a guide to what works
in **family support services**
for **vulnerable families**

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Foreword

As Minister of State with Special Responsibility for Children I am delighted to publish 'A Guide to What Works in Family Support Services for Vulnerable Families'.

The importance of family life can not be under estimated. It is important because healthy relationships within the family are essential to the well-being of children and adults, as well as society in general. No family is perfect but some families face enormous stresses and strains which, without some outside help and support, can be harmful to the children and adults involved. That is why this Government is committed to supporting the most vulnerable families within our society.

Family Support Services cover a multitude of interventions. This publication is giving us a valuable opportunity to learn about the most effective ways of supporting vulnerable families by highlighting those interventions that have been systematically researched and proven to be effective. I hope it will be a useful guide for all those who are interested in the area.

Tá gach clann difriúil agus is fiú léamh faoi na tacaíochtaí éagsúla atá ar fáil dóibh.

This publication is part of research undertaken for the Springboard Family Support Initiative. Springboard is one of the most important initiatives of any Government in recent times to support vulnerable families. It aims to support families which are experiencing difficulties in providing adequate care and protection for their children through community based centres which work in partnership not only with other local service providers but with the families themselves.

Foghlaimímis agus cabhraímis lena chéile.

Mary Hanafin T.D.
Minister of State with responsibility for Children

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1
Introduction

At the beginning of the millennium, Irish family support services are in an expansionary phase. In 1998, the Government launched Springboard, an initiative of 15 family support projects. In 1999, the Government also committed itself establishing 100 Family and Community Centres throughout the country in line with a recommendation in the report of the Commission on the Family.[1] In addition, the National Development Plan 2000-2006 contains a substantial allocation of funds to childcare, community and family support, and youth services all of which are supportive, directly or indirectly, of family life.[2] The importance of family support has also been underlined in the new Guidelines for the Welfare and Protection of Children which devotes a separate chapter to family support services.[3]

In tandem with these developments, there have also been initiatives to address the lack of co-ordination in statutory services, particularly as they affect disadvantaged families and communities who depend on them most. The need for these initiatives was highlighted by the Taoiseach in December 1998 in the following terms: "something is missing in the way we have approached the problem up to new. ...We need urgently much closer working relationships between statutory organisations. ... Agencies must take more account of the real needs and experiences of end-users when designing and planning services".[4] Initiatives to promote greater co-ordination include the Strategic Management Initiative at national level, the promotion of partnerships at local level and especially the Integrated Services Process (1988-2001) which is piloting new models of integrated service delivery in four disadvantaged communities. The need for co-ordination is also recognised in the context of family support and is one of the criteria on which the effectiveness of initiatives like Springboard is being evaluated (see, for example, McKeown, 1999).

These developments have the potential to benefit vulnerable families in disadvantaged communities. In order to ensure that this potential is fully realised it is important that everyone involved in this work is fully appraised of the most effective ways of supporting families. That is the purpose of this paper.

There is no scarcity of good advice in the literature on family support. Most of it is practical and good common sense and much of it is repeated here. However the main focus of the paper is on those ways of working with vulnerable families which, as a result of systematic research, have been shown to be effective.

"If we think about it, save for the vagaries of birth, errant biology, class and status, or simply circumstance, we are all but a half step away from the 'other' families we describe as in need of service or 'at risk'. In the final analysis, it is not 'us' and 'them'. It is all of us. Together."

WHITTAKER, 1997, P.138

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[1] Fianna Fáil and Progressive Democrats, 1999, p.16; Commission on the Family, 1988, p17

[2] Ireland, 1999, pp.192-195; see also the Programme for Prosperity and Fairness, 2000

[3] Department of Health and Children, 1999, Chapter Seven

[4] Taoiseach, 1988

Family support is not easy to define. For example, the National Guidelines for the Protection and Welfare of Children describe the aims, components and dimensions of family support but do not offer a simple definition;[5] similarly there is no definition of family support in the report of the Commission on the Family.[6] Murphy, though emphasising the welfare of children to the exclusion of parents, comes closest to offering a workable definition of family support in Irish circumstances. "Family support services", she writes, "is the collective title given to a broad range of provisions developed by a combination of statutory and voluntary agencies to promote the welfare of children in their own homes and communities. These services are provided to particularly vulnerable children in disadvantaged areas and often include pre-school, parental education, development, and support activities, as well as home-maker and visiting schemes and youth education and training projects".[7]

Family support is an umbrella term covering a wide range of interventions which vary along a number of dimensions according to their target group (such as mothers, fathers, toddlers, teenagers, etc), professional background of service provider (e.g. family worker, social worker, childcare worker, youth and community worker, public health nurses, community mother, psychologist, etc.), orientation of service provider (e.g. therapeutic, child development, community development, youth work, etc), problem addressed (e.g. parenting problems, family conflict, child neglect, educational underachievement, etc.), programme of activities (e.g. home visits, pre-school facility, youth club, parenting course, etc.) and service setting (e.g. home-based, clinic-based or community-based). This diversity indicates that family support is not a homogenous activity but a diverse range of interventions. Our focus therefore is on the known effectiveness of these different types of interventions.

It is well known that evaluating the effectiveness of interventions with families is a difficult undertaking. However it is only in the course of reviewing an extensive range of evaluations that the scale of these difficulties becomes apparent. These problems inhere in the fact that programme interventions are rarely the only interventions or influences occurring in families and even the same programme intervention may not be applied uniformly across all families. These difficulties are compounded by the fact that families, including vulnerable families, vary enormously - and

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[5] Department of Health and Children, 1999, Chapter Seven

[6] 1988, Chapter TwoCommission on the Family,

[7] Murphy, 1996, p.78

practitioners often disagree on the meaning of key terms like 'at risk' *(see section 5 below)* - which means that it can be difficult to draw firm conclusions about the impact of an intervention. As a result, there is often less hard scientific evidence to support the effectiveness of interventions - as opposed to either doing nothing or doing something else - than might usually be assumed; of course, the absence of scientific evidence may be due as much to the failure of the evaluation as to the failure of the intervention.

The following interventions are reviewed:
- therapeutic work *(section 3)*
- parent education programmes *(section 4)*
- home-based parent and family support programmes *(section 5)*
- child development and education interventions *(section 6)*
- youth work *(section 7)*
- community development *(section 8)*

The material reviewed in this paper is representative of a broad cross-section of current work in the field of family support and covers most of the relevant Irish material. However it makes no claims to exhaustiveness since this would require a book rather than a paper such as this. Nevertheless there is a robust basis in research for any claims made about the effectiveness of different ways of working with families. Before reviewing these interventions it is useful to look at the more fundamental rationale for supporting families.

The fundamental reason for supporting family life was articulated by the Commission on the Family in 1996 as follows: "The experience of family living is the single greatest influence on an individual's life ... [because] ... it is in the family context that a person's basic emotional needs for security, belongingness, support and intimacy are satisfied".[8] In the Irish Constitution the importance of the family is underlined by the fact that the State "guarantees to protect the Family in its constitution and authority, as the necessary basis of social order and as indispensable to the welfare of the Nation and the State."[9]

It would be difficult to prove scientifically that the family is the single greatest influence on a person's life when all other factors - such as genetic make up, social class, social exclusion, lifestyle,

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Why support families?

"The experience of family living is the single greatest influence on an individual's life"

COMMISSION ON THE FAMILY, 1996, P.13

risks of illness, injury or unemployment - are taken into account. Nevertheless there is considerable evidence that individuals - but especially children - are harmed when the family is not caring and nurturing. Research has shown that children who suffer abuse or neglect, depending on its severity and the presence of moderating factors, can experience permanent problems in leading a normal adult life, not to speak of the distress caused during their childhood.[10] Children are also known to develop emotional and behaviour problems when they witness conflict between their parents with 20%-25% developing long-term difficulties.[11]

For adults, family breakdown is often associated with a deterioration in physical and mental health (particularly around the time of the breakdown) as well as a declining standard of living.[12] Family problems such as marital distress (whether caused by abuse, unfaithfulness or being unable to confide in one's spouse) are particularly associated with depression in women and poor physical health in men.[13] On the benefit side, there are numerous studies which confirm the benefits to adults of being married within a family. One review of the evidence concluded: "on average, marriage seems to produce substantial benefits for men and women in the form of better health, longer life, more and better sex, greater earnings (at least for men), greater wealth, and better outcomes for children".[14] Other reviews show that separated and divorced adults have the highest rates of acute medical problems, chronic medical conditions, and disability.[15] These studies also show that divorced men are at increased risk of suicide, admission to mental hospitals, vulnerability to physical illness and becoming victims of violence while separated and divorced women are at increased risk of depression and increased utilisation of medical services.[16]

Some of the most telling evidence on the importance of stable family life for adults has emerged from studies of the factors which contribute to individual well-being. In the US, one study measured well-being over a period of 25 years (1972-1998) using the following question: "Taken all together, how would you say things are these days - would you say that you are very happy, pretty happy, or not too happy?"[17] In Britain, a broadly similar question was used to measure well-being over the same period: "On the whole, are you very satisfied, fairly satisfied, not very satisfied, or not at all satisfied, with the life you lead?".[18] In both

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[10] See Carr, 1999, Section Five; Edgeworth and Carr, 1999 for a review of the evidence

[11] Najman, Behrens, Andersen, Bor, O'Callaghan and Williams, 1997; David, Steele, Forehand and Armistead, 1996; Benzies, Harrison and Magill-Evans, 1998; Edgeworth and Carr, 1999

[12] Raschke, 1987; Walker, 1995; McAllister, 1999; Ward, 1990; Fahey and Lyons, 1995

[13] see Kelly and Halford, 1997

[14] Waite, 1995, p.499

[15] Bray and Jouriles, 1995

[16] see also Stack and Eshleman, 1998

[17] see Oswald and Blanchflower, 1999

[18] Theodossiou, 1998

countries, the analysis of these exceptionally large data sets based on representative samples of the population revealed that being married rather than separated, widowed or even remarried had a more powerful impact on well-being than either income or employment. Similar results have been found in Germany,[19] Belgium[20] and Ireland.[21] Although all of these studies show that well-being is positively associated with income and employment, the benign effect of the latter can be considerably, or even completely, offset when family relationships break down; conversely, the negative impact of family break up on well-being can be even greater than the impact of unemployment and poverty.

These considerations indicate why families are important to both individuals and society and why supporting families is generally considered to be an important policy objective. Against this background it is appropriate to examine the effectiveness of selected forms of intervention with families, particularly families whose internal problems and vulnerabilities are often compounded by the forces of social exclusion and the lack of adequate support services in the form of housing, environment, income support, childcare, education and crime prevention.

It is relatively rare to find therapeutic interventions included in discussions of family support. For example, neither the Commission on the Family[22] nor the Child Protection and Welfare Guidelines[23] mention therapy in their discussion of family support. Leading Irish commentators also exclude therapeutic interventions from the purvue of family support.[24] Elsewhere, especially in Britain and the US, family support tends to be seen as a neglected aspect of child protection and rarely seen as a form of therapeutic intervention.[25] This view of family support is heavily influenced by both the existing organisation of services around the family which creates a division of labour between specialised therapeutic interventions and more generalised family support services. It also reflects professional demarcations around family interventions which effectively restrict family support workers from describing their work as therapeutic.

[19] Winkelmann and Winkelmann, 1998

[20] Sweeney, 1998

[21] Sweeney, 1998

[22] Commission on the Family, 1998

[23] Department of Health and Children, 1999

[24] see for example Gilligan, 1991; 1995; 2000; Murphy, 1996; Richardson, 1999

[25] see for example, Parton, 1997; Hellinckx, Colton and Williams, 1999

3

Therapeutic Work

"Throughout human history, individuals with social and emotional difficulties have benefited from talking with a sympathetic 'other' perceived as being able to offer words of comfort and sound counsel either because of recognised inherently helpful personal qualities, or by virtue of his or her role in the community.... However, even in today's world, the vast majority of individuals who are experiencing psychological distress do not seek help from trained and credentialled professional counsellors and therapists: they obtain relief by talking to individuals untrained in counselling or psychotherapy"

MCLENNAN, 1999, P.169

In reality, family support can be, and usually is, a therapeutic intervention. Like all therapeutic interventions, its purpose is to help people - whether child, adolescent, parent, couple or family - to overcome life problems by facilitating them to make positive changes in themselves and their relationships. We know from descriptions of family support services that one of its main activities is emotionally supportive listening and counselling;[26] This is also the main ingredient of therapeutic interventions.[27] We also know that one of the most valued aspects of family support as seen by clients is the improvement which it brings to personal and family well-being.[28] Thus family support is fundamentally therapeutic in orientation. For this reason it can learn a great deal from studies which have been carried out on the effectiveness of therapy generally.

The effectiveness of all types of therapy has been exhaustively studied. The results of these studies have been summarised and synthesised in a method known as meta-analysis which involves reducing all results to a common denominator - known as the effect size - which indicates the extent to which the group receiving treatment (the treatment group) improved by comparison with the group which did not receive treatment (the control or comparison group). Two remarkably consistent findings have emerged from over 50 of these meta-analytic studies which themselves are a synthesis of over 2,500 separate controlled studies.[29] The first is that therapy works. Its effectiveness is indicated by the fact that cases which receive treatment tend to be better than 70%-80% of untreated cases; in other words, it works in more than seven out of ten cases. This result is consistent across a number of meta-analyses which examined the effectiveness of psychotherapy generally,[30] child psychotherapy,[31] marital therapy[32] as well as marital and family therapy.[33]

If this result does not appear impressive then it should be remembered that it is "considerably larger than one typically finds in medical, surgical and pharmaceutical trials."[34] Nevertheless, it has been pointed out that statistical significance is not the same as clinical significance since a person might improve after treatment (in the statistical sense) but still be more distressed (in the clinical sense) than the average non-distressed person in the population. Few studies assess outcome using

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[26] see, for example, Scallan, Farrelly, Sorensen and Webster, 1998; Convery and Murray, 1999; Jones, 1998

[27] see, for example, Miller, Duncan and Hubble, 1997: Hubble, Duncan and Miller, 1999

[28] see, for example, Scallan, Farrelly, Sorensen and Webster, 1998; Convery and Murray, 1999; Jones, 1998

[29] Asay and Lambert, 1999

[30] see for example Smith and Glass, 1977

[31] see for example, Weisz and Weiss, 1993

[32] see for example, Dunn and Schwebel, 1995

[33] see for example, Shadish, Ragsdale, Glaser and Montgomery, 1995

[34] Shadish, Ragsdale, Glaser and Montgomery, 1995, p.347

clinical significance but one meta-analytic study of marital therapy found a clinically significant improvement in 41% of cases[35] and other reviews suggest that the clinically significant success rate for most therapies is no more than 50%.[36] Nevertheless this is still a relatively high probability of success. Moreover these successful outcomes are generally achieved over relatively short periods, usually not exceeding 6 months, and tend to be sustained over time.[37]

The second finding is that is that there is no significant difference between the effectiveness of different therapies.[38] Given that over 250 different therapeutic models have been identified[39] - each claiming to be effective and many claiming to be more effective than others - it is remarkable that all are relatively equal in their effectiveness. As one commentator has observed: "No psychotherapy is superior to any other, although all are superior to no treatment.... This is the conclusion drawn by authoritative reviews ... and well controlled outcome studies.... This is really quite remarkable, given the claims of unique therapeutic properties made by advocates of the various treatments available today." [40]

The key implication of these findings is that all therapies have something in common which make them similarly effective. Researchers have suggested that there are four common factors which influence therapeutic effectiveness.[41] These common factors are: (1) client characteristics and social support (2) therapist-client relationship (3) client hopefulness (4) therapeutic technique.
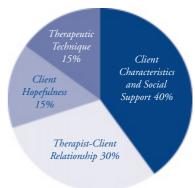The contribution of each to therapeutic outcome is summarised in Figure 1. We now briefly discuss each factor, particularly those which have relevance to family support.

Client Characteristics

Numerous client characteristics have been identified as having an impact on therapeutic effectiveness. The first set refer to demographic and socio-economic characteristics such as age, sex and socio-economic status, etc. In general, the research on marriage and family therapy suggests that it is more effective with younger than with older clients while drop-out rates tend to be higher for lower socio-economic groups.[42] Similarly interventions

Figure 1: Factors Which Are Common to the Effectiveness of All Therapeutic Interventions

% of Variance in Outcome Explained

Sources: Compiled from Lambert, 1992; Miller, Duncan and Hubble, 1997, Chapter Two; Asay and Lambert, 1999.

3.1

Client Characteristics and Social Support

"It is the client more than the therapist who implements the change process.... Rather than argue over whether or not 'therapy works', we should address ourselves to the question of whether or not 'the client works!'... As therapists have depended more upon client's resources, more change seems to occur"

BERGIN AND GARFIELD, 1994, PP.825-826

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[35] Shadish, Ragsdale, Glaser and Montgomery, 1995, p.348

[36] Bray and Jouriles, 1995, p.464

[37] Asay and Lambert, 1999, pp.24–27

[38] Asay and Lambert, 1999

[39] see Miller, Duncan and Hubble, 1997, p.1

[40] Weinberg, 1995, p.45

[41] Lambert, 1992; Miller, Duncan and Hubble, 1997, Chapter Two; Asay and Lambert, 1999

[42] Sprenkle, Blow and Dickey, 1999, p.332

to deal with behaviour problems in children tend to be more effective with younger than with older children.[43] Numerous studies also suggest that lower socio-economic groups are less likely to use therapy and more likely to drop out from therapy possibly because the client - and the therapist - have low expectations of a successful outcome.[44] The second set of characteristics covers dimensions such as personality, relationship history, severity and duration of problems, motivation, etc. Although the precise impact of many of these variables has not been extensively researched, there is evidence that intervention is less effective where problems are severe (such as addiction, personality disorder), of long duration (such as prolonged abuse or neglect in childhood) and multiple (such as marital and parenting difficulties compounded by addiction).[45] Other studies have shown that interventions in families where parents have difficulty managing aggressive behaviour in children tend to be less successful where the families are socially disadvantaged, socially isolated or face other forms of adversity such as problems experienced by the mother.[46]

The general finding that client characteristics - including characteristics of the setting in which clients live - have a profound influence on the outcome of therapy has two important implications for family support. First, the work of supporting vulnerable families is embedded in a broader socio-economic context of poverty and social exclusion which directly impacts on the effectiveness of family support work. One British commentator has observed that "more than any other factor, poverty threatens the achievement of proactive family support measures."[47] A similar sentiment is echoed by an American commentator: "Services, however innovative and powerful, are no substitute for the basics of income, housing, medical care and education which are the building blocks upon which any personal social-service system must rest."[48] Numerous writers have made similar comments about family support in the Irish context.[49] In order to underline the context within which family support operates in Ireland it is appropriate to recall that, on the basis of research commissioned by the Combat Poverty Agency, between a quarter and a third of Irish children are at risk of income poverty. At the same time it is important not to allow poverty and social exclusion to play an over-determining role in our understanding of vulnerable families since not all poor families are vulnerable and not all vulnerable families are poor.

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[43] see Gough, 1999, 115; Vetere, 1999, pp.153-155; Van Den Boggart, 1997, p.92

[44] see Garfield, 1994, Chapter Six

[45] see Bergin and Garfiled, 1994

[46] see Gough, 1999, 115; Vetere, 1999, pp.153-155

[47] Colton and Williams, 1997, p.149

[48] Whittaker, 1997, p.135

[49] Gilligan, 1991; 1995; 2000; Murphy, 1996; Richardson, 1999

This leads to the second implication which is that all families have strengths, abilities and resources to cope with and overcome their problems, or at least some of them. The capacity for change within each individual and each family needs to be reaffirmed not just because it is known to be therapeutically effective - indeed the most significant influence on therapeutic outcome - but also because it is consistent with the overall philosophy which informs family support. As Keenan[50] has pointed out: "fundamental to the concept of family support services is the conviction that families - however difficult or apparently intransigent their problems - contain within them resources and strengths that, if harnessed and nurtured, can produce beneficial outcomes". Once it is accepted that clients are the main agents of change in both therapy and family support then the focus of interventions includes strengths and not just weaknesses and there is an active interest in what the family is doing right as much as what it is doing wrong. In turn, the change process can be facilitated by affirming families that, whenever change occurs, it is attributable to them rather than the intervention.[51] This approach does not minimise the problems involved; as the research shows, many vulnerable families will need sustained support over a considerable period of time - and usually longer than families in non-disadvantaged circumstances - in order to bring about the changes that they want.

Social Support

Social support is widely regarded as an important dimension in the life of all families. Support networks form part of the "social capital" of individuals and families which, like financial, physical and human capital, are essential to survival and success in life.[52] In the context of therapy and family support, networks are seen as important for four reasons. First, they are part of the context and resources within which individuals and families live their lives. These support networks help to maintain the links between individuals and their families and between families and the community through the creation of helpfulness, trust and reciprocity. As Tracy and Whittaker[53] have pointed out, "clients are rarely isolated; rather, they are surrounded by social networks that may either support, weaken, substitute for, or supplement the helping efforts of professionals".

Second, participation in positive support networks is known to improve physical health and mental health and to aid in recovery

"It is essential that in assessing needs and planning intervention in the lives of children, professionals give sufficient weight to evidence about children's personal networks (and parental networks especially in the case of younger children)"

GILLIGAN, 1999, P.87

[50] Keenan, 1998, p.5

[51] see Miller, Duncan and Hubble, 1997, pp. 56-59

[52] see Coleman, 1988

[53] Tracy and Whittaker, 1990, p.461

from illness and adversity.[54] For example, one US study of mothers and young children living in adverse social circumstances found that participation in social networks - such as church affiliation and other social networks - was a key variable differentiating those who were doing well from those who were not.[55] Another study of children adjusting to the divorce of their parents suggested that support from parents, friends, siblings and other adults was a positive influence.[56] Other studies have also found that informal social supports can contribute to the prevention of child abuse and neglect.[57]

Third, many vulnerable families are often characterised by the lack of positive supportive social networks. For example, a survey of 235 families in receipt of family support services in the Eastern Health Board Region in 1998 found that half were experiencing social isolation and all had an average of three serious problems.[58] For these families therefore, the family support worker may be their only source of support.

Fourth, given that the quality of a person's support network can influence the effectiveness of professional interventions,[59] there is a strong case for helping clients to strengthen their informal social support network. As Gilligan[60] has argued, "interventions with children and young people should take account of their social networks, be alive to ways of incorporating an appropriate role for relevant network members and, where necessary consider desirable network changes".

Despite the acknowledged importance of informal support networks in the lives of individuals and families, it is difficult to find studies which have directly assessed the effectiveness of working with these networks (as opposed to assessing the impact of these networks on therapeutic effectiveness). Nevertheless this would seem to be an important element in any strategy to support vulnerable families. In assessing family needs therefore, the support worker might also include an audit of the family's support network. This could be done formally through social network mapping[61] or more informally by asking simple questions such as 'who has been helpful to you recently?' and 'who could help you in overcoming this problem?' This audit is likely to show that many vulnerable families are isolated and need help in developing their support networks. In these

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[54] Scovern, 1999, pp. 272-273; Sprenkle, Blow and Dickey, 1999, p.334, respectively review the evidence

[55] Runyan, et al, 1998

[56] Cowen, Pedro-Carroll and Alpert-Gillis, 1990

[57] Guterman, 1997; De Panfilis, 1996; Fortin and Chamberland, 1995

[58] Scallan, Farrelly, Sorensen and Webster, 1998

[59] Sprenkle, Blow and Dickey, 1999, p.332

[60] Gilligan, 1999, p.71

[61] see Tracy and Whittaker, 1990

circumstances, the advice contained in the National Guidelines for the Protection and Welfare of Children is useful: "Services to enhance the friendship and support networks of the child and his / her family may involve working with extended family members and making links between the family and existing community resources. This may be done through workers in voluntary organisations or by drawing upon existing statutory services. Examples of community resources might be local community mothers who act as peer educators, parents' / carers' groups, pre-school programmes in early childhood, school-based and after-school programmes for older children, and Neighbourhood Youth Projects for adolescents."[62]

Therapist-Client Relationship

Research has consistently highlighted the importance of the therapeutic or helping alliance in effective interventions.[63] This alliance involves a positive relationship between the client and the therapist where the latter is perceived as being helpful and supportive. One commentator has suggested that many of the qualities of effective therapist-client relationships - emotionally warm, available, attentive, responsive, sensitive, attuned, consistent and interested - are in fact generic to many relationships both in work and family: "it seems no coincidence that so many of the elements of the effective therapist-client relationship appear similar to the 'good enough' parent-child relationship."[64] Although Freud[65] wrote of the importance of the therapeutic relationship - especially the role of transference and countertransference - it was the work of Carl Rogers[66] who influenced many therapists by emphasising the need to show clients - and be experienced by clients as showing - unconditional positive regard, accurate empathic understanding, and openness. One review of the literature,[67] based on the findings of over 1,000 studies, recommended three ways for improving outcome effectiveness through the therapeutic relationship:

1. treatment should accommodate the client's motivational level or state of readiness for change

2. treatment should accommodate the client's goals for therapy

3. treatment should accommodate the client's view of the therapeutic relationship.

3.2

Therapist-Client Relationship

"If there could be said to be a 'gold standard' in MFT [Marital and Family Therapy] it would be that the quality of the client-therapist relationship is the sine qua non of successful therapy"

SPRENKLE, BLOW AND DICKEY, 1999, P.334

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[62] Department of Health and Children, 1999, p.61

[63] Miller, Duncan and Hubble, 1997, Chapter 4; Sprenkle, Blow and Dickey, 1999; Howe, 1999

[64] Howe, 1999, p.99

[65] Freud, 1958; 1966

[66] Rogers, 1957

[67] Miller, Duncan and Hubble, 1997, Chapter 4

3.3

Client Hopefulness

"Therapists are more likely to facilitate hope and expectation in their clients when they stop trying to figure out what is wrong with them and how to fix it and focus instead on what is possible and how their clients can obtain it"

MILLER, DUNCAN AND HUBBLE, 1997, P.128

These findings are equally important to the work of family support which also involves a partnership in which the client's capacity to change and overcome problems is nurtured and strengthened by the family support worker.

Client Hopefulness

There is considerable evidence that many interventions - therapeutic, medical, even religious - have a beneficial effect simply by virtue of the client's belief that they are effective.[68] The reasons for this lie essentially in the hope of improvement which these "rituals" engender. In turn, the rituals of therapy or family support seem to work for clients by "mobilising their intrinsic energy, creativity and self-healing potential. Personal agency is awakened by technique."[69] By contrast, hopelessness is when people feel they can do nothing to improve their situation or when they feel there is no alternative; in other words, they are unable to pursue goals because their generative capacity for "agency" and "pathfinding" has been lost.[70]

It has become traditional to refer to the hope factor as a "placebo" (which in Latin literally means 'I shall please') - and therefore artificial - because its effectiveness derives from the client rather than the "intervention" per se. In reality, as research increasingly shows, it is the client who is the most active agent in change, not the intervention.

The importance of engendering hope and enthusiasm underlines the view that people seek help not when they develop problems but when they become demoralised with their own problem-solving efforts. By the same reasoning, family support services are not so much for families with problems - since all families have problems - but for families who have lost faith and hope in their own problem-solving abilities. As if to confirm this, it is remarkable how often people improve after they decide to seek help; indeed this may even account for the fact - much used by Eysenck (1952) against the effectiveness of therapy - that clients can even improve by being on a waiting list!

An important implication of these findings is that family support, like therapy, can restore hope. In turn, therapists and family support workers can contribute to this in a number of ways including:

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[68] Synder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997, Chapter Five

[69] Tallman and Bohart, 1999, p.100

[70] Synder, Michael and Cheavens, 1999, pp.180-181

1. helping clients clarify what they really desire so that they can set achievable goals

2. identifying ways in which clients have been successful in solving problems in the past

3. developing a focus on solutions rather than problems, on strengths rather than weaknesses

4. asking 'miracle questions' like 'how would life be different without the problem?'

Therapeutic Technique

One of paradoxes of therapeutic interventions over the past 30 years is that, despite the growing sophistication of therapy as reflected in training, testing and standardised manuals, the overall influence of therapeutic technique on outcomes remains quite modest with little discernible difference in the effectiveness of one method over another. As one review has found "existing research evidence on both training and treatment suggests that individual therapist techniques contribute very little to client outcome."[71] This view is reflected - indeed exaggerated! - in the title of a book by a leading American psychologist: We've Had a Hundred Years of Psychotherapy - And the World's Getting Worse.[72]

Further analysis of therapeutic technique suggests that its key role lies in providing a focus and a structure to client-therapist interactions and works best when it helps to build and restore the client's problem-solving abilities through a good therapeutic alliance and restoring hope in finding solutions.[73] In other words, it may be more appropriate to look at therapeutic techniques as different ways at looking at the client's situation - and different ways of asking helpful questions - rather than as mutually competing theories of human behaviour. Three implications follow from this finding which have particular relevance to the work of family support.

First, a healthy eclecticism should be encouraged in terms of methods of intervention. This follows logically from what is known about therapeutic effectiveness: "if, in fact, specific techniques account for only 15% of the variation in outcomes, less time should be used for training in specific techniques."[74] The ultimate test of any therapeutic technique is whether it works with the client. As

3.4

Therapeutic-Technique

"Whatever model is employed, however, most therapeutic procedures have the common quality of preparing clients to take some action to help themselves. Across all models, therapists expect their clients to do something different - to develop new understandings, feel different emotions, face fears, take risks, or alter old patterns of behaviour"

MILLER, DUNCAN AND HUBBLE, 1997, P.29

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[71] see Ogles, Anderson and Lunnen, 1999, p.216

[72] Hillman and Ventura, 1993

[73] Miller, Duncan and Hubble, 1997, Chapter Seven; Ogles, Anderson and Lunnen, 1999

[74] Ogles, Anderson and Lunnen, 1999, p.219

one reviewer has suggested, "the different schools of therapy may be at their most helpful when they provide therapists with novel ways of looking at old situations, when they empower therapists to change rather than make up their minds about clients."[75] In practice this means that therapists - but particularly family support workers - should focus less on specific techniques and more on the common factors which influence outcomes such as client characteristics, social supports, the therapist-client relationship and the cultivation of hope among clients.

Second, there may be certain techniques which work particularly well with certain conditions and this is an important rationale for therapeutic specialisms. Although outside the field of family support generally, there is considerable evidence that certain conditions respond better to some therapeutic techniques than to others.[76] It is important therefore to recognise the contribution which these specialisms can make to addressing the problems of children and families.

Third, the training of family support workers needs to take cognisance of the "sobering" fact revealed by a number of studies that training per se seems to have relatively little impact on therapeutic effectiveness.[77] One review of a number of these studies on the impact of training concluded that there was "little more than small differences in effectiveness between experienced, well-trained practitioners and less experienced non-professional therapists. ... Rather than professional training or experience, it looks as though differences in personal qualities make some therapists more helpful."[78] At the same time it has also been found that interventions with children tend to be more effective when trained rather than untrained staff are involved, particularly training in the broad area of early childhood development and education.[79] It has also been found that interventions with multi-problem families require skilled prefessionals.[80] Whatever the precise role of training, these findings seem to be consistent with one of the fundamental presumptions of family support namely that simple practical interventions can be very effective in helping families overcome their difficulties and, for many generic conditions, may be just as effective as more specialised therapeutic interventions. As Gilligan has observed, family support involves a "low key, local, non-clinical, unfussy, user friendly approach."[81] In other words, the focus of training should be less on specific techniques and more on the common factors which influence the effectiveness of all family interventions.

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[75] Miller, Duncan and Hubble, 1997,p.193

[76] see, for example, Carr, 1999

[77] Lambert and Bergin, 1994, pp.171

[78] Tallman and Bohart, 1999, pp.96-97; see also McLennan, 1999

[79] Howe, 1997

[80] Olds and Kitzman, 1990

[81] Gilligan, 1995, p.71

4

Parent Education Programmes

Parent education programmes aim to improve the knowledge and skills of parents for the purpose of improving the development of their children. These programmes usually take the form of group-based courses outside the home. Programmes which are delivered inside the home, notwithstanding their educational content, are more usefully classified as parent support programmes because of the important element of support which they entail.

A recent census of parenting programmes in Ireland - which examined both education and support measures - found that there were 27 group-based parent education programmes available in 1997.[82] As indicated in Table 1, nearly two thirds (63%) of these were tailored to the needs of parents in general although a significant proportion (37%) were designed to address specific parenting issues such as drug misuse, schooling, reconstituted families and sex education. This study identified 230 sites where parenting programmes - both education and support - were being delivered throughout the country, a net increase of 75% compared to 1994. Among the conclusions and recommendations of this study, one is particularly relevant to family support for vulnerable families:"Materials should be developed which are specifically oriented towards disadvantaged communities. There is a dearth of parenting programme materials available for purchase by programme facilitators which are appropriate for use in groups of parents with low literacy skills."[83]

"While parenting is one of the most important and difficult roles, it is one which is usually taken for granted and the majority of parents struggle through, learning as they go and usually influenced by past exposure to both good and bad practices.... There is little preparation for the range of problems which most parents might expect to encounter and this is often compounded by the complex system of support services which are not always known, not easily accessible nor relevant and this can be quite overwhelming to parents"

OFFICE FOR FAMILIES AND CHILDREN, 1996, P.2

Table 1 Parenting Programmes in Ireland, 1997

TYPE OF PROGRAMME	N	%
Group-Based: General	**17**	**63**
Children 0-6 yrs	4	15
Children 0-12 yrs	2	7
Children 0-18 yrs	10	37
Children 12-18 yrs	1	4
Group-Based: Issue Specific	**10**	**37**
Drug misuse	3	11
Parent-school partnership	5	18
Reconstituted families	1	4
Sex education	1	4
Total	**27**	**100**

Source: Compiled from French, 1998.

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[82] see French, 1998; Rylands, 1995

[83] French, 1998, pp.187-188; see also Rylands, 1995

The effectiveness of parent education programmes, particularly for vulnerable families, has been extensively evaluated. However not all the evaluations meet the minimum design standards required to produce valid results; for example, some do not collect pre-programme baseline information. Nevertheless, as one review of the better research suggests, "studies indicate that parent training has good results with a wide range of child behaviour problems, particularly when skill deficits are identified."[84]

A good example of one of these studies was the evaluation of Parent-Link,[85] a parenting programme developed in Britain during the 1980s based on a similar programme - Parent Effectiveness Training - in the US.[86] This evaluation compared a group of parents who took the programme (13 sessions each lasting 2-3 hours) with a similar group who did not. The results indicated that the programme had a statistically significant impact in terms of improving the behaviour of children, improving the parent-child relationship, increasing the self-esteem of parents, and improving the relationship between partners. This programme promoted positive parental attitudes towards children as follows: "Parents are taught not to label their child's behaviour as 'good' or 'bad' but to explain what is acceptable or unacceptable. ... Parents are encouraged to focus upon positive statements expressing what they want from their child. They are encouraged to understand the children's behaviour in terms of needs for attention, love, security, and independence rather than misbehaviour, and to deal with problems in a supportive way, using listening skills to encourage their child to grow emotionally and develop self-responsibility. Parents are taught the importance of giving clear messages, communicated with conviction and love, and making a distinction between anger which is 'owned' by the parent in contrast to anger which blames the child."[87]

In Ireland, the Department of Psychology at the Eastern Health Board has carried out three evaluations of parent education programmes. The first of these was based on 94 mothers who attended a programme designed to train parents in behaviour modification skills; the programme comprised nine weekly sessions each lasting two and a half hours.[88] Data was collected before and after the programme as well as a one year follow-up and the results showed that mothers perceived their children to have fewer and less intense problems after the course (as measured by the Eybereg Child Behaviour

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[84] Roberts and Macdonald, 1999, p.62

[85] Davis and Hester, 1998

[86] Gordon, 1976

[87] Davis and Hester, 1998, p.2

[88] Mullin, Proudfoot and Glanville, 1990

Inventory) and experienced a significant reduction in stress levels (as measured by the General Health Questionnaire). A subsequent study of the same programme using the same measurement instruments but which also used mothers on the waiting list as a control group produced similar results;[89] this study also showed significant improvements in mothers on the waiting list, thus confirming the important influence of "client hopefulness" discussed above *(see section 3.3)*. However, in view of the more robust methodology employed, this results adds to confidence that the benefits to mothers were attributable to the programme rather than to other factors. Similar results were also found when this programme was used with the mothers of disabled children.[90]

One review of the literature[91] identified the following factors as common to successful parent education groups:
1. topics identified by parents
2. emphasis on specific skill development
3. parents given additional information or materials
4. social networks established through the programme
5. participants self select
6. 'hands-on' active participant involvement
7. specific child behaviour or social skills focus.

It scarcely needs to be pointed out that parent education is not a panacea since parenting is rarely the only problem besetting many vulnerable families. One review of the evidence[92] suggests that parent education is unlikely to be a sufficient response in families where, in addition to parenting problems, the following conditions and circumstances are also present:

• poor parental adjustment, particularly when associated with maternal depression
• paternal stress and low socio-economic status
• social isolation of the mother
• relationship problems
• extra-familial conflict
• severe and / or long-standing problems
• parental misperception of deviance of their children's behaviour.

Overall, these results are encouraging about the benefits of parent education. Its significance in the context of family support is that parent education is an option worth providing but should be supplemented by other family support measures where families are known to have other problems.

[89] Mullin, Quigley and Glanville, 1994

[90] Mullin, Oulton and James, 1995

[91] Wigg, et al, 1994

[92] Roberts and Macdonald, 1999, pp.62–63

5

Home-Based Parent and Family Support Programmes

"It is sometimes all too easy to lose sight of the fact that often what a family needs is immediate and tangible practical help, rather than a course of high-powered therapy. ... Intensive practical help in the family's own home may often be the most valuable form of assistance"

GILLIGAN, 1991, PP.171-172

Home-based parent and family support programmes cover a wide range of interventions. Some interventions are delivered to all families (such as home visits by public health nurses) but the ones we are concerned with here are typically targeted at vulnerable families. As with other family support measures, home-based interventions also vary according to the professional status of the service provider, the methods of working, the duration of the programme, etc.

Home-based interventions with vulnerable families are seen as a useful for the following reasons:
1. they can reduce barriers to services that arise due to lack of transport, childcare, or motivation
2. they can provide a source of support to the family and help in building its social network
3. they can facilitate greater insight into the needs of parents and children, particularly around the issues of parenting and child-rearing
4. they can help in detecting early signs of parental distress or child neglect / abuse.[93]

In Ireland the best known example of a parent support programme is probably the Eastern Health Board's Community Mothers Programme which has been running since 1983;[94] less well known but possibly more extensive is the Eastern Health Board's family support services which are run upon similar lines.[95] Community mothers are non-professional, experienced and successful mothers who volunteer to give support and encouragement to first-time parents in disadvantaged areas. A key ingredient of this programme is that "the parent is regarded on equal terms and not given advice by the community mother. Instead the community mother shares her own experiences with the new mother and raises her self-esteem and confidence in herself as a parent."[96] The programme has been rigorously evaluated using intervention and control groups and the results showed decisive benefits for children. As a result of the programme, children were more likely to have received all primary immunisations, to be read to daily and to have a better diet which led the evaluators to describe the programme and its approach as "sound, practical and effective."[97] In Britain, the effectiveness of non-professional interventions has also been demonstrated in a programme to support vulnerable mothers during pregnancy through information, advice and befriending.[98]

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93 see Wasik and Roberts, 1994, p.272

94 Johnson, Howell and Molloy, 1993

95 Scallan, Farrelly, Sorensen and Webster, 1998; Convery and Murray, 1999

96 Ibid, p.1451

97 1983 Johnson, Howell and Molloy, 1993, p.1451

98 Roberts and MacDonald, 1999, pp.57–58

These results do not imply that professionals are redundant and indeed one review of the evidence strongly suggests that effective interventions with multi-problems families require skilled professionals.[99] At the same time the distinctions between professional, para-professional and non-professional are not as clear cut in family support as in other areas. Depending on the particular programme, family support workers may help families with practical tasks such as house work, making appointments, providing information, advice and support as well as more intensive therapeutic work with the family. This, as one commentator observed, "has challenged the very notion of what is 'professional' as contrasted with 'paraprofessional' activity."[100]

In Holland, parent support programmes have been extensively developed since the mid-1970s where they are commonly called "hometraining."[101] According to one commentator,"it is no exaggeration to say that modern Dutch child-welfare policy is hardly conceivable without hometraining. Hometraining ... has played an important role in the development of thoughts on coherent, connected, individualised treatment paths for children and their families."[102] Hometraining involves visits by a professional family support worker to the family at least once a week for up to a year and working with the family as a whole rather than with parents or children alone. Hometraining involves a number of different methods including the use of video training (where parent-child interactions are videotaped and, following play-back, are used to identify strengths and difficulties in relationships), family therapy (where the hometrainer and the family systematically analyse family structures, patterns and communication problems) as well as practical assistance with everyday problems. Hometraining has been extensively evaluated and "according to the various measures of success and failure, it was shown that most of the hometraining treatments had positive or very positive results." [103] Other reviews have reached similar conclusions and have found that "preventative hometraining is demonstrably effective in tackling family problems and child-rearing problems in high-risk families, and there are indications that this effectiveness is increased when more intensive programmes - that is, programmes having a broad focus and a longer duration - are employed." [104] However hometraining also has its limitations and it tends to be less effective under at least three circumstances:

• older children, especially adolescents, showed less positive results than younger children especially where the adolescents were unwilling to co-operate

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[99] Olds and Kitzman, 1990

[100] Whittaker, 1997, p.129

[101] Van Den Bogaart, 1997, p.83

[102] Ibid, 1997, p.99

[103] Van Den Bogaart, 1997, p.90

[104] Baartman, 1997, p.119

- children with more severe psychosocial problems showed less positive results
- parents of younger children who were unwilling to co-operate showed less positive results.[105]

In the United States, there are many home-based parent support programmes of which Homebuilders and Families First are well known examples.[106] These programmes are usually referred to in the US as "family preservation services", a term used to describe intensive, home-based services of relatively short duration that are offered to families at imminent risk of having a child placed in care.[107] There have been extensive evaluations of these programmes and the results are mixed. Some report positive outcomes; for example a longitudinal study over 15 years found that, as a result of a home visiting programme (comprising a monthly visit over two years), mothers, but especially single mothers, "spent less time on welfare, showed fewer behavioural impairments from the use of alcohol and drugs and were less likely to be arrested. They were also less likely to abuse or mistreat their children." [108] By contrast, other studies especially those which measure impact in terms of reducing the risk of a child going into care, are more equivocal and less encouraging. According to a review covering a large set of these studies, the results show "significant programme effects but the designs were relatively weak and the choice of outcome measures overly constrained. While it is likely that FPS [Family Preservation Services] did affect placement rates ... it is not possible to determine the extent of that effect."[109] The same authors reviewed another set of studies and found that "family preservation does not have broad, significant effects on children, families or child protective service system behaviours. However given the inability of the programmes to implement the targeting component faithfully and the additional methodological problems that emerged ... there may well have been significant effects from the programmes but the research has been unable to capture them."[110] Thus it is difficult to draw any firm conclusions from US studies in this area although the fact that many of the interventions were with very vulnerable families may be a signal that successful outcomes in these cases are not easy to achieve.

One of the methodological problems which has beset US evaluations is that successful programme outcomes have been measured primarily in terms of reducing the imminent risk of a child being placed in care.[111] Given that this is also one - but only

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[105] Van Den Bogaart, 1997, p.92

[106] Wasik and Roberts, 1994

[107] Pecora, Whittaker and Maluccio, 1992; Jacobs, Williams and Kapuscik, 1997

[108] Olds, Kitzman, Henderson, Echenrode and Cole, 1997, p.48

[109] Jacobs, Williams and Kapuscik, 1997, p.209

[110] Ibid, p.212

[111] see Jacobs, Williams and Kapuscik, 1997 and Whittaker, 1997 for useful reviews; see also Rossi, 1992a; 1992b

one - of the anticipated outcomes of many family support programmes, their experience in this regard is worth reflecting on. The basic problem is that there is very little agreement, even among experts and practitioners, on what is meant by the indicator: 'child at imminent risk of being placed in care'. Even in randomised control trials in the US where 'imminent risk of placement' was the main defining characteristic of the target population, only 20% of children in the comparison group were placed in care after one year. In practice it is well known that risk of placement is subject to administrative and judicial influences so that an agency decision to reduce placements could have that effect with or without a programme intervention; indeed there is the further methodological danger that a family support intervention might also be accompanied by an agency decision to reduce placements thus making it impossible to separate the two influences. In addition, there is the deeper validity issue that placement in care can sometimes be necessary for the protection of a child and this may only become apparent as a result of programme intervention. All in all therefore it appears that measuring programme success in terms of reducing the risk of a child going into care is not a stable or unambiguous indicator of family well-being.

Home-based support for parents and families where children may be at risk is not confined to curative or secondary interventions however. One review of the evidence on the effectiveness of primary prevention with at risk families found that long-term home visiting was effective in the prevention of child physical abuse and neglect where the families had one or more of the following risk factors: single parenthood, poverty and teenage parent status.[112] In Ireland, the best example of a primary prevention strategy is the public health nursing service; however there has been no systematic evaluation of the effectiveness of home visitation by this service.[113]

This review has suggested that home-based family support has an important role to play in supporting vulnerable families. However, as we have seen with other interventions, the level of effectiveness is strongly influenced by the characteristics of the families. As a result, successful outcomes are likely to take longer where families have multiple and long-standing problems, have fewer social supports and have lost confidence in their own ability to overcome adversity.

[112] Macmillian, et al, 1994

[113] see Murphy, 1996, p.89; O'Sullivan, 1995

6

Child Development and Education Interventions

"We talk, for example, about the disadvantaged child being unable to cope with the demands made by the school. It would be equally valid to talk of the school being unable to cope with the demands of the disadvantaged child"

ARCHER, 1979, P.42

Interventions to promote the development and education of children from disadvantaged backgrounds comprise a wide range of measures such as crèches, nurseries, play groups, pre-schools, homework clubs, after-school clubs, home-school liaison services, alternative school projects, etc. The specific focus of these interventions is the child but parents, schools and the community may also be involved. These interventions normally exclude education in the formal schooling system although schools are potentially - and sometimes actually - a rich source of support to vulnerable children and their families.[114] As such there is considerable scope for developing partnerships between family support services and schools which can add to the effectiveness of both for the benefit of children. Indeed many of the interventions discussed in this section could be seen as ways of helping vulnerable children to benefit from the formal school system.

One of the best known examples of an intervention to promote the development and education of children from disadvantaged backgrounds is Head Start, a pre-school intervention with poor children which was started in the US in 1965 and is still-running. In Ireland, particularly during the second half of the 1990s, there has been a substantial growth in these interventions, mainly in the form of "pilot projects", with financial involvement from eight different Government Departments and the EU Commission.[115] Examples of these include the Pilot Childcare Initiative, the Early Start Pre-School Pilot Scheme, the 8-15s Early School Leavers Initiative, the Stay in School Retention Initiative, Family Resource Centres and numerous initiatives under the auspices of local and community development programmes.

Outside Ireland, the effectiveness of interventions to promote child development and education, particularly among pre-school children, has been extensively evaluated. One review of nearly 500 pre-school intervention programmes in the US found that early childhood intervention programmes produced substantial short-term benefits particularly in terms of subsequent school achievement at primary level.[116] Evidence on the longer-term effectiveness of these interventions - particularly into adolescence and adulthood - is more mixed mainly due, it seems, to differences in the quality of the programmes. Interventions which are small in scale and high in quality tend to show long-term benefits. A frequently cited example of this is the High/Scope Perry Pre-School Program for 3-4 year old children living in poverty. This programme involves five 90-minute classes each week for pre-school children plus a

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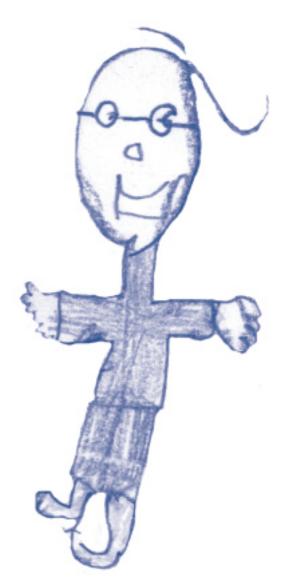
[114] see Gilligan 1998; 2000;

[115] see McKeown and Fitzgerald, 1997, p.8

[116] Reynolds, Mann, Miedel and Smokowski, 1997

weekly 90-minute home visit with the parents. The longitudinal evaluation of this programme tracked 128 participants and found that, at the age of 27, they had done better that a control group in terms of education, training and even life-time earnings, leading the authors to estimate a cost-benefit ratio in excess of seven which means that every $1.00 invested in the programme produced a net return of $7.00 in terms of income tax yield.[117] Additional findings from this evaluation - which also involved a comparison with other pre-school programmes - found that the High/Scope Perry Pre-School Program made an "unequivocally positive" contribution to reducing adult crime and delinquency because of its focus on both social interaction objectives and an interactional rather than instructional style by teachers.[118] It is interesting to note that this is the most widely cited programme in Irish reviews of the effectiveness of pre-school interventions.[119]

By contrast, other studies are less positive about the long-term impacts of less well-funded programmes such as Head Start although their short-term benefits are beyond dispute. Summarising the findings from a number of different Head Start evaluations, one review reached the following conclusion about the short-term and long-term impacts: "There is actually a sizeable amount of evidence supporting the beneficial effects of Head Start programs. Head Start participants have higher rates of immunisation and access to preventative health services. On average, they significantly outperformed their comparison-group peers in cognitive ability, earlier school achievement, motivation, and social behaviour up to two years after program participation. Head Start graduates were also less likely to be retained in grade or receive special education services. But the evidence for very long term effects (adolescence and beyond) is very limited - surprising, given that Head Start begins its thirty-third year of operation in the fall of 1997."[120]

A number of studies have been helpful in identifying the factors associated with more effective outcomes for children in childcare settings. One of these factors is the adult-child ratio. One review of the evidence concluded that "children in childcare with higher adult-child ratios have more positive experiences and have advantages in school performance and cognitive development."[121] Children in childcare also benefit from being in smaller rather than larger groups and, as a result, show sustained benefits in terms

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[117] Schweinhart, Barnes and Weikhart, 1993

[118] Schweinhart, 1997

[119] see, for example, Hayes, 1995, pp. 9-10; Goodbody Economic Consultants, 1998, pp.49-50; Partnership 2000 Expert Working Group on Childcare, 1999, p.53; White Paper on Early Childhood Education, 1999, p.9; Gilligan, 2000, p.24

[120] Reynolds, Mann, Miedel and Smokowski, 1997, pp. 8-9

[121] Goodbody Economic Consultants, 1998, p.51

of social, cognitive and language development.[122] Training of caregivers in early childhood education is an important contributor to the way in which they interact with children and has a positive influence on social and cognitive development.[123] There have been fewer studies of after-school services for children but one study found that factors like the adult-child ratio, group size and caregiver training were just as important for older as for younger children.[124]

In Ireland, two initiatives within this general category have been carefully evaluated and published: the Rutland Street Project[125] and the Early Start Pre-School Programme.[126] The Rutland Street Project was set up in 1969 in a disadvantaged part of the inner city of Dublin. It was a structured pre-school programme for 3-4 year olds which also involved parents. The evaluation showed that, during their two years in the project, children made good progress in acquiring school-related knowledge and skills but failed to keep pace with the achievements of other children when they transferred to primary school.[127] A follow-up of these children found that they stayed longer at school and were more likely to do a public examination compared to a control group from the same area although there was little difference from the same control group in terms of being assigned to special classes, school absenteeism or delinquency.[128] The Early Start Pre-School Programme was established in the academic year 1994-1995 to promote the education and development of pre-school children in disadvantaged areas in order to reduce the risk of subsequent failure in school. In many respects it is very similar to the Rutland Street Project except on a much larger scale. The evaluation of the programme found that, using standardised tests, there were "no differences" in terms of cognitive, language and motor behaviour between Early Start and non-Early Start pupils in their first year in primary school.[129] This appears a little discouraging although it needs to be seen in the context that many of the children in Early Start were selected because they came from vulnerable families; in other words, to do as well as other children might be seen, other things being equal, as an achievement. However the evaluation also found that, in the opinion of teachers, Early Start pupils tended to be superior to pupils in previous years in terms of a number of dimensions including cognitive ability, social and emotional maturity,

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[122] see Howe, 1988

[123] Howe, 1997

[124] Rosenthall and Vandell, 1996

[125] Kellaghan, 1977; Kellaghan and Greaney, 1992

[126] Educational Research Centre, 1998

[127] Kellaghan, 1977

[128] Kellaghan and Greaney, 1992

[129] Educational Research Centre, 1998, p.109

readiness for school, determination, ability to concentrate, creativity and originality.[130] These results seem to indicate a tension between the standardised tests and the perceptions of teachers and account for the somewhat inconclusive results of this evaluation. Nevertheless the teachers perceptions point to the importance of social interaction outcomes in early education interventions (which were not assessed by standardised tests) but which have been found to be among the significant longer-term benefits of similar programmes like the High/Scope Perry Pre-School Program in the US.[131]

Research on the effectiveness of interventions to promote child development and education underline two important dimensions of impact. First, interventions can and do make a difference to children and the size of the difference is directly related to the quality and style of the interventions; high quality programmes which focus on the child's social interaction skills seem more likely to have long-term benefits and, for that reason, to be more cost effective. However the precise way in which these impacts are mediated and moderated through the child, the family, and the community are still poorly understood. Second, no one intervention can overcome all the disadvantages which children from poor and vulnerable families are likely to experience. Early intervention can help to compensate for some of these disadvantages but, as one commentary has suggested, it cannot fully overcome the effects of "poor living conditions, inadequate nutrition and health care, negative role models and substandard schools."[132] This highlights the need for a multi-faceted approach not only to children but also to family support generally.[133]

Many of the lessons for good practice in childcare - which includes after-school as well as pre-school services - have been distilled by the Partnership 2000 Expert Working Group on Childcare.[134] In line with research on effectiveness, these guidelines emphasise the importance of focusing on the needs of the child and working in partnership with parents as well as other dimensions of quality such as good facilities and equipment, trained staff, high adult-child ratios, and linking children to other community activities and services. The Working Group also recommends that, in disadvantaged areas, "childcare services must be provided within the context of local community development, targeting in particular those groups most in need of childcare support."[135] It might also be added that these initiatives should be encompassed within a family support context.

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[130] Educational Research Centre, 1998, pp.119-110

[131] Schweinhart, 1997

[132] Zigler and Styfco, 1993, p.129

[133] see Kellaghan, Weir, O'hUallachain and Morgan, 1995

[134] Partnership 2000 Expert Working Group on Childcare, 1999, Chapter Five

[135] Ibid, p.39

7
Youth Work

"Underlying youth work is a 'process-oriented' and 'person-oriented' approach which emphasises informality, the willingness of youth workers to engage with young people on negotiable terms and a recognition of young people's status as active partners rather than passive consumers"

BRADFORD, 1999, P.194

Youth work refers to a broad range of out-of-school activities for young people in the areas of sport, recreation, leisure, education and personal development. Its broad aim is the personal and social development of young people and the preparation for a successful transition to adult life.[136] In Ireland, about half of all young people are involved in youth activities[137] compared to over 60% in Britain.[138]

In his description of Irish youth services, Gilligan[139] distinguished four types:

1. activity-centred services such as youth clubs and uniformed youth organisations such as scouts, guides, etc.

2. information, advice and counselling services such as the Youth Information Centre run by Dublin Corporation

3. employment and training services such as community training workshops and youthreach centres

4. youth projects in disadvantaged areas such as Neighbourhood Youth Projects.

An important aspect of youth work, which is of particular relevance in this context, is the provision of services for young people who are at risk of harm to themselves and others through early school leaving, crime, drug use, etc. These groups, according to the research in Ireland and Britain, are the least likely to participate in youth services.[140] In Ireland, services for these groups have expanded in recent years through initiatives of the Department of Justice, Equality and Law Reform and the inter-departmental Children at Risk Fund which was set up in 1998.

One review of the literature suggested that best practice in youth work is normally informed by the following core principles:

1. A secure and informally organised facility combined with outreach work is essential in making contact with young people and offering them appropriate help and support

2. It is important to strike the right balance between leisure, education, advice, counselling and other forms of intervention according to the needs of the young persons

3. The relationship between youth worker and young people is crucially important both in terms of one-to-one contact and group dynamics

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[136] Kennedy, 1999

[137] Ronayne, 1992, p.8

[138] Department of Education, 1995

[139] Gilligan, 1991, pp.88–93

[140] Ronayne, 1992; Department of Education, 1995

4. The active participation of young people in decisions about what they want to do is essential

5. Creating networks and partnerships with other services can expand the capacity of a youth service to meet the needs of young people.[141]

Other research, particularly involving interventions with adolescents in difficulty, point to the importance of involving parents in that work. This is one of the findings to emerge from an evaluation of the Westside Neighbourhood Youth Project in Galway which recommended that "in order to help adolescents in difficulty, professionals should support their key supporters, i.e., their parents. We may need to consider it as given that adolescents cannot be worked with in isolation and... working with a young person successfully inevitably means working with the family, particularly parents. Furthermore, given that the parent-adolescent relationship may be a durable one, rather than bypassing parents, effective community-based interventions may only be optimally successful where parents are engaged as key players."[142] The importance of parents in determining the effectiveness of interventions with children has also been highlighted in the evaluation of Springboard.[143]

Despite widespread consensus about the value of youth work there are virtually no studies which have demonstrated its effectiveness. According to one reviewer, "there is an absence of systematic external research on youth work's effectiveness."[144] As with community work, this is partly due to the diverse and sometimes vague objectives which youth work tries, and is expected, to achieve as well as the informality of this style of work, all of which make it difficult to organise rigorous evaluations. This is something which needs to be rectified. It is telling, for example, that recent studies on crime prevention in Britain could find little evidence to show that youth work was especially effective in diverting young people from crime.[145] Of course, this may reflect the absence of proper evaluations as much as the effectiveness of youth work.

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[141] see Bradford, 1999

[142] Canavan and Dolan, 2000, p.139; see also Herbert, 1998

[143] McKeown, Haase, and Pratschke, 2000

[144] Bradford, 1999, p.192

[145] Graham and Bowling, 1995; Department of Education, 1993

8

Community Development

"It is essential for policy makers to realise the extent to which 'community' is of central importance for children, not marginal. Alongside the home and school it is where children learn and develop"

HENDERSON, 1999, P.103

Community development is about building communities - especially communities in disadvantaged areas - through working with groups and organisations to develop collective strategies on common issues such as housing, environment and local services. 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.

The main government department involved in supporting community development in Ireland is the Department of Social, Community and Family Affairs through funding community development projects as well as family and community services resource centres; the Combat Poverty Agency plays a key support role in this context. Area Development Management Limited (ADM) also has a remit for community development under the auspices of local development. The Department of Social, Community and Family Affairs defines community development as follows: "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." [146]

Community development is often described in terms of its method rather than its particular activities essentially because its beneficial impacts are assumed to derive as much from the methods as from the activities. A simple example in the context of family support would be the provision of childcare services which could be part of a community development process (such as many of the family projects funded by the Department of Social, Community and Family Affairs) or part of mainstream service provision (such as the Early-Start Initiative of the Department of Education and Science). According to ADM (1994), the process of community development is characterised by the following properties:

1. it is collective

2. it is participatory

3. it is empowering

4. it is concerned with process as well as task

5. it tries new and creative approaches

6. it improves quality of life

7. it confronts prejudice.

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[146] Department of Social, Community and Family Affairs, Undated, p.2

Notwithstanding the widespread support for community development and the large number of initiatives that have tried to implement it, there have been few, if any, rigorous evaluations of the impact of community development on supporting children or families. Referring to the UK, one reviewer has noted that "there has been virtually no UK research targeted specifically on community work with children."[147] For the most part, research on community work and families tends to be highly descriptive and falls short of rigorous evaluation criteria with the result that all methods involving community development are assumed to be equally effective. In Ireland, the situation is no different and can be seen in the fact that the Commission on the Family was unable to cite one evaluation which demonstrated the effectiveness of community-based family support services.[148] This does not imply of course that community development is not an effective way of supporting families and children; however a thorough evaluation may be able to show that some approaches are more effective than others.

The lack of systematic evaluation on the effectiveness of community development approaches to family support is due in part to the holistic and diffuse nature of this work which can make it difficult to be precise about the intended outcomes. Nevertheless methodologies have been developed which allow these difficulties to be addressed.[149] The implications of not evaluating this work have been spelt out by one reviewer as follows: "If community work with children is to obtain the recognition and resources it deserves, then it is time for community workers to be more tough-minded about a research agenda.... A priority must be to expose the practice of community work and children to more rigorous, longitudinal research and evaluation."[150] These considerations serve to highlight the importance of evaluation in all types of family support work.

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[147] Henderson, 1999, p.95

[148] Commission on the Family, 1998, Chapter Two

[149] see for example, Barr, Hashagen and Purcell, 1996

[150] Henderson, 1999, pp.100-103

9

Conclusion

ll happy families are alike but an unhappy family is unhappy after its own fashion"

TOLSTOY, L., 1978, P.1

This paper has reviewed a wide range of interventions which typically fall within the umbrella of family support services. Its underlying purpose is to identify what is known from careful and robust research about the effectiveness of different methods of supporting vulnerable families. Before summarising the key findings for each type of intervention, three general observations are appropriate. First, family support work is embedded in the broader socio-economic context of disadvantage and its effectiveness cannot be separated from broader co-ordinated measures to address problems such as poverty, unemployment, educational disadvantage as well as inadequate facilities and services which can have such a debilitating effect on families. Second, training in the work of family support covers a wide range of interventions although all forms of training require an emphasis on the core themes of developing family strengths, restoring hope, building social networks and cultivating the capacity to survive adversity. Third, family support is likely to require intervention over a relatively prolonged period of time given the number, intensity and duration of problems which beset the most vulnerable families. It is against this background that we now summarise the key findings for each type of intervention.

Therapeutic Work

The effectiveness of therapeutic interventions in helping clients - whether children, adolescents, parents, couples or families - in overcoming their difficulties has been exhaustively reviewed. The main finding is that all forms of therapy are effective but, in general, none is more effective than another. This suggests that there are common factors which influence the effectiveness of all therapeutic interventions, including those made by family support workers. The four common factors which have emerged from research are: client characteristics and social support; therapist-client relationship; client hopefulness; and therapeutic technique. The most important implication of this research for the practice of family support is that clients - and not family support workers - are the main determinants of outcome effectiveness. The implication of this, in turn, is that interventions to support vulnerable families must be tailored to the family's definition of need. It also implies cultivating a strong therapeutic relationship with the family, building upon its existing strengths and resiliences, developing its social support networks and, above all, restoring faith and hope in the family's generic capacity to solve its problems.

Parent Education Programmes

Parent education programmes have been carefully evaluated, both in Ireland and elsewhere, and are known to be effective. Although there are about 30 different parenting programmes available in Ireland there is a dearth of appropriate materials for use by parents with low levels of literacy. Parent education is not a panacea since parenting is rarely the only problem besetting vulnerable families and is unlikely to be a sufficient response in families where, in addition to parenting problems, there is parental stress, depression, social isolation or relationship problems. Research has shown that good parenting programmes have the following qualities:

1. topics identified by parents

2. emphasis on specific skill development

3. parents given additional information or materials

4. social networks established through the programme

5. participants self select

6. 'hands-on' active participant involvement

7. specific child behaviour or social skills focus.

Home-Based Parent and Family Support Programmes

Home-based programmes cover a wide spectrum of interventions from intensive therapeutic work to doing practical household tasks with parents; some interventions involve professionals, others para-professionals or non-professionals. Evaluations of a wide range of initiatives in Ireland, Britain and Holland have yielded very positive results; in the US the results have been less encouraging although this may be due to the specific indicators of effectiveness that have been used.

In addition to being a support for vulnerable families, home visiting over a prolonged period is also effective in families where children may be at risk of abuse or neglect. As with other interventions, home-based interventions have their limitations and are not so effective with older children or children with severe psychosocial problems or indeed with parents who are unwilling to co-operate. In other words, successful outcomes are likely to take longer where families have multiple and long-standing problems, have fewer social supports and have lost confidence in their own ability to overcome adversity.

Child Development and Education Interventions

Interventions to promote the development and education of children from disadvantaged backgrounds comprise a wide range of measures such as crèches, nurseries, play groups, pre-schools, homework clubs, after-school clubs, home-school liaison services, alternative school projects, etc. Research has shown that these interventions can and do make a positive difference to children and the size of the difference as well as its duration is directly related to the quality and style of the interventions; high quality programmes which focus on the child's social interaction skills seem more likely to have long-term benefits and, for that reason, are more cost effective. In line with research on effectiveness, guidelines for good practice should recognise the importance of focusing on the needs of the child and working in partnership with parents as well as other dimensions of quality such as good facilities and equipment, trained staff, high adult-child ratios, and linking children to other community activities and services.

Youth Work

Youth work refers to a broad range of out-of-school activities for young people in the areas of sport, recreation, leisure, education and personal development. Notwithstanding its importance, there have been very few good quality evaluations of this type of work. Nevertheless there seems to be widespread agreement that the following principles constitute good practice in this type of work:

1. A secure and informally organised facility combined with outreach work is essential in making contact with young people and offering them appropriate help and support

2. It is important to strike the right balance between leisure, education, advice, counselling and other forms of intervention according to the needs of the young person

3. The relationship between youth worker and young people is crucially important both in terms of one-to-one contact and group dynamics

4. The active participation of young people in decisions about what they want to do is essential

5. Creating networks and partnerships with other services can expand the capacity of a youth service to meet the needs of young people.

6. Working with a young person successfully inevitably means working with the family, particularly parents

Community Development

Community development is about building communities - especially communities in disadvantaged areas - through working with groups and organisations to develop collective strategies on common issues such as housing, environment, local services. 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.

Like youth work, there have been very few good quality studies of the impact or effectiveness of community development. However there is widespread agreement that the following principles should inform the process of community development:

1. it is collective

2. it is participatory

3. it is empowering

4. it is concerned with process as well as task

5. it tries new and creative approaches

6. it improves quality of life

7. it confronts prejudice.

Final Comment

A central theme throughout this paper is that family support needs to be flexible and adaptive in its engagement with vulnerable families. Above all, family support must seek to cultivate the strengths and innate problem-solving abilities of all families and restore confidence in their capacity to overcome adversity. This is not easy in view of the complexity and duration of many family problems as well as the broader context of poverty and social exclusion which reinforces the vulnerability of these families. As with the families themselves, it is important that family support workers are not overwhelmed by the weight of adversity which they are expected to address. This paper has shown that vulnerable families may need to be supported for an extended period but this is likely to be effective in the long run if the family support worker builds a strong supportive relationship with the families, develops their strengths, expands their support networks and cultivates an attitude of hope and optimism that life can be better for the family.

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