work, there was recognition of the significance of the other arena in its current programme and in future provision.

For the CDPs, while the delivery of key family services, such as crèches or after school provisions, occupies a mainstay of their work, a primary function was described as enabling those in the local community to identify their needs and catalyse change at whatever the appropriate level, including policy and institutional. In the process of collective action, it is envisaged that change at the personal and family level would also be engendered. This in turn could be seen as providing for further collective action. Continued actions in the area of family support were deemed essential in bringing about tangible improvements in the lives of disadvantaged families. However, this forms only part of the picture in the context of community development, the role of which is to seek change at all possible levels. In the context of funding and programme constraints, the broad canvas from which the Projects work will obviously mean that prioritisation will become even more pronounced.

The AFS Projects and Programmes are actively engaged in personal development, either at individual level or more typically, through group interaction. For some interventions, it is becoming increasingly evident that the need to work with young people's parents and families is strong. In terms of the impact at community level, it was suggested that personal development acts as a springboard to community engagement and involvement. While there is conscious input to their local communities, some respondents expressed the need for further active involvement of adolescents in community activities. The principles of community development were viewed as influencing the work of interventions, in the sense that they promote democratic decision-making, are directed by the users and promote active participation. In essence, young people and parents are encouraged to take more control and self-direction in their lives. In the absence of such work, it is not unreasonable to suggest that the problems experienced in the wider community

would be even further entrenched. Again, the availability of resources, through staff and funding, presents particular problems in maintaining effective development.

# 5 Conclusion

## 5.1 Introduction

This final chapter draws together the main findings of the study as they relate to the objectives set out at the beginning. Five key questions informed the research design and from these a number of concluding comments are made. The final section of the chapter provides some policy considerations facing practitioners and policy actors within the respective fields.

## 5.2 Four Broad Themes of the Community Development and Family Support Relationship

### 5.2.1 Perceptions and understandings among community-based AFS Projects and Programmes and CDPs about issues within their communities

Both types of intervention operate in the context of multidimensional social exclusion parameters and are very conscious of the interrelated impacts on communities and families. Many of the problems reinforce each other, such as isolation and marginalisation leading to problems of alcohol and drug use among young people. A weak community infrastructure invariably means that this will find expression through a range of behavioural patterns, such as early school leaving, feelings of powerlessness or criminal activities. Both the AFS interventions and the CDPs are attempting, in their own particular ways, to redress what they see as the pressing problems within their communities.

The interventions are also at the 'coal-face' in gauging how problems are changing over time. Such changes in turn influence the way services might be reoriented among Projects and Programmes. Some of these recent patterns to emerge include: lower age of involvement in alcohol, drugs and crime; marital breakdown; and economic transformation.

In terms of the problems that interventions deal with, there are considerable supports available within communities which impact positively on their capacity. These include: history of development and collective approaches; commitment to voluntary activity; skills within the community; sense of ownership of projects and networking among groups. Of course, dealing with problems of exclusion can also be exacerbated by specific community features, such as competing demands on resources; conflicts among families or between areas of the community and poor infrastructure.

### 5.2.2 Perceptions and understandings about the role of community development and family support within their respective work programmes

As suggested in the literature review, while family support in general need not necessarily entail community involvement, community development cannot be reasonably viewed in isolation from supporting families and young people. At its

most basic level, families, of varying composition and size, provide the bedrock of community formation.

'Community' and 'family' are units which both interventions see as intrinsically connected in their own work programmes. There was general consensus that, despite the organisations' main orientation, each other's field had a crucial part to play in their approach to welfare. For the CDPs, adolescent/family support is a *sine qua non* to community empowerment. In essence, community development is about enabling local populations to take a more active orientation in shaping their local environments and influencing policies or institutional arrangements that exert influence on families and communities. By working in a collective way Projects attempt to produce both personal change among participants but also tangible advancement of communities or institutional changes that can support communities. In turn, such changes prepare for increased skills in collective action for the ongoing benefit of communities. Clearly, CDPs attempt to work beyond service provision; an approach informed by a particular ethos of development.

For AFS interventions, it was suggested that *principles* of community development are adopted in their style or approach to working with groups of adolescents and parents and these were suggested as: participatory involvement, emphasis on decision-making processes and empowering adolescents and parents to take more control over their own lives through confidence and enhanced awareness. The Projects and Programmes of the AFS can be seen as working actively at the level of personal, interpersonal and family involvement. The impact on communities is viewed as emanating from this level, in terms of increased sense of community belonging and involvement in community activities or clubs/festivals. Enhanced community belonging and involvement in turn widens the scope for personal, interpersonal and family fulfilment.

### ***5.2.3 Current level and nature of involvement in the fields of community development and family support***

Returning to Gilligan's (1995) family support typology mentioned at the outset of the report, it is evident that both types of intervention occupy a role across the three forms of support: *developmental*, *compensatory* and *protective*.

CDPs have been active in facilitating and/or providing a wide range of family support measures within local communities, including: crèche facilities, after school study programmes, mother/toddler groups, and intergenerational projects. However, Project plans are determined by the needs of the local population and in some cases, adolescent and general family support will feature more prominently than others. It is evident that community development practice in disadvantaged communities tends to be primarily involved in the provision of *compensatory* support. Projects work directly with communities and target groups experiencing multiple disadvantage; a multiplicity which reinforces forms of exclusion. In this sense, Projects attempt to challenge the context of the wider interrelated influences impacting on family life, such as the way substandard cramped housing conditions

can have negative repercussions for educational performance. The activation of local services, or access to these, as well as programmes designed according to local needs form the basis of what Projects engage in. Beyond this, however, Projects also perform a salient function in attempting to influence policy and institutional power.

It can also be argued that the Projects are becoming increasingly active in the *protective* form of support, as in the area of domestic violence. Projects have been forefront in the development of networks that aim to create linkages between agencies and provide direct supports to families, irrespective of social backgrounds, in crisis situations. The case can also be made that interventions provided in rural areas, where supports and activities are generally deficient, is evidence of community development providing the *developmental* form of adolescent/family support. It is developmental in the sense that young people and families, irrespective of 'at risk' circumstances, are in a position to participate.

In addition, there is a tendency to view family support primarily in the context of children and young people. However, where CDPs provide supports to older people (through social care programmes) this can also be viewed as a form of family support since this quite often means that pressure on family carers (mainly women) can be regularly relieved.

The AFS Projects traverse the *compensatory-protective* line and this will vary according to individual projects and locally determined need. The AFS interventions, such as the Neighbourhood Youth Projects, are geared principally in the direction of *compensatory* support, although it seems that Projects have become more active in providing forms of *protective* intensive support for young people, through, for example, anger management courses, the 'Copping On' programme, bullying support, etc. The Projects do not work entirely with young people who display 'at risk' behaviour or are in need of intensive supports. In particular, the Neighbourhood Youth Projects also cater for young people who are in need of recreational activities as part of the normal interpersonal interaction of the adolescent years. They can, therefore, be conceived as a form of developmental support for many young people. In rural areas, however, reaching out to young people can prove to be a somewhat problematic effort.

The key strength of AFS interventions in the context of community work lies perhaps in its direct face-to-face work with young people and parents in ways that may facilitate more meaningful connection for them with their local communities. This works primarily at the level of confidence building and improved self-regard. In the absence of such developmental work it is unlikely that people would ever become involved at the wider community development level. In Wilson's (1995) terms, self-efficacy and collective community efficacy are intrinsically related and it is at the level of the former that interventions are particularly strong. Projects, however, contribute to the process of community involvement/development through active engagement with festivals, fund-raising (for events such as Special Olympics), intergenerational projects with older people, local parent projects and environmental



improvements. The interventions are, however, predominantly service-oriented around specific target group needs and have limited scope in terms of a mandate to campaign for wider community and institutional change.

#### ***5.2.4 Becoming more active in community development and family support***

Not surprisingly, access to increased resources, particularly in the form of additional staff and funding, was the main consideration for both interventions in terms of any future involvement in community development or family support.

AFS Projects already actively involve young people in community events and the capacity to undertake more of this will depend on staff resources. Projects and Programmes felt there was a need for more active participation in this regard. However, Projects are also becoming more intensively involved with young people experiencing particular difficulties and this is likely to increase in the context of contemporary patterns of youth behaviour. For some Projects, the need to engage more actively with the parents/families of adolescents makes particular sense. Increased specialist and family support such as this has obvious implications for how work is prioritised and delivered.

In terms of wider influencing, some Projects have also been proactive at local level in networking with local services and groups for the purpose of integrated and improved provisions for adolescents and families. In addition, interventions do not view young people and families in isolation from the wider communities in which they live and it is knowledge of such circumstances that place Projects and Programmes in a key position when it comes to influencing the wider policy and institutional arena.

The provision of additional staff was most frequently mentioned among the AFS Projects, although this was meant in the context of its overall work, including more intensive support interventions. A range of other measures considered important included: increased funding; programmes for parents/peers; need assessments; closer collaboration with volunteers and local groups; a change towards preventive ethos and technical assistance from the Health Board, particularly in evaluation methods. According to the Programmes, in addition to more staff and planning around needs assessment, there should also be the requirement to develop policy and procedure criteria and to liaise with other professionals.

CDPs possess excellent capacity to further develop work in the area of adolescent and family support, principally because of their grassroots engagement and understanding of the local communities within which they operate. Local knowledge and style of work places the Projects in a strong position to support disadvantaged families. In addition, Projects work with groups across all stages of the human life cycle, from childhood through to old age, which means continuity in terms of provision. Despite such strengths, the most pressing cause for concern is funding. The capacity to engage in the form of family support it provides is

obviously premised upon guaranteed financial commitment, which in the current climate appears increasingly uncertain.

Finally, as one of the recommendations of the recent Nexus report makes clear, there is a need for more strategic engagement between Health Board and CDPs given the “demonstrably important linkages” between them (Nexus, 2002b, p.63). As evident in this report, the community development-family support relationship is a natural and complementary one. Through learning from each other’s strengths in family and community welfare it is hoped that such synergy can be met through a vision for integrated support and a policy environment that looks favourably upon such an orientation.

### **5.3 Some policy considerations**

This final section of the report synthesises a number of key policy considerations and questions facing practitioners and policy actors in the field of family support and community development.

#### **5.3.1 Community Development and Casework**

From the perspective of the CDPs, some demonstrate that their version of service provision means investing in people’s self-efficacy – from the level of confidence building and training to dealing with challenging behaviour – to enhance ‘community’ welfare. However, it must be borne in mind that developing self-efficacy often requires far more intensive emotional and psychological support, in the form of casework, particularly for excluded families who may never make it past the door of a community centre. This contentious point is an aspect community development practitioners may or may not view as within their scope or brief, vis-à-vis other professionals.

One of the issues Projects may very well need to grapple with in terms of its future commitment to family support intervention is its approach to the issue of ‘casework’; an approach often viewed as anathema to the community development paradigm. However, as Goldsworthy’s (2002) account of integrating case work with community development and social action illustrates, one-to-one work with individuals and families – including crisis support, material aid, budgeting assistance, debt advocacy and counselling – can be an empowering experience. Subjected to the disempowering impact of social exclusion, it is difficult to see collective action being mobilised without some form of personal support that enhances people’s sense of self-worth and efficacy. For Goldsworthy, casework offers the means for individuals to channel their energies into confronting structural and institutional injustices, through highlighting their own experiences in policy discussions, lodging letters of complaint, raising an issue with an elected politician, contributing to newsletters and so on. As the author is keen to stress “in this way, casework can be seen as a gateway to other action and activities” (*ibid*, p.330).

### *5.3.2 Targeted versus universalist support*

A similar point arises for the Health Board interventions. Although there is now a well-defined interest in Irish social policy regarding the idea of 'family support', this area of welfare provision is still largely in its infancy. As a broadly defined category, it is not unreasonable to suggest that competing normative claims should be expressed concerning the nature and content of family support. Against the backdrop of current conceptual and policy developments, a key issue which we might legitimately ask of this form of welfare provision is: whether targeted casework or preventive, community-oriented provision constitutes the key to future family support direction within the Health Board? Both are typically viewed as diametrically opposed in terms of guiding philosophy and practical intervention. Currently, the former attracts most resources within state-delivered family support provision. For some practitioners preventive, community focused provision within family support possesses considerable strength and scope as a countervailing influence to the dominant paradigm of casework. For others, the pressing issue is to engage in more targeted support among particularly 'at risk' families and individuals and this is where most resources should continue to be channelled. How to achieve a workable balance between both positions is one that requires more open debate and consideration among those shaping family support policy at statutory level.

### *5.3.3 Improved Learning Opportunities*

To date there have been too few opportunities for closer integration between family support and community development principles and practices. Given the recent policy commitment to 'family support', there is a need to provide CDPs with opportunities to learn how this fits within the community development model. Some Projects mentioned that their capacity to engage more fully with family support requires more education and awareness about what this means in practice. In addition, the important point about knowledge and development of policy and procedures was also suggested by one Project. Related to these measures, perhaps, is the added suggestion of stronger supports or links with the Health Board to help achieve this.

The fragmentation of services according to administrative boundary, rather than what might be best for families, poses a major anti-poverty policy priority according to the Combat Poverty Agency (in Daly and Leonard, 2002). Several CDPs mentioned the glaring absence of meaningful integration and co-ordination of services for families; an obvious consequence one could say of compartmentalised welfare. One of the ways in which 'family support' can be integrated with community development is through the placement of project workers with a family support focus within the CDPs. Considerable enthusiasm was expressed among several co-ordinators for this opportunity, not least because the Projects provide a positive context and 'natural' link for such a worker within the community. There are obvious practical and political issues here, however, concerning the working ethos and approach of such a worker and also the control exercised over this

professional's remit, e.g. where there is a conflict of interest between the state and community sectors, how might this affect the project worker?

From the Health Board perspective, it is less clear regarding the question of *how to* engage at the community level nor perhaps is it agreed wholesale that it should be a priority. However, one of the ways in which community involvement might be enhanced is through membership of wider agency networks. While many practitioners are engaged within such networks and expressed some problems about their operation, they not only help to keep agencies informed about each other's work programmes but also provide an opportunity to work from a 'community-wide' perspective. While this can help to alleviate any confusion or duplication about what each organisation provides or otherwise, it also offers a more efficient channelling of energies among disparate agencies. Despite its sometimes problematic nature, the value of formalised networking between organisations is one that warrants particular attention among policy actors.

#### **5.3.4 Adequate Resourcing**

A major policy consideration in the current climate of public sector retrenchment is the issue of adequate provision of resources. Particularly in the case of the CDPs, this poses a very real threat to expanding any 'family support' functions they might carry out. Despite a recent positive evaluation regarding the value and effectiveness of the Community Development Projects, some felt their work is under-acknowledged and faces an uncertain future in terms of how they can support families. Inability to plan ahead as well as the loss of key resources, such as development workers, through cutbacks in the 'enhanced funding' provision, has meant Projects have been unable to gain momentum in key areas of support to adolescents and families in need. To avoid the implications this poses for community expectation and potential disillusionment, a serious examination of how resources are delivered to CDPs is warranted – in particular there is a need to return to realistic multi-annual funding arrangements.

The administrative, fund-raising and other paperwork demands placed on community organizations also creates contradictory expectations among development workers about their work role. In the case of some CDPs, engaging less in advocacy and equality work poses a substantive contradiction for those who see themselves increasingly under pressure to redress service inadequacies.

Similarly, the ability of the Health Board to expand its family support remit could be seriously affected by financial constraint. Recognising that there is a general consensus among practitioners that more family support is needed, a policy favouring this approach warrants sufficient commitment and guarantee of support and financial endorsement in the long-term.

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