

REPORT FOR THE ONE FOUNDATION

***THE CHANGING FACE OF THE FAMILY IN IRELAND:
PARENTING ISSUES***

KIERAN MCKEOWN & MADELEINE CLARKE

FEBRUARY 2004

Table of Contents

1. INTRODUCTION.....	3
2. CONTEXT.....	6
2.1 Income Support Needs.....	10
2.2 Relationship Support Needs.....	10
2.3 Employment Needs.....	12
2.4 Health Needs.....	13
2.5 Educational Needs.....	14
2.6 Balancing Individual and Family Rights.....	15
2.7 Families and Crime.....	16
2.8 Summary.....	17
3. GAPS AND OPPORTUNITIES FOR THE ONE FOUNDATION.....	18
3.1 Advocacy Campaign to Highlight the Importance of both Parents to Child-Well-Being.....	18
3.2 Developing Support Services for Separated Fathers.....	19
3.3 Developing Parent and Child Centres.....	20
3.4 Supporting Families Through Separation.....	21
3.5 Making Family Services More Father-Friendly.....	21
3.6 Developing Support Services for Parents of Foreign Adopted Children.....	23
3.7 Research on Family Transitions.....	24
3.8 Developing Support Services for Parents Whose Children are in Care.....	25
3.9 Preventing ‘Teenage Trouble’.....	26
3.10 Supporting the Big Brother Big Sister (BBBS) Programme in Ireland.....	27
3.11 Addressing Domestic Violence.....	29
3.12 Supports for Lesbian and Gay Parents.....	30
4. CONCLUSION.....	31
APPENDIX ONE PERSONS/AGENCIES CONCLUTED.....	32

1. Introduction

The term family, as we use it in this document, refers to the set of relationships which link parents with each other and with their children¹. These relationships assume a variety of forms depending on the legal status of the relationship between the parents (married, single, separated, widowed) and on whether the child is living with one or both parents (one- or two-parent households). As a result, the underlying reality denoted by the term ‘family’ manifests itself in a variety of forms.

As elsewhere, the family in Ireland is changing. That was the clear message from the recently published results of the 2002 Census of Population which showed that the fastest growing family types in Ireland were lone parents and cohabiting couples. Irish families are following a similar pattern to that found in the EU, the US and elsewhere with falling birth rates, later marriages and higher rates of marital breakdown. At the same time, the largest family type in Ireland remains two first-time married parents with their children.

A recent study of the family in Ireland² estimated that nearly eight out of ten families live in two-parent households as follows:

- 66% comprise two parents, both married for the first time, living together, sometimes referred to as ‘intact’ or ‘traditional’ families
- 8% comprise two parents who are single, that is never married, and cohabiting
- 3% comprise two parents who are cohabiting following separation, divorce or widowhood
- 2% comprise two parents who are remarried following separation, divorce or widowhood sometimes referred to as ‘step’ or ‘blended’ families

One-parent families comprise about a fifth all family households in which the parent is usually the mother as follows:

- 12% comprise one parent who is single, sometimes referred to as ‘one-parent single families’

¹ Children are defined as persons under the age of 18 years.

² McKeown, K., Pratschke, J., and Haase, T., 2003. Family Well-Being: What Makes a Difference?, November, Jointly published by Department of Social & Family Affairs, Family Support Agency and The Céifin Centre in Shannon, Co. Clare. Available www.welfare.ie and www.ceifin.ie.

- 8% comprise one parent who is separated³ and not in a relationship
- 1% who are widowed.

This diversity of family forms is not unique to Ireland but can be found in other developed countries. It is important to acknowledge this diversity at the outset in order to draw attention to the fact that the term ‘family’ can often mean different things to different people. In addition, the family experience can take different forms for people over a lifetime as cohabitation sometimes precedes marriage and parenting, and may be succeeded by separation and divorce which may, in turn, be followed by remarriage or cohabitation. These different transition points can be crucial in their impact on the well-being of parents and children.

There is a good deal of research on how families impact on the well-being of adults and children. As regards adults, a key finding is that stable and fulfilling intimate relationships are associated with a wide range of benefits for men and women. Most of this research has focused on marriage and one summary of the research suggests that “on average, marriage seems to produce substantial benefits for men and women in the form of better health, longer life, more and better sex, greater earnings (at least for men), greater wealth, and better outcomes for children”⁴. Studies using data from the US⁵, Britain⁶, Germany⁷, Belgium and Ireland⁸ are consistent in showing a positive association between life satisfaction and marriage. Conversely, other research has shown that separated and divorced adults have the highest rates of acute medical problems, chronic medical conditions, and disability⁹.

3 The term ‘separated’ comprises those who are legally separated, divorced, whose marriages have been annulled and those who are living apart from their spouse but are not legally separated. In our sample, 7% of the ‘ever married’ population were separated, which is similar to the estimate (6%) provided by the 1996 Census of Population. The proportion in our sample who are legally separated / divorced / marriage-annulled (56%) is higher than in the 1996 Census of Population.

4 Waite, 1995, “Does Marriage Matter?”, *Demography*, Volume 32(4) November, p.499

5 Oswald and Blanchflower, 1999, “Well-Being Over Time in Britain and the USA”, unpublished paper, University of Warwick, November..

6 Theodossiou, 1998, “The effects of low-pay and unemployment on psychological well-being: a logistic regression approach”, *Journal of Health Economics*, 17.

7 Winkelmann and Winkelmann, 1998, “Why are the Unemployed so Unhappy? Evidence from Panel Data”, *Economica*, 65, February.

8 Sweeney, 1998, *Why Hold a Job? The Labour Market Choice of the Low-Skilled*. PhD. Thesis, 123, Department of Economics, KU Leuven, Belgium.

9 Bray and Jouriles, 1995, “Treatment of Marital Conflict and Prevention of Divorce”, *Journal of Marital and Family Therapy*, October, Volume 21(4), pp. 461-473.

As regards children, there are two important findings that are consistently supported by research. The first is that the psychological well-being of children is affected by their parents' couple relationship, particularly the level of conflict and stability. This research suggests that the majority of children of separated parents do not experience any long-term negative effects although around 20% of children are adversely affected in the longer term, particularly in those cases where the parents were involved in sustained conflict before and after separation, suggesting that conflict has a more harmful effect than instability¹⁰. The second important finding about children is that their educational attainment is strongly associated with the income of their parents, particularly parental income during the early years of the child's life¹¹. The reason for this may be that parental income influences the educational environment of the home but there may be other factors involved such as the physical and psychological well-being of the parents¹². These findings are important in drawing attention to the importance of family processes within all family types and are consistent with the results of recent research on the family in Ireland which highlighted the importance for family well-being of family relationships and personality traits¹³.

10 One of the most respected researchers in this area reached the following conclusion based on a lifetime of work in this area: "About 75 to 80 per cent of adults and children show few serious long-term problems in adjustment following divorce and are functioning within the normal range. Many who have long-term problems after a divorce had problems that preceded the break-up. ... The easiest way in which to raise happy, competent children is one in which two mature, mutually supportive adults are committed to protecting and promoting the well-being of their children in a harmonious environment. ... But happy, competent children can and do develop in all types of nurturant, well-functioning families, including divorced, single-parent, and re-married families, through the courageous, selfless, and frequently dedicated care-giving of parents" (Hetherington and Kelly, 2002, *For Better or For Worse: Divorce Reconsidered*, New York and London: Norton and Company, pp.279-280). For a review of the evidence in the context of Irish research, see Murch, M., and Keehan, G., 2003, *The Voice of the Child in Private Family Law Proceedings: Findings from a Reconnaissance of Anglo-Irish Child-Related Divorce Legislation*, Bristol: Jordan Publishing Limited. For a discussion of the socio-legal issues involved in separation and divorce, see Bainham, A., Lindley, B., Richards, M., and Trinder, L., (Editors), 2003, *Children and Their Families: Contact, Rights and Welfare*, Oxford UK and Portland US: Hart Publishing.

11 McLanahan, SS., 1997. "Parent Absence or Poverty: Which Matters More?", in Duncan, GJ., Brooks-Gunn, J., (Editors), *Consequences of Growing Up Poor*. New York: Russell Sage Foundation.

12 The implications of this have been spelt out by James Heckman (1999), winner of the Nobel Prize in Economics in 2000, as follows: "Policies directed toward families may be a more effective means for improving the performance of schools than direct expenditure on teacher salaries or computer equipment. Policies that seek to remedy deficits incurred in early years are much more costly than early investments wisely made, and do not restore lost capacities even when large costs are incurred. The later in life we attempt to repair early defects, the costlier the remediation becomes." (Heckman, J. J., 1999. "Policies to Foster Human Capital", Aaron Wildavsky Forum).

13 McKeown, K., Pratschke, J., and Haase, T., 2003. *Family Well-Being: What Makes a Difference?*, November, Jointly published by Department of Social & Family Affairs, Family Support Agency and The Céifin Centre in Shannon, Co. Clare. Available www.welfare.ie and www.ceifin.ie.

These considerations are part of the more general context within which this document was prepared and help draw attention to some of the key issues affecting family life in Ireland. In preparing the document we consulted a broad range of people with an expertise in this area and these are listed in Appendix One. We also reviewed some of the growing body of literature in the field of family studies and these sources are annotated in footnotes throughout the chapter.

The chapter comprises four sections. Following this introduction, we set the context by outlining how the needs of families are generally understood and how services have responded to them, drawing particularly on developments within Ireland (Section 2). In the light of this overview, we identify some of the key challenges in this area by identifying gaps in services and some opportunities which these offer (Section 3). Finally, we make some concluding comments (Section 4).

2. Context

In Ireland, as elsewhere, the family is increasingly the subject of public debate. On the one hand, trends and developments within the economy and society at large are seen to be having a major impact on the internal life of the family, and there is concern that the family should get greater protection and support. These concerns arise, for example, in debates about the need for ‘family-friendly’ measures to create a better balance between work and family or the need to reduce poverty, particularly child poverty. On the other hand, changes in the nature and functioning of the family are seen to have significant effects on society and the economy and these concerns are often raised in the context of discussions about how experiences within families can impact on issues such as educational attainment, crime, drug use, etc. In other words, the themes of family and society are intimately linked and tend to frame the discussion of family issues.

It is significant that many Governments in the developed world have become explicitly interested in family policy precisely at a time when, as a result of declining birth rates and a growing proportion of people living in one-person households, the number of persons living in families is falling. In Ireland, for example, the proportion

of persons living in family households declined from 89% in 1991 to 86% in 2002. The average number of children per family in Ireland is around 2.3¹⁴, reflecting a longer-term decline in total period fertility rates¹⁵, which have been below replacement levels for some time in many EU states, including Ireland¹⁶.

Many EU countries are concerned about low birth rates and its impact on the future ratio between those still in the workforce and those who have retired. It is clear that continuing low birth rates into the future will have major implications for economic and social life. Societies that do not renew themselves through natural increase, such as Ireland, must welcome immigration or they will become smaller and their ability to maintain a dynamic economic performance will become more difficult. The general decline in birth rates seems to be due to the fact that more adults of both genders and of all ages are showing a greater willingness to live alone, pick and choose partners, maintain economic independence, pursue careers and seem to reckon that the opportunity costs of children in terms of consumption and leisure are too great. Moreover, the ability of pro-natalist public policies to reverse this cultural shift is quite modest and would require quite substantial investment.¹⁷ In general therefore the declining significance of families as a proportion of all households in the population represents an important backdrop for family policy and raises questions about how the cost of rearing children – and therefore the cost of rearing the next generation – should be distributed within society generally.

14 McKeown and Sweeney, 2001, *Family Well-Being and Family Policy: Review of Research on Benefits and Costs*, June, Dublin: Stationery Office. p.19.

15 Central Statistics Office, 2002: Table 3.8. The definition of the Total Fertility Rate (TFR) given by the CSO is: “The TFR represents the theoretical average number of children who would be born alive to a woman during her lifetime if she were to pass through her childbearing years (ages 15-49) conforming to the age specific fertility rates of a given year. The rate refers to a theoretical female cohort”.

16 A population is said to be below replacement level when the Total Fertility Rate (TFR) is below 2.1.

17 One study, based on data from 22 industrialised countries for the period 1970–1990 has estimated that a 25 per cent increase in family allowances would increase fertility by an average of four per cent, or 0.07 children per woman. One study, based on data from 22 industrialised countries for the period 1970–1990 has estimated that a 25 per cent increase in family allowances would increase fertility by an average of four per cent, or 0.07 children per woman. According to Fukuyama, “Sweden spent ten times as much as Italy or Spain to encourage its citizens to have children, and between 1983 and the early 1990s it managed to raise fertility back up to almost replacement levels. But the rate began to collapse again in the mid-1990s and (by 1998 was) back down to 1.5.” (Fukuyama, 1999, *The Great Disruption. Human Nature and the Reconstitution of the Social Order*. Profile Books, p. 40).

Until recently, there was no explicit family policy in Ireland. It is true that the activities of many Government Departments impact on families in a variety of ways but these do not necessarily form a coherent family policy. In order to address this, the Government established a Commission on the Family (October 1995-July 1998)¹⁸. Subsequent Governments have expressed a commitment to "to protecting the family through political, economic, social and other measures which will support the stability of the family"¹⁹. In 1997 a 'Family Affairs Unit' was set up in the Department of Social Welfare, the same year in which the Department changed its name to the Department of Social, Community and Family Affairs followed by a subsequent change in 2002 to the Department of Social and Family Affairs. In 2003, the Department of Social and Family Affairs published a strategy statement which includes the following goal for families: "Supporting families in caring for children and other dependent family members, ensuring specific supports for disadvantaged families, families in conflict, one-parent families and families on low income and working with other agencies to identify and develop responses to key family issues"²⁰. In the same year, the Family Support Agency was established and its mission, as stated in its first strategic plan is "to promote family and community well being through the provision of appropriate supports and services to families"²¹. During 2003, the Minister for Social and Family Affairs held a number of family fora throughout the country with a view to preparing a more comprehensive statement of family policy. This was launched in February 2004 to mark the tenth anniversary of the UN International Year of the Family²². In May 2004, the Department of Social and Family Affairs will also be hosting a conference on family policies in the EU, as part of the Irish Presidency of the EU.

The Department of Health and Children also has a remit in family policy, although this has traditionally been interpreted in the narrower sense of child protection. In recognition of this, the Government's current health strategy states: "The dominant

18 Commission on the Family, 1996, *Strengthening Families for Life*, Interim Report, November, Dublin: Stationery Office; 1998, *Strengthening Families for Life*, Main Report, July, Dublin: Stationery Office.

19 An Action Programme for the Millennium, 1997:15; 1999:15-16

20 Department of Social and Family Affairs, 2003, *Promoting a Caring Society: Statement of Strategy 2003-2005*, Dublin: Department of Social and Family Affairs, p.31.

21 Family Support Agency, 2004, *Strategic Plan 2004-2006*, Dublin: Family Support Agency, p.5.

22 Daly, M., 2004, *Families and Family Life in Ireland: Challenges for the Future*, Report of Public Consultation Fora, February, Dublin: Department of Social and Family Affairs.

focus in child care services since the early 1990s has been on the protection and care of children who are at risk. More recently, the policy focus has shifted to a more preventative approach to child welfare, involving support to families and individual children, aimed at avoiding the need for further more serious interventions later on”²³. The current health strategy makes the explicit commitment that “family support services will be expanded”²⁴ and this includes the following proposed developments:

- Child welfare budgets will be refocused over the next seven years to provide a more even balance between safeguarding activities and supportive programmes
- Springboard Projects and other family support initiatives will be further developed
- Positive parenting supports and programmes will be expanded
- Effective out-of-hours services will be developed in all health board areas as a priority
- Family welfare conferences and other services required to support the Children Act, 2001 will be introduced
- Priority will be given to early interventions for children with behavioural difficulties.²⁵

As already indicated, Governments impact on families in a wide variety of ways and not just through explicit family policies. For that reason the Commission on the Family recommended that family impact statements should be carried out on all policies, programmes and services to determine their impact on families and there is a commitment by the Government to implementing this recommendation²⁶. Against this background it is useful to examine the different ways in which Government impacts on families, particularly in Ireland, as part of the overall context for understanding family needs and the response to them.

23 Department of Health and Children, 2001, Department of Health and Children, 2001, Quality and Fairness - A Health System for You: Health Strategy, Dublin: Stationery Office p.71, see also ppp.139-140

24 Department of Health and Children, 2001, Department of Health and Children, 2001, Quality and Fairness - A Health System for You: Health Strategy, Dublin: Stationery Office p.165

25 Department of Health and Children, 2001, Department of Health and Children, 2001, Quality and Fairness - A Health System for You: Health Strategy, Dublin: Stationery Office p.71; see also 165

26 An Action Programme for the Millennium, 1999:15-16

2.1 Income Support Needs

Most developed countries, including Ireland, monitor the incidence of income poverty by type of household and seek to tailor income support measures to the objective of reducing the risk that children will be reared in poverty. In Ireland, poverty levels have been falling since 1994 when data was first collected²⁷. At that time, 15% of the population were defined as experiencing ‘consistent poverty’, defined as those living on 70% of median income and lacking certain basic necessities. In 2001, the latest year for which data is available, the proportion living in consistent poverty was 5%²⁸. This development led the Government in February 2002 to revise its targets in the National Anti-Poverty Strategy whose key target is now to “reduce the numbers of those who are ‘consistently poor’ below 2% and, if possible, eliminate consistent poverty”²⁹ ³⁰. It is important to note in this context that families with children are more likely to live in poverty than other households, particularly one-parent families, of whom 24% were consistently poor in 2001 as well as two-parent families with four or more children of whom 10% were consistently poor in 2001³¹. The main form of income support to families in Ireland is child benefit, sometimes referred to as ‘family allowance’. This is universally available to all families, irrespective of means and is designated as non-taxable income, and has been increased substantially in recent years. For those on low income, The Family Income Supplement is an additional income support measure designed to avoid ‘poverty traps’ so that those with children receive an allowance on top of their income to ensure that it is above what would be available if the person was unemployed.

2.2 Relationship Support Needs

The growing diversity of relationships which link parents to each other and to their children – and which is exemplified in the different family types which now exist in different developed countries – has created an understandable reluctance on the part

27 Whelan, C., Layte, R., Maitre, B., Gannon, B., Nolan, B., Watson, D., and Williams, J., 2003, *Monitoring Poverty Trends in Ireland: Results from the 2001 Living in Ireland Survey*, Policy Research Series Number 51, December, Dublin: The Economic and Social Research Institute.

28 Ibid.

29 National Anti-Poverty Strategy, (2002), *Building an Inclusive Society: Review of the National Anti Poverty Strategy under the Programme for Prosperity and Fairness*, Dublin: Department of Social and Family Affairs, p.9.

30 Fianna Fáil and Progressive Democrats, 2002, *An Agreed Programme for Government between Fianna Fáil and Progressive Democrats*, June, p.21.

31 Ibid, Table 5.8, p.40.

of Governments to prescribe any particular family form even if the family which is recognised and protected in Articles 41 and 42 of the Irish Constitution is the family based on marriage. It has become widely accepted that public policies and public services should be more accommodating of the growing diversity of partnership arrangements and family types which, in fact, now characterise Western societies while at the same time recognising the importance to children of having a stable and positive relationship with both parents, even where both parents do not live together. Many Governments within the EU, including Ireland, have chosen a family policy which combines the twin approaches of accommodating family diversity while at the same time promoting key family relationships. This is exemplified by the Family Support Agency which describes its function as bringing together “pro-family programmes and services introduced by the Government in recent years which are designed to:

- Promote local family support
- Help prevent marital breakdown
- Promote continuity and stability in family life
- Support ongoing parenting relationships”³²

The Family Support Agency funds a range of marriage and relationship programmes including counselling services for couples experiencing relationship difficulties, counselling for children whose parents are separating as well as marriage preparation courses, most of which are provided through ACCORD³³ and MRCS³⁴. This Agency also supports a mediation service for couples who wish to separate as well as a wide range of locally-based community and family support groups. For families where parents separate it can be difficult to provide continuity and security for children. This can be particularly challenging for parents seeking to maintain relationships with their children from outside the original family home.

32 Family Support Agency, 2004, Strategic Plan 2004-2006, Dublin: Family Support Agency, p.4.

33 For an evaluation of their counselling services, see McKeown, K., Lehane, P., Rock, R., Haase, T., and Pratschke, J., 2002. Unhappy Marriages: Does Counselling Help?, December, Report to ACCORD, Maynooth, Co. Kildare: ACCORD. Available at www.welfare.ie and www.accord.ie

34 For an evaluation of their counselling services, see McKeown, K., Lehane, P., Rock, R., Haase, T., and Pratschke, J., 2002. Unhappy Marriages: Does Counselling Help?, December, Report to ACCORD, Maynooth, Co. Kildare: ACCORD. Available at www.welfare.ie and www.accord.ie

The Department of Health and Children, through the Health Boards, offers some services to families focused particularly on the developmental needs of the child while supporting parents to meet those needs. Antenatal and perinatal services are provided by maternity hospital/maternity units and postnatal care is provided largely through the public health system administered by the health boards³⁵. In some areas more support is available than in others. Some areas, such as the North East, do not have enough public health nurses in place to provide the developmental and support services required. There are some very good services available throughout the country but there is a general perception that the need for these services far outstrips supply, particularly for vulnerable parents who have difficulty meeting their children's needs.

2.3 Employment Needs

In many countries, the steady rise in women's employment rates, the growing number of families where both parents work and the introduction of new work practices in response to intensifying economic competition have combined to make 'family friendly' employment policies a major concern. More than a third of all families in Ireland have two earners, a half have one earner and the remainder no earner³⁶. These developments, in turn, are strongly associated with family type, if only because one-parent households normally have only one earner and this, in turn, has implications for the economic well-being of different kinds of families. In addition, the greater participation of women in the labour force has also triggered a major expansion in childcare services with the Irish Government and the EU investing €350 in childcare facilities under the Equal Opportunities Childcare Programme³⁷. The greater participation of women in the workforce is also facilitating a re-shaping of parenting roles, with fathers frequently taking a more active role in parenting, obviously depending on family circumstances³⁸.

35 Best Health for Children, 2002, Investing in Parenthood to Achieve Best Health for Children, Dublin.

36 McKeown, K., Ferguson, H., and Rooney, D., 1998, Changing Fathers? Fatherhood and Family Life in Modern Ireland, Cork: The Collins Press.

37 National Development Plan, 2000-2006, (1999), November, Dublin: Stationery Office; NDP / CSF Evaluation Unit, 2003, Evaluation of the Equal Opportunities Childcare Programme 2000-2006, Dublin: NDP / CSF Evaluation Unit.

38 See McKeown, 2001, Fathers and Families: Research and Reflection on Key Questions, December, Dublin: Stationery Office.

Economic policy is usually seen as separate from family policy although there is growing awareness of the link between family and the economy given that lack of attention to the family is regarded by some economists as part of the problem of low skills and poor productivity. If early childhood is lived in a family setting that is materially, emotionally and intellectually deprived, a significant percentage of the children so exposed will have their development held back, and not acquire the social and behavioural traits vital to success in school.³⁹ Economic policy also impacts on families by virtue of its effect on unemployment and poverty. In the decade since 1994, unemployment has fallen dramatically from 15% to its current 5% with long-term unemployment forming a diminishing share of unemployment over this period⁴⁰. About a fifth of households (19%) where the 'reference person' is unemployed are experiencing consistent poverty but, due to improved income support payments, this has also fallen dramatically over the past decade⁴¹.

2.4 Health Needs

The general experience is that healthy families make for healthy children and that healthy children tend to become healthy adults. That is why health authorities in every advanced country acknowledge an important family dimension in the design and delivery of some of their health services. Post-natal care is the best example, almost everywhere involving an outreach into the family, of promoting the health of children and mothers. However, socially disadvantaged families have also come to be a specific target of health authorities in recognition of the much greater risk they run of certain adverse health outcomes.⁴² For example, children born into the lower socio-economic groups are more likely to have a low birth weight (a powerful predictor of health in childhood and adulthood), less likely to be breast-fed, less likely to have a completed immunisation schedule after 12 months, more likely to suffer an accident or injury outside or in the home, and more likely to start smoking and

39 Ramey, S.L., & Ramey, C.T., 1992. "Early Educational Intervention with Disadvantaged Children: To What Effect?" *Applied and Preventive Psychology*. 131-140; Heckman, J. J., 1999. "Policies to Foster Human Capital", Aaron Wildavsky Forum.

40 Labour Force Survey, 1994 and Quarterly National Household Survey, 2004.

41 Whelan, C., Layte, R., Maitre, B., Gannon, B., Nolan, B., Watson, D., and Williams, J., 2003, *Monitoring Poverty Trends in Ireland: Results from the 2001 Living in Ireland Survey*, Policy Research Series Number 51, December, Dublin: The Economic and Social Research Institute, p.41

42 In 1980 a British report on inequalities in health launched much of this debate (the Black Report after its chairman, Sir Douglas Black), and its 1987 sequel; see Black, D., 1992. *Inequalities in Health: The Black Report and the Health Divide*, Penguin Books.

drinking at a young age; finally, if girls, they are more likely to become teen mothers and incur negative health consequences as a result⁴³. In Ireland, as elsewhere, the public health nursing service provides a universal and free service to all families with young children.

2.5 Educational Needs

The family is a key factor in the transmission of educational advantage and disadvantage. The likelihood that some family characteristics will impair the school performance of children has been established on a number of fronts. Low educational attainments of parents are strong predictors that a child will also have a low educational attainment. Poverty too is a known predictor of low educational attainment. In view of this, it is not surprising that the contribution of family characteristics to educational under-achievement has been receiving greater attention. Some labour market economists further point out that 'soft' skills, such as motivation, self-discipline and the ability to relate with people, have a greater role than was hitherto thought in determining people's earnings, and that these skills are produced more in the home than in the school.⁴⁴

The overlapping influences on educational attainment of family, neighbourhood and economic status are illustrated most dramatically in Ireland by the level of participation in third level education where participation rates are much higher among those from higher socio-economic groups. The strategies used by the Department of Education and Science to address educational disadvantage variously focus on families, pupils and schools. For example, the Home School Community Liaison Scheme aims to build a partnership between parents and teachers to further the child's learning. The Early Start Programme offers pre-school places to 3-4 year olds in disadvantaged areas while Breaking the Cycle Programme and its replacement, Giving Children and Even Break, offer additional resources to designated schools. The approach of the Department of Education has been described as being too programmatic and too dependent on compliance models rather than flexibly responding to needs identified at local community level. In addition the lack of this

43 Summarised in Ireland's South Eastern Health Board's 1998 report and in the Department of Health and Children's 1999 Annual Report of the Chief Medical Officer.

44 Sweeney, 1998, Why Hold a Job? The Labour Market Choice of the Low-Skilled. PhD. Thesis, 123, Department of Economics, KU Leuven, Belgium..

Department's involvement in attempting to standardise or monitor the quality of early educational provision in Ireland is a significant gap.

The Department of Health and Children, through Health Boards, is also involved in funding centre-based services for 0-5 year old children while also supporting some home-based supports to parents through programmes such as Homestart, Lifestart, Community Mothers, etc. However these are unequally available across the country. For example the Community Mothers scheme is available in parts of the Eastern Region and parts of the Mid-Western Health Board region. In addition they tend to be focussed on the general welfare of children and do not address specific educational needs.

As we have already seen, the Equal Opportunities Childcare Programme, which is funded through the Department of Justice, Equality and Law Reform, is undertaking a major expansion of child care services for working parents. Again this expansion is driven not by any attempt to address educational disadvantage but by an equal opportunities agenda aimed at providing parents with affordable child care while they avail of work or training opportunities. All of these initiatives tend to be targeted at more disadvantaged families.

In sum, we are nowhere near the stage of having comprehensive coverage of early education or home-based supports to parents where it is needed. The picture is similar for older, school-aged children who require additional help to meet their educational needs and for their parents who require advice and support to manage the challenges inherent in parenting adolescents.

2.6 Balancing Individual and Family Rights

In some countries, including Ireland, an exaggerated respect for the privacy of family life has given way to acceptance of the need for greater public vigilance in cases where individual human rights within the family are being infringed. This is particularly true where children may be at risk of neglect or abuse but is also true of adults who may be at risk of domestic violence. In the case of children, the focus on child protection has been a particularly strong factor in forcing legislative change where the nature and / or incidence of child abuse emerged strongly in public consciousness, as it did in Ireland. At the same time, the focus on child protection has often had the effect, however unintended, of drawing resources away from the broader

strategy of supporting vulnerable families generally⁴⁵. In the case of domestic violence, the major thrust of policy and services has been to protect women victims through the provision of refuges, help lines, information, advice and counselling as well as through stronger laws which permit the exclusion of alleged perpetrators from their home without notice or a hearing⁴⁶. There is no doubt that women are vastly more likely than men to present as victims of domestic violence to services such as the accident and emergency departments of hospitals, to refuges for abused women, to treatment clinics, to police stations and to the law courts – and this clearly confirms that violence against women is indeed a serious problem. However the picture of domestic violence presented through statistics on the use of services is not confirmed by larger and more representative gender-neutral prevalence studies which indicate that domestic violence, both serious and minor, is just as likely to be inflicted on men by their partners as vice versa⁴⁷. This suggests that domestic violence is larger in scope and complexity than is usually envisaged; as in other areas of family life, the problems are often more complex than the solutions proposed.

2.7 Families and Crime

It is well known that family background is one of the risk factors which increases the likelihood of involvement in crime; others include socio-economic status,

45 McKeown, K., Clarke, M., and Little, M., 2004, Promoting the Well-Being of Children and Families: A Study of Family Support Services which are Funded through Health Boards in Ireland, Dublin: Department of Health and Children.

46 Task Force on Violence Against Women, 1997, Report, April, Dublin: Stationery Office.

47 One review of all the key prevalence studies found that domestic violence probably occurs in about 10% to 20% of all heterosexual relationships – with considerably higher prevalence rates for younger cohabiting couples – and tends to be severe in about one third of all cases. The studies are fairly consistent in showing that, in approximately half of all intimate relationships where domestic violence occurs, both partners use violent acts, with the remainder divided equally between male-only violence and female-only violence. In other words, the self-reported prevalence of domestic violence among men and women, both as victims and as perpetrators, is broadly similar for all types of violence, both psychological and physical, minor and severe. In addition, both men and women are about equally likely to initiate domestic violence and seem to give broadly similar reasons for doing so. However, it needs to be emphasised that the outcomes of domestic violence in terms of physical and psychological injuries tend to be considerably more negative for female victims than for male victims (see McKeown, K., and Kidd, P., 2002. Men and Domestic Violence: What Research Tells Us, March, Dublin: Department of Health and Children; available at www.doh.ie). In Ireland, a study of 564 couples who present for counselling produced similar results to those indicated by these prevalence studies (see McKeown, K., Lehane, P., Rock, R., Haase, T., and Pratschke, J., 2002. Unhappy Marriages: Does Counselling Help?, December, Report to ACCORD, Maynooth, Co. Kildare: ACCORD; available at www.welfare.ie and www.accord.ie).

neighbourhood, personality and educational attainment⁴⁸. A British study, for example, followed boys in a district of London between the ages of 8 and 32 and found that the single best predictor of children engaging in crime or anti-social behaviour was whether they had a convicted parent by the time they were ten; Other risk factors within the family include parental abuse, parental conflict, authoritarian parenting and poor parental supervision⁴⁹. An American study, for example, estimated that being abused or neglected as a child increased the likelihood of arrest for a violent crime by 38 per cent, while parental rejection, erratic child-rearing behaviour, parental conflict and poor parental supervision were further factors seen to contribute to disturbed behaviour in the child and to anti-social and criminal behaviour in the teenager.⁵⁰ The central argument is simple: “children who are exposed to poor child rearing behaviour, disharmony or separation on the part of their parents are likely to offend because they do not build up internal controls over socially disapproved behaviour”⁵¹. There is also some evidence that the absence of father figures in the lives of children increases the risk of involvement in crime⁵².

2.8 Summary

It is clear from this review that families have a diverse range of needs. Governments in all developed countries impact on families in a wide variety of ways but it is only in recent years that the family has become a more explicit focus of public policy. In general, initiatives to support families have tended to focus on poorer families and to be targeted at areas of disadvantage but there are also services that are more widely available throughout the country such as family mediation, marriage preparation and couple counselling. There is a relatively limited coherence between the different Government Departments involved in family services given their different functional orientations such as income support, child protection, education, crime prevention, labour market measures, etc. Some of the common themes informing discussions

48 For a summary of the risk factors, see National Crime Council, 2002, *Tackling the Underlying Causes of Crime: A Partnership Approach*, Consultation Paper, October, Dublin: National Crime Council, Section Four.

49 Farrington, D., Barnes, G., and Lambert, S., 1996. “The concentration of offending in families”, *Legal and Criminological Psychology*. Vol. I.

50 Widom, C., 1992. *The Cycle of Violence*. NIJ Research in Brief, Washington, D.C.: National Institute of Justice.

51 Farrington, D., 1994. “Human development and criminal careers”, in Maguire, M., Morgan, R., and Reiner, R. (eds.), *The Oxford Handbook of Criminology*. Oxford: Clarendon.

52 *Journal of Research in Crime and Delinquency*.

about the family in recent years include the changing roles of men and women within families, the balancing of work and family responsibilities particularly in two-earner families, the increased importance of intimacy and fulfilment in couple relationships, the impact of marriage breakdown on the well-being of adults and children, the practicalities of parenting when both parents do not live together, the role of single and separated fathers and the general absence of supports for fathers, the needs of families experiencing specific difficulties such as addiction, crime, chronic illness or disability, etc. This diversity of issues and the variety of responses to them constitute a challenge to find initiatives that might address some of the most pressing needs among families while also finding innovative ways of supporting family life in its various forms.

3. Gaps and Opportunities for The One Foundation

It is clear from the previous section that there is a substantial amount of service activity which is currently supporting families in Ireland. At the same time, there is also general awareness that significant gaps exist in services. We now outline a selection of project ideas which might be used to fill some of these gaps. These are based on a consideration of the statutory initiatives in place, some broadly focussed voluntary organisations and voluntary activity at local level. With regard to the latter the example of Clare Care has been chosen but it should be remembered that similar social service type voluntary agencies exist in many parts of the country that could be usefully explored for similar initiatives, e.g. Galway, Carlow, Sligo and St. Bridget's Centre in Waterford.

3.1 Advocacy Campaign to Highlight the Importance of Both Parents to Child Well-Being

An increasing number of children in Ireland, as elsewhere, can expect to live apart from one of their parents, as a result of marital breakdown and unmarried parenthood. Many of these children will be reared by their mothers and contact with the fathers may be weak, severed or, in the case of some children of unmarried parents, non-existent. For a number of years, Treoir which is a federation of 34 services for single and separated parents and their children, has been expressing concern about this issue, particularly the fact that many single and separated parents, and indeed professionals,

are not aware of the needs, and indeed rights, of children in the areas of identity and paternal contact. During our consultation, Treoir observed that “there appears to be a significant lack of information on for example the importance to children of registering both parents’ names in the Register of Births, the need for children to have accurate information regarding both parents and their families, the importance of on-going contact with both parents and their extended families and the importance of accurate, information on the medical history of children”.

In view of this, Treoir has proposed a sensitive but challenging project will involve an awareness-raising campaign on the needs of children in relation to both parents where parents are living apart, all within the framework of the UN Convention on the Rights of the Child. This project will include outdoor advertising (such as bill boards, bus shelters, public transport and other public displays), radio advertising and, funds permitting, some T.V. advertising. Attractive and challenging materials, leaflets and booklets will be produced and novel ways of circulating materials will be investigated including enlisting the help of the Department of Social and Family Affairs in disseminating materials with Child Benefit or Maternity Payments. Extensive media advertising will take place in local and national newspapers, radio, journals and magazines. A series of meetings will be held throughout the country on positive co-parenting with particular emphasis on involving fathers in children’s lives. In order for the campaign to be effective it should be sustained and should last for at least one year but this will depend on the scale of funding available. It is likely that the campaign will create a context which will encourage improvements in legislation and policies which affect children who are not living with both parents.

3.2 Developing Support Services for Separated Fathers

This project idea emanated from our consultations with the Family Support Agency which funds a wide range of services for families. Following a consultation process within its management team, the needs of separated fathers emerged as pressing in a number of different family support services. The experience is that some separated fathers have difficulty gaining access to their children, some have difficulty finding affordable housing, others experience depression and some commit suicide. Some fathers, who may be barred due to violence, need a suitable facility where supervised access to their children can be provided, particularly if they live in inadequate

accommodation. This project is still at the conceptual stage and would require further research and development to identify more precisely the dimensions of need which the project could address. The Family Support Agency, through the various services which it funds, would assist in the design and implementation of this project.

3.3 Developing Parent and Child Centres

Many rural areas have relatively few support services for parents and children. In our consultations, Clarecare proposed a Parent & Child Centre for families in North Clare by offering a diversity of family support services. These services would involve group activities such as parenting and peer support programmes, groups for parents of children in care, lone parents, separated parents, travellers and children's activities, including homework clubs and play opportunities. Individual family focused programmes are also envisaged as part of the service.

The services would be delivered in the Annex of McAuley House, Spanish Point, Co. Clare and would be integrated with the existing respite centre located in the main building. The latter is currently undergoing significant renovations including the construction of a dedicated children's play area. The main building is used for respite breaks for vulnerable children and families and as part of a more intensive focused programme with families currently worked with by social workers and/or family workers. The proposed venue would also serve as an outreach centre for a range of Clarecare services such as counselling, home help, social work for the elderly, which are currently based in Ennis. The facility would also be made available for other community based initiatives outside of the organisation, such as AA, homeopathy, arts & crafts, drug counselling, etc. The Annex of McAuley House is currently not in use as there is a need for major upgrading and renovations.

Obviously this kind of Parent and Child centre would be very valuable in a number of other locations around the country as stand alone initiatives or developments of existing services.

3.4 Supporting Families Through Separation

Separation is usually difficult for parents and may be even more difficult for their children. In Ireland, there is a wide range of couple counselling services, many of

which are targeted at the couple with fewer targeting children and fewer still offering opportunities for separated people to meet others in a similar situation. MRCS have been filling this gap in Dublin for a number of years through a number of specific initiatives such as:

- A ‘Teen Between’ Programme for 12-18 year old young people who have experienced the separation of their parents. This programme offers counselling to young people who may have difficulty coming to terms with the parents’ separation.
- A ‘Life After Separation / Divorce Course’ which provides information on separation from an emotional perspective in order to help understand the emotions associated with loss and find ways of moving on and re-building.
- A ‘Post-Separation Parenting Course’ which is designed to offer insight into the emotional impact of separation on parents and their children and to explore skills for parenting alone and in constructive co-operation with their ex-partners.
- A ‘Step-Parenting Course’ which addresses the normal stages in the development of step-families and some of the challenges which arise in re-configuring parenting and couple relationships.

These courses, which are self-financing, are popular but are only available in Dublin. At present it is too expensive for MRCS to provide these courses outside Dublin. MRCS have identified a need to provide training for professionals outside Dublin who might be interested in running these courses as an adjunct to their counselling services.

3.5 Making Family Services More Father-Friendly

There is general recognition that services for families are targeted almost exclusively at mothers and their children. As one reviewer has observed, services tend to “filter out fathers”⁵³. It can also reflect the tendency of some fathers to exclude themselves, or be excluded from, child-rearing which has traditionally been regarded as more of a female preserve. The practicalities of engaging some fathers in child-rearing and of making family services more inclusive of fathers is a major challenge. Research on

53 Buckley, H., 1998. “Filtering Out Fathers: The Gendered Nature of Social Work in Child Protection”, *Irish Social Worker*, Volume 16, Number 3, pp.7-11.

best practice in this area suggests that two key stages are involved⁵⁴. The first involves an audit of existing attitudes among management, staff and parents within the service to the involvement of fathers by asking at least two key questions: (1) are you in favour of involving fathers in the service? and (2) what would the service look like if it was more inclusive of fathers? The second stage involves developing a concrete strategy for father involvement which involves the following key steps: (1) creating a father-friendly environment within the service by encouraging fathers to become involved, finding out what they want, recognising and addressing the fears of fathers as well as mothers and staff, displaying positive images of fatherhood in the centre, etc; (2) recruiting men to work in the service, both as staff and volunteers; (3) designing and delivering programmes of shared and separate activities for fathers, mothers and children as appropriate; (4) sustain fathers' involvement through positive feedback, regular reviews of progress, cultivating leadership and building networks. Ideally, all of these activities should be informed by an attitude of tailoring the service to meet the needs of fathers and families generally rather than the reverse.

A gap currently exists in terms of raising awareness among professionals of the need to target services at fathers. This would involve devising a training programme for professionals in the statutory and voluntary sectors and would include professionals such as Social Workers, Public Health Nurses, Child Care Workers, Family Support Workers, etc. We have not been able to identify the most appropriate agency to deliver this type of training programme but the Institute of Public Health in Ireland, possibly in association with the Men's Health Forum in Ireland, have expressed an interest. The Child and Family Services of the Daughters of Charity have also run a short internal programme on this theme and would also be interested in being involved.

3.6 Developing Support Services for Parents of Foreign Adopted Children

Families with adopted children can experience particular difficulties. These difficulties, which arise in cases of both domestic and inter-country adoptions and

54 See Levine, JA., Murphy, DT., and Wilson, S., 1998. *New Expectations: Community Strategies for Responsible Fatherhood*, New York: Families and Work Institute. www.familiesandwork.org; Levine, JA., and Pitt, EW., 1995. *Getting Men Involved: Strategies for Early Childhood Programs*, New York: Families and Work Institute. www.familiesandwork.org; Burgess, A., and Ruxton, S., 1996. *Men and Their Children: Proposals for Public Policy*, London: Institute for Public Policy Research..

may be associated with early childhood experiences and attachment problems, include behaviour management, identity issues, child protection, mental health issues, parents feeling unable to cope with their adopted child, etc. In the case of inter-country adoptions, racist attitudes among the local community can also have a distressing effect. This aspect of family life has not received much attention in Ireland despite the growth of inter-country adoptions in recent years.

Barnardos offers a national Adoption Advice Service working with parents who have given children for adoption, adoptive parents and those who have been adopted. They are well placed to offer insights into the kind of difficulties being experienced in this area at national level.

At local level continuing with our example of Clarecare, they report increasingly offering support to adoptive families as part of their general supports to families. These services include individual, couple and family counselling as well as direct work with children. However, growth in the number of adoptive families seeking support suggests that a fuller investigation of needs is required followed by the development of appropriate services. Clarecare envisages a project that would begin with baseline research on the needs of adoptive families from which a package of services would be developed. In addition to direct work with adoptive families, some of the specific services that might be developed could include facilitated workshops and support groups on topics such as:

- parenting children with challenging behaviour.
- early identification of attachment disorder and skills parents can adopt to help heal their child, while strengthening their relationship with their child.
- bringing new and experienced adoptive parents together to share experiences.
- linking adoptive parents with informal and professional support systems locally and nationally.
- preparing families for the issues involved in tracing birth information and birth relatives, specifically for inter-country adoptive families.
- informing other professionals, such as teachers, of the particular needs of children who have been adopted.

3.7 Research on Family Transitions

In order to provide effective supports for families it is necessary to know more about how families work and how crucial transitions are made into and out of family life. Transitions into and out of families are increasingly diverse and are not well understood. For example, the traditional way of beginning family life went through the stages of marriage-cohabitation-parenting; today the same stages are involved but their order may be different: cohabitation-marriage-parenting or parenting-cohabitation-marriage. Similarly, people may go through transitions out of families as a result of relationship-breakdown between the parents and the way in which this is handled – for example, through a legal process of separation and divorce, a quasi-legal mediation process, a counselling-led process, or an informal separation – could have important implications for those involved, particularly the children. Many of the projects identified in this document are designed to address issues for parents and children which arise from the different types of transition into and out of family life.

A number of different research projects would be required to understand the diversity of these transitions but some possible options include the following:

- A survey of separated people on their experiences of the separation process with a view to identifying the type of process taken, how well it worked for mothers, fathers and children, what problems arose and what lessons could be learned.
- A survey of first-time parents and how the birth of a first child this affects the relationship between parents, comparing parents who are single, cohabiting and married.
- A longitudinal study of the first seven years of marriage and the factors affecting the quality of relationships over that period, including the impact of children on family relationships.
- A survey of foster and adoptive parents and how this affects family relationships including, if applicable, relationships with natural children.
- A survey of step-families and the way in which relationships are managed within the immediate step-family and across the extended family, including the overall quality of those relationships.
- A survey of non-resident fathers, both single and separated, and the factors affecting the quality and frequency of relationships with their children.

These are significant gaps in our understanding of the family in Ireland and they are unlikely to be filled due to the absence of a well-funded research programme. Without this research, which would contribute greatly to identifying the risk and protective factors associated with well-being in different family transitions, many interventions which are designed to support the family are likely to take place without a solid foundation of evidence.

The outcomes of many of the services designed to support parents are not known since service provision in this area is not generally outcome focussed. It is usually possible to ascertain the numbers of client contacts and the frequency and duration of services provided but not whether interventions actually made a difference to the quality of parenting or the effects on children. While parenting programmes are often popular it is not clear how effective they are although there is a general unquestioned belief in their efficacy. Evaluation is clearly needed to inform resource allocation decisions.

3.8 Developing Support Services for Parents whose Children are in Care

The Child Care Act, 1991 gives Health Boards the power to remove children from their parents where it is deemed that they are “not receiving adequate care and protection” (Section 3, Subsection 1). In these tragic circumstances, children are placed in care where many remain for over a year or more. The appropriateness of placing children in care is always open to debate and in Ireland the single most frequently cited reason for placing children in care is “parents unable to cope / parental illness” (30%), a statistic which raises questions about the still unexploited potential of family support services as both an alternative to placing children in care as well as a method for prevention and early intervention⁵⁵. Whatever the merits of each individual case, the removal of children from their parents is often an abiding source of loss for parents and children alike and this project is a response to that need.

This project was proposed by Clarecare but it could be developed in any Health Board region. Clarecare currently provides an advocacy service for parents whose children are in care. These parents regularly speak about how difficult it is to have their

⁵⁵ Department of Health and Children, 2002. Preliminary Analysis of Child Care Interim Minimum Dataset 2000, Child Care Legislation Unit, Dublin: Department of Health and Children.

children returned to them since the “goal-posts keep changing”. Clarecare staff have also had the experience of taking children into care and acknowledge that very often the communication breakdown with parents influences the outcome for permanency planning for the child. This project would seek to address these difficulties and seek to improve the quality of decision-making for children in care.

The project would develop a group structure for parents whose children are in care of the Mid-Western Health Board. The group would provide peer support for parents but will also develop plans in conjunction with the Mid-Western Health Board regarding plans to be reunited with their children. The group would focus on the skills and strengths needed to care for children but also the skills necessary to negotiate with social work services in the Health Board. These skills include areas such as knowing your rights, family history, attachment, loss, managing behaviour, communication, understanding parents needs, community supports needed, and planning for reunion.

The process of supporting parents would also involve self-assessment where parents assess their own ability to care for their children based on both their own criteria and those set out by the Health Board with a view to making the necessary changes so that the child can return home. It is envisaged that Social Workers from the Mid-Western Health Board would be available to clarify issues that may arise in the group and be open to suggestions from parents. The discussion and negotiation of these issues will be an integral part of the programme.

3.9 Preventing ‘Teenage Trouble’

Many parents find coping with their adolescent children particularly challenging. There are a number of reasons for this and the success with which problems can be tackled at this stage will, to some extent, be informed by parent/child relationships at earlier developmental stages. Some children are luckier than others in that their parents have the time, inclination and resources to open up channels for their children to explore and develop talents and to use their energies constructively. Having a hinterland of interests and accomplishments by the time teenage years are reached can be very helpful when it comes to negotiating the difficult terrain of adolescence. The lack of opportunities for young people to engage in constructive activities outside school is particularly in evidence in newly developing commuter belts around urban

centres. Here parents who find it impossible to buy houses in the higher priced city areas or who have chosen to move to a more rural setting in the hope of providing a better and safer life for their children often find that they are both under pressure to earn salaries which takes them away from their homes for significant parts of the day. Small villages unused to coping with such numbers of young people have not got the facilities required to provide appropriate youth-centred activities. The inevitable drift of some young people into problem and dangerous behaviours is clearly in evidence. Appropriately designed youth activities could form an important element in preventing the difficulties that are unfolding in many of these areas.

One such areas is that of Killucan/Rathwire/Raharney in Westmeath which has a growing population of families moving into the area coming mainly from Dublin. Many parents are commuting while others are working locally. There is a significant number of disadvantaged families both clustered and scattered throughout the area. Increasing concerns are being expressed about the lack of facilities to meet the needs of young people. Already there are reports of a growing drugs problem in an area hitherto unknown to experience such difficulties. There are no after-schools or youth activities other hurling and football. The area has three primary schools and one second level school. Westmeath County council have recently agreed a developmental plan that will substantially increase the amount of land zoned for residential use therefore attracting more families with children and young people into the area. As such it is a fairly typical example areas now in the commuter belt with population needs outstripping infrastructure, services and facilities to cater for the rapidly growing population needs leaving an increasing number of young people at risk. The local parish has some buildings that could be renovated for use as a base for activities but lack funds to make this happen. Investment in the young people of the area would be a good way to pilot preventive work with this age group and would be an important support to parents. It could also serve as a demonstration site providing evaluation opportunities for preventative work which is generally lacking as most voluntary, private and statutory funds are used to provide intervention services to respond to problems already developed.

3.10 Supporting the Big Brother Big Sister (BBBS) Programme in Ireland

Some children grow up in families where they receive insufficient support from a mother or a father, or who do not have a significant adult in their extended family on whom they can rely. The Big Brothers Big Sisters (BBBS) programme was created in the US to meet the need among vulnerable children and young people for supportive relationship with a significant adult.

BBBS is one of the oldest and best known mentoring programmes in the US and careful evaluations have shown positive results⁵⁶. The rationale guiding the programme is that consistent presence of a non-familial caring adult makes a difference to the social and emotional development of a young person, particularly one growing up in a single parent family or in adverse circumstances. Its core assumption is that a caring and supportive friendship with an adult facilitates the positive development of a young person. The programme matches a young person in need of support with an adult volunteer for the purpose of developing a relationship based on friendship, respect and trust.

The programme began in Ireland in 2000 as a partnership between Foróige, the National Youth Development Organisation, and the Western Health Board. Foróige host the programme, provide employment, administration, management, curriculum development, in-service training and insurance back-up to the programme. It currently operates in counties Galway, Mayo and Roscommon.

Foróige is proposing to extend the programme to other areas of the country but will require funding to do so. This proposal is worthy of consideration. In a recent US review of effective programmes for children, the authors observed that “adolescents need more support than their schools and families can provide. Mentoring programmes such as Big Brothers / Big Sisters ... can help provide that support and such programmes should be expanded”⁵⁷.

56 Tierney, J., Grossman, J. and Resch, N., 1995. Making a Difference: An Impact Study of Big Brothers/Big Sisters. Philadelphia: Public/Private Ventures.

57 Danziger, S., and Waldfogel, J., (Editors), 2000, Securing the Future: Investing in Children from Birth to College, New York: Russell Sage Foundation.

3.11 Addressing Domestic Violence

The prevalence of domestic violence is difficult to estimate and depends on the methods used to measure it. There have been no gender-neutral studies of domestic violence in Ireland but studies in the US^{58 59 60}, UK^{61 62}, Canada^{63 64}, Australia⁶⁵, and New Zealand⁶⁶ suggest that the prevalence is somewhere between 5% and 20% and involves severe abuse in about 40% of these cases. These studies suggest that about half of all domestic violence is mutual with the remainder divided approximately equally between male-only violence and female-only violence. As suggested above, domestic violence is probably larger in scope and complexity than is usually envisaged and is primarily a relationship issue rather than a gender issue.

The predominant focus of services addressing domestic violence has been on male perpetrators and one of the reasons for this is that women are more likely to sustain injuries than men. For this reason initiatives which address male perpetrated domestic violence, particularly where there is a risk of serious injury to women, are a key element in the overall response to domestic violence. In Ireland, one of the leading programmes which seeks to address the violent behaviour of men in intimate relationships is called MOVE: Men Overcoming Violence. The programme originated in England in the 1980s and is now widespread throughout Ireland. MOVE is a registered charity with groups in Athlone, Castlebar, Cork, Dublin, Galway, Kildare, North Tipperary, Limerick, Wexford and Wicklow. It works with groups of men who

58 Straus, M.A. and Gelles, R.J., (Editors), 1990. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, London: Transaction Publishers.

59 Brush, L.D., 1990. "Violent Acts and Injurious Outcomes in Married Couples: Methodological Issues in the National Survey of Families and Households", *Gender & Society*, Volume 4(1)(March), pp. 56-67.

60 Morse, B.J., 1995. "Beyond the Conflict Tactics Scale: Assessing Gender Differences in Partner Violence", *Violence and Victims*, Volume 10(4), pp. 251-272.

61 Mirlees-Black, C., 1999. *Domestic Violence: Findings from a New British Crime Survey Self-Completion Questionnaire*, Home Office Research report 191, London : The Home Office HMSO.

62 Carrado, M., George, M.J., Loxam, E., Jones, L. and Templar, D., 1996. "Aggression in British Heterosexual Relationships: A Descriptive Analysis", *Aggressive Behaviour*, Volume 22, pp. 401-415.

63 Bland, R. and Orn, H., 1986. "Family Violence and Psychiatric Disorder", *Canadian Journal of Psychiatry*, Volume 31(March), pp. 129-137.

64 Kwong, M.L., Bartholomew, K., and Dutton, D.G., 1999. "Gender Differences in Patterns of Relationship Violence in Alberta", *Canadian Journal of Behavioural Science*, 31:3, pp.150-160.

65 Headey, B., Scott, D. & Devaus, D., 1999. "Domestic Violence in Australia: Are Women and Men Equally Violent?" *Australian Monitor*, 2(3), July.

66 Magdol, L., Moffit, T.E., Caspi, A., Newman, D.L., Fagan, J. and Silva, P.A., 1997. "Gender Differences in Partner Violence in a Birth Cohort of 21-year-olds: Bridging the Gap between Clinical and Epidemiological Approaches", *Journal of Consulting and Clinical Psychology*, 65(1):68-78.

recognise that they have been violent to women in an intimate relationship and are committed to changing their behaviour. Men involved in the programmes may be self-referred, referred by an agency, or mandated by a court. Groups are normally run by two facilitators, one male and one female, who come from a variety of professional disciplines in the caring field but work as volunteers for MOVE. The organisation also maintains contact with the partners of violent men and aspires to a service which is integrated and works with men, women and children affected by domestic violence. MOVE has a number of part-time workers around the country to co-ordinate and develop the service and its main sources of funding are the Department of Health & Children and the Department of Justice, Equality & Law Reform. An external evaluation of MOVE and other male perpetrator programmes is currently underway and is due to be completed in the summer of 2004. The key contact persons are Dola Twomey, Chairperson, at 021-4222979, Jackie Hogan, Secretary, 052-56521 and Miriam Duffey, Treasurer, 061-311511.

Other organisations, such as the Men's Development Network (MDN), also undertake initiatives which address the domestic violence of men as part of their overall remit of promoting men's well-being and mental health. MDN operates in the South-East region of Ireland and is primarily targeted at men who experience disadvantage due to the effects of unemployment, poverty and men's conditioning. Its approach is to engage with men about issues in their lives, including domestic violence, and helping them deal with change. Through counselling and group work, MDN empowers men to build good relationships with themselves, each other, their partners, families, women, children, community and society. MDN is a registered charity based in Waterford and is part-funded by the Department of Community, Rural & Gaeltacht Affairs. Its Coordinator is Alan O'Neill whose contact details are in the appendix to this chapter.

3.12 Supports for Lesbian and Gay Parents

In keeping with the growing diversity of family forms in Ireland, there are now some families where parents are lesbian, gay or bisexual. The number of such parents is unknown but is likely to be small relative to other family forms. One organisation which offers support to lesbian mothers – called Lesbians in Cork (L.inc) - is in

regular contact with 22 such families who collectively comprise over 100 children. This organisation provides a resource centre for lesbian / bisexual women, organises support groups, including a parents group that meets fortnightly. L.inc is also involved in advocacy work with statutory agencies on the needs of lesbian mothers. A similar organisation offers supports to gay men – entitled Cork Gay Community Development Limited - but the main family issue for this group is helping parents accommodate to the discovery that their child is either gay or lesbian. Both groups, whose contact details are in the appendix to this chapter, are open to further developing support services for these families.

4. Conclusion

In this document we have mapped out some of the issues affecting family life in Ireland today and identified some areas where project funding could make a difference, particularly with regard to supporting parents. The areas identified reflect the diversity of family forms that now exist in Ireland, the different factors affecting family well-being, including the vulnerabilities which arise in making transitions from one family type to another. In addition, the initiatives strike a balance between action and research and endeavour to fill some of the key gaps in our knowledge about the actual experiences and well-being of families in Ireland. The initiatives proposed therefore have a balance that is appropriate to the complex considerations involved in this area.

Appendix One Persons Consulted: Listed Alphabetically

Name	Position	Organisation	Contact Number
Sarah Barnes	Administrator	AIM Family Services	01-6708363
Pat Bennett	Director	Family Support Agency	01-6114100
Sean Campbell	Chief Executive Officer	Foróige: National Youth Development Organisation	01-4501122
Margaret Dromey	Director	Treoir: The National Federation of Services for Unmarried Parents and their Children	01-6700120
Jacqui Deavy and Áine Mellett,	Senior Social Workers	Mid-Western Health Board	061-483286
Fiacre Hensey and Jacinta Swan	Director and Social Worker	Clarecare, County Clare	065-6828178
Yvonne Jacobson and Lisa O'Hara	Counsellor Development	MRCS: Marriage and Relationship Counselling Service	01-6785256
Pauline Levins,	Development Officer	MOVE: Men Overcoming Violence	067-23626
Owen Metcalfe	Associate Director	The Institute of Public Health in Ireland	01-4786300
Liam O'Dalaigh	Senior Manager	Daughters of Charity Child and Family Services	01-8425100

Alan O'Neill	Coordinator	Men's Development Network www.mens-network.net	051-844260/1 086-8049569
Noel Richardson	Chair	Men's Health Forum of Ireland	056-7761400
Dave Roche	Coordinator	Cork Gay Community Development Limited. www.gayproject.com	021-4278470
Rita Wild	Coordinator	Lesbians in Cork (l.inc) www.linc.ie	021-4808600