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**A Qualitative Study of Public Perspectives
on Family Support Services in Ireland.**

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Abstract

Family Support Services (FSS) were set up to help families to cope with the stress and strain of modern life. Such services have been considered to be of immense value to people living in designated disadvantaged areas. However, there is little information on the public's perception of family support services in Ireland. Since the provision of efficient and effective services requires knowledge of users' needs, it is essential that these issues be addressed. The purpose of this study therefore is to investigate parents' views and experiences of family support services by a qualitative exploratory study conducted in the North West Sector of Cork City in the late 20th century. This area was selected as it is one of the most socially disadvantaged areas in Ireland. The study consisted of in-depth interviews with 10 mothers and a focus group with another 10 mothers. Such a small scale study was undertaken as there was a distinct lack of evidence on users' views on Irish FSS to warrant a larger sample. Analysis of mothers' accounts suggested that use of FSS was affected by the perceived stigmatising effect of using the services, disillusionment at the quality of the service provision, the invasion of domestic privacy and lack of users' input into the services being provided. There was also a lack of knowledge amongst the respondents about the services and it emerged that more effective advertising about the available FSS in the area was needed.

Family Support Services are targeted at families coping with normal parenting stresses but can also be effective when working with vulnerable families who are affected by domestic violence, child abuse, racism, prejudice and mental health difficulties. As a result, FSS have much to offer the public but the absence of studies on users' perspectives needs to be addressed if efficient and effective service provision is to be provided. Little has been published since the study was conducted and given the importance placed on FSS, it is crucial that some research be done in the near future.

Keywords

Family support services, family units, parental stress, Irish health services.

Introduction

In recent years, child protection has become a prominent item on the public agenda in the United Kingdom and the Republic of Ireland. Public and private agencies are increasingly expected to provide services to help prevent child abuse or neglect by providing support for 'stressed' families and by providing appropriate care for families with serious child-rearing problems (McCroskey & Meezan, 1998). In 1991, the Irish government implemented the Child Care Act, which prompted a restructuring of the provision of child-care services and the expansion of state intervention into aspects of family life. In particular, the Act imposed a clear statutory duty on the health authorities to provide a range of family support services (FSS) (Department of Health and Children, 1990). Such services involve the statutory and voluntary partnership in the provision of child-care and include family therapy, home help services (for example, the 'Community Mothers Programme' and 'Home Start') to offer support and guidance in managing the family and household (Ad hoc Home Help Committee, 1985) and family centres, which are similar to "Family Units" in Britain (Smith, 1974). These aim to provide community based services in response to local needs (Ni Giolla Choille, 1984). In addition, FSS can be specifically designed to meet the needs of an economically deprived area through the provision of services like day-care, after-school activities and parenting support (O'Kane, 2000).

Drawing upon the report by the Task Force on Child Care Services (1981) which highlighted the costs of child rearing, Irish FSS are targeted at families with low income, in particular those on social welfare (Irish Society for the Prevention of Cruelty to Children, 1995). However, little is known about the uptake of these services and what people think about them. With the exception of a few studies (McCullough, Spratt & Hasson, 2001; Murphy, 1994; Eastern Health Board, 1985), the provision and usage of Irish FSS have not been analysed. In particular, users' needs have yet to be addressed.

The purpose of this paper is to investigate parents' perceptions of FSS in Ireland. Due to the limited knowledge about Irish FSS, this piece of research had to be of an exploratory small-scale nature and thus focused upon the provision of FSS by

one of the eight Irish health authorities, the Southern Health Board. This health board is responsible for health and community services for the counties of Cork and Kerry. Cork city and county are divided into ten geographical sectors for the purpose of providing specialised healthcare. This enables the Southern Health Board to focus directly on the specific needs of those living in each sector. One particular sector, known as the North West Sector of Cork City, is one of the most socially disadvantaged areas in Ireland. Since the provision of FSS by the Southern Health Board is largely targeted at this population, it was decided that this sector was a good starting point for research into the utilisation of FSS in Ireland. After a brief review of relevant literature, the paper will set out the study methods before presenting the accounts of parents' experiences of FSS in Cork city.

Family Support Services

The term 'Family Support Services' is used to describe a range of government backed services aimed at maintaining and aiding the family unit in western societies. Though the type and number of services provided vary from country to country, FSS and its related programme, Family Preservation Services, are largely regarded as being very beneficial to the family unit by supporting parenting. They have the capacity to provide services that help stressed families prevent child maltreatment and to enable families with serious child-rearing problems to stabilise the home and provide more appropriate care for their children (McCroskey & Meezan, 1998). Comer & Fraser (1998) evaluated 6 family support programmes in the USA from 1983 to 1994 and concluded that FSS can be effective in strengthening families, promoting children's welfare, improving parent education and producing long-term and short-term gains in housing and income. Whilst FSS are targeted at families coping with normal parenting stresses, research in Britain has shown FSS to also be effective when working with vulnerable families affected by experience of domestic violence, child abuse, racism, prejudice and mental health difficulties (Gray, 2002). This has been supported by Hess et al (2000) in the USA where FSS have been found to provide comprehensive, individualised responses to families in need and to prevent unnecessary placement of children in care. FSS incorporates a multi-disciplinary

approach with a component of a home visiting support service, which has been showed to be successful in helping individual families cope with their challenges in low socio-economic areas (Luster et al, 1996). Deprivation places stress on familial units, for example, marital breakdowns, high illness rates and high crime rates (Fitzgerald & Jeffers, 1991). Therefore, FSS provided by statutory or voluntary agencies can be regarded to be of importance to low socio-economic areas in Ireland and it is interesting to examine the extent of uptake by parents in the North West Sector of Cork city.

Methods

The aim of this study was to identify the extent of parents' knowledge of FSS in Cork City North West Sector (Table 1) with particular emphasis being placed on their function and their relationship to the locally operated informal social care networks. The Cork City North West Sector was chosen as it is significantly more disadvantaged than the rest of Cork city in terms of unemployment, dependency, service provision and health (Central Statistics Office, 2002; Central Statistics Office, 1996). It is also a designated area under the E.U. Programme for Economic and Social Progress (PESP) (Cork Corporation, 1992; Cork Corporation, 1990). The majority of residences in the North West Sector are Local Authority and were built in the 1930s under the slum clearance order slum clearance order to relieve the slum areas known as "The Marsh" in Cork's inner city. The area is completely residential with no nearby industrial sites, hospitals, recreational facilities, open spaces and other facilities such as banks, credit unions, supermarkets are all located at the city end of the sector, at the bottom of the steep hills. In 1996, there were 6388 families with 13,959 children residing in the North West Sector (Central Statistics Office, 1996).

Table 1

List of Family Support Services provided by statutory and voluntary agencies within Cork City in the late 1990s.

The Public Health Nursing Service	Health Centres/Clinics
General Practitioner Services	Family Resource Centres
Home Help Service	Home Start
Post-Natal Depression Group	Community Mothers
Crèche	Pre-school Playgroup
Mother's Alone (Tus Nua)	Woman's Interest Group
Woman's Own Group	Woman's Action Group
Mothers Unite Maximum Support Group	Women in Separation Group
Community Welfare Officer	Community Dentist
Speech and Language Therapist	Social Worker
Home School Community Service	Family Planning

Due to the limited knowledge about users' perceptions of Irish FSS and the diversity of issues and views that needed to be synthesised, a qualitative approach was required. This study employed in-depth interviews and a focus group within a qualitative research framework and was conducted in the suburbs of the North West Sector of Cork City, Ireland. Focus groups and in-depth interviews are appropriate methods when complex issues need to be explored, allowing participants to engage in a dialogue in their own language and explore issues which are important to them (Kitzinger, 1995). Furthermore, the data gathered from both methods can be used to support each other's findings. In this study, the interview data was also used to develop themes for the group discussion. As this study was undertaken as part of a higher degree at an Irish university and did not involve patients from the Irish health services, seeking ethical approval was not deemed necessary.

Participants were recruited in their homes. Initially 30 mothers were approached via a structured interview, completed by the respondent in the presence of the researcher. From this, a purposeful sample of 10 respondents was enlisted for the

in-depth interviews on the subject. This was in accordance to the phenomenological qualitative approach utilised to describe the experiences from participants' point of view (Leedy, 1997). Five mothers had never used the services and the other five had used or were using them. Herein, these interviewees will be referred to as users 1 to 5 and non-users 1 to 5 in order to protect identities. Another 10 women were recruited for the focus group. It should be pointed out that 'non-users' have had contact with FSS as they have had a visit from the public health nurse. Therefore, the respondents' non-usage refers to their own perceptions of what Family Support Services entail.

All interviews were conducted in the interviewee's homes and lasted one hour, during which the interviewee was interviewed alone. Field notes were taken and the interviews were also tape-recorded and later transcribed. Interviewees were assured of confidentiality and anonymity. Interviewees were encouraged to freely express their views and experiences in relation to the FSS available to them in their areas. It is worth noting that some interviewer bias was introduced as all interviews were conducted by a senior public health nurse with the Southern Health Board. This did cause tension at the start of some of the interviews as the interviewees approached the questions with guarded caution. This was especially marked with those who were not using the services. However, it should be pointed out that public health nurses are in daily contact with the general public and while they are recognised health board officials, their image of being carers can endear them to their patients.

The focus group was conducted in a local health centre by the same researcher and focused on the quality, accessibility and usage of FSS. Issues raised by interviewees were mentioned by the researcher and further discussed in the focus group setting. The 10 women who took part had used at least one component of the family support services. Field notes were taken and the discussion was tape-recorded and transcribed. Like the interviews, this focus group was conducted at the end of the 20th century. Whilst the authors are aware that this was some time ago, the absence of further research on these services in Ireland, the UK and the

USA means that this piece of research is still timely and has much to offer to future studies on this area.

The method of data analysis employed was that of a thematic analysis, which consisted of identifying key themes and categories across the participants. Transcriptions of the interviews and the focus group were reviewed in their totality and the themes were elicited independently by the two investigators. The software package Nudist 5 QSR was used. Again, it should be reiterated that the primary purpose of this study is that of exploration and thus emphasis is placed on gaining insight into the perspectives of users and non-users of Family Support Services.

Results

The themes that emerged from the data consisted of the perceived stigmatising effect of using the services, the disillusionment at the quality of the service provision, the invasion of domestic privacy and lack of users' input into the services being provided. These themes were also raised in the focus group.

Stigmatising Effect of Using the Services

One recurring theme throughout the interviews and the focus group discussion was the discrepancy between lay and health professionals' perceptions of FSS. Health professionals may view FSS as being beneficial but the women saw an attached stigma if they use the services. The interviewees acknowledged they needed help with their childrearing but using FSS was perceived to be a proclamation of 'bad motherhood'. It was suggested to the interviewees that FSS were not a 'cure' for inadequate parenting but were modern society's answer to the disappearing extended family network. The interviewees did not agree with this. Family Support Services were seen as an admission of irresponsibility. As one interviewee said "it's like I can't give my kids a happy home". There was also a feeling that the general public perceived financial problems as being an inability to manage money efficiently. Interviewees expressed the opinion that using FSS sent out a message to their neighbours that they had failed in the role of a parent to financially provide for their children. Even amongst those who used the services,

they reported that they remained quiet about needing them. User number 5 believed that the local Family Resource Centre should have an overall of image – “maybe made into a leisure centre”- as she felt embarrassed going there as it made her “feel like an unfit mother” every time she went. Interestingly, Non User number 2 (NU2) would not use any of the services as her boyfriend feels they are only there to take the children away from them.

I: *Why do you think that?*

NU2: (shrugs). *What are they there for? Why here? You don't hear of them in Bishopstown [another Cork suburb] or somewhere like that....I'd rather more money to feed the kids, free child minding, a bus pass or that sort of a thing.*

F: *What if the Southern Health Board could give you these things, would you still see them as trying to take the kids away from you?*

NU2: *There would be a catch somewhere.*

The apparent distrust of the services is possibly linked to the bad public image the area has. During the focus group, anger was expressed at the adverse media articles on sector, depicting stories of violence and crime. As one woman commented “they are not doing our family image any good”. Another added “we are good to our children, we are good parents”. There was an underlying belief that people in the sector were being targeted and they were aware of the connotations that residence in the sector had. The terms ‘Family Support’ and ‘Family Resource Centres’ served to highlight to many in the Focus Group that their family skills were somewhat lacking due to where they lived. Since FSS are meant to be available to all families, it is interesting that a service which is meant to aid families further emphasises that family problems are exclusive to low socio-economic groups.

However, during the interviews and the focus group, it became clear that stigmatising effect of FSS was partly due to inadequate imparting of information from the health board. Eight of the ten mothers in the focus group first heard of most of the services when they were mentioned to them at the start of the group discussion. Upon learning about their benefits, they were anxious to seek further

information on many of the services available to them in their district. More advertising is needed but as reflected in the interviews, the advertising should promote a positive image of the services. According to User Number 3, "we're not sick or completely incapable of minding our children, it's just that sometimes we all need a helping hand." All of them would like to have one source of information where they could find out about all the different services that they would need. User Number 1 suggested an information desk at the Family Resource Centre or health centre. However, considering the stigma that the women expressed in relation to visiting the centres, perhaps a more private measure should be endorsed. User Number 5 suggested that the GP or public health nurse distribute the information but while this could be effective, it may not be possible as these professions already have a great deal of tasks to perform. The distribution of a newsletter to their homes was suggested by the interviewer and the reaction was positive. They would all look at it if it was attractive, easy to read and with interesting articles.

Disillusionment at the Quality of the Service

The physical aspects of the local health centre and the standard of hygiene were a big issue amongst the respondents who used the health centre. In the focus group, those who had been to the health centre expressed their anger at the "filthy condition" of the premises. Some women felt insulted by being expected to bring their children into such "dreadful buildings". They wanted the health centre to be consumer friendly with adequate baby changing facilities. As one respondent commented, "outside and inside, the buildings are a disgrace with no signs, no paint, no receptionist, and very little heating". This is echoed by another interviewee who commented: "the cheek of the Health Board to expect us to use such hovels." In the interviews, four of the users were unhappy with the "awful" appearance of the health centres. As User Number 1 said, "The place should be so much brighter and cleaner with an information desk on all the services I'm entitled to. My centre is so dirty and there's so much queue jumping and there's no receptionist to tell you where to go - I just hate going into it". This was an opinion shared by User number 5 who said "the quality is appalling and there's no nursery

for the children. You'd have to go all the way over to St. Mary's of the Isle and even then, it's very hard to get the children in there".

User number 2's main complaint was that there wasn't any hospital near her. At that time, she had to travel to the other side of the city to visit her child in hospital. She also had to bring her second child with her so it cost her two bus fares and she felt that this journey through the city was not appropriate for her because of her asthma. She also pointed out that as far as she knows there are not any services in her area. "You've to go into town for everything....If they are there, no one has ever told me." Several respondents commented on the lack of a hospital for the 'Northside' of the city and it was garnered that when assessing the quality of FSS, access to a hospital is a priority. Many of the focus group expressed the view that this void should be filled by the expanding role of the health centres. Others felt that a hospital should be set up in the sector or at the very least, a casualty clinic. This was of utmost importance to them as in cases of emergency they have had to travel to the other side of the city. This worried some of them as "there's a good few of us who don't have cars so what happens if you break your leg or something?"

Another common perception was that FSS were too diverse to offer adequate support. Indeed their utilisation was seen as a burden. User number 4 was adamant that the problem with FSS is that the services are too fragmented and she has had to go to so many different places to tell her story over and over. She maintained that one centre would be quite efficient where there could be one contact for you who would help you get in touch with who you need. User number 5 agreed that the services were too fragmented, adding that this was also geographical. She stated that every week, she had to get two buses to her counselling sessions in the Southside of the city. This put extra pressure on her as she had to get in a child minder and she really cannot afford one. Her *Mothers Alone* group meetings are also in the city centre and again travelling in to them costs money that she cannot afford to spare. Only User number 3 was completely happy with the services she used. Since joining the *Women in Separation Group*, she reported that she had new found confidence and was now taking interior

decorating classes. She had also encouraged her friends to do the same and they had started taking different classes at the local family centre and at her son's national school.

Only two of the non users commented on their disillusionment at the quality of the services. Non User number 4 thought that the services were just not suitable for working mothers especially since they are not available at the weekends. She has had to pay for both crèche facilities and a child minder, adding "the state services do little as it is. We have to pay for everything." As a result, she feels that the organisers of FSS do not take into account the phenomenon of working mothers. Lack of child minding facilities was also an issue in the focus group and this was maintained to be a reflection of the poor quality in provision of FSS. Many women felt that they are cut off from the world by constantly minding their children. So for them, the most relevant service which should be provided was that of the crèche or similar facilities so that they could go about their other activities. The women also felt that the local Family Centres should offer free admission to the existing swimming pool in the area and travel vouchers for summer months in order to be able to visit the seaside or forests. In relation to the views of the other non-users, Non User number 3 just didn't have the time to be bothered nor did she feel that the FSS or Family Resource Centres were suitable for her. She was very contented with her own lifestyle. Non User number 1 just simply never heard of them, adding "me mam [mum] never told me about them".

Invasion of Privacy

A strong criticism of FSS was the invasion of privacy in the home by public health nurses and other health professionals. The women felt that their homes and their lives were being judged and this made them uncomfortable. Home visits were seen to be invasions, even amongst those who regarded FSS as being beneficial to their family dynamics. User number 4 reported that she had used "all the child welfare services" when her children were small in order to help her get over a crisis period when her husband had left her. Despite appreciating their help, she resented the way her home "was invaded" by all the statutory bodies. "There was

one calling every minute. You just had no privacy. What's funny is how they were coming to help me with my children yet how could I be a good mother to them when they were always around?" She also felt that this made her lose confidence in herself as she did not think she needed so much of a 'back up' service. Her husband, she said, "wasn't any good anyway but I didn't think I needed so much to replace him". In a way, she felt it undermined her ability to be a parent. In addition, she also thought that the social worker and community welfare officer were always "checking out the state of my house". This was an observation shared by User number 5 who said that her social worker always called in the morning at awkward times. "That's the time that you're doing your washing and ironing and other housework. I mean no one has a tidy house in the morning. If the social worker called in the afternoon after lunch, she'd see a huge difference. Also you're more relaxed in the afternoon once your morning's work is done." Non User number 5 also did not like the way the callers from the Southern Health Board operate because they call without letting the people know. Like Users no 4 and 5, she felt that the callers were analyzing her home and expected it to be like "a palace". This perceived intrusive behaviour was enough for her to disregard the services.

Input into Services

Throughout the interviews and in the focus group, there was a sentiment that the sector had been badly planned and the community's needs were being overlooked. Many spoke of the lack of green areas for children to play in and that the Cork Corporation had built too many houses on the 'Northside' with no amenities and a grossly inadequate public transport service. As a result, most of the focus group would like to be involved in any new developments in services for them as they feel that since they'll be using them they should be consulted. They also all complained about the lack of industry in the area. One woman said, "By putting all the factories on the Southside, not only does [mis] we have to travel further but the companies are not likely to give [mis] us the jobs, you know, as they always give [mis] the jobs to the people that live near them." Again this alluded to the feeling of being discriminated against by the authorities and the media because of

where they resided. As another woman said, "people who never lived in the area like, who don't know us like, keep telling us like what they think we need." Another added "yeah, and they're giving us services that they wouldn't dare use." The women felt that only they know exactly what they needed and maintained that they should have been involved in the planning of the services.

The name 'Family Resource' was again strongly condemned. One woman summed it up as "it makes us sound like we haven't a clue, like we're too stupid to know how to run a family. I came from a large family and I have a large family and that has given me more education than their books and 'experts' ever will". Two other women looked on the services as being typically designed by men. One commented "it would be more in their line to learn how to be a parent than to be constantly breathing down our backs. Women [have] always done a good job yet they blame us for everything - for drugs, for crime and for delinquents. If it's Family Support Services that they want, then they should be made compulsory for the men only." Some of the women felt that they did not need the additional support as the support of their own family, in particular their mothers, was sufficient to meet their needs.

Out of the interviewees, all the users felt that the services did not suit the needs of the community but only three of them expressed a wish to be involved in their implementation. User number 1 said "they never asked what we wanted. They just told us what we should have." This was echoed by User number 3 who said that no one asked anyone she knew for input into the setting up of the services. "I'd certainly like to be involved in the setting up of a new development. After all, we know what we want". User number 5 added "all these social workers keep telling me to play with my children. My mother never played with me and we all got on fine. Some of these people don't even have children yet they're telling me what to do. It's all wrong, you can't learn about life from a book yet it gives them the authority to boss the rest of us around." The non users all felt that the services were not geared towards them but instead further alienated them from the society. For that reason, they would not use the services and this in itself is perhaps a good

reflection that FSS may be trying to fill a gap that its potential users do not feel exists.

Discussion

Investigating users' perceptions of such a diverse range of services like Family Support Services is a difficult task. Given the small-scale nature of the study, it is very possible that the researchers have accessed individuals who are the most vocal of the services' users. Furthermore, the study was restricted to one sector of one city in Ireland. Exploring FSS users' perspectives really should be examined in a larger scale qualitative project with the eventual aim of a more quantitative and therefore more representative approach. However, this study has produced some worthy findings which could be developed further in future studies, in particular utilising users' perspectives in the planning of services to meet users' needs.

Unfortunately, there is little in the literature that reflects this study's purpose and findings. The literature largely focuses upon the views of FSS providers. However, the perception of the services being an added burden is similar to the findings of Barlow et al (2004). They interviewed 19 women on why they refused to take part in a randomised controlled trial on an intensive home visiting service in the UK. When voicing opinions on the service, the women did not conceptualise the service as potential support but as an added burden. They also reported that they did not need the additional support as they drew on their own families for parenting assistance. Moreover, their interviewees expressed a gap between what professional support they would need and what they would get. In this study, despite the diversity of services, the women felt that FSS were not matching their needs.

It is interesting that the women raised the issue of their domain being 'invaded'. Often the literature in regard to home visitors focuses on the service providers, stressing the advantages of a more accurate assessment of the client's environment and interaction with family members (Kruger, 1998). It is evident that the women were acutely aware that their homes were being assessed and this places more

strain on a situation that could already be highly tense. This is something that should be investigated further, perhaps also looking at the effects of the mother's stress on the child or how other family members feel about home visits. Certainly the perceived intrusion and judgement of homes should be taken into account when home visitors, such as nurses and social workers, approach clients within their own home environments.

Conclusion

Family Support Services operate on a preventative ethos whereby adults can care for their children and learn to cope with societal stresses in their own community. However, the services are not being used to the degree that their developers had envisaged. As revealed in this exploratory study, many people feel that the services stigmatise them, as the services are not in operation to the same extent in the more affluent areas of the city. In addition, users of the services thought that the services were not developed to meet their needs specifically. Instead the services seemed to address what the developers perceived the community should have. There was also a lack of knowledge among the respondents about the services and it emerged that more effective advertising about FSS is needed.

This was a small study in which the participants cannot be assumed to be typical of users in other areas, indeed in other nations. However, the study has raised some questions in relation to the possible gap between what policy makers deem as being beneficial to family unit and what the public may actually want. Including services in relation to parenting within health service provision may appear on paper to be invaluable but uptake of such services is greatly affected by the social prejudices caused by social stratification. Furthermore, there is a prevailing belief that domestic life should be private and any outside help reflects an inadequacy in parenting. Given that the family is the fundamental unit of society, protecting the health and social relationships of its members is vital. Family Support Services have a role to play in Irish society and further research, particular large-scale studies, on users' perspectives are warranted to ensure that the gap between provision and users' needs can be addressed.

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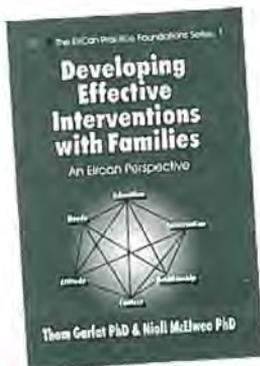


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