

# Public Awareness

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

### KEY FINDINGS



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## Introduction

One of the medium term outcomes of the Development and Mainstreaming Programme for Prevention, Partnership and Family Support was that children and families would be increasingly aware of available supports. This is to ensure that children and families are less inclined to fall through the gaps as all services should be working together in Tusla's prevention and early intervention system.

The Baseline Population Survey was designed to explore three main aspects of public awareness: Knowledge about Tusla and the Parenting; Prevention and Family Support services; Help-seeking Behaviour; and Attitudes to support services. The survey included a representative sample of the Irish Population (n=1000) and will be followed up at the end of 2017 to measure changes in knowledge, behaviour and attitudes. Generally, a low level of awareness of Tusla was found. The public only understand to some extent the roles, purposes and processes of Tusla. Data was analysed to explore specifically differences in gender, age, socio-economic status, geographical location and parenting status. The most significant distinctions were found between rural and urban settings regarding awareness, perception and help-seeking behaviour. Very few individuals learned about the services from the Tusla website. On the contrary, most knowledge was obtained from the media (print, radio, television), interactions with others (work colleagues).

The following are some key messages from the report.

### Knowledge and Awareness

- There is a low level of awareness of Tusla (only 25% of respondents had heard of Tusla).
- A small number of respondents were aware of Prevention, Partnership and Family Support programme (almost 80% had not heard of it).
- Very few people knew what Meitheal was.
- Many respondents associated Family Support with Child Protection and children in care.
- Over 40% of respondents were aware of the meaning of early intervention.
- Nearly 25% of respondents knew what partnership services were.
- 33% of those accurately described it as 'statutory and voluntary agencies working together'.
- Media was the most common source of knowledge.

## Rural & Urban Differences:

- Over twice as many rural respondents (26.1%) than urban (12.4%) stated Tusla would have responsibility for families when they could not manage.
- Rural respondents were more likely to view family support as being part of services such as the GP (R: 15%; U: 10%) or child protection services (R: 38%; U: 29%).
- 66.9% of rural respondents accurately reported that Tusla was a new child and family support agency compared with 56.7% of urban respondents.
- Rural respondents were significantly more likely to have heard of Tusla's Prevention, Partnership and Family Support programme than those living in urban areas (R: 18.2%; U: 13.4%).

## Social Status Differences:

- Those within the higher social status group were more aware of services but did not understand them by comparison to those in the lower social status group.
- Individuals from the lower status group (64%) knew Tusla was a new agency for child and family support and protection compared with the higher group (58%).

## Differences in Parental Status:

- Parents were generally better informed than non-parents about all aspects of child and family support.
- Parents also knew more of what services were available in their areas.

## Gender Differences:

- Women were more aware of services than men.
- There were no gender differences in relation to reported knowledge of local family support services.

## Age Differences:

- Older persons were more likely to be aware of services than young persons.
- Older persons thought more services were required for children and families.
- Over twice as many younger people (38.5%) stated early intervention and prevention services were to help prevent problems developing compared with the older population (15.2%).

## Help-Seeking Behaviour

- Most people seek help within their own families (60.9%) or extended families (28.5%).
- GP (38.7%) or social services (30.1%) were the most common services sought outside families and friends.
- Very few respondents had received or were 'currently' receiving child and family services (6.9%).
- Most common services sought were social work, Public Health Nurse, GP and early years' services.
- Rural areas have a higher level of dependency on family (R: 68.6%; U: 55.9%), extended family (R: 24.2%; U: 11.4%) and the local community (R: 21%; U: 11.9%) for help with difficulties.
- Urban respondents were more likely to seek help from someone in their local community (61.9%) than from extended family (11.4%).
- Rural respondents were more likely to seek help from GP (R: 53%; U: 29.4%), Public Health Nurse (R: 10.4%; U: 3.4%) or Parentline (R: 5.9%; U: 2.9%) than urban respondents.
- Overall there was low engagement with social work, particularly in rural areas.
- Lower social status groups (42.7%) were more likely to seek help from their GP than higher social status groups (33.1%).
- Higher social status groups (11.7%) were more likely to seek help from a community worker than lower groups (6.4%).
- Parents are more likely to ask GP for help and less likely not to know what to do.
- Women are more likely to seek help from family, GP or Public Health Nurse.

## Perceptions and Attitudes towards Services

- Almost half (45.5%) stated there were not enough support services available.
- Over 50% stated mental health services needed the greatest improvement.
- Other areas cited as needing improvement were child protection services (42.6%), social work (40.6%) and disability (39.4%).
- Only 0.7% stated improvements were needed in relation to care of the elderly.
- Half of the population surveyed believed Tusla would improve services for children and families to some extent; 45% did not know; and 4.3% stated Tusla would not improve services.
- Improved areas included: greater awareness of services available (53.6%); better outcomes for children (28.3%); and more responsive services (28.2%).
- Only 0.5% stated services would be more accessible.
- Rural respondents were significantly more optimistic of the potential for Tusla to improve services than their urban counterparts.
- Non-parents were more uncertain as to how Tusla could improve services.
- Females were significantly more positive towards Tusla's Prevention, Partnership and Family Support programme.
- There were no significant differences in perceptions towards the Prevention, Partnership and Family Support programme according to age.

# Overview and Implications of Findings

Overall, the level of knowledge and awareness of Tusla is low. The public only understand to some extent the roles, purposes and processes of Tusla. The existence of the Prevention, Partnership and Family Support Programme needs to be made publically aware together with the Meitheal model. The public needs to be educated on what those services entail, e.g. family support, prevention and early intervention.

The most significant differences found was between rural and urban settings regarding awareness, perception and help-seeking behaviour. It is notable that very few individuals learned about the services from the Tusla website. On the contrary, it was through the media (print, radio, television) and interactions with others (work colleagues) where most knowledge was gained about the services available. A number of recommendations for Tusla in relation to how it can increase public awareness were made which are as follows:

- The impact and effectiveness of campaigns can be determined by several factors including the theory underpinning the campaign, the campaigns' objectives, design, duration, implementation fidelity and personal resources of the target audience.
- Campaign designers should include all phases of the campaign from the beginning to create congruent and effective designs from the campaign objectives to desired outcomes post-intervention (diagnostic phase, design phase, implementation phase and evaluation phase).
- Campaign messages need to be clear, concise and precise. Campaigns should be carefully tailored to the environmental, social and cultural context that is being targeted in order to be successful.
- Messages need to be developmentally tailored to the target population, particularly for children and young people, to avoid any risk or harm when sensitive issues are approached. School and the internet have been successfully used to target younger members of the population.
- The most successful public awareness campaigns use a combination of different media to transmit the message including radio, television, theatre, advertisement, newspapers, magazines and marketing materials among others tailored specifically to the target population.
- Longer term campaigns can achieve changes in attitudes, beliefs and help-seeking behaviours.
- Evaluations of publicity campaigns require rigorous and systematic methodologies to accurately determine the impact of public awareness activities on the target population such as randomized control trials, randomised conditions, pre- and post-intervention comparisons, interviews, focus groups and fidelity to the model.

*This literature is derived from the Public Awareness work package as part of the Development and Mainstreaming Programme for Prevention, Partnership & Family Support.*

Full report is available online at: [www.nuigalway.ie/cfrc/mainstream/ourworktodate](http://www.nuigalway.ie/cfrc/mainstream/ourworktodate)

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