

Public Awareness

Public Awareness of Parenting, Prevention and Family Support Services: Population Survey Baseline Report 2016

BY

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The Development and Mainstreaming Programme for Prevention Partnership and Family Support



The research and evaluation team at the UNESCO Child and Family Research Centre, NUI Galway provides research, evaluation and technical support to the Tusla Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS). This is a new programme of action being undertaken by Tusla, the Child and Family Agency as part of its National Service Delivery Framework. The programme seeks to transform child and family services in Ireland by embedding prevention and early intervention into the culture and operation of Tusla. The UNESCO Child and Family Research Centres' work focuses on research and evaluation on the implementation and the outcomes of the Tusla Development and Mainstreaming Programme and is underpinned by the overarching research question:

... whether the organisational culture and practice at Tusla and its services are integrated, preventative, evidence informed and inclusive of children and parents and if so, is this contributing to improved outcomes for children and their families.

The research and evaluation study is underpinned by the Work Package approach. This has been adopted to deliver a comprehensive suite of research and evaluation activities involving sub-studies of the main areas within the Tusla Development and Mainstreaming Programme. The work packages are: Child and Family Support Networks and Meitheal, Children's Participation, Parenting Support and Participation, Public Awareness and Commissioning

This publication is part of the Public Awareness Work Package

About the UNESCO Child and Family Research Centre

The UNESCO Child and Family Research Centre (UCFRC) is part of the Institute for Lifecourse and Society at the National University of Ireland. Founded in 2007, through support from The Atlantic Philanthropies and the Health Services Executive, with a base in the School of Political Science and Sociology, the mission of the Centre is to help create the conditions for excellent policies, services and practices that improve the lives of children, youth and families through research, education and service development. The UCFRC has an extensive network of relationships and research collaborations internationally and is widely recognised for its core expertise in the areas of Family Support and Youth Development.

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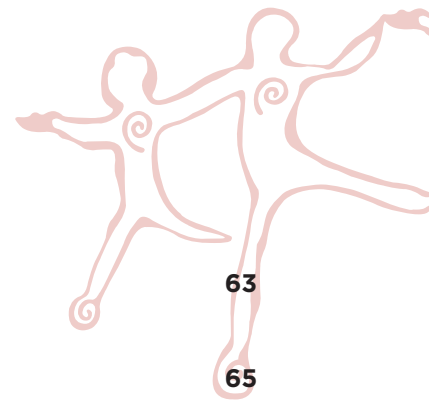
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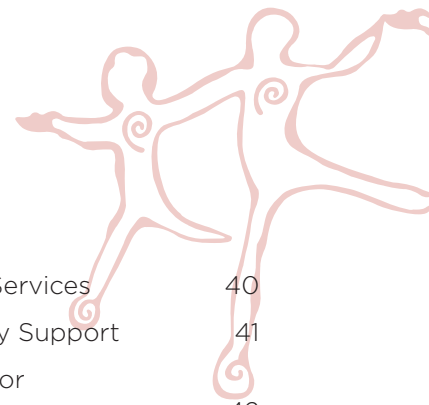


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- Professor Saoirse Nic Gabhainn, Health Promotion Research Centre

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Executive Summary



This report presents the findings from the baseline population survey of awareness of the Prevention, Partnership and Family Support (PPFS) programme of Tusla. The PPFS Development and Mainstreaming Programme, funded by the Atlantic Philanthropies, Ireland, is a major programme of investment in parenting, prevention and family support services as part of the overall implementation of a new independent child and family agency: Tusla. The project is formally referred to as the Development and Mainstreaming programme. It attracted over €8m investment to Tusla and an additional €2.1m to the UNESCO Child and Family Research Centre to evaluate the implementation of this ambitious and potentially transformative reorientation of services towards an emphasis on early intervention and prevention. There are five packages in the study, and this report relates to work package two: Public Awareness.

The report is based on a baseline survey that included 1000 respondents from a cross-section of society. Three main areas were considered in the survey: public awareness and knowledge, public help-seeking behaviour, and public perception of Tusla's PPFS programme. The survey results have produced a baseline for Tusla with regard to knowledge and awareness of services and public understanding of what these services entail. There is generally a low level of awareness of Tusla, the PPFS programme and Meitheal as a practice model. There is a moderate level of understanding of what family support, early intervention and partnership services are about. There is some misunderstanding amongst the public of the distinction between child protection and family support and prevention services. Many people, especially in rural areas, consider the universal services such as General Practitioners (GP) and Public Health Nurse (PHN) services as family support services. While no major difference is noted between social classes, some notable and important differences are found in awareness and understanding of respondents from rural and urban backgrounds. Parents are generally more aware of services than non-parents. Women are generally more aware of services than men, and older people are more aware of services than younger people, based on the survey results.

With regard to help-seeking behaviour, the survey confirms that families generally turn to each other or their wider informal network for support. When support from outside is sought, it is most often from universal services, with the GP and PHN rating highly. There is some confusion in understanding the distinctions between family support and child protection services. With regard to perceptions of how Tusla will improve services, most respondents were either positive or unsure about its impact.

With regard to the specific questions for the Public Awareness package, in answer to the question '*What is the current level of knowledge amongst the public about Tusla in 2015?*', the answer is that the level is low. With regard to the question '*Do the public understand its role, purpose and processes?*', the answer is yes, but only to some extent. The question of '*How can the public be made more aware of services?*' can only be partially considered here and requires further development. From the survey results, it would seem that there is a need for public awareness-raising to inform people about both the existence of the PPFS programme generally and Meitheal specifically. There is also a need for public education about what those services entail; for example, education about family support, prevention and early intervention.

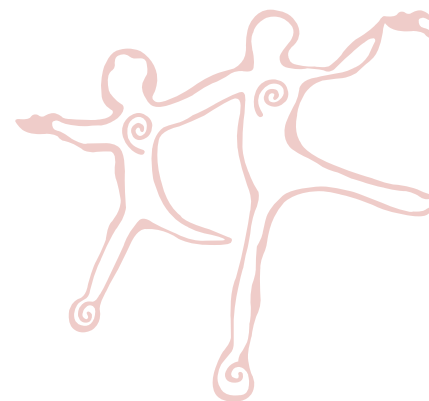
In both awareness and education activity, there is a need to provide clarity on the service delivery model and the relationship between the four levels of need and service delivery in order to help the public appreciate the protective and preventive aspects of the overall child welfare system. An awareness strategy also needs to pay attention to the significant differences in responses between rural and urban settings regarding awareness, perception and help-seeking behaviour. In response to the question '*What mechanisms best inform the public?*' it seems the media are a primary source

of information for the public. It is also notable that relatively few people learnt about the services via the website; most learnt through the media or interactions with others (e.g., work colleagues). There is potential for learning also from other high-profile public awareness campaigns, such as Safe Ireland Man Up and related domestic violence awareness-raising campaigns and mental health public awareness campaigning, which can offer examples of methods that are most effective.

There are two further questions in the Public Awareness package which this survey cannot address here but which will be addressed by a follow-up survey in 2018: *'What impact will a publicity campaign have?'* and *'How has the awareness of the public changed at end of 2017?'*

The baseline survey results can inform the development of Tusla's communication strategy and public awareness campaign in a formative way, as well as offer a final evaluation in 2018 based on a follow-up survey to measure changes in awareness. The conclusion section of the main body of this report offers brief comments from the literature on how an awareness campaign could be developed most effectively to reach the target audience and achieve the most effective change in awareness and subsequent behaviour in relation to help-seeking that follows from this.

1.0



Introduction and Context

1.1 Introduction

The aim of this report is to provide an initial outline of the Baseline Survey, including some background context, main findings and key discussion points. Chapter 1 outlines the context of the survey in light of the implementation of Tusla's Parenting, Prevention and Family Support (PPFS) Development and Mainstreaming programme. It also provides a brief background to the programme and to the introduction of Tusla as an independent child and family agency.

Chapter 2 outlines the survey aims and methodology. Chapter 3 provides a summary of the findings. General findings are presented alongside differentiated findings based on three further core criteria: social class, parenting status and urban/rural responses. Chapter 4 provides a discussion of the findings and makes some concluding comments to inform the Tusla communication strategy and the planned awareness campaign.

1.2 A Brief Historical Context

Prevention, partnership and family support have been recognised as essential elements of the Irish child welfare system for many decades. For example, the Task Force on Child Care, (1980) listed in detail the requirements for a family support and preventative service in child welfare to work alongside the more reactive child protection and welfare system. The Child Care Act (1991) legislated explicitly, for the first time, for the duty to provide prevention services to families in need. Balancing between those in need and those at risk is a common feature of child welfare systems, reflected likewise in Ireland. Key concepts, principles and practices of family support, prevention and early intervention have developed in many ways in recent decades alongside the development and expansion of a broad range of early intervention, prevention and family support services. An explicitly focused children's rights ethos can be traced especially from the National Children's Strategy (2000) onwards.

But despite these discursive shifts in orientation of child welfare systems towards prevention, participation and proactive rather than reactive practices, the rudimentary nature of the service as historically constructed and massively under-resourced needs to be acknowledged. It is only quite recently, with the establishment of the Independent Child and Family Agency, named as Tusla in 2014, that we see significant space emerge for the full realisation of aspirations for a focus on parenting, prevention and family support as set out in the 1980 Task Force on Child Care and consolidated in the 2012 Task Force on the Child and Family Support Agency, as it was to be originally named. The reason for the delayed emergence of such space is attributed largely to the fact that for many years after the 1991 Act, the challenge to react to high-level risk in the child protection system has dominated resources and media attention. This has been reinforced by a number of high-profile child abuse scandals ranging from failure to protect children and young people from harm in their own homes (e.g., HSE, 2010; Kennan, 1996; McGuinness, 1993) to avoidable death (Shannon & Gibbons, 2012).

Other persistent and recurring challenges in the child protection system include inadequate resourcing, staff retention and unacceptably long waiting lists for basic services such as the allocation of a social worker for a child in care (Buckley & Burns, 2015). Alongside the exposure of deficits in the child protection and welfare system are the failures to protect children from abuse by persons in authority such as the Brendan Smyth affair and the exposure of sexual abuse with the Cloyne's diocese and the Ferns diocese. Disclosures of massive levels of abuse and neglect of children in care settings in the past, especially the industrial schools (Commission to Inquire into Child Abuse, 2009; Raftery & O'Sullivan, 1999) has led to a number of recommendations still being implemented to redress the past failures.

1.3 Tusla

Tusla, the Child and Family Agency, began operating on 2 January 2014. As its website sets out:

On the 1st of January 2014 the Child and Family Agency became an independent legal entity, comprising HSE Children & Family Services, Family Support Agency and the National Educational Welfare Board as well as incorporating some psychological services and a range of services responding to domestic, sexual and gender based violence.

Tusla is a dedicated state agency responsible for delivering child protection, early intervention and family support services. It has approximately 4000 staff and an operational budget of €600m. The agency was established as an independent authority, chaired by Norah Gibbons, under the Child and Family Agency. As asserted on its website, the new agency '*represents an opportunity to think differently, where appropriate to behave differently and to seek a wide range of views regarding the most effective way of working together to deliver a wide range of services for children and families. An approach which is responsive, inclusive and outward looking*' (<http://www.tusla.ie/about>). The Development and Mainstreaming programme, with the aim of embedding early intervention, prevention and family support services within Tusla, is central to this aim to think and behave differently in order to improve overall outcomes for children and families.

1.4 The Development and Mainstreaming Programme

The Atlantic Philanthropies, Ireland, funded a major programme of investment in parenting, prevention and family support services as part of the overall implementation of a new independent child and family agency: Tusla. The project is formally referred to as the Development and Mainstreaming programme. It attracted over €8m investment to Tusla and an additional €2.1m to the UNESCO Child and Family Research Centre to evaluate the implementation of this ambitious and potentially transformative reorientation of services towards an emphasis on early intervention and prevention. The programme is strongly connected with a concern for reorienting child welfare and protection services to a more preventative and early intervention model. This is reflected in the Task Force on the Child and Family Support Agency, published in July 2012, which set out the overall governance framework for the new agency, including detailed recommendations for both direct and interface services.

This reorientation of child welfare to greater emphasis on prevention and early intervention underpins the core philosophy of the service delivery framework, and reflects a wider global concern to refocus services away from limited protection towards early intervention and prevention alongside a children's rights framework (see for example Gilbert et al., 2011). As its title implies, the Mainstreaming Programme is strongly connected to Irish State policy such as *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People* (DCYA, 2014). That document's



transformative goals and national outcomes are strongly reflected in the implementation plans for the Mainstreaming Programme. The programme is also strongly aligned with the recent High-Level Policy Statement on Parenting and Family Support (DCYA, 2015).

The Development and Mainstreaming programme is driven by a series of medium-term and long-term outcomes. The medium-term outcomes (2015–2017) are that:

1. Tusla's prevention and early intervention system is operating effectively, delivering a high-quality, standardised and consistent service to children and families in each of the 17 management areas.
2. Tusla service commissioning is increasingly rigorous and evidence-informed, and privileges prevention and early intervention.
3. A strategic approach to parenting is increasingly delivering cost-effective better practice and better outcomes for parents and children, thus reducing inequalities.
4. Children and families are increasingly aware of available supports and are less likely to fall through gaps, as all relevant services are working together in Tusla's prevention and early intervention system.
5. The participation of children and parents is embedded in Tusla's culture and operations.

The long-term outcomes (2018+) of the Development and Mainstreaming Programme are:

1. Intensive implementation support has delivered transformative change in Tusla policies and practice in family support, child welfare and protection, leading to enhanced child and family well-being, less abuse and neglect and a changed profile of children in care.
2. Improved outcomes for children and parents and value for money in service provision, achieved through shifting Tusla's family support budget in favour of evidence-informed prevention and early intervention services.
3. Tusla is recognised as a best practice model nationally and internationally in delivering on the public-sector-reform objective of the cost-effective achievement of better outcomes for children and families, based on a core commitment to prevention and early intervention.

The intention is that the outcomes will be achieved through an integrated programme of work, spanning the application of a national model of early intervention and support, through to the embedding of evidence-based commissioning within Tusla.

The UNESCO Child and Family Research Centre was commissioned to lead the evaluation of the Development and Mainstreaming programme, whereby the programme's activities are evaluated under five main headings: Meitheal and Child and Family Support Networks, Parenting, Children's Participation, Commissioning, and Public Awareness (originally referred to as Public Education).

2.0

Baseline Survey Aims and Methodology

2.1 Public Awareness Package Aims and Objectives

The Public Awareness (formerly Public Education) Package is one of five core packages of the project. It has the following stated aims, to:

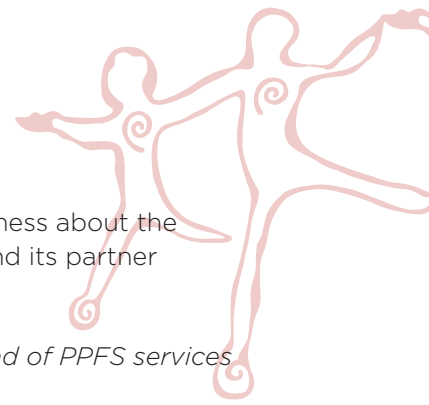
- Design and conduct a public awareness campaign on Prevention, Partnership and Family Support.
- Develop Tusla website in relation to PPFS which is accessible to children and young people.
- Launch the National Service Delivery Framework and the PPFS on an inter-agency basis.
- Develop and produce policy, strategy and guidance documentation and toolkits.
- Produce localised and child- and family-friendly material.

The primary intended outcome of the Public Awareness package is that children and families are increasingly aware of available supports and are thus less likely to fall through gaps, as all relevant services are working together in Tusla's prevention and early intervention system. As outlined above, the main question in this work package is *'Have levels of public knowledge about Tusla and its Prevention, Partnership and Family Support programme increased over the life of the programme?'* The overall research and evaluation question for the Public Awareness package is *'What is the current level of knowledge amongst the public about Tusla in 2015?'* In particular:

- *Do the public understand its role, purpose and processes (of how to access services, for example)?*
- *How can the public be made more aware of Tusla with a view to ensuring the service is maximised as a means of enhancing child and family well-being?*
- *What impact will a publicity campaign have?*
- *What mechanisms work best for informing the public (e.g., website, community events, paper-based leaflets, advertisement)?*
- *How has the public's level of awareness changed at end of 2017?*

It is evident from the literature that developing a successful public awareness/publicity campaign can be a complex and challenging task, and there are a number of dimensions to consider in developing this work package. To help inform this work, the first activity of the evaluation was to carry out a population survey to identify baseline levels of awareness about services relating to prevention, partnership and family support. While this report relates to outcomes from this single element of the package only, the discussion (see Chapter 4) is used as an opportunity to also indicate future considerations for the Public Awareness work package based on the findings and the literature overview provided.

An important factor that arose during the planning phase related to clarification of the specific focus of the work package. While originally presented as public education, it was revised to specify public awareness. The relationship between public awareness and public education approaches is an interesting and important theme to cover but is beyond the scope of this report. The focus of this survey is very specifically on establishing a baseline of public awareness that can inform the other elements of the work package.



2.2 Aims, Objectives and Research Questions

The aim of the study was to conduct a population survey assessing public awareness about the Prevention, Partnership and Family Support (PPFS) services provided by Tusla and its partner organisations. The research questions for this population survey were:

- *What is the current level of awareness amongst the adult population in Ireland of PPFS services provided by Tusla?*
- *What is the current level of knowledge about how to access services provided by Tusla or partner organisations regarding PPFS services?*
- *What is the current level of public knowledge about reasons why family support/prevention services may be required?*
- *What is the current public attitude to PPFS services?*

The objective was to provide baseline data on levels of public awareness that can then be compared with data from a similar survey to be conducted in 2017.

2.3 Methodology

The research approach chosen as being most appropriate to answer the research questions outlined in section 2.2 above was a cross-sectional survey of the adult population, conducted by face-to-face interview.

In line with public procurement guidance, a public invitation to tender for the data collection phase was held and the tender was subsequently awarded to Amarach Field Research. Amarach are ‘the only market research company in Ireland to hold the international quality standard for market, opinion and social research ISO 20252 since December 2013’ (Amarach Tender, 2015), and the company demonstrated excellent comprehension of the requirements of the tender and came with a fully documented track record in the field.

2.4 Sample

One key consideration in the design and planning of this study concerned who should be interviewed. It was agreed that the survey should target adults only, on the basis that an awareness survey with children and young people would require a different design and approach (e.g., via schools). The full adult population, as opposed to parent-only population, was chosen because single persons may play a significant role in supporting children and families in their relationships as sibling, grandparent, and so on, and because public awareness amongst all adults was considered to be relevant for Tusla at present.

The sample frame comprised the adult population of the Republic of Ireland, and the desired sample size was 1,000 in order to ensure sufficient analytical power both within the baseline study and to enable later investigation of any changes over time – a comparison of the baseline and follow-up studies. To ensure the sampling criteria were met, interviewers followed quota controls on age, gender, social class and location. One hundred nationally representative sampling points, or specific locations, were used as initial starting points, with ten interviews conducted per sampling point to maintain a good geographical spread.

2.6 Interview Design

A structured interview schedule was designed by the research and evaluation team in consultation with Tusla's communications team. For most questions, respondents were provided with a set of predetermined response options that they were invited to choose from to indicate their answer to each question posed. In addition, a series of open-ended questions were posed that respondents were invited to answer verbally in whichever they preferred. Interviewers used a range of pre-coded answers to take note of the answers provided. Where this was not sufficient to code the answers given, coding took place as part of the later analysis phase of the study. The interview comprised four sections:

- Demographics: including questions on age, gender, ethnicity, social class, region and prior service engagement.
- Knowledge: including questions on knowledge and awareness of Tusla, the PPFS services, partnership, and the Meitheal model.
- Help-seeking: including questions on where supports could be accessed, and which supports, if any, have been accessed.
- Perceptions: including questions on current attitudes to the provision of PPFS services, and perceptions of whether and how services may improve.

One challenging aspect of the design of the survey related to the categories of family support, prevention and early intervention services that were used. The broad framework provided by Accenture Ireland to Tusla in 2015 was a starting reference point. It translated easily for a public survey, and after substantial discussion between the NUI Galway and Tusla teams, these were agreed. The categories included both universal and specialist services. The universal services included public health nurse, general practitioner, health centres, community centres, early years' services and primary care centres. They typically would be referred to as Level 1 services, though this terminology was not considered useful for a public survey where respondents may not be familiar with the Hardiker model (Hardiker et al, 1991).

The specified family support provision covered services to young people at different ages (early years, education services, youth and adolescent support) and services that address the main social problems associated with child care difficulties, including family and domestic violence, mental health and disability. Specified services such as family resourcecentres and parenting programmes and groups were also included. Collectively, they would mostly relate to Levels 2 and 3 of Hardiker's model. Social Work and services to children in care were also included that mostly relate to Levels 3 and 4.

2.6 Ethical Considerations

While the population survey did not pose significant ethical problems, ethical approval was sought from NUI Galway and was granted in June 2015. One concern was that participants may have felt discomfort answering some of the questions, especially those which referred to seeking help for their own families. To counter this, the questions were kept at a general level and avoided personal or probing lines of enquiry. No detailed information was sought to answers offered, such as 'Have you received help or are you receiving help?'. The interviewers were advised not to probe for further information from the answers on help-seeking behaviour.

Most importantly, the anonymity of each participant was assured by not recording any identifying details. The data set returned to the researchers included no personal data. The participant information sheet made clear that the participant could opt out or skip a question if they so wished. The information sheet contained information about how to contact services at Tusla if participants wished

or needed to. The interviewers also had a list of local contact numbers for family resource and child welfare services to provide to respondents as required. Amarách also offered their own direct contact point for the respondents to get in touch after the individual interviews were conducted, if participants had issues they wished to raise.

2.7 Data Collection

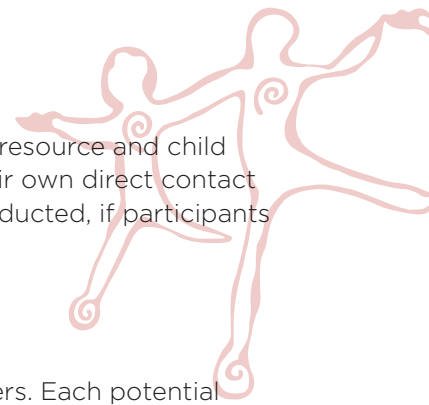
Data collection was carried out face-to-face by trained and supervised interviewers. Each potential participant was first given a participant information sheet and a consent form. Those who agreed to take part were verbally asked the questions and their answers were recorded electronically using CAPI. The interviewers were provided with the interview schedule along with pre-coded responses reflecting the potential answers which the interviewees would most likely provide. The instructions to interviewers were 'Do not read out options for each question unless otherwise stated. Code answers back to options given'. As indicated in the interview schedule provided in Appendix 2, the questions were of three types. First, factual questions were asked that required a Yes/No/Don't know response. Second, open questions were asked where responses were subsequently coded to options provided. For most of these questions, the option of 'other' was included. Where there were a number of common responses to 'other', these were post-coded into new categories at the analysis stage. In the findings chapter, a distinction is made between answers that were pre- and post-coded. Third, in a small number of cases, respondents were read the possible response options. In the findings chapter, it is noted when this was the case.

The interviews took place face to face at the respondents' own homes, and took approximately 15 to 20 minutes each. A range of standardised quality-control checks and processes were applied to ensure adherence to the sampling and data collection protocols. Data were submitted electronically by the Interviewing Team to Amarách Research where it was amalgamated, anonymised, cleaned and weighted to be appropriately representative of the Irish population."

2.8 Data Analysis

The data were forwarded to the research team for analysis. Data analyses took place in the Health Promotion Research Centre and the UNESCO Child and Family Research Centre at NUI Galway. Data analyses were conducted via SPSS 21.0. All data cleaning was checked by running frequency analyses and examining descriptive patterns in the data. No numerical problems were identified in the data file received from the survey company; however, the data set was relabelled and reordered to facilitate analysis. The original weights applied to the data set as part of the survey methodology, which were designed to ensure that the overall sample was reflective of the Irish population in terms of age, gender, social status and region, were retained throughout the subsequent analyses. Sociodemographic variables were recoded to create the necessary population subgroups where that was required.

Inferential analysis techniques were chosen on the basis of the research question and the quality of the data obtained. As we were looking for differences between subgroups of the population (e.g., male vs. female, urban vs. rural), and the data was nominal or ordinal in nature, the appropriate test of statistical significance to apply was chi-square. It is vital to recognise that there is a difference between statistical significance and practical significance. Therefore, where statistical significance between groups has been identified, it is important to consider the size of the difference involved. Percentage values are thus presented throughout to aid interpretation of the data.



3.0

Findings

3.1 Results

The findings from the population survey are summarised in the subsections below, focusing in turn on demographics, knowledge and awareness, help-seeking, and perceptions related to child and family support services. The data informing this summary are presented in Appendices 1-3. In each subsection, overall findings for the weighted sample are presented, followed by emerging patterns across social status,¹ parenting status,² geographical location,³ age and gender. The data presented have been weighted to represent the Irish population profile for social status, age, gender and region.⁴

For social status, participants classified into groups A, B and C1 are compared with those classified C2, D, E and F. For parenting status, non-parents are compared with parents. For geographical location, participants residing in urban locations are compared with those in rural locations. For all these comparisons, the impact of gender, age, social class and region were controlled, which means that underlying differences between groups are statistically managed and thus any patterns emerging cannot be attributed to these differences in socio-demographic characteristics. The only exception to this is that, understandably, grand- and great-grandparents are older than the other parenting status groups, being exclusively aged 55 years or older.

Figures from the data are presented in the appendices to allow for further in-depth access to the data. Selected data are presented graphically below for illustration. In cases where the answers are both pre-coded and post-coded, the pre-coded responses are marked with an asterisk '*'. For full details on the coded responses, see Appendix 1. When interpreting the data present it is important to remember that some questions allowed multiple answers from each respondent.

3.2 Demographics

Data was collected on the demographic characteristics of the sample. There were 1000 participants in the final sample. Once weighted, the sample was 51.1% female, with fewer 18–24-year-olds (12%) than other age groups (25–34 years: 22%; 35–44 years: 20.1%; 45–54 years: 16.9%; 55 years plus: 29%). In terms of ethnic identity, 91.6% identified as white Irish, 0.6% as members of the Travelling community, 6% as other white, 0.3% as black and 0.8% as Asian.

A total of 40.8% of respondents were employed full-time, with a further 15.4% employed part-time, 5.3% self-employed, 7.6% in education or training and 17.7% unemployed. Most (60.3%) were residing in urban areas, with 26.8% in Dublin.

1 Higher social classes are labelled below as ABC1, while the lower social classes are labelled as C2DEF.

2 Non-parents are labelled below as NP, Parents as P and grandparents and great-grandparents as GP.

3 Urban dwellers are labelled below as U, while rural dwellers are labelled as R.

4 The four regions were Dublin, Rest of Leinster, Munster, and Connaught/Ulster.

5 From here on, the subgroup comprising grandparents and great-grandparents is referred to as grandparents (or GP as appropriate).

Overall, 30.5% reported that they were single, 52.4% married, 7.9% co-habiting, 3.9% separated, 3.7% widowed and 1.2% divorced. In terms of parenting status, 35.2% were not parents, while 63.5% were parents and 15.3% were grandparents and/or great-grandparents.⁵

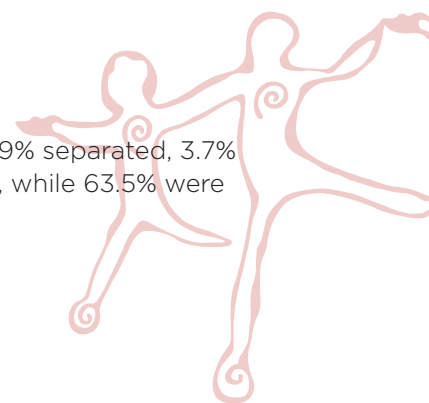
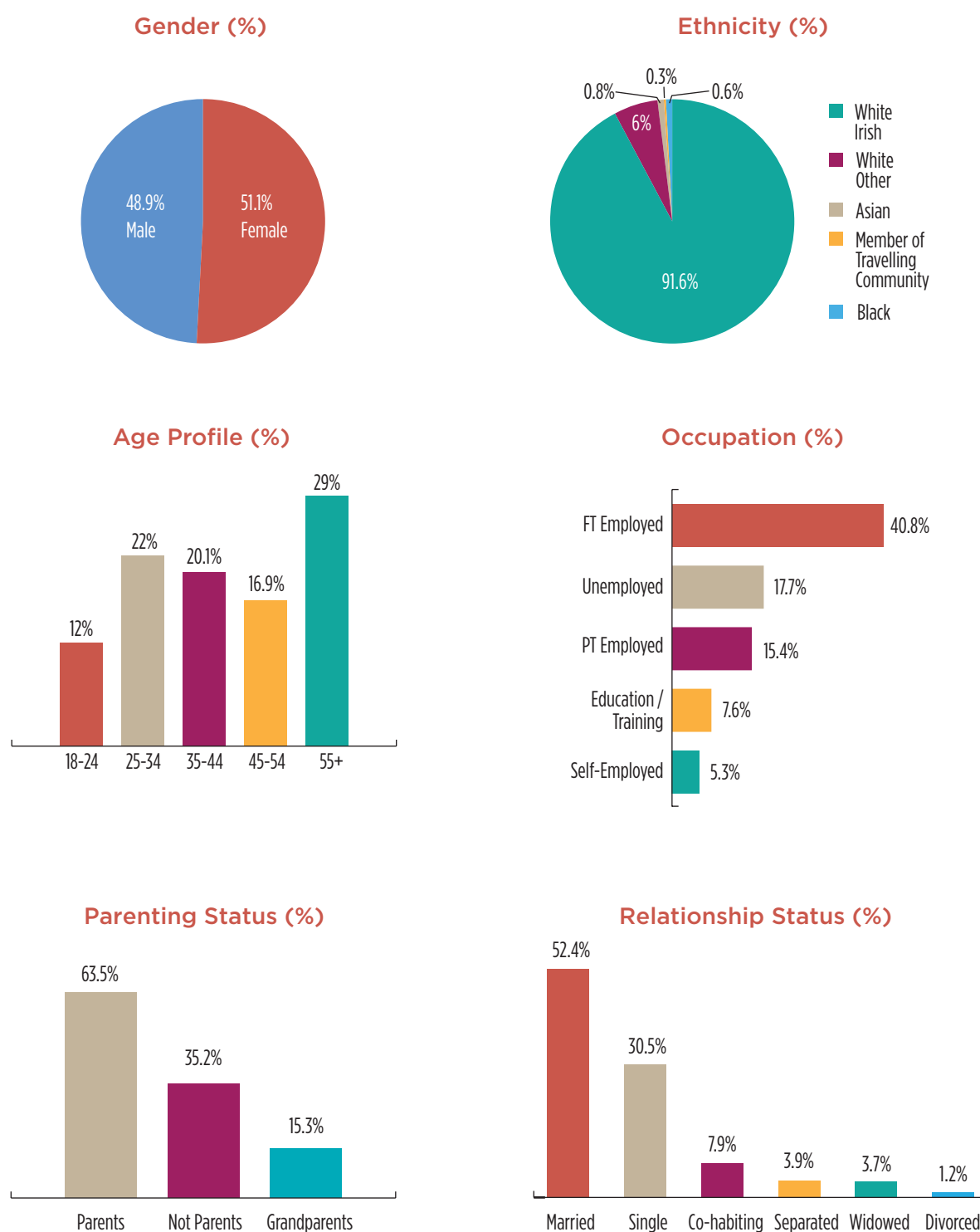


Figure 1: Survey Demographic Characteristics



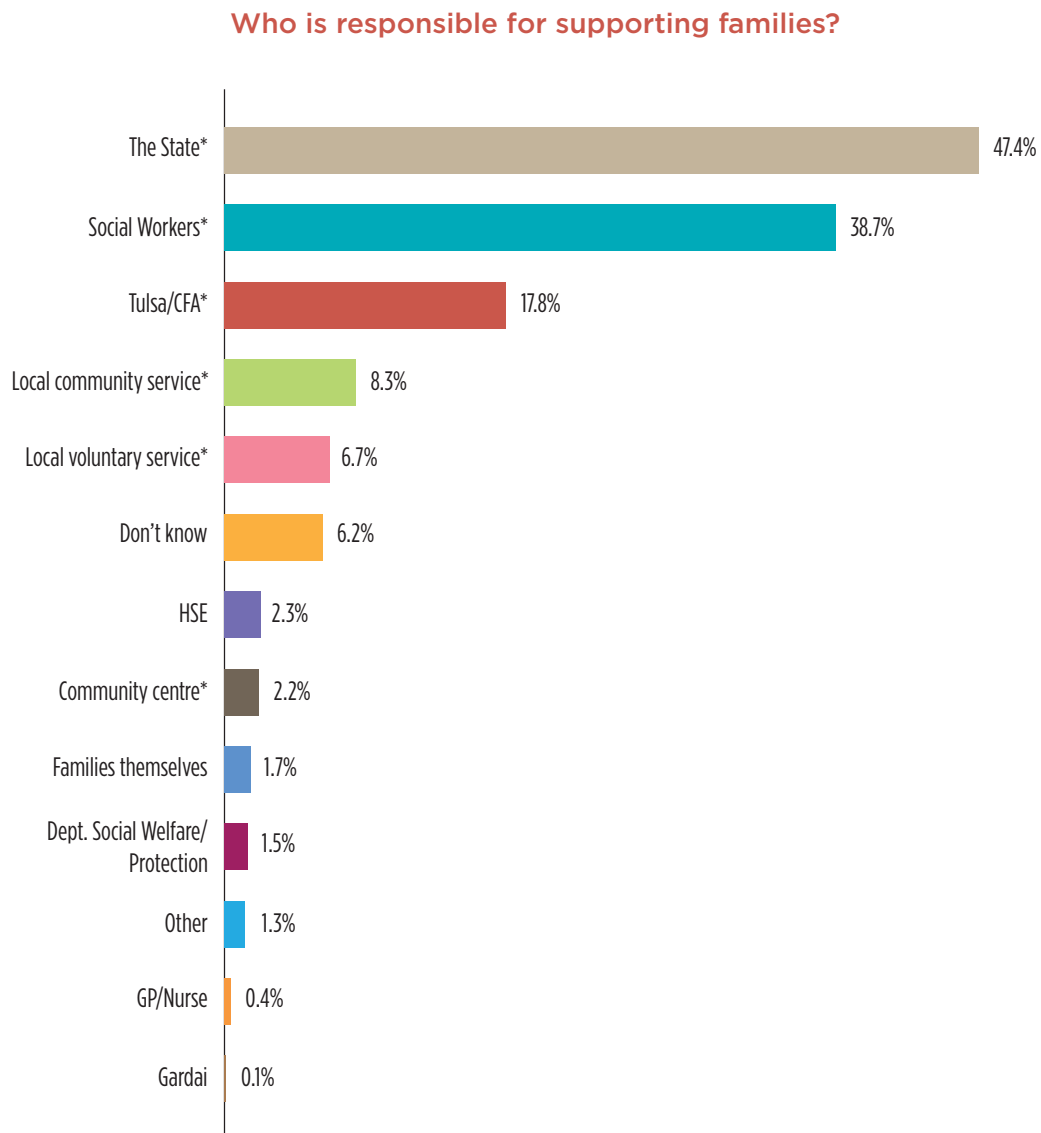
3.3 Knowledge and Awareness

This section reports on respondents' knowledge and awareness about services to support families in general and about Tulsa's family support services in particular. Findings from the general population are set out, followed by findings from the differentiated samples of urban/rural, social status, parenting status, gender and age.

Knowledge and Awareness in the Full Sample Population

When asked who was responsible for supporting families when they cannot manage, 47% cited the State, 39% social workers and 18% Tulsa/CFA. Only 1.7% considered families themselves to be responsible.

Figure 2: Overall responses: Perceived Responsibility for Supporting Families when they cannot manage

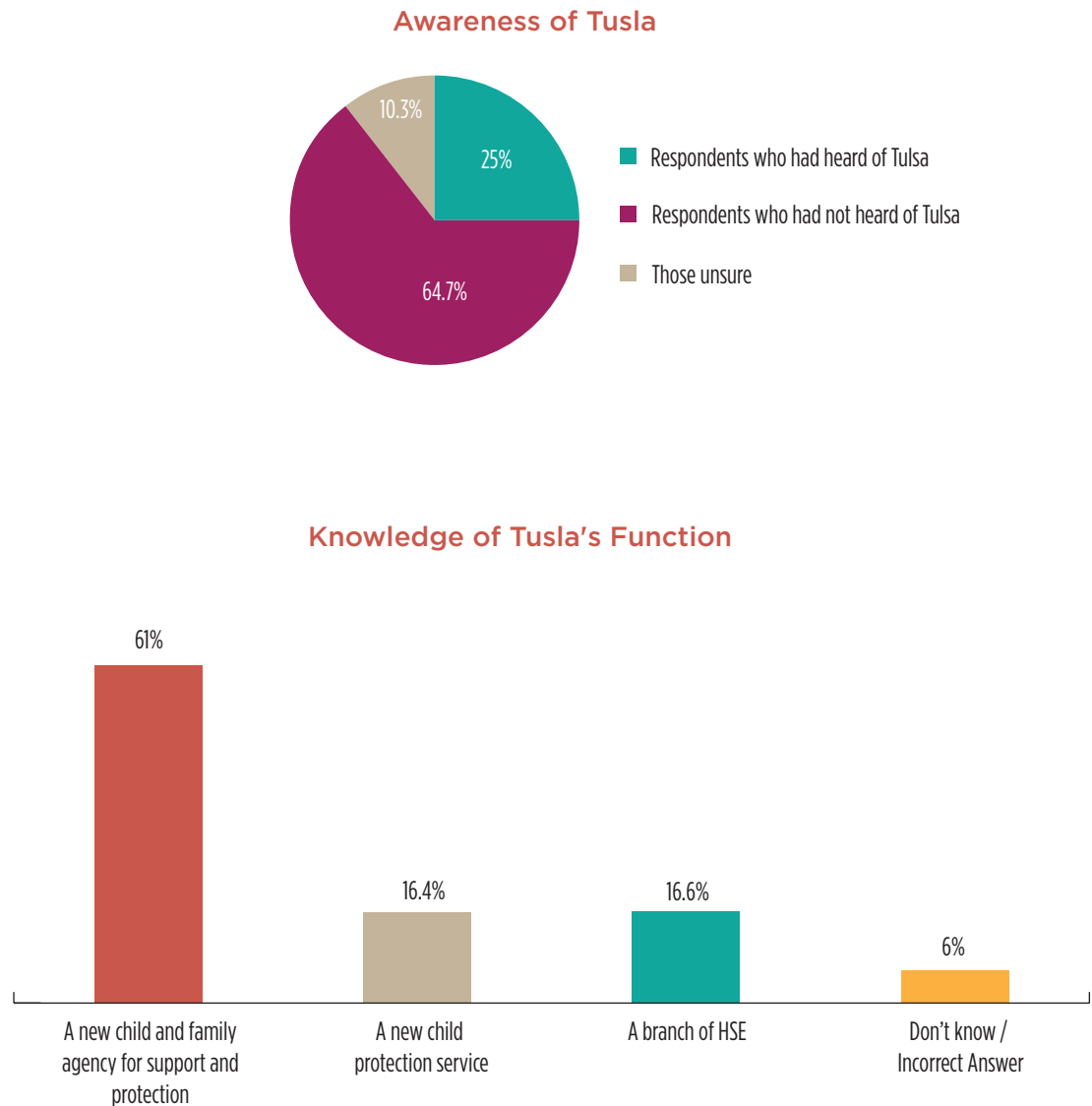


** Entries thus marked were the pre-coded options given; all other responses were volunteered by participants.*



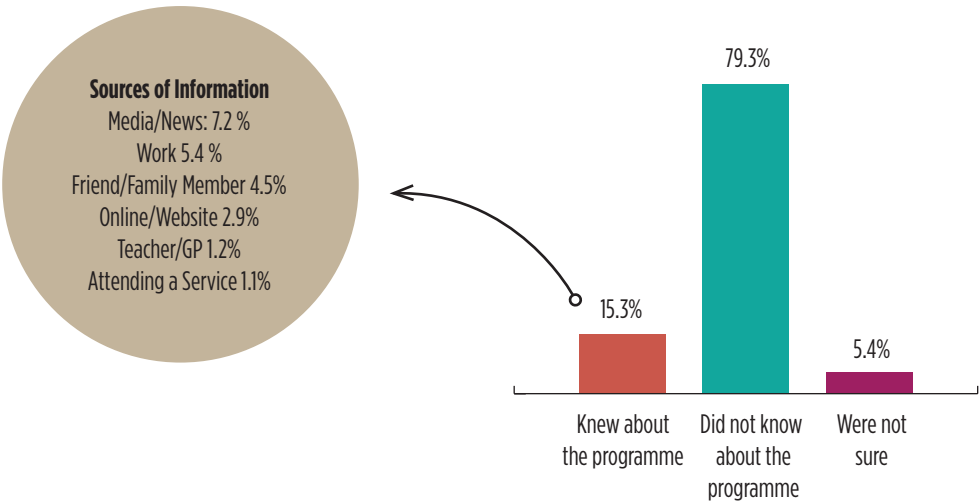
Respondents were asked about their level of awareness of Tusla in general and the specific parenting, prevention and family support services offered with this. Overall, 25% of respondents reported that they had heard of Tusla, and 10.3% were unsure. Of these groups, 16.6% said it was a new branch of the HSE, 16.4% that it was a new child protection service, and 61% that it was a new child and family agency for support and protection.

Figure 3: Overall responses: Knowledge and Awareness of Tusla



In relation to the Prevention, Partnership and Support programme, 15.3% of respondents reported that they had heard of it, with 5.4% unsure. Thus, 79.3% had not heard of the programme. Overall, 7.2% had heard about the programme from the media, 5.4% from a work context, and 4.5% from a friend or family member. Only 2.9% of respondents reported that they had found the information on a website.

Figure 4: Knowledge and Awareness of the Tusla Prevention, Partnership and Family Support (PPFS) Programme



If respondents said they did not know what family support was, they were then read a statement to explain what Family Support was' (see Appendix 2, Q 3c).

When questioned about family support, 51.1% reported that they knew what it is, and 12% were unsure. Of these, 35.3% said it was social work, 32.4% that it was services for child protection and 23.7% that it was services for children in care. The next most frequently cited services were public health nurse (21%), domestic violence services (19.5%) and mental health services (19.4%). In addition, 17% of respondents identified family resource centres, educational welfare and school supports, and support for parents in their own home. At the other end of the scale, only 1.6% reported that it was the provision of support to families in need of help, and 1.9% that it was a community or voluntary organisation or service provider.

If respondents said they did not know what family support was, they were then read a statement to explain what Family Support was' (see Appendix 2, Q 3c).

Respondents were then asked if they knew about family support services in their area: 24.8% reported that they did, and 13.3% were unsure. Of these, 13.4% cited public health nursing, 12.6% social work, and 12% general practitioners.

Figure 5: Overall responses: Participants' understanding of what Family Support is

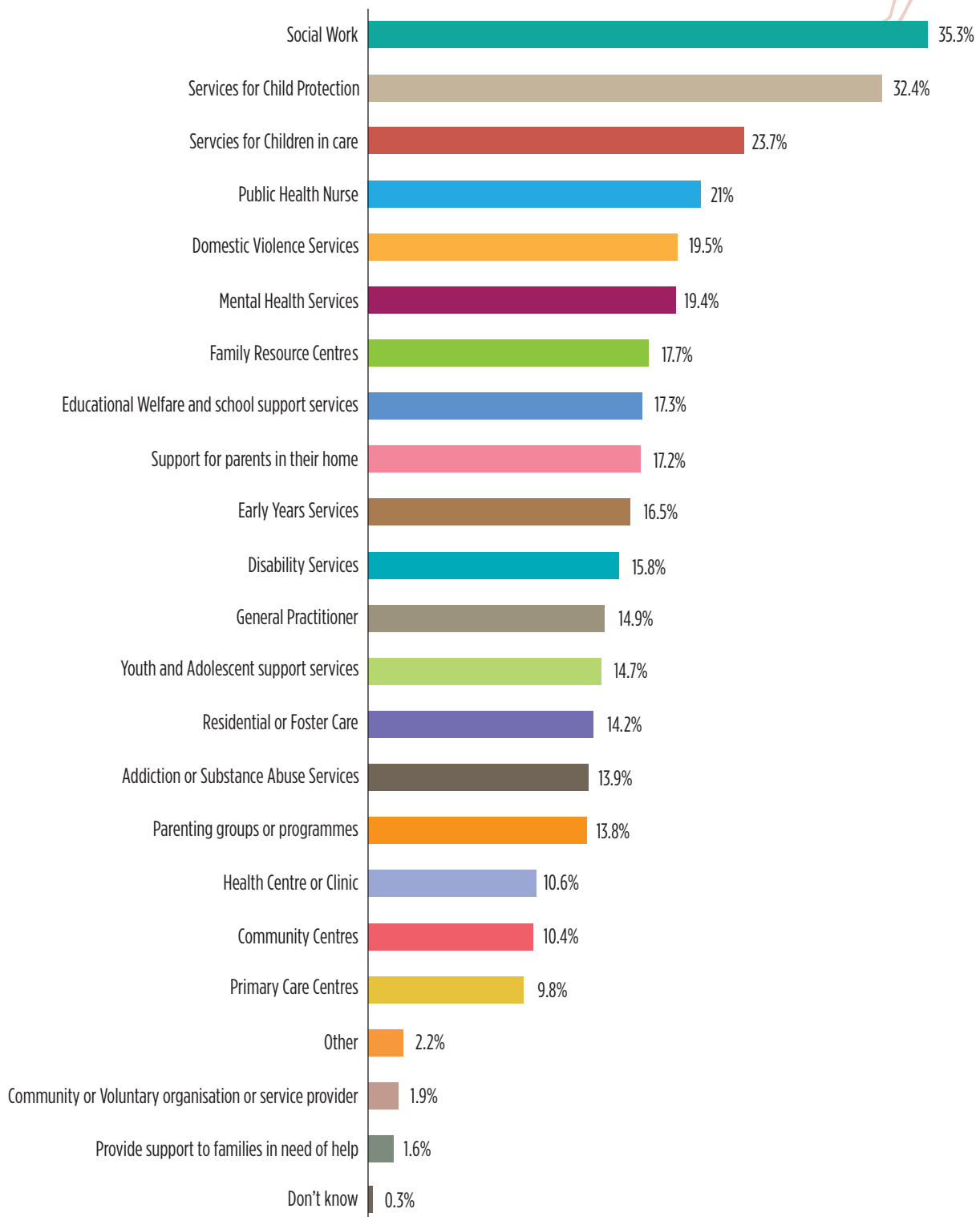


Figure 6: Overall responses: Participants' Knowledge of Local Family Support Services

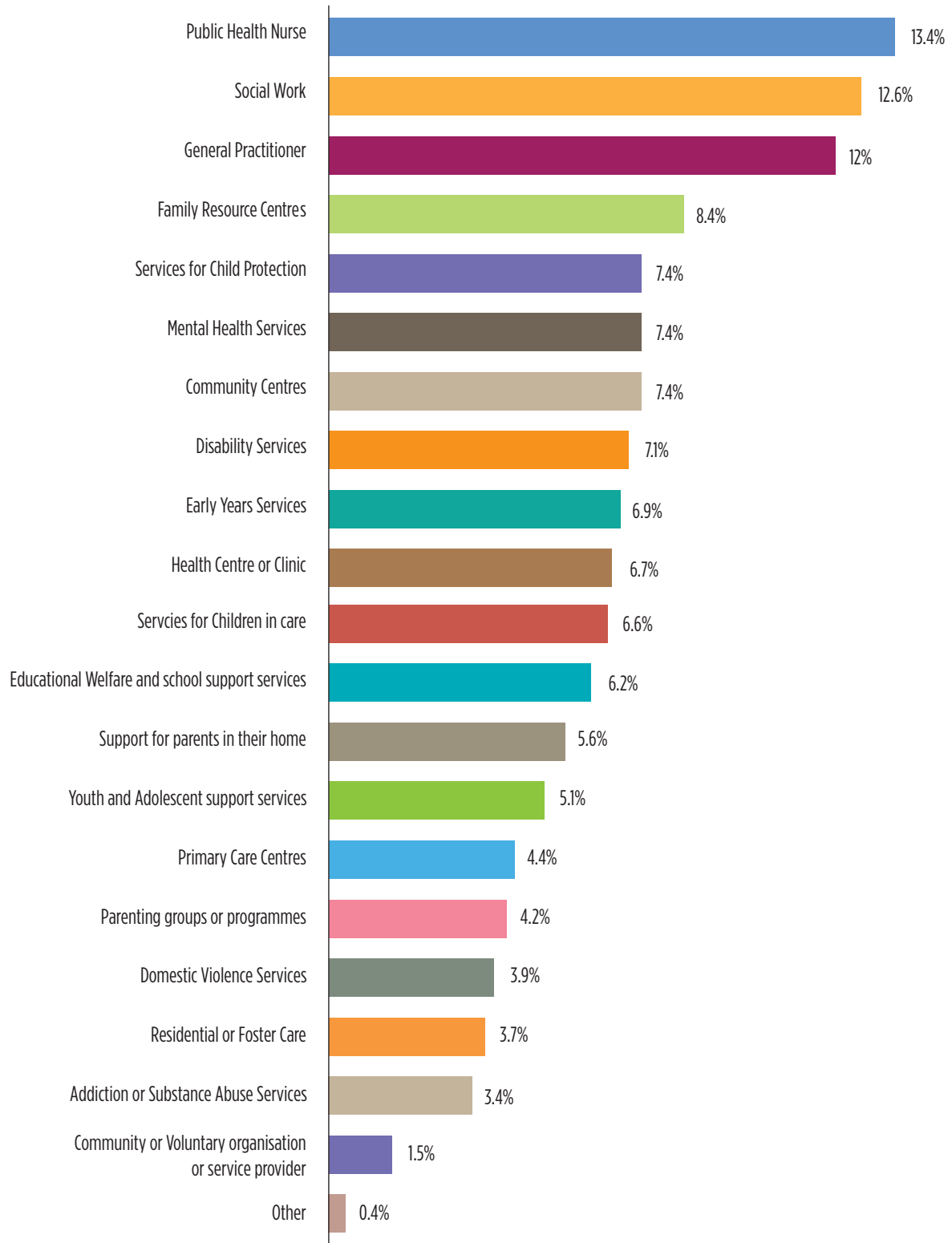
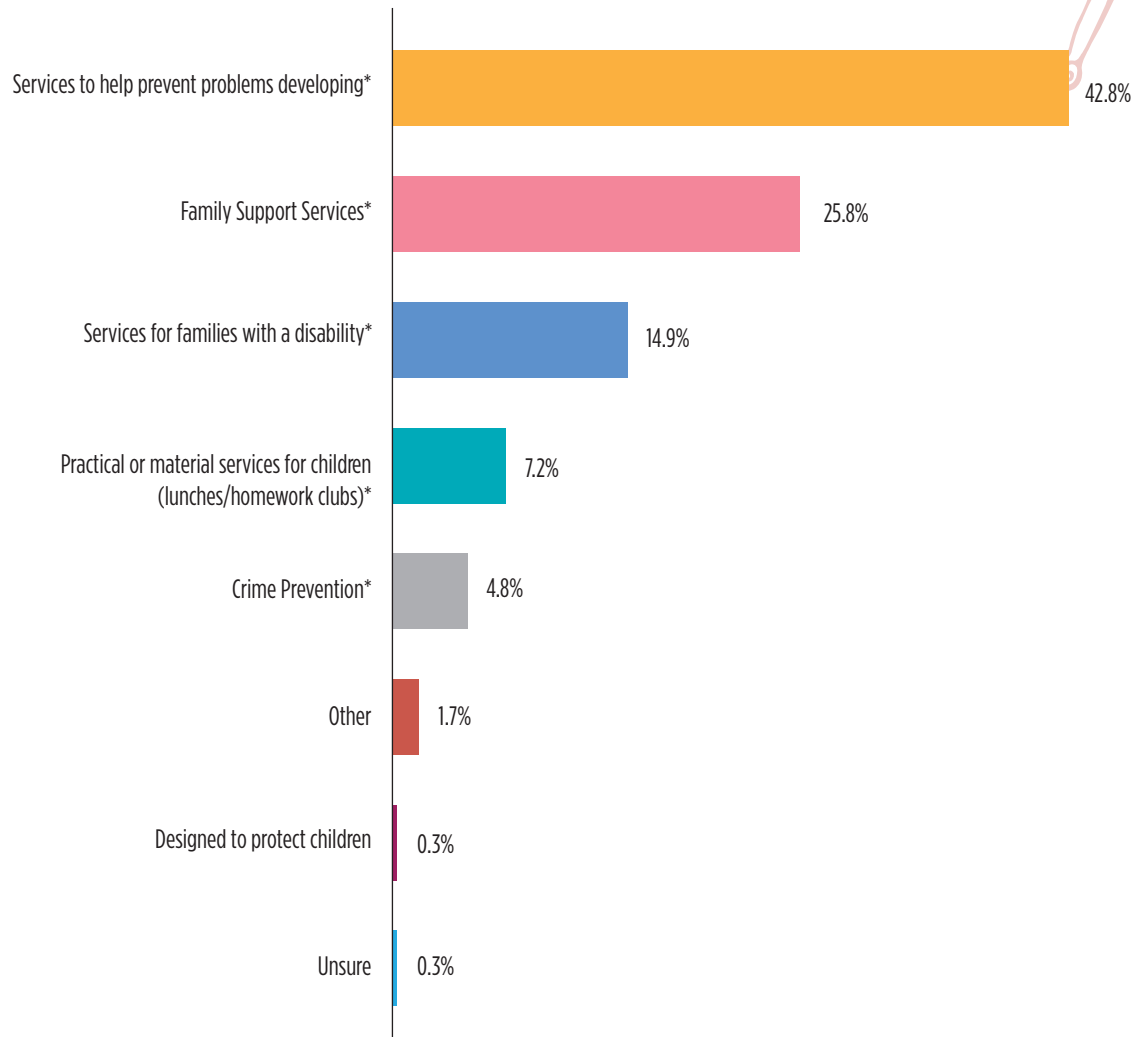


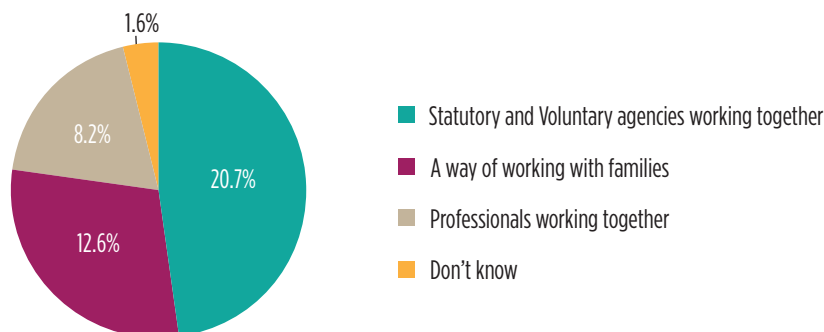
Figure 7: Overall responses: Knowledge of Early Intervention and Prevention Services



Overall, 43.4% reported that they knew what early intervention and prevention services were, with 10.3% unsure. When questioned further, 42.8% said that they were services to help prevent problems developing, 25.8% that they were family support services and 14.9% that they were services for families with a disability.

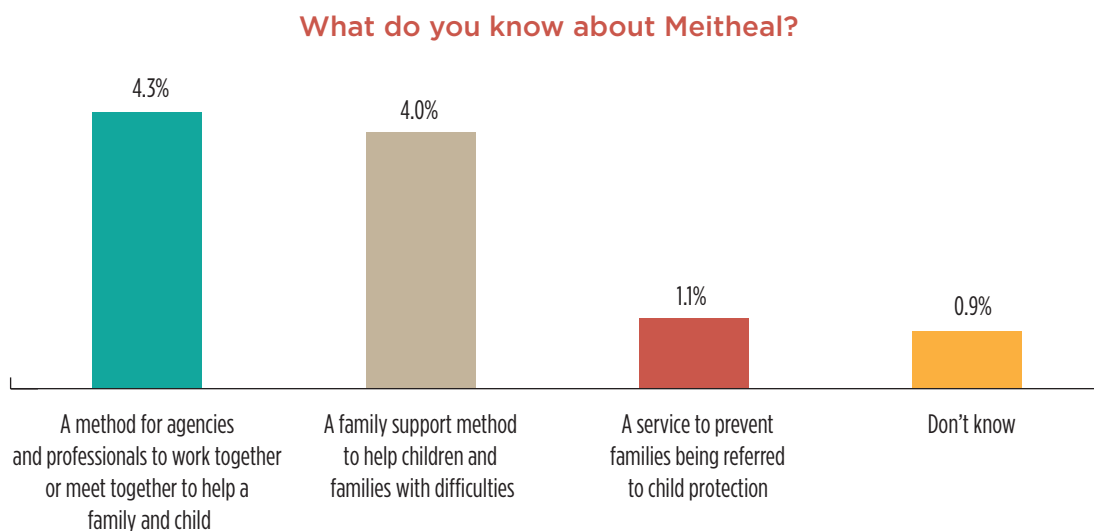
In relation to partnership services, 23.8% reported that they had heard of them, with 10.8% unsure; 20.7% responded that these were statutory and voluntary agencies working together, and 12.6% said they were a way of working with families.

Figure 8: Overall Responses: Knowledge of Partnership Services



Finally, 5.9% reported that they had heard of the Meitheal model, with 3.1% unsure; 4.3% said that it was a method for agencies and professionals to work together or meet together to help a family and child, and 4% that it was a family support method to help children and families with difficulties.

Figure 9: Overall responses: What do you know about Meitheal?

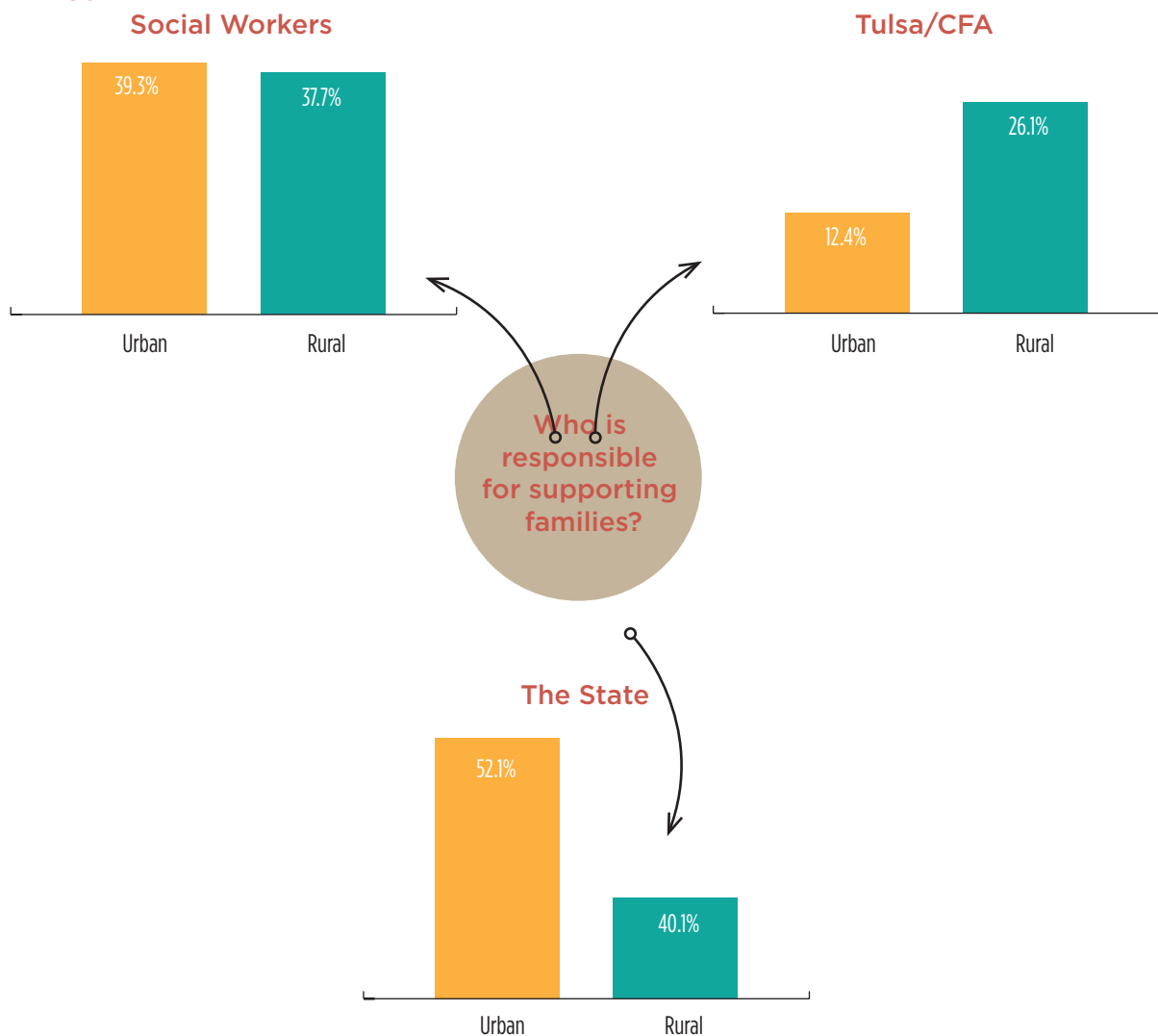


The findings regarding knowledge and awareness from the overall sample provide some interesting data that is further enriched when considered in relation to five further differentiations: geographical location, social status, parenting status, gender, and age. In some instances, no significant difference occurred, but in other instances, notable patterns emerged. Appendix 1 gives a snapshot of the differentiated responses, and the commentary below provides further detail on this.

Knowledge and awareness of responses differentiated by geographical location: Urban-rural differences

Respondents from rural areas were generally better informed and more positive about child and family support services than those from urban areas. Rural respondents were significantly more likely than urban respondents to report that social workers (U: 39.3%; R: 37.7%) and Tusla/CFA (U: 12.4%; R: 26.1%) had responsibility for supporting families when they cannot manage. On the other hand, they were less likely than urban respondents to report that the State was responsible (U: 52.1%; R: 40.1%).

Figure 10: Urban vs Rural Responses: Perceived Responsibility for Supporting Families



Rural respondents were substantially more likely than urban respondents to report that Tusla was a new child and family support agency for support and protection (U: 56.7%; R: 66.9%), and were less likely to report that it was a new child protection service (U: 20%; R: 11.4%). They were also significantly more likely to have heard of the Tusla PPFS programme (U: 13.4%; R: 18.2%), and to have heard of it from the media (U: 5.4%; R: 10%) or from a family member or friend (U: 3.6%; R: 5.8%).

Figure 11: Rural vs Urban Awareness of Tusla

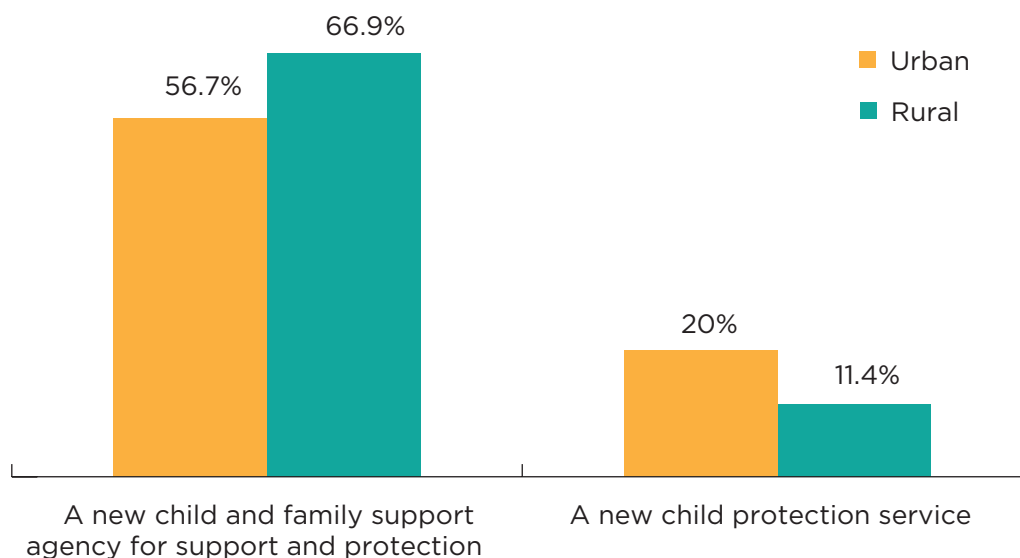
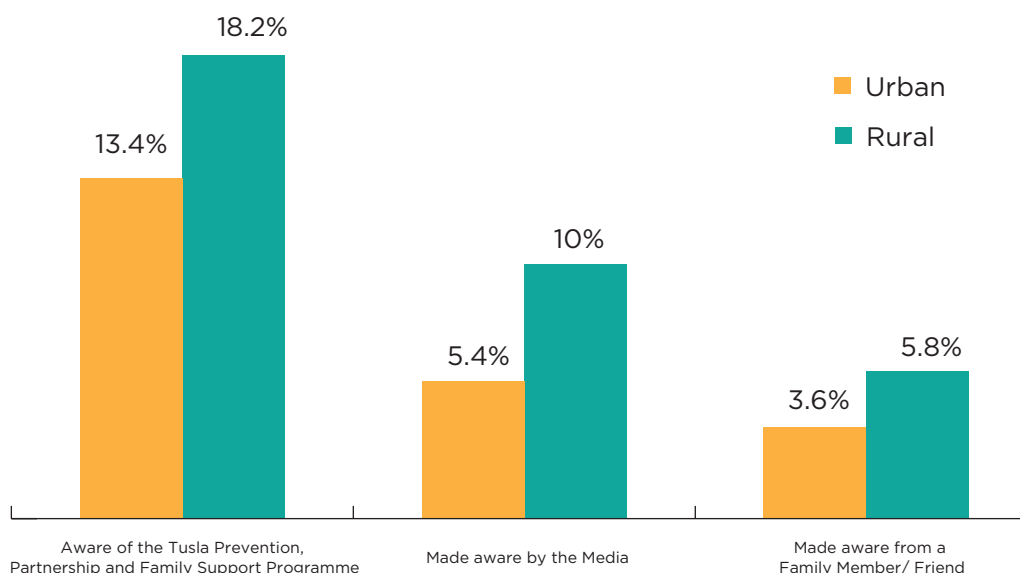
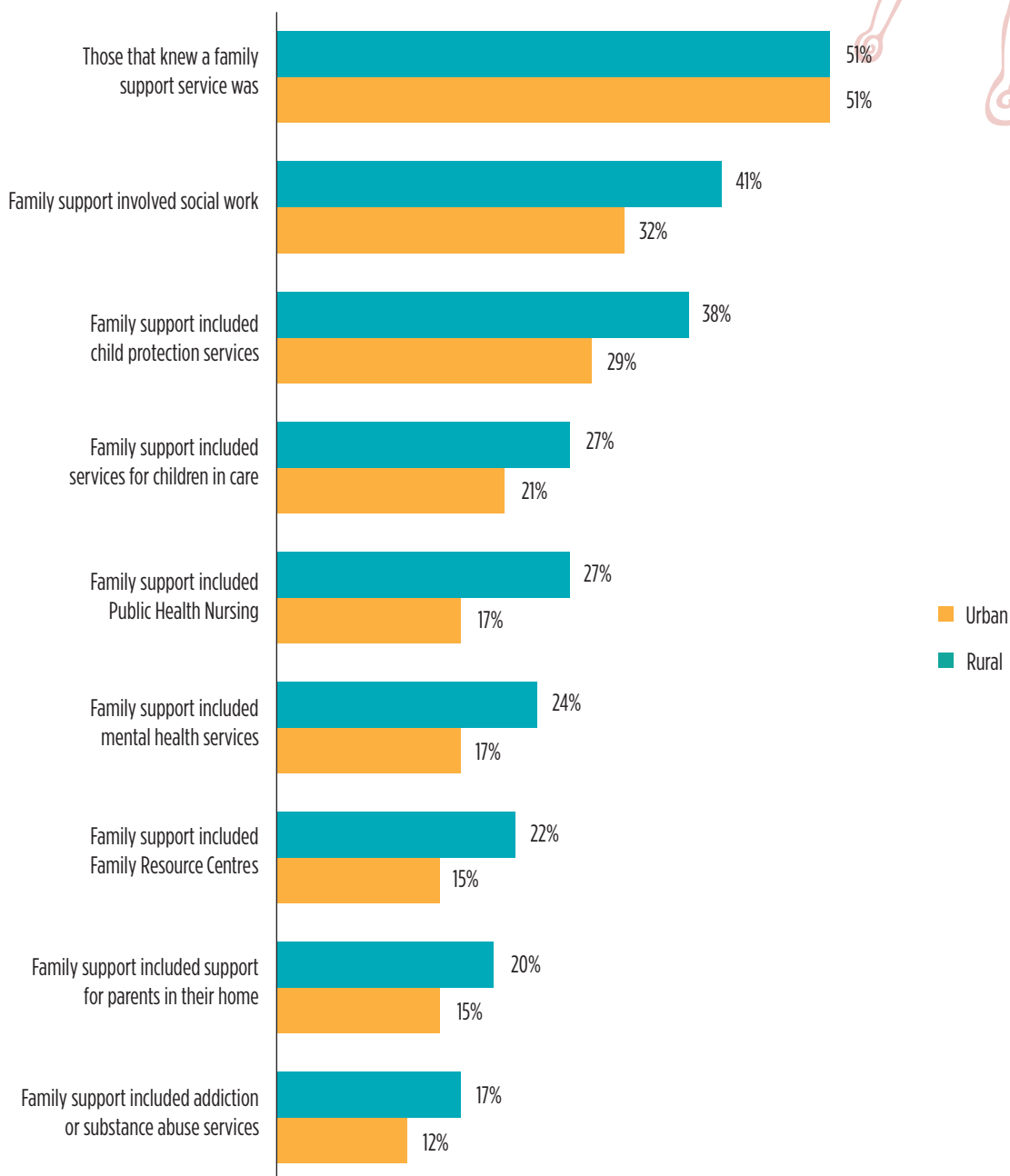


Figure 12: Rural vs Urban Awareness of the Tusla PPFS Programme



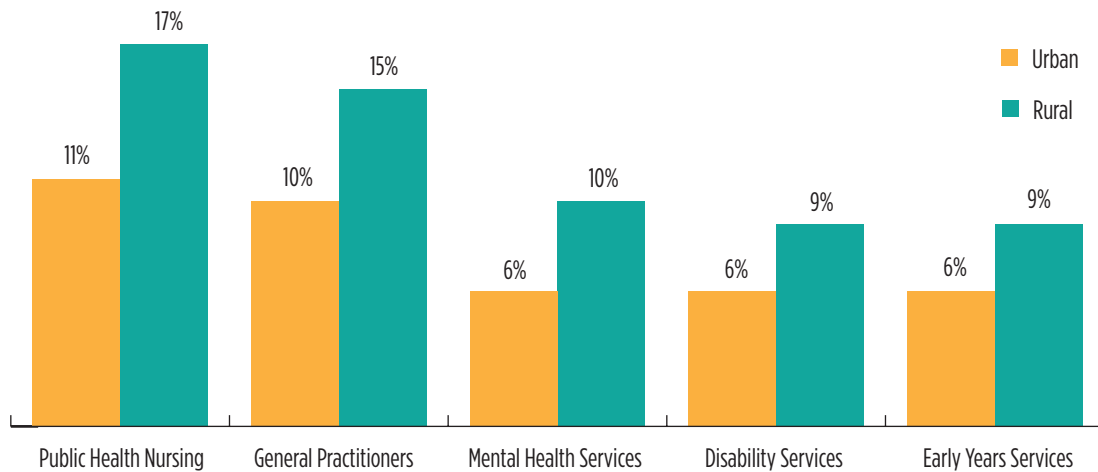
Rural respondents were more likely to report that family support involved social work (U: 31.7%; R: 40.8%), services for child protection (U: 28.5%; R: 38.3%), services for children in care (U: 21.3%; R: 27.3%), public health nursing (U: 17%; R: 27%), mental health services (U: 16.7%; R: 23.5%), family resource centres (U: 15.3%; R: 21.5%), support for parents in their home (U: 15%; R: 20.4%) and addiction or substance abuse services (U: 12%; R: 16.9%). Rural respondents were significantly less likely to report that they did not know what a family support service is (U: 39%; R: 33.8%).

Figure 13: Rural vs Urban Responses: Awareness of Family Support Services



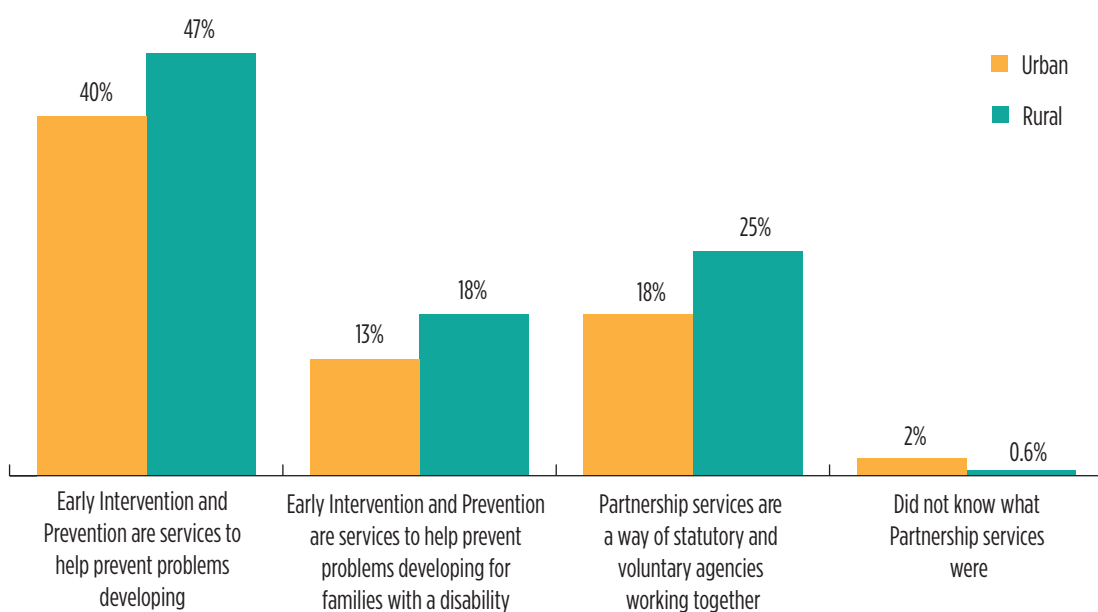
Although rural respondents were not more likely to say they knew about services in their local areas, they were significantly more likely to report that such services comprised public health nursing (U: 10.9%; R: 17.2%), general practitioners (U: 10.2%; R: 14.9%), mental health services (U: 5.9%; R: 9.7%), disability services (U: 5.7%; R: 9.3%) and early years' services (U: 5.6%; R: 9.0%).

Figure 14: Rural vs Urban Responses: What services are available in your local area?



In relation to early intervention and prevention, rural respondents were more likely than urban respondents to report that these were services to help prevent problems developing (U: 39.7%; R: 47.4%) and for families with a disability (U: 12.7%; R: 18.3%). Similarly, although rural respondents were not more likely to report that they knew what partnership services were, they were significantly more likely to agree that they were a way of statutory and voluntary agencies working together (U: 18.1%; R: 24.6%).

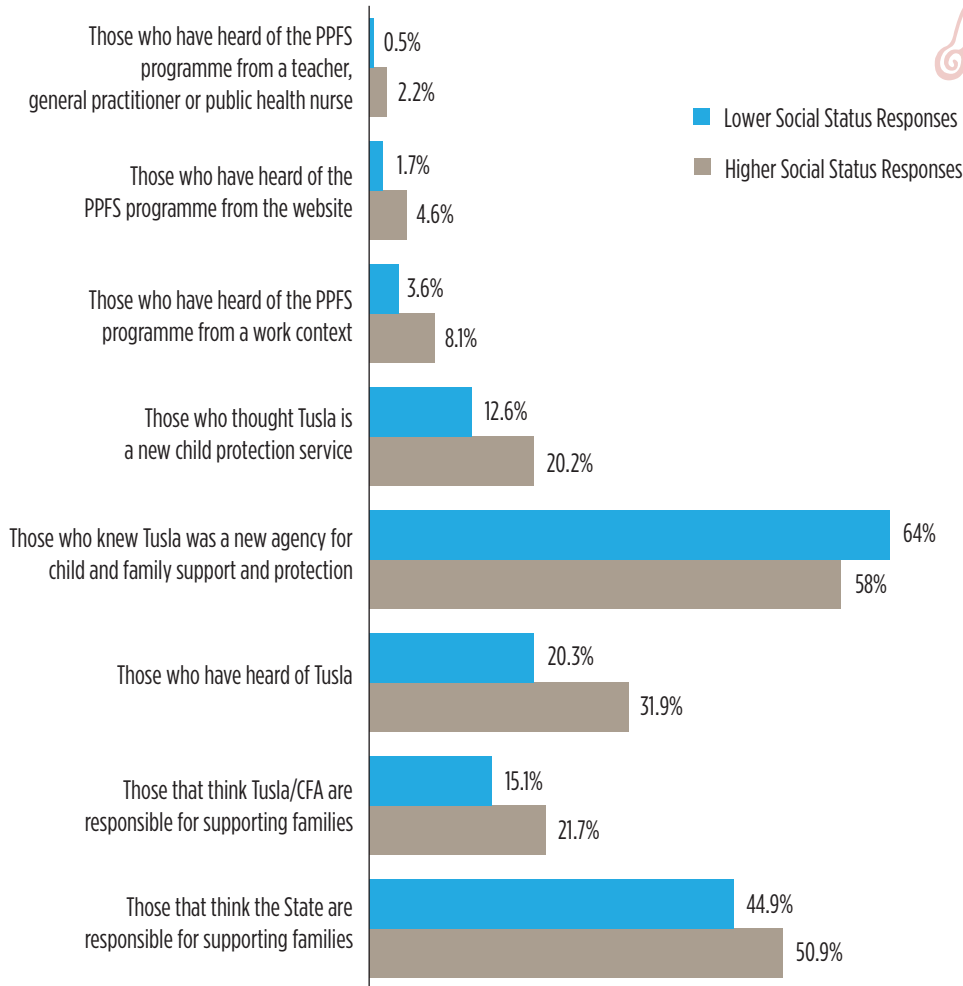
Figure 15: Rural vs Urban Responses: Early Intervention and Prevention Partnership Services





Knowledge and Awareness Responses differentiated by Social Status

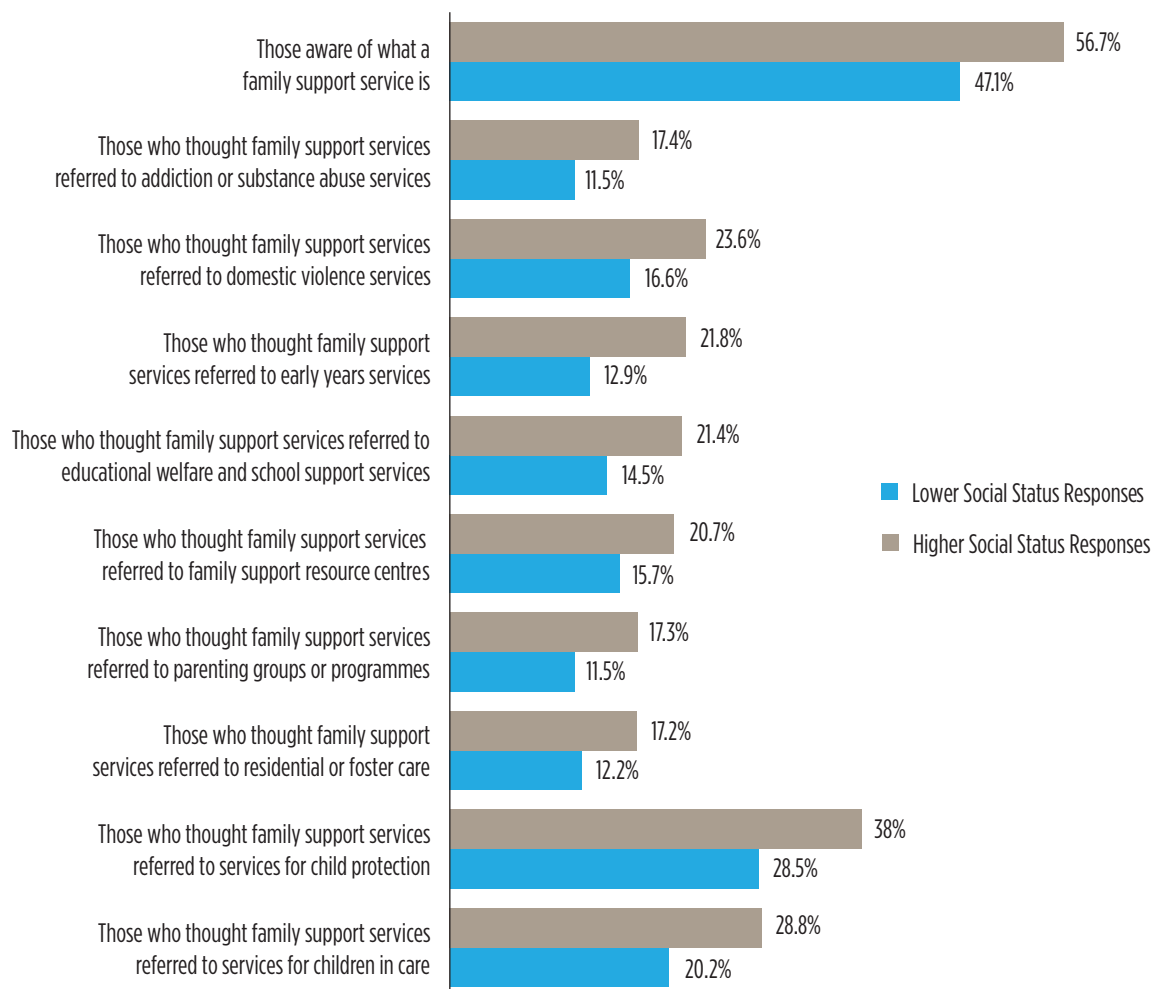
Figure 16: Higher-v-Lower Social Status Responses, Knowledge and Awareness of Tusla



Knowledge and Awareness Responses differentiated by Social Status

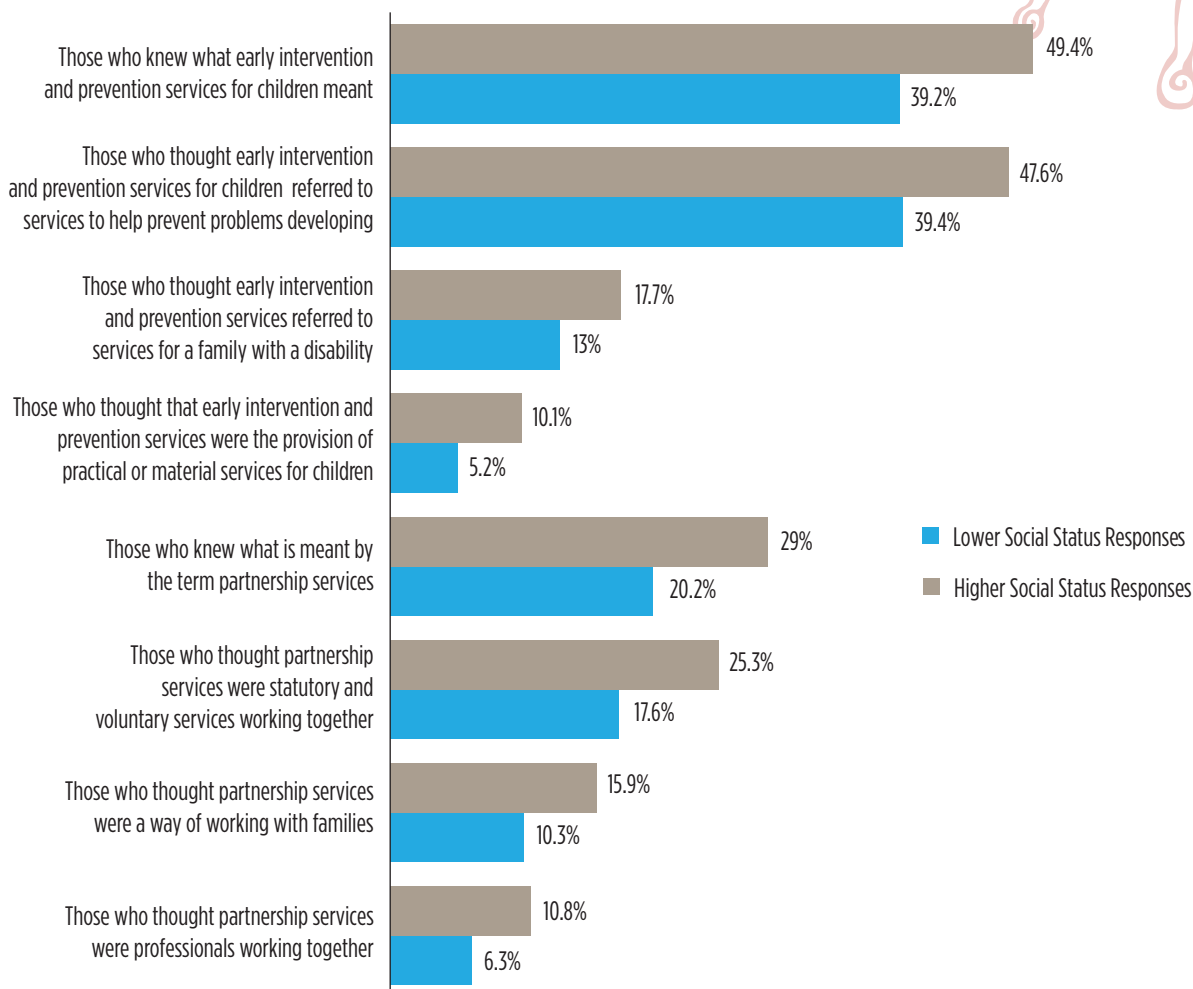
Respondents from the higher social classes were generally more likely to report that they had heard of various child and family support services, but were not necessarily more accurate in their perceptions of the services. Respondents from higher social classes were significantly more likely to report that the State (ABC1: 50.9%; C2DEF: 44.9%) and Tusla/CFA (ABC1: 21.7%; C2DEF: 15.1%) had responsibility for supporting families when they cannot manage. They were significantly more likely to report they had heard of Tusla (ABC1: 31.9%; C2DEF: 20.3%), although less likely to accurately report that it was a new agency for child and family support and protection (ABC1: 58%; C2DEF: 64%), and more likely to report that it was a new child protection service (ABC1: 20.2%; C2DEF: 12.6%). Those from higher social classes were significantly more likely to have heard of the PPFS programme from a work context (ABC1: 8.1%; C2DEF: 3.6%), the website (ABC1: 4.6%; C2DEF: 1.7%) or a teacher, general practitioner or public health nurse (ABC1: 2.2%; C2DEF: 0.5%).

Figure 17: Social Status Responses: Knowledge and Awareness of Family Support



Respondents from higher social class groups were significantly more likely than those from lower social classes to report that they knew what early intervention and prevention services for children meant (ABC1: 49.4%; C2DEF: 39.2%), and were more likely to report that they were services to help prevent problems developing (ABC1: 47.6%; C2DEF: 39.4%), services for a family with a disability (ABC1: 17.7%; C2DEF: 13%), or the provision of practical or material services for children (ABC1: 10.1%; C2DEF: 5.2%). Similarly, they were significantly more likely to report that they knew what is meant by the term partnership services (ABC1: 29%; C2DEF: 20.2%), and significantly more likely to report that they were statutory and voluntary agencies working together (ABC1: 25.3%; C2DEF: 17.6%), a way of working with families (ABC1: 15.9%; C2DEF: 10.3%), and professionals working together (ABC1: 10.8%; C2DEF: 6.3%). No substantial social class group differences were identified on having heard of the Meitheal model or on understanding of what that is.

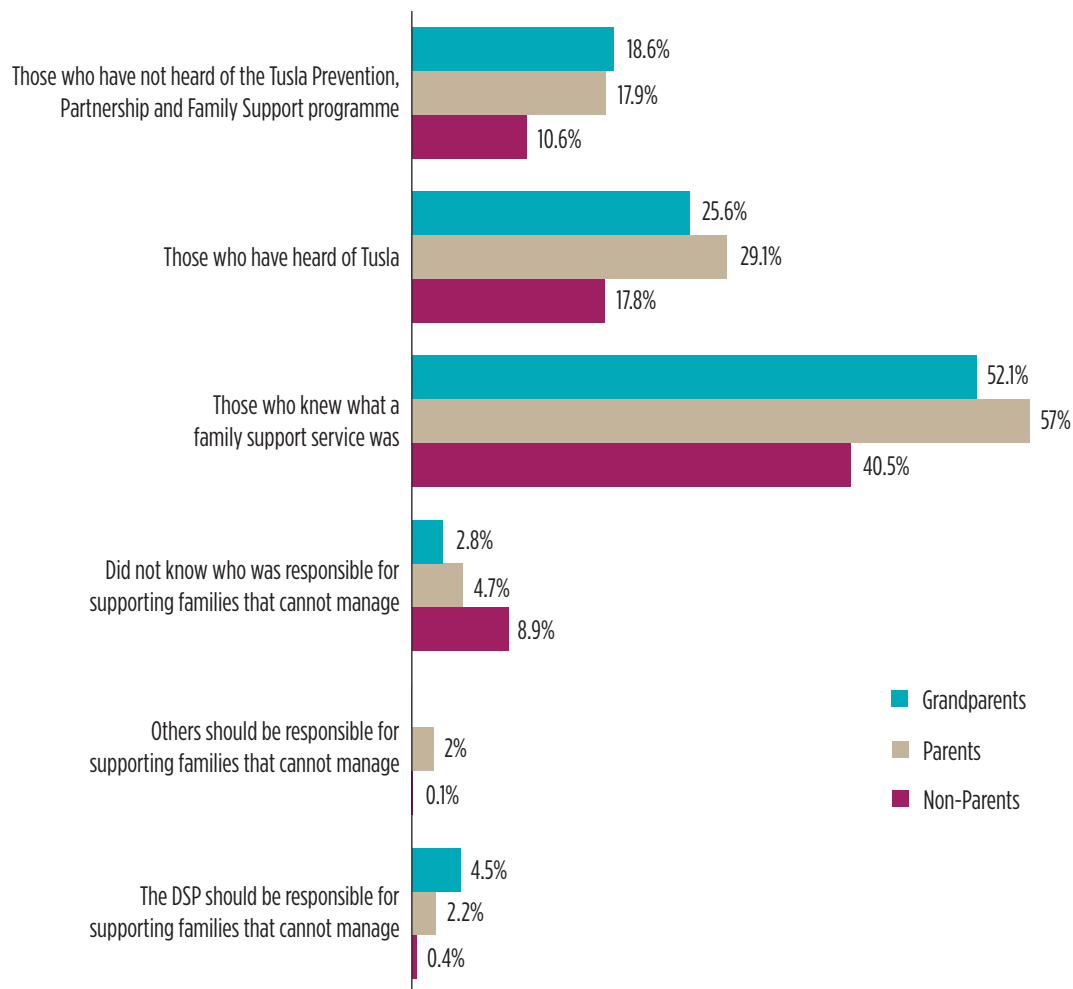
Figure 18: Social Status Responses: Knowledge and Awareness of Early Intervention and Prevention Services



Knowledge and awareness of responses differentiated by parenting status

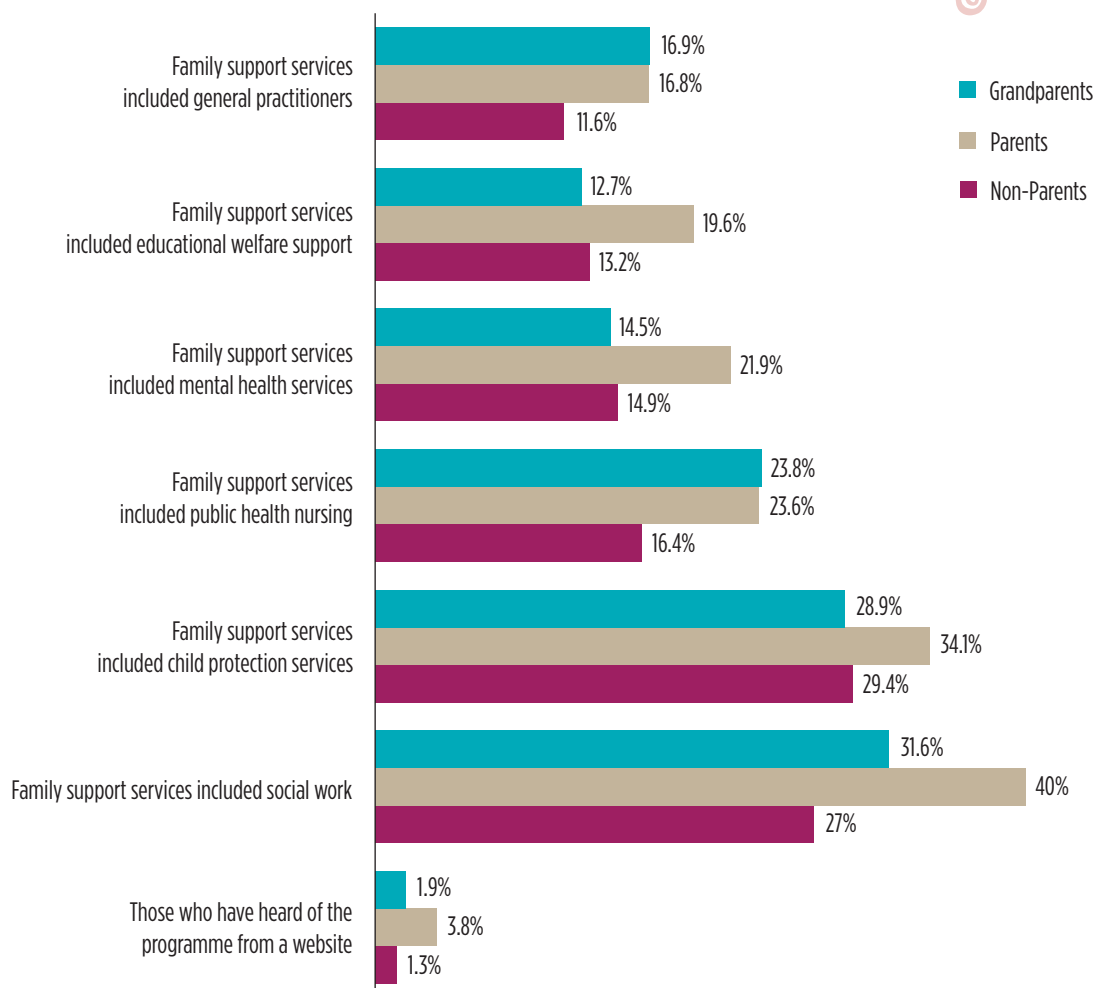
Parents were generally better informed than non-parents about all aspects of child and family support. In relation to who was responsible for supporting families that cannot manage, parents were significantly more likely than non-parents to report that the Department of Social Welfare or Protection (NP: 0.4%; P: 2.2%; GP: 4.5%) or others (NP 0.1%; P: 2%; GP: 0%) should be responsible, and less likely to report that they didn't know NP: 8.9%; P: 4.7%; GP: 2.8%). Parents were most likely to report that they had heard of Tusla (NP: 17.8%; P: 29.1%; GP: 25.6%), and that they knew what a family support service was (NP: 40.5%; P: 57%; GP: 52.1%). Grandparents were slightly more likely to say that they had heard of the Tusla Prevention, Partnership and Family Support programme (NP: 10.6%; P: 17.9%; GP: 18.6%).

Figure 19: Parenting Status Responses: Knowledge and Awareness of Aspects of Family Support



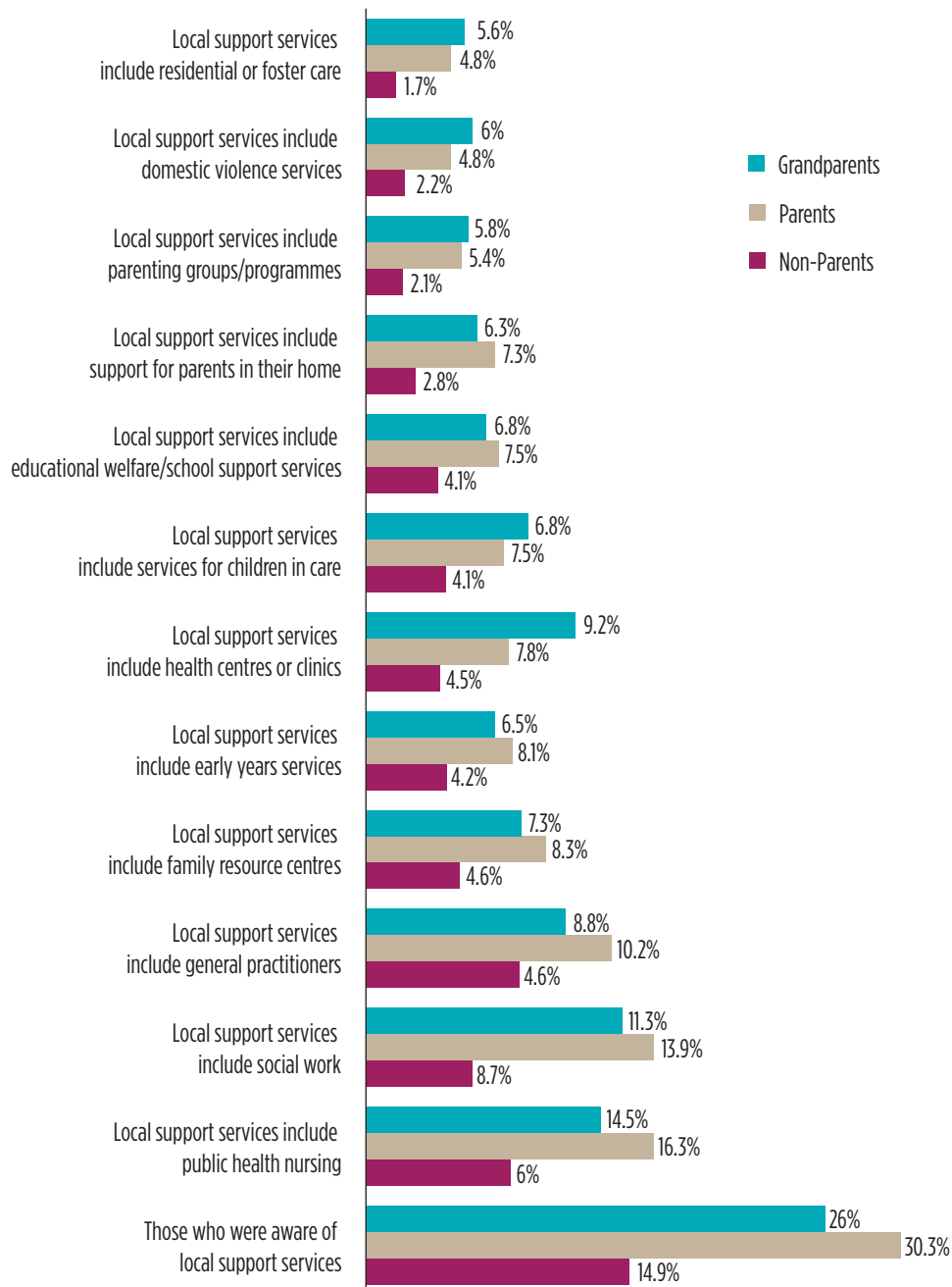
Parents were significantly more likely than non-parents to report that they had heard of the Prevention, Partnership and Family Support programme from the website (NP: 1.3%; P: 3.8%; GP: 1.9%), and to report that family support services included social work (NP: 27%; P: 40%; GP: 31.6%), services for child protection (NP: 29.4%; P: 34.1%; GP: 28.9%), public health nursing (NP: 16.4%; P: 23.6%; GP: 23.8%), mental health services (NP: 14.9%; P: 21.9%; GP: 14.5%), educational welfare and school support services (NP: 13.2%; P: 19.6%; GP: 12.7%) and general practitioners (NP: 11.6%; P: 16.8%; GP: 16.9%).

Figure 20: Parenting Status Responses: Knowledge and Awareness of Aspects of the Prevention, Partnership and Family Support Programme



Not surprisingly, parents were almost twice as likely as non-parents to report familiarity with various family support services in their community. Parents were most likely to report that they knew what family support services exist in their local areas (NP: 14.9%; P: 30.3%; GP: 26%), and significantly more likely than non-parents to include public health nursing (NP: 8.2%; P: 16.3%; GP: 13.3%), social work (NP: 6%; P: 16.3%; GP: 14.5%), general practitioners (NP: 8.7%; P: 13.9%; GP: 11.3%), family resource centres (NP: 5.3%; P: 10.2%; GP: 8.8%), early years services (NP: 4.6%; P: 8.3%; GP: 7.3%), health centre or clinic (NP: 4.2%; P: 8.1%; GP: 6.5%), services for children in care (NP: 4.5%; P: 7.8%; GP: 9.2%), educational welfare and school support services (NP: 4.1%; P: 7.5%; GP: 6.8%), support for parents in their home (NP: 2.8%; P: 7.3%; GP: 6.3%), parenting groups or programmes (NP: 2.1%; P: 5.4%; GP: 5.8%), domestic violence services (NP: 2.2%; P: 4.8%; GP: 6%) and residential or foster care (NP: 1.7%; P: 4.8%; GP: 5.6%) in their responses to what those local services were.

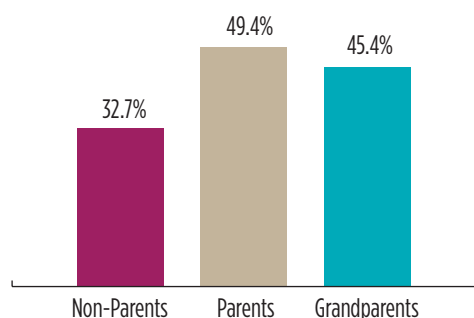
Figure 21: Parenting Status Responses: Knowledge and Awareness of Local Family Support Services



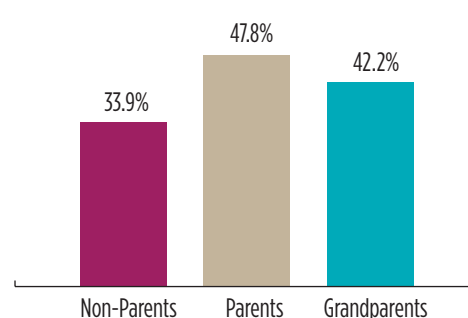
Parents were also significantly more likely to report that they knew what early intervention and prevention services for children mean (NP: 32.7%; P: 49.4%; GP: 45.4%), and to agree that such services could be described as services to help prevent problems developing (NP: 33.9%; P: 47.8%; GP: 42.2%).

Figure 22: Parenting Status Responses: Knowledge and Awareness of Early Intervention and Prevention Services

Those who knew what early intervention and prevention services meant



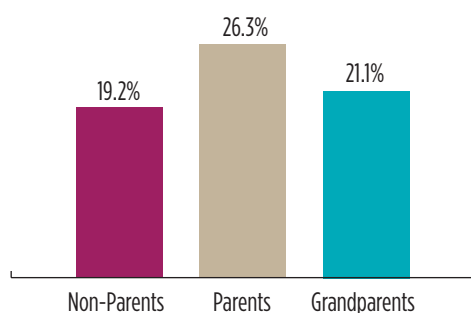
Those that agreed early intervention and prevention services are services to help prevent problems developing



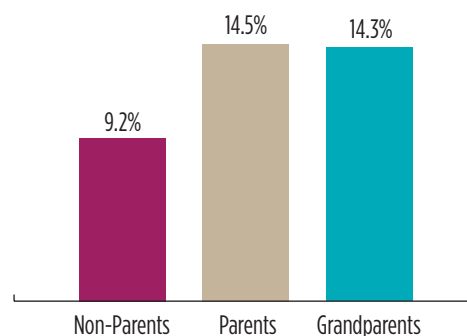
Parents were significantly more likely to report that they knew what is meant by partnership services (NP: 19.2%; P: 26.3%; GP: 21.9%), and that partnership services were a way of working with families (NP: 9.2%; P: 14.5%; GP: 14.3%). No differences emerged between the various parenting status groups in relation to having knowledge of the Meitheal model.

Figure 23: Parenting status responses: Knowledge and Awareness of Partnership Services

Those who knew what partnership services meant



Those that agreed partnership services are a way of working with families

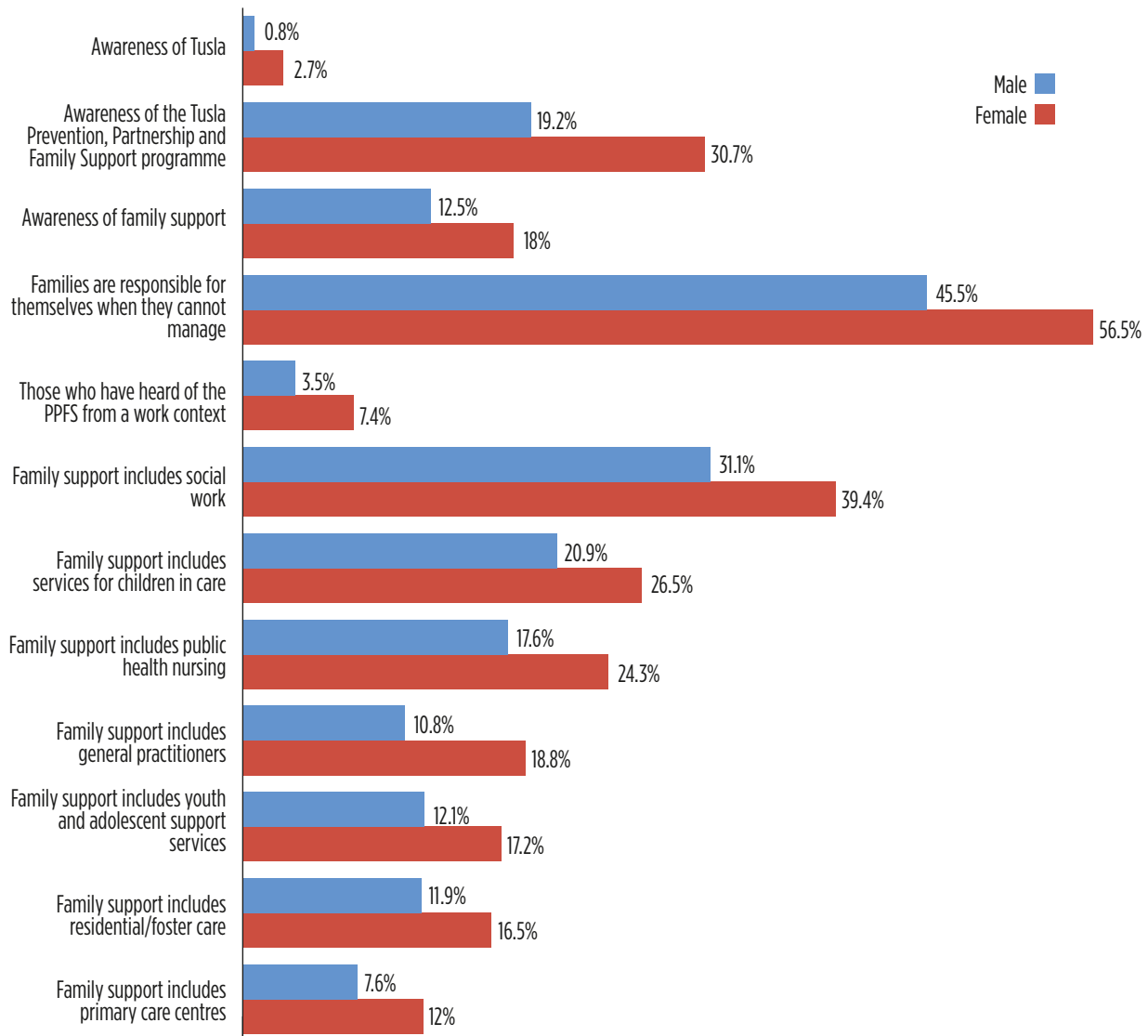


Knowledge and Awareness of Responses differentiated by Gender

In terms of perceived responsibility, females were significantly more likely than males to respond that families themselves should be responsible when they cannot manage (M: 0.8%; F: 2.7%). In general, females reported significantly greater awareness of services, including Tusla (M: 19.2%; F: 30.7%), the Tusla PPFS programme (M: 12.5%; F: 18.0%), and family support (M: 45.5%; F: 56.5%). Females were significantly more likely than males to report having heard about the PPFS programme from a work context (M: 3.5%; F: 7.4%).

In relation to what constituted family support, females were significantly more likely to report that this included social work (M: 31.1%; F: 39.4%), services for children in care (M: 20.9%; F: 26.5%), public health nursing (M: 17.6%; F: 24.3%), general practitioner (M: 10.8%; F: 18.8%), youth and adolescent support services (M: 12.1%; F: 17.2%), residential or foster care (M: 11.9%; F: 16.5%) and primary care centres (M: 7.6%; F: 12.0%).

Figure 24: Gender Status Responses: Knowledge and Awareness of Family Support Services



Although there were no gender differences in relation to reported knowledge of local family support services, females were significantly more likely to report that these would include public health nursing (M: 10.8%; F: 15.9%) and family resource centres (M: 5.9%; F: 10.8%), and less likely to report that they would include disability services (M: 8.8%; F: 5.5%). Females did not differ from males in reporting that they knew what early intervention and prevention services were, but they were significantly more likely to respond that they were services to help prevent problems developing (M: 36.4%; F: 48.9%). They were also more likely to report that practical or material services for children (M: 4.5%; F: 9.8%) and crime prevention (M: 3.5%; F: 6.3%) were early intervention and prevention services.

Figure 25: Gender status Responses: Knowledge and Awareness of what Local Family Support Services include

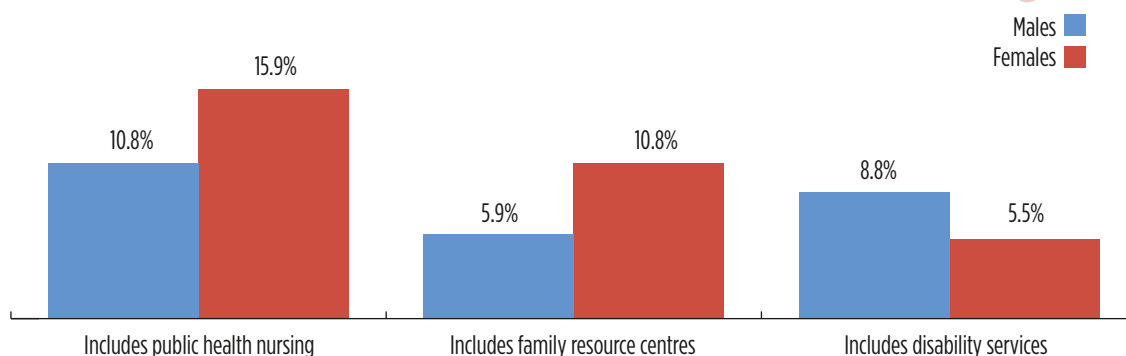
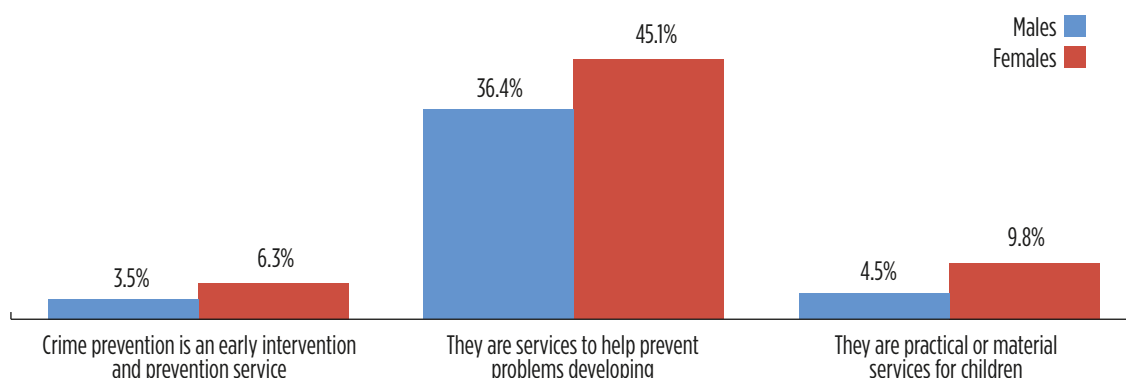
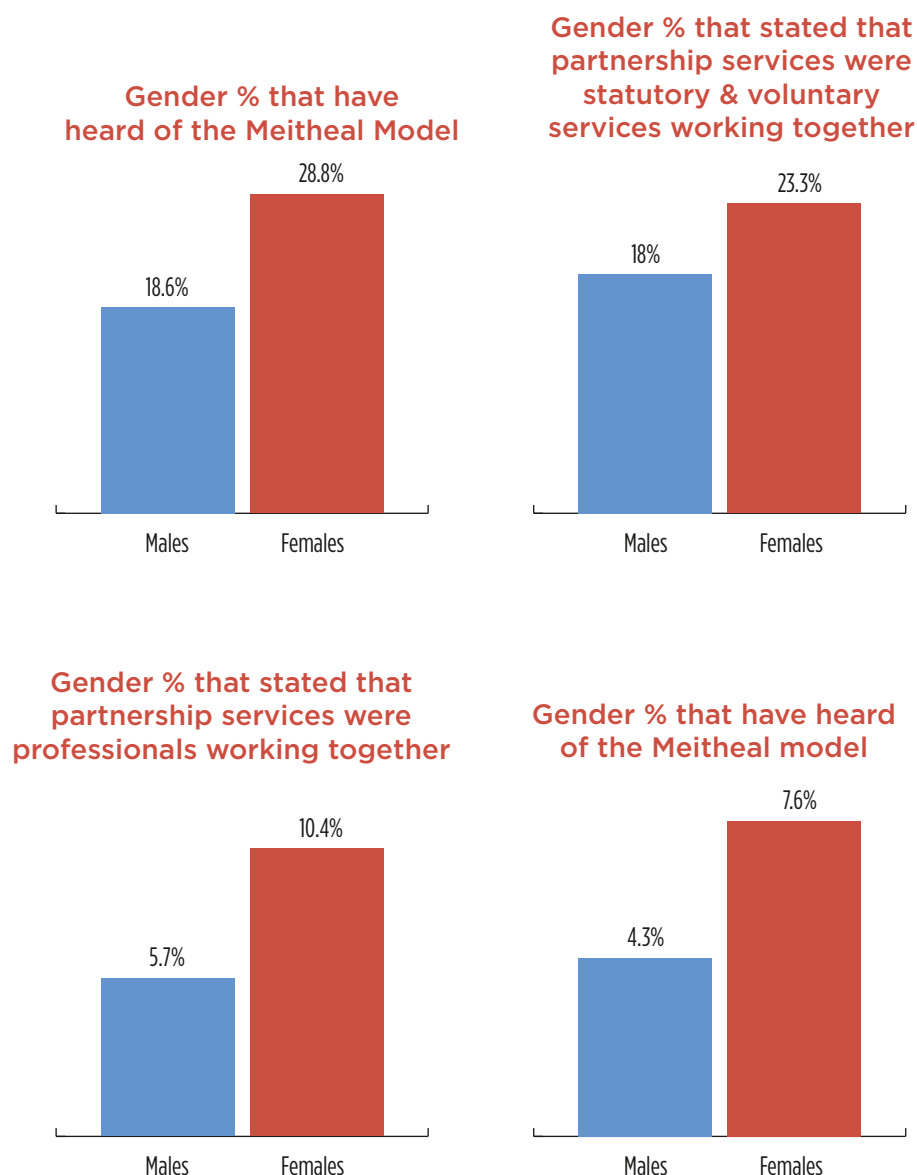


Figure 26: Gender Status Responses: Knowledge and Awareness of Early Intervention and Prevention Services



Females were significantly more likely than males to report that they knew what was meant by partnership services (M: 18.6%; F: 28.8%), and that they were statutory and voluntary agencies working together (M: 18.0%; F: 23.3%) and professionals working together (M: 5.7%; F: 10.4%). Finally, females were significantly more likely than males to report that they had heard of the Meitheal model (M: 4.3%; F: 7.6%).

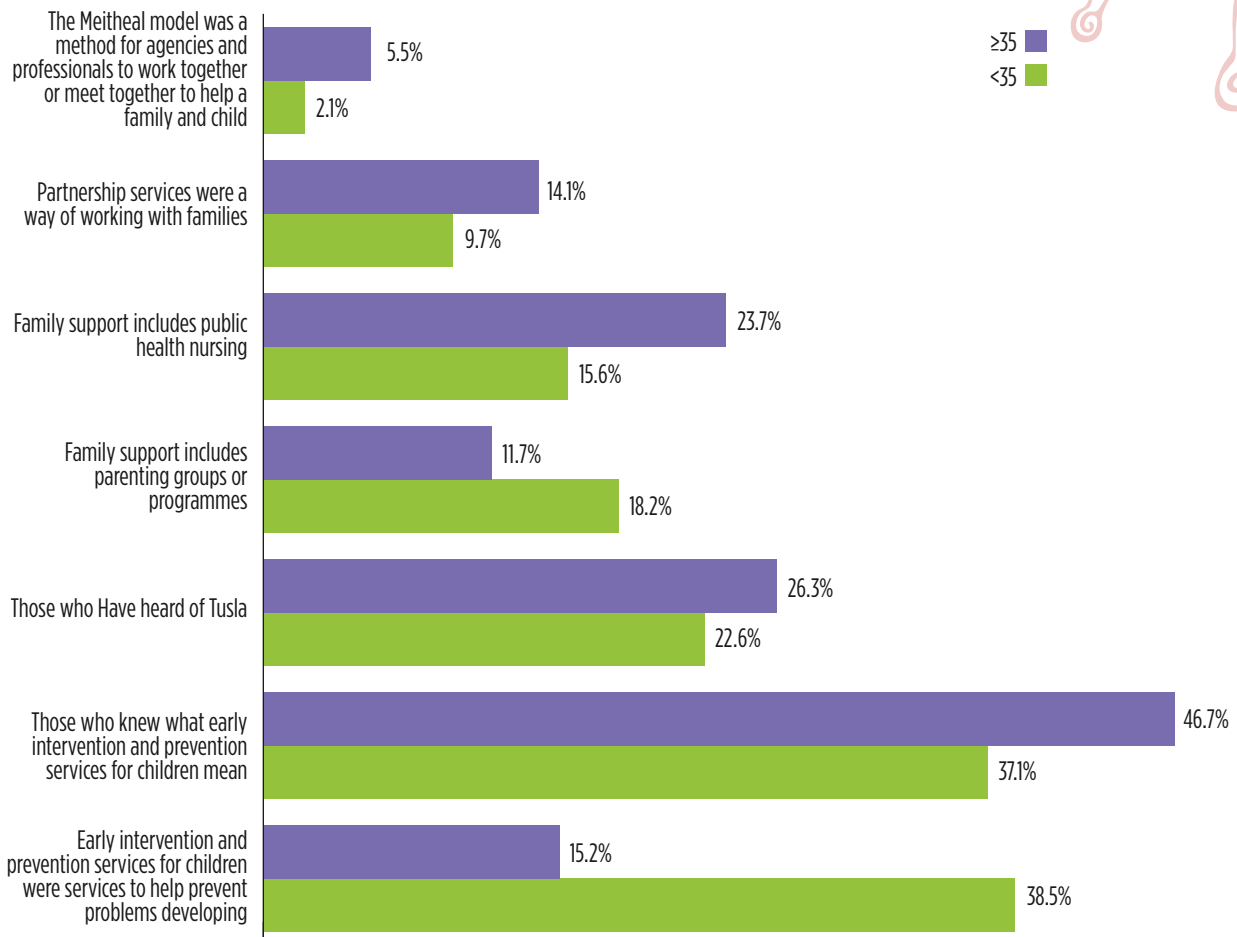
Figure 27: Gender Status Responses: Knowledge and Awareness of Partnership Services



Knowledge and Awareness of Responses Differentiated by Age

Older respondents were significantly more likely to report that they had heard of Tusla (<35: 22.6%; ≥35: 26.3%), but not that they had heard of the Prevention, Partnership and Family Support programme, nor to report that they knew what family support was. Those aged 35 and older were significantly more likely to report that family support included public health nursing (<35: 15.6%; ≥35: 23.7%), and less likely to report that it included parenting groups or programmes (<35: 18.2%; ≥35: 11.7%). Younger respondents were significantly less likely than older respondents to report that they knew what early intervention and prevention services for children mean (<35: 37.1%; ≥35: 36.7%), but more likely to report that they were services to help prevent problems developing (<35: 38.5%; ≥35: 15.2%). There were no significant age differences in knowing what was meant by partnership services or hearing of the Meitheal model, but younger respondents were significantly less likely to report that partnership services were a way of working with families (<35: 9.7%; ≥35: 14.1%), and that the Meitheal model was a method for agencies and professionals to work together or meet together to help a family and child (<35: 2.1%; ≥35: 5.5%).

Figure 28: Differentiation by age: Knowledge and Awareness Responses of Family Support

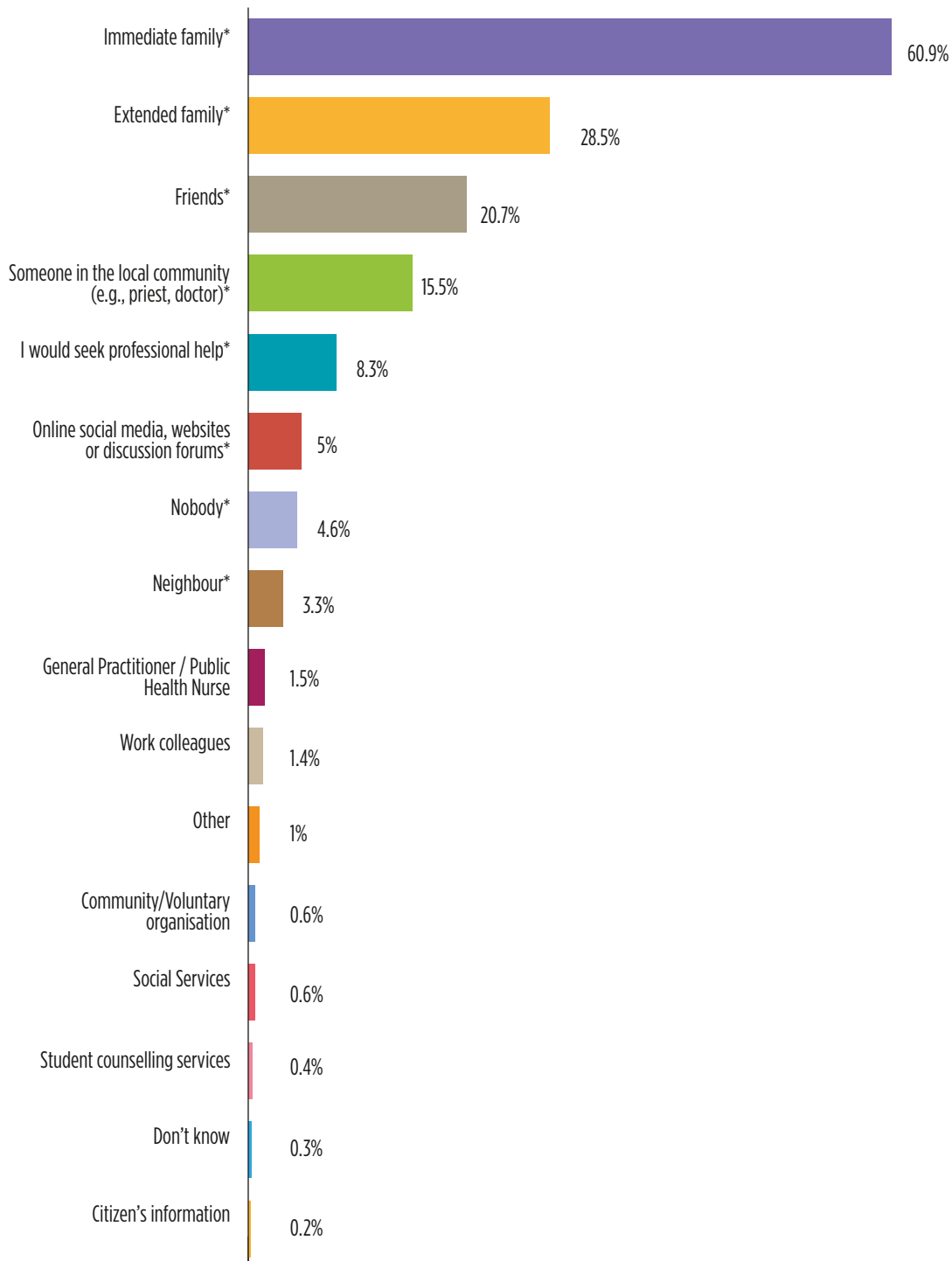


3.4 Help-Seeking Behaviour

Help-seeking behaviour: Summary of responses from overall sample population

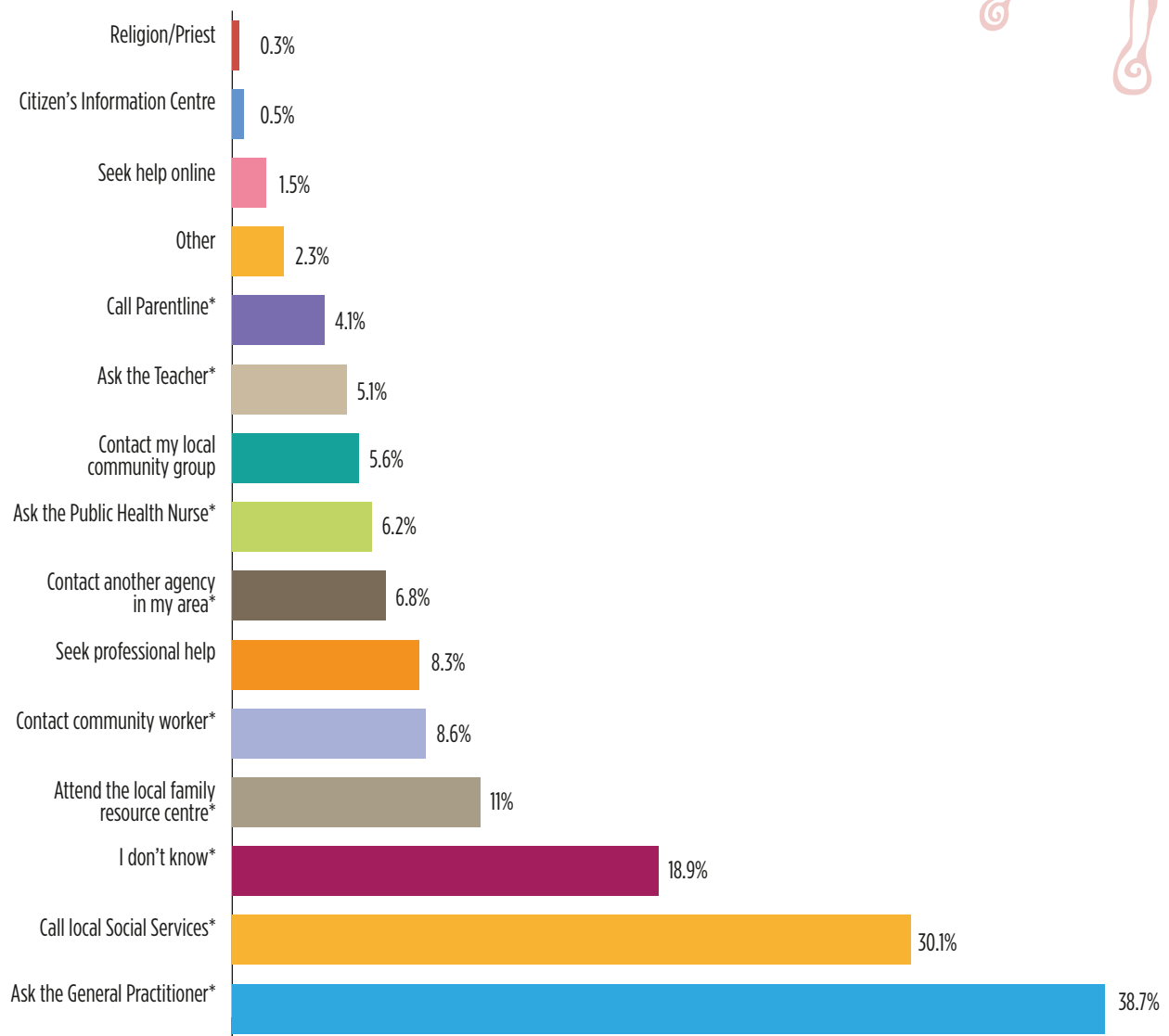
Survey respondents were asked to whom they would turn for help with parenting or family problems that they could not manage. Most (60.9%) said they would look for help from their immediate family, 28.5% would ask their extended family, and 20.7% would ask their friends. Only 0.6% said that they would approach social services, 4.6% would approach nobody, and 0.3% didn't know

Figure 29: Overall responses, help-seeking behaviour: To whom would you turn for help with parenting or family problems that you could not manage?



They were next asked about sources of help for problems that could not be managed through assistance from family or friends. The most common response was to ask the general practitioner (38.7%), with 30.1% reporting that they would call social services and 18.9% answering that they didn't know.

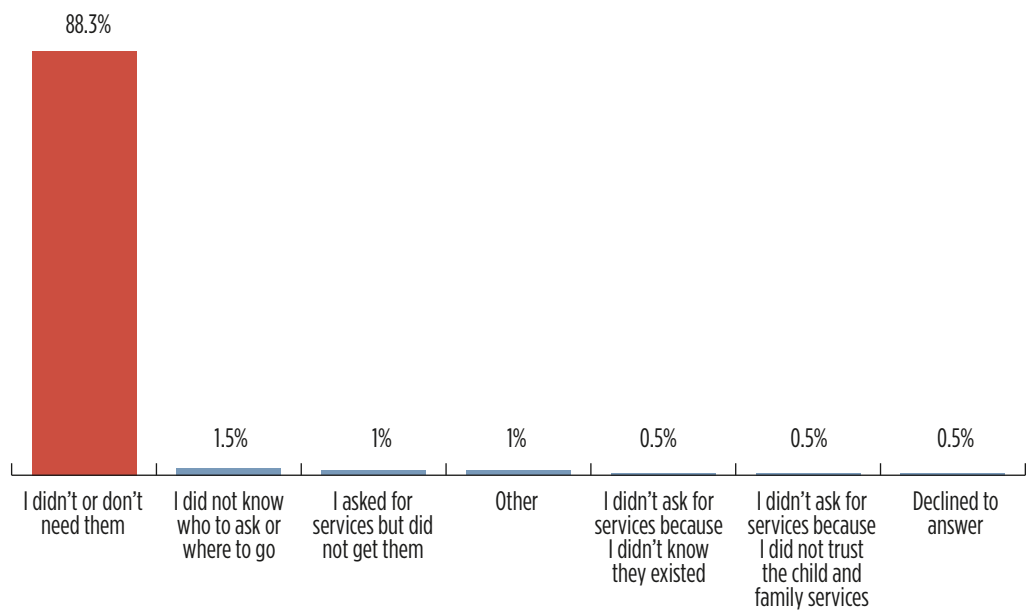
Figure 30: Overall responses, help-seeking behaviour: If someone you knew was having parenting or family problems that you could not manage with your own supports through family and friends, what would you do?



Overall, 6.9% reported that they had received, or are currently receiving, child and family services. The most frequently reported source of such service was social work (1.7%), followed by public health nursing (1.6%), general practitioner (1.6%) and early years services (1.5%).

In total, 88.3% reported that the reason they had not received such services was because they did not or do not need them, 1.5% said they did not know who to ask or where to go, and 1% had asked for services but had not received them. Only 0.5% reported that they had not asked for help because they did not trust the child and family services.

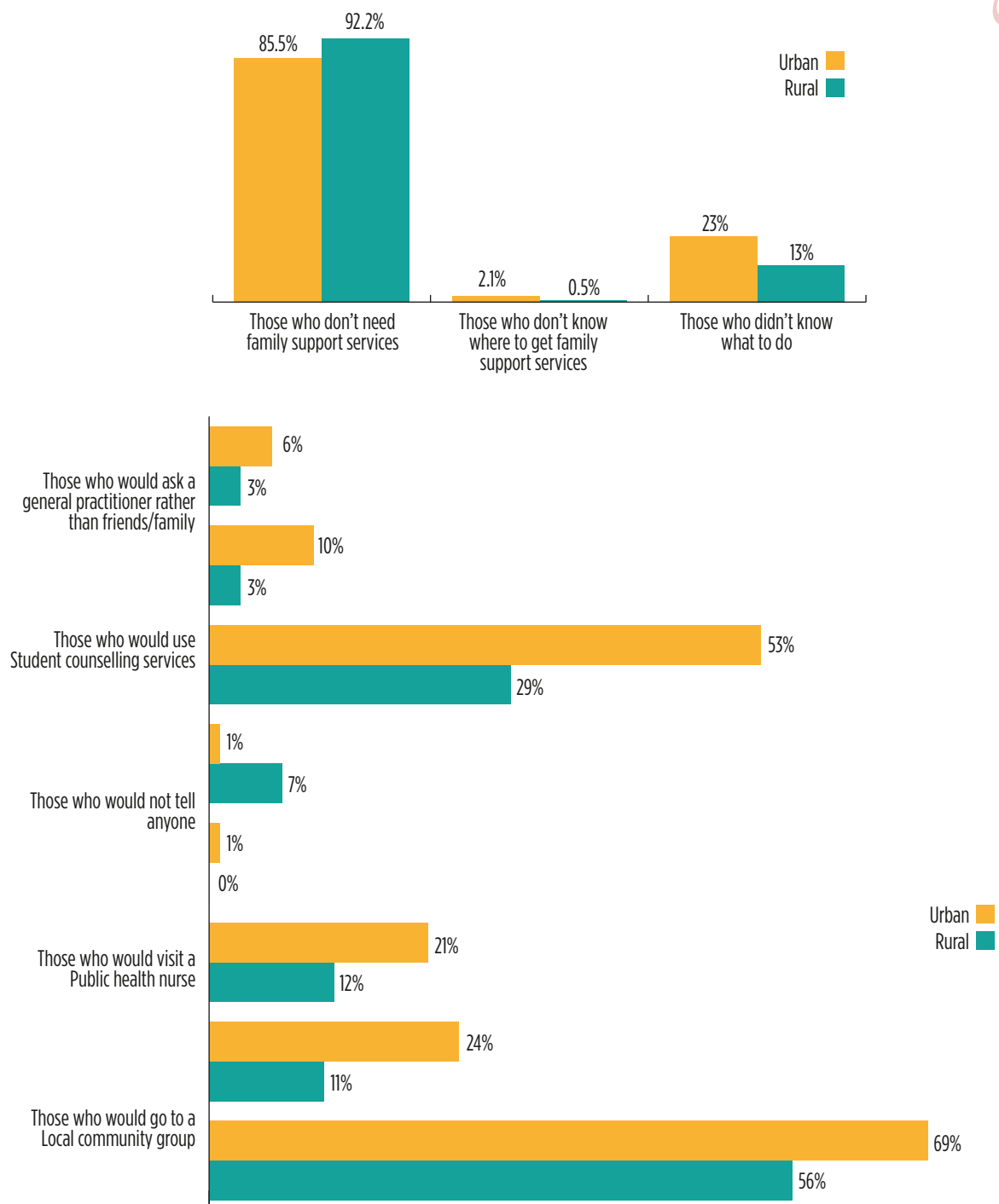
Figure 31: Overall responses, help-seeking behaviour: If you did not ask for or receive services, please say why.



Help-seeking behaviour by geographical location

Rural respondents were significantly more likely than urban respondents to say that they would turn to immediate family (U: 55.9%; R: 68.6%), extended family (U: 11.4%; R: 24.2%), someone in their local community (e.g., priest, doctor) (U: 11.9%; R: 21%) or social services (U: 0.2%; R: 1.1%) for help with parenting or family problems, and significantly less likely than urban respondents to report that they would turn to nobody (U: 6.8%; R: 1.2%). For problems that could not be managed via family and friends, rural respondents were significantly more likely to report that they would ask their general practitioner (U: 29.4%; R: 53%) or public health nurse (U: 3.4%; R: 10.4%), or call Parentline (U: 2.9%; R: 5.9%), and less likely to report that they didn't know what they would do. There were no significant differences between urban and rural respondents in having received family or child support services. Rural respondents were significantly more likely to report that they did not or do not need family support services (U: 85.8%; R: 92.2%), and less likely to report that they did not know who to ask or where to go for such services (U: 2.1%; R: 0.5%).

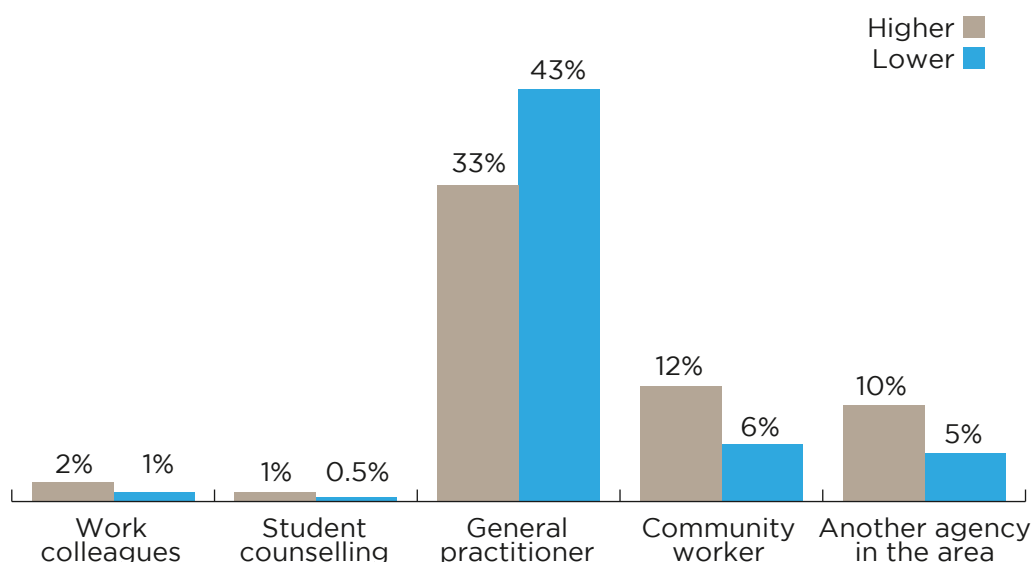
Figure 32: Geographical responses: Help-seeking behaviour: Who can help with parenting or family problems outside of friend or family supports?



Help-seeking behaviour by Social Status

Very few differences emerged between those from the higher and lower social classes in relation to who they would turn to for help for parenting or family problems. Indeed, the hierarchy of potential sources of help were the same for both groups of social classes. However, those from the higher social class groups were significantly more likely to report that they would turn to work colleagues (ABC1: 2.2%; C2DEF: 0.8%), or student counselling services (ABC1: 0.9%; C2DEF: 0%), In terms of sourcing help for a problem that could not be managed through informal supports from family and friends, there were only three significant differences. Respondents from the lower social class groups were more likely to report that they would ask their general practitioner (ABC1: 33.1%; C2DEF: 42.7%), while those from the higher social class groups were more likely to report that they would contact a community worker (ABC1: 11.7%; C2DEF: 6.4%) or another agency in their area (ABC1: 9.9%; C2DEF: 4.6%).

Figure 33: Social Status Responses: Help-seeking Behaviour: Who can help with parenting or family problems outside of friend or family supports?



No differences emerged between social class groups in terms of having received any child or family support services or which type of service they had been in receipt of. Similarly, there were no differences of note in the reasons they had not received or asked for services.

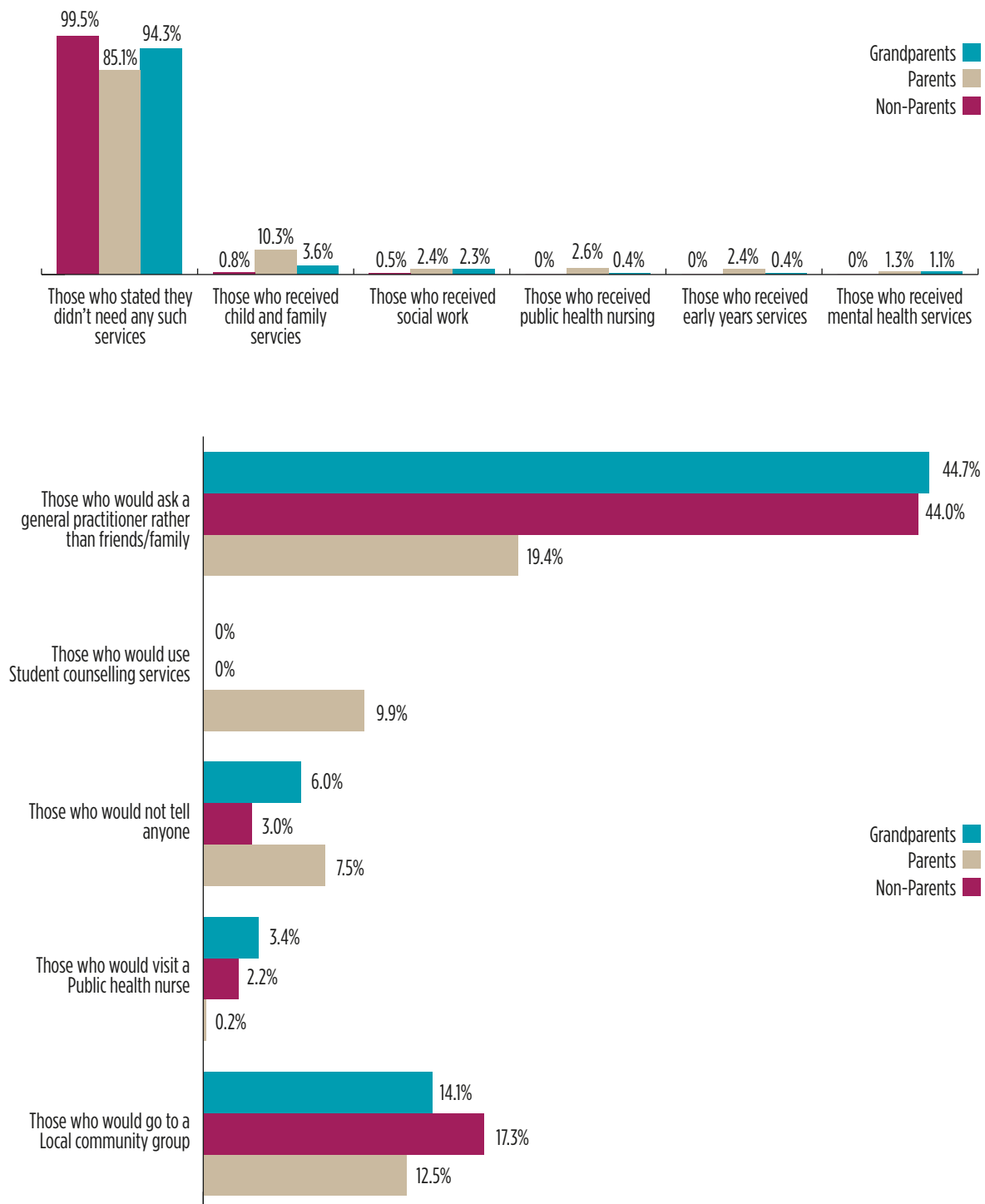
Help-seeking Behaviour by Parenting Status

There were a number of significant differences between parents and non-parents in relation to who they would ask for help for parenting or family problems. Parents were more likely to report that they would turn to someone in the local community (NP: 12.5%; P: 17.3%; GP: 14.1%) or general practitioner or public health nurse (NP: 0.2%; P: 2.2%; GP: 3.4%), and less likely to report that they would turn to nobody (NP: 7.5%; P: 3.0%; GP: 6.0%) or student counselling services (NP: 1%; P: 0%; GP: 0%). If the problem could not be managed through family and friends, parents were significantly more likely to report that they would ask their general practitioner (NP: 19.4%; P: 44%; GP: 44.7%).

Parents were most likely to report that they had been in receipt of child and family services (NP: 0.8%; P: 10.3%; GP: 3.6%), and were significantly more likely to report that they had been in receipt of social work (NP: 0.5%; P: 2.4%; GP: 2.3%), public health nursing (NP: 0%; P: 2.6%; GP: 0.4%), early years'

services (NP: 0%; P: 2.4%; GP: 0.4%), and mental health services (NP: 0%; P: 1.3%; GP: 1.1%). Parents were significantly less likely to report that the reason they had not asked or had not received such services was because they didn't need them (NP: 99.5%; P: 85.1%; GP: 94.3%).

Figure 34: Parenting Status Responses: Help-seeking Behaviour: Who can help with Parenting or Family Problems?

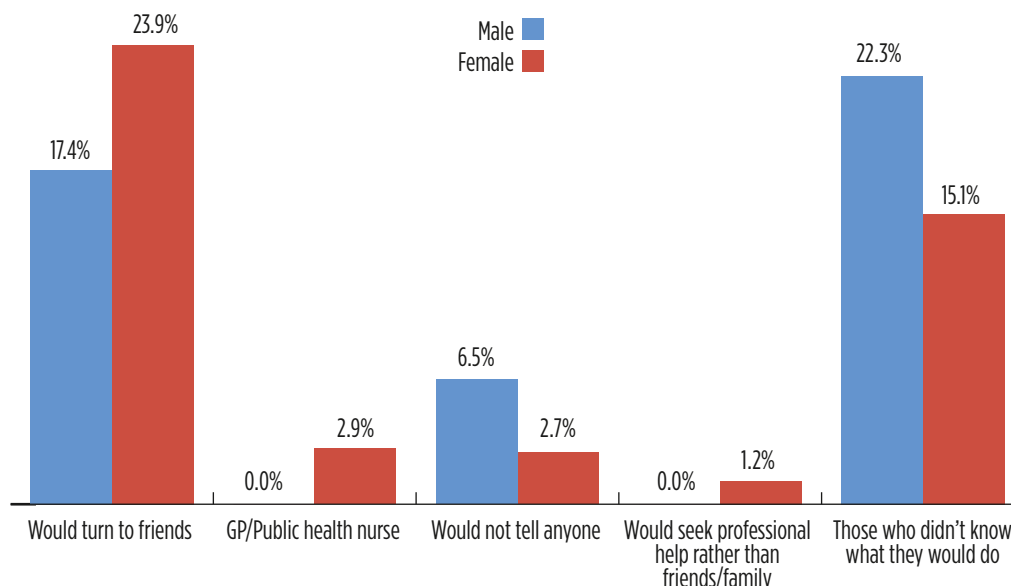


Help-seeking behaviour by Gender

When asked about who they would turn to for help with parenting or family problems, females were significantly more likely than males to report that they would approach their friends (M: 17.4%; F: 23.9%) or their GP/public health nurse (M: 0%; F: 2.9%), and less likely to approach nobody (M: 6.5%; F: 2.7%). When the problem could not be managed with their own supports through family and friends, females were significantly more likely than males to report that they would seek professional help (M: 0%; F: 1.2%), although the numbers were low overall, and they were less likely to report that they didn't know what they would do (M: 22.3%; F: 15.1%).

Females were also significantly more likely than males to report that they had ever been in receipt of child and family services (M: 5.1%; F: 8.6%), and when asked specifically which services, they were more likely to have received supports for social work (M: 0.6%; F: 2.7%)

Figure 35: Gender Status Responses: Help-seeking behaviour: Help with Parenting or Family Problems

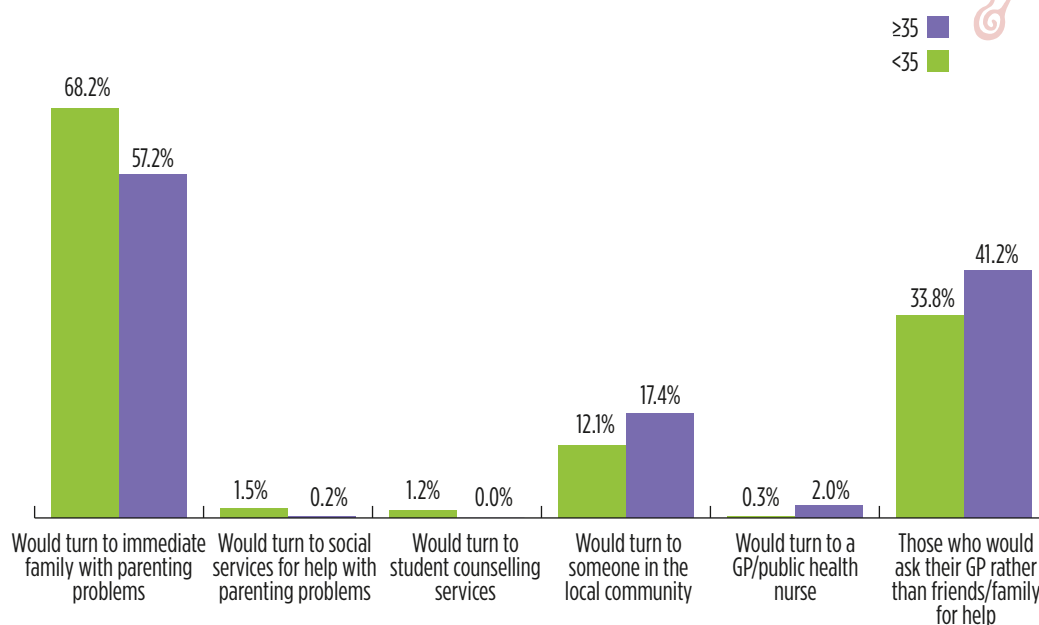


Help-seeking behaviour by age

Older respondents were significantly less likely than younger respondents to report that they would turn to immediate family for help with parenting problems (<35: 68.2%; ≥35: 57.2%); they were also significantly less likely to turn to social services (<35: 1.5%; ≥35: 0.2%) and student counselling services (<35: 1.2%; ≥35: 0%). On the other hand, older respondents were significantly more likely than younger respondents to report that they would turn to someone in the local community (<35: 12.1%; ≥35: 17.4%) or to a general practitioner or public health nurse (<35: 0.3%; ≥35: 2.0%). For problems that could not be managed with their own supports via family and friends, older respondents were significantly more likely to report that they would ask their general practitioner (<35: 33.8%; ≥35: 41.2%).

There were no significant age differences in relation to having been in receipt of family support services overall, although younger respondents were significantly more likely than older respondents to report that they had received early years' services (<35: 2.9%; ≥35: 0.9%).

Figure 36: Age Status Responses: Help-seeking Behaviour: Help with Parenting or Family Problems



3.5 Perceptions of and Attitudes to Tusla Family Support, Prevention and Early Intervention Services

Summary of responses from overall survey population

Overall, 19.3% of respondents agreed that there were enough supports presently for children and families, with 35.2% unsure. Therefore, 45.5% responded that there were not enough supports available. In relation to services that could be improved respondents were read out a number of options (See Appendix 2). 52.1% of respondents cited mental health services, 42.6% said services for child protection, 40.6% said social work, and 39.4% said disability services. At the other end of the scale, only 0.7% cited housing and 0.7% care of the elderly.

Respondents were asked if they thought that Tusla's PPFS programme would improve services for children and families. Overall, 36.3% responded that it would, 14.4% said it would improve services to some extent, 45% said they did not know, and only 4.3% responded that it would not improve services. In terms of how services were likely to improve, 53.6% agreed that it would lead to greater awareness of available services, 28.3% said it would result in better outcomes for children and families, and 28.2% said services would be more responsive. On the other hand, only 0.2% responded that they thought that it would make services more accessible.

Figure 37: Overall responses: What are the main areas where services could be improved from the list below

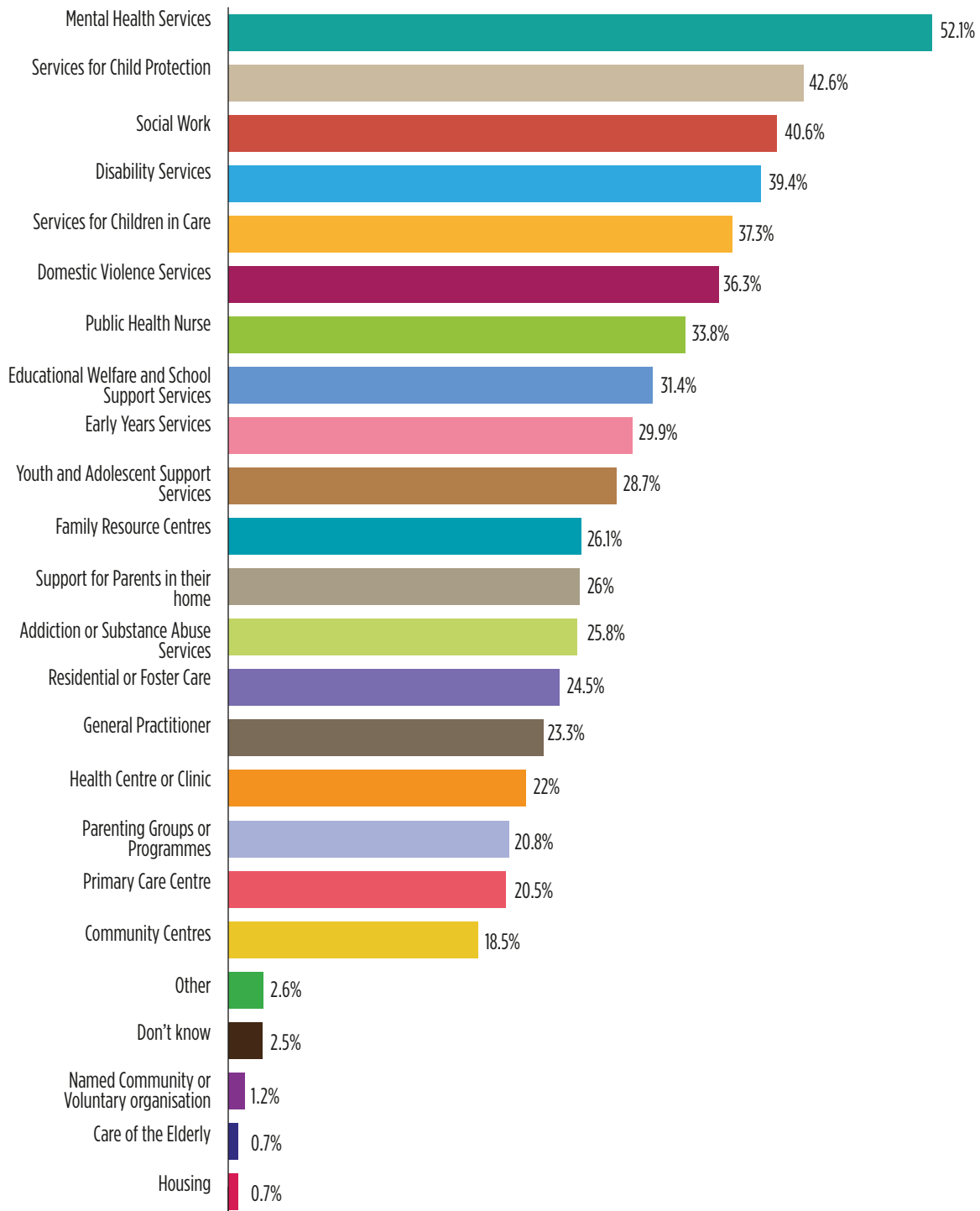
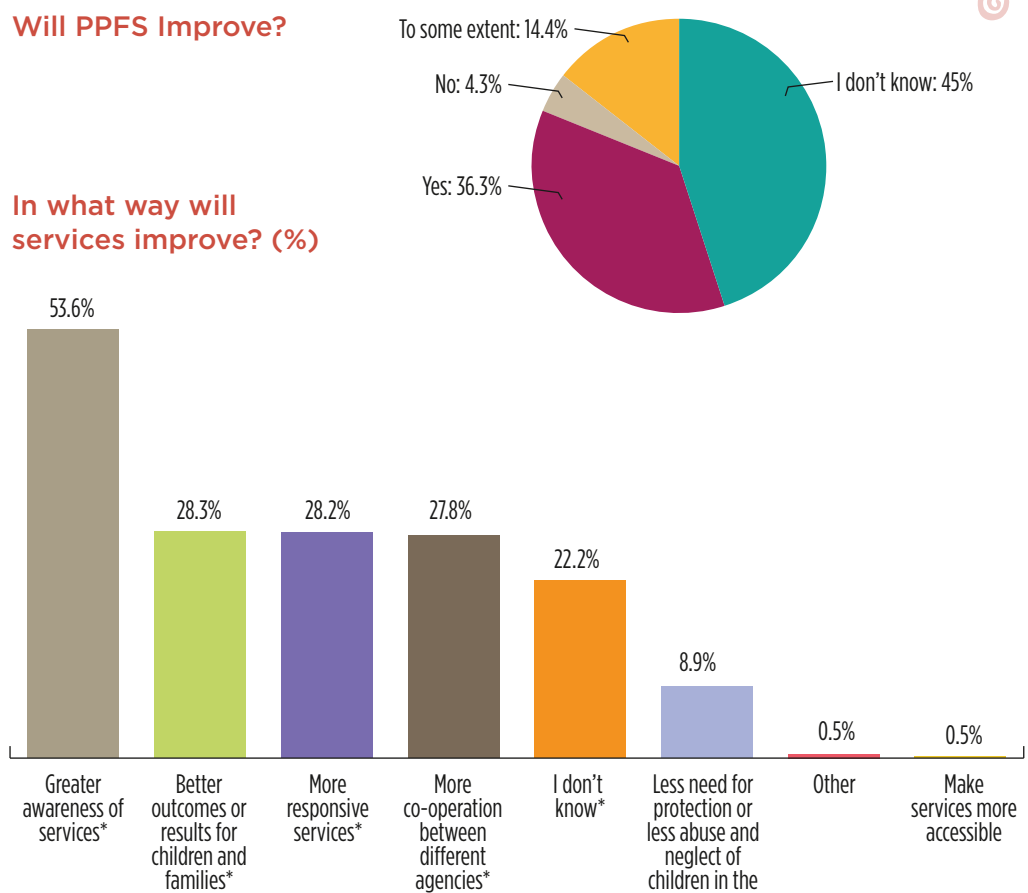




Figure 38: Overall responses: Do you think that PPFS will improve, and in what way?

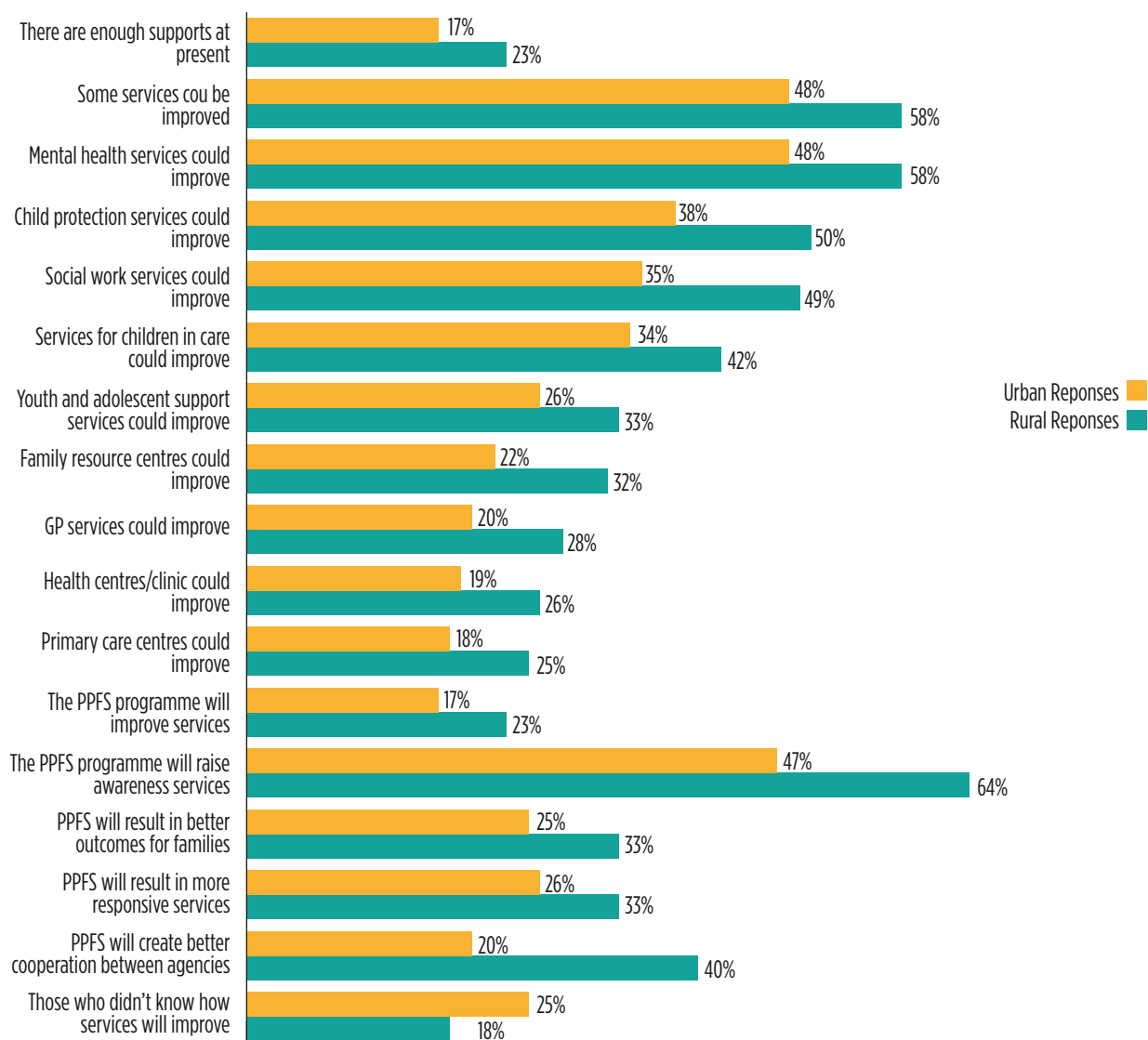


Perceptions of and Attitudes to Tusla family support, prevention and early intervention services by geographical location

In general, respondents from rural areas were more positive about existing services, being significantly more likely to report that there are enough supports presently (U: 16.8%; R: 23.2%). On the other hand, they were significantly more likely to report that certain services could be improved, including: mental health services (U: 48.4%; R: 57.7%), services for child protection (U: 37.6%; R: 50.2%), social work (U: 35.2%; R: 48.9%), disability services (U: 37% R: 43.2%), services for children in care (U: 34.4%; R: 41.7%), youth and adolescent support services (U: 26.3%; R: 32.5%), family resource centres (U: 22.1%; R: 32.2%), general practitioners (U: 20.6%; R: 27.5%), health centres or clinics (U: 19.2%; R: 26.1%) and primary care centres (U: 17.5%; R: 25%).

Rural respondents were significantly more positive than urban respondents about the potential of the Tusla PPFS programme to improve services for children and families (U: 16.8%; R: 23.2%). Specifically, they were significantly more likely to report that the programme will result in greater awareness of services (U: 47%; R: 63.6%), better outcomes for children and families (U: 25.4%; R: 32.7%), more responsive services (U: 25.7%; R: 32%) and more cooperation between different agencies (U: 19.7%; R: 40%), and correspondingly less likely than urban respondents to respond that they did not know how services will be improved (U: 25.2%; R: 17.7%).

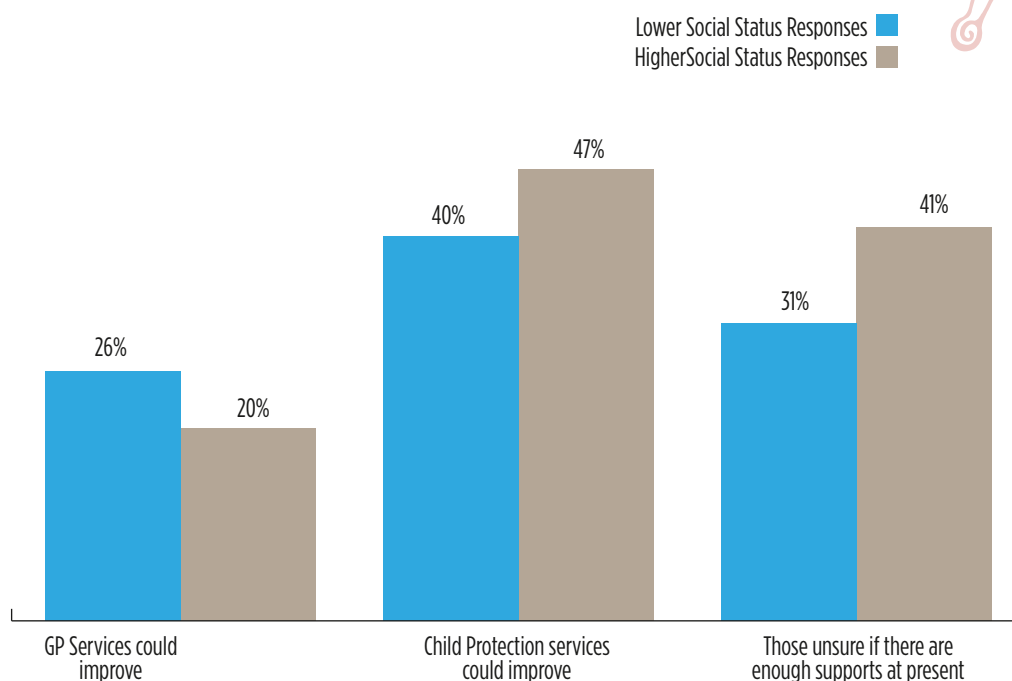
Figure 39: Geographical Responses: Perceptions and Attitudes to Tusla Family Support, Prevention and Early Intervention Services



Perceptions of and attitudes to Tusla family support, prevention and early intervention services by social status

A few differences emerged between social class groups in relation to how services are perceived, or how positive respondents were about Tusla's potential. Respondents from the higher social classes were significantly more likely than those from the lower social classes to report that they were unsure about whether there were enough supports for children and families (ABC1: 41.0%; C2DEF: 31.2%). Those from the higher social classes were significantly more likely to report that services for child protection could be improved (ABC1: 46.6%; C2DEF: 39.8%), while those from the lower social classes were significantly more likely to report that general practitioner services could be improved (ABC1: 20%; C2DEF: 25.7%).

Figure 40: Social Status Responses: Perceptions and Attitudes to Tusla Family Support, Prevention and Early Intervention Services

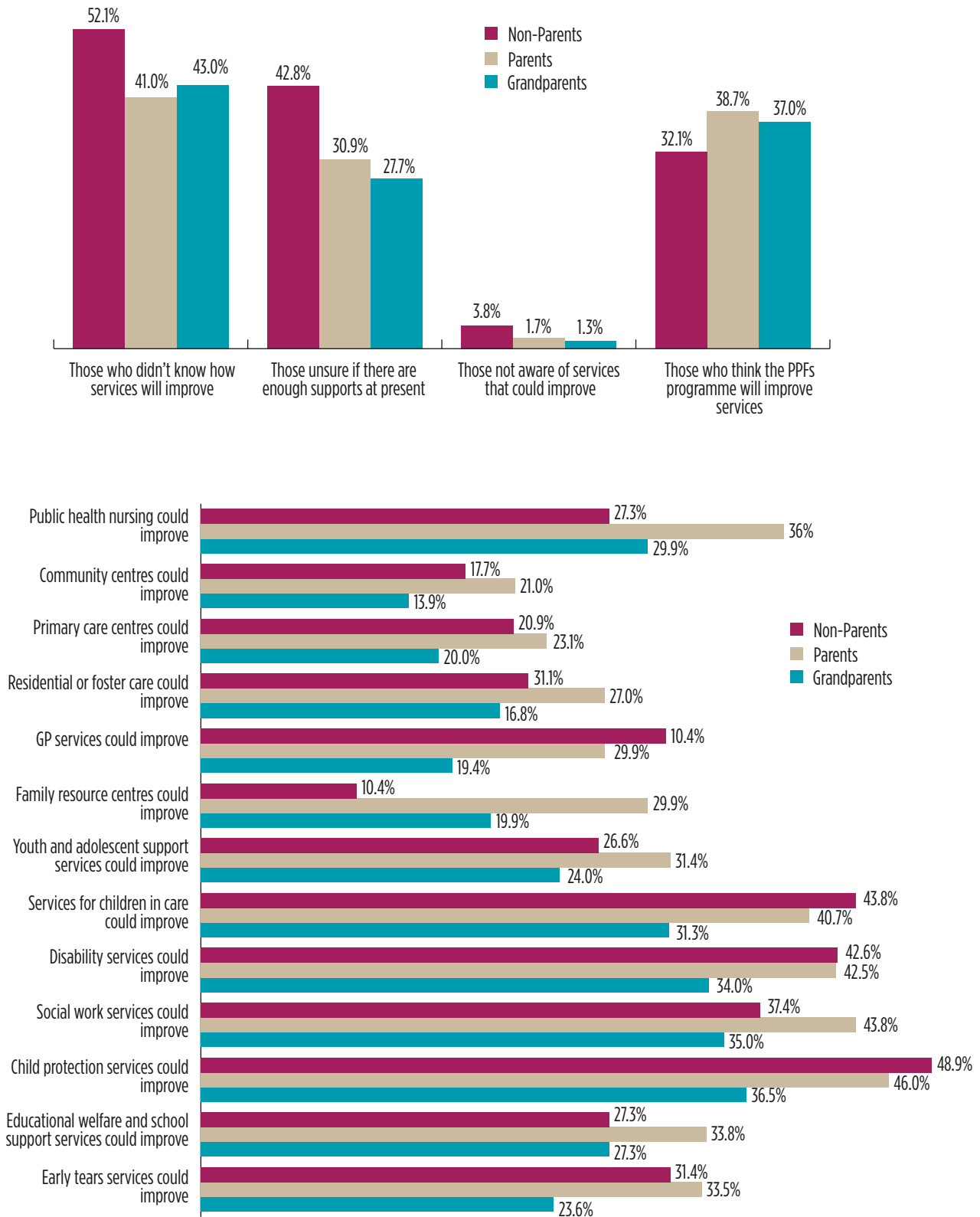


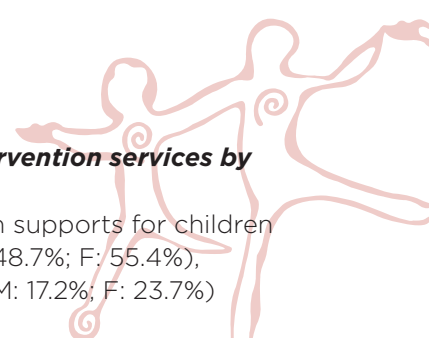
Perceptions of and attitudes to Tusla family support, prevention and early intervention services by parenting status

There were significant differences across parenting status groups on whether there were enough supports for children and families. Non-parents were most likely to respond that they were unsure (NP: 42.8%; P: 30.9%; GP: 27.7%). Parents were more likely to report that the following services could be improved: services for child protection (NP: 36.5%; P: 46%; GP: 48.9%), social work (NP: 35%; P: 43.8%; GP: 37.4%), disability services (NP: 34%; P: 42.5%; GP: 42.6%), services for children in care (NP: 31.3%; P: 40.7%; GP: 43.8%), domestic violence services (NP: 32.2%; P: 38.6%; GP: 41.1%), public health nursing (NP: 29.9%; P: 36%; GP: 39.1%), educational welfare and school support services (NP: 27.3%; P: 33.8%; GP: 27.3%), early years services (NP: 23.6%; P: 33.5%; GP: 31.4%), youth and adolescent support services (NP: 24%; P: 31.4%; GP: 26.6%), family resource centres (NP: 19.4%; P: 29.9%; GP: 10.4%), support for parents in their home (NP: 20.2%; P: 29.2%; GP: 27.4%), residential or foster care (NP: 20%; P: 27%; GP: 21.9%), general practitioners (NP: 16.8%; P: 27%; GP: 31.1%), primary care centres (NP: 15.9%; P: 23.1%; GP: 20.9%) and community centres (NP: 13.9%; P: 21.0%; GP: 17.7%). Non-parents were significantly more likely to report that they did not know what services could be improved (NP: 3.8%; P: 1.7%; GP: 1.3%).

Non-parents were least confident that the Tusla PPFS programme will improve services for children and families (NP: 32.1%; P: 38.7%; GP: 37.9%), and most likely to say that they did not know if this would be the case (NP: 52.1%; P: 41%; GP: 43%). Parents were significantly more likely to report that it will lead to a greater awareness of services (NP: 49.2%; P: 56.1%; GP: 49%)

Figure 41: Parenting Status Responses: Perceptions and Attitudes to Tusla family Support, Prevention and Early Intervention Services



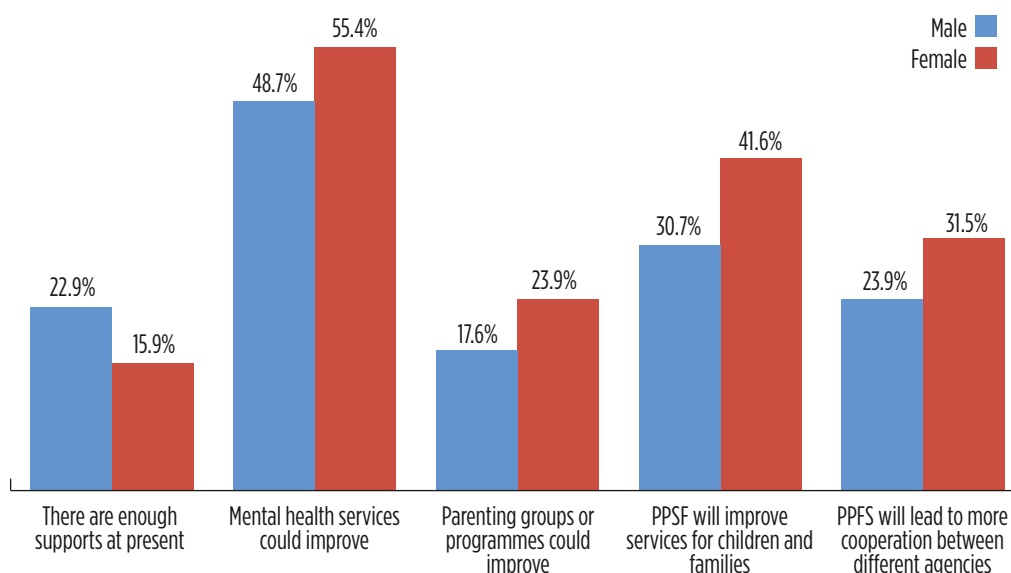


Perceptions of and attitudes to Tusla family support, prevention and early intervention services by gender

Females were significantly less likely than males to report that there were enough supports for children and families (M: 22.9%; F: 15.9%), and specifically that mental health services (M: 48.7%; F: 55.4%), parenting groups or programmes (M: 17.6%; F: 23.9%) and primary care centres (M: 17.2%; F: 23.7%) could be improved.

Females were significantly more positive than males about the potential of the Tusla PPFS programme, with more agreeing that it would improve services for children and families (M: 30.7%; F: 41.6%), and they were also more likely to report that it would lead to more cooperation between different agencies (M: 23.9%; F: 31.5%).

Figure 42: Gender status responses: Perceptions and Attitudes to Tusla Family Support, Prevention and Early Intervention Services

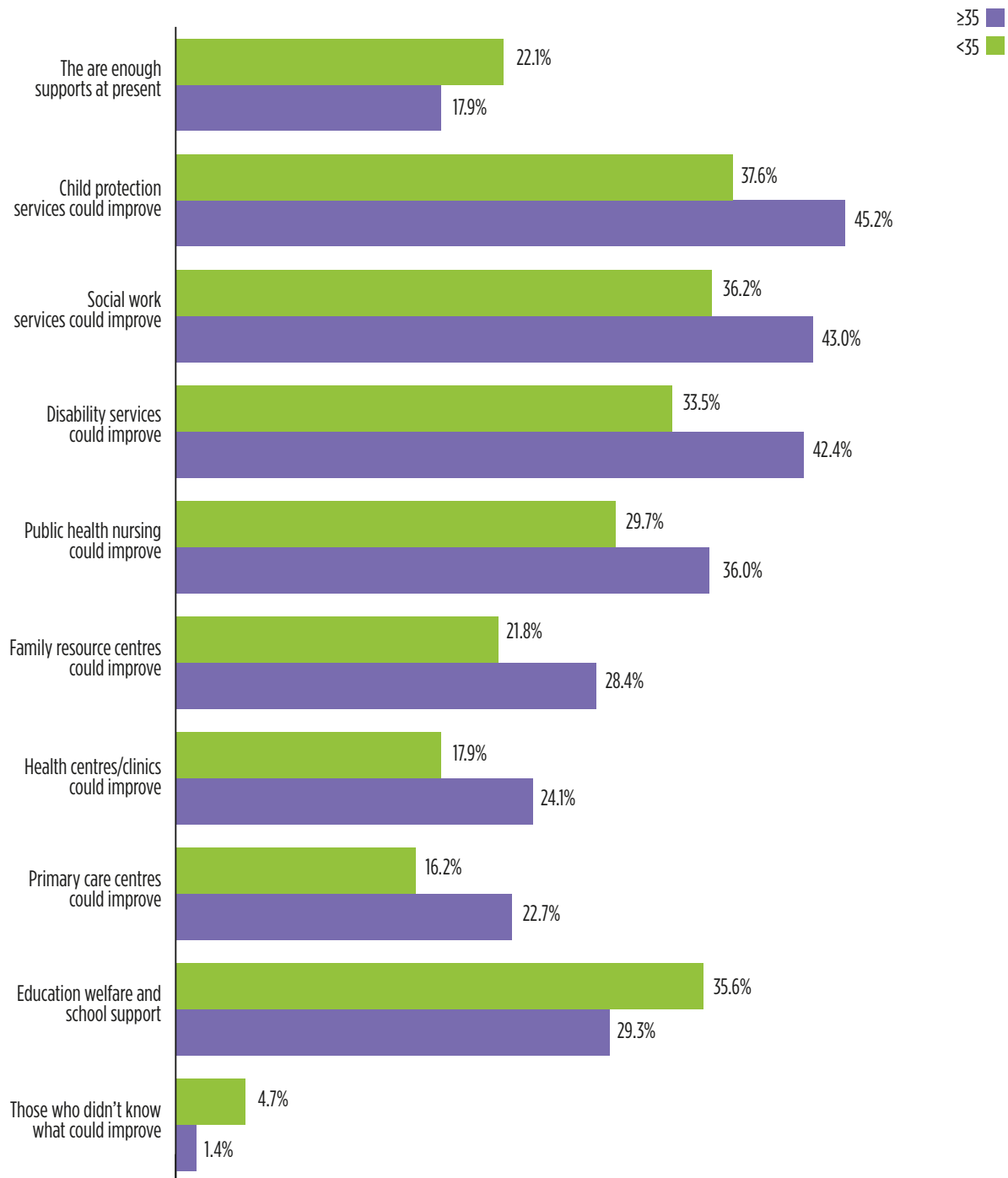


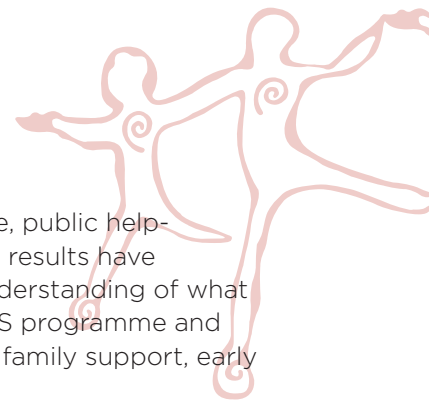
Perceptions of and attitudes to Tusla family support, prevention and early intervention services by age

Younger respondents were significantly more likely than older respondents to agree that there are presently enough supports for children and families (<35: 22.1%; ≥35: 17.9%). In keeping with that, they were less likely to report that the following services could be improved: services for child protection (<35: 37.6%; ≥35: 45.2%), social work (<35: 36.2%; ≥35: 43%), disability (<35: 33.5%; ≥35: 42.4%), public health nursing (<35: 29.7%; ≥35: 36%), family resource centres (<35: 21.8%; ≥35: 28.4%), health centres or clinics (<35: 17.9%; ≥35: 24.1%) and primary care centres (<35: 16.2%; ≥35: 22.7%). On the other hand, younger respondents were significantly more likely than older respondents to report that educational welfare and school support services (<35: 35.6%; ≥35: 29.3%) could be improved, or that they didn't know (<35: 4.7%; ≥35: 1.4%).

There were no significant age differences in perceptions of whether or how services may be improved by the Prevention, Partnership and Family Support programme of Tusla.

Figure 43: Age status responses: Perceptions and Attitudes to Tusla Family Support, Prevention and Early Intervention Services





3.6 Summary

Three main areas were considered in the survey: public awareness and knowledge, public help-seeking behaviour, and public perception of Tusla's PPFS programme. The survey results have produced a baseline for Tusla with regard to awareness of services and public understanding of what these services entail. There is generally a low level of awareness of Tusla, the PPFS programme and Meitheal as a practice model. There is a moderate level of understanding of what family support, early intervention and partnership services are.

There is some misunderstanding amongst the public of the distinction between child protection and family support and prevention services. Many people, especially in rural areas, consider the universal services such as GP and PHN services as family support services. While no major difference is noted between social classes, some important differences are found in awareness and understanding of respondents from rural and urban backgrounds. Parents are generally more aware of services than non-parents are. Women are generally more aware of services than men are, and older persons are more aware of services than younger people are, based on these survey results.

With regard to help-seeking behaviour, the survey confirms that families generally turn to each other or to their wider informal network for support. When support from outside is sought, it is most often from universal services, with the GP and PHN rating high. With regard to perception of how Tusla will improve services, most respondents were either positive or unsure. The following chapter considers the findings in light of the research questions, and also provides commentary on how the findings can inform the development of a public awareness campaign.

4.0

Discussion & Conclusion

4.1 Introduction

This discussion considers the findings under three main headings: Knowledge and Awareness, Help-Seeking, and Perceptions. A general comment will be provided at the end. Throughout, the findings are summarised and these are followed by a comment on potential implications for Tusla's communications strategy or public awareness and education campaign.

4.2 Knowledge and Awareness

The survey shows a low level of awareness of Tusla overall. Where awareness was indicated, a limited understanding of its remit was evidenced. A relatively small number of respondents were aware of the Prevention, Partnership and Family Support programme, and very few knew what Meitheal was. Approximately half of the respondents knew generally about family support – though, when probed, many associated it with social work, child protection and children in care. Only a small number identified what would be more commonly described as family support services within the sector (i.e., support to families in need, community or voluntary organisation support). A substantial proportion of the respondents (over 40%) were aware of what early intervention meant, and most answers indicated a good understanding of what it involved in terms of family support services, services to help prevent problems occurring, and services for families with disability. Nearly a quarter of respondents knew what partnership services were, and of those, approximately a third described it accurately as 'statutory and voluntary agencies working together' or 'a way of working with families'.

The communication strategy for Tusla can be usefully informed by the areas that the public seem to be aware of and where they need more information. Specifically, the relationship and distinction between child protection and family support services (e.g., communication of the overall service delivery model) seems to be important.

It is of interest to note that there are significant differences in awareness and understanding between rural and urban areas. Respondents in rural areas are more likely to view family support as part of either universal services (GP) or child protection services. Urban respondents were more familiar with specific family support services.

It is worth considering how best to target rural and urban populations through different approaches.

Differences in social status were generally not significant for general awareness of Tusla. While those in ABC1 were more likely to report awareness, greater understanding of services was not strongly exhibited. Generally, ABC1 showed greater awareness of what prevention, early intervention and partnership services were. It is interesting to note, regarding knowledge of what a family support service is, that ABC1 were more likely to respond positively but also to answer with reference to social

work, child protection and services for children in care. And while ABC1 showed greater knowledge overall of the range of family support services that would be included, there was only minimal difference between perceived knowledge of specific local family support services and about Meitheal, where overall awareness was very low.

This suggests that a public awareness and education campaign needs to target the population in total, especially on what specific services are available in local areas. Greater awareness of the relationship between child protection and family support and of what Meitheal is seems especially important for the public.

Parents were generally better informed than non-parents about all aspects of child and family support. They were also more likely to know what services were in their areas, and they included universal services of GP and PHN in their responses. No differences emerged regarding knowledge of Meitheal, which was low overall, with grandparents being slightly more aware.

As one would expect, those who are parenting are more aware of services for families. It is of interest to note the extent to which universal services are included in the responses, in recognition of their significance to the public as a 'first port of call' for support outside of the family. Women were generally more aware of services than men, and more attuned to the need for more services. Older persons were more likely to be aware of services than younger persons and to think more services for children and families were required.

With regard to sources of knowledge, media was the most common means by which the public were aware of the structures and services available.

How various media can be used for public campaigns and awareness-raising is important to note for publicity campaign work.

4.3 Help-Seeking Behaviour

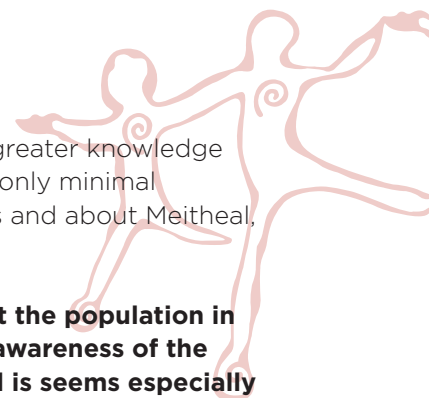
The majority of the public seek help within their own families or extended families. When respondents did seek help outside, the most common source is the GP or social services. Very few respondents had received services, and for those who had, the most commonly cited were social work, PHN, GP and early years. Where services were not received, this was mostly because people did not need them. Very few said they asked for services and did not receive them.

This finding highlights the importance of universal support to families and the significance of informal support provided by families to each other. It also suggests that most family support, prevention and early intervention services may need to be targeted at those who do not have this informal network of support. These are likely to be the more marginalised groups in society, and this may require specific targeted public awareness campaigns to ensure that those who most need family support services from Tusla know how to seek them.

For rural areas, the findings demonstrate a higher level of dependency on family, extended family and local community for help with difficulties. Where help was sought, it was mostly via the GP or PHN. There was low engagement with social work overall, especially in rural areas.

This indicates the importance of attention to the differences between rural and urban families with regard to who they seek support from and how they do so.

Comparing social class groups, there was not much difference between responses. Those from C2DEF were more likely to go to their GP, while those from ABC1 were more likely to contact a community



worker. No difference was found in relation to receipt of services or reasons for this. There was also no major difference between parents and non-parents in relation to who they would seek help from. Parents were more likely to say they would ask the GP and less likely to not know what to do. Women were more likely to seek help from their family, GP or public health nurse.

4.4 Perceptions of and Attitudes towards Services

Almost half of those surveyed responded that there were not enough support services available. Mental health services were cited by over 50% as the area that needs greatest improvement. Other areas that scored highly on this included services for child protection, social work and disability.

This survey finding adds further impetus to the current awareness-raising campaigns on mental health and young people. It might also be the case that the public are most aware of the need for such services because of such publicity.

Half of the respondents believed that Tusla would improve services for children and families at least to some extent, 45% did not know and only 4.3% said it would not improve services. The areas of future improvement noted include: greater awareness of services available; better outcomes for children; and more responsive services. Those from a rural background were generally more optimistic about the potential of Tusla to improve services than those from an urban background. There were limited differences between persons from ABC1 and C2DEF. Non-parents were generally more uncertain about how Tusla would improve services.

It is of note that very few had a wholly negative view of Tusla's potential to improve services, and nearly half had a positive view.

4.5 Overview of Findings

The Tusla Prevention, Partnership and Family Support programme is still in relative infancy, with the structures and processes being gradually embedded into the new service delivery framework. It is therefore unsurprising that many of the public are not yet aware of the programme or the wider remit of Tusla. The survey is timely, as it provides a baseline from which the planned public awareness strategy can be developed to achieve one of the main medium-term outcomes for the programme: 'Children and families are increasingly aware of available supports and are less likely to fall through gaps, as all relevant services are working together in Tusla's prevention and early intervention system.'

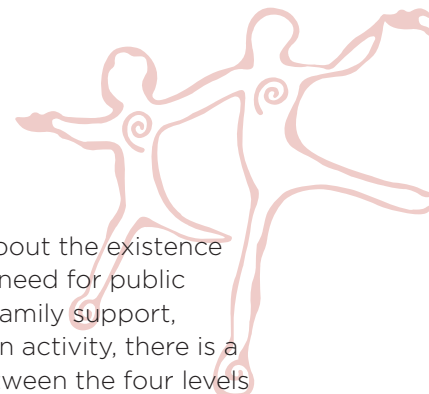
The survey results can directly inform the finalisation of the Tusla communication strategy and give indicators of how best to promote awareness of services. The survey has highlighted in particular how the public, to a large extent, look to informal/family or generic universal services of GPs and PHN for many of their perceived family support needs. There is some notable evidence that many of the public consider family support to be child protection. Targeted family support, prevention and early intervention services are unfamiliar services to the majority of people and are availed of least.

Finally, going back to the specific research questions for the public awareness package, the final section provides some preliminary responses based on the survey results.

What is the current level of knowledge amongst the public about Tusla in 2015?

The level of knowledge and awareness is low.

Do the public understand its role, purpose and processes?



Yes, but only to some extent.

How can the public be made more aware of services?

It would seem that in raising public awareness there is a need to inform people about the existence of the PPFS programme generally, and Meitheal more specifically. There is also a need for public education about what those services entail. For example, education about what family support, prevention and early intervention are is required. In both awareness and education activity, there is a need to ensure clarification of the service delivery model and the relationship between the four levels of need and service delivery in public awareness activity, to help the public appreciate the protective and preventive aspects of the overall child welfare system. An awareness strategy also needs to pay attention to the significant differences in responses between rural and urban settings regarding awareness, perception and help-seeking behaviour.

What impact will a publicity campaign have?

This baseline survey cannot offer any answer to this presently. It will be necessary to develop an analysis plan for measuring the impact of any publicity campaign and to agree the type of data that can be collected to measure this impact.

What mechanisms best inform the public?

From this survey, it is notable that relatively few people learnt about services via the website and that most learnt through the media of print, radio, television, or interactions with others (e.g., work colleagues). There is potential for learning from other high-profile public awareness campaigns, such as Safe Ireland Man Up, and from related domestic violence awareness-raising campaigns and mental health public awareness campaigning, which can offer examples of methods that are most effective. The final question of how public awareness has changed at the end of 2017 will be addressed by a follow-up survey replicating the present survey. That survey should capture the answer to this question, but it may not be able to ascertain what specifically led to the change in awareness.

4.6 Conclusion: Final Comments on Raising Public Awareness of Tusla PPFS

Public awareness campaigns are commonly used across a range of domains in order to increase awareness and education or to change behaviours. Awareness-raising tends to focus on what we need to do and what we can do. Awareness-raising can be focused on individuals, communities or targeted groups of professionals, stakeholders or service users. Whatever the approach taken, it seems imperative that an awareness-raising campaign has a clear intended outcome (e.g., that children and families are more aware of how to access support services) and is tailored to its intended audience. In this instance, while the audience seems to be two-fold as set out by the communication strategy (stakeholders and general public), it may also be worth considering other targeted audiences in order to reach those who would benefit most from the PPFS services of Tusla.

The extent to which an awareness campaign intends to educate as well as promote awareness is worthy of consideration. For example, in addition to ensuring most people know about the PPFS services, consideration may be given to ensuring that their understanding and perception of early intervention, prevention, family support and partnership services are accurate. This implies an educative stream. The extent to which an awareness campaign is also about modifying behaviour – in this instance, help-seeking behaviour should also be considered.

Bearing in mind that the majority of families rely on their own families or extended families for help, it

is important that a campaign focuses specifically on targeting those who do not have this important buffer in their lives. This is not to say that families who currently rely on their own resources would or should not avail of PPFS services were they more aware. It is to emphasise the important finding that informal support is one of the most common forms of support that families rely on, and formal systems need to be developed in a way that does not undermine but instead supports the informal system – which alone may not be able to sustain or maintain effective responses to particular problems or challenges due to individual, family or wider social factors.

The importance of the generic services – especially the GP and PHN – as a source of information and support, especially in rural areas, is also emphasised by this survey. Raising awareness is one thing; sustaining it over the medium and long term is another. The challenge now is to consider how an awareness campaign can best create sustained and long-standing impact on increasing awareness, understanding and use of PPFS services within the resources available. The potential role of the media should be considered to deliver messages that are memorable. Much can be learnt by examining other awareness campaigns that have been successful, and by establishing what specifically led to this success. Finally, a brief review of literature on public awareness campaigns emphasises the following points:

- The intended target and desired outcome must be clear and measurable, bearing in mind goals of increasing awareness, educating, changing attitudes or changing behaviours (e.g., James & Cinelli, 2003).
- Monitoring and evaluating progress towards the campaign goals and objectives and tracking changes in attitudes, increased knowledge, behaviour changes, and service uptake are also an intrinsic part of successful campaign management (e.g., Janner, 2002).
- Increased awareness as a result of a publicity campaign may not necessarily lead to change in behaviour (e.g., Tsai et al., 2014).
- Novel and interesting delivery scenarios hold audience attention best, though they need to be related to their everyday worlds (e.g., McLeigh, 2013).
- Use of public forms of media and social marketing are effective ways to have the widest population reach (e.g., Kubacki et al., 2015 Matsubayashi et al., 2014; Donovan & Henley, 2010; James & Cinelli, 2003).
- While awareness days can be helpful, their impact can be short-lived and difficult to sustain (Beck, 2015). The target audience need to be convinced that the message is directly relevant to them (e.g., Rogers, 1983, cited in Carey, 2014).
- Public campaigns need to be tailored to address the different perspectives and attitudes of different social-cultural groups (Benbenishty & Schmid, 2013).

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Appendix 1: Population Baseline Survey Results 2015

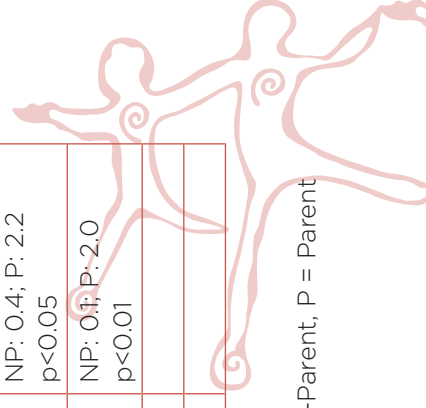
Tusla Baseline Awareness Survey with significance of the differences between groups, November 2015

1.1 View of Family Support Perceived responsibility for supporting families when they cannot manage

All		Statistically significant differences					
Who is responsible	N	%	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
The State*	474	47.4			H: 51.0; L: 44.9 p<0.05	U: 52.1; R: 40.1 p<0.001	NP: 8.9; P: 4.7 p<0.01
Social Workers*	387	38.7					
Tusla/CFA*	178	17.8			H: 21.7; L: 15.1 p<0.001	U: 12.4; R: 26.1 P<0.001	
Local community service*	83	8.3					
Local voluntary service*	67	6.7					
Don't know	62	6.2		Y: 9.1; O: 4.7 p<0.05			
HSE	23	2.3					
Community centre*	22	2.2		Y: 0.9; O: 3.0 p<0.05			
Families themselves	17	1.7	M: 0.8; F: 2.7 p<0.05				
Dept. Social Welfare/ Protection	15	1.5					NP: 0.4; P: 2.2 p<0.05
Other	13	1.3		Y: 0.3; O: 1.8 p<0.05			NP: 0.1; P: 2.0 p<0.01
GP/Nurse	4	0.4					
Gardaí	1	0.1					

* Marks the response options given. All other responses were volunteered by participants.

M = Male, F = Female; Y = 18-34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



1.2 Tusla

Knowledge of Tusla

	All			Statistically significant differences				
	Yes	No	Not sure	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
n	250	646	103					
%	25	64.7	10.3	Yes, M: 19.2; F: 30.7 p<0.001	Yes, Y: 22.6; O: 26.3 p<0.05	Yes, H: 31.9; L: 20.3 p<0.001		Yes, NP: 17.8; P: 29.1 p<0.01

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

If yes, or not sure, do you think Tusla is?

	All					Statistically significant differences				
	a. A new child and family support and protection	b. A new child protection service	c. A branch of the HSE	d. Don't know	e. Other incorrect answer	Gender %, p value	Age %, p value	Social status %, p value	Urbanity %, p value	Parenting status %, p value
N	215	58	59	11	11					
%	61	16.4	16.6	3.0	3.0			a, H 58; L 64 p<0.05		

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

1.2 Tusla

Have you heard of the Tusla Prevention, Partnership and Family Support programme?

	All			Statistically significant differences				
	Yes	No	Not sure	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
n	153	793	54					
%	15.3	79.3	5.4	M: 12.5; F: 18 p<0.01			Yes, U: 13.4; R: 18.2 p<0.05	Yes, NP: 10.6; P: 17.9 p<0.01

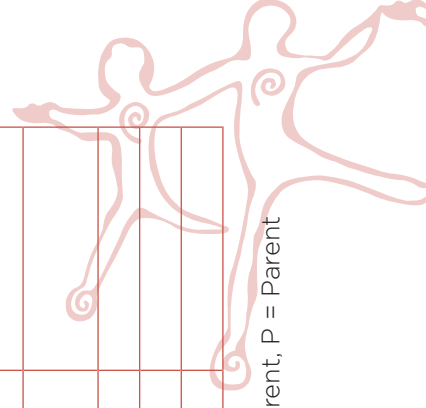
M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

If yes or not sure, how did you hear about Tusla Prevention, Partnership and Family Support programme?

All			Statistically significant differences				
Source	n	%	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
Media/News	72	7.2				U: 5.4; R: 10.0 p<0.01	
Other work context*	54	5.4	M: 3.5; F: 7.4 p<0.01		H: 8.1; L: 3.6 p<0.001		
Family/Friend*	45	4.5				U: 3.6; R: 5.8 p<0.01	
Website*	29	2.9			H: 4.6; L: 1.7 p<0.001		NP: 1.3; P: 3.8 p<0.01
Teacher/GP/PHN*	12	1.2			H: 2.2; L: 0.5 p<0.05		
Attending a service*	11	1.1					
Other	4	0.4					
Working in Tusla*	3	0.2					
Don't know	2	0.2					

* Marks the response options given. All other responses were volunteered by participants.

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



1.3 Family Support Services

Do you know what a family support service is?

	All			Statistically significant differences				
	Yes	No	Not sure	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
n	510	369	120					
%	51.1	36.9	12.0	Yes, M: 45.5; F: 56.5 p<0.01		No, H: 30.8; L: 41.2 p<0.01	No, U: 39; R: 33.8 p<0.05	No, NP: 44.4; P: 32.8 p<0.001

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

If yes, or not sure, what would you say family support is?

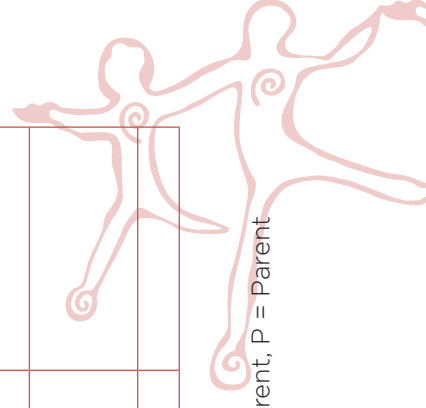
All			Statistically significant differences				
	n	%	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
Social Work	353	35.3	M: 31.1; F: 39.4 p<0.01			U: 31.7; R: 40.8 p<0.01	NP: 27; P: 40 p<0.001
Services for Child Protection	324	32.4			H: 38; L: 28.5 p<0.01	U: 28.5; R: 38.3 p<0.01	NP: 29.4; P: 34.1 p<0.05
Services for Children in Care	237	23.7	M: 20.9; F: 26.5 p<0.05		H: 28.8; L: 20.2 p<0.01	U: 21.3; R: 27.3 p<0.05	
Public Health Nurse	210	21.0	M: 17.6; F: 24.3 p<0.05	Y: 15.6; O: 23.7 p<0.01		U: 17; R: 27 p<0.001	NP: 16.4; P: 23.6 p<0.01
Domestic Violence Services	195	19.5			H: 23.6; L: 16.6 p<0.01	U: 17.5; R: 22.6 p<0.05	
Mental Health Services	194	19.4				U: 16.7; R: 23.5 p<0.01	NP: 14.9; P: 21.9 p<0.01
Family Resource Centres	177	17.7			H: 20.7; L: 15.7 p<0.05	U: 15.3; R: 21.5 p<0.05	
Educational Welfare and school support services	173	17.3			H: 21.4; L: 14.5 p<0.01		NP: 13.2; P: 19.6 p<0.05

Do you know what a family support service is? (continued)

Support for parents in their home	172	17.2					U: 15; R: 20.4 p<0.05	
Early Years Services	165	16.5				H: 21.8; L: 12.9 p<0.001		
Disability Services	158	15.8						
General Practitioner	149	14.9			M: 10.8; F: 18.8 p<0.001			NP: 11.6; P: 16.8 p<0.05
Youth and Adolescent support services	147	14.7			M: 12.1; F: 17.2 p<0.05	H: 20.8; L: 10.4 p<0.001		
Residential or Foster Care	142	14.2			M: 11.9; F: 16.5 p<0.05	H: 17.2; L: 12.2 p<0.05		
Addiction or Substance Abuse Services	139	13.9				H: 17.4; L: 11.5 p<0.01	U: 12; R: 16.9 p<0.05	
Parenting groups or programmes	138	13.8				Y: 18.2; O: 11.7 p<0.01		
Health Centre or Clinic	106	10.6						
Community Centres	104	10.4						
Primary Care Centres	98	9.8			M: 7.6; F: 12 p<0.05			
Other	22	2.2						
Community or Voluntary organisation or service provider	19	1.9						
Provide support to families in need of help	16	1.6						
Don't know	3	0.3						

This was an open-ended question, and the answers were categorised into the above groups

M = Male, F = Female; Y = 18-34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



Do you know what family support services exist in your area for children and their families?

	All			Statistically significant differences				
	Yes	No	Not sure	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
n	248	619	133					
%	24.8	61.9	13.3					Yes, NP: 14.9; P: 30.3 p<0.001

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABCI, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

If yes, what are the local family support services for children and their families?

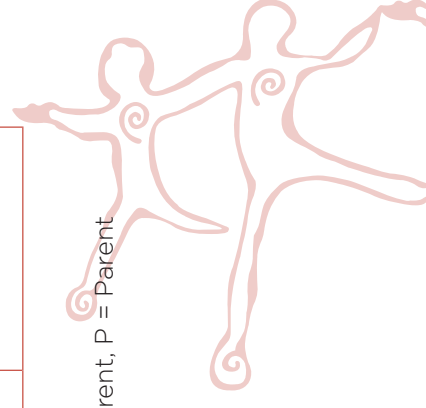
All			Statistically significant differences				
	n	%	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
Public Health Nurse	134	13.4	M: 10.8; F: 15.9 p<0.05			U: 10.9; R: 17.2 p<0.01	NP: 8.2; P: 16.3 p<0.001
Social Work	126	12.6					NP: 6; P: 16.3 p<0.001
General Practitioner	120	12.0				U: 10.2; R: 14.9 p<0.05	NP: 8.7; P: 13.9 p<0.05
Family Resource Centres	84	8.4	M: 5.9; F: 10.8 p<0.01				NP: 5.3; P: 10.2 p<0.01
Services for Child Protection	74	7.4					
Mental Health Services	74	7.4				U: 5.9; R: 9.7 p<0.05	
Community Centres	74	7.4					
Disability Services	71	7.1	M: 8.8; F: 5.5 p<0.05			U: 5.7; R: 9.3 p<0.05	
Early Years Services	69	6.9				U: 5.6; R: 9 p<0.05	NP: 4.6; P: 8.3 p<0.05

If yes, what are the local family support services for children and their families? (continued)

Health Centre or Clinic	67	6.7							NP: 4.2; P: 8.1 p<0.05
Services for Children in Care	66	6.6							NP: 4.5; P: 7.8 p<0.05
Educational Welfare and school support services	62	6.2							NP: 4.1; P: 7.5 p<0.05
Support for parents in their home	56	5.6							NP: 2.8; P: 7.3 p<0.01
Youth and Adolescent support services	51	5.1							
Primary Care Centres	44	4.4							
Parenting groups or programmes	42	4.2							NP: 2.1; P: 5.4 p<0.01
Domestic Violence Services	39	3.9							NP: 2.2; P: 4.8 p<0.05
Residential or Foster Care	37	3.7							NP: 1.7; P: 4.8 p<0.05
Community or Voluntary organisation or service provider	15	1.5						U: 2.3; R: 0.4 p<0.05	
Other	4	0.4							
Addiction or Substance Abuse Services	3	3.4							

This was an open-ended question, and the answers were categorised into the above groups

M = Male, F = Female; Y = 18-34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



1.4 Early Intervention and Prevention

Do you know what 'Early Intervention and Prevention Services' for children means?

	All			Statistically significant differences				
	Yes	No	Not sure	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
n	434	463	103					
%	43.4	46.3	10.3		Yes, Y: 37.1; O: 46.7 p<0.05	Yes, H: 49.4; L: 39.2 p<0.01		Yes, NP: 32.7; P: 49.4 p<0.001

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

What are early intervention and prevention services?

All			Statistically significant differences				
	n	%	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
Services to help prevent problems developing*	428	42.8	M: 36.4; F: 45.1 p<0.001	Y: 38.5; O: 15.2 p<0.05	H: 47.6; L: 39.4 p<0.05	U: 39.7; R: 47.4 p<0.05	NP: 33.9; P: 47.8 p<0.001
Family Support Services*	258	25.8					
Services for families with a disability*	149	14.9			H: 17.7; L: 13 p<0.05	U: 12.7; R: 18.3 p<0.05	
Practical or material services for children (lunches / homework clubs) *	72	7.2	M: 4.5; F: 9.8 p<0.01		H: 10.1; L: 5.2 p<0.05		
Crime Prevention*	48	4.8	M: 3.5; F: 6.3 p<0.05				
Other	17	1.7					
Designed to protect children	3	0.3					
Unsure	3	0.3					

This was an open-ended question, and the answers were categorised into the above groups

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

1.5 Partnership Services

Do you know what is meant by partnership services?

	All			Statistically significant differences				
	Yes	No	Not sure	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
n	238	654	108					
%	23.8	65.5	10.8	Yes, M: 18.6; F: 28.8 p<0.01		Yes, H: 29; L: 20.2 p<0.001		Yes, NP: 19.2; P: 26.3 p<0.05

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

What are partnership services?

All			Statistically significant differences				
	n	%	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
Statutory and Voluntary agencies working together	207	20.7	M: 18; F: 23.3 p<0.05		H: 25.3; L: 17.6 p<0.01	U: 18.1; R: 24.6 p<0.05	
A way of working with families	126	12.6		Y: 9.7; O: 14.1 p<0.05	H: 15.9; L: 10.3 p<0.01		NP: 9.2; P: 14.5 p<0.05
Professionals working together	82	8.2	M: 5.7; F: 10.4 p<0.01		H: 17.7; L: 13 p<0.05		
Don't Know	16	1.6				U: 2.3; R: 0.6 p<0.05	NP: 2.9; P: 0.9 p<0.05

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



Have you heard of Meitheal model, a national practice model for all agencies working with children, young people and their families?

	All			Statistically significant differences				
	Yes	No	Not sure	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
n	59	909	31					
%	5.9	90.9	3.1	Yes, M: 4.3; F: 7.6 p<0.05				

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABCI, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

What do you know about Meitheal?

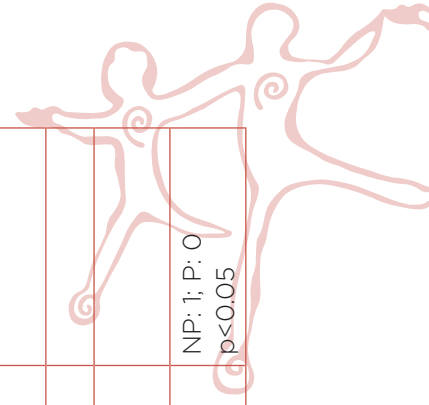
	All		Statistically significant differences				
	n	%	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
A method for agencies and professionals to work together or meet together to help a family and child	43	4.3		Y: 2.1; O: 5.5 p<0.05			NP: 2.1; P: 5.5 p<0.05
A family support method to help children and families with difficulties	40	4.0					
A service to prevent families being referred to child protection	11	1.1			H: 2.2; L: 0.4 p<0.05		
Don't know	9	0.9					

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABCI, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

1.6 Sourcing Help

If someone you knew was having parenting or family problems that you could not manage, who would you turn to for help amongst your family, friends, workplace or community?

	All		Gender %s, p value	Statistically significant differences			
	n	%		Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
Immediate family*	609	60.9		Y: 68.2; O: 57.2 p<0.01		U: 55.9; R: 68.6 p<0.001	
Extended family*	285	28.5				U: 11.4; R: 24.2 p<0.05	
Friends*	207	20.7	M: 17.4; F: 23.9 p<0.05				
Someone in the local community (e.g., priest, doctor) *	155	15.5		Y: 12.1; O: 17.4 p<0.05		U: 11.9; R: 21 p<0.001	NP: 12.5; P: 17.3 p<0.05
I would seek professional help*	83	8.3					
Online social media, websites or discussion forums*	50	5.0					
Nobody*	46	4.6	M: 6.5; F: 2.7 p<0.01			U: 6.8; R: 1.2 p<0.001	NP: 7.5; P: 3.0 p<0.01
Neighbour*	33	3.3					
General Practitioner / Public Health Nurse	15	1.5	M: 0; F: 2.9 p<0.001	Y: 0.3; O: 2.0 p<0.05			NP: 0.2; P: 2.2 p<0.05
Work colleagues	14	1.4			H: 2.2; L: 0.8 p<0.05		
Other	10	1.0					
Community/Voluntary organisation	6	0.6					
Social Services	6	0.6		Y: 1.5; O: 0.2 p<0.05		U: 0.2; R: 1.1 p<0.05	
Student counselling services	4	0.4		Y: 1.2; O: 0 p<0.01	H: 0.9; L: 0 p<0.05		NP: 1; P: 0 p<0.05



	All		Statistically significant differences				
	n	%	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
Don't know	3	0.3					NP: 0; P: 0.3 p<0.05
Citizen's information	2	0.2					

This was an open-ended question, and the answers were categorised into the above groups

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

If someone you knew was having parenting or family problems that you could not manage with your own supports through family and friends, what would you do?

	All		Statistically significant differences				
	n	%	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
Ask the General Practitioner*	387	38.7		Y: 33.8; O: 41.2 p<0.05	H: 33.1; L: 42.7 p<0.001	U: 29.4; R: 53 p<0.001	NP: 29.4; P: 44.0 p<0.001
Call local Social Services*	301	30.1					
I don't know*	186	18.9	M: 22.3; F: 15.1 p<0.01			U: 22.6; R: 12.5 p<0.001	
Attend the local family resource centre*	110	11.0					
Contact community worker*	86	8.6			H: 11.7; L: 6.4 p<0.01		
Seek professional help	83	8.3	M: 0; F: 1.2 p<0.05				
Contact another agency in my area*	68	6.8			H: 9.9; L: 4.6 p<0.01		
Ask the Public Health Nurse*	62	6.2				U: 3.4; R: 10.4 p<0.001	
Contact my local community group	56	5.6					

If someone you knew was having parenting or family problems that you could not manage with your own supports through family and friends, what would you do?(continued)

Ask the Teacher*	51	5.1					
Call Parent line*	41	4.1				U: 2.9; R: 5.9 p<0.05	
Other	23	2.3					
Seek help online	15	1.5					
Citizen's Information Centre	5	0.5					
Religion/Priest	3	0.3					

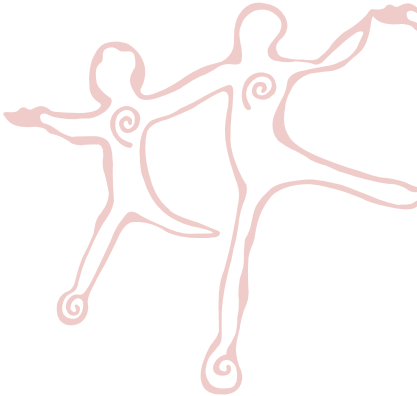
This was an open-ended question, and the answers were categorised into the above groups
M = Male, F = Female; Y = 18-34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

1.7 Receipt of Services

Have you received, or are you presently receiving, any child and family services?

All		Statistically significant differences					
	Yes	No	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
n	69	931					
%	6.9	93.1	Yes, M: 5.1; F: 8.6 p<0.05				Yes, 0.8; P: 10.3 p<0.001

M = Male, F = Female; Y = 18-34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



Which services have you received?

	All			Statistically significant differences			
	n	%	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
Social Work*	17	1.7	M: 0.6; F: 2.7 p<0.01				NP: 0.5; P: 2.4 p<0.05
Public Health Nurse*	16	1.6					NP: 0; P: 2.6 p<0.01
General Practitioner*	15	1.5					
Early Years Services*	15	1.5		Y: 2.9; O: 0.9 p<0.05			NP: 0; P: 2.4 p<0.01
Educational Welfare and School Support Services*	12	1.2					
Mental Health Services*	9	0.9					NP: 0; P: 1.3 p<0.05
Family Resource Centres*	9	0.9					
Disability Services*	8	0.8					
Named Community or Voluntary organisation	7	0.7					
Health Centre or Clinic*	6	0.6					
Other	5	0.5					
Services for children in care*	4	0.4					
Support for parents in their home	4	0.4					
Domestic Violence Services	3	0.3					
Community Centres*	3	0.3					
Primary Care Centre*	3	0.3					
Residential or Foster Care*	2	0.2					
Youth and Adolescent Support Services*	2	0.2					

Which services have you received? (continued)

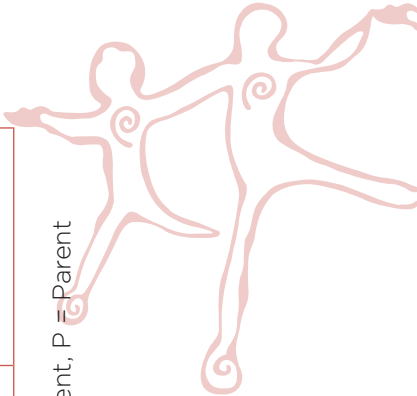
Parenting Groups or Programmes*	2	0.2					
Services for Child Protection*	1	0.1					
Addiction or Substance Abuse Services*	1	0.1					

This was an open-ended question, and the answers were categorised into the above groups
M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

If you did not ask for or receive services, please say why?

	All		Gender %s, p value	Age %s, p value	Statistically significant differences		
	n	%			Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
I didn't or don't need them	883	88.3				U: 85.8; R: 92.2 p<0.01	NP: 99.5; P: 85.1 p<0.001
I did not know who to ask or where to go	15	1.5				U: 2.1; R: 0.5 p<0.05	
I asked for services but did not get them	10	1.0					
Other	10	1.0			H: 0.1; L: 1.7 p<0.05		NP: 2.3; P: 0.3 p<0.01
I didn't ask for services because I didn't know they existed	5	0.5					
I didn't ask for services because I did not trust the child and family services	5	0.5					
Declined to answer	5	0.5					

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



1.8 Perceptions of Services

Do you think there are enough supports presently for children and families?

	All			Statistically significant differences				
	Yes	No	Not sure	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
n	193	455	352					
%	19.3	45.5	35.2	Yes, M: 22.9; F: 15.9 p<0.05	Yes, 22.1; O: 17.9 p<0.05	Yes, H: 17.2; L: 20.8 p<0.01	Yes, U: 16.8; R: 23.2 p<0.05	Not sure, NP: 42.8; P: 30.9 p<0.001

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

What are the main areas where services could be improved from the list below?

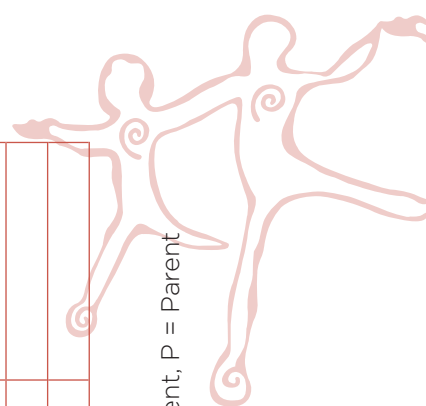
	All		Statistically significant differences				
	n	%	Gender %, p value	Age %, p value	Social status %, p value	Urbanity %, p value	Parenting status %, p value
Mental Health Services	521	52.1	M: 48.7; F: 55.4 p<0.01			U: 48.4; R: 57.7 p<0.01	
Services for Child Protection	426	42.6		Y: 37.6; O: 45.2 p<0.05	H: 46.6; L: 39.8 p<0.05	U: 37.6; R: 50.2 p<0.001	NP: 36.5; P: 46 p<0.05
Social Work	406	40.6		Y: 36.2; O: 43 p<0.05		U: 35.2; R: 48.9 p<0.001	NP: 35; P: 43.8 p<0.01
Disability Services	394	39.4		Y: 33.5; O: 42.4 p<0.01			NP: 34; P: 42.5 p<0.01
Services for Children in Care	373	37.3				U: 34.4; R: 41.7 p<0.05	NP: 31.3; P: 40.7 p<0.05
Domestic Violence Services	363	36.3				U: 33.9; R: 40.1 p<0.05	NP: 32.2; P: 38.6 p<0.05
Addiction or Substance Abuse Services	358	25.8					
Public Health Nurse	338	33.8		Y: 29.7; O: 36 p<0.05		U: 27.9; R: 42.9 p<0.001	NP: 29.9; P: 36 p<0.05

What are the main areas where services could be improved from the list below? (continued)

Educational Welfare and School Support Services	314	31.4		Y: 35.6; O: 29.3 p<0.05			NP: 27.3; P: 33.8 p<0.05
Early Years Services	299	29.9					NP: 23.6; P: 33.5 p<0.01
Youth and Adolescent Support Services	287	28.7				U: 26.3; R: 32.5 p<0.05	NP: 24; P: 31.4 p<0.05
Family Resource Centres	261	26.1		Y: 21.8; O: 28.4 p<0.05		U: 22.1; R: 32.2 p<0.001	NP: 19.4; P: 29.9 p<0.001
Support for parents in their home	259	26.0					NP: 20.2; P: 29.2 p<0.01
Residential or Foster Care	244	24.5					NP: 20; P: 27 p<0.05
General Practitioner	233	23.3			H: 20; L: 25.7 p<0.05	U: 20.6; R: 27.5 p<0.05	NP: 16.8; P: 27 p<0.05
Health Centre or Clinic	220	22.0		Y: 17.9; O: 24.1 p<0.05		U: 19.2; R: 26.1 p<0.01	
Parenting Groups or Programmes	208	20.8	M: 17.6; F: 23.9 p<0.05				
Primary Care Centre	205	20.5	M: 17.2; F: 23.7 p<0.05	Y: 16.2; O: 22.7 p<0.05		U: 17.5; R: 25 p<0.01	NP: 15.9; P: 23.1 p<0.01
Community Centres	185	18.5					NP: 13.9; P: 21 p<0.01
Other	25	2.6					
Don't know	25	2.5		Y: 4.7; O: 1.4 p<0.01			NP: 3.8; P: 1.7 p<0.05
Named Community or Voluntary organisation	12	1.2					
Care of the Elderly	7	0.7					
Housing	7	0.7					

These possible response options were read out to participants

M = Male, F = Female; Y = 18-34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



Do you think Tusla's Prevention, Partnership and Family Support programme will improve services for children and families?

	All				Statistically significant differences				
	Yes	No	To some extent	I don't know	Gender %s, p value	Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
n	363	43	144	450					
%	36.3	4.3	14.4	45.0	Yes, M: 30.7; F: 41.6 p<0.01			Yes, U: 31.4; R: 43.7 p<0.05	Yes, NP: 32.1; P: 38.7 p<0.01

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

In what way do you think the PPFS programme will improve services for children and parents?

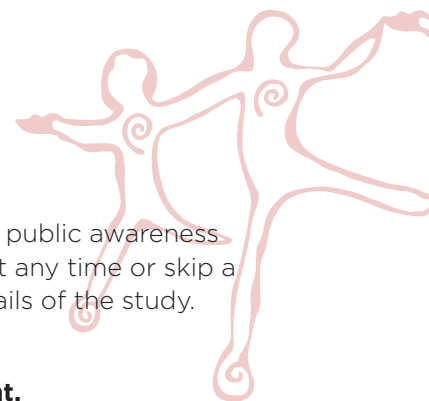
	All		Gender %s, p value	Statistically significant differences			
	n	%		Age %s, p value	Social status %s, p value	Urbanity %s, p value	Parenting status %s, p value
Greater awareness of services*	536	53.6				U: 47; R: 63.6 p<0.001	NP: 49.2; P: 56.1 p<0.05
Better outcomes or results for children and families*	283	28.3				U: 25.4; R: 32.7 p<0.05	
More responsive services*	282	28.2				U: 25.7; R: 32 p<0.05	
More cooperation between different agencies*	278	27.8	M: 23.9; F: 31.5 p<0.01			U: 19.7; R: 40 p<0.001	
I don't know*	222	22.2				U: 25.2; R: 17.7 p<0.01	
Less need for child protection or less abuse and neglect of children in the home*	89	8.9					
Other	5	0.5					
Make services more accessible	2	0.2					

* Marks the response options given. All other responses were volunteered by participants.

M = Male, F = Female; Y = 18–34 years old, O = 35 years old plus; H = ABC1, L=C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

Appendix 2

READ OUT: Hi my name is _____ from Amarach Research and I am conducting a public awareness population survey. If you wish to take part in the survey you can stop the survey at any time or skip a question. I am now going to give you a participant information sheet with the details of the study.



Interviewer Instruction- Give participant handout sheet to potential respondent.

Interviewer instruction: After the respondent has reviewed the participant information sheet, if they confirm that they wish to partake in the study inform them that they can stop the survey at any time or skip a question. Once they have been informed you can proceed with the questionnaire.

If they do not wish to take part in the survey, thank them for their time and do not continue with the questionnaire.

Interviewers will tick here to confirm the person has signed a consent form to participate

Interviewers will tick here to confirm the person has been informed that they can stop the survey at any time or skip a question.

Interviewer instruction: Do not read out options for each question unless stated otherwise. Code answers back into options given

Part One: Demographic Profile

1. Gender: Male ☐ Female ☐

2a. What is your exact age _____

2b. Age Bracket: 18 -24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55+ ☐

Refused -Do not read out

3. Would be agreeable to telling me your ethnic background?

Yes ☐ No ☐ Not Sure ☐

3a. If Yes: Choose ONE option below that best describes your ethnic background

A. White

- ☐ 1. Irish
- ☐ 2. Irish Traveller
- ☐ 3. Any other White background

B. Black or Black Irish

- ☐ 4. African
- ☐ 5. Any other Black background

C. Asian or Asian Irish

- ☐ 6. Chinese
- ☐ 7. Any other Asian background

D. Other, including mixed background

- ☐ 8. Other, write in description

4. Geographical Location

- a. What type of area do you live in? ☐ Urban ☐ Rural
- b. What county do you live in?

Carlow	<input type="text"/>	Louth	<input type="text"/>
Cavan	<input type="text"/>	Mayo	<input type="text"/>
Clare	<input type="text"/>	Meath	<input type="text"/>
Cork	<input type="text"/>	Monaghan	<input type="text"/>
Donegal	<input type="text"/>	Offaly	<input type="text"/>
Dublin	<input type="text"/>	Roscommon	<input type="text"/>
Galway	<input type="text"/>	Sligo	<input type="text"/>
Kerry	<input type="text"/>	Tipperary	<input type="text"/>
Kildare	<input type="text"/>	Waterford	<input type="text"/>
Kilkenny	<input type="text"/>	Westmeath	<input type="text"/>
Laois	<input type="text"/>	Wexford	<input type="text"/>
Leitrim	<input type="text"/>	Wicklow	<input type="text"/>
Limerick	<input type="text"/>		
Longford	<input type="text"/>		

- c. QSC Please indicate to which occupational group the Chief Income Earner in your household belongs, or which group fits best. The Chief Income Earner is the person in your household with the largest income, this could be you. If the Chief Income Earner is retired and has an occupational pension please answer for their most recent occupation. If the Chief Income Earner is not in paid employment but has been out of work for less than 6 months, please answer for their most recent occupation

1. Higher managerial, professional
2. Intermediate managerial, professional
3. Supervisory or clerical, junior managerial
4. Skilled manual worker (e.g. Skilled Bricklayer, Carpenter, Plumber, Painter, Bus, Ambulance Driver, HGV driver, AA patrolman, publican)
5. Semi or unskilled manual work (e.g. Manual workers, all apprentices to be skilled trades, Caretaker, Park keeper, non-HGV driver, shop assistant)
6. Casual worker - not in permanent employment
7. Student
8. Housewife, Homemaker
9. Retired and living on state pension
10. Unemployed or not working due to long-term sickness
11. Full-time carer of other household member
12. Farmer 50+ Acres
13. Farmer 50- Acres

5. Relationship status: Are you:

Single ☐

Married ☐

Divorced ☐

Separated ☐

Living with Partner ☐

Widowed ☐

Other _____

Refused -Do not read out

6. Are you a:

Parent ☐

Grandparent ☐

Foster Parent ☐

Great grandparent ☐

Guardian ☐

None of the above ☐

Refused -Do not read out

Ask all codes 1-5 @Q7

7. Do you have any /are the main carer of any children/ grandchildren/ foster children/ other.7a. How many? 7c what are the ages of the youngest and oldest children?

Q7a	Q7b Refused -Do not read out Number (for each item selected ask the number of children)	Q7c Refused -Do not read out Age-Record the ages of the oldest and youngest children	
Children		Oldest	
		Youngest	
		Only child	
Grandchildren		Oldest	
		Youngest	
		Only child	
Foster children		Oldest	
		Youngest	
		Only child	
Other children for whom you are a main carer (e.g. an aunt looking after her sisters children)		Oldest	
		Youngest	
		Only child	

8. What is your employment status?

Employed Full-time ☐

Employed Part-time ☐

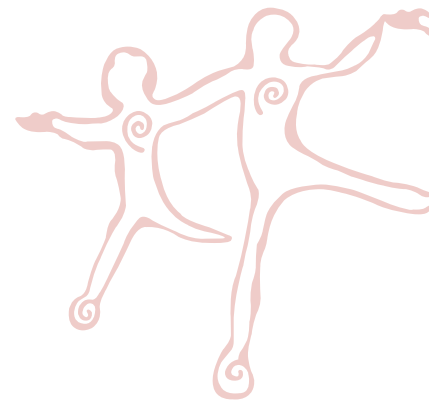
In Education/Training ☐

Unemployed ☐

Self-employed ☐

Unable to Work ☐

Refused -Do not read out



*8a. If employed/self-employed, what is the nature of your work?

Do not read out code answer back into list

Public Service Health	<input type="text"/>
Public Service Social Work	<input type="text"/>
Public Service, Social Welfare	<input type="text"/>
Public Service, Education	<input type="text"/>
Public Service, Justice	<input type="text"/>
Public Service, Other	<input type="text"/>
Private Health	<input type="text"/>
Private Commercial	<input type="text"/>
Professional	<input type="text"/>
Private Social Service/Therapy	<input type="text"/>
Manual	<input type="text"/>
Non-Manual	<input type="text"/>
Skilled Manual	<input type="text"/>
Non-Skilled Manual	<input type="text"/>
Unskilled	<input type="text"/>
Full time Home worker	<input type="text"/>
Farmer	<input type="text"/>
Retired	<input type="text"/>
Other	<input type="text"/>
Refused -Do not read out	<input type="text"/>

Part 2: Knowledge about Tusla Family Support Services

1. Who is responsible for supporting families where they cannot manage with their own Family and wider network?

- ☐ Tusla/Child and Family Agency
- ☐ Social Workers
- ☐ The State
- ☐ A local voluntary service
- ☐ A local community service
- ☐ The community centre

Other

2. Do you know what 'Tusla' is?

Yes ☐ No ☐ Not Sure ☐

If yes (or not sure) do you think Tusla is?

- it is the new Child and Family agency for support and protection (correct answer-go to Q3a below) ☐
-
- it is the new child protection service (go to 3a) ☐
-
- it is a branch of the HSE (go to 3a) ☐
-
- other incorrect answer(go to 3a)

Ask all

3a. Have you heard of the **Tusla Prevention, Partnership and Family Support programme (terminology to be confirmed)?**

Yes ☐ No ☐ (Skip to Q3c) Not Sure ☐

3b. How did you hear about the Tusla programme? (If yes or not sure)

- ☐ Website
- ☐ Attending a Service
- ☐ Working in Tusla
- ☐ Aware of Tusla from other work context
- ☐ Informed by Teacher/GP/PHN

☐ Informed by Family/Friend

Other

3c. Do you know what a 'Family Support' service is?

Yes ☐

No ☐

Not sure ☐

If YES or NOT SURE, tick all that are mentioned below and/or write OTHER in detail below

Do not read out,

If no, Read out to explain what it is and continue to Q4

* Family Support is a style of work and a wide range of activities that strengthen positive informal social networks through community based programmes and services. The main focus of these services is on early intervention aiming to promote and protect the health, well-being and rights of all children, young people and their families. At the same time particular attention is given to those who are vulnerable or at risk. Examples include social work and community Centres

.....

3d.

Social Work	<input type="checkbox"/>	Early Years Services (Pre-school/Play group) (e.g. services for children pre-school age)	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	Educational welfare & school support services (e.g. support for children of school-going age)	<input type="checkbox"/>
Residential /Foster care	<input type="checkbox"/>	Youth and Adolescent Support services (Youth groups/Mentoring) (e.g. support for teenagers)	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	Parenting groups or programmes such as Common Sense Parenting/ Triple P (e.g. supports specifically for Parents)	<input type="checkbox"/>
Services for child protection	<input type="checkbox"/>	Support for Parents in their home (e.g. home help, home visits)	<input type="checkbox"/>
Services for children in care	<input type="checkbox"/>	Family Resource Centres	<input type="checkbox"/>
G.P.	<input type="checkbox"/>	Community Centres	<input type="checkbox"/>
Disability Services	<input type="checkbox"/>	Primary Care Centre	<input type="checkbox"/>
Mental Health services	<input type="checkbox"/>	Health Centre / Clinic	<input type="checkbox"/>
Addiction/Substance Abuse services	<input type="checkbox"/>	Named community /voluntary organisation / service providers (e.g. Barnardos; daughters of Charity)	Note the organisation

Other

4. Do you know what 'Family Support Services' exist in your area for children and their families?

Yes ☐

No ☐

Not Sure ☐

4.a: If YES, please tell me what these are (prompt: tick all that are mentioned and/or record OTHER in detail below **Do not read out**)

Social Work	<input type="checkbox"/>	Early Years Services (Pre-school/Play group) (e.g. services for children pre-school age)	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	Educational welfare & school support services (e.g. support for children of school-going age)	<input type="checkbox"/>
Residential /Foster care	<input type="checkbox"/>	Youth and Adolescent Support services (Youth groups/Mentoring) (e.g. support for teenagers)	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	Parenting groups or programmes such as Common Sense Parenting/ Triple P (e.g. supports specifically for Parents)	<input type="checkbox"/>
Services for child protection	<input type="checkbox"/>	Support for Parents in their home (e.g. home help, home visits)	<input type="checkbox"/>
Services for children in care	<input type="checkbox"/>	Family Resource Centres	<input type="checkbox"/>
G.P.	<input type="checkbox"/>	Community Centres	<input type="checkbox"/>
Disability Services	<input type="checkbox"/>	Primary Care Centre	<input type="checkbox"/>
Mental Health services	<input type="checkbox"/>	Health Centre / Clinic	<input type="checkbox"/>
Addiction/Substance Abuse services	<input type="checkbox"/>	Named community /voluntary organisation / service providers (e.g. Barnardos; daughters of Charity)	Note the organisation

Other

5. Do you know what 'Early Intervention and Prevention Services' for children and families mean?

Yes ☐

No ☐

Not Sure ☐

(Prompt: Tick all boxes that are relevant) (if yes or not sure)

☐ Services to help prevent problems developing

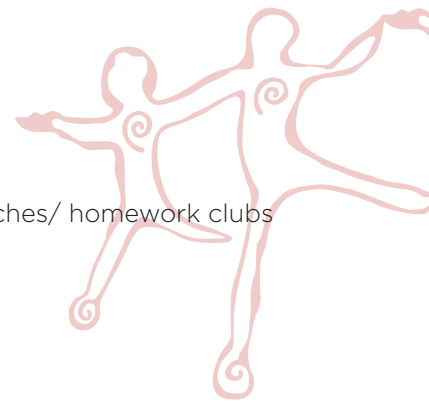
☐ Services for families with a disability

☐ Family Support services

☐ Crime Prevention

☐ Practical/material services for children such as school lunches/ homework clubs

Other



6. Do you know what is meant by Partnership Services?

Yes ☐ (go to 6a)

No ☐

Not Sure ☐ (go to 6a)

6a. What would you say it is? (If no or Not sure)

☐ Statutory and Voluntary Agencies Working Together

☐ A Way of Working with Families

☐ Professionals Working Together

☐ **Don't know (do not read out)**

7. Have you heard of Meitheal Model, a National Practice Model for all agencies working with Children, Young People and their Families?

Yes ☐

No ☐

Not Sure ☐

If yes, please go to Q8

If no, please go to Part 3

If not sure, please go to Q8

8. What do you know about Meitheal?

☐ A method for agencies and professionals to work together /meet together to help a family and child

☐ A family support method to help children and families with difficulties

☐ A service to prevent families being referred to child protection

Other

Part 3: Action Section

1. If you or someone else was having parenting or family problems that you could not manage, who would you turn to for help amongst your family, friends, workplace or community?

Nobody	<input type="checkbox"/>	Extended Family	<input type="checkbox"/>
My immediate family	<input type="checkbox"/>	Neighbour	<input type="checkbox"/>
Friends	<input type="checkbox"/>	Someone in the local community (e.g. priest, doctor)	<input type="checkbox"/>
On-line social media /websites / discussion forums	<input type="checkbox"/>	Work colleagues	<input type="checkbox"/>
Other: Specify	<input type="checkbox"/>	I would seek professional help	<input type="checkbox"/>

2. If you or someone else was having parenting or family problems that you could not manage with your own supports through family and friends, what would you do?

I don't know	<input type="checkbox"/>	Call Local Social services	<input type="checkbox"/>
Attend the local family resource Centre	<input type="checkbox"/>	Contact another agency in my area	<input type="checkbox"/>
Ask the teacher	<input type="checkbox"/>	Ask the GP	<input type="checkbox"/>
Ask the PHN	<input type="checkbox"/>	Contact my local community group	<input type="checkbox"/>
Contact community worker	<input type="checkbox"/>	Call Parent Line	<input type="checkbox"/>

Other

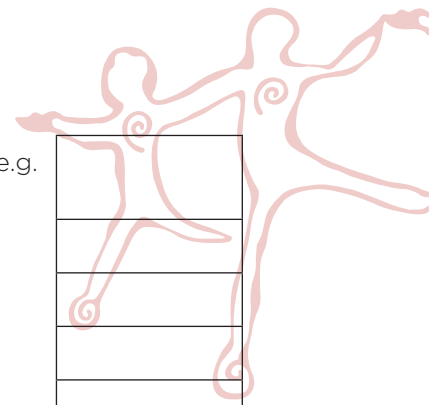
3. Have you received, or are you presently receiving any child and family services?

Yes ☐ (tick which ones)

No ☐ (got to Q 4)

3a If yes

Social Work	<input type="checkbox"/>	Early Years Services (Pre-school/Play group) (e.g. services for children pre-school age)	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	Educational welfare & school support services (e.g. support for children of school-going age)	<input type="checkbox"/>
Residential /Foster care	<input type="checkbox"/>	Youth and Adolescent Support services (Youth groups/Mentoring) (e.g. support for teenagers)	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	Parenting groups or programmes such as Common Sense Parenting/ Triple P (e.g. supports specifically for Parents)	<input type="checkbox"/>



Services for child protection

Services for children in care

G.P.

Disability Services

Mental Health services

Addiction/Substance Abuse
services

Support for Parents in their home (e.g.
home help, home visits)

Family Resource Centres

Community Centres

Primary Care Centre

Health Centre / Clinic

Named community /voluntary
organisation / service providers (e.g.
Barnardos; daughters of Charity)

Note the organisation

Other

Refused -Do not read out

4. If you did not ask for/ receive services, please say why:

- ☐ I didn't/don't need them
- ☐ I asked for services but did not get them
- ☐ I didn't know who to ask or where to go
- ☐ I didn't ask for services because I didn't know they existed
- ☐ I didn't ask for services because I did not trust child and family services

Other

Refused -Do not read out

Part 4: Attitude Section

1. Do you think there are enough supports presently for Children and Families?

Yes ☐

No ☐

Not Sure ☐

2. What are the main areas where services could be improved from the list below? (call out the list and tick all relevant)

Social Work	<input type="checkbox"/>	Early Years Services (Pre-school/Play group) (e.g. services for children pre-school age)	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	Educational welfare & school support services (e.g. support for children of school-going age)	<input type="checkbox"/>
Residential /Foster care	<input type="checkbox"/>	Youth and Adolescent Support services (Youth groups/Mentoring) (e.g. support for teenagers)	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	Parenting groups or programmes such as Common Sense Parenting/ Triple P (e.g. supports specifically for Parents)	<input type="checkbox"/>
Services for child protection	<input type="checkbox"/>	Support for Parents in their home (e.g. home help, home visits)	<input type="checkbox"/>
Services for children in care	<input type="checkbox"/>	Family Resource Centres	<input type="checkbox"/>
G.P.	<input type="checkbox"/>	Community Centres	<input type="checkbox"/>
Disability Services	<input type="checkbox"/>	Primary Care Centre	<input type="checkbox"/>
Mental Health services	<input type="checkbox"/>	Health Centre / Clinic	<input type="checkbox"/>
Addiction/Substance Abuse services	<input type="checkbox"/>	Named community /voluntary organisation / service providers (e.g. Barnardos; daughters of Charity)	Note the organisation

Other

- 4a Do you think the Prevention, Partnership and Family Support Tusla Programme will improve services for Children and Parents?

Yes ☐

No ☐

To some extent ☐

I don't know ☐ Go to Q5

4b Explain Answer:

5 In what way do you think the Prevention, Partnership and Family Support Programme will improve services for children and parents?

- ☐ Greater awareness of services
- ☐ More responsive services
- ☐ Better outcomes /results for children and families
- ☐ More cooperation between different agencies (e.g. school services and psychology/ G.P. and specialist services etc.)
- ☐ Less need for child protection / less abuse and neglect of children in the home
- ☐ I don't know

Other

6 Is there anything else you wish to add?

Thank you for taking the time to complete this survey

Interviewer Instruction: Give information card / offer free phone contact follow up

If the respondent has been upset by the interview /is asking about help available for them or their family process, please provide them with information about Family resource Centre and Tusla Service in the Area.



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