

# **Understanding the Family Support Landscape for Northern Ireland**

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## **Executive Summary**

This paper explores the current research evidence policy and service ‘landscape’ which informs Family Support in Northern Ireland. This paper should be viewed within the context and terms of reference for Professor Ray Jones’s Independent Review of Children Services in Northern Ireland and within the wider objectives of the review. The paper is underpinned by a point in time review of the research and evidence on definition, practices, principles and description, typologies and qualities of Family Support with recognition of the central importance of practical supports to children, parents and families experiencing adversity.

Rather than seeing it as a tangential function, Family Support is highlighted as a ‘central function’ in child welfare policy and practice, noticeably in relation to issues of poverty. Whereas the importance of safeguarding and child protection is upheld as a key function for professionals and services, it is strongly indicated here that it should be located within a wider ecological model within Family Support and not separate to it.

As a trajectory of interventions for children and families in need, supporting families, protecting children and where necessary out of home placements are positioned in this order but at no point to the exclusion of ‘supportive functions’. Based across the key four ‘Ps’ of policy, practice, provision, and participation, a

family strengths-based perspective is advocated within Family Support. It is further indicated that this can occur within the emerging policy lens of seeing Family Support Provision as a right of the child in the first instance underpinned by their right to express their wishes and as part of their voice being heard.

Finally there is a strong case for the return of direct work with children and families in communities by social workers, as Family Support practice. This is with due acknowledgement to the importance of the voluntary and community sector, and the key workforce of Family Support workers, and their need for full engagement and respect as part of multidisciplinary and interagency teams.

### **Opening Concepts - Definition, Types and Qualities of Family Support**

Whereas Family Support for Northern Ireland has a long history, it was particularly identified and associated with the development of a set of associated programmes which stemmed from the early 2000s. These were developed in some cases with the support of philanthropy or as part of UK Government policy and included Sure Start, Home Start, Life Start and the development of Family Support Hubs. However, its foundation was also influenced by both a policy and practice orientation. In 2004, the then Department of Health and Children commissioned a review of the literature and evidence on Family Support with a view to establishing its clear definition, description and a model for its utilisation within children and family services in the Republic of Ireland.

This process culminated in the authors (Govt of Ireland, 2004) establishing a component-based element definition as follows:

**“Family Support is ... a set of activities; it targets hard to reach vulnerable and or at risk families; it also reinforces positive informal social networks; whilst also mindful of resilience as a function; it includes early intervention across levels of need; it incorporates voluntary, community, statutory and private sectors; it operates on a set of practice principles but, ultimately it promotes and protects the rights and wellbeing of children, young people, their families and communities (P 24)”.**

Apart from definition, Ten Principles for Family Support practice and policy were also established as a guide for professionals working with children and families and as an underpinning policy. These principles which have since been widely utilised in Northern Ireland, the UK and elsewhere include:

### **Principles of Family Support**

1. Working in partnership with children, families, professionals, and communities.
2. Family Support interventions are needs led and strive for the minimum intervention required.
3. Requires a clear focus on wishes, feelings, safety, and well-being of children;
4. Family Support reflects a strengths-based perspective which is mindful of resilience as a characteristic of many children and families' lives;
5. Effective interventions are those which strengthens informal support networks;
6. Family Support is accessible and flexible in respect of timing, setting, and changing needs, and can incorporate both child protection and out of home care;
7. Facilitates self-referral and multi-access referral paths;

8. Involves service users and front-line providers in planning, delivery, and evaluation on an ongoing basis;
9. Promotes social inclusion, addressing issues of ethnicity, disability, and rural/urban communities;
10. Measures of success are routinely included to facilitate evaluation based on attention to outcomes for service users, and thereby facilitate quality services based on best practice. (Canavan et al 2000).

Numerous researchers including Gilligan (2009), Featherstone (2014), Frost et al (2012) and Canavan et al (2022) have utilised this framework of a definition and accompanying principles to highlight Family Support. These can be most simply described as having three core functions as follows:

1. Developmental Family Support
2. Protective Family Support and,
3. Compensatory Family Support.

(Gilligan, 2009).

However, at a more basic level it is crucial to view Family Support as a natural function within, for and by families and as core to the well-established theory of social support or as the “bread and butter of relationships” (Whittaker and Garbarino, 1983). In fact it could be argued it is only when families and communities are unable to provide enough support themselves that professional services need to step in. For example, the model and ethos of the Family Group Conference programme based on age old Maori tradition (Connolly 2014) functions where natural and informal supporters devise and initiate solutions for families up to and including the safeguarding of children and young people. However, while assuming the importance of informal

parenting and Family Support is the preferable route (it is natural, non-stigmatising, available 24/7 all year long and the most cost-effective form of help), that is not to deny that there is and will be families who will need professional services and intervention.

Family support has been very strongly associated social support, resilience, social capital and attachment theories (McGregor and Devaney, 2019). However, its connection to types and qualities of social support is its primary value (Canavan et al 2000; 2016, Dolan and Brady, 2012, Churchill et al, 2021). Within the context of service provision there are three main types of support which children, youth, parents and wider family members need, namely:

- Tangible Support (e.g. practical aid including financial assistance)
- Emotional Support (e.g. engaged relationships from natural sources of family and friends and professionals who care and are caring)
- Advice Support (e.g. access to others who can advise on a decision or planning for coping or mentorship on how to complete a task)

However, while there are other forms of sustenance that can be helpful including esteem support, practical support stands out as central and key - and the one that families need most (Devaney et al, - Eurofam.net 2022). Furthermore, within this context coping with poverty is by far the biggest issue for families and although often associated with other issues including child maltreatment, it has tended to be overlooked and not given the central attention it deserves in policy and practice (Churchill et al 2021; Devaney et al, - Eurofam.net 2022; Frazer et al, 2020). Practical or tangible support has also been incorporated into what Cutrona describes as the law of 'optimal matching' or 'Family support needed equals Family Support provided' Cutrona (2000).

Apart from types and levels of Family Support the quality of the help provided is crucial to enabling coping, resilience and better outcomes for families. It is vital that children and families have a sense of:

- Reciprocity (exchanging acts of helping rather than being pure recipients)
- Admonishment (constructive criticism carefully given where needed)
- Closeness (feel cared for as well as cared about in engaged relationships)
- Durability (with a dependable set of family community and professional supporters).

(Dolan and Brady, 2012).

If a young person or parent regardless of their difficulties has supporters (whether paid professionals or not) who offer the practical and others support they need to a good level and quality he/she is far more likely to not just survive but thrive in the face of adversity, which is the aim of Family Support.

The final component in mapping a conceptual framework for aiding children and families through support relates to context. This includes issues such as the extent to which there is variability in the support on offer which can wax or wane; the capacity of others to help noting the burden of caregiving; and even more simply how basic life events which can occur for any party involved leading to a cessation in support provision (Stein, 2019).

### **Family Support as the Primary framework for Children and Family Services**

For decades it has been argued that there needs to be a move away from a 'siloed' approach to children and family services and that multiagency and multi-

disciplinary approaches and policies should be the foundation of interventions. In both the UK and Ireland typically after the occurrence of a child tragedy and failing by professionals, the subsequent inquiries recommend both the need for early (in the problem) intervention; better collaboration among professionals, often identifying social workers in this regard (e.g. Laming 2003; 2009; Gibbons, 2010; ). It should also be noted that apart from having these recommendations in common, Buckley and colleagues have highlighted that unfortunately they also have in common the fact that overall, they have not been implemented (Buckley and O’Nolan, 2013; Buckley and Burns, 2015). Ironically it has been argued that while a Family Support orientation which brings families, communities, services and professionals together in new models of co-production has been advanced, conversely, social work practice in all jurisdictions has become more detached from direct work with families on a day-to-day basis.

However on a more positive note, that there has been a ‘swell’ of support and research evidence over more recent years which is adding evidence that Family Support works, should and can be the overarching framework for services, is gaining traction in other states (Daly et al 2015). In particular, the work of the international Family Support Policy and Practice network entitled “Eurofam” (see Devenaey et al, - Eurofam.net) has established strong evidence and policy and practice toolkits etc in this regard. Based on their research they have concisely orientated Family Support functions across four domains of policy, provision, practice and ethos as follows

- Family support policy: The statutory, governmental, institutional and legal contexts, frameworks and governance of family support provision and practice.

- Family support provision: The range, types and systems of formal services and supports funded or provided by state and partner agencies to support children, parents and families (including formal family support initiatives which seek to build social capital and enhance informal everyday social support).
- Family support practice: The decisions, interactions, collaborations and activities that frontline practitioners undertake within their roles to provide and deliver various types of family support to children, parents and families.
- A participatory ethos: An emphasis on ensuring the participation of all stakeholders in the development of family support policy, provision and practice; including policy agencies, researchers, community organisations, service providers, professionals, children and young people, and their parents, families and communities. (Eurofam, 2022).

That said however, for UK countries Family Support has in effect been seen as supplementary to child protection and safeguarding. This is despite the evidence that strongly indicates the opposite in that Family Support to children youth and families should be seen as the overarching framework and that protection and safeguarding as well as in care and aftercare as functions within the frame not apart from it (Mc Gregor and Dolan 2021; Daly et al 2015; Churchill et al, 2021) .

The well recognised triangular model of the four levels of need developed by Pauline Hardiker et al (1991) while useful has over time we believe unintentionally diminished the importance of Family Support in that the lower levels of need (Levels 1 and 2) tend to be either eroded or at least diminished and often not delivered with the high demands of a smaller population of



children and families in the higher threshold of need (Levels 3 and 4) gaining primary attention, budget and services. While there have been variations on the model developed including a cylinder/ circular as a more inclusive Family Support version in the early 2000s by Pinkerton (2008), it remains the case that Family Support is seen as a separate function undertaken by Family Support workers and others rather than 'the central model for children services with social workers front and centre in its delivery'. This goes against best practice and ironically the actual evidence on how best to keep children safe. As far back as 1995, the compelling argument for supporting families and communities as a model with enhanced protection was supported with strong evidence (Thompson, 1995). To consider the functions of Social Work within Family Support, some final clarifications on purpose and practice are now considered.

Family Support was originally connected to its well-recognised primary, secondary and tertiary functions (Frost and Dolan, 2021). This is where Family Support is the key central service point for all welfare and protection in the first instance, and in the main supports families in the community to support themselves. Where families struggle most likely because of poverty or other adversities, the function of Family Support services moves to greater intervention by professionals to provide additional help. Where there is risk of harm and or abuse again within this model, the role of social work and other services are to protect children while keeping them safe. Ideally although not always, this occurs for children while still with their families and community. Where this is not possible, children must live away from home but ideally still within their community, either with kin-based carers, foster carers and or when appropriate a residential placement. That said, the key role of Family Support to care experienced young people or care leavers should not be forgotten and their futures are enhanced considerably where ties to kin and community are upheld

(Stein, 2019). This overarching framework has been identified as desired practice by social workers themselves but, ironically in effect they see themselves as drifting further away from Family Support as core practice in favour of case management rather than casework (Gardner, 2003; Bilson et al, 2017; Ferguson, 2018). Finally, theorists and others forwarded the view while social work theory is essential and valuable and that its greatest value may lie in the core interplay with both policy and the very real world of practice (Bilson et al. 2017; McGregor, 2019).

Recently, two additional considerations in favour of Family Support policy and practice have emerged which enhance its role. First, it has been argued that Family Support services are not and should not be seen as an additional 'intervention bonus' which a child and family may or may not receive but as a human right under the UNCRC (convention on the rights of the child). Dolan et al (2020) state that "children's rights to Family Support is a prerequisite for the full and indivisible exercise of the rights of the child" (p. 9) and call on all governments to "build the capacities of families as an integral part of their efforts to realise the rights and well-being of children" (p. 9).

Second, while there is now an acceptance of the importance of the voice of and participation of the child and parents as a key factor in successfully supporting them (Lundy, 2007), and that models of co-production are more and more to the fore in Family Support practice, there is growing new evidence as to why and how this works as opposed to just what works (Eurofam, 2022). Apart from any rights-based agenda or simply that it works best as an approach, there is also evidence that from a funding intervention perspective or simply 'value for money' it does not just have a cost-effective value, but over time also provides social return on investment Isard, (2016). As with all matters in relation to our

knowledge and experience of child protection and welfare there are caveats. Additionally, rather than seeing Family Support as weakening protection, it needs to be viewed as both a better form of harm detection, for example, parents who harm their children are more likely to disclose this where they feel they can do so in a supportive relationship with professionals. Conversely, as has been the case without a Family Support orientation where surveillance is the core practice or intervention harm to children becomes simply 'hidden harm' (Bilson et al, 2017).

### **The Key Role of Social Work in Family Support**

There is a longstanding assertion that Family Support is and should be a central function for the social work profession and core to its practice on a daily basis from pioneers and stalwarts of social work including Stevenson and Howe, (See Devaney and Dolan, 2014). As far back as the 1920s and 1930s, the pioneering work of the Edith Abbot in the USA outlined supporting children and families through direct work with them in their communities as relationship based social work casework (Leighninger, 1986). Right through the 1970s and up to 2000s this Family Support function of social work was seen as effective by social researchers including Gordon Jack and others. This was commonly referred to as a working with the person in environment approach (Jack, 1979). More recently, this ecological perspective matching direct practice and case management within front facing social work as Family Support has been again strongly reinforced (McGregor and Dolan, 2021). Similarly the need for social work to move away from administrative and coordinating functions and/or a gatekeeping role to a return to more organic direct practice with and for children and families has been strongly advocated (Frost et al, 2015).

This is all underpinned by the strong assertion that the best form of social work within a Family Support frame is based on relationships (social worker as a friend quote here; Howe 2018). This has been strongly evidenced and most simply by the work of the late Jean Baker Miller within social psychology as Relational Cultural Theory (see McGregor and Dolan, 2021). She strongly contends that within relationships of worth between the worker and young people and/or families are central to solutions. Conversely, the argument is that without relationships of value for families, regardless of the efficacy of interventions and programmes, the possibility for positive outcomes seriously diminishes. In this regard it has been argued by Frost and Dolan (2021) that privileging programmes over organic practice is diminishing the value of social work. Frost and Dolan (2021) in part to support this return to person centred social work practice have advocated the work of Andreas Baart's "presence approach" for social workers and family support workers. The presence approach ensures direct work with families which is regular and engaged and incubates workers from other diversions and distractions. It operates of the following set of eight functions

#### A Presence Approach for Social Work – Eight Key Working Principles

1. To be free for—whatever the service user needs and brings up
2. Open for—genuinely entering into the presence and the current situation for the person they are working with
3. Attentive relation—focusing on the whole situation rather than any singular aspect and continuously checking out the situation.
4. Connecting to what exists—fitting in with the daily world of the other
5. Changing perspective—being able to perceive the world from the perspective of the other person in a non-judgemental way.

6. Being available—being of service to the person offering not just expertise and facilities but working through possible solutions
7. Patience and time—remaining unhurried and taking time enables better decision making for the person
8. Loyal dedication—remaining loyal and offering unconditional support to the person

(Baart, 2002; McGregor and Dolan, 2021; Frost and Dolan, 2021).

### **Reviewing the Family Support landscape in Northern Ireland**

Having outlined some key literature and evidence policy and practice perspectives regarding Family Support, this section now moves to reviewing the current situation in Northern Ireland. Based on a series of one-to-one interviews with key stakeholders in Family Support provision in Northern Ireland, in addition to messages emerging from a half day workshop on the topic conducted during this review, several key messages emerge. In addition, a review of some key past Family support policy initiatives in Northern Ireland which have occurred over the last 20 years have also been reviewed to inform the paper. It should be highlighted this is not a comprehensive review of the ‘policy and practice landscape’ in Northern Ireland but rather a point in time set of informed observations to inform the full review under the leadership of Independent Chair Prof Jones.

### **Recurring Policy and practice initiatives for Northern Ireland.**

The model for Family Support delivery in Northern Ireland has been garnered from learning from its two nearest neighbouring jurisdictions over the last 20 years as well as of course its own internal learning and ingenuity. That said it is not static and policy framework for family support have been everchanging. It

has tended to have strong policy intent but weaker implementation and very often Family Support has only become centre stage following a crisis incident in safeguarding children. For example, in the early 2000 following the Evans Report on case management and social work inadequate handling of child protection cases a 'New Beginnings' model of care utilising a caseload model and threshold of harm system was derived and implemented by Foyle Trust in Northern Ireland. In particular it sought to utilise the emergent thinking on Family Support at the time (Child and Family Research and Policy Unit, 2006). This was but one example of periodic initiatives which led to good but not consistent practices and over time became less utilised in terms of implementation. Similar to other Family Support initiatives, it was confined to one Trust area only and was not scaled or replicated. It is noteworthy that at the time of devising this report a Family and Parenting Support Strategy for Northern Ireland is being developed and is much needed. If this was completed and implemented fully it would be of considerable assistance in moving the Family support agenda forward and refreshing its profile.

### **Issues of Poverty in Northern Ireland and the Role of Family Support**

Poverty is a major issue in Northern Ireland and despite the fact that The Child Welfare Inequalities Project (2018) identified this issue it remains off policy and practice 'radar'. The report found that there are high levels of poverty and inequality in Northern Ireland but there are proportionally not the same numbers of children in the care system as there are in other similar areas of the UK. (However, this may have changed given the Covid 19 pandemic and the recent cost of living crisis.) This may be accounted for by continued funding of Surestart and other early intervention services, the closer family networks in the region and historically supportive local communities in some areas. Importantly,

the delivery of children`s services in Northern Ireland will be severely impacted by increased levels of child poverty emerging from the current cost-of-living crisis. It is important to note also that Northern Ireland has an Anti- poverty Strategy with an estimated 100,000 children in Northern Ireland living in poverty. Support provision at the most basic tangible level such as ensuring food and accommodation security is the major and growing concern for children and families.

### **Early intervention and Family Support Hubs**

Family support hubs provide early intervention family support services to vulnerable families and children aged 0-18 years. A Family Support Hub is a multi-agency network of statutory, community and voluntary organizations that either provide early intervention services or work with families who need early intervention services. The network accepts referrals of families who need early intervention support and uses their knowledge of local service providers and the Family Support NI website to signpost families with specific needs to appropriate services. Statutory, voluntary and community organizations are ‘brokered’ to intervene and typically work in the local area and provide early intervention Family Support services.

It is clear from all the recent literature as well as the recent review of Children`s Social Care in England that the need to extend the scope of early help is crucial. For well over a decade now N. Ireland has pioneered the development of networks of early help in particular through Family Support Hubs. These Hubs have encouraged real participation with families and parents in particular with a focus on their “help-seeking behaviour”. In real terms, this means that families self-identify when they need support and thus, through non-

stigmatising structures are able to engage and access the required response in services which are flexible and accessible services based in localities. There is evidence of the success of Hubs in Northern Ireland. Families have indicated that what they need is non-stigmatising, accessible support and the Hubs have been seen as invaluable in the range of early help they can access from practical support including basic supports, for example food, furniture, fuel vouchers, financial / benefits entitlements advice. Parents of children with disabilities report high satisfaction with the service. In the recent Annual Family Support Hub Report 2021 one parent commented “ I was overwhelmed with the kindness and supportive conversations with the Hub staff and the financial and practical support helped us immensely.

While there are 29 Hubs throughout Northern Ireland with ten located in Belfast and three in Derry Londonderry, they are a clear Family Support landmark service. However they have risks which can be seen as twofold. First, at a basic level their security of funding which is on a year by year basis prevents their ability to plan and be innovative on a long term basis – and leads to issues in terms of staff retention and stability. Additionally it has been noted by a number of interviewees that Family Support Hubs are now acting as gatekeepers for child protection and are not being utilised in the way they were originally intended. The argument has been bluntly put that Family Support is doing the work of child protection social work and straying from its original intent and mission. Furthermore some within the social work community as well as Family Support workers are questioning the adequacy of the skill base of staff in the level of difficulties in safeguarding work that they are facing. The level of interface between Family Support and social work has been seen as an issue of concern with the latter not being seen as engaged enough with families on a day by day basis. A recent review was undertaken by SCIE (Social Care Institute for



Excellence) 2021 is informative in this regard. The review concluded positively that “families highlighted that the Hubs offer accessible and timely support that are community based, trauma responsive and non- stigmatising”.

Since Hubs began the key presenting reason for referral has been emotional or behavioural difficulties for children in the 5-10 age range. Often on further exploration with families there are a range of other issues such as domestic abuse, financial insecurity and/ or maternal mental health issues. Hubs respond to the immediate need and then refer to the appropriate agencies primarily to voluntary /community sector partners. But this implies the availability of a service which is increasingly not the case. It is noteworthy that Hubs Co-ordinators reported that they are dealing with more complex family situations than they would have 5 years ago. It is their view that this is due to the increased pressures on Social Services Teams, ongoing staffing issues within the statutory sector and other factors such as the cost-of-living crisis in local disadvantaged communities.

### **The key role of the Voluntary and Community Sector**

While Hubs are a clearing house for Family Support service provision, it is within the voluntary/ community sector that the delivery of early help and family support services occurs across the region. Many provide high quality services which families say have been a `lifeline` for them in times of need and particularly so during the pandemic. The interface of the sector with parents and carers is key and ranges into the wider network of children and family services such as Women’s Aid (domestic abuse), Autism NI and other disability organisations including NIACRO (prisoners’ families).

Importantly, need fluctuates for children and families from low level low intensity to higher pressurised crises contexts. However, one of the continued difficulties for these organisations is the issue of short-term funding arrangements which impairs their security and capacity to deliver vital services to families. Despite the fact many have been robustly evaluated, with evidence of outcomes for families and children and are able to demonstrate significant positive changes they are constantly concerned and hampered from progressing due to the insecure nature of their funding arrangements. Contracts are usually for three years with the possibility of one or two further years. As with Family Support Hubs, the community sector is increasingly drawn into working with higher levels of need in families, diluting their preventive and early in the problem intervention function. The mere fact they are functioning 'apart from' rather than 'alongside' social work remains a challenge.

The Children's Services Co-operation Act (NI) 2015 provided an unique opportunity for govt departments to demonstrate their commitment to improving outcomes for children through working together. In effect, this will remain a lost opportunity if not implemented with its original intent in mind. Closer co-operation between Education and Health in relation to early help and family support is of particular importance. While there are some good examples in place in the form of full-service community schools and other initiatives in the voluntary sector which seek to increase aspiration and support families, these are the exception rather than the norm.

For the sector there is also a significant need to address and support families of children with disabilities. They have specific needs in relation to family support ranging from the peri-natal to early help at the point of diagnosis and ongoing support. This includes regular short breaks and support around transition to

adulthood. Closer collaboration between education and health is vital and central to this essential occurring for families. Due to workforce issues, increasing need and complexities within families it is perceived by staff, families and others that there is greater emphasis currently on assessment and monitoring and much less on actually supporting families to stay together – this applies within both disability and child welfare contexts. A re-focus on the latter is urgently required.

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