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Public Awareness of Parenting, Prevention and Family Support

Services: Population Survey Final Report

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Research & Evaluation Study, 2015–2018

Tusla Development and Mainstreaming Programme for Prevention, Partnership and Family Support

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Development and Mainstreaming Programme for Prevention, Partnership and Family Support



The Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS) is a programme of action being undertaken by Tusla, the Child and Family Agency, as part of its National Service Delivery Framework. The programme seeks to embed prevention and early intervention into the culture and operation of Tusla. The UNESCO Child and Family Research Centre, NUI Galway has undertaken an evaluation study focusing on the implementation of and the outcomes from the PPFS programme. The study's overall research question is:

Is the organisational culture and practice of Tusla and its partners changing such that services are more integrated, preventative, evidence informed and inclusive of children and parents? If so, is this contributing to improved outcomes for children and their families?

The evaluation study has adopted a Work Package approach reflecting the key components of the PPFS programme. The five work packages are: Meitheal and Child and Family Support Networks, Children's Participation, Parenting Support and Parental Participation, Public Awareness and Commissioning. While stand-alone studies in their own right, each Work Package contributes to the overall assessment of the programme.

This 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, Galway. It was founded in 2007, through support from The Atlantic Philanthropies, Ireland, and the Health Service 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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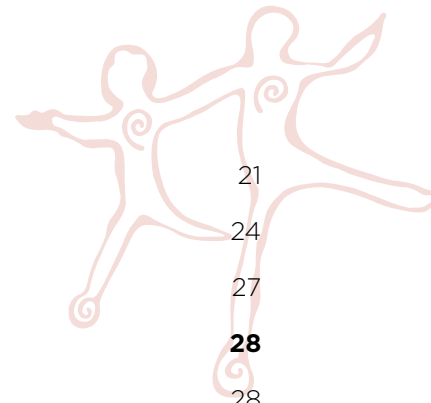
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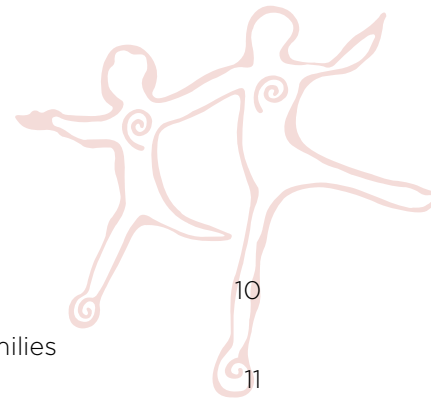


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List of Abbreviations

CAPI: Computer Assisted Personal Interviewing

CPWS: Child Protection and Welfare Strategy

DCYA: Department of Children and Youth Affairs

GP: General Practitioner

HIQA: Health Information and Quality Authority

HSE: Health Service Executive

NUI: National University of Ireland

PHN: Public Health Nurse

PPFS: Prevention, Partnership and Family Support

UNESCO: United Nations Educational, Scientific and Cultural Organization

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Executive Summary

This report presents the findings from the follow-up 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 project. 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 work packages in the study, and this report relates to work package two: Public Awareness.

The report provides findings from the baseline and follow-up survey, which included 1,000 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. In the 2018 survey, another section was added on how best to inform the public about family support services. Overall, the findings of the baseline and follow-up report show that:

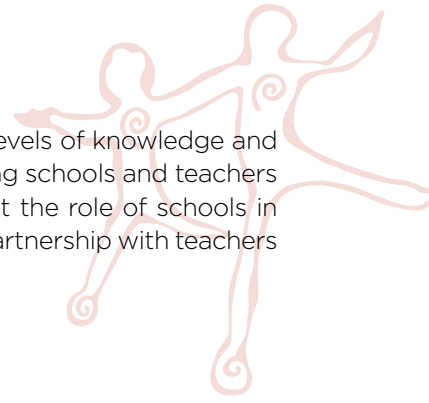
- There is increased knowledge and awareness of PPFS and Tusla services.
- Families generally look to their own internal networks for support.
- When this is not available, they are most likely to go to the local GP or social service in their community.
- All respondents increasingly associate family support with prevention, early intervention, and partnership.
- There is greater awareness of the Meitheal practice model.
- The public in 2018 are more likely to associate PPFS with early intervention, prevention, and partnership, showing an increased knowledge of what each of these elements of PPFS entails.

The findings also suggest that the public do not clearly differentiate family support from child protection and children in care. The findings indicate that family support is understood differently by the public than in professional definitions. The public, when referring to family support, emphasise support from their own family and generic supports. They also tend to connect family support with child protection. The findings show the need for differentiation between different subpopulations regarding awareness – for example, between adults and young persons and between rural and urban dwellers. The 2018 findings also show the variety of mechanisms that the public identify as ways to find out about services and to become more aware that can inform short-, medium-, and long-term strategies in Tusla.

The evidence from the 2018 data strengthens the main recommendations of the 2016 report. It provides further evidence that families generally rely on their own networks for help. This report recommends that this be emphasised in publicity work by Tusla. It should also be used to advocate strongly for partnership working and improved general support services to families from other Government departments responsible for family and community support.

The report recommends that the public be more informed and educated on what family support is and how it relates to child protection in the context of the overall services of Tusla. This needs to include the message that while it is necessary to differentiate between the CPWS and PPFS strategy and its related practice models to ensure fidelity and clarity of purpose, the common principles of practice should underpin the work and ensure that the notion of 'stepping up' or 'down' from protection to support is understood as the complex and nuanced process that the evidence and knowledge show it to be.

The report recommends that consideration be given to how Tusla can ensure high levels of knowledge and awareness of PPFS services among GPs and PHNs for adults, for example, and among schools and teachers for young people. With reference to young people specifically, we recommend that the role of schools in creating and maintaining greater awareness among young people be considered in partnership with teachers and the Department of Education.



1

Introduction

1.1 Introduction

The aim of this report is to provide an overview of findings from the baseline and follow-up survey of the Irish population. The chapter gives some background 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 some brief background on the programme and on the introduction of Tusla as an independent child and family agency.

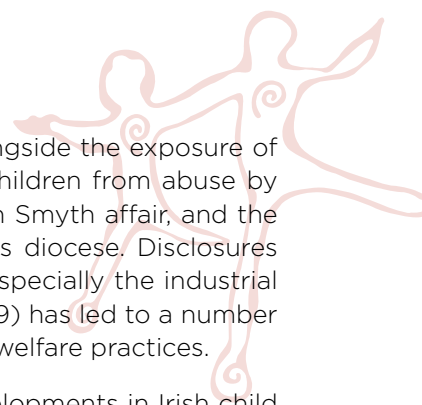
Chapter 2 outlines the survey aims and methodology. Chapter 3 provides a summary of the findings. General findings are presented alongside differentiated findings based on three further core criteria: social class, parenting status, and urban/rural responses. All findings are presented in terms of time 1 (2015) and time 2 (2018). Emphasis is placed on the level of change between the two times, in response to the question of how public awareness has changed over the course of the PPFS Development and Mainstreaming Programme, and how best Tusla can inform the public on how to access services. Chapter 4 discusses the findings and makes concluding comments in line with the project aims and objectives.

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 and by 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 Children's Strategy 2000 onwards.

Despite these discursive shifts in the 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 has been such that it is only very recently, with the establishment of the Independent Child and Family Agency, named as Tusla in 2014 (McGregor, 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 originally to be 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; Keenan, 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 (Burns & McGregor, 2019; 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 priests, and religious scandals such as the Brendan Smyth affair, and the exposure of sexual abuse with the Cloynes diocese (2006, 2011) 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 failures of past child welfare practices.

As articulated by Burns and McGregor (2019), one can summarise the core developments in Irish child welfare as centring on 2012 as a key moment of change and development. In 2012, the Task Force on Child and Family Support Agency set out the conceptual blueprint on which the current PPFS Development and Mainstreaming Programme continues to be based. 2012 is also the year of the Children's Rights referendum, and the year the standards for child protection were launched by HIQA. For the purpose of this report, it is the establishment of Tusla, as a direct result of the 2012 Task Force on the Child and Family Support Agency (later called the Child and Family Agency), that is the main focus here.

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 4,000 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.

The Development and Mainstreaming programme, with the aim of embedding early intervention, prevention, and family support services in Tusla, is central to this aim to think and behave differently in order to improve overall outcomes for children and families, as detailed below.

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 Tusla, a new independent child and family agency. The project is formally referred to as the Development and Mainstreaming project. 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.

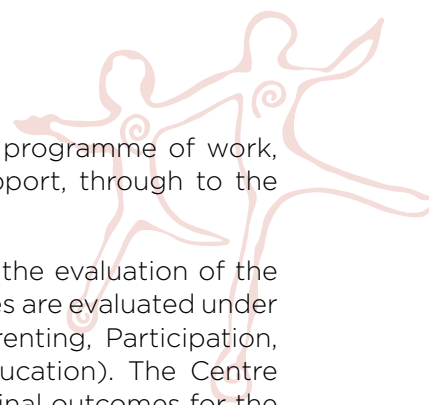
This reorientation of child welfare to greater emphasis on prevention and early intervention underpins the core philosophy of the service delivery framework, and reflects a wider global concern to refocus services away from limited protection and towards early intervention and prevention alongside a 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 from the DCYA.

The Mainstreaming and Development programme is driven by a series of medium-term and long-term outcomes. The baseline and follow-up report show that:

- 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.
- Tusla service commissioning is increasingly rigorous and evidence-informed, and privileges prevention and early intervention.
- A strategic approach to parenting is increasingly delivering cost-effective, better practice and better outcomes for parents and children, thus reducing inequalities.
- 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 participation of children and parents is embedded in Tusla's culture and operations.

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

- 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.
- 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.
- 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 Mainstreaming and Evaluation programme, whereby the programme's activities are evaluated under five main headings: Meitheal and Child and Family Support Networks, Parenting, Participation, Commissioning, and Public Awareness (originally referred to as Public Education). The Centre reports on the outcomes of this study in 2018, and this report is part of the final outcomes for the Public Awareness Package.

2

Survey Aims and Methodology

2.1 Public Awareness Package Aims and Objectives

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

- 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 interagency 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 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? In the original plan, it had also been proposed to investigate the impact of a publicity campaign. However, this question has been removed, as such a campaign has not commenced, and instead, a series of public awareness activities were developed. The working group and the project group replaced this original question with: How best can Tusla develop its public awareness activities into the future?

The overall research and evaluation question for the Public Awareness package is: Have levels of knowledge about Tusla among the public in changed since 2015? In particular:

- Do the public have greater understanding of 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 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?

There are four main elements to the public awareness package: baseline population survey of public awareness, follow-up population-based survey of public awareness, content analysis of both newspaper reports and a sample of HIQA reports, and in-depth interviews with key stakeholders (see McGregor et al., 2018). This report is focused exclusively on the baseline and follow-up population survey. It is a follow-up report to McGregor and Nic Gabhainn (2016).



2.2 Aims, Objectives and Research Questions for the Baseline and Follow up Surveys

The aim of the baseline and follow up surveys was to carry out a quota-based population survey assessing public awareness about the Prevention, Partnership and Family Support (PPFS) services provided by Tusla and partner organisations. The questions for the population surveys 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?

Another section was added to the 2018 survey on how the public can best be informed of PPFS services. The objective of the survey in 2015 was to provide baseline data on levels of public awareness that could subsequently be compared with data from the follow-up survey. The objective of the follow-up survey is to report on the changes that have occurred in awareness, knowledge, and perception during the lifetime of the project. Based on the consideration of time 1 data (baseline in 2015) and time 2 data (follow-up in 2018), the discussion provides a commentary and recommendations for Tusla based on the findings.

2.3 Methodology

The population surveys were designed by the research and evaluation team in consultation with Tusla's communications team. Instrument and process of development involved the use of closed questions (with pre-set categories) and open-ended questions (post-coded). The sample included the full adult population. The survey had four sections (see Appendix 1 for a full list of survey questions):

- Demographics: including questions on age, gender, ethnicity, social class, region, and prior service engagement.
- Knowledge: including questions on knowledge
- 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.

The 2018 survey had an additional section on how best to inform the public about services. One challenging aspect of the design of the survey from the outset related to the categories of family support, prevention, and early intervention services that were used. These typically would be referred to in the context of

services delivered from levels 1 to 4 of the Hardiker model, which differentiates service intervention from universal to specific services (Hardiker et al., 1991). Findings from the baseline study (McGregor & Nic Gabhainn, 2016) showed that the way the public categorise family support is different. The public tend to consider family support primarily in terms of support from their own family and informal networks, and generic services such as the GP or child protection and welfare services. This has implications for the categorisation of family support services, as discussed later.

Another important factor that arose at the design phase of the original survey related to clarifying 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 specifically on establishing a baseline of public awareness and following up with an additional survey designed to assess change over time.

A further consideration for the surveys was who the sample target audience should be. It was decided 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, aunt, and so on, and because public awareness among all adults was considered to be relevant for Tusla at present. The need to target measures for raising awareness among young people is highlighted in this study and considered in the discussion.

2.4 Sampling

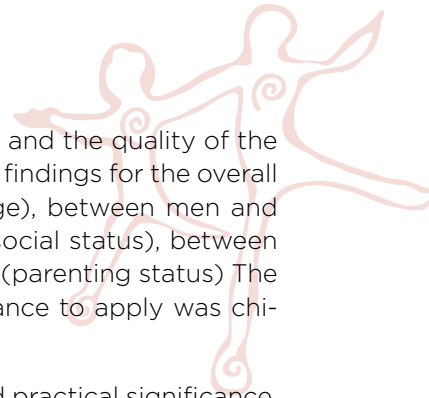
In line with public procurement guidance, a public invitation to tender for the data collection phase was held for the baseline and follow-up surveys. On both occasions, the tender was awarded to Amárach Field Research. The sample frame comprised the adult population of the Republic of Ireland, and the desired sample size was 1,000 in order to ensure sufficient analytical power both within cross-sectional surveys and over time. 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 10 interviews conducted per sampling point to maintain a good geographical spread.

2.5 Data Collection

Data collection was carried out face-to-face by interviewers. Each potential participant was given a participant information sheet and a consent form. Interviewers verbally asked the questions of the participants and recorded the answers electronically using CAPI. The interviews took place face-to-face in 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 was submitted electronically to the field supervisors and account team in Amárach, where it was amalgamated, anonymised, cleaned, and weighted to be appropriately representative of the Irish population.

2.6 Data Analysis

The data was forwarded to the research team for secondary analysis. Data analyses took place in the Health Promotion Research Centre and the UNESCO Child and Family Research Centre at NUI Galway. 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. Socio-demographic variables were recoded to create the necessary population subgroups where that was required for data presentation.



Inferential analysis techniques were chosen on the basis of the research question and the quality of the data obtained. This report focuses primarily on differences over time and presents findings for the overall population (all), for differences over time between young and older people (age), between men and women (gender), between those from the higher and the lower social classes (social status), between urban and rural dwellers (urbanity), and finally between parents and non-parents (parenting status) The data was nominal or ordinal, and thus 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.

2.7 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 and in October 2017. One concern was that participants may have felt discomfort answering some of the questions, especially those which referred to seeking help for their families. To militate against 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?' 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 interviewers were advised not to probe for further information from the answers on help-seeking behaviour. The participant information sheet made clear that the participant could opt out or skip a question if they so wished. It contained information about how to contact services at Tusla if they 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. Amárach also offered their own direct contact point for the respondents to get in touch after the individual interviews were conducted.

3

Findings

3.1 Results

This chapter presents the results from the population surveys undertaken in 2015 and 2018. It has four sections reflecting the four main areas of investigation: knowledge and awareness of Tusla and its services; help-seeking behaviour; perceptions of Tusla Family Support, Prevention and Early Intervention services; and how best to inform the public. The first three of these sections highlight the key differences between the 2015 and 2018 surveys, with particular focus on those differences that are statistically significant.

Following the approach to the presentation of data from the 2015 survey (McGregor & Nic Gabhainn, 2016), this chapter also examines differences over time within subgroups of the population. Differences by age group (over and under 35 years old), gender (male and female), social status (social classes A-C1 and C2-F), urbanity (urban and rural dwellers), and parenting status (parents and non-parents) are also highlighted throughout.

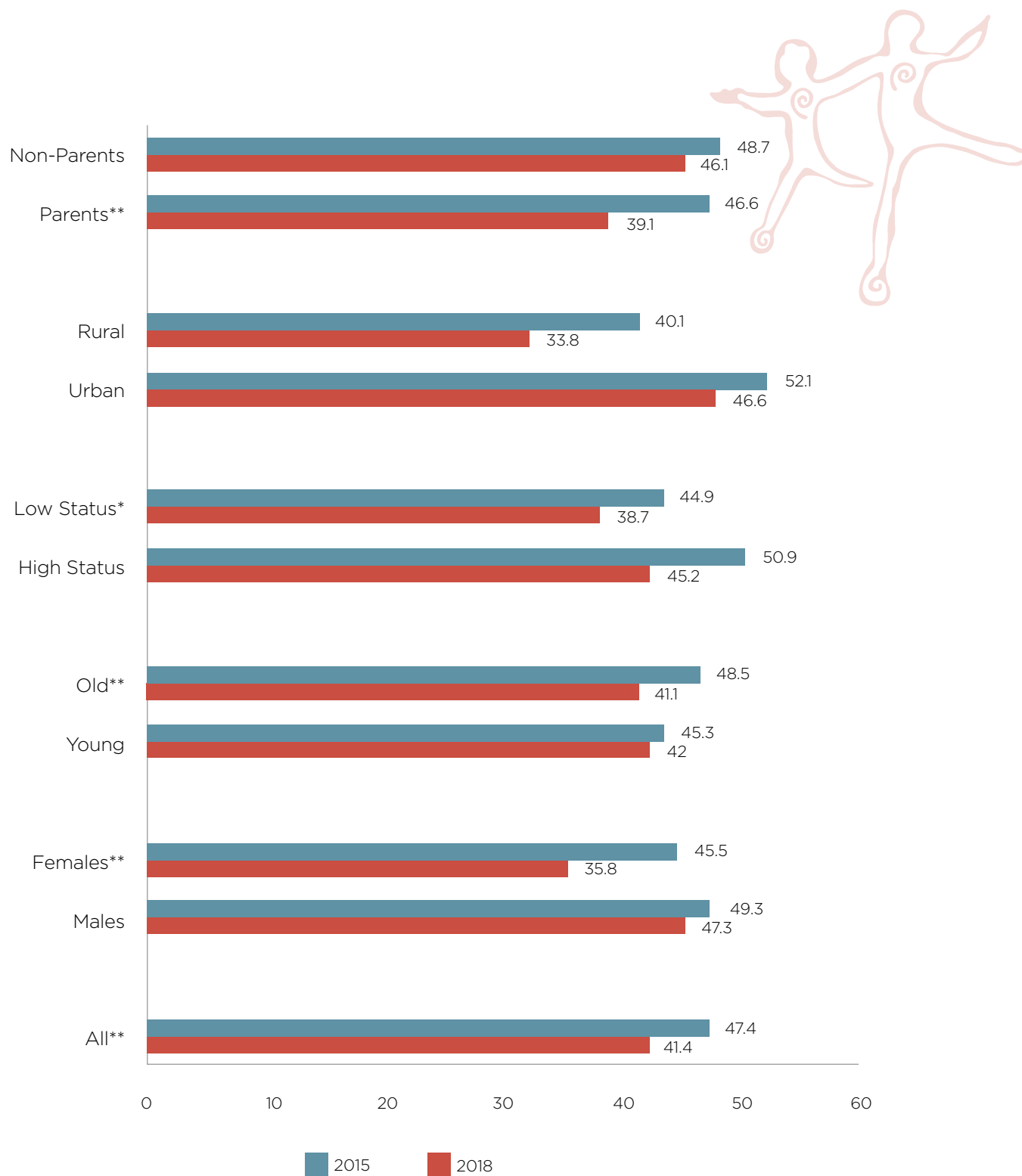
3.2 Knowledge and Awareness

This section presents the findings on knowledge and awareness of Family Support and Tusla, including the Prevention, Partnership and Family Support programme, Early Intervention and Prevention, Partnership Services, and Meitheal.

3.2.1 Supporting Families

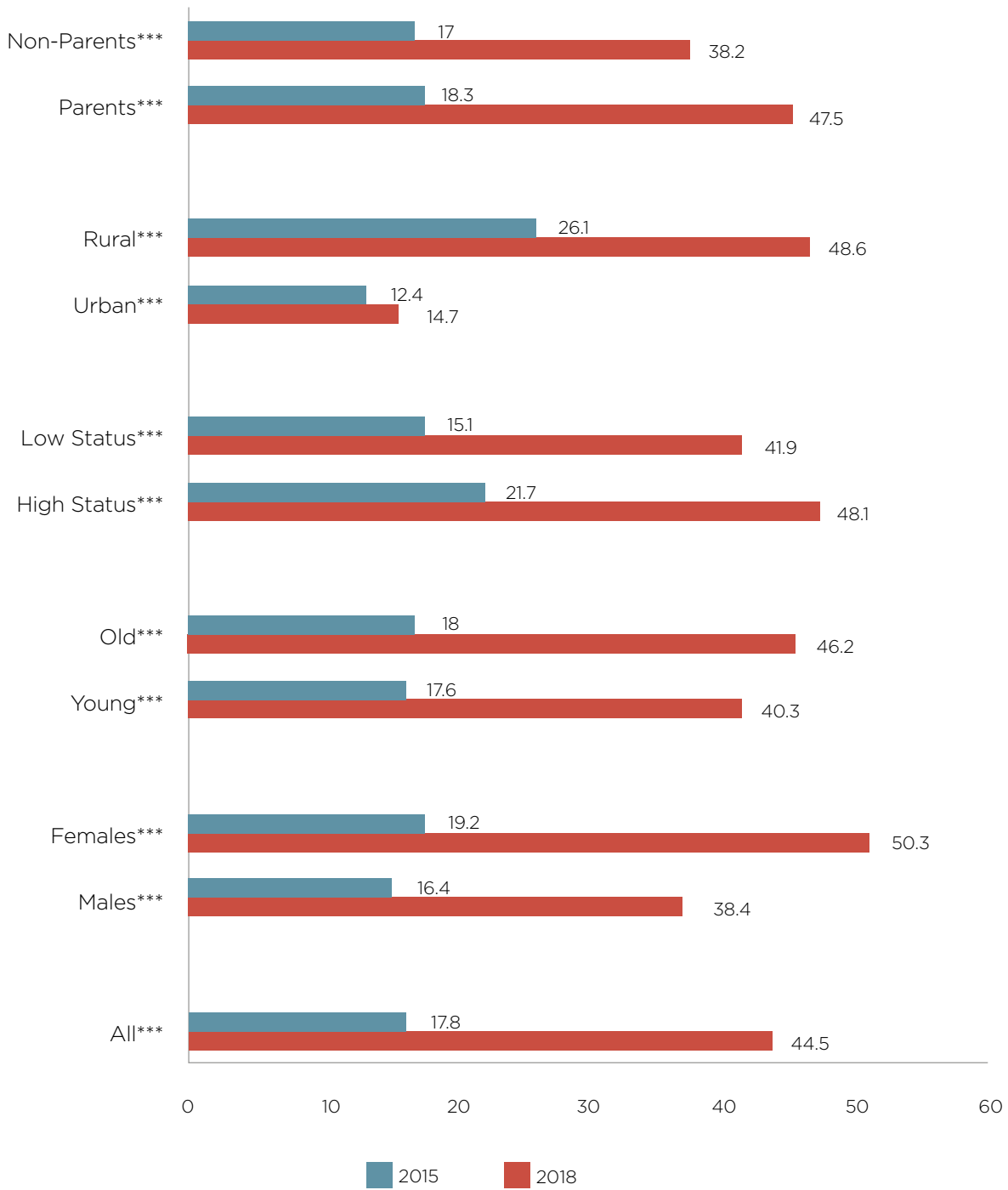
Participants were asked who is responsible for supporting families when they cannot manage. In 2015 and in 2018, the State, Social Workers, and Tusla were the top three answers, with all other options being reported by less than 10% of participants. This pattern was the same for the whole sample and each of the population subgroups. However, between 2015 and 2018 the rank order of the top three answers changed. In 2015 the State was the most common answer (47.4%), followed by Social Workers (38.7%) and Tusla (17.8%). In 2018 Tusla had become the most common answer (44.5%), followed by the State (41.4%) and then Social Workers (40.3%).

Figure 1 illustrates that overall the percentage reporting that the State was responsible was significantly lower in 2018 than in 2015 ($p < 0.01$), and was significantly lower among women ($p < 0.01$), older participants ($p < 0.01$), those with lower social status ($p < 0.05$), and parents ($p < 0.01$).



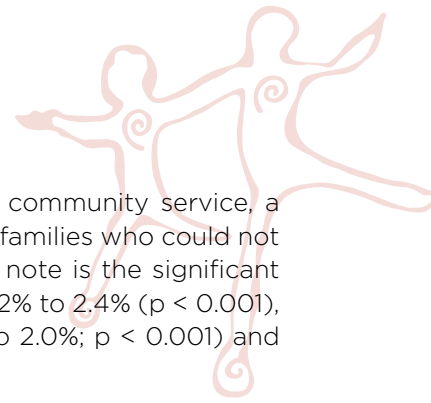
Young = 18-34 years old, Old = 35+ years old; High Social Status = ABC1, Low Social Status = C2DEF
 * p < 0.05; ** p < 0.01; *** p < 0.001

Figure 1: % respondents reporting that the State has responsibility for supporting families when they cannot manage



Young = 18–34 years old, Old = 35+ years old; High Social Status = ABC1, Low Social Status = C2DEF
 * p < 0.05; ** p < 0.01; *** p < 0.001

Figure 2: % respondents reporting that Tusla has responsibility for supporting families when they cannot manage



3.2.2 Knowledge of Tusla

There were no differences over time in the percentages reporting that a local community service, a local voluntary service, or the family themselves were responsible for supporting families who could not manage, with minor differences or low numbers reported for other options. Of note is the significant reduction in those reporting that they did not know who was responsible, from 6.2% to 2.4% ($p < 0.001$), with the largest reductions among those living in rural areas (down from 7.3% to 2.0%; $p < 0.001$) and among non-parents (down from 8.9% to 2.4%; $p < 0.001$).

Table 1: % reporting knowledge of Tusla by gender, age, social status, urbanity, and parenting status, 2015-2018

Dimension	Level	% 2015	% 2018
Gender	Men***	19.2	50.5
	Women***	30.7	61.9
Age	Younger***	22.6	47.5
	Older***	26.3	60.1
Social Status	High***	31.9	61.2
	Low***	20.3	53.0
Urbanity	Urban***	23.8	58.7
	Rural***	26.9	53.1
Parenting Status	Parent***	29.1	60.7
	Non-Parent***	17.8	47.6

Younger = 18-34 years old, Older = 35+ years old; High Social Status = ABC1, Low Social Status = C2DEF.* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Of those who reported that they knew what Tusla was, 65.3% said it was a 'new child and family agency for support and protection'. This percentage was an increase on that in 2015, which was 61% ($p < 0.01$). The increase was most substantial among those of lower social status, up from 58.6% in 2015 to 66.1% in 2018 ($p < 0.001$).

Respondents were also asked how they had heard of Tusla. There was an increase across almost all sources of knowledge (from 5.4% in 2015 to 11.3% in 2018; $p < 0.001$), family/friend (from 4.5% in 2015 to 9.1% in 2018; $p < 0.001$), website (from 2.9% in 2015 to 9.5% in 2018; $p < 0.001$), teacher/GP/PHN (from 1.2% in 2015 to 4.1% in 2018; $p < 0.001$), attending a service (from 1.1% in 2015 to 2.7% in 2018; $p < 0.01$), and working in Tusla (from 0.2% in 2015 to 1.4% in 2018; $p < 0.01$). The only source of knowledge that reduced over time was media/news, from 7% in 2015 to 4.9% in 2018 ($p < 0.05$).

3.2.3 Knowledge of Family Support

There were minimal changes over time in respondents' reported knowledge of Family Support services. This was the case in terms of knowing what a Family Support service is at a general level, and in terms of reported knowledge of specific services in their locality.

Table 2: % reporting knowledge of Family Support services by gender, age, social status, urbanity, and parenting status, 2015–2018

Dimension	Level	% 2015	% 2018
Gender	Men	45.5	43.3
	Women	56.5	58.2
Age	Younger	46.8	49.5
	Older	53.3	50.8
Social Status	High	56.7	55.7
	Low	47.1	46.7
Urbanity	Urban	50.8	54.3
	Rural*	51.4	44.7
Parenting Status	Parent	56.9	52.3
	Non-Parent	40.7	46.7

Younger = 18–34 years old, Older = 35+ years old; High Social Status = ABC1, Low Social Status = C2DEF.
* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

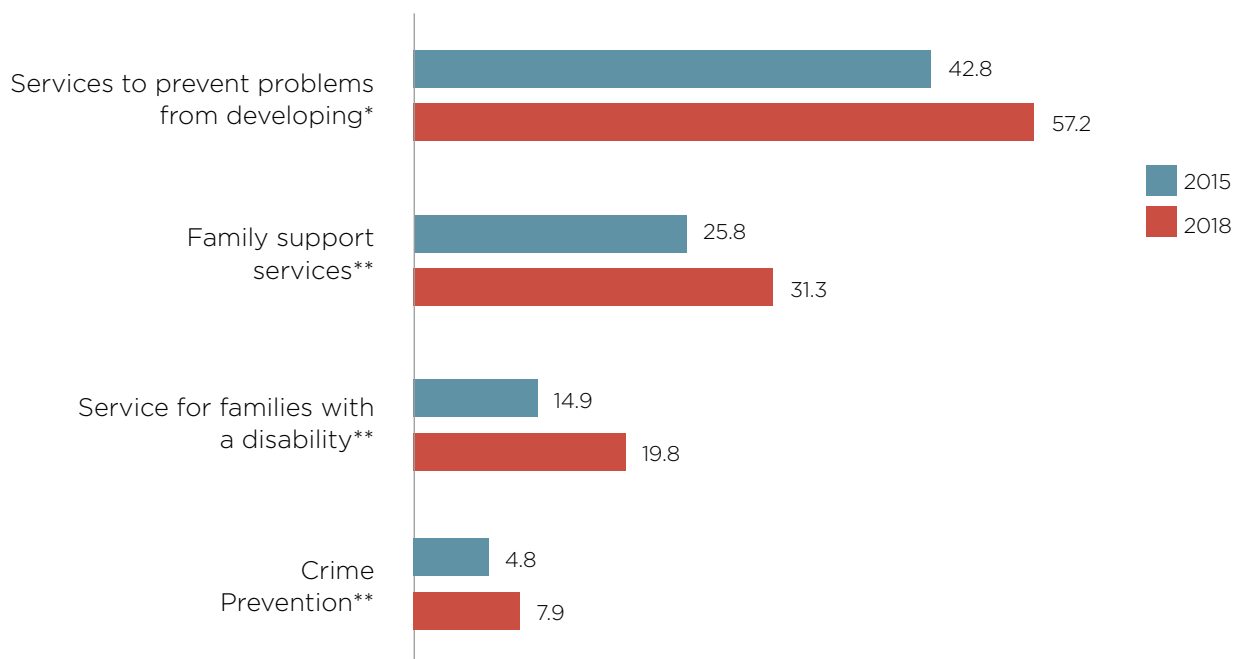
Overall, only five services were identified as Family Support at a significantly different rate between 2015 and 2018: Services for Child Protection, increased from 32.4% in 2015 to 37.6% in 2018 ($p < 0.05$); Services for Children in Care, increased from 23.7% in 2015 to 28.9% in 2018 ($p < 0.01$); Residential or Foster Care, increased from 14.2% in 2015 to 19.2% in 2018 ($p < 0.01$); Addiction or Substance Abuse Services, increased from 13.9% in 2015 to 17.9% in 2018 ($p < 0.05$); Community or Voluntary Organisation or Service Provider, decreased from 1.9% in 2015 to 0.8% in 2018 ($p < 0.05$).

Although there was no overall shift in the percentage of respondents who reported that they knew what Family Support services existed in their locality, there was significant change at population subgroup level. The percentage of women who reported that they knew about local Family Support services increased from 28% in 2015 to 32.9% in 2018 ($p < 0.05$), with a similar increase among those of high social status, from 23.5% in 2015 to 28.8% in 2018, and among non-parents, from 15.0% in 2015 to 21.2% in 2018.



3.2.4 Early Intervention and Prevention

Respondents were asked if they knew what Early Intervention and Prevention was; in 2015 43.4% said they did, while in 2018 46.5% said they did. The only substantial difference over time among the population subgroups was among urban dwellers, where the percentage increased from 43.2% in 2015 to 52.1% in 2018 ($p < 0.01$). When asked what early intervention and prevention services were, there were some significant changes over time, with increases in the percentages reporting accurately that they were services to prevent problems developing, family support services, services for families with a disability, and crime prevention (see Figure 3).



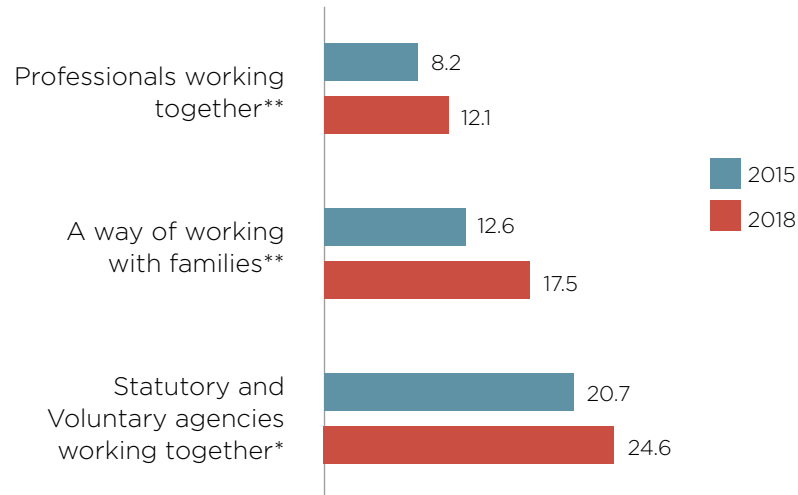
* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Figure 3: % respondents reporting that Early Intervention and Prevention comprises the following services in 2015 and 2018

Statistically significant increases between 2015 and 2018 were found for all four descriptions of Early Intervention and Prevention.

3.2.5 Early Intervention and Prevention

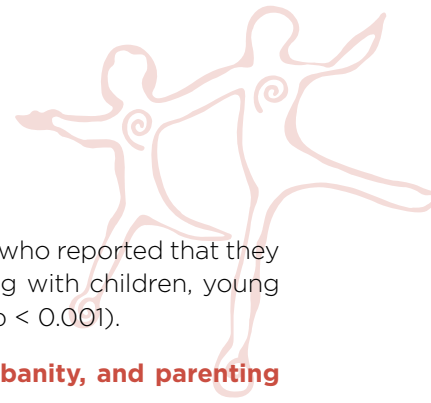
Respondents were asked if they knew what was meant by Partnership Services; there was a non-significant increase between 2015 and 2018 in those who reported that they did know (2015: 23.8%; 2018: 27.2%).



* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Figure 4: % respondents reporting what Partnership Services were in 2015 and 2018

Statistically significant increases between 2015 and 2018 were found for all three descriptions of Partnership Services.



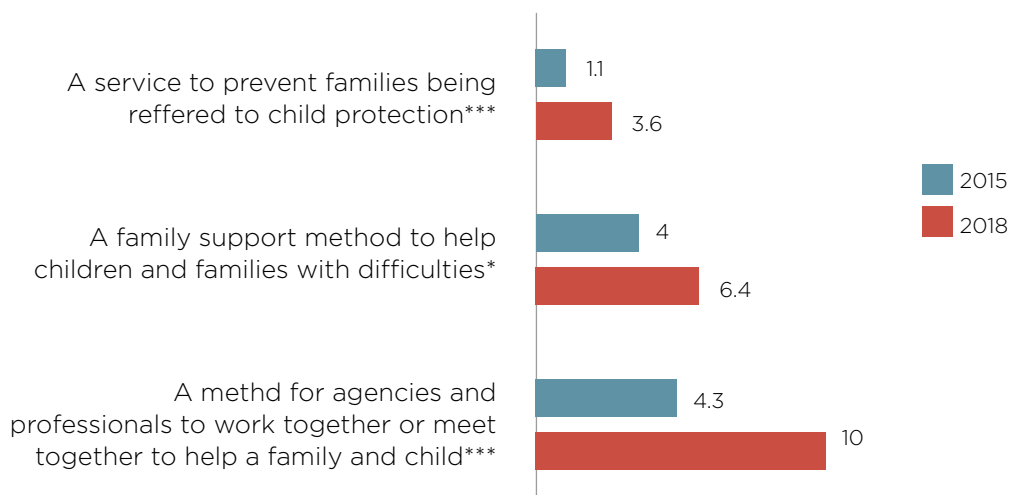
3.2.6 Meitheal

There has been a statistically significant increase in the percentage of respondents who reported that they had heard of Meitheal, which is a national practice model for all agencies working with children, young people, and their families. The responses rose from 5.9% in 2015 to 10.5% in 2018 ($p < 0.001$).

Table 3: % reporting knowledge of Meitheal by gender, age, social status, urbanity, and parenting status, 2015–2018

Dimension	Level	% 2015	% 2018
Gender	Men	4.3	6.3
	Women**	7.6	14.5
Age	Young***	2.1	10.8
	Old*	6.5	10.1
Social Status	High*	7.6	12.4
	Low	4.8	8.4
Urbanity	Urban**	5.3	10.8
	Rural*	7.1	10.1
Parenting Status	Parent*	7.2	11.3
	Non-Parent	3.6	8.8

Younger = 18–34 years old, Older = 35+ years old; High Social Status = ABC1, Low Social Status = C2DEF.
 * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$



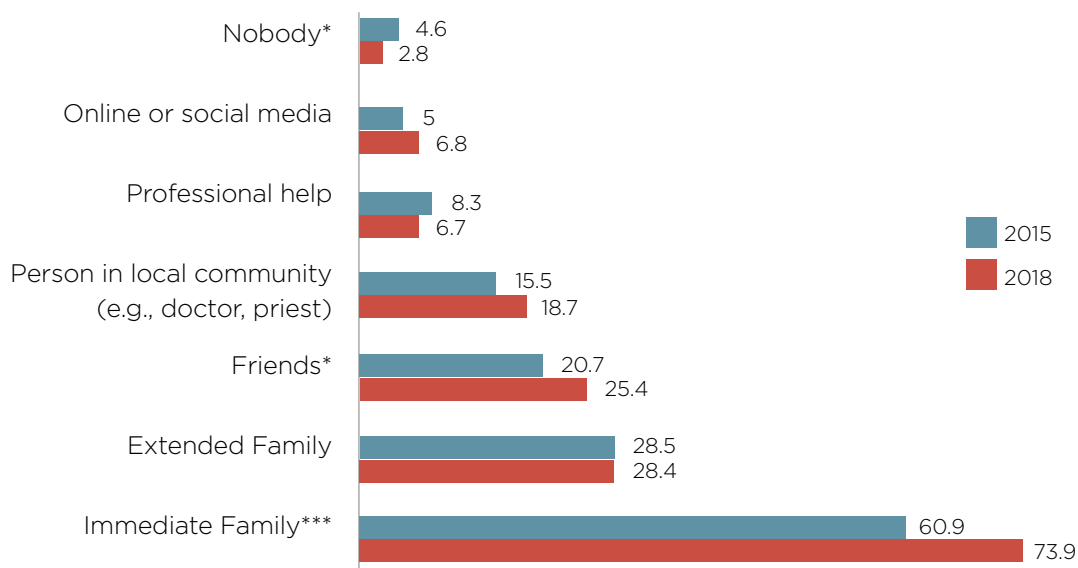
* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Figure 5: % respondents reporting what they thought Meitheal was in 2015 and 2018

As Figure 5 shows, statistically significant increases between 2015 and 2018 were found for all three descriptions of Meitheal, demonstrating greater understanding of its role and purpose.

3.3 Help-Seeking Behaviour

In both 2015 and 2018, survey respondents were asked a series of questions about seeking help. First they were asked who they would turn to for help if someone they knew was having parenting or family problems that they could not manage. They identified personal support networks as the main source of support. Indeed, since 2015, the percentage citing immediate family as the main source of family support increased from 60.9% to 73.9%. Figure 6 below illustrates the overall changes over time in whom they would ask for help.



* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Figure 6: Who respondents would ask for help with a parenting problem if they could not manage, % in 2015 and 2018

While Figure 6 above presents overall figures, the patterns across the various population subgroups are presented in Table 4 below.



Table 4: Who respondents would ask for help with a parenting problem if they could not manage, % in 2015 and 2018, by population subgroups

		Immediate Family	Extended Family	Friends	Someone in local Community	Professional Help	Online or Social Media	Nobody
		2015; 2018	2015; 2018	2015; 2018	2015; 2018	2015; 2018	2015; 2018	2015; 2018
Gender	Male	58.6; 73.0***	29.9; 27.2	17.4; 19.8	13.3; 15.1	8.8; 7.2	5.7; 5.9	6.5; 3.9
	Female	63.2; 74.6***	27.4; 29.6	23.9; 30.7*	17.6; 22.1*	7.6; 6.3	4.3; 7.4*	2.7; 1.7
Age Group	Young	68.2; 75.6*	27.6; 28.5	21.5; 25.8	12.1; 13.6	6.5; 6.1	6.5; 8.8	4.7; 2.7
	Old	57.3; 73.1***	29.0; 28.4	20.3; 25.2 [†]	17.4; 20.8	9.2; 7.0	4.2; 5.8	4.5; 2.8
Social Status	High	58.9; 74.8***	27.6; 28.8	21.5; 27.8 [†]	14.6; 16.5	9.1; 6.5	5.7; 8.2	4.8; 3.3
	Low	62.4; 73.1**	29.1; 28.1	20.2; 23.7	15.2; 20.2 [†]	7.7; 6.9	4.4; 5.7	4.5; 2.4*
Urbanity	Urban	55.9; 71.3***	31.4; 30.7	19.6; 26.7**	11.9; 16.5*	8.3; 6.2	5.5; 8.6*	6.8; 2.2***
	Rural	68.5; 77.6**	24.2; 25.1	22.4; 23.5	20.9; 21.7	8.3; 7.4	4.0; 4.0	1.3; 3.7*
Parenting Status	Parent	63.1; 77.6***	30.2; 30.1	20.5; 26.6**	17.3; 19.9	8.0; 6.0	5.0; 6.1	3.0; 2.7
	Non-Parent	56.9; 66.1*	25.6; 24.8	21.1; 23.0	12.5; 16.4	8.6; 8.2	5.0; 7.9	7.5; 3.0**

* p < 0.05; ** p < 0.01; *** p < 0.001

While the percentage reporting in 2015 that they would turn to a neighbour for help was relatively low, at 3.3%, this increased to 10.1% ($p < 0.001$) in 2018. There was a statistically significant increase in the percentages reporting that they would turn to a neighbour in each of the population subgroups.

The second set of interview questions about help-seeking were about what respondents would do if they could not manage parenting or family problems with their own supports or through family and friends. Table 5 below outlines the main findings over time on these questions. Of significance is the fact that even more people in 2018 relied on their GP, and more people said they would attend a local Family Resource Centre, contact another agency, or contact someone in the local community. The 10% increase in those who would ask the teacher is the greatest increase noted during the period 2015 to 2018.

Table 5: Statistically significant increases between 2015 and 2018 in respondents reporting what they would do if they could not manage a parenting or family problem with their own resources through family and friends

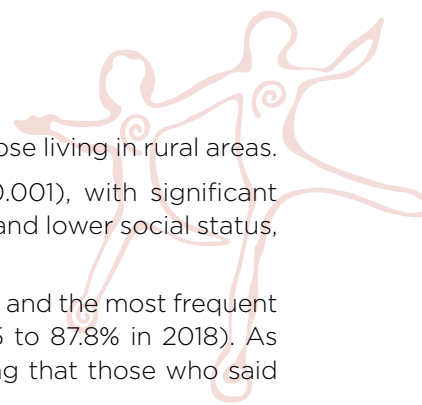
Response	Overall	Population subgroups
Ask the GP	38.7% in 2015 47.8% in 2018***	Statistically significant increases in every population subgroup
Attend the local family resource group	11% in 2015 16.2% in 2018**	Statistically significant increases in every population subgroup, except among urban dwellers
Contact another agency in my area	6.8% in 2015 12.7% in 2018***	Statistically significant increases among men, and those who are older, of lower social status, both urban and rural dwellers and parents
Contact my local community group	5.6% in 2015 9.1% in 2018**	Statistically significant increases among men, and those who are older, of lower social status, urban dwellers and parents
Ask the teacher	5.1% in 2015 15.8% in 2018***	Statistically significant increases in every population subgroup

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Next, respondents were asked if they had received or were presently receiving any child and family support services. Overall, 8% of those answering in 2018 answered yes, a slight increase on 2015 (6.9%). For two population subgroups there was a statistically significant increase: those living in rural areas (5.5% in 2015; 10.6% in 2018, $p < 0.01$), and non-parents (0.8% in 2015; 3% in 2018, $p < 0.05$).

The services reported as being most frequently accessed in 2018 were:

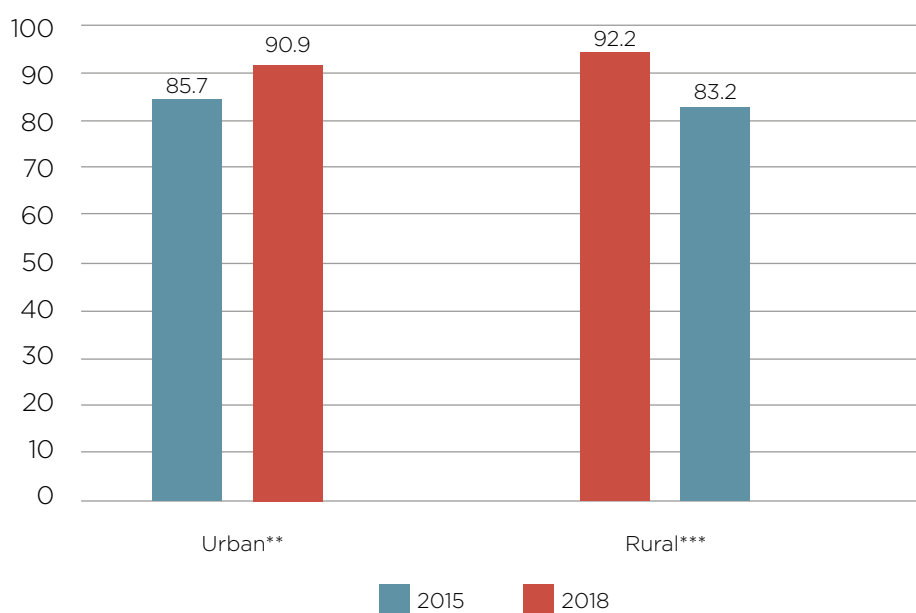
- Public Health Nursing (4.2% in 2018, up from 1.6% in 2015, $p < 0.01$), with significant increases in all population subgroups except urban dwellers.
- Early Years Services (3.3% in 2018, up from 1.5% in 2015, $p < 0.01$), with significant increases among women, older respondents, those with lower social status, those living in rural areas, and parents.
- General Practice (2.8% in 2018, up from 1.5% in 2015, $p < 0.05$), with significant increases



among men, older respondents, those with higher social status, and those living in rural areas.

- Health Centre or Clinic (2.6% in 2018, up from 0.6% in 2015, $p < 0.001$), with significant increases among both men and women, older respondents, both high and lower social status, those living in rural areas, and both parents and non-parents.

Respondents were asked to report why they had not received or asked for services, and the most frequent response was that they did not need services (down slightly from 88.3% in 2015 to 87.8% in 2018). As Figure 7 shows, there was some change especially in relation to urbanity, showing that those who said they did not need a service increased in 2018 for urban and decreased for rural.



* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Figure 7: % of respondents who reported that the reason they did not receive services is that they did not need them; by urbanity, in 2015 and 2018

Very low percentages of respondents reported that they had asked for services and not received them (1% in 2015; 1.5% in 2018), that they did not know who to ask or where to go (1.5% in 2015; 1.1% in 2018), that they didn't ask for services because they did not know that services existed (0.5% in 2015; 1.7% in 2018, $p < 0.05$), or that they did not ask for services because they did not trust the child and family services (0.5% in 2015; 0.2% in 2018).

One point of note regarding the response that services were not sought because respondents did not know about them, there was a significant increase among women in this cohort (up to 2.3% in 2018 from 0.2% in 2015, $p < 0.01$); 58% of the women who said they did not know about services were parents. A similar pattern among those living in rural areas was noted (up to 2.7% in 2018 from 0.0% in 2015, $p < 0.01$), of whom 73% were parents.

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

Respondents were asked if they thought there were enough supports for children and families. In 2015, 19.3% agreed that there were, while the percentage in 2018 was 23%. In none of the subgroups did this decrease between 2015 and 2018, while the figures significantly increased among women, older respondents, those with higher social status, and urban dwellers. Table 6 presents the percentages agreeing that there are enough supports for children and families across the population subgroups and by year of data collection.

Table 6: % agreeing that there are presently enough supports for children and families by gender, age, social status, urbanity, and parenting status, 2015 and 2018

Dimension	Level	% 2015	% 2018
Gender	Men	22.9	22.9
	Women*	15.9	23.0
Age	Young	22.1	20.0
	Old*	17.9	24.2
Social Status	High**	17.2	26.4
	Low	20.8	20.4
Urbanity	Urban*	16.8	22.9
	Rural	23.2	23.2
Parenting Status	Parent	19.7	24.4
	Non-Parent	18.7	20.0

Young = 18–34 years old, Old = 35+ years old; High Social Status = ABC1, Low Social Status = C2DEF
 * p < 0.05; ** p < 0.01; *** p < 0.001

Respondents were asked which services could be improved. The most frequent answer was Mental Health, though there was no overall change between 2015 (52.1%) and 2018 (53.5%) nor any significant change in any of the population subgroups. Increases between 2015 and 2018 were noted for a number of services, and these are outlined in Table 7 below.



Table 7: Services that could be improved, increased % between 2015 and 2018

Response	Overall	Population subgroups
Services for Child Protection	42.6% in 2015 47.8% in 2018*	Statistically significant increases among men, those who are younger, of lower social status, urban dwellers, and non-parents
Youth and Adolescent Support Services	28.7% in 2015 32.8% in 2018*	Statistically significant increase among urban dwellers
Residential or Foster Care	24.5% in 2015 29.6% in 2018*	Statistically significant increases among men, those who are older, of lower social status, both urban and rural, and parents
General Practitioner	23.3% in 2015 28.0% in 2018*	Statistically significant increases among women, those who are older, those of higher social status, both urban and rural dwellers, and non-parents
Parenting Groups or Programmes	20.8% in 2015 26.5% in 2018**	Statistically significant increases among both men and women, those who are older, both urban and rural dwellers, and both parents and non-parents

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Only one service, Public Health Nursing, had a reduced percentage of respondents reporting that it could be improved, from 33.8% in 2015 to 28.9% in 2018 ($p < 0.05$). Reductions in these percentages for Public Health Nursing were also found among males, those who were older, those of lower social status, and rural dwellers.

Respondents were asked if they thought that the Prevention, Partnership and Family Support (PPFS) programme would improve services for children and parents. Although the percentage responding yes was stable (36.3% in 2015, 36.5% in 2018), there was a shift from 45.0% in 2015 to 32.3% in 2018 in those responding 'I don't know', and a shift from 14.4% to 25.6% in those responding 'to some extent' ($p < 0.001$); see Figure 8 below. Similar improvements in the responses between 2015 and 2018 were found in all population subgroups.

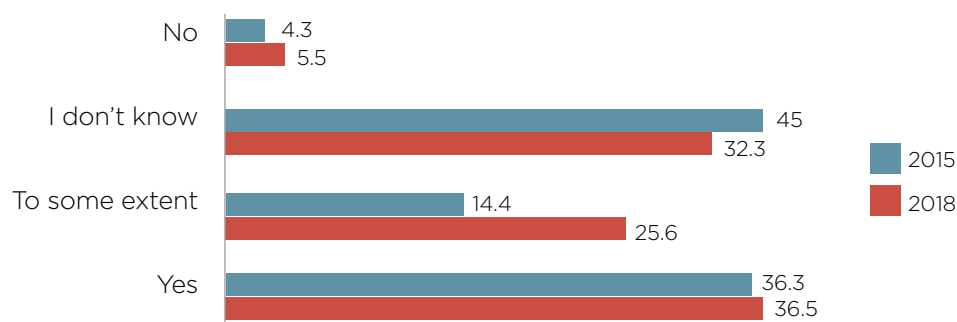


Figure 8: % responses to whether PPFS would improve services for children and parents, 2015 and 2018

Respondents were asked to indicate in what way they thought the PPFS programme would improve services. Figure 9 below presents the key changes over time for these responses.

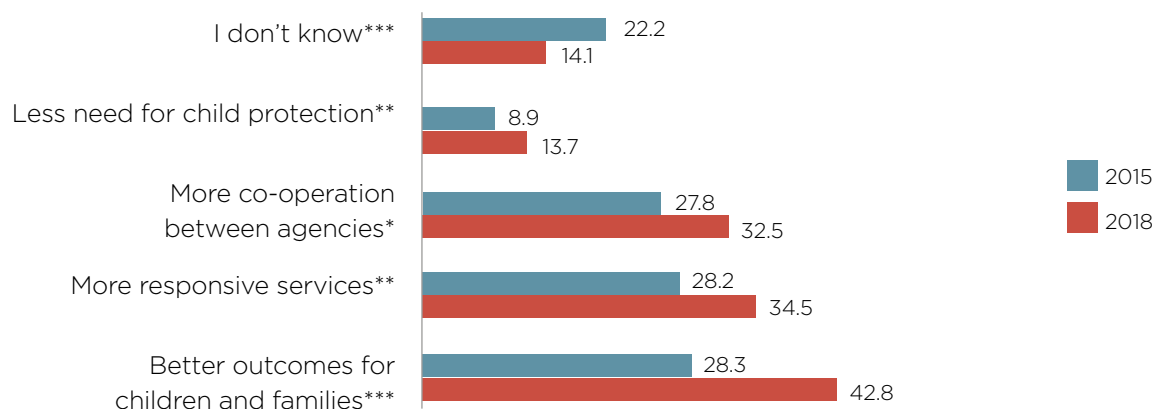
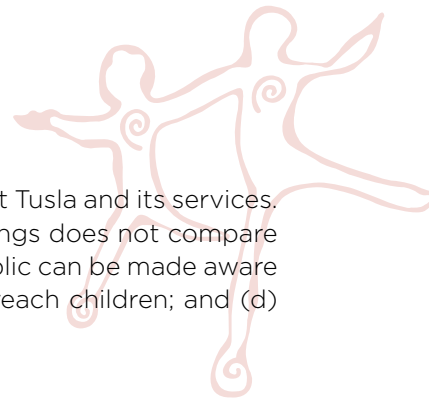


Figure 9: How PPFS will improve services for children and families, % in 2015 and 2018

Significant increases in the percentages responding 'better outcomes for children and families' were found in every population subgroup. Similarly, significant decreases in the percentages responding 'I don't know' were found in every population subgroup.



3.5 How best to inform the public

The final section of the 2018 survey concerned how best to inform the public about Tusla and its services. No data on these issues were collected in 2015, and thus this section of the findings does not compare data over time. On this topic, respondents were asked about: (a) how best the public can be made aware of Tusla; (b) the best mechanisms to reach adults; (c) the best mechanisms to reach children; and (d) how respondents find out about services if or when they need them.

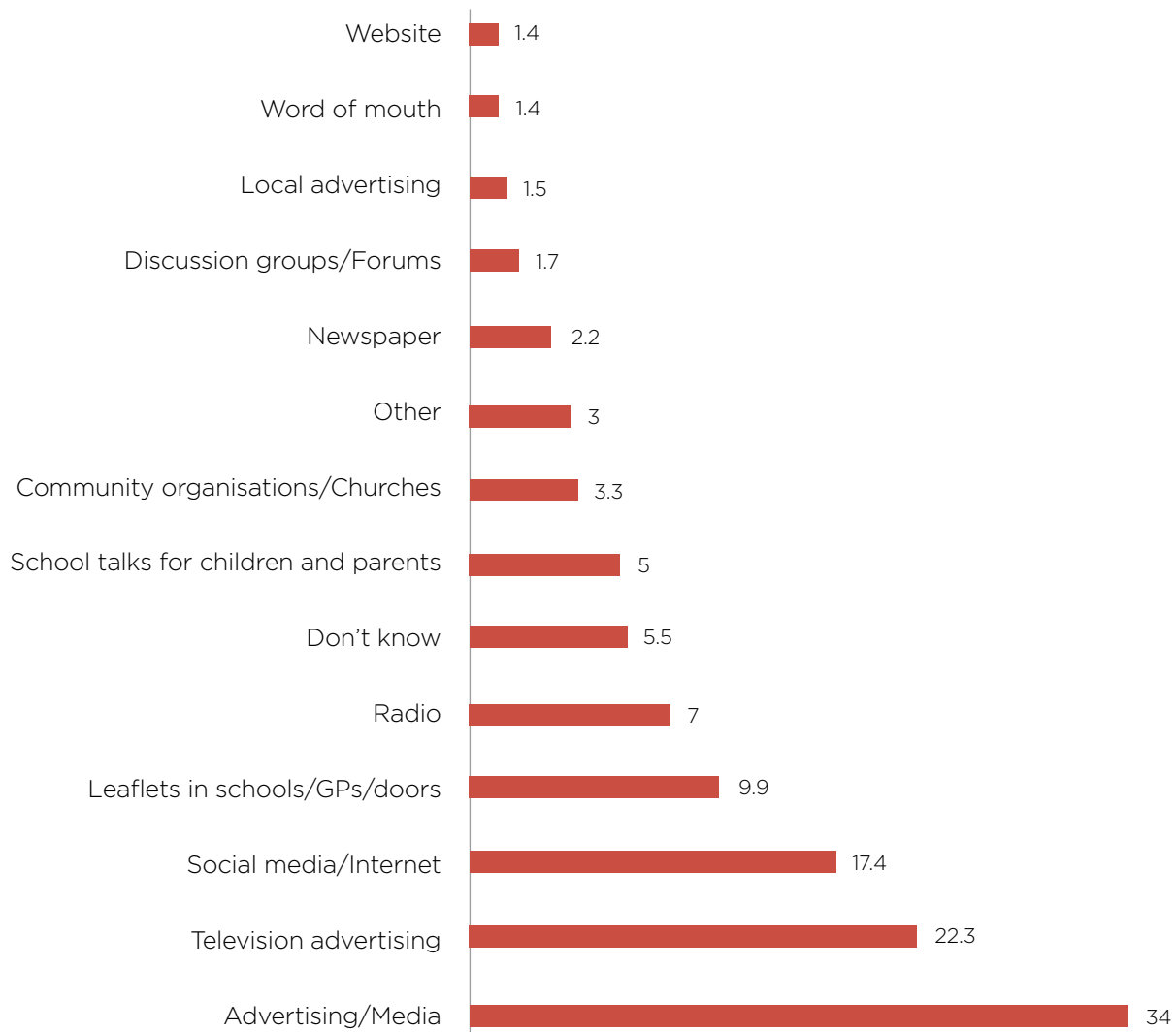


Figure 10: percentages indicating their preferred means for the public to be made more aware of Tusla and its services

Population subgroup differences were found as follows:

Gender: women were more likely to indicate leaflets as a means of informing the public (men 8%; women 11.7%, $p < 0.05$).

Age: older respondents were more likely to indicate television advertising (young 18%; old 24.1, $p < 0.05$).

Older respondents were less likely to indicate social media/internet (young 25.1%; old 14.2%, $p < 0.001$).

Social status: respondents of higher social status were more likely to indicate advertising/media than those of lower social status (high 38.8%; low 30.5%, $p < 0.01$).

Urbanity: Urban dwellers were more likely than rural dwellers to indicate advertising/media (urban 39.5%; rural 25.7%, $p < 0.001$), and less likely to indicate television advertising (urban 18.0%; rural 28.6%, $p < 0.001$) or radio (urban 4.7%; rural 10.3%, $p < 0.01$).

Parenting status: parents were less likely than non-parents to indicate social media/internet (parents 15.4%; non-parents 21.5%, $p < 0.05$) and more likely to indicate school talks for children and parents (parents 6.0%; non-parents 3.0%, $p < 0.05$).

Respondents were asked which mechanisms they thought would work best to inform adults and children. Figure 11 below presents their responses.

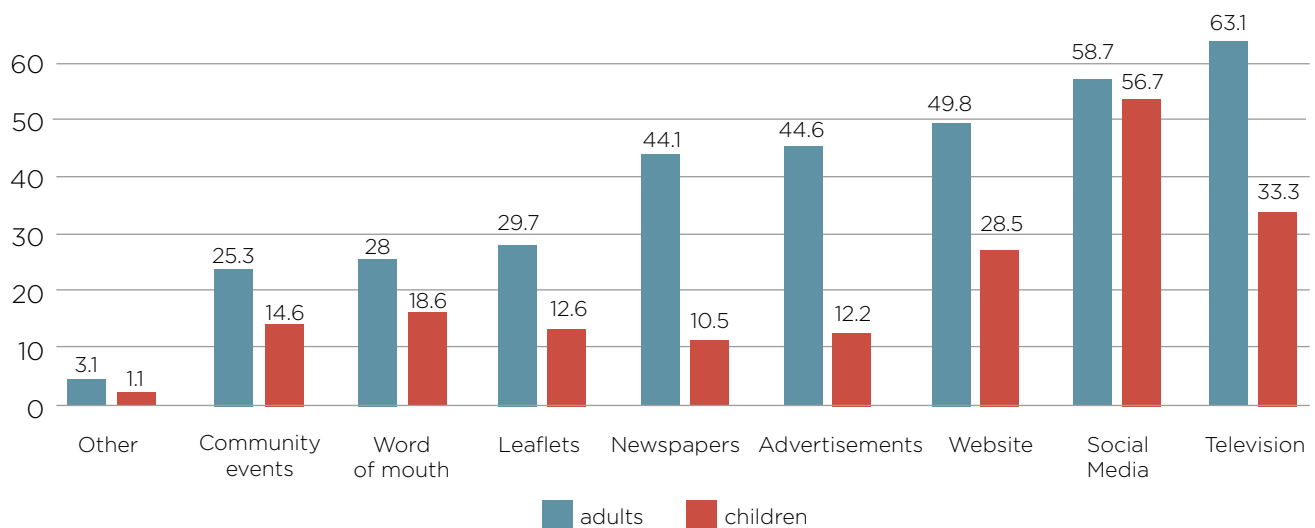


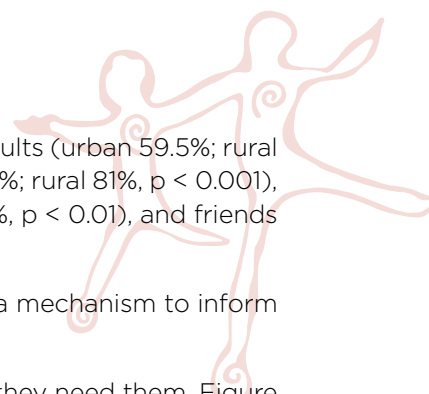
Figure 11: % of respondents indicating mechanisms for informing adults and children

Respondents were also given three other options for informing children: school (74.4%), family (26.1%), and friends (18.0%).

There were no differences between men and women or between those from high and low social status groups in terms of their responses to possible mechanisms to inform adults and children. Population subgroup differences were found as follows:

Age: Younger respondents were more likely than older respondents to indicate the use of website for adults (young 58%; old 46.4%, $p < 0.001$) and the use of social media for both adults (young 68.5%; old 54.6%, $p < 0.001$) and children (young 63.4%; old 53.9%, $p < 0.01$). Older respondents were more likely than younger respondents to indicate the use of newspapers to inform adults (young 39.3%; old 46.1%, $p < 0.05$).

Urbanity: Urban dwellers were more likely than rural dwellers to indicate use of community events for both adults (urban 27.9%; rural 21.4%, $p < 0.05$) and children (urban 17.6%; rural 10.1%, $p < 0.01$) and were also more likely to indicate the use of advertisements for children (urban 13.9%; rural 9.6%, $p < 0.05$). Rural



dwellers were more likely than urban dwellers to indicate the use of television for adults (urban 59.5%; rural 68.4%, $p < 0.05$) and were also more likely to indicate the use of school (urban 69.7%; rural 81%, $p < 0.001$), family (urban 22.0%; rural 32.3%, $p < 0.01$), word of mouth (urban 15.3%; rural 23.4%, $p < 0.01$), and friends (urban 14.3%; rural 23.4%, $p < 0.001$) for children.

Parenting status: Parents were more likely than non-parents to indicate school as a mechanism to inform children (parents 76.4%; non-parents 70.3%, $p < 0.05$).

The final question asked respondents how they find out about services if or when they need them. Figure 12 below presents the percentages indicating a range of mechanisms that respondents say they use.

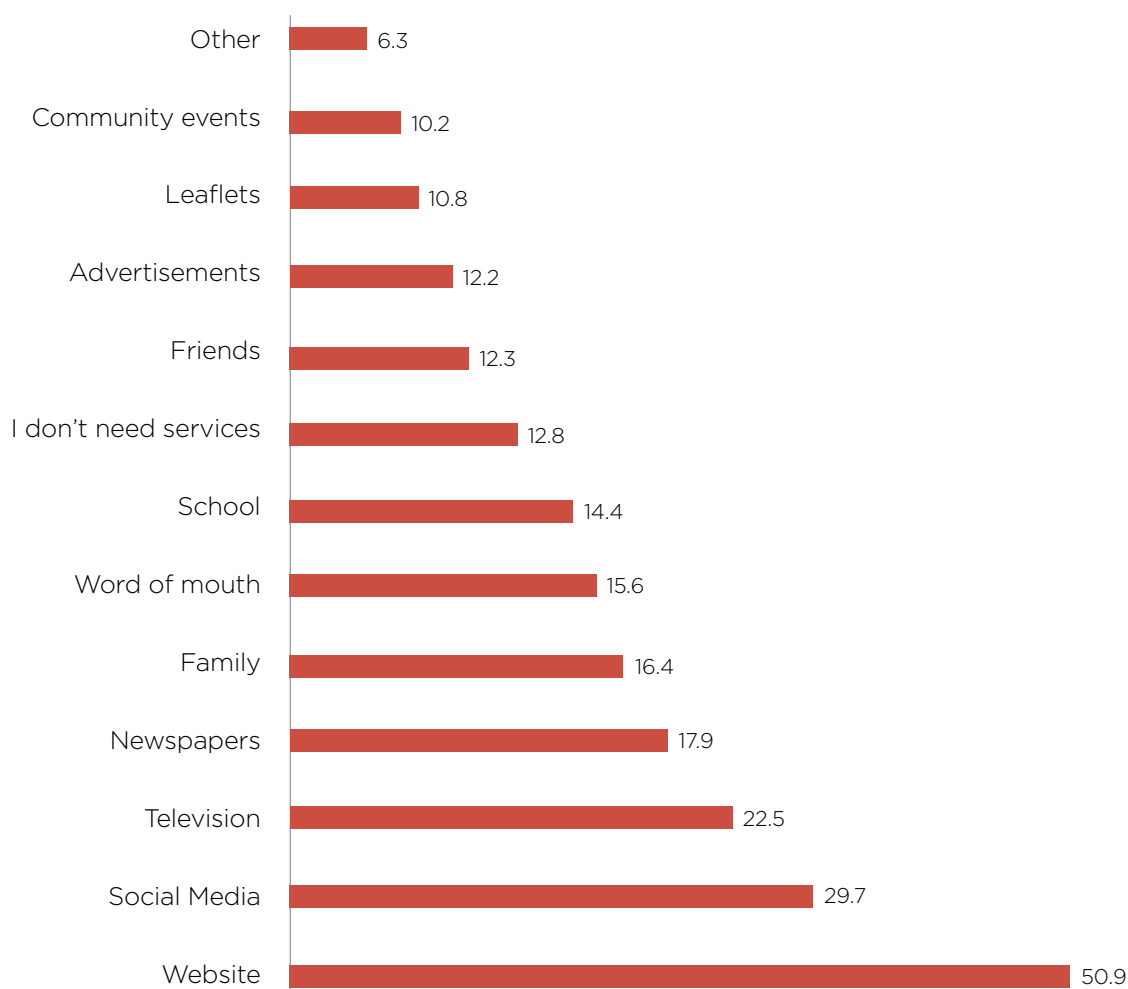


Figure 12: % of respondents reporting how they find out about services if or when they need them

There were no differences between men and women in their reporting of the mechanisms they use to find out about services. Population subgroup differences were found as follows:

Age: Younger respondents were more likely than older respondents to report the use of website(s) (young 61.7%; old 46.3, $p < 0.001$), social media (young 41.0%; old 25.0%, $p < 0.001$), and school (young 18.0%;

old 12.9%, $p < 0.05$). Older respondents were more likely than younger respondents to report the use of television (young 17.3%; old 24.6%, $p < 0.05$), newspapers (young 13.3%; old 20.0%, $p < 0.05$), family (young 9.5%; old 19.4%, $p < 0.001$), word of mouth (young 10.5%; old 17.7%, $p < 0.01$), friends (young 7.1%; old 14.5%, $p < 0.01$), and leaflets (young 7.1%; old 12.3%, $p < 0.05$) to find out about services.

Social status: Respondents of lower social status were more likely than those of higher social status to report the use of website (high 57.6%; low 46.0%, $p < 0.001$), television (high 19.2%; low 24.9%, $p < 0.05$), and family (high 13.6%; low 18.4%, $p < 0.05$) to find out about services.

Urbanity: Rural dwellers were more likely than urban dwellers to report the use of social media (urban 26.4%; rural 34.6%, $p < 0.01$) to find out about services.

Parenting status: Parents were more likely than non-parents to report the use of newspapers (parents 19.7%; non-parents 14.5%, $p < 0.05$) to find out about services.

3.6 Summary

Overall, the findings of the baseline and follow-up report show that there is increased knowledge and awareness of PPFS and Tusla services. PPFS is more generally associated with prevention, partnership, and early intervention, and more people know about Meitheal as a practice model and about its specific purpose. Regarding help-seeking, families generally look to their own internal networks for support. When this is not available, they are most likely to go to the local GP or social service in their community. With regard to awareness and help-seeking, the findings suggest that the public do not always differentiate family support from child protection and children in care. It is also clear that family support is understood differently by the public than it appears in professional definitions. The findings show the need to differentiate between different subpopulations regarding awareness, for example between adults and young persons, and rural and urban dwellers. The 2018 findings show the variety of mechanisms that the public identify as ways to find out about services and to become more aware, which can inform short-, medium-, and long-term strategies in Tusla. The importance of matching specific media with specific purposes (e.g., creating awareness vs informing about specific services) is also indicated in the findings.

4



Discussion and Conclusion

4.1 Introduction

The discussion considers the findings firstly under the themes of Knowledge and Awareness, Help-Seeking and Perceptions (Sections 4.2–4.4). For each, a table is provided summarising the main discussion points from 2015 and updated for 2018. Secondly, Section 4.5 discusses the main findings relating to changes from time 1 (2015) to time 2 (2018). Thirdly, Section 4.6 discusses the 2018-only data, focused on the mechanisms that are considered to best inform the public. Section 4.6 summarises the key messages arising from the discussion, and Section 4.7 outlines the conclusions and recommendations from the report.

4.2 Knowledge and Awareness

The survey findings show a significant increase in knowledge about Tulsa services and about PPFS between 2015 to 2018. From this research, we can say that the public understanding of the role, purpose, and processes of Tulsa family support services has increased significantly over the course of the study, from around a quarter of respondents to over a half. Knowledge among women and parents has increased the most. We can also conclude that fewer people ‘did not know’ about Tulsa, with the biggest change noted among rural dwellers and non-parents. While there has been no significant change in how many people said they knew what family support was, there has been significant change in what the population understand it to be, evidenced in the increase across all respondents associating family support with prevention, early intervention, and partnership. There is also greater awareness of the Meitheal practice model. The public in 2018 are more likely to associate PPFS with early intervention, prevention, and partnership, showing an increased knowledge of what each of these elements of PPFS entails. However, these continue to be minorities within the population, and it continues to be the case in 2018 that many of the public do not necessarily know specifically what family support in Tulsa means or how this work is differentiated from child protection and working with children in care. The survey findings also show gaps and misunderstandings about what Tulsa does and how best to access services. For example, there is a tendency to view family support as something that is offered through universal services such as General Practice.

Table 8 below summarises the implications from the research.

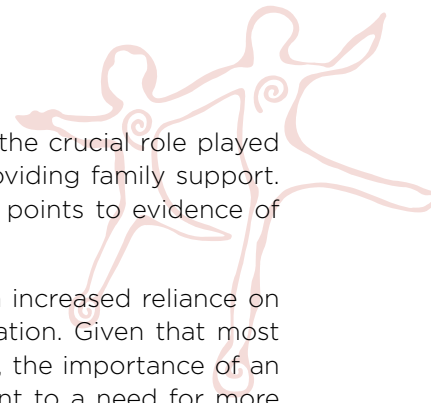
Table 8: Summary Overview of Research Implications 2015 and 2018

2015	2018
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.	This continues to be the case.
How best to target rural and urban populations through different approaches is worthy of consideration.	This continues to be the case.
A public awareness and education campaign needs to target the population in total, especially regarding 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 in general.	2018 findings contribute further guidance to the content and focus of a public awareness and education campaign, detailed in the Recommendations.
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.	This continues to be the case. 2018 findings offer further understanding of awareness in different categories and confirms the significance of the universal services as a first port of call for support outside of the family, as discussed in more detail in later sections.
How various media can be used for public campaigns and awareness-raising is important to note for publicity campaign work.	This led to the addition of an extra set of questions for the 2018 survey, reported in Section 4.6, which focuses on the mechanisms which are considered to inform the public best.

4.3 Help-Seeking

The help-seeking findings offer an interesting insight into how the public in general seek help and gain support if they or their family need help. It is very significant to note that most families turn to their own families, extended family, friends, and neighbours, and that this has increased from 2015 to 2018 from approximately two-thirds to three-quarters of the population. The need for recognition and support for the role of informal care and support is strongly evidenced in these findings.

The baseline and follow-up survey show that when people have had to look outside of their informal natural support networks, they tend to go to their universal services such as their GP. It is significant to note in relation to help-seeking that we see an increase from 2015 to 2018 in the number of people who would ask their GP (39% to 48%), attend the local Family Resource Centre (11% to 16%), contact another agency (7% to 13%), contact a local community group (6% to 9%), and ask the teacher (5% to 16%). These findings highlight the importance of a partnership approach to family support that goes beyond Tusla,



and indeed the DCYA, towards an all-government-department approach given the crucial role played by universal services such as the GP, school, and local community group in providing family support. The increase in specific reference to attending a local Family Resource Centre points to evidence of increased awareness of this specific Tusla-focused family support service.

The key messages from this report relating to help-seeking are that there is an increased reliance on family and informal support networks, including neighbours, in the Irish population. Given that most family support occurs outside of Tusla, in informal or universal service contexts, the importance of an all-government-department approach to PPFS is emphasised. The findings point to a need for more training in PPFS awareness for key organisations and professions such as nurses, doctors, and teachers. It seems that overall, people are more aware of services, and fewer say they were not getting services because they did not know about them. However, the rural context of help-seeking behaviour requires special attention, given that the findings showed a notable increase in this group who did not get services because they did not know about them. It is also of note that more women (most of them parents) reported in 2018 that they did not know about services. The fact that in 2015 and 2018, only a small number of people said they did not access services because they did not trust Tusla is important to note.

2015	2018
<p>The findings suggest the importance of universal support to families and the significance of generic services in society. It also highlights that most family support, prevention, and early intervention services may need to be targeted at those who do not have this 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 who to seek them from.</p>	<p>This is reinforced, with increased evidence shown of reliance on universal supports.</p>
<p>This indicates the importance of attention to the differences between rural and urban families with regard to whom they seek support from and how they do so.</p>	<p>The importance of attention to rural-urban differences continues to be highlighted in 2018, alongside further insight into differentiation between young and old people specifically. One finding suggested a decrease in knowledge of services among women, though overall women were more aware of services.</p>

4.4 Perceptions of and Attitudes towards Services

The public have similar views in 2015 and 2018 about the services that most needed improvement. The findings about attitudes to services reflect a similar pattern to those for awareness and help-seeking, suggesting overall greater awareness and understanding of the role of Tusla in relation to PPFs. It is notable for example that fewer people say they do not know about what will improve PPFs, and more say PPFs is likely to improve outcomes to some extent. The overall increase from 2015 to 2018 in associating PPFs with a decrease in child protection and an increase in cooperation and better outcomes for children and families also suggests greater understanding of the purpose of PPFs.

2015	2018
This survey finding adds further impetus to the ongoing awareness-raising campaigns regarding 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.	The greater awareness established in 2018 suggests that the timing for an awareness campaign relating to PPFs is appropriate.
It is of note that very few had a wholly negative view of the potential of Tusla to improve services, and nearly half had a positive view.	This is reinforced in the 2018 findings.

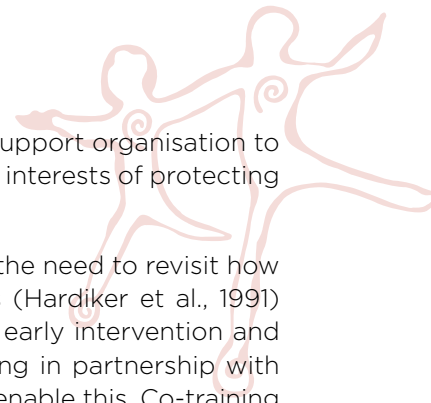
4.5 Overview of Findings Time 1 and 2

Most family support in Ireland is delivered and received via informal family networks, and based on the survey findings, this reliance has increased from 2015 to 2018. These findings raise a number of important discussion points, as follows.

First, the findings clearly indicate a significant increase in awareness and knowledge about Tusla and the PPFs programme.

Secondly, there is a need for greater clarification of the relationship between child protection and family support that can be communicated. Work has already progressed in this regard in terms of how Tusla communicates the relationship between family support and child protection services from 2014 to 2018. Work has also been completed on the complementary principles that underpin Meitheal, the family support model of practice, and ‘Signs of Safety’, the child protection and welfare model of practice (Malone et al., 2018). It will be important going forward that a focus be placed on the complementarity between Meitheal and Signs of Safety as two distinct practice models that share many common goals and principles relating to intervention at different stages of need and risk for children and families. The need for explicit mechanisms to balance interventions for support and protection in Ireland resonates strongly with developments internationally, where child protection systems balance protecting and supporting families, triangulated with children’s rights (Parton, 2017; Daly et al., 2015; Gilbert et al., 2011). It is increasingly recognised that family support and child protection are not linear, separate paths, even though they may have historically developed this way (Devaney & McGregor, 2017; Devaney, 2011; Skehill, 2004). The duality of support and protection in working with children and families has been long established (Parton, 1991; Donzelot, 1979). One may argue that somehow the public and media, while not using the theoretical language, understand family support and child protection in this way also – as interconnected and overlapping.

The public and media understanding of family support is focused more on child protection based on these survey results. This points to the need for this persistent and symbiotic relationship between support and protection with children’s and family’s needs to be given a clearer explanation. Such an explanation



needs to capture the dual role of Tusla as a child protection, welfare, and family support organisation to both promote and support families, while also regulating and managing risk in the interests of protecting children from harm.

Thirdly, the conflation of family support and universal support services suggests the need to revisit how we conceptualise family support as a tiered model delivered at different levels (Hardiker et al., 1991) and consider how a public health model can enhance the scope of PPFs as an early intervention and prevention approach (e.g., Canavan et al., in press). This requires greater working in partnership with universal services such as GPs and PHNs and the development of strategies that enable this. Co-training and education of professionals such as GPs, PHNs, family support workers, social care workers, and social workers is also important and will be key to enhancing effective collaborative working.

Fourthly, and connected to the point above, we need to recognise that there is a dissonance between how family support is theoretically constructed and how the public describe and understand it. It is already established that 'family support' as a concept is difficult to define (Canavan et al., 2016; Devaney, 2011), and the findings from this study strongly suggest that what we think professionally and how we conceptualise family support is not how the public think about it. There is a need to consider in more depth the relationship between professionally constructed explanations and publicly generated understanding (Canavan, McGregor & Nic Gabhainn, 2018).

Fifthly, a universal and targeted response is needed to ensure effective targeting for different population groups. The findings indicate that particular attention is required to the distinction between rural and urban contexts and awareness-raising for children and young people and adult populations. It is important to note a limitation of our surveys here, in that they did not necessarily pick up on the views of groups likely to be most vulnerable and in need of surveys, something recognised in the literature (Lavrakas, 2008).

Finally, the findings highlight the significance of informal family support and offer a reminder that most families do not rely on Tusla for support or protection services. The study findings remind us of the significance of informal family support (Dolan et al., 2018; Canavan et al., 2016) and that most of the general population will receive their family support from their own networks and resources. This reinforces the importance of practical, material, and social support for families and local communities in Ireland to ensure they are appropriately equipped to sustain and maintain support to those among them in need. There is a need for greater engagement from government agencies that support families with housing, welfare, and health, to ensure investment in supporting families who in turn act as the best source of early intervention and prevention for children and families who experience levels of need and risk (Bywaters et al., 2018; Morris et al., 2018).

4.6 How Best to Inform the Public, Survey 2018

From the findings about informing the public, based on the 2018 data, many mechanisms have been identified that will help to inform the public and increase their levels of awareness, taking into account some of the points made in Section 4.5.

Social media and websites were the two most cited mechanisms for informing both the adult and youth populations in the survey. Other primary sources for informing adults were television and newspapers, at 63.1% and 44.1% respectively. Advertisements were another important source for adult information (44.6%) but less so for young people (12.2%). An interesting difference was noted between mechanisms for informing the public and mechanisms for the public to find out about services.

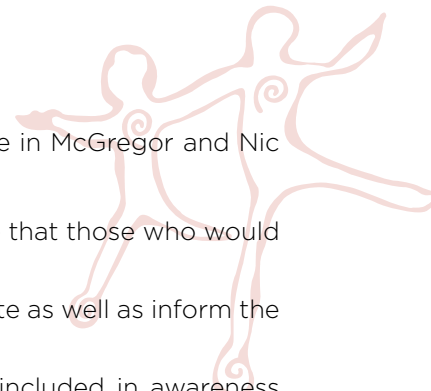
While social media and advertising were deemed to be more appropriate for making the public more aware, television and the website were most frequently cited as the best mechanisms to inform adults

and young people. The website was also the main place people said they would go to find out about services. The variety of media noted by the public is important here. Radio featured very little in the survey or the feedback from stakeholders as a means of informing the public. An interesting difference was noted between informing the public and finding out about services. The survey findings show that most of the adult population find out about services from the website (50.9%) followed by social media (29.7%) and family and friends (28.7%). The emphasis on the role of schools to inform young people is also very significant at 74.4%.

With reference to young people specifically, it is important to note the findings suggesting that the requirements for awareness-raising and information-sharing with young people are distinct from those targeting the adult population. Of particular interest, the public perceive school to be an important source of information for young people, according to the 2018 survey results, although this is based only on adult viewpoints and not those of young people themselves. Overall, 74.4% of respondents consider school to be an appropriate mechanism to inform children and young people about services. In the literature, the role of schools as mechanisms for creating awareness is explored in detail in relation to various themes. School campaigns aimed at young people are usually implemented using a variety of methods, including workshops and professional development programmes (Hickie et al., 2007; Wyn et al., 2000). School programmes need to account for local cultural context, student abilities, and timetable availability of young people prior to undertaking such interventions. The internet has been used as a successful medium in effectively targeting young people, as they are able to avail of immediate feedback, access information, and deal with sensitive topics. Technology-based interventions appear to be effective, appealing, and engaging for young people (Collin et al., 2011; Wright et al., 2006).

Actions to be decided on for an awareness campaign or awareness-raising activities should be agreed as part of an overall strategy that can be evaluated. Based on the literature on public awareness campaigns, appropriate evaluation can be very challenging (Kakuma et al., 2010; Mikton & Butchart, 2009; Self-Brown et al., 2008; Graffunder et al., 2004), and even though awareness campaigns are widely used, their impact remains largely unclear (Jorm, 2012; van der Feltz-Cornelis et al., 2011). Generally, it is argued that the impact of public awareness campaigns may be restricted over time and can have short-term but rarely long-term effects (Yamaguchi et al., 2011; Dumesnil & Veger, 2009). While campaigns can increase knowledge, this does not necessarily impact on people's attitudes, intentions, and help-seeking behaviours (Collin et al., 2011; Rheingold et al., 2007). There is in fact only slight support for the assumption that a tailored media campaign actually modifies attitudes or behaviours (Mancini et al., 2006).

4.7 Conclusion



This survey reinforces many of the points about awareness-raising that we made in McGregor and Nic Gabhainn, 2016. In sum, we suggested:

- A public campaign should be tailored to different audiences to ensure that those who would benefit most from the PFFS services of Tusla are reached.
- There is a need to consider how an awareness campaign would educate as well as inform the public about family support.
- The important finding about the role of informal family support is included in awareness campaigns.
- The importance of the generic services – especially the GP and PHN – as a source for information and support, especially in rural areas, should be emphasised.
- There is a challenge to consider how best an awareness campaign can create sustained and long-standing impact to increase awareness, understanding, and use of PFFS services with the resources available.
- The potential role of the media should be considered in developing an awareness campaign.
- Evaluation and monitoring of public awareness campaigns is important to measure changes in awareness, attitudes, and behaviour.

The evidence from the 2018 data strengthens each of the points above. It also provides further evidence that families generally rely on their own networks for help. We recommend that this be emphasised in publicity work by Tusla. It should also be used to advocate strongly for partnership working and improved general support services to families from other Government departments responsible for family and community support.

The 2018 findings indicate an increase in awareness and knowledge overall among the Irish population about Tusla and the PFFS services. However, the findings from both surveys also indicate the need for greater clarification of the relationship between child protection and family support that can be communicated to the public in general, as well as to the media and other target groups such as politicians, educators, and policymakers. The public need to be informed and educated more about what family support is and how it relates to child protection in the context of the overall services of Tusla. This needs to include the message that while it is necessary to differentiate between the CPWS and PFFS strategy and its related practice models to ensure fidelity and clarity of purpose, the common principles of practice should underpin the work and ensure that the notion of ‘stepping up’ or ‘down’ from protection to support is understood as the complex and nuanced process that the evidence and knowledge show it to be.

The findings show that when the public need help outside of their own families, it is more universal than specialist services that they consider. We recommend that consideration be given to how Tusla can ensure high levels of knowledge and awareness of PFFS services among GPs and PHNs for adults, for example, and among schools and teachers for young people.

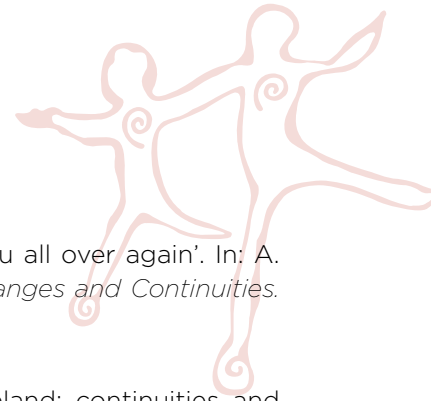
With reference to young people specifically, the public view is that school is an important source of information according to the 2018 survey results. We recommend that the role of schools in creating and maintaining greater awareness among young people be considered in partnership with teachers and the Department of Education.

Finally, speaking back to the main research questions, the findings of the overall baseline and follow-up

survey can be used to offer the following conclusions:

	Themes	Conclusions
1	Public Awareness, Understanding and Knowledge of the Role, Purpose and Processes of Tusla Family Support Service	<p>There is a need for greater clarification of the relationship between child protection and family support.</p> <p>There is a need to consider relationship between Family Support and Universal Services.</p> <p>The public understanding of PPFS differs somewhat from professional constructions, and this needs to be analysed further and captured in awareness-raising activity.</p> <p>The fact that most family support in Ireland is delivered through family and informal support networks should be highlighted in policy and practice developments</p>
2	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 / Mechanisms that work best to inform the public	<p>A variety of mechanisms and strategies should be used in line with findings from the survey and the relevant literature.</p> <p>Clarity of purpose and rationale is important.</p> <p>Specific strategies are needed for creating awareness among young people.</p> <p>Specific strategies are needed for creating awareness and responding to need for services among rural and urban dwellers</p> <p>Specific strategies are needed for targeted populations deemed most likely to be in need of services, and more data is required on these population groups.</p>
3	How can findings from this study inform Tusla's Public Awareness activity into the future?	<p>Short Term:</p> <ul style="list-style-type: none"> • The survey findings can directly inform current public awareness activity in Tusla. • The findings can inform the development of a targeted strategy for youth and rural-urban contexts. <p>Medium Term</p> <ul style="list-style-type: none"> • The research findings can be used to inform design and delivery of a Public Awareness Campaign. <p>Long Term:</p> <ul style="list-style-type: none"> • Have evaluation mechanisms in place to measure ongoing changes in awareness over time. • Consider further surveys to map changes, including more detailed measurement of impact of specific public awareness campaigns and practices.

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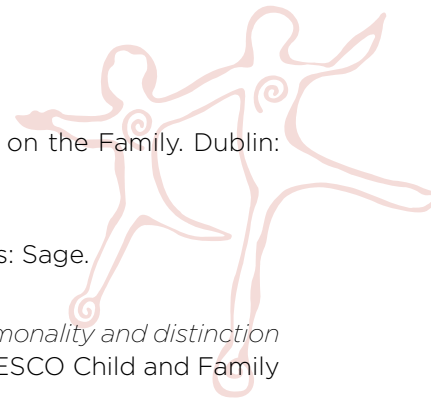
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Appendix 1

Population Follow-up Survey 2017

READ OUT: Hi, my name is _____
 from _____ 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 1: Demographic Profile

1. Gender: Male Female

2a. What is your exact age?

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

Do not read out

3. Would you 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

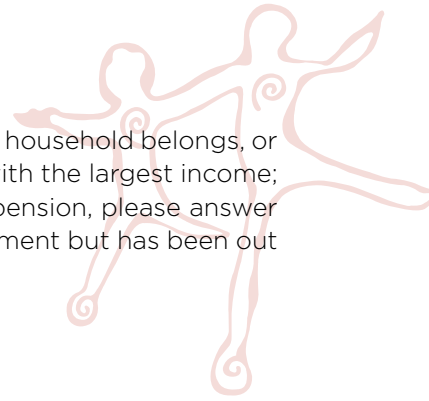
8. Other, write in description

4. Geographical Location

a. What type of area do you live in? Urban Rural

b. What county do you live in?

Carlow	
Cavan	
Clare	
Cork	
Donegal	
Dublin	
Galway	
Kerry	
Kildare	
Kilkenny	
Laois	
Leitrim	
Limerick	
Longford	
Louth	
Mayo	
Meath	
Monaghan	
Offaly	
Roscommon	
Sligo	
Tipperary	
Waterford	
Westmeath	
Wexford	
Wicklow	



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 _____

Do not read out

6. Are you a:

Parent Grandparent Foster Parent Great grandparent Guardian

None of the above

Do not read out

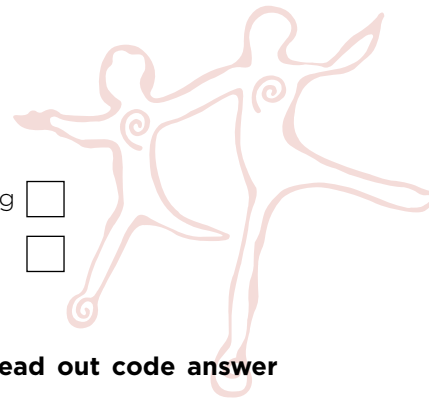
Ask all codes 1-5 @Q7

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	Q7c	
	<p>Do not read out</p> <p>Number (for each item selected, ask the number of children)</p>	<p>Do not read out</p> <p>Age: Record the ages of the oldest and youngest children</p>	
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 sister's 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 99

8a. If employed/self-employed, what is the nature of your work? **Do not read out code answer back into list**

Public Service Health	
Public Service Social Work	
Public Service, Social Welfare	
Public Service, Education	
Public Service, Justice	
Public Service, Other	
Private Health	
Private Commercial	
Professional	
Private Social Service/Therapy	
Manual	
Non-Manual	
Skilled Manual	
Non-Skilled Manual	
Unskilled	
Full-time Home worker	
Farmer	
Retired	
Other	
Refused	

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), what 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

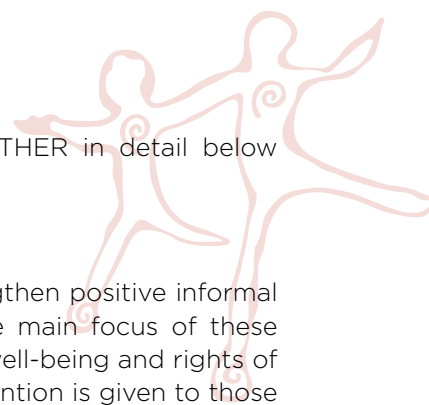
Other _____

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.”

Other _____

3d.

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

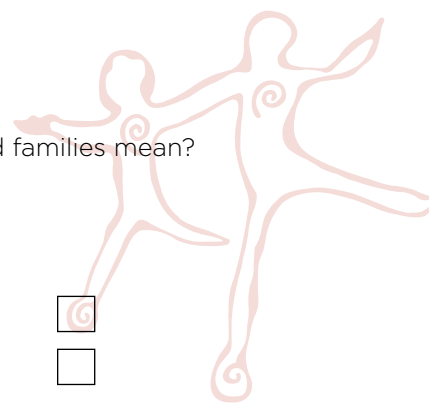
No

Not sure

4a. 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		Early Years Services (Pre-school/ Play group) (e.g. services for children pre-school age)	
Public Health Nurse		Educational welfare & school support services (e.g. support for children of school-going age)	
Residential /Foster care		Youth and Adolescent Support services (Youth groups/ Mentoring) (e.g. support for teenagers)	
Domestic Violence Services		Parenting groups or programmes such as Common Sense Parenting/Triple P (e.g. supports specifically for Parents)	
Services for child protection		Support for Parents in their home (e.g. home help, home visits)	
Services for children in care		Family Resource Centres	
G.P.		Community Centres	
Disability Services		Primary Care Centre	
Mental Health services		Health Centre / Clinic	
Addiction/Substance Abuse services		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		Extended Family	
My immediate family		Neighbour	
Friends		Someone in the local community (e.g. priest, doctor)	
On-line social media /websites / discussion forums		Work colleagues	
Other:Specify		I would seek professional help	

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		Call Local Social services	
Attend the local Family Resource Centre		Contact another agency in my area	
Ask the teacher		Ask the GP	
Ask the PHN		Contact my local community group	
Contact community worker		Call Parent Line	

Other: _____



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

Yes (tick which ones)

No (go to Q 4)

3a. If YES

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

Other: _____

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 _____

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		Early Years Services (Pre-school/ Play group) (e.g. services for children pre-school age)	
Public Health Nurse		Educational welfare & school support services (e.g. support for children of school-going age)	
Residential /Foster care		Youth and Adolescent Support services (Youth groups/Mentoring) (e.g. support for teenagers)	
Domestic Violence Services		Parenting groups or programmes such as Common Sense Parenting/ Triple P (e.g. supports specifically for Parents)	
Services for child protection		Support for Parents in their home (e.g. home help, home visits)	
Services for children in care		Family Resource Centres	
G.P.		Community Centres	
Disability Services		Primary Care Centre	
Mental Health services		Health Centre / Clinic	
Addiction/Substance Abuse services		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?

Part 5: Accessing Services

1. How can the public be made more aware of Tusla and its services?

2. What mechanisms work best to inform the public (focussing on adults)?

Website

Social Media (e.g. Facebook, Twitter)

Newspapers

Advertisements

TV

Community Events

Leaflets

Word of Mouth

Other



3. What are the best ways to inform children and young people of Tusla's services?

- Website
- Social Media (e.g. Facebook, Twitter)
- At school
- TV
- Newspapers
- Advertisements
- Community Events
- Leaflets
- Word of Mouth
- Family
- Friends
- Other _____

4. How do you find out about services if/when you need them?

- Website
- Social Media (e.g. Facebook, Twitter)
- At school
- TV
- Newspapers
- Advertisements
- Community Events
- Leaflets
- Word of Mouth
- Family
- Friends
- I don't need services
- Other _____

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.

Appendix 2

Tusla Awareness Surveys, differences over time 2015–2018

Tusla Awareness Surveys, differences over time 2015–2018, for all and by gender, by age, by social status, by urbanity and by parenting status

Section One: View of Family Support

Perceived responsibility for supporting families when they cannot manage

Who is responsible	All		Gender %, significance	Age %, significance
	T1:N (%)	T2:N (%)		
The State ¹	474 (47.4)	415 (41.4)**	M T1 49.3; T2 47.3 F T1 45.5; T2 35.8**	Y T1 45.3; T2 42.0 O T1 48.5; T2 41.1**
Social Workers ¹	387 (38.7)	403 (40.3)	M T1 36.2; T2 39.9 F T1 41.1; T2 40.7	Y T1 39.1; T2 38.6 O T1 38.5; T2 41.0
Tusla/CFA ¹	178 (17.8)	445 (44.5)***	M T1 16.4; T2 38.4*** F T1 19.2; T2 50.3***	Y T1 17.6; T2 40.3*** O T1 18.0; T2 46.2***50.3***
Local community service ¹	83 (8.3)	81 (8.1)	M T1 9.2; T2 6.5 F T1 7.5; T2 9.6	Y T1 10.6; T2 8.1 O T1 7.1; T2 8.1
Local voluntary service ¹	67 (6.7)	64 (6.4)	M T1 7.2; T2 5.9 F T1 6.3; T2 6.8	Y T1 5.6; T2 5.8 O T1 7.1; T2 6.7
Don't know	62 (6.2)	24 (2.4)***	M T1 6.1; T2 F T1 6.3; T2	Y T1 9.1; T2 4.4* O T1 4.7; T2 1.6**
HSE	23 (2.3)	0 (0.0)***	M T1 1.6; T2 F T1 1.9; T2	Y T1 1.5; T2 0.0* O T1 2.7; T2 0.0***
Community Centre	22 (2.2)	39 (3.9)*	M T1 2.2; T2 4.3 F T1 2.3; T2 3.5	Y T1 0.9; T2 3.4* O T1 3.0; T2
Families themselves	17 (1.7)	12 (1.2)	M T1 0.8; T2 F T1 2.7; T2	Y T1 0.6; T2 0.7 O T1 2.1; T2 1.4
Social Welfare/ Protection	15 (1.5)	0 (0.0)***	M T1 2.0; T2 F T1 1.0; T2	Y T1 2.4; T2 0.0** O T1 2.3; T2 0.0**
Other	13 (1.3)	45 (4.5)***	M T1 1.8; T2 4.9** F T1 0.8; T2 4.1***	Y T1 0.3; T2 6.1*** O T1 1.8; T2 3.8*
GP/Nurse	4 (0.4)	1 (0.1)	M T1 0.0; T2 F T1 0.8; T2	Y T1 0.3; T2 9.3 O T1 0.8; T2 0.0*
Gardaí	1 (0.1)	0 (0.0)	M T1 0.0; T2 F T1 0.1; T2	Y T1 0.0; T2 0.0 O T1 0.5; T2 0.0

¹ Response options given; all other responses were volunteered by participants.

T1 = 2015; T2 = 2018; M = Male, F = Female; Y = 18–34 years old, O = 35+ years old; H = ABC1, L = C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



Socio-demographic differences

Social status %, significance	Urbanity %, significance	Parenting status %, significance
H T1 50.9; T2 45.2 L T1 44.9; T2 38.7*	U T1 52.1; T2 46.6 R T1 40.1; T2 33.8	P T1 46.6; T2 39.1** NP T1 48.7; T2 46.1
H T1 36.9; T2 38.5 L T1 39.9; T2 41.7	U T1 39.3; T2 40.5 R T1 37.8; T2 40.0	P T1 40.3; T2 40.7 NP T1 35.8; T2 39.4
H T1 21.7; T2 48.1*** LT1 15.1; T2 41.9***	U T1 12.4; T2 41.7*** R T1 26.1; T2 48.6***	P T1 18.3; T2 47.5*** NP T1 17.0; T2 38.2***
H T1 8.3; T2 9.6 L T1 8.4; T2 7.0	U T1 8.5; T2 8.2 R T1 8.1; T2 7.9	P T1 8.1; T2 7.9 NP T1 8.9; T2 8.5
H T1 5.5; T2 6.7 L T1 7.5; T2 6.2	U T1 7.3; T2 6.1 R T1 5.8; T2 6.9	P T1 6.6; T2 6.7 NP T1 6.7; T2 5.8
H T1 6.4; T2 1.4* L T1 6.0; T2 3.1*	U T1 5.5; T2 2.7 R T1 7.3; T2 2.0***	P T1 4.7; T2 2.4* NP T1 8.9; T2 2.4***
H T1 2.8; T2 0.0*** L T1 1.9; T2 0.0***	U T1 2.8; T2 0.0*** R T1 1.3; T2 0.0*	P T1 2.8; T2 0.0*** NP T1 1.4; T2 0.0*
H T1 1.8; T2 3.3 L T1 2.6; T2 4.3	U T1 2.0; T2 4.2* R T1 2.8; T2 3.5	P T1 2.7; T2 4.3 NP T1 1.4; T2 3.0
H T1 1.6; T2 0.5 L T1 1.7; T2 1.7	U T1 1.3; T2 1.0 R T1 2.3; T2 1.5	P T1 2.0; T2 1.6 NP T1 1.1; T2 0.3
H T1 2.9; T2 0.0** L T1 2.0; T2 0.0***	U T1 2.0; T2 0.0** R T1 3.0; T2 0.0**	P T1 2.8; T2 0.0*** NP T1 1.4; T2 0.0*
H T1 1.1; T2 3.3* L T1 1.5; T2 5.3***	U T1 1.3; T2 4.9*** R T1 1.3; T2 4.0*	P T1 2.0; T2 4.9** NP T1 0.0; T2 3.6***
H T1 0.7; T2 0.0 L T1 0.5; T2 0.2	U T1 0.7; T2 0.2 R T1 0.5; T2 0.0	P T1 0.6; T2 0.1 NP T1 0.3; T2 0.0
H T1 0.5; T2 0.0 L T1 0.2; T2 0.0	U T1 0.5; T2 0.0 R T1 0.0; T2 0.0	P T1 0.5; T2 0.0 NP T1 0.0; T2 0.0

Tusla

Knowledge of Tusla

	All		Socio-demographic differences for answer 'yes'				
	T1:N (%)	T2:N (%)	Gender %, significance	Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Yes	250 (25.0)	564 (56.4)***	M T1 19.2; T2 50.5*** F T1 30.7; T2 61.9***	Y T1 22.6; T2 47.5*** O T1 26.3; T2 60.1***	H T1 31.9; T2 61.2*** L T1 20.3; T2 53.0***	U T1 23.8; T2 58.7*** R T1 26.9; T2 53.1***	P T1 29.1; T2 60.7*** NP T1 17.8; T2 47.6***

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

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

	All			Socio-demographic differences for answer A				
	a. A new child and family agency for support and protection	b. A new child protection service	c. A branch of the HSE	Gender %, significance	Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
(%) no 1	T1 215 (61.0) T2 426 (65.3)***	T1 58 (16.4) T2 100 (15.4)	T1 59 (16.6) T2 110 (16.9)	M T1 58.6; T2 62.8 F T1 62.5; T2 67.4*	Y T1 66.7; T2 63.1 O T1 58.6; T2 66.1***	H T1 58.0; T2 66.4 L T1 64.0; T2 64.4**	U T1 57.1; T2 59.1* R T1 67.3; T2 75.0*	P T1 61.4; T2 66.4** NP T1 60.0; T2 62.5*

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

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

	All		Socio-demographic differences for answer 'yes'				
	T1:N (%)	T2:N (%)	Gender %, significance	Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Yes	153 (15.3)	286 (28.6)***	M T1 12.5; T2 20.9** F T1 18.0; T2 35.8***	Y T1 13.5; T2 27.1*** O T1 16.2; T2 29.2***	H T1 17.8.0; T2 32.5*** L T1 13.6; T2 25.7***	U T1 13.4; T2 29.9*** R T1 18.2; T2 26.7*	P T1 18.0; T2 30.6*** NP T1 10.6; T2 24.5***

M = Male, F = Female; Y = 18-34 years old, O = 35+ years old; 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?



Source	Socio-demographic differences							Parenting status %, significance
	All	T1:N (%)	T2:N (%)	Gender %, significance	Age %, significance	Social status %, significance	Urbanity %, significance	
Media /News		70 (7.0)	49 (4.9)*	M T1 8.0; T2 4.5* F T1 6.3; T2 5.3	Y T1 6.5; T2 1** O T1 7.3; T2 6.2	H T1 7.1; T2 4.1 L T1 7.3; T2 5.5	U T1 5.4; T2 6.7 R T1 10.0; T2 2.2***	P T1 6.9; T2 4.3* NP T1 7.2; T2 6.1
Other Work Context ¹		54 (5.4)	113 (11.3)***	M T1 3.5; T2 7.2** F T1 7.4; T2 15.3***	Y T1 5.3; T2 11.9*** O T1 5.5; T2 11.1**	H T1 8.1; T2 15.1** L T1 3.6; T2 8.6***	U T1 4.8; T2 11.4*** R T1 6.3; T2 11.1*	P T1 6.1; T2 13.3*** NP T1 4.4; T2 7.3
Family/ Friend ¹		45 (4.5)	91 (9.1)***	M T1 4.9; T2 8.0* F T1 4.1; T2 10.2***	Y T1 3.8; T2 6.8 O T1 4.8; T2 10.1**	H T1 3.4; T2 9.6*** L T1 5.2; T2 8.7	U T1 3.6; T2 8.4** R T1 5.8; T2 10.1*	P T1 5.0; T2 9.9** NP T1 3.6; T2 7.6*
Website ¹		29 (2.9)	95 (9.5)***	M T1 2.7; T2 6.5** F T1 3.1; T2 12.3***	Y T1 2.9; T2 13.2*** O T1 2.9; T2 7.9***	H T1 4.6; T2 11.8*** L T1 1.7; T2 7.9***	U T1 3.0; T2 9.4*** R T1 2.8; T2 9.6***	P T1 3.8; T2 10.0*** NP T1 1.4; T2 8.5***
Teacher/GP/ PHN ¹		12 (1.2)	41 (4.1)***	M T1 0.8; T2 2.2* F T1 1.8; T2 5.9***	Y T1 2.1; T2 5.8* O T1 0.8; T2 3.4***	H T1 2.2; T2 6.0** L T1 0.5; T2 2.7**	U T1 0.3; T2 4.2*** R T1 2.5; T2 4.0	P T1 1.6; T2 4.8** NP T1 0.6; T2 2.7*
Attending a service ¹		11 (1.1)	27 (2.7)**	M T1 1.0; T2 2.2 F T1 1.4; T2 3.1*	Y T1 1.5; T2 3.7 O T1 0.9; T2 2.3	H T1 0.9; T2 3.1* L T1 1.3; T2 2.4	U T1 1.3; T2 1.3 R T1 0.8; T2 4.7**	P T1 1.3; T2 3.3* NP T1 0.8; T2 1.5
Other		4 (0.4)	60 (6.0)***	M T1 0.2; T2 5.7*** F T1 0.6; T2 6.3***	Y T1 0.3; T2 2.4* O T1 0.3; T2 7.5***	H T1 0.6; T2 5.0*** L T1 0.2; T2 6.7***	U T1 0.5; T2 8.1*** R T1 0.3; T2 3.0**	P T1 0.6; T2 4.9*** NP T1 0.0; T2 8.2***
Working in Tusla ¹		3 (0.2)	14 (1.4)**	M T1 0.0; T2 0.8 F T1 0.4; T2 2.0*	Y T1 0.6; T2 1.0 O T1 0.2; T2 1.6**	H T1 0.5; T2 1.4 L T1 0.1; T2 1.4*	U T1 0.3; T2 1.0 R T1 0.3; T2 2.0*	P T1 0.3; T2 1.8** NP T1 0.0; T2 0.6
Don't know		2 (0.2)	2 (0.2)	M T1 1.0; T2 0.0 F T1 0.2; T2 0.0	Y T1 0.0; T2 0.0 O T1 0.3; T2 0.0	H T1 0.0; T2 0.0 L T1 0.3; T2 0.0	U T1 0.0; T2 0.0 R T1 0.5; T2 0.0	P T1 0.3; T2 0.0 NP T1 0.0; T2 0.0

¹ Response options given; all other responses were volunteered by participants

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

Family Support Services

Do you know what a Family Support service is?

	All		Gender %, significance	Age %, significance
	T1:N (%)	T2:N (%)		
Yes	510 (51.1)	505 (50.4)	M T1 45.5; T2 43.3 F T1 56.5; T2 58.2	Y T1 46.8; T2 49.5 O T1 53.3; T2 50.8

M = Male, F = Female; Y = 18-34 years old, O = 35+ years old; 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		Gender %, significance
	T1:N (%)	T2:N (%)	
Social Work	353 (35.3)	365 (36.5)	M T1 31.1; T2 34.9 F T1 39.4; T2 38.0
Services for Child Protection	324 (32.4)	376 (37.6)*	M T1 31.5; T2 33.3 F T1 33.3; T2 41.7**
Services for Children in Care	237 (23.7)	289 (28.9)**	M T1 20.9; T2 26.8* F T1 26.5; T2 30.9
Public Health Nurse	210 (21.0)	182 (18.2)	M T1 17.6; T2 13.5* F T1 24.3; T2 22.7
Domestic Violence Services	195 (19.5)	196 (19.6)	M T1 17.8; T2 17.6 F T1 21.1; T2 21.3
Mental Health Services	194 (19.4)	215 (21.4)	M T1 18.4; T2 18.8 F T1 20.2; T2 23.9
Family Resource Centres	177 (17.7)	185 (18.5)	M T1 15.5; T2 15.5 F T1 19.8; T2 21.3
Educational Welfare and school support services	173 (17.3))	178 (17.8)	M T1 14.9; T2 14.3 F T1 19.6; T2 20.9
Support for parents in their home	172 (17.2)	165 (16.5)	M T1 16.6; T2 13.3 F T1 17.8; T2 19.6
Early Years Services	165 (16.5)	193 (19.3)	M T1 13.7; T2 16.9 F T1 19.2; T2 21.5
Disability Services	158 (15.8)	173 (17.3)	M T1 13.9; T2 14.5 F T1 17.6; T2 19.8



Socio-demographic differences for answer 'yes'			
	Social status %, significance	Urbanity %, significance	Parenting status %, significance
	H T1 56.7; T2 55.7 L T1 47.1; T2 46.7	U T1 50.8; T2 54.3 R T1 51.4; T2 44.7*	P T1 56.9; T2 52.3 NP T1 40.7; T2 46.7

Socio-demographic differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 31.2; T2 36.6 O T1 37.4; T2 36.4	H T1 38.3; T2 42.3 L T1 33.2; T2 32.2	U T1 31.7; T2 39.8** R T1 40.8; T2 31.5**	P T1 40.0; T2 36.4 NP T1 27.0; T2 36.7**
Y T1 33.5; T2 40.0 O T1 31.9; T2 36.6*	H T1 38.0; T2 42.6 L T1 28.5; T2 34.0*	U T1 28.5; T2 37.8** R T1 38.3; T2 37.3	P T1 34.1; T2 40.3 NP T1 29.4; T2 32.1
Y T1 22.9; T2 29.2* O T1 24.1; T2 28.8*	H T1 28.8; T2 30.9 L T1 20.2; T2 27.5**	U T1 21.3; T2 29.4** R T1 27.3; T2 28.1	P T1 25.9; T2 30.7 NP T1 19.7; T2 25.2
Y T1 15.6; T2 16.9 O T1 23.7; T2 18.7*	H T1 19.3; T2 21.6 L T1 22.2; T2 15.8**	U T1 17.0; T2 17.8 R T1 27.0; T2 19.0	P T1 23.6; T2 20.3 NP T1 16.4; T2 13.9
Y T1 17.9; T2 22.4 O T1 20.3; T2 18.3	H T1 19.5; T2 22.0 L T1 16.6; T2 17.8	U T1 17.5; T2 20.7 R T1 22.6; T2 18.0	P T1 20.4; T2 20.7 NP T1 17.8; T2 17.3
Y T1 18.8; T2 24.4 O T1 19.7; T2 20.1	H T1 22.3; T2 23.5 L T1 17.4; T2 19.9	U T1 16.7; T2 20.7 R T1 23.5; T2 22.7	P T1 21.9; T2 21.2 NP T1 15.0; T2 22.1*
Y T1 17.9; T2 20.0 O T1 17.6; T2 17.9	H T1 20.7; T2 22.5 L T1 15.7; T2 15.6	U T1 15.3; T2 20.0* R T1 21.5; T2 16.5	P T1 18.4; T2 20.3 NP T1 16.4; T2 14.8
Y T1 18.2; T2 23.4 O T1 17.0; T2 15.4	H T1 21.4; T2 24.0 L T1 14.5; T2 13.2	U T1 15.8; T2 19.8 R T1 19.6; T2 14.8	P T1 19.7; T2 18.3 NP T1 13.3; T2 16.7
Y T1 18.8; T2 16.9 O T1 16.4; T2 16.3	H T1 19.4; T2 19.9 L T1 15.6; T2 14.1	U T1 15.0; T2 16.8 R T1 20.4; T2 16.3	P T1 16.7; T2 16.7 NP T1 17.8; T2 16.1
Y T1 17.9; T2 22.4 O T1 15.8; T2 18.0	H T1 21.8; T2 25.8 L T1 12.9; T2 14.6	U T1 16.6; T2 21.5* R T1 16.6; T2 16.0	P T1 18.0; T2 19.8 NP T1 13.9; T2 18.2
Y T1 13.8; T2 20.7* O T1 16.7; T2 15.7	H T1 16.1; T2 19.9 L T1 15.5; T2 15.4	U T1 15.6; T2 18.7 R T1 15.9; T2 15.3	P T1 16.6; T2 16.8 NP T1 14.2; T2 18.2

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
General Practitioner	149 (14.9)	160 (16.0)	M T1 10.8; T2 13.5 F T1 18.8; T2 18.4
Youth and Adolescent support services	147 (14.7)	163 (16.3)	M T1 12.1; T2 12.9 F T1 17.2; T2 19.4
Residential or Foster Care	142 (14.2)	192 (19.2)**	M T1 11.9; T2 17.3* F T1 16.5; T2
Addiction or Substance Abuse Services	139 (13.9)	173 (17.3)*	M T1 12.7; T2 16.2 F T1 15.1; T2 18.4
Parenting groups or programmes	138 (13.8)	138 (13.8)	M T1 12.3; T2 10.8 F T1 15.3; T2 14.5
Health Centre or Clinic	106 (10.6)	93 (9.3)	M T1 9.0; T2 7.6 F T1 12.1; T2 11.0
Community Centres	104 (10.4)	107 (10.7)	M T1 9.0; T2 10.2 F T1 11.7; T2 11.2
Primary Care Centres	98 (9.8)	94 (9.4)	M T1 7.6; T2 7.6 F T1 12.0; T2 11.2
Other	22 (2.2)	13 (1.3)	M T1 1.2; T2 1.0 F T1 2.9; T2 1.6
Community or Voluntary organisation or service provider	19 (1.9)	8 (0.8)*	M T1 1.8; T2 0.6 F T1 2.0; T2 1.0
Provide support to families in need of help	16 (1.6)	2 (0.2)***	M T1 1.4; T2 0.0* F T1 2.2; T2 0.0
Don't know	3 (0.3)	2 (0.2)	M T1 0.0; T2 1.0 F T1 0.6; T2 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; H = ABC1, L = C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



Socio-demographic differences

Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 13.5; T2 18.0 O T1 15.6; T2 15.2	H T1 16.3; T2 19.4 L T1 13.9; T2 13.6	U T1 14.1; T2 17.4 R T1 15.9; T2 14.0	P T1 16.7; T2 17.0 NP T1 11.7; T2 13.9
Y T1 14.7; T2 21.4* O T1 14.7; T2 14.2	H T1 20.8; T2 22.2 L T1 10.4; T2 12.0	U T1 14.6; T2 19.7* R T1 14.9; T2 11.4	P T1 15.8; T2 15.8 NP T1 12.5; T2 17.0
Y T1 12.4; T2 19.3* O T1 15.3; T2 19.1*	H T1 17.2; T2 22.7* L T1 12.2; T2 16.7*	U T1 12.6; T2 20.5*** R T1 16.9; T2 17.3	P T1 15.5; T2 20.1* NP T1 12.0; T2 17.3*
Y T1 12.4; T2 18.6* O T1 14.7; T2 16.7	H T1 17.4; T2 18.0 L T1 11.5; T2 16.8**	U T1 12.0; T2 14.6 R T1 16.9; T2 21.2	P T1 14.7; T2 18.4 NP T1 12.5; T2 15.2
Y T1 18.2; T2 15.3 O T1 11.7; T2 11.6	H T1 17.3; T2 16.8 L T1 11.5; T2 9.8	U T1 12.6; T2 14.4 R T1 15.6; T2 10.4*	P T1 14.8; T2 14.0 NP T1 11.9; T2 10.0
Y T1 8.2; T2 11.2 O T1 12.0; T2 8.5*	H T1 11.9; T2 10.5 L T1 9.8; T2 8.4	U T1 9.6; T2 8.9 R T1 12.3; T2 9.9	P T1 10.9; T2 9.4 NP T1 10.3; T2 9.1
Y T1 9.1; T2 14.9* O T1 11.1; T2 8.9	H T1 11.9; T2 13.4 L T1 9.3; T2 8.7	U T1 10.1; T2 12.3 R T1 10.6; T2 8.4	P T1 11.7; T2 10.1 NP T1 8.1; T2 11.8
Y T1 7.6; T2 9.8 O T1 10.9; T2 9.2	H T1 10.9; T2 12.2 L T1 9.1; T2 7.4	U T1 8.5; T2 9.1 R T1 11.8; T2 9.9	P T1 11.2; T2 9.6 NP T1 7.5; T2 9.1
Y T1 2.1; T2 0.7 O T1 2.3; T2 1.6	H T1 2.7; T2 1.2 L T1 1.8; T2 1.4	U T1 2.7; T2 1.5 R T1 1.3; T2 1.0	P T1 2.5; T2 1.0* NP T1 1.4; T2 1.8
Y T1 1.5; T2 1.4 O T1 2.0; T2 0.6*	H T1 1.6; T2 0.5 L T1 2.0; T2 1.0	U T1 2.2; T2 0.5* R T1 1.5; T2 1.2	P T1 2.3; T2 0.7* NP T1 1.1; T2 0.9
Y T1 2.4; T2 0.0** O T1 1.5; T2 0.0**	H T1 1.7; T2 0.0** L T1 1.5; T2 0.0**	U T1 2.3; T2 0.0*** R T1 1.3; T2 0.0*	P T1 1.4; T2 0.0** NP T1 2.5; T2 0.0**
Y T1 0.3; T2 0.0 O T1 0.2; T2 0.3	H T1 0.3; T2 0.0 L T1 0.2; T2 0.3	U T1 0.2; T2 0.3 R T1 0.3; T2 0.0	P T1 0.3; T2 0.1 NP T1 0.3; T2 0.3

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

	All		Gender %, significance	Age %, significance
	T1:N (%)	T2:N (%)		
Yes	248 (24.8)	265 (26.5)	M T1 21.5; T2 19.8 F T1 28.0; T2 32.9*	Y T1 22.6; T2 24.1 O T1 25.9; T2 27.5

M = Male, F = Female; Y = 18-34 years old, O = 35+ years old; H = ABC1, 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		Gender %, significance
	T1:N (%)	T2:N (%)	
Public Health Nurse	134 (13.4)	138 (13.8)	M T1 10.8; T2 8.2 F T1 15.9; T2 19.2
Social Work	126 (12.6)	147 (14.7)	M T1 12.1; T2 10.0 F T1 13.1; T2 19.2**
General Practitioner	120 (12.0)	120 (12.0)	M T1 11.2; T2 9.4 F T1 12.7; T2 14.5
Family Resource Centres	84 (8.4)	91 (9.1)	M T1 5.9; T2 6.3 F T1 10.8; T2 11.7
Services for Child Protection	74 (7.4)	121 (12.1)***	M T1 7.4; T2 8.4 F T1 7.5; T2 15.7***
Mental Health Services	74 (7.4)	92 (9.2)	M T1 7.6; T2 5.9 F T1 7.2; T2 12.3**
Community Centres	74 (7.4)	70 (7.0)	M T1 6.5; T2 6.1 F T1 8.2; T2 7.8
Disability Services	71 (7.1)	182 (8.2)	M T1 8.8; T2 5.9 F T1 5.5; T2 10.4**
Early Years Services	69 (6.9)	92 (9.2)	M T1 5.3; T2 6.3 F T1 8.4; T2 11.9*
Health Centre or Clinic	67 (6.7)	53 (5.3)	M T1 5.5; T2 3.1* F T1 7.8; T2 7.4
Services for Children in Care	66 (6.6)	96 (9.6)*	M T1 6.1; T2 6.4 F T1 7.1; T2 12.5**



Socio-demographic differences for answer 'yes'		
Social status %, significance	Urbanity %, significance	Parenting status %, significance
H T1 24.2; T2 28.8 L T1 25.2; T2 24.9	H T1 23.5; T2 28.8* R T1 26.7; T2 23.2	P T1 30.3; T2 29.1 NP T1 15.0; T2 21.2*

Socio-demographic differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 11.8; T2 12.9 O T1 14.3; T2 14.2	H T1 14.3; T2 16.3 L T1 12.8; T2 12.0	U T1 10.9; T2 14.8* R T1 17.2; T2 12.3	P T1 16.3; T2 16.7 NP T1 8.3; T2 7.9
Y T1 10.3; T2 14.2 O T1 13.8; T2 14.9	H T1 11.6; T2 16.8* L T1 13.3; T2 13.2	U T1 12.1; T2 17.1* R T1 13.4; T2 11.1	P T1 16.3; T2 16.7 NP T1 6.1; T2 10.6*
Y T1 11.8; T2 10.8 O T1 12.1; T2 12.5	H T1 10.9; T2 13.4 L T1 12.8; T2 11.0	U T1 10.2; T2 13.6 R T1 14.9; T2 9.6	P T1 13.9; T2 14.2 NP T1 8.6; T2 7.6
Y T1 7.4; T2 7.1 O T1 9.0; T2 9.9	H T1 9.0; T2 10.0 L T1 8.1; T2 8.4	U T1 8.0; T2 8.9 R T1 9.1; T2 9.4	P T1 10.3; T2 10.4 NP T1 5.3; T2 6.4
Y T1 8.5; T2 12.2 O T1 6.8; T2 12.1**	H T1 6.6; T2 13.9*** L T1 8.0; T2 10.8	U T1 6.5; T2 12.1** R T1 8.8; T2 12.1	P T1 8.4; T2 13.3** NP T1 5.6; T2 9.7*
Y T1 8.2; T2 7.5 O T1 7.0; T2 9.9*	H T1 8.1; T2 12.0* L T1 6.9; T2 7.2	U T1 5.9; T2 9.1* R T1 9.7; T2 9.4	P T1 7.7; T2 10.0 NP T1 7.0; T2 7.6
Y T1 7.9; T2 7.1 O T1 7.0; T2 7.0	H T1 6.4; T2 8.9 L T1 8.0; T2 5.7	U T1 6.8; T2 7.6 R T1 8.3; T2 6.2	P T1 8.3 ; T2 7.3 NP T1 5.6; T2 6.4
Y T1 7.4; T2 7.8 O T1 7.0; T2 8.4	H T1 5.8; T2 11.0** L T1 8.0; T2 6.2	U T1 5.7; T2 8.6* R T1 9.3; T2 7.7	P T1 8.3 ; T2 8.7 NP T1 5.0; T2 7.3
Y T1 7.9; T2 10.2 O T1 6.4; T2 8.8	H T1 5.8; T2 10.3* L T1 7.7; T2 8.4	U T1 5.6; T2 9.2* R T1 9.0; T2 9.1	P T1 8.3; T2 x NP T1 4.5; T2 6.7
Y T1 6.2; T2 4.7 O T1 7.0; T2 5.5	H T1 7.2; T2 5.7 L T1 6.4; T2 5.0	U T1 6.5; T2 6.1 R T1 7.1; T2 4.2	P T1 8.1; T2 5.8 NP T1 4.2; T2 4.2
Y T1 6.8; T2 9.8 O T1 6.5; T2 9.5*	H T1 5.9; T2 1.5** L T1 7.1; T2 8.2	U T1 6.0; T2 8.9 R T1 7.6; T2 10.6	P T1 7.8; T2 11.6* NP T1 4.5; T2 5.5

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
Educational Welfare and school support services	62 (6.2)	86 (8.6)*	M T1 6.3; T2 4.9 F T1 6.3; T2 12.1**
Support for parents in their home	56 (5.6)	59 (5.9)	M T1 6.3; T2 3.9 F T1 4.9; T2 7.8*
Youth and Adolescent support services	51 (5.1)	67 (6.7)	M T1 5.5; T2 4.9 F T1 4.9; T2 8.4*
Primary Care Centres	44 (4.4)	55 (5.5)	M T1 4.3; T2 3.7 F T1 4.5; T2 7.2*
Parenting groups or programmes	42 (4.2)	63 (6.3)*	M T1 3.3; T2 3.5 F T1 5.1; T2 9.0*
Domestic Violence Services	39 (3.9)	93 (9.3)***	M T1 3.3; T2 F T1 4.3; T2 12.1***
Residential or Foster Care	37 (3.7)	72 (7.2)**	M T1 2.9; T2 6.1* F T1 4.5; T2 8.2*
Addiction or Substance Abuse Services	34 (3.4)	72 (7.2)***	M T1 3.3; T2 5.3 F T1 3.5; T2 9.0***
Community or Voluntary organisation or service provider	15 (1.5)	8 (0.8)	M T1 1.0; T2 0.0* F T1 2.0; T2 1.6
Other	4 (0.4)	2 (0.2)	M T1 0.0; T2 1.0 F T1 0.8; T2 0.2

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; H = ABC1, L = C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



Socio-demographic differences

Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 7.4; T2 8.5 O T1 5.8; T2 8.7*	H T1 6.2; T2 9.1 L T1 6.3; T2 8.2	U T1 6.1; T2 9.6* R T1 6.5; T2 7.2	P T1 7.5; T2 9.1 NP T1 4.2; T2 7.6
Y T1 5.6; T2 5.1 O T1 5.8; T2 6.2	H T1 4.7; T2 6.0 L T1 6.3; T2 5.8	U T1 5.6; T2 5.9 R T1 5.5; T2 5.9	P T1 7.2; T2 6.7 NP T1 2.8; T2 4.2
Y T1 5.6; T2 7.1 O T1 5.0; T2 6.5	H T1 5.1; T2 7.7 L T1 5.2; T2 6.0	U T1 5.8; T2 8.2 R T1 4.0; T2 4.4	P T1 5.9; T2 7.5 NP T1 3.6; T2 5.2
Y T1 3.5; T2 7.1* O T1 4.9; T2 4.8	H T1 4.4; T2 7.1* L T1 4.4; T2 3.9	U T1 4.2; T2 5.7 R T1 4.5; T2 5.2	P T1 5.2; T2 5.8 NP T1 3.1; T2 4.8
Y T1 2.9; T2 6.4* O T1 4.9; T2 6.2	H T1 3.6; T2 7.4* L T1 4.6; T2 5.5	U T1 4.3; T2 7.9** R T1 4.0; T2 4.0	P T1 5.5; T2 7.6 NP T1 1.9; T2 3.6
Y T1 3.2; T2 9.5** O T1 4.1; T2 9.2***	H T1 4.1; T2 11.0*** L T1 3.7; T2 8.1**	U T1 3.3; T2 11.1*** R T1 4.8; T2 6.7	P T1 4.8; T2 11.2*** NP T1 2.2; T2 5.5*
Y T1 3.2; T2 6.1 O T1 3.9; T2 7.7**	H T1 4.0; T2 7.9* L T1 3.5; T2 6.7*	U T1 3.3; T2 7.7** R T1 4.3; T2 6.4	P T1 4.8; T2 8.2* NP T1 1.7; T2 5.2*
Y T1 4.4; T2 8.5* O T1 2.9; T2 6.7**	H T1 3.0; T2 7.2** L T1 3.6; T2 7.2**	U T1 3.8; T2 7.7** R T1 2.8; T2 6.4	P T1 3.6; T2 7.6** NP T1 2.8; T2 6.4*
Y T1 1.5; T2 0.3 O T1 1.7; T2 1.0	H T1 1.5; T2 1.0 L T1 1.5; T2 0.	U T1 2.3; T2 0.8* R T1 0.4; T2 0.7	P T1 1.9; T2 0.6* NP T1 0.8; T2 1.2
Y T1 0.0; T2 0.0 O T1 0.6; T2 0.3	H T1 0.3; T2 0.2 L T1 0.4; T2 0.3	U T1 0.5; T2 0.2 R T1 0.3; T2 0.2	P T1 0.3; T2 0.1 NP T1 0.3; T2 0.3

Section Two: Early Intervention and Prevention

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

	All		Gender %, significance	Age %, significance
	T1:N (%)	T2:N (%)		
Yes	434 (43.4)	465 (46.5)	M T1 35.5; T2 39.5 F T1 51.1; T2 53.1 [†]	Y T1 37.1; T2 43.7 O T1 46.7; T2 47.6

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

What are Early Intervention and Prevention services?

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
Services to help prevent problems developing ¹	428 (42.8)	572 (57.2) [*]	M T1 36.4; T2 43.4 [*] F T1 48.9; T2 51.3
Family Support Services ¹	258 (25.8)	313 (31.3) ^{**}	M T1 24.5; T2 25.4 F T1 27.1; T2 37.0
Services for families with a disability ¹	149 (14.9)	198 (19.8) ^{**}	M T1 13.5; T2 17.3 F T1 16.2; T2 22.1
Practical or material services for children (lunches/homework clubs) ¹	72 (7.2)	91 (9.1)	M T1 4.5; T2 6.1 F T1 9.8; T2 11.9
Crime Prevention ¹	48 (4.8)	79 (7.9) ^{**}	M T1 3.5; T2 6.5 F T1 6.3; T2 9.2
Other	17 (1.7)	9 (0.9)	M T1 1.0; T2 0.4 F T1 2.3; T2 1.4
Designed to protect children	3 (0.3)	0 (0.0) [*]	M T1 0.4; T2 0.0 F T1 0.4; T2 0.0
Unsure	5 (0.5)	7 (0.7)	M T1 1.0; T2 0.0 F T1 0.4; T2 1.2

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; H = ABC1, L = C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent



Socio-demographic differences for answer 'yes'			
	Social status %, significance	Urbanity %, significance	Parenting status %, significance
	H T1 49.4; T2 53.3 L T1 39.2; T2 41.5	U T1 43.2; T2 52.1** R T1 43.8; T2 38.0	P T1 49.4; T2 50.5 NP T1 32.8; T2 38.2

Socio-demographic differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 38.5; T2 44.7 O T1 45.1; T2 48.5*	H T1 47.6; T2 54.3* L T1 39.4; T2 40.9	U T1 39.7; T2 51.6*** R T1 47.4; T2 41.0	P T1 47.8; T2 52.0 NP T1 33.9; T2 37.9
Y T1 25.6; T2 29.2 O T1 25.9; T2 32.2**	H T1 27.7; T2 34.7* L T1 24.5; T2 28.9	U T1 23.9; T2 34.5*** R T1 28.7; T2 26.6	P T1 26.6; T2 32.8* NP T1 24.4; T2 28.2
Y T1 13.2; T2 21.7** O T1 15.8; T2 19.0	H T1 17.7; T2 22.3 L T1 13.0; T2 17.9*	U T1 12.8; T2 22.2*** R T1 18.1; T2 16.3	P T1 16.5; T2 20.9* NP T1 12.2; T2 17.6*
Y T1 6.8; T2 9.8 O T1 7.4; T2 8.8	H T1 10.1; T2 10.5 L T1 5.1; T2 8.1*	U T1 6.0; T2 10.1** R T1 9.1; T2 7.6	P T1 8.0; T2 9.7 NP T1 6.1; T2 7.9
Y T1 4.7; T2 8.8* O T1 5.0; T2 7.5*	H T1 5.9; T2 10.0* L T1 4.1; T2 6.4	U T1 4.6; T2 11.2*** R T1 5.3; T2 3.2	P T1 5.0; T2 7.6 NP T1 4.7; T2 8.5*
Y T1 1.8; T2 0.7 O T1 1.7; T2 1.0	H T1 2.3; T2 0.5* L T1 1.3; T2 1.2	U T1 1.7; T2 1.2 R T1 1.8; T2 0.5	P T1 1.6; T2 1.0 NP T1 1.9; T2 0.6
Y T1 0.9; T2 0.0 O T1 0.6; T2 0.0	H T1 0.5; T2 0.0 L T1 0.1; T2 0.3	U T1 0.8; T2 0.0* R T1 0.5; T2 0.0	P T1 0.5; T2 0.0 NP T1 0.8; T2 0.0
Y T1 0.3; T2 0.7 O T1 0.6; T2 0.7	H T1 0; T2 0.5 L T1 0.4; T2 0.9	U T1 0.7; T2 0.8 R T1 0.3; T2 0.5	P T1 0.2; T2 0.7 NP T1 1.1; T2 0.6

Partnership Services

Do you know what is meant by Partnership Services?

	All		Gender %, significance	Age %, significance
	T1:N (%)	T2:N (%)		
Yes	238 (23.8)	272 (27.2)	M T1 18.6; T2 21.2 F T1 28.8; T2 32.9	Y T1 21.2; T2 25.1 O T1 25.0; T2 28.1

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

What are Partnership Services?

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
Statutory and Voluntary agencies working together	207 (20.7)	246 (24.6)*	M T1 18.0; T2 19.0 F T1 23.3; T2 29.7*
A way of working with families	126 (12.6)	175 (17.5)**	M T1 11.5; T2 14.5 F T1 13.7; T2 20.2**
Professionals working together	82 (8.2)	121 (12.1)**	M T1 5.7; T2 10.0 F T1 10.4; T2 14.1*
Don't know	16 (1.6)	14 (1.4)	M T1 2.0; T2 1.4 F T1 1.2; T2 1.4

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		Gender %, significance	Age %, significance
	T1:N (%)	T2:N (%)		
Yes	59 (5.9)	105 (10.5)**	M T1 4.3; T2 6.3 F T1 7.6; T2 14.5***	Y T1 2.1; T2 10.8*** O T1 6.5; T2 10.1*

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



Socio-demographic differences for answer 'yes'			
	Social status %, significance	Urbanity %, significance	Parenting status %, significance
	H T1 29.0; T2 33.3 L T1 20.2; T2 21.5	U T1 22.4; T2 33.3*** R T1 25.9; T2 18.2'	P T1 26.4; T2 28.8 NP T1 19.2; T2 23.9

Statistically significant differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 17.9; T2 22.4 O T1 22.1; T2 25.5	H T1 25.3; T2 28.9 L T1 17.6; T2 21.4	U T1 18.1; T2 28.4*** R T1 24.7; T2 19.0	P T1 21.7; T2 24.9 NP T1 18.9; T2 23.9
Y T1 9.7; T2 16.6** O T1 14.1; T2 17.8'	H T1 15.9; T2 21.1' L T1 10.3; T2 14.9**	U T1 12.1; T2 21.7*** R T1 13.3; T2 11.4	P T1 14.5; T2 18.3 NP T1 9.2; T2 15.8**
Y T1 6.2; T2 12.2** O T1 9.2; T2 12.1	H T1 10.8; T2 16.1' L T1 6.3; T2 9.3'	U T1 7.1; T2 16.1*** R T1 9.8; T2 6.4	P T1 8.4; T2 12.2' NP T1 7.5; T2 11.8
Y T1 1.5; T2 0.7 O T1 1.8; T2 1.7	H T1 2.3; T2 0.7 L T1 1.2; T2 1.9	U T1 2.3; T2 1.8 R T1 0.5; T2 0.7	P T1 0.9; T2 1.5 NP T1 2.8; T2 1.2

Socio-demographic differences for answer 'yes'			
	Social status %, significance	Urbanity %, significance	Parenting status %, significance
	H T1 7.6; T2 12.4* L T1 4.8; T2 8.4	U T1 5.3; T2 10.8** R T1 7.1; T2 10.1	P T1 7.2; T2 11.3* NP T1 3.6; T2 8.8*

What do you know about Meitheal?

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
A method for agencies and professionals to work together or meet together to help a family and child	43 (4.3)	100 (10.0)***	M T1 3.1; T2 5.9 F T1 5.5; T2 13.9***
A family support method to help children and families with difficulties	40 (4.0)	64 (6.4)*	M T1 4.5; T2 4.9 F T1 3.7; T2 7.8**
A service to prevent families being referred to child protection	11 (1.1)	36 (3.6)***	M T1 0.6; T2 2.7 F T1 1.6; T2 4.5
Don't know	9 (0.9)	4 (0.4)**	M T1 1.4; T2 F T1 0.4; T2

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

Section Three: 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 %, significance
	T1:N (%)	T2:N (%)	
Immediate family ¹	609 (60.9)	739 (73.9)***	M T1 58.6; T2 73.0*** F T1 63.2; T2 74.6***
Extended family ¹	285 (28.5)	284 (28.4)	M T1 29.9; T2 27.2 F T1 27.4; T2 29.6
Friends ¹	207 (20.7)	254 (25.4)*	M T1 17.4; T2 19.8 F T1 23.9; T2 30.7*
Someone in the local community (e.g., priest, doctor) ¹	155 (15.5)	187 (18.7)	M T1 13.3; T2 15.1 F T1 17.6; T2 22.1*
I would seek professional help ¹	83 (8.3)	67 (6.7)	M T1 8.8; T2 7.2 F T1 7.6; T2 6.3
Online social media, websites or discussion forums ¹	50 (5.0)	68 (6.8)	M T1 5.7; T2 5.9 F T1 4.3; T2 7.4*
Nobody ¹	46 (4.6)	28 (2.8)*	M T1 6.5; T2 3.9 F T1 2.7; T2 1.7
Neighbour ¹	33 (3.3)	101 (10.1)***	M T1 2.9; T2 9.0*** F T1 3.9; T2 11.2***
General Practitioner / Public Health Nurse	15 (1.5)	0 (0.0)***	M T1 0.0; T2 0.0 F T1 2.9; T2 0.0***



Socio-demographic differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 2.1; T2 10.8*** O T1 5.5; T2 9.6**	H T1 5.6; T2 12.9*** L T1 3.4; T2 7.9**	U T1 4.1; T2 10.3*** R T1 4.5 ; T2 9.6**	P T1 5.5 T2 10.7*** NP T1 2.2; T2 8.5***
Y T1 4.4; T2 8.1* O T1 3.8; T2 5.7	H T1 4.8; T2 7.7 L T1 3.5; T2 5.5	U T1 3.1; T2 7.7*** R T1 5.5; T2 4.4	P T1 4.5; T2 6.4 NP T1 3.1; T2 6.4*
Y T1 0.9; T2 4.7** O T1 1.2; T2 3.1*	H T1 2.2; T2 5.3* L T1 0.4; T2 2.4**	U T1 0.8; T2 5.0*** R T1 1.8; T2 1.5	P T1 1.6; T2 3.7* NP T1 0.3; T2 3.3**
Y T1 4.7; T2 11.5** O T1 0.6; T2 0.0	H T1 0.9; T2 0.5 L T1 0.9; T2 0.0*	U T1 1.3; T2 0.0 R T1 0.3; T2 0.0	P T1 0.5; T2 0.0 NP T1 1.7; T2 0.0

Socio-demographic differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 68.2; T2 75.6* O T1 57.2; T2 73.1***	H T1 58.9; T2 74.8*** L T 62.4; T2 73.1***	U T1 55.9; T2 71.3*** R T1 68.5; T2 77.6**	P T1 63.1; T2 77.6*** NP T1 56.9; T2 66.1*
Y T1 27.6; T2 28.5 O T1 29.0; T2 28.4	H T1 27.6; T2 28.8 L T1 29.1; T2 28.1	U T1 31.4; T2 30.7 R T1 24.2; T2 25.1	P T1 30.2; T2 30.1 NP T1 25.6; T2 24.8
Y T1 21.5; T2 25.8 O T1 20.3; T2 25.2*	H T1 21.5; T2 27.8* L T1 20.2; T2 23.7	U T1 19.6; T2 26.7** R T1 22.4; T2 23.5	P T1 20.5; T2 26.6** NP T1 21.1; T2 23.0
Y T1 12.1; T2 13.6 O T1 17.4; T2 20.8	H T1 14.6; T2 16.5 L T1 16.2; T2 20.2*	U T1 11.9; T2 16.5* R T1 20.9; T2 21.7	P T1 17.3; T2 19.9 NP T1 12.5; T2 16.4
Y T1 6.5; T2 6.1 O T1 9.2; T2 7.0	H T1 9.1; T2 6.5 L T1 7.7; T2 6.9	U T1 8.3; T2 6.2 R T1 8.3; T2 7.4	P T1 8.0; T2 6.0 NP T1 8.6; T2 8.2
Y T1 6.5; T2 8.8 O T1 4.2; T2 5.8	H T1 5.7; T2 8.2 L T1 4.4; T2 5.7	U T1 5.5; T2 8.6* R T1 4.0; T2 4.0	P T1 5.0; T2 6.1 NP T1 5.0; T2 7.9
Y T1 4.7; T2 2.7 O T1 4.5; T2 2.8	H T1 4.8; T2 3.3 L T1 4.5; T2 2.4*	U T1 6.8; T2 2.2*** R T1 1.3; T2 3.7*	P T1 3.0; T2 2.7 NP T1 7.5; T2 3.0**
Y T1 1.8; T2 9.2*** O T1 4.1; T2 10.5***	H T1 2.5; T2 9.6*** L T1 3.9; T2 10.5***	U T1 2.7; T2 10.6*** R T1 4.3; T2 9.4**	P T1 4.1; T2 10.3*** NP T1 1.9; T2 9.7
Y T1 0.3; T2 0.0 O T1 2.7; T2 0.0***	H T1 1.8; T2 0.0** L T1 1.2; T2 0.0**	U T1 1.5; T2 0.0** R T1 2.8; T2 0.0**	P T1 3.0; T2 0.0*** NP T1 0.3; T2 0.0

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
Work colleagues	14 (1.4)	34 (3.4)	M T1 0.6; T2 2.5* F T1 2.0; T2 4.3*
Other	10 (1.0)	5 (0.5)	M T1 1.0; T2 0.2 F T1 1.0; T2 0.8
Community/Voluntary organisation (i.e., Barnardos)	6 (0.6)	0 (0.0)*	M T1 0.4; T2 0.0 F T1 0.8; T2 0.0
Social Services	6 (0.6)	0 (0.0)*	M T1 0.6; T2 0.0 F T1 0.6; T2 0.0
Student counselling services	4 (0.4)	0 (0.0)*	M T1 0.4; T2 0.0 F T1 0.4; T2 0.0
Don't know	3 (0.3)	1 (0.1)	M T1 0.4; T2 0.0 F T1 0.0; T2 0.2
Citizen's information	2 (0.2)	0 (0.0)	M T1 0.0; T2 0.0 F T1 0.4; T2 0.0

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; 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		Gender %, significance
	T1:N (%)	T2:N (%)	
Ask the General Practitioner ¹	387 (38.7)	478 (47.8)***	M T1 37.0; T2 44.8** F T1 40.5; T2 50.6**
Call local Social Services ¹	301 (30.1)	327 (32.7)	M T1 31.1; T2 32.5 F T1 29.4; T2 32.9
I don't know ¹	186 (18.9)	158 (15.8)	M T1 22.3; T2 18.8 F T1 15.1; T2 12.9
Attend the local family resource centre ¹	110 (11.0)	162 (16.2)**	M T1 10.6; T2 14.5* F T1 11.4; T2 17.6**
Contact community worker ¹	86 (8.6)	84 (8.4)	M T1 8.4; T2 7.0 F T1 8.6; T2 9.8
Seek professional help ¹	6 (0.6)	0 (0.0)*	M T1 0.0; T2 0.0 F T1 1.2; T2 0.0



Socio-demographic differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 0.9; T2 2.7 O T1 1.5; T2 3.7**	H T1 2.2; T2 4.1 L T1 0.8; T2 2.9**	U T1 1.2; T2 4.4** R T1 1.8; T2 2.0	P T1 1.6; T2 3.7* NP T1 1.1; T2 2.7
Y T1 0.9; T2 0.7 O T1 1.1; T2 0.4	H T1 1.2; T2 1.0 L T1 0.8; T2 0.2	U T1 1.2; T2 0.5 R T1 0.8; T2 0.5	P T1 1.3; T2 0.7 NP T1 0.6; T2 0.0
Y T1 0.6; T2 0.0 O T1 0.6; T2 0.0	H T1 0.7; T2 0.0 L T1 0.5; T2 0.0	U T1 0.7; T2 0.0* R T1 0.5; T2 0.0	P T1 0.9; T2 0.0* NP T1 0.0; T2 0.0
Y T1 1.5; T2 0.0* O T1 0.2; T2 0.0	H T1 0.4; T2 0.0 L T1 0.7; T2 0.0	U T1 0.2; T2 0.0 R T1 1.3; T2 0.0*	P T1 0.6 ; T2 0.0* NP T1 0.6; T2 0.0
Y T1 1.2; T2 0.0 O T1 0.0; T2 0.0	H T1 0.9; T2 0.0 L T1 0.0; T2 0.0	U T1 0.7; T2 0.0* R T1 ; T2	P T1 0.0; T2 0.0 NP T1 1.q; T2 0.0
Y T1 0.0; T2 0.3 O T1 0.3; T2 0.0	H T1 0.6; T2 0.2 L T1 0.0; T2 0.0	U T1 0.5; T2 0.2 R T1 0.0; T2 0.0	P T1 0.3; T2 0.1 NP T1 0.0; T2 0.0
Y T1 0.6; T2 0.0 O T1 0.2; T2 0.0	H T1 0.1; T2 0.0 L T1 0.3; T2 0.0	U T1 0.3; T2 0.0 R T1 0.0; T2 0.0	P T1 0.3; T2 0.0 NP T1 0.3; T2 0.0

Socio-demographic differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 33.8; T2 43.4** O T1 41.2; T2 49.6**	H T1 33.1; T2 47.8*** L T1 42.7; T2 47.7*	U T1 29.4; T2 46.6*** R T1 53.0; T2 49.6	P T1 44.1; T2 49.0* NP T1 29.4; T2 45.5***
Y T1 26.5; T2 32.9* O T1 32.0; T2 32.6	H T1 31.1; T2 34.0 L T1 42.7; T2 31.7	U T1 28.0; T2 34.8* R T1 33.2; T2 29.6	P T1 31.9; T2 33.8 NP T1 26.9; T2 30.3
Y T1 21.8; T2 18.3 O T1 17.0; T2 14.7	H T1 18.6; T2 15.3 L T1 18.6; T2 16.1	U T1 22.6; T2 14.5*** R T1 12.6; T2 17.7*	P T1 14.2; T2 13.6 NP T1 26.7; T2 20.3*
Y T1 10.6; T2 15.6* O T1 11.2; T2 16.4**	H T1 12.6; T2 18.7* L T1 9.9; T2 14.4*	U T1 12.0; T2 15.6 R T1 9.6; T2 17.0**	P T1 12.3; T2 17.4* NP T1 8.6; T2 13.6*
Y T1 10.0; T2 10.2 O T1 7.7; T2 7.7	H T1 11.7; T2 9.4 L T1 6.4; T2 7.7	U T1 8.8; T2 9.7 R T1 8.3; T2 6.7	P T1 8.0; T2 7.6 NP T1 9.5; T2 10.0
Y T1 0.9; T2 0.0 O T1 0.5; T2 0.0	H T1 0.9; T2 0.0 L T1 0.4; T2 0.0	U T1 0.8; T2 0.0 R T1 0.3; T2 0.0	P T1 0.9; T2 0.0* NP T1 0.0; T2 0.0

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
Contact another agency in my area ¹	68 (6.8)	127 (12.7)***	M T1 5.5; T2 9.6* F T1 7.8; T2 15.7
Ask the Public Health Nurse ¹	62 (6.2)	82 (8.2)	M T1 4.9; T2 7.0 F T1 7.4; T2 9.4
Contact my local community group	56 (5.6)	91 (9.1)**	M T1 5.1; T2 8.2* F T1 6.1; T2 9.8*
Ask the Teacher ¹	51 (5.1)	158 (15.8)***	M T1 3.9; T2 14.7*** F T1 6.3; T2 16.8***
Call Parentline ¹	41 (4.1)	38 (3.8)	M T1 4.5; T2 2.9 F T1 3.7; T2 4.7
Other	23 (2.3)	20 (2.0)	M T1 2.0; T2 1. F T1 2.5; T2 2.3
Seek help online ¹	15 (1.5)	4 (0.4)***	M T1 1.0; T2 0.4 F T1 2.2; T2 0.4
Citizen's Information Centre ¹	5 (0.5)	1 (0.1)*	M T1 0.4; T2 0.0 F T1 0.6; T2 0.2
Religion/Priest ¹	3 (0.3)	0 (0.0)	M T1 0.4; T2 0.0 F T1 0.4; T2 0.0

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; H = ABC1, L = C2DEF; U = Urban, R = Rural; NP = Non-Parent, P = Parent

Receipt of Services

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

	All		Gender %, significance	Age %, significance
	T1:N (%)	T2:N (%)		
Yes	69 (6.9)	80 (8.0)	M T1 5.1; T2 6.1 F T1 8.6; T2 9.8*	Y T1 7.6; T2 9.2 O T1 93.5; T2 92.5

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



Socio-demographic differences

Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 8.5; T2 12.2 O T1 5.9; T2 12.9***	H T1 9.9; T2 13.9 L T1 4.6; T2 11.8***	U T1 7.3; T2 13.9*** R T1 6.0; T2 10.9*	P T1 6.1; T2 13.9*** NP T1 8.1; T2 10.3
Y T1 6.5; T2 8.8 O T1 6.1; T2 7.9	H T1 6.4; T2 10.6* L T1 6.0; T2 6.5	U T1 3.5; T2 8.2*** R T1 10.3; T2 8.1	P T1 6.9; T2 9.6 NP T1 5.0; T2 5.5
Y T1 5.6; T2 9.2 O T1 5.6; T2 8.9*	H T1 7.2; T2 8.2 L T1 4.5; T2 9.6**	U T1 6.5; T2 11.6** R T1 4.3; T2 5.4	P T1 5.3; T2 9.7** NP T1 6.1; T2 7.6
Y T1 4.1; T2 18.0*** O T1 5.6; T2 14.9***	H T1 4.7; T2 16.1*** L T1 5.5; T2 15.6***	U T1 4.2; T2 16.5*** R T1 6.5; T2 14.8***	P T1 6.1; T2 16.1*** NP T1 3.6; T2 15.5***
Y T1 4.1; T2 4.7 O T1 4.1; T2 3.4	H T1 4.4; T2 4.6 L T1 3.8; T2 3.3	U T1 2.8; T2 2.5 R T1 5.8; T2 5.7	P T1 4.1; T2 4.3 NP T1 4.2; T2 2.7
Y T1 2.9; T2 0.7* O T1 2.0; T2 2.6	H T1 2.0; T2 1.4 L T1 2.5; T2 2.4	U T1 2.3; T2 2.4 R T1 2.3; T2 1.5	P T1 2.8; T2 2.4 NP T1 1.4; T2 1.2
Y T1 2.1; T2 0.3 O T1 1.2; T2 0.4	H T1 2.2; T2 0.5* L T1 1.1; T2 0.3	U T1 1.5; T2 0.5 R T1 1.8; T2 0.2*	P T1 1.3 ; T2 0.3* NP T1 1.9; T2 0.6
Y T1 0.6; T2 0.0 O T1 0.5; T2 0.1	H T1 0.7; T2 0.0 L T1 0.4; T2 0.2	U T1 0.7; T2 0.2 R T1 0.5; T2 0.0	P T1 0.8; T2 0.1 NP T1 0.0; T2 0.0
Y T1 0.0; T2 0.0 O T1 0.5; T2 0.0	H T1 0.2; T2 0.0 L T1 0.5; T2 0.0	U T1 0.3; T2 0.0 R T1 0.3 ; T2 0.0	P T1 0.3; T2 0.0 NP T1 0.6; T2 0.0

Socio-demographic differences for answer 'yes'

Social status %, significance	Urbanity %, significance	Parenting status %, significance
H T1 6.7; T2 7.9 L T1 7.1; T2 7.6	U T1 7.8; T2 6.2 R T1 5.5; T2 10.6**	P T1 10.3; T2 10.4 NP T1 0.8; T2 3.0

Which services have you received?

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
Social Work ¹	17 (1.7)	14 (1.4)	M T1 0.6; T2 1.0 F T1 2.7; T2 1.8
Public Health Nurse ¹	16 (1.6)	42 (4.2)**	M T1 1.2; T2 3.9** F T1 2.0; T2 4.5*
General Practitioner ¹	15 (1.5)	28 (2.8)*	M T1 0.8; T2 2.5* F T1 2.2; T2 3.1
Early Years Services ¹	15 (1.5)	33 (3.3)**	M T1 1.2; T2 2.9 F T1 1.8; T2 3.7*
Educational Welfare and School Support Services ¹	12 (1.2)	9 (0.9)	M T1 1.4; T2 1.2 F T1 1.0; T2 0.6
Mental Health Services ¹	9 (0.9)	13 (1.3)	M T1 0.4; T2 0.8 F T1 1.4; T2 1.8
Family Resource Centres ¹	9 (0.9)	16 (1.6)	M T1 0.4; T2 1.8* F T1 1.4; T2 1.4
Disability Services ¹	8 (0.8)	14 (1.4)	M T1 0.6; T2 1.0 F T1 1.0; T2 1.8
Named Community or Voluntary organisation	7 (0.7)	2 (0.2)	M T1 0.8; T2 0.0 F T1 0.6; T2 0.4
Health Centre or Clinic ¹	6 (0.6)	26 (2.6)***	M T1 0.4; T2 2.2* F T1 1.0; T2 2.9*
Other	5 (0.5)	4 (0.4)	M T1 0.2; T2 0.0 F T1 0.8; T2 0.8
Services for children in care*	4 (0.4)	10 (1.0)	M T1 0.0; T2 0.8 F T1 ;0.8 T2 1.2
Support for parents in their home	4 (0.4)	8 (0.8)	M T1 0.2; T2 1.0 F T1 0.6; T2 0.6
Domestic Violence Services	3 (0.3)	13 (1.3)*	M T1 0.0; T2 1.4** F T1 0.6; T2 1.2
Community Centres ¹	3 (0.3)	9 (0.9)	M T1 0.4; T2 0.8** F T1 0.2; T2 1.0
Primary Care Centre ¹	3 (0.3)	16 (1.6)**	M T1 0.0; T2 1.6** F T1 0.6; T2 1.6
Residential or Foster Care ¹	2 (0.2)	9 (0.9)*	M T1 0.0; T2 0.8 F T1 0.4; T2 1.0



Socio-demographic differences

Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 1.2; T2 1.4 O T1 2.0; T2 1.4	H T1 1.5; T2 1.0 L T1 1.8; T2 1.7	U T1 2.3; T2 1.0 R T1 0.2; T2 2.0	P T1 2.3; T2 1.6 NP T1 0.6; T2 0.9
Y T1 1.8; T2 5.1* O T1 1.5; T2 3.8**	H T1 1.3; T2 3.6* L T1 1.8; T2 4.6**	U T1 2.0; T2 1.7 R T1 1.3; T2 7.9***	P T1 2.5; T2 5.5** NP T1 0.0; T2 0.5*
Y T1 2.1; T2 2.7 O T1 1.1; T2 2.8*	H T1 0.8; T2 2.9* L T1 2.0; T2 2.7	U T1 1.3; T2 1.3 R T1 1.8; T2 4.9*	P T1 1.9; T2 3.6 NP T1 0.6 T2 1.2
Y T1 2.9; T2 4.1 O T1 0.9; T2 3.0**	H T1 2.2; T2 2.9 L T1 1.1; T2 3.6**	U T1 1.3; T2 1.8 R T1 2.0; T2 5.4*	P T1 2.3; T2 4.5* NP T1 0.0; T2 0.9
Y T1 1.5; T2 1.4 O T1 1.2; T2 0.7	H T1 1.3; T2 0.7 L T1 1.2; T2 1.0	U T1 1.5; T2 1.0 R T1 1.0; T2 0.7	P T1 1.7; T2 1.3 NP T1 0.3; T2 0.0
Y T1 0.6; T2 1.0 O T1 0.9; T2 1.4	H T1 0.6; T2 1.0 L T1 1.1; T2 1.5	U T1 1.0; T2 1.3 R T1 0.8; T2 1.2	P T1 1.4; T2 1.6 NP T1 0.0; T2 0.6
Y T1 0.9; T2 1.4 O T1 0.9; T2 1.7	H T1 0.8; T2 1.0 L T1 1.0; T2 2.1	U T1 1.0; T2 0.7 R T1 0.8; T2 3.0*	P T1 1.3; T2 2.1 NP T1 0.3; T2 0.6
Y T1 0.3; T2 0.7 O T1 1.2; T2 1.7	H T1 0.7; T2 1.7 L T1 0.9; T2 1.0	U T1 0.7; T2 1.5 R T1 1.3; T2 1.2	P T1 1.3; T2 2.1 NP T1 0.0; T2 0.0
Y T1 0.0; T2 0.3 O T1 1.1; T2 0.1*	H T1 0.4; T2 0.0 L T1 0.9; T2 0.3	U T1 0.8; T2 0.2 R T1 0.3; T2 0.2	P T1 1.1; T2 0.1* NP T1 0.0; T2 0.3
Y T1 1.2; T2 2.4 O T1 0.3; T2 2.7***	H T1 0.2; T2 2.2* L T1 0.9; T2 2.9*	U T1 0.8; T2 1.0 R T1 0.5; T2 4.9***	P T1 0.9; T2 3.0** NP T1 0.0; T2 1.8*
Y T1 0.0; T2 0.0 O T1 0.8; T2 0.6	H T1 0.6; T2 0.5 L T1 0.4; T2 0.3*	U T1 0.5; T2 0.3 R T1 0.3; T2 0.5	P T1 0.6; T2 0.6 NP T1 0.3; T2 0.0
Y T1 0.6; T2 1.4 O T1 0.3; T2 0.9	H T1 0.6; T2 0.2 L T1 0.2; T2 1.5*	U T1 0.3; T2 1.0 R T1 0.3; T2 1.0	P T1 0.6; T2 1.3 NP T1 0.0; T2 0.3
Y T1 0.3; T2 1.0 O T1 0.5; T2 0.7	H T1 0.0; T2 0.7 L T1 0.6; T2 0.9	U T1 0.5; T2 0.5 R T1 0.3; T2 1.2	P T1 0.6; T2 1.0 NP T1 0.0; T2 0.3
Y T1 0.6; T2 1.4 O T1 0.2; T2 1.3*	H T1 0.0; T2 0.7 L T1 0.6; T2 1.7*	U T1 0.5; T2 1.3 R T1 0.3; T2 1.2	P T1 0.5; T2 1.5 NP T1 0.0; T2 0.9
Y T1 0.3; T2 0.3 O T1 0.3; T2 1.1	H T1 0.0; T2 0.5 L T1 0.4; T2 1.2	U T1 0.5; T2 0.7 R T1 0.0; T2 1.2*	P T1 0.5; T2 1.2 NP T1 0.0; T2 0.3
Y T1 0.6; T2 0.7 O T1 0.2; T2 2.0**	H T1 0.4; T2 1.2 L T1 0.2; T2 1.9**	U T1 0.3; T2 0.5 R T1 0.3; T2 3.2**	P T1 0.5; T2 2.2** NP T1 0.0; T2 0.3
Y T1 0.0; T2 1.0 O T1 0.3; T2 0.9	H T1 0.0; T2 0.5 L T1 0.2; T2 1.2*	U T1 0.2; T2 0.5 R T1 0.0; T2 1.5*	P T1 0.3; T2 1.2 NP T1 0.0; T2 0.3

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
Youth and Adolescent Support Services ¹	2 (0.2)	5 (0.5)	M T1 0.2; T2 0.4 F T1 0.2; T2 0.6
Parenting Groups or Programmes ¹	2 (0.2)	4 (0.4)	M T1 0.0; T2 0.2 F T1 0.4; T2 0.6
Services for Child Protection ¹	1 (0.1)	12 (1.2)**	M T1 0.0; T2 0.8 F T1 0.2; T2 1.6*
Addiction or Substance Abuse Services ¹	1 (0.1)	2 (0.2)	M T1 0.0; T2 0.2 F T1 0.2; T2 0.2

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; 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 %, significance
	T1:N (%)	T2:N (%)	
I didn't or don't need them	883 (88.3)	878 (87.8)	M T1 89.6; T2 90.6 F T1 87.1; T2 85.1
I did not know who to ask or where to go	15 (1.5)	11 (1.1)	M T1 1.2; T2 1.0 F T1 1.8; T2 1.2
I asked for services but did not get them	10 (1.0)	18 (1.8)	M T1 1.2; T2 1.4 F T1 0.8; T2 2.2
Other	10 (1.0)	1 (0.1)**	M T1 1.6; T2 0.0** F T1 0.4; T2 0.2
I didn't ask for services because I didn't know they existed	5 (0.5)	17 (1.7)*	M T1 0.8; T2 1.0 F T1 0.2; T2 2.3**
I didn't ask for services because I did not trust the child and family services	5 (0.5)	2 (0.2)	M T1 0.8; T2 0.0 F T1 0.2; T2 0.4
Refused to answer	5 (0.5)	5 (0.5)	M T1 0.2; T2 0.6 F T1 0.8; T2 0.4

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



Socio-demographic differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 0.0; T2 0.3 O T1 0.3; T2 0.6	H T1 0.0; T2 0.2 L T1 0.3; T2 0.7	U T1 0.3; T2 0.5 R T1 0.0; T2 0.5	P T1 0.3; T2 0.7 NP T1 0.0; T2 0.0
Y T1 0.3; T2 0.3 O T1 0.2; T2 0.4	H T1 0.0; T2 0.2 L T1 0.3; T2 0.5	U T1 0.2; T2 0.7 R T1 0.3; T2 0.0	P T1 0.3; T2 0.6 NP T1 0.0; T2 0.00
Y T1 0.3; T2 1.7 O T1 0.2; T2 1.0	H T1 0.0; T2 0.5 L T1 0.2; T2 1.7**	U T1 0.2; T2 1.2* R T1 0.0; T2 1.2*	P T1 0.2; T2 1.3* NP T1 0.0; T2 0.9
Y T1 0.3; T2 0.7 O T1 0.0; T2 0.0	H T1 0.0; T2 0.5 L T1 0.2; T2 0.0	U T1 0.2; T2 0.3 R T1 0.0; T2 0.0	P T1 0.2; T2 0.1 NP T1 0.0; T2 0.3

Statistically significant differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 86.8; T2 86.8 O T1 89.1; T2 88.2	H T1 89.9; T2 90.4 L T1 87.9; T2 85.9	U T1 85.7; T2 90.9** R T1 92.2; T2 83.2***	P T1 85.2; T2 84.5 NP T1 93.9; T2 95.4
Y T1 2.1; T2 0.7 O T1 1.2; T2 1.3	H T1 2.0; T2 0.5 L T1 1.2; T2 1.5	U T1 2.2; T2 1.2 R T1 0.5; T2 1.0	P T1 1.7; T2 1.3 NP T1 1.1; T2 0.6
Y T1 0.9; T2 2.0 O T1 1.1; T2 1.7	H T1 0.5; T2 1.0 L T1 1.4; T2 2.4	U T1 1.5; T2 1.3 R T1 0.3; T2 2.5**	P T1 1.3; T2 1.2 NP T1 0.6; T2 0.9
Y T1 0.9; T2 0.0 O T1 1.1; T2 0.1*	H T1 0.1; T2 0.0 L T1 1.7; T2 0.2	U T1 1.0; T2 0.0* R T1 1.3; T2 0.2	P T1 0.3; T2 0.1 NP T1 2.2; T2 0.0**
Y T1 0.3; T2 2.0 O T1 0.6; T2 1.6	H T1 0.7; T2 0.5 L T1 0.4; T2 2.6	U T1 0.8; T2 1.0 R T1 0.0; T2 2.7**	P T1 0.8; T2 0.1* NP T1 0.0; T2 0.9
Y T1 0.9; T2 0.0 O T1 0.3; T2 0.3	H T1 0.2; T2 0.0 L T1 0.7; T2 0.3	U T1 0.8; T2 0.3 R T1 0.0; T2 0.0	P T1 0.6; T2 0.3a NP T1 0.3; T2 0.0
Y T1 0.6; T2 0.0 O T1 0.5; T2 0.7	H T1 0.6; T2 0.5 L T1 0.4; T2 0.5	U T1 0.7; T2 0.3 R T1 0.3; T2 0.7	P T1 0.2; T2 0.4 NP T1 1.1; T2 0.6

Perception of Services

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

	All		Gender %, significance	Age %, significance
	T1:N (%)	T2:N (%)		
Yes	193 (19.3)	230 (23.0)	M T1 22.9; T2 22.9 F T1 15.9; T2 23.0*	Y T1 22.1; T2 20.0 O T1 17.9; T2 24.2*

M = Male, F = Female; Y = 18-34 years old, O = 35+ years old; 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		Gender %, significance
	T1:N (%)	T2:N (%)	
Mental Health Services	521 (52.1)	535 (53.5)	M T1 48.7; T2 53.1 F T1 55.4; T2 53.8
Services for Child Protection	426 (42.6)	478 (47.8)*	M T1 39.7; T2 45.8* F T1 45.3; T2 49.7
Social Work	406 (40.6)	365 (36.5)	M T1 40.1; T2 35.2 F T1 41.2; T2 37.8
Disability Services	394 (39.4)	407 (40.7)	M T1 37.0; T2 41.2 F T1 41.7; T2 40.3
Services for Children in Care	373 (37.3)	409 (40.9)	M T1 35.6; T2 39.7 F T1 38.9; T2 42.1
Domestic Violence Services	363 (36.3)	395 (39.5)	M T1 34.2; T2 38.9 F T1 38.4; T2 40.1
Addiction or Substance Abuse Services	358 (25.8)	387 (38.7)	M T1 35.0; T2 40.3 F T1 36.6; T2 37.1
Public Health Nurse	338 (33.8)	289 (28.9)*	M T1 31.9; T2 26.2* F T1 35.7; T2 31.5
Educational Welfare and School Support Services	314 (31.4)	308 (30.8)	M T1 30.1; T2 25.9 F T1 32.7; T2 35.4
Early Years Services	299 (29.9)	332 (33.2)	M T1 29.2; T2 26.8 F T1 30.6; T2 39.3**
Youth and Adolescent Support Services	287 (28.7)	328 (32.8)*	M T1 26.0; T2 29.4 F T1 31.3; T2 35.9



Socio-demographic differences for answer 'yes'			
	Social status %, significance	Urbanity %, significance	Parenting status %, significance
	H T1 17.2; T2 26.4** L T1 20.8; T2 20.4	U T1 16.8; T2 22.9* R T1 23.2; T2 23.2	P T1 19.7; T2 24.4 NP T1 18.7; T2 20.0

Socio-demographic differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 48.8; T2 55.3 O T1 53.8; T2 52.8	H T1 53.7; T2 54.3 L T1 51.1; T2 52.8	U T1 48.4; T2 52.3 R T1 57.7; T2 55.3	P T1 53.1; T2 53.6 NP T1 50.4; T2 53.3
Y T1 37.6; T2 46.1* O T1 45.2; T2 48.5	H T1 46.6; T2 49.5 L T1 39.8; T2 46.5*	U T1 37.5; T2 44.0* R T1 50.1; T2 53.3	P T1 45.9; T2 49.3 NP T1 36.5; T2 44.8*
Y T1 36.2; T2 33.2 O T1 43.0; T2 37.8*	H T1 37.3; T2 36.4 L T1 42.9; T2 36.5*	U T1 35.2; T2 38.0 R T1 48.9; T2 34.3***	P T1 43.8; T2 38.2* NP T1 35.0; T2 33.0
Y T1 33.5; T2 36.9 O T1 42.4; T2 42.3	H T1 37.3; T2 40.7 L T1 40.9; T2 40.8	U T1 37.0; T2 37.5 R T1 43.1; T2 45.4	P T1 42.5; T2 41.6 NP T1 34.0; T2 38.8
Y T1 34.0; T2 37.3 O T1 39.0; T2 43.4	H T1 39.7; T2 41.1 L T1 35.7; T2 40.7*	U T1 34.4; T2 35.3 R T1 41.8; T2 49.0*	P T1 40.6; T2 45.8 NP T1 31.4; T2 30.9
Y T1 35.0; T2 34.2 O T1 37.0; T2 41.6*	H T1 37.1; T2 39.7 L T1 35.7; T2 39.3	U T1 33.9; T2 39.3 R T1 40.1; T2 39.8	P T1 38.6; T2 41.0 NP T1 32.2; T2 36.4
Y T1 32.9; T2 38.0 O T1 37.3; T2 39.0	H T1 38.7; T2 34.7 L T1 33.8; T2 41.5**	U T1 34.2; T2 34.3 R T1 38.5; T2 44.9	P T1 36.1; T2 38.6 NP T1 32.2; T2 38.8
Y T1 29.7; T2 24.4 O T1 36.0; T2 30.8*	H T1 31.6; T2 29.2 L T1 35.4; T2 28.8**	U T1 27.9; T2 30.0 R T1 42.8; T2 27.3***	P T1 36.0; T2 31.6 NP T1 29.8; T2 23.3
Y T1 35.6; T2 28.1* O T1 29.3; T2 31.8	H T1 31.8; T2 33.0 L T1 31.2; T2 29.2	U T1 29.4; T2 31.9 R T1 34.5; T2 29.1	P T1 33.8; T2 34.0 NP T1 27.2; T2 24.2
Y T1 31.5; T2 30.2 O T1 29.2; T2 34.5*	H T1 29.0; T2 34.4 L T1 30.6; T2 32.4	U T1 29.7; T2 35.6* R T1 30.2; T2 29.6	P T1 33.4; T2 36.1 NP T1 23.7; T2 27.3
Y T1 27.6; T2 31.9 O T1 29.3; T2 33.2	H T1 30.5; T2 34.2 L T1 27.5; T2 31.8	U T1 26.2; T2 33.4** R T1 32.5; T2 31.8	P T1 31.4; T2 35.5 NP T1 24.0; T2 27.3

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
Family Resource Centres	261 (26.1)	249 (24.9)	M T1 25.4; T2 23.5 F T1 26.9; T2 26.2
Support for parents in their home	259 (26.0)	254 (25.4)	M T1 24.9; T2 23.5 F T1 26.8; T2 27.0
Residential or Foster Care	244 (24.5)	296 (29.6)*	M T1 23.5; T2 28.4* F T1 25.2; T2 30.7*
General Practitioner	233 (23.3)	280 (28.0)*	M T1 24.3; T2 25.6 F T1 22.3; T2 30.3**
Health Centre or Clinic	220 (22.0)	196 (19.6)	M T1 20.4; T2 20.9 F T1 23.3; T2 18.4*
Parenting Groups or Programmes	208 (20.8)	265 (26.5)**	M T1 17.6; T2 24.3** F T1 23.9; T2 28.7*
Primary Care Centre	205 (20.5)	195 (19.5)	M T1 17.2; T2 18.4 F T1 23.7; T2 20.5
Community Centres	185 (18.5)	212 (21.2)	M T1 16.6; T2 20.4 F T1 20.4; T2 21.9
Other	25 (2.6)	62 (6.2)***	M T1 2.0; T2 7.8*** F T1 2.9; T2 4.7
Don't know	25 (2.5)	37 (3.7)***	M T1 1.6; T2 4.9** F T1 3.3; T2 2.5
Named Community or Voluntary Organisation	12 (1.2)	8 (0.8)	M T1 1.4; T2 1.0 F T1 1.0; T2 0.6
Care of the Elderly	7 (0.7)	0 (0.0)**	M T1 1.0; T2 0.0 F T1 0.4; T2 0.0
Housing	7 (0.7)	1 (0.1)**	M T1 0.6; T2 0.2 F T1 0.8; T2 0.0

These possible response options were read out to participants.

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



Socio-demographic differences

Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 21.8; T2 22.7 O T1 28.4; T2 25.8	H T1 23.0; T2 21.3 L T1 28.3; T2 27.4	U T1 22.1; T2 21.3 R T1 32.2; T2 30.0	P T1 30.0; T2 26.6 NP T1 19.4; T2 21.5
Y T1 27.1; T2 22.0 O T1 25.3; T2 26.8	H T1 25.0; T2 24.0 L T1 26.6; T2 26.4	U T1 23.9; T2 21.3 R T1 29.0; T2 31.3	P T1 29.2; T2 28.6 NP T1 20.3; T2 18.8
Y T1 22.0; T2 27.5 O T1 25.8; T2 30.5*	H T1 25.2; T2 28.9 L T1 24.1; T2 30.0*	U T1 21.6; T2 27.2* R T1 28.7; T2 33.1	P T1 27.0; T2 32.5* NP T1 20.0; T2 23.6
Y T1 20.0; T2 23.7 O T1 25.2; T2 29.8*	H T1 20.0; T2 25.4* L T1 25.7; T2 29.8	U T1 20.6; T2 34.6*** R T1 27.5; T2 18.5**	P T1 27.0; T2 28.4 NP T1 16.7; T2 27.3**
Y T1 17.9; T2 20.0 O T1 24.1; T2 19.4*	H T1 23.4; T2 18.7 L T1 21.0; T2 20.2	U T1 19.2; T2 19.1 R T1 26.2; T2 20.4	P T1 23.6; T2 21.0 NP T1 19.2; T2 16.7
Y T1 18.8; T2 22.7 O T1 21.7; T2 28.1**	H T1 23.2; T2 26.6 L T1 19.1; T2 26.4	U T1 19.9; T2 25.0* R T1 22.2; T2 28.6*	P T1 23.8; T2 28.8* NP T1 15.6; T2 21.8*
Y T1 16.2; T2 18.0 O T1 22.7; T2 20.1	H T1 23.4; T2 19.2 L T1 18.5; T2 19.7	U T1 17.6; T2 19.2 R T1 24.9; T2 20.00	P T1 23.1; T2 20.0 NP T1 15.9; T2 18.5
Y T1 16.2; T2 19.7 O T1 19.7; T2 21.8	H T1 18.8; T2 17.7 L T1 18.2; T2 23.7*	U T1 18.3; T2 19.5 R T1 18.6; T2 23.9	P T1 21.1; T2 23.0 NP T1 13.9; T2 17.6
Y T1 2.6; T2 5.1 O T1 2.4; T2 6.7***	H T1 2.2; T2 6.0 L T1 2.8; T2 6.3**	U T1 3.2; T2 5.5* R T1 1.8; T2 7.1***	P T1 3.0; T2 6.4** NP T1 1.9; T2 5.9**
Y T1 4.7; T2 4.4 O T1 1.4; T2 3.4*	H T1 3.6; T2 3.8 L T1 1.7; T2 3.6*	U T1 3.2; T2 3.5 R T1 1.5; T2 3.9*	P T1 1.7; T2 3.3 NP T1 3.9; T2 4.5
Y T1 0.3; T2 1.0 O T1 1.7; T2 0.7	H T1 1.1; T2 0.7 L T1 1.2; T2 0.9	U T1 0.8; T2 0.3 R T1 1.8; T2 1.5	P T1 1.7; T2 0.9 NP T1 0.3; T2 0.6
Y T1 0.0; T2 0.0 O T1 1.1; T2 0.0**	H T1 0.3; T2 0.0 L T1 1.0; T2 0.0	U T1 1.0; T2 0.0* R T1 0.3; T2 0.0	P T1 0.6; T2 0.0* NP T1 0.8; T2 0.0
Y T1 0.9; T2 0.0 O T1 0.6; T2 0.1	H T1 0.7; T2 0.2 L T1 0.7; T2 0.0	U T1 1.0; T2 0.2 R T1 0.3; T2 0.0	P T1 0.8; T2 0.0* NP T1 0.6; T2 0.3

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

	All		Gender %, significance	Age %, significance
	T1:N (%)	T2:N (%)		
Yes	363 (36.3)	365 (36.5)	M T1 30.7; T2 33.4** F T1 41.6; T2 39.5***	Y T1 37.4; T2 33.9*** O T1 35.8; T2 37.6***

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

Also of note is a shift from 45% to 32.3% reporting 'I don't know' to this question, and a shift from 14.4% to 25.6% reporting 'to some extent' (p < 0.001).

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

	All		Gender %, significance
	T1:N (%)	T2:N (%)	
Greater awareness of services ¹	536 (53.6)	579 (57.9)	M T1 51.9; T2 44.6 F T1 55.3; T2 60.5
Better outcomes or results for children and families ¹	283 (28.3)	428 (42.8)***	M T1 26.4; T2 39.1*** F T1 30.2; T2 46.4***
More responsive services ¹	282 (28.2)	345 (34.5)**	M T1 26.2; T2 33.3** F T1 30.1; T2 35.6*
More co-operation between different agencies ¹	278 (27.8)	325 (32.5)*	M T1 23.9; T2 29.9* F T1 31.5; T2 35.0
I don't know ¹	222 (22.2)	141 (14.1)***	M T1 24.7; T2 15.7*** F T1 20.0; T2 12.5**
Less need for child protection or less abuse and neglect of children in the home ¹	89 (8.9)	37 (13.7)**	M T1 9.0; T2 12.7* F T1 20.0; T2 12.5**
Other	5 (0.5)	9 (0.9)	M T1 0.8; T2 1.0 F T1 8.8; T2 14.7**
Make services more accessible	2 (0.2)	0 (0.0)	M T1 0.4; T2 0.0 F T1 0.; T2 0.0

¹ Response options given; all other responses were volunteered by participants.

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



Socio-demographic differences			
	Social status %, significance	Urbanity %, significance	Parenting status %, significance
	H T1 36.5; T2 37.2*** L T1 36.2; T2 36.0***	U T1 31.3; T2 36.9*** R T1 43.8; T2 36.0***	P T1 38.6; T2 39.1*** NP T1 32.2; T2 31.2***

Socio-demographic differences			
Age %, significance	Social status %, significance	Urbanity %, significance	Parenting status %, significance
Y T1 52.4; T2 55.3 O T1 54.2; T2 59.0***	H T1 54.8; T2 59.1 L T1 52.7; T2 57.0	U T1 47.0; T2 53.4* R T1 63.5; T2 64.4	P T1 56.1; T2 59.2 NP T1 49.2; T2 55.5
Y T1 30.0; T2 44.1*** O T1 27.4; T2 42.2***	H T1 30.9; T2 43.5*** L T1 26.5; T2 42.2***	U T1 25.4; T2 38.3*** R T1 32.7; T2 49.3***	P T1 27.1; T2 44.7*** NP T1 30.6 ; T2 38.8*
Y T1 26.8; T2 32.9 O T1 29.0; T2 35.0*	H T1 29.4; T2 34.0 L T1 27.4; T2 34.8**	U T1 25.7; T2 32.3* R T1 32.0; T2 37.7	P T1 28.9; T2 35.2* NP T1 27.0; T2 32.7
Y T1 25.3; T2 35.9** O T1 29.1; T2 31.1	H T1 25.5; T2 35.7** L T1 29.4; T2 30.2	U T1 19.7; T2 27.6** R T1 40.1; T2 39.7	P T1 29.2; T2 33.4 NP T1 25.3; T2 30.6
Y T1 20.8; T2 15.9 O T1 23.0; T2 13.3***	H T1 20.7; T2 12.5** L T1 23.3; T2 15.1***	U T1 25.2; T2 15.3*** R T1 17.6; T2 12.1*	P T1 20.6; T2 12.5*** NP T1 25.1; T2 17.3*
Y T1 9.4; T2 13.9 O T1 8.6; T2 13.6**	H T1 7.7; T2 12.9* L T1 9.7; T2 14.2*	U T1 9.3 ; T2 15.0** R T1 8.3; T2 11.9	P T1 8.3; T2 13.7** NP T1 10.0; T2 13.6
Y T1 0.6; T2 0.0 O T1 0.5; T2 1.3	H T1 0.3; T2 1.2 L T1 0.6; T2 0.7	U T1 0.7; T2 1.2 R T1 0.3; T2 0.5	P T1 0.6; T2 1.2 NP T1 0.3; T2 0.3
Y T1 0.3; T2 0.0 O T1 0.2; T2 0.0	H T1 0.2; T2 0.0 L T1 0.2; T2 0.0	U T1 0.3; T2 0.0 R T1 0.0; T2 0.0	P T1 0.2; T2 0.0 NP T1 0.3; T2 0.0

How Best to Inform the Public

How can the public be made more aware of Tusla and its services?

	All		
	T2:N (%)	Gender %, significance	Age %, significance
Advertising / Media	340 (34.0)	M 35.4; F 32.7	Y 36.3; O 33.0
Television advertising	223 (22.3)	M 23.1; F 21.5	Y 18.0; O 24.1*
Social media / Internet	174 (17.4)	M 19.0; F 15.9	Y 25.1; O 14.2***
Leaflets in schools / GPs / doors	99 (9.9)	M 8.0; F 11.7*	Y 9.5; O 10.1
Radio	70 (7.0)	M 7.2; F 6.8	Y 7.5; O 6.8
Don't know	55 (5.5)	M 5.7; F 5.3	Y 5.8; O 5.4
School talks for children and parents	50 (5.0)	M 4.1; F 5.9	Y 4.7; O 5.1
Community organisations / Churches	33 (3.3)	M 3.1; F 3.5	Y 2.7; O 3.5
Other	30 (3.0)	M 2.9; F 3.1	Y 2.0; O 3.4
Newspaper	22 (2.2)	M 1.4; F 2.9	Y 2.7; O 2.0
Discussion groups / Forums	17 (1.7)	M 1.4; F 2.0	Y 1.0; O 2.0
Local advertising	15 (1.5)	M 1.0; F 2.0	Y 1.0; O 1.7
Word of mouth	14 (1.4)	M 1.0; F 1.8	Y 0.7; O 1.7
Website	14 (1.4)	M 1.2; F 1.6	Y 1.4; O 1.4

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



Socio-demographic differences		
Social status %, significance	Urbanity %, significance	Parenting status %, significance
H 38.8; L 30.5**	U 39.5; R 25.7***	P 34.0; NP 33.6
H 20.6; L 23.4	U 18.0; R 28.6***	P 21.2; NP 24.5
H 17.5; L 17.3	U 17.6; R 17.0	P 15.4; NP 21.5*
H 10.5; L 9.4	U 10.6; R 8.9	P 9.7; NP 10.3
H 5.7; L 7.9	U 4.7; R 10.3**	P 7.0; NP 7.0
H 4.5; L 6.2	U 6.6; R 4.0	P 5.4; NP 5.8
H 6.0; L 4.3	U 5.4; R 4.4	P 6.0; NP 3.0*
H 3.1; L 3.4	U 3.2; R 3.5	P 3.6; NP 2.7
H 2.9; L 3.1	U 3.5; R 2.2	P 3.7; NP 1.5
H 1.9; L 2.4	U 2.2; R 2.2	P 2.4; NP 1.8
H 2.4; L 1.2	U 1.7; R 1.7	P 1.9; NP 1.2
H 2.4; L 0.9*	U 2.0; R 0.7	P 1.8; NP 0.9
H 1.0; L 1.7	U 1.2; R 1.7	P 1.5; NP 1.2
H 2.2; L 0.9	U 1.0; R 2.0	P 1.6; NP 1.9

What mechanisms work best to inform the public – focusing on adults?

	All		
	T2:N(%)	Gender %, significance	Age %, significance
Television	631 (63.1)	M 62.6; F 63.6	Y 60.7; O 64.1
Social media	587 (58.7)	M 56.4; F 60.9	Y 68.5; O 54.6***
Website	498 (49.8)	M 50.5; F 49.1	Y 58.0; O 46.4**
Advertisements	446 (44.6)	M 44.0; F 45.3	Y 44.7; O 44.5
Newspapers	441 (44.1)	M 44.5; F 43.8	Y 39.3; O 46.1*
Leaflets	297 (29.7)	M 27.8; F 31.7	Y 26.4; O 31.1
Word of mouth	280 (28.0)	M 25.2; F 30.7	Y 25.1; O 29.2
Community events	253 (25.3)	M 23.9; F 26.6	Y 23.7; O 25.8
Other	31 (3.1)	M 3.3; F 2.9	Y 2.0; O 3.5

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

What mechanisms work best to inform the public – focusing on children and young people?

	All		
	T2:N(%)	Gender %, significance	Age %, significance
School	744 (74.4)	M 72.6; F 75.9	Y 76.3; O 73.5
Social media	567 (56.7)	M 55.0; F 58.3	Y 63.4; O 53.9**
Television	333 (33.3)	M 35.0; F 31.7	Y 36.3; O 32.0
Website	285 (28.5)	M 29.7; F 27.4	Y 30.2; O 27.8
Family	261 (26.1)	M 26.0; F 26.2	Y 27.1; O 25.7
Word of mouth	186 (18.6)	M 17.2; F 20.0	Y 16.6; O 19.4
Friends	180 (18.0)	M 16.2; F 19.8	Y 16.6; O 18.6
Community events	146 (14.6)	M 14.9; F 14.3	Y 13.2; O 15.2
Leaflets	126 (12.6)	M 12.5; F 12.7	Y 14.9; O 11.6
Advertisements	122 (12.2)	M 12.9; F 11.5	Y 12.9; O 11.9
Other	11 (1.1)	M 0.8; F 1.4	Y 0.3; O 1.4
Newspapers	105 (10.5)	M 11.7; F 9.2	Y 7.8; O 11.5

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



Socio-demographic differences		
Social status %, significance	Urbanity %, significance	Parenting status %, significance
H 64.4; L 62.1	U 59.5; R 68.4**	P 63.9; NP 61.5
H 60.4; L 57.5	U 59.3; R 57.8	P 57.9; NP 60.3
H 51.9; L 48.2	U 48.9; R 51.0	P 49.8; NP 49.8
H 41.6; L 46.8	U 44.4; R 44.9	P 45.7; NP 42.4
H 43.3; L 44.7	U 43.2; R 45.4	P 45.4; NP 41.5
H 28.0; L 31.0	U 30.8; R 28.3	P 30.7; NP 27.6
H 26.6; L 29.2	U 26.4; R 30.5	P 29.7; NP 24.5
H 28.0; L 23.3	U 27.9; R 21.4*	P 26.1; NP 23.3
H 2.9; L 3.3	U 2.0; R 4.7*	P 3.7; NP 1.8

Socio-demographic differences		
Social status %, significance	Urbanity %, significance	Parenting status % significance
H 74.9; L 73.9	U 69.7; R 81.0***	P 76.4; NP 70.3*
H 59.8; L 54.5	U 55.0; R 55.3	P 56.0; NP 58.2
H 33.7; L 32.9	U 31.3; R 36.3	P 32.8; NP 34.2
H 25.7; L 30.5	U 28.7; R 28.3	P 27.2; NP 31.2
H 27.0; L 25.6	U 22.0; R 32.3***	P 27.6; NP 23.0
H 16.5; L 20.2	U 15.3; R 23.4**	P 19.6; NP 16.7
H 18.2; L 17.8	U 14.3; R 23.4***	P 19.3; NP 15.5
H 14.9; L 14.4	U 17.6; R 10.1**	P 15.2; NP 13.3
H 11.5; L 13.4	U 11.6; R 14.0	P 13.4; NP 10.9
H 12.9; L 11.7	U 13.9; R 9.6*	P 11.8; NP 13.0
H 0.7; L 1.4	U 1.3; R 0.7	P 1.3; NP 0.6
H 9.4; L 11.1	U 10.9; R 9.6	P 10.3; NP 10.6

How do you find out about services if or when you need them?

	All		
	T2:N(%)	Gender % significance	Age % significance
Website	509 (50.9)	M 51.1; F 50.5	Y 61.7; O 46.3***
Social media	297 (29.7)	M 30.1; F 29.4	Y 41.0; O 25.0***
Television	225 (22.5)	M 21.5; F 23.4	Y 17.3; O 24.6*
Newspapers	179 (17.9)	M 17.2; F 18.6	Y 13.2; O 20.0*
Family	164 (16.4)	M 13.7; F 11.9	Y 9.5; O 19.4***
Word of mouth	156 (15.6)	M 14.3; F 16.6	Y 10.5; O 17.7**
School	144 (14.4)	M 13.1; F 15.7	Y 18.0; O 12.9*
I don't need services	128 (12.8)	M 13.7; F 11.9	Y 11.9; O 13.2
Friends	123 (12.3)	M 11.7; F 12.9	Y 7.1; O 14.5**
Advertisements	122 (12.2)	M 11.0; F 13.3	Y 10.8; O 12.8
Leaflets	108 (10.8)	M 9.0; F 12.5	Y 7.1; O 12.3*
Community events	102 (10.2)	M 9.4; F 10.9	Y 9.2; O 10.6
Other	63 (6.3)	M 5.7; F 6.8	Y 5.1; O 6.8

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



Socio-demographic differences		
Social status % significance	Urbanity % significance	Parenting status % significance
H 57.6; L 46.0***	U 51.6; R 49.9	P 50.6; NP 51.5
H 32.5; L 27.6	U 26.4; R 34.6**	P 28.3; NP 32.4
H 19.2; L 24.9*	U 21.8; R 23.4	P 22.8; NP 21.8
H 15.3; L 19.8	U 17.3; R 18.8	P 19.7; NP 14.5*
H 13.6; L 18.4*	U 15.0; R 18.5	P 18.0; NP 13.3
H 13.7; L 17.0	U 14.1; R 17.8	P 16.6; NP 13.6
H 14.4; L 14.4	U 13.3; R 16.0	P 15.1; NP 13.0
H 12.0; L 13.4	U 11.8; R 14.3	P 11.8; NP 14.8
H 12.2; L 12.3	U 12.3; R 12.3	P 13.4; NP 10.0
H 10.1; L 13.7	U 11.6; R 13.1	P 13.3; NP 10.0
H 8.6; L 12.3	U 10.3; R 11.6	P 11.0; NP 10.3
H 8.1; L 11.7	U 9.9; R 10.6	P 10.9; NP 8.8
H 5.5; L 6.9	U 6.7; R 5.7	P 6.1; NP 6.78



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