

Voice and meaning: the wisdom of Family Support veterans

Carmel Devaney* and Pat Dolan†

*Lecturer, †Professor, UNESCO Child and Family Research Centre, School of Political Science and Sociology, National University of Ireland, Galway, Ireland

Correspondence:

Carmel Devaney,
UNESCO Child and Family Research
Centre,
School of Political Science and
Sociology,
National University of Ireland,
Galway,
Ireland
E-mail: carmel.devaney@nuigalway.ie

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ABSTRACT

Although a widely accepted term in child welfare discourses, there remains a vagueness as to what Family Support as a named orientation in children and family services actually entails. This lack of clarity is, at times, used to detract from its usefulness within the policy and practice arena. Using the accumulated wisdom of a select group of accomplished managers, academics and policy makers in social work and social care, this paper retrospectively reviews the evolution of Family Support within the Irish context and distils the core characteristics of Family Support practice and service delivery. An unstructured narrative inducing interview was conducted with 14 veterans of Family Support and child welfare. Participants who are based in the USA, the UK and Ireland each had between 30 and 60 years' experience working in this field. Salient factors were identified by participants as having contributed to the growth of Family Support. Specific and distinct characteristics of Family Support practice and services were also categorized by these veterans, providing voice and meaning to Family Support as a specific approach. This paper addresses the debate on Family Support with its place as an accepted and valued orientation within the child welfare arena acknowledged.

INTRODUCTION

It could be argued that as a specific and named orientation, Family Support is relatively new in the overall child welfare discourse. Although Family Support is now a widely used term in the child welfare arena with a significant increase in the knowledge base, research literature and policy on the area, there remains a vagueness and lack of clarity about Family Support as a specific orientation (Penn & Gough 2002; Frost *et al.* 2003). Described as a 'slippery concept' (Frost *et al.* 2003), there is not an agreed understanding regarding what Family Support entails, when it is applicable, and its value as a service and practice choice (Pinkerton 2000; Lonne *et al.* 2009; Martin *et al.* 2012). Its importance in children's social work and social care services is, at times, very high, with its merit applauded, while, at other times, it is viewed conversely as a 'soft', less valuable or effective intervention. In particular, there are varying viewpoints regarding its role and relevance in protecting

children and promoting their welfare (Lonne *et al.* 2009; Whittaker 2009).

The data presented in this paper explore the evolution of Family Support as an approach to working with children and families in social work and social care services in the Republic of Ireland over the past four decades in particular, and considers current perspectives on practice as perceived by what we are terming 'Family Support Veterans' (FSVs). The research focused upon how and why Family Support became a debated orientation in children's social work and social care services, and the characteristics of the approach that define it as a distinct mode.

FAMILY SUPPORT: FROM DEFINITION TO PRINCIPLES

Although the need to agree on a meaningful definition and understanding of Family Support has been well identified (Penn & Gough 2002; Frost *et al.* 2003), a number of similar but differing descriptions of what

Family Support entails are presented in the literature (Pinkerton 2000; Featherstone 2004; Pinkerton *et al.* 2004). One of the first definitions developed in the UK provided impetus for the development of Family Support, describing it as: 'any activity or facility . . . aimed at providing advice and support to parents to help them bringing up their children' (Audit Commission 1994). It can mean a continuum of advice, support and specialist help starting in the community and signposting the family towards early, less traumatic interventions' (1994). More recent definitions include: 'the provision of a range of supports and services to ensure all children and young people are given the opportunity to develop to their full potential. It aims to promote their development primarily by supporting and empowering families and strengthening communities. Its focus is on early intervention, ensuring that appropriate assistance is available to families at the earliest opportunity at all levels of need' (Families Matter 2009). The current definition used in an Irish context derived from a theoretical, policy and practice perspective is helpful in that it is all encompassing and describes Family Support as 'both a style of work and a set of activities which reinforce positive informal social networks through integrated programmes. These programmes combine statutory, voluntary, and community and private services and are generally provided to families in their own homes and communities. The focus is on early intervention paying particular attention to those who are vulnerable or at risk' (Pinkerton *et al.* 2004). It is also noteworthy that in the last decade in particular, Family Support has been co-located with a range of underpinning social theories with particular applicability and include Social Support (Cutrona 2000), Resilience (Kolar 2011), Social Capital (Coleman 1988), Social Ecology (Jack 2000) and Attachment (Howe *et al.* 1999). This collective has an effect of acknowledging that although Family Support is not a theory per se, that is not to say it is 'theory less'. However, while a theoretical foundation and definition provides a knowledge base and a descriptive account of the activities provided under a Family Support umbrella, a lack of detail persists as to what constitutes Family Support in practice. To this end, it has been highlighted that there is a need for accompanying practice principles to add descriptive value and to ensure that Family Support is a useful approach in the real world context of family life. As Whittaker (1997) argued, Family Support reflects a set of values as opposed to a purely defined programme strategy or direction. The international

literature offers many versions of such principles or standards (Chaskin, 2006; Families Matter 2009). The principles of Family Support include working in partnership to provide interventions that are needs led and provide the minimum intervention required with a focus on the wishes and well-being of children. It incorporates both child protection and out-of-home care, is strength-based in its approach and aims to strengthen informal support networks and recognizes resilience (Gilligan 1995; Pinkerton *et al.* 2004). The principles serve as a philosophy and ideology on how best to work with families.

While strictly not a practice principle, the importance of relationships between workers and family members has received particular attention in the child welfare and Family Support discourse (Munford & Sanders 2005; Barlow & Schrader McMillan 2010; Munro 2011). Apart from the importance of reflective practice on the part of the multi-disciplinary professionals who interface with children and families, a focus of building trust and connectivity in direct working has been seen as a key. While such skills come quickly and naturally to some, for others, the value of experiential learning can be essential and only attained over time in part through strong supervision which both questions and supports the worker (Thompson & Thompson 2008).

METHODOLOGY

As one aspect of a larger research study, this part of the process involved qualitative interviews with accomplished FSV and key informants in child welfare. A purposive approach of 'intentionally selecting participants who have experience with the central phenomenon or key concept being explored' was employed to sampling (Creswell 2007). The criteria for selecting this group of veterans included that they had long ranging experience in senior practice, academic and policy roles in social work and social care, had knowledge of the Irish child welfare system, and for the majority were widely published in the field with their work internationally recognized. As much of the literature and debate on working with children and families and the practice models used in Ireland are strongly influenced by developments in the UK and the USA (Richardson 2005), the participants selected included representation from the USA, the UK and (predominantly) Ireland.

An unstructured narrative inducing face-to-face interview was used with participants (Wengraf 2006). One open-ended question was initially put to partici-

pants asking them to outline their involvement in children services and the events and experiences they consider to have been significant over this period with a particular focus on the Irish experience. Interviews typically lasted between 2 and 3 hours and yielded comprehensive rich accounts of the evolution of Family Support and insights on current practice. All the interviews were audio recorded and then transcribed verbatim. Full ethical approval was received for this study by the authors from the University Research Ethics Committee. The analysis framework used is that of a general inductive analysis that involves a process of discovering patterns, themes and categories in the data (Patton 2002). The authors were particularly interested in how and why Family Support became a debated orientation in service provision and its specific characteristics. Classification of both of these aspects of Family Support formed the basis for the inductive analysis of the data. The data were manually coded under the themes of (i) the development of Family Support; (ii) service characteristics; and (iii) practice characteristics. In order to validate the findings, an overview of the analysed data and the associated findings was forwarded electronically to each respondent with a request for feedback on the content. Respondents were satisfied with the findings presented to them and agreed with the interpretation of their interviews.

RESULTS

A total of 14 interviews were conducted with FSVs who each had between 30 years (minimum) and 60 years (maximum) experience working in the area of children and family services in a range of senior practice, academic and policy roles. These veterans detailed the evolution of Family Support as a named orientation in children and families services and outlined their perspectives on the core features of the Family Support approach (see Table 1).

The evolution of Family Support

In their reflections, FSVs recalled significant developments in children and families services which contributed to the emergence of what is now generally known as Family Support. Four common overarching trends and factors were noted:

1. A move away from residential care to preventative community-based support services;
2. Child care inquiries arising out of tragic events or serious incidents involving children in care of, or known to the State services;

3. The influence of Family Support champions; and
4. The development of a child rights agenda.

A move away from residential care to preventative community-based support services

A gradual shift away from residential care as the first and only option for children who needed support, towards preventative community based support services, was attributed as a key influencing factor in the growth of Family Support in Ireland. An overall sense of injustice and unfairness was expressed by respondents in relation to the system of residential care in operation over this period, with a number of specific points mentioned.

I knew from early on in my career that the residential care system did not work well and that the system was very wrong for children. I really felt we had to move away from this and try other options. (FSV, 1)

FSVs recalled how, at the time of their involvement in residential care services, the reasons why children were placed in care were quite vague, with little sense of the children's social history or circumstances. Respondents recollected that there was very little effort to address the reasons why children were in care, to explore the emotional impact of being separated from all which was familiar, to work towards a return home, or to plan for a move to independent or semi-independent living. As FSV, 7 summarized:

'It's not to say that there are certain children who don't (and didn't) need to be in care, but it struck me that other things could have been tried and done at the time'.

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

I didn't see one parent visit or call, some children went home, but it was rare . . . it was a huge injustice that children should be brought into such a place and have no contact with their parents. (FSV, 10)

The FSVs were not naïve in their reflections on the reasons why children were in care, and the difficulties associated with, and caused by abusive parents. Nonetheless, they reported that for the majority of children

Table 1 Profile of Family Support veterans

Participant	Location	Training	Experience	Length of experience	Status (at time of research)
FSV 1	Ireland	Social work	Practitioner in children and family social work services and academic	30 years approx.	Working full-time
FSV 2	Ireland	Social care	Practitioner in children and family social care and family support services and academic	35 years approx.	Working full-time
FSV 3	England	Social work	Practitioner in children and family social work services and academic	40 years approx.	Working full-time
FSV 4	Ireland	Social work	Practitioner in children and family social work and family support services	35 years approx.	Working full-time
FSV 5	Ireland	Social work	Practitioner in children and family social work services and academic	40 years approx.	Working full-time
FSV 6	Scotland	Social work	Practitioner in children and family social work services and academic	40 years approx.	Working full-time
FSV 7	Ireland	Social work	Practitioner in children and families social work and family support services	40 years approx.	Semi-retired (<i>4 months</i>)
FSV 8	Ireland	Social work	Practitioner in children and family social work services and senior policy role	40 years approx.	Semi-retired (<i>1 year</i>)
FSV 9	Ireland	Police and social work	Practitioner in children and family services (senior manager)	45 years approx.	Retired (<i>6 months</i>)
FSV 10	Northern Ireland	Social work	Practitioner in children and family social work services, in community development and academic	40 years approx.	Working full-time
FSV 11	England	Social work	Practitioner in children and family social work services and part-time academic	60 years approx.	Retired (<i>10 years</i>)
FSV 12	England	Social work	Practitioner in children and family social work services and academic	45 years approx.	Semi-retired
FSV 13	USA	Early childhood educator	Practitioner in child care education and academic	55 years approx.	Retired (<i>4 years</i>)
FSV 14	USA	Social work	Practitioner in children and family social work services and academic	40 years approx.	Working full-time

they worked with over this period, more could have been done to prevent entry into care and to maintain familial relationships once in care.

An absence of a community network or natural environment was also emphasized by participants. Respondents recalled how children placed in residential care had no connection with the community they came from or the one they now lived in, often for many years. The impact of this isolation was highlighted.

You're creating, within a matter of hours, if not days, a barrier that means it's going to be more difficult to get that child back into its community, because it loses contact with peers, with

relations, and with its parents, so the task of rehabilitation and a successful return home becomes increasingly difficult. (FSV, 5)

The physical buildings, the use of mini-buses to transport the children in groups and the overall lack of interaction with peers outside the residential centre were highlighted as examples of the stigmatizing and negative associations with residential care, which exacerbated this disconnect from communities.

The children left residential care and they belonged nowhere. Their aftercare was that they would come back to the residential unit for Christmas . . . I felt that we failed these young people. When you see an 18 year old coming back to a big old

institution for Christmas dinner you think there is something very wrong. (FSV, 2)

Participants are involved in decision making on service delivery and resource allocation and spoke of their drive and efforts to change systems and to consider alternative approaches, sensing there had to be a better way for children and their families.

Child care inquiries

The impact of inquiries into tragic events or serious incidents involving children in care of, or known to the State services, was the second key influence identified by respondents. This included inquiries in the UK and Irish-based inquiries. Both the positive aspects and the limitations of inquiries were highlighted, with particular reference to their influence on the growth of Family Support. Starting with a recollection of the Maria Colwell inquiry in the UK (published in 1974), a chronology of inquiries and their impact were discussed by participants.

Irish-based respondents recalled how child care inquiries emerged onto the public, political and professional child care scene in Ireland in 1993 with what became known as 'the Kilkenny case'. The case involved the sexual and physical abuse of a young girl in County Kilkenny (Ireland) by her father, and who, supported by a member of the Irish police force (An Garda Síochána), went public. Participants emphasized the impact of the 'Kilkenny case', equating it with the unprecedented interest and attention with the Colwell case 19 years earlier in the UK. FSVs noted the positive impact the publicity surrounding the case had on service provision, with the need for additional child protection staff, Family Support and preventative services and increased coordination of services emphasized (Mc Guinness 1993).

The impact of further subsequent inquiries in Ireland (and in the UK) on the growth of Family Support was also recalled. Generally, participants explained:

The direction and focal point in these inquiries and the accompanying publicity swung from a narrow child protection focus to a broad preventative Family Support focus, depending on the nature of the inquiry and the concerns in relation to the particular child (ren) involved. (FSV, 7)

The subsequently policy emphasis and allocation of available resources were largely based upon the impact of particular inquiries with the focus and attention on either supporting families, aiming to prevent child protection issues arising, or on protection of children from abusive family members.

The influence of Family Support champions

The role of 'champions' or 'advocates' was strongly depicted as having influenced the growth of Family Support in Ireland. Almost all of the participants readily identified particular individuals who had encouraged and supported their mode of thinking about, and working with children and families. These included senior managers who had mentored participants and made decisions on resource allocation, academics who taught and published on this area, and policy makers who influenced the strategic direction of services. Participants suggested that Family Support was pioneered by a number of dedicated, committed and forward thinking people, who advanced a move towards a broader context of supporting families.

She was extraordinarily influential, she had a coherent view about the importance of working with people in a preventative manner and was very clear that you have to try and understand the issues from people's own perspective. (FSV, 4)

Respondents suggested that persistence, positive modelling, commitment, tenacity and clarity as to one's purpose inevitably had an influence on direct practice and on the wider system as a whole.

He was clear, he had this conviction, he was grounded, he convinced people, he knew these kids, he knew the workers, he believed in the approach and he just kept repeating this is good, this works. (FSV, 6)

A combination of an ability to have new ideas and to convert such ideas into action was described as a fundamental trait in those who developed Family Support into a practice choice. Serendipity was also referred to by FSVs, with many describing the: 'good fortune' and 'providence' of meeting proactive managers and policy makers who were prepared to allow innovation, creativity, enthusiasm and possibility to flourish.

The development of a child rights agenda in Family Support

A growth in a right-based approach was also noted as instrumental in the evolution of Family Support. This growth, participants recalled, occurred in a gradual and phased way, with an initial emphasis on practice issues that were affecting parents and family members. The distinction in upholding family rights, parent's rights and children's rights was also discussed.

This move began with a recognition that parents did have rights – a right to be at their case conferences, and a right to

a bigger say in relation to their children . . . and then moved on to children's rights. (FSV, 11)

FSVs suggested that this focus on rights prompted changes in the overall process employed in meeting the needs of children and families, as one respondent explained;

It's actually a child rights issue, it's a parent's rights issue and the provision of Family Support brings a sense that all mechanisms are being exhausted to try and uphold those rights. (FSV, 9)

An overall shift in policy direction was also attributed to the 'rights agenda', with a sense that it is now accepted that there is a need to have a distinct children's policy, as opposed to an all-encompassing family or parents' policy. However, respondents also noted how, in many instances, the inclusion of Family Support and other supportive measures for children has generally been included into national policy as a 'half-hearted knee-jerk reaction', in a large part due to pressure on government departments as a result of a publicized child care issue.

While acknowledging that there were other factors involved in the expansion of Family Support, there was a consensus amongst respondents that in the Irish context, these four factors were the main contributors to its development.

The characteristics of Family Support

FSVs also proffered their perspectives on the delivery of Family Support in practice. Consideration was given to the characteristics of Family Support services from a service delivery perspective and from an individual practice perspective.

Core characteristics of Family Support services

Three specific service characteristics were focussed on in depth. These include:

- Services are offered to children and their families based on need;
- Partnership; and
- Prevention and early intervention

Services based on need

A thorough assessment of the needs of children and families, and the provision of appropriate services to respond to this need is viewed as a key feature in the delivery of Family Support. The assessment of children's needs in order to develop an appropriate and responsive plan of work is emphasized, with participants noting:

'When you've assessed the needs you then have to look at what is the work plan for this child and for every child in the family' (FSV, 5).

Supporting family members to be involved in identifying their own needs, with a focus on their strengths and existing resources, promotes a sense of engagement and joint working. As noted by FSV, 4:

'Family members help identify what it is they want to change, so they set the agenda and you work with them towards achieving that'.

Offering services that are accessible to families was also emphasized as part of a needs-led response. A number of specific features of accessible practice were included by respondents. Location of services, in particular, was highlighted as an area where services could be delivered in a more responsive way to families.

A location within the community is a tremendous advantage and allows children and families to see practitioners as people first, rather than the official hats they might be wearing . . . it also enables staff to work with families within a joint approach that recognises the reality of the difficulties that they're having. (FSV, 12)

Flexibility is also portrayed as a key feature in offering a needs-led service:

What works with one family doesn't work with the other, you have to be very adaptable . . . many programmes are so rigid, defined by geography, age, gender and so on . . . we need to be much more flexible in our approach. (FSV, 13)

Within an overall needs-led framework, the need for advice and information was noted by FSVs as a minimum requirement in any intervention with families. This need is largely associated with the stress felt by families in attempting to understand systems and procedures, legal issues, language used, and the roles and responsibilities of service providers. Consideration was also given to the length of involvement with families. The debate ranged from offering a time-limited service to families, with a focus on identified and prioritized issues and an expectation that change can occur within this period, to adopting a longer-term gradual approach to change with services provided as necessary. On the whole, FSVs suggested that the possibilities for change are strengthened when there is an enduring commitment to the family.

Services should be needs-led and not time specific, and when finishing work with a family, this is done in a phased and gradual way. (FSV, 4)

The need for practical supports across a range of areas was also included. Support for transport and child

care in particular was raised as a requirement for families. Offering emotional support was also viewed as a key factor in helping families to cope and to work towards identifying solutions. The long-term, wider effect of offering practical and emotional support was highlighted:

You visit, have a cup of tea, give a lift to appointments . . . Small things that make a huge difference and then one day they will ring and ask for help. (FSV 9)

Partnership

Aligned with a needs-led response partnership with family members and across agencies was advanced by FSVs as a core concept in Family Support. While accepting that children are the primary focus, partnership with parents was accorded particular significance. Working with children in isolation was generally considered to be less effective than a more inclusive approach which involved parents.

Family Support works involves children and their families, but must be absolutely clear about who is the main client, it must be child focused, with the child at centre stage at all times. (FSV, 5)

The core principle that, in the main, the welfare of children is best achieved within their family unit, underpinned FSVs commitment to promoting partnership with a child's parents at whatever level possible in the particular circumstances. As FSV, 2 recalled: 'It struck me that our role was an important role, but it was highly secondary to the role of the parent'.

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

There can be a dilemma because the parents involved are the most disadvantaged, the most vulnerable and to ask that they participate in a formal setting can be intimidating. (FSV, 8)

Inter-agency partnership and collaboration to achieve the best possible outcome for children and families was also emphasized. Throughout the range of agencies involved in children and families services, participants noted the potential for a positive impact when relevant agencies working together:

The biggest thing is to be able to work within a network, with other agencies, and to be able to have a two, three pronged approach to, besides having ten agencies going into the one house and none of them talking to each other. (FSV, 3)

Prevention and early intervention

FSVs highlighted the potential for Family Support to prevent difficulties occurring through universally available services, but also specifically in terms of preventing identified difficulties escalating through early intervention. Intervening early in the genesis of a difficulty, and also intervening at an early age to promote and develop children's capacity, are emphasised as central aspects of prevention.

Families that have achieved the most are the ones that are worked with early in the difficulty . . . those that are still experiencing difficulties are where there was intervention in place too late following a difficulty. (FSV, 9)

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

If we intervene earlier with, for example, children who need the speech and language support, which has huge implications in terms of their readiness for school and ability to participate, we can prevent a lot of upset at a later stage. (FSV, 10)

The role of Family Support in preventing family breakdown and children requiring a care placement was also noted by respondents. In relation to preventing entry to the care process, As FSV, 8 explained:

There is an impression that if we just get kids into care then all is grand. There is no concept of how difficult it is to substitute for a family. Preventing such breakdown is a key Family Support principle.

Core characteristics of Family Support practice

Three specific practice characteristics were focused on in depth. These include:

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

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

The FSVs emphasized the approach and style taken by individual workers as a central aspect of Family Support, highlighting the impact that this can have on the service received by children and families;

We cannot underestimate the power of relationships and staff who are empathetic, where children and parents feel that this is someone who understands me, they're able to hold the line on the things that I'm doing wrong but they do understand me, they're not judging me. (FSV, 5)

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

You could get two people of the same disciplines who would have two totally different approaches . . . you can be lucky enough to get worker A who works with you, who goes that extra mile or you can get worker B who sees you as a client, a job to be done. (FSV, 7)

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

If you can establish a relationship, then it is possible to work intensively with families on real issues, and to confront and to challenge as you need to, but you're doing so on the basis of an established relationship rather than dropping in for an hour, just checking on how things are, but not really making a difference. (FSV, 14)

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

The service is not into labelling, doesn't stereotype or blame, and looks for solutions and resources, while offering real practical help and support

(FSV, 11), is more likely to have an impact and effect some real change.

A non-judgemental and respectful manner

Notwithstanding the requirements involved in specific roles, issues and levels of need, a respectful and non-judgemental approach to working with children and families was emphasized. Treating children and individual family members with respect can have a powerful effect, particularly in families where there are ongoing chronic issues. As FSV, 6 advocated:

You really have to see the family and individual members as real people, not as labels, abusive, inadequate or deprived,

but as real people who are on their journey with their struggle.

In practice, a respectful non-judgemental approach is also taken to include an understanding of the circumstances families are living in, and considering the impact of such when expecting changes in behaviour. Highlighting expectations, offering alternatives and working towards solutions in a supportive and realistic manner was highlighted as a non-judgemental and respectful response to such difficulties

Trying to empower families to come up with solutions themselves, working from a position with families that you respect them and their efforts to address their difficulties; that is a non-judgmental approach. (FSV, 12)

Reflective practice and high quality supervision

FSVs suggested that there is a requirement on practitioners (at all levels of service provision) to review and reflect on their style of work, their interventions and their approach in working with children and families in order to gain insight and understanding into the impact of their involvement. Self-reflection will, it was suggested, encourage understanding and appreciation of the circumstances in which children and families are living.

I think you need a lot of self-reflection to understand what is like to be living on a different side of the fence, if you have never been there. (FSV, 14)

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

Demanding and very challenging, which requires a huge amount of resourcefulness and resilience on the part of the workers themselves, which also means that workers have to be well supported and well managed. (FSV, 7)

DISCUSSION

This research study has evidenced that over the past four decades in particular, a number of key events and incidents, as opposed to any strategic foresight or vision, informed policy and practice in children and family services in the Republic of Ireland. While these factors had varying degrees of impact, they all, nonetheless, were instrumental in shaping a changing landscape in children's services. The research has highlighted that at an overall level, the enthusiasm for,

and commitment to a Family Support approach has ebbed and flowed over time depending upon the dominance of the particular factors mentioned. Furthermore, the arbitrary nature of the growth of Family Support contributed in large part to the ambiguity regarding what it actually is. However, the discourse has moved on somewhat with an accepted definition accompanied by practice principles having currency in the Irish academic, policy and practice contexts. This paper advances this debate further detailing the specific characteristics of Family Support, many of which are aligned to the practice principles highlighted in the literature.

Although the research focus in this study is on Family Support as an approach to working with children and families, their voice has not been included. In addition, while current practitioners were included in the wider study, this paper focuses only upon the reflections of the FSVs. The collective reflections of this population has thus far has been kept silent in the literature on child welfare and Family Support. Accumulated professional wisdom in working well with children and families gathered over time in applied practice has rarely been documented and, according to Wieler (2000), is worthy of consideration.

From a service delivery perspective, this paper stresses, in particular, the requirement to respond to the needs of children and their families, with an emphasis on partnership, prevention and early intervention. These service delivery principles are noted as requisite features in delivering Family Support. Reflective of a partnership approach, identifying and responding to each individual child's needs and offering a support service to meet this need within the context of the family unit, epitomizes how Family Support should be delivered (Pinkerton *et al.* 2004; Office of the Minister for Children, The Agenda for Children's Services 2007). Involving children and family, with a positive relationship underpinning all interventions undertaken, is noted as essential to collaborative problem solving and more likely to result in a greater commitment to outcomes. Meeting children's needs in a timely manner is also viewed as of paramount importance in this study and central to a Family Support approach. As Munro (2011) emphasizes, timeliness matters. As Thoburn *et al.* (2000) reported, for some families, repeated short periods of 'task-centred' help, with repeated referrals and assessments, may be counterproductive. More sustained interventions over a longer period are required.

Frost & Parton (2009) usefully highlighted that the role of prevention is not only to combat the negatives

or risks involved for children and families but also to enhance the positives and opportunities for child development by maximizing protective factors and processes. Targeting individuals or population on the basis of extra need or vulnerabilities via early intervention is a key preventative strategy. Family Support interventions can identify children at risk before they reach the threshold for the intervention of child protection services (Barlow & Schrader McMillan 2010).

From an individual practice perspective, a relationship-based, non-judgemental, respectful style is also noted as a required feature of Family Support. The use of reflective practice and high quality supervision is also deemed essential. Particularly noted in this paper is the providence involved in the service children and their families receive due to the particular practitioner allocated to work with them. This element of chance involved in the type of service received by children and families may have over time contributed in part to the ambiguous understanding of Family Support.

Notwithstanding the complexities involved, the potential for underpinning practice within a respectful relationship is advocated. Lonne *et al.* (2009) and Munro (2011) highlighted the need to reorientate the philosophy and guiding principles of child welfare practice and practitioners, with a return to work practices, which are relationship-based rather than procedurally dominated and managed. Aligned with the style of practitioner and forming a relationship, this study finds that a Family Support approach incorporates working with children and families in a non-judgemental and respectful manner. Specific personality traits which espouse respect, and encompass compassion; kindness and fairness without judgement, combined with a strong value base and decision-making abilities were found to be essential.

Significant attention is paid in the literature to the importance of good reflective relationship-sensitive supervision when working with children and families (Howe *et al.* 1999; Munro 2011). Self-reflectivity helps individuals to make sense of the meaning of an experience (Howe *et al.* 1999). This study emphasized the need to review and reflect on work practices in order to gain insight and understanding into their impact. Self-reflection will, it was suggested, encourage understanding and appreciation of the circumstances in which children and families are living.

Overall, this amalgam of service and practice characteristics is viewed as core and essential components in Family Support practice. This is not to say that these characteristics are not also applicable and

relevant in other areas of service provision. However, how Family Support is delivered is essentially its essence. If practitioners apply, and are supported to apply the core features of Family Support in practice, as described, then they are providing Family Support. If a practitioner's mode of delivery, regardless of their title or role, is not reflective of these characteristics, they are not practising Family Support.

SUMMARY AND CONCLUSION

Through the lens of the collective and accumulated wisdom of veterans of practice, this paper details the evolution of Family Support as a specific orientation within the assembly of services provided to children and their families in Ireland and conclusively distils the required elements of a distinct Family Support mode. For all, it is time to progress from the now 'age old' debate as to what Family Support is and accept its relevance and impact as a specific orientation within the range of services available for children in need and their families. The voice and meaning attached to Family Support by accomplished veterans suggests that Family Support is a clear practice orientation with a strong value base reflecting the Family Support principles identified in the literature. Definitive service delivery and individual practice characteristics of a Family Support approach are advanced. The essence of Family Support is captured in its delivery. This paper, with its foundation in knowledge, insight and experience also serves as a timely reminder of the human aspect of working with children and their families and the onus on all involved to ensure this remains to the fore.

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