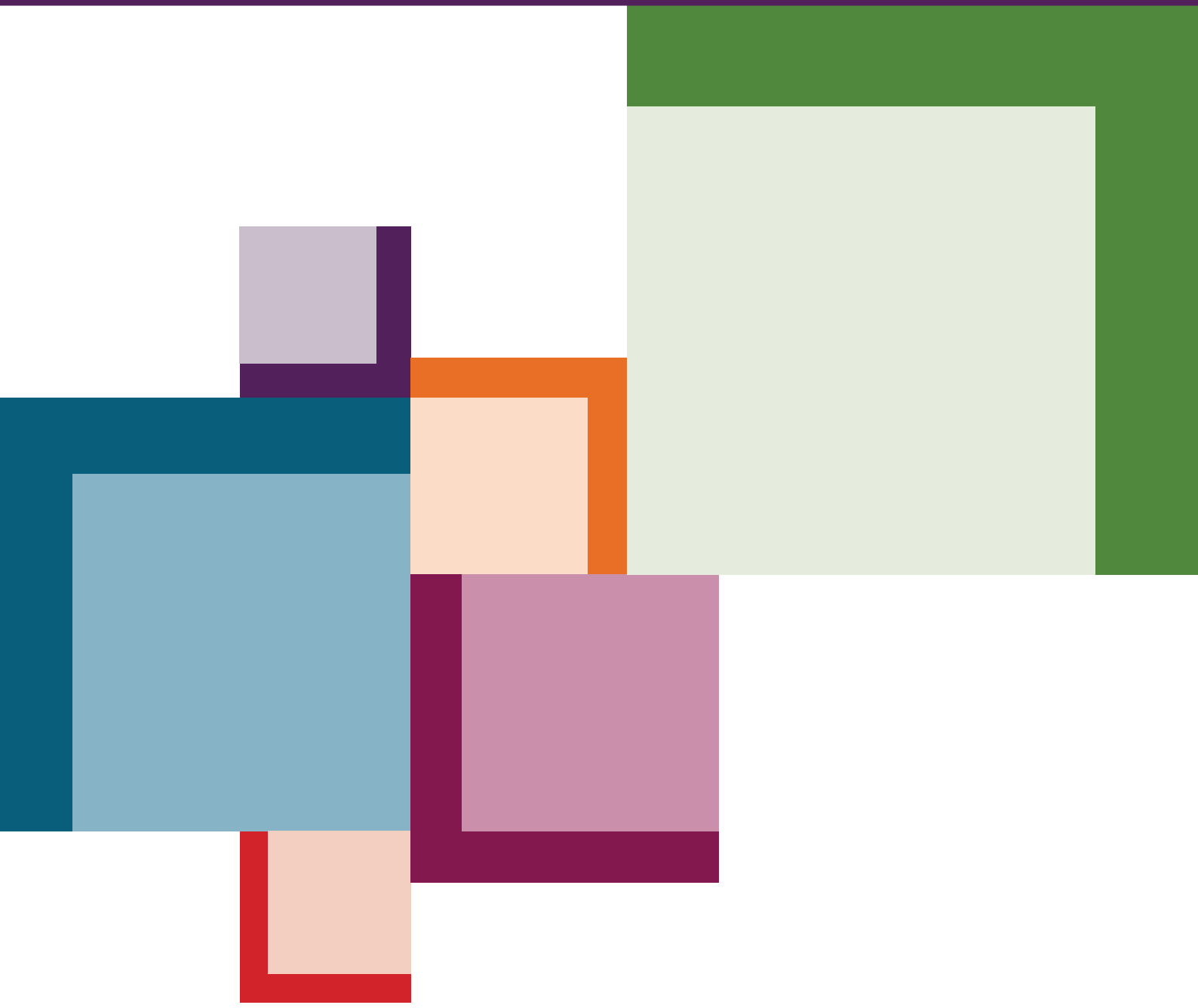
CabinetOffice
Social Exclusion Task Force

Think Family: A literature review of whole family approaches



ISBN number – 0 7115 04814

THINK FAMILY: A LITERATURE REVIEW OF WHOLE FAMILY APPROACHES

JANUARY 2008

Contributors:

University of Birmingham: Kate Morris, Nathan Hughes, Harriet Clarke, Jerry Tew, Paul Mason, Sarah Galvani, Prof Ann Lewis and Lucy Loveless

External Contributors: Prof Saul Becker (University of Nottingham) and Prof Gale Burford (University of Vermont USA)

Contents

Executive Summary **2**

Scope and Methods of Review **9**

1. The Context: Understanding Family in Policy, Research and Practice **11**
- Social Policies and the Family 11
- Professional and Family Responses 13
- Targeting Families 'At Risk' of Social Exclusion 14
- Key Points 14
- Emerging Issues 14

2. Theorising Families **16**
- The Reality of Family Life as Described and Articulated by Families 17
- Reflecting Diversity 19
- Key Points 19
- Emerging Issues 20

3. Theories for Practice **21**
- Definitions of Family 21
- Broad Theoretical Frameworks 22
- Theoretical Frameworks in Responding to Specific Needs 27
  - Mental Health 27
  - Drugs and Alcohol 31
  - Young Carers 32
  - Disability 34
  - Child Welfare 37
  - Domestic Violence 39
  - Youth Justice 47
  - Housing and Housing Services 49
- Key Points 58
- Emerging Issues 59

4. Models and Approaches **61**
- Category 1: Working with the Family to Support the Service User 61
- Category 2: Identifying and Addressing the Needs of Family Members 66
- Category 3: Whole Family Support 72
- Key Points 89
- Emerging Issues 89

References **91**

THINK FAMILY: A LITERATURE REVIEW OF WHOLE FAMILY APPROACHES

EXECUTIVE SUMMARY

SCOPE OF THE REVIEW

This review report draws on the following:

- Submissions from expert academic commentators concerned with the specific needs of families experiencing multiple difficulties (*mental health, disability, young carers, child welfare, drugs and alcohol, crime and anti-social behaviour, domestic violence*).

- A targeted literature search exploring national and international literature that describes/evaluates/theorises whole family approaches.

The short timescales for the review means an exhaustive search was not conducted, and therefore this report captures only some of the material that is available. However, it does identify emerging themes and possible gaps in existing knowledge.

EMERGING MESSAGES

The Policy Context

- It has been assumed that the experiences of poverty and economic disadvantage run throughout this review , and are core to any consideration of the needs of families with multiple and enduring difficulties.

- Whole family approaches to the consequences of social exclusion present tensions and opportunities. Evidence in this review indicates that it cannot be assumed that whole family approaches are appropriate or useful for all families or for all needs. Whole family approaches do not necessarily address the needs of some individuals or ensure that family life is robust and promotes wellbeing. However, for some needs and for some problems the evidence shows that whole family approaches may be well supported and enable good outcomes.

- Understanding families and difficulties of engagement with (or by) services requires recognition of the limitations of normative and non-normative portrayals of ‘family’. By this we mean that the depiction of families in existing policy and practice may not match or reflect the lived experiences of the families that are the focus of the service/strategy.

- The experiences, needs and contributions of different family members (for example, mothers and fathers) to the experience and support of family life need to be maintained in ‘whole family’ approaches.

- The right to private family life and the public interest in family intervention is a core tension within debates concerning the support of parents and families.

- Structural, material and attitudinal factors are core to people's experiences of exclusion, and understanding these is of relevance to development and work of both specialist and mainstream services.

Emerging Issues

- Understanding families involves understanding family roles and relationships: core to children's, adults' and family-focused services.

- Marginalised families may face specific barriers in accessing appropriate services (both as individuals and as families): family members' own perspectives as well as professional perspectives are required to inform an understanding of this experience.

Understanding Families

- Family forms are many and varied, beyond the boundaries of those defined through partner and 'blood' relationships. Whilst family forms and definitions change, the importance of family for the experience of both interdependence and individual support and wellbeing remains.

- Existing understandings do not always capture the diversity of family forms, traditions and histories. Extending understandings will ensure that marginalised families who face specific barriers to services are reflected in mainstream policy and provision.

- Individualising approaches to family difficulties can lead to pathologising of family members, particularly mothers, and this may lead to particular frameworks for professional practice being adopted and a resistance to implementing family models of provision.

- For family-focused services to deliver effectively, the reality of family life and the sources of problems faced must be understood: this includes recognising that some of the difficulties faced by 'at-risk' families will also be shared with less marginalised groups of families.

Emerging Issues

- Positive interdependency within families requires recognition and support, and additionally an ethic of care approach may provide a model for developing preferred ways of working between (public) professionals and (private) families.

Theoretical Frameworks

- Resources which strengthen families within communities can be explored using different theoretical frameworks, including Social Capital and Family Resilience.

- Such approaches can arguably challenge pathologising of either families or individuals (for example, as might occur through a clinical or risk-focused lens).

- Within **Mental Health Work** (*Tew*) ecological/systems, behavioural, narrative/ discourse, labelling/stigma and vulnerability models have been applied to under-

stand individual experience of distress in a social (including within family) context.

- Within **Drugs and Alcohol Work** (*Galvani*) a range of biological, psychological, and social (including systems-based) approaches are part of the toolkit of interventions; however there are few approaches to family-focused work (as opposed to individual-focused interventions): these draw on relational approaches (family systems theory; attachment theory), and conceptualisation of stress, strain and coping.

- Within **Young Carers Work** (*Becker*) the development of a whole family approach has sought to provide a focus on inter-related needs within the whole family, and recognise that both young carers and ill or disabled parents have needs and rights. Within this framework, appropriate service responses may be to meet parents' needs alone, *or* those of the young carer, *or* both.

- Within **Child Welfare** (*Morris and Burford*) family group conferencing draws on strengths based approaches to understanding managing change within family relationships. Further, children's welfare services within the UK have developed ways of working with children's networks (although more often in a 'top-down' manner), and within the US research has highlighted the importance of social relationships in supporting the delivery of welfare for children. However understanding of effective elements of 'whole family' approaches is currently underdeveloped.

- Within **Youth Justice** (*Mason*) family experience of social and material deprivation has been a core way in which family has been integrated within theory; more controversially, 'underclass' debates have involved the pathologising of families held responsible for nurturing negative values and behaviours across the generations (of which undercurrents remain in identifications of 'problem' families and intergenerational issues); further approaches to family involve exploring risk and protective factors, for example within a resilience framework.

- Within **Disability** (*Clarke and Lewis*) the social model has provided a valuable framework for exploring family experiences both in relation to disabled children and disabled adults; ecological approaches have provided one method of examining family in a social context, although there are concerns that they have not been social enough in focus.

- Within **Housing** *(Clarke)* the impact on families of housing difficulties is explored and this points to the importance of conceptual understandings and practical assistance to respond to family needs. Very little reference was found to the work of housing officers in community and family support and this could be an important area for future research

- Within **Domestic Violence** (*Burford, Galvani*) significant tensions exist about the value and safety of whole family approaches. Evidence and policy in the UK suggests such approaches can be seen as unsafe, whilst in the US there are examples of family-based approaches to domestic violence being developed and supported, within the context of an analysis of marginalised

families. The different geographical contexts and needs require recognition, as does the highly contested concept of 'family' in this aspect of the review.

Emerging Issues

- Social Capital may be a useful lens through which to consider families needs and experience.

- Resilience is used in a range of approaches to understanding family experience of social disadvantage, and this could be couched in ecological terms.

- Different theories for understanding both individual and family experiences of exclusion and disadvantage result in a whole host of different potential perspectives for 'family aware' (if not family-focused) interventions and policies, arguably from individual therapy to social change.

Models and Approaches

- Some services and practices fail to engage with any family context for the service user, and the dislocation of individuals from their networks has led to national and international reviews in some health and social care disciplines.

Categories

Three broad categories can be identified:

Category 1: Working with the family to support the service user

- The family is seen as a basis for support for an individual within that family. The focus on other family members is determined by their ability to offer support and assistance.

- Service provision seeks to strengthen the ability of family members to offer support to the service user; in some instances through the responsibilisation of family members, or through addressing barriers to the support of the service user within the family setting.

- Evidence was also found of attempts to develop further networks of support for the service user within the family and immediate community.

Category 2: Identifying and addressing the needs of family members

- Services are developed that address the specific and independent needs of family members so as to maintain or enhance support to the service user, and develop family strengths.

- Such services highlight and address previously unidentified needs, often resulting in family members being perceived to be service users in their own right.

- Research evidence has highlighted the importance of addressing the individual needs of family members in isolation from the service user.

Category 3: Whole family support

- Whole family approaches are seen to offer opportunities to focus on shared needs, develop strengths and address risk factors that could not be dealt with through a focus on family members as individuals.

- This review has illustrated a momentum towards whole family approaches within policy and provision in relation to a number of service user groups.

- However it has also illustrated that many such interventions are still in their infancy and require further evaluation.

- Professional and agency competency in delivering whole family approaches merits review.

Evidence of Impact

- Data has been gathered and used to support the development of a diverse range of models, with some family-based approaches the focus of relatively intense scrutiny. Details are given within the main body of the report. (Evidence from the review to date suggests the focus of evaluation is usually individual outcomes or provider led outcomes, family outcomes are rarely explored.)

- Positive features of whole family approaches are described as strengths-based, as responsive and reflective and as innovative.

- There is evidence that existing service provision finds 'thinking family' both challenging and controversial and this has implications for professional knowledge and frameworks, training and ultimately the arrival at shared objectives.

- The evidence reviewed indicates an ongoing problem in arriving at full engagement. There appear to be two elements to this:

    a) Only partial engagement of the family (by focusing on either the presenting problem or the particular functions of the family member);

    b) Only partial engagement of potential family group users, with services failing to engage either all those families targeted and/or those families experiencing particular difficulties.

Specific Issues and Next Steps

- The use of terms such as 'parent' and 'family' as interchangeable descriptions often masks the paucity of whole family service provision and approaches. Within the literature reviewed there was repeated evidence of family-based services or models in reality being adult or child-based provision, with little acknowledgement of the important differences between working with families as opposed to working with members of families (the evidence is of the latter rather than the former being the dominant approach).

- The range of research and literature reviewed suggests direct data about the lived experiences of families enduring multiple and chronic difficulties is limited.

This possible gap in knowledge means the review's messages about the impact of the policy discourses about families are particularly pertinent.

- For families who do not engage with or respond positively to inputs it is particularly important to understand the family's own perspective. For example, family members' perspectives may redefine the problem of resistance as one bound up with feelings of defeat, complexity of life and anticipated disappointment. However these narratives are difficult to achieve particularly if conflict has been the defining quality of all previous engagement with professionals.

- The dynamic and contested nature of social exclusion means that social policies and social care practices may not capture or reflect the realities and needs of families. The complexity of family roles, functions, and compositions need to be examined and understood within the modern context.

- International evidence reflects the UK experience of large scale preventative programmes struggling to respond effectively to the needs of families experiencing chronic difficulties – however there is as yet limited documented evidence about successful next steps in preventative family provision.

- Despite recent important moves in building service-user informed and led research, research methodology requires further development in partnership to engage with non-service users on their own terms.

- Despite intentions many programmes actually fail to engage with multiple difficulties and multiple 'players'. There is a need to review the actual take up rates amongst various target populations, and the messages within this for provision.

- There is limited evidence of whole family approaches being adopted in practice, despite repeated recognition of the value of such an approach, and some evidence of effective interventions when whole family approaches are adopted.

- Whilst strengths-based frameworks for family services are evident in the literature the problematised nature of the services delivered suggests a difficult starting point for engagement.

- Marginalised families may themselves be demonstrating significant strengths which might go under-recognised if services focus on risk and responsibility: it may be that approaches such as the 'ethic of care' and supporting resilience are relevant to all families.

- Despite recognition of the importance of social networks and building capacity, the extent to which the literature reviewed could describe community and wider social engagement as part of the service activity was limited.

- There are resonances in the messages about direct practice coming from this review and other, relevant research and reviews. Trust, responsivity, flexibility and sustainability are all core features of positively valued provision.

- The components of the working relationship between families and professionals (trust, openness, respect, responsivity) are crucial regardless of the actual service type (eg whether ‘specialist’ or ‘mainstream’).

SCOPE AND METHODS OF REVIEW

This report is not based on an exhaustive or systematic literature review. To work within the tight time scales set out by the tender specification the decision was made to combine expert contributions with a targeted literature search.

This review draws on the following:

- Submissions from expert academic commentators concerned with the specific needs of families experiencing multiple difficulties (*mental health, disability, young carers, child welfare, drugs and alcohol, crime and anti-social behaviour, domestic violence*).

- A preliminary literature search exploring national and international literature that describes/evaluates/theorises whole family approaches.

It is important to note that some assumptions have been made in the preparation of the review and this report. Specifically the poverty and economic deprivation faced by families with multiple difficulties is well evidenced elsewhere; this context is therefore assumed to be integral to any review of families' experiences and needs. The focused nature of this review means that this context is not set out – we are aware of the wealth of evidence already gathered about these dimensions of family lives and have therefore chosen to focus on other areas of policy, research and practice.

The report draws on *family* related material – for example it makes only limited use of parent based literature or child focused material. The review adopted a broad set of search terms, it did not operate within a prescribed definition of family and this ensured a wide range of national and international material was explored. The review does not adopt a definition of 'family'. The contributors to this review have used the term in different ways according to their area of specialism. Similarly other terms including 'marginalisation' and 'social exclusion' have been used in diverse ways by those contributing to this review. This has enabled the review to draw in a wide range of material. The literature search focused on family policy, practice and research which was concerned with families experiencing multiple difficulties, the material from the expert contributors was intended to consider specific problems and needs.

The review does not assume that whole family approaches are always helpful or appropriate. The evidence from some areas addressed in this report is that whole family approaches raise some tensions and contradictions. Specifically whole family approaches may not respond adequately to individuals who have needs in relation to safety, disability or caring responsibilities. Whole family approaches do not necessarily address the needs of some individuals or ensure that family life is robust and promotes wellbeing. The review also recognises the tensions that may exist between the different needs of different individuals within a family unit.

The specification for this review placed an emphasis on reviewing the material that explored whole family approaches. Inevitably therefore the review is limited - the review was not asked to consider comparatively whole family approaches against other forms of provision. This comparative approach is another and separate task,

which may well be worth consideration. However, for the purposes of this review the emphasis is upon how whole family approaches are understood and the applications of this approach.

1. THE CONTEXT: UNDERSTANDING FAMILY IN POLICY, RESEARCH AND PRACTICE

As Williams (2004) describes in her text 'Rethinking Families' research throughout the 1950s, 1960s, and 1970s explored the structure and functioning of families and considered how the nuclear family as a social institution had changed and adapted to meet the demands of a modern society. She suggests that more recently research has been framed by 'family practices', concerned with examining what we do (activities and functions) rather than exploring who and what we are (with close reference to our social bonds/relationships). Williams argues that there is considerable value in distinguishing between presentations of the 'normative family' (often played out in social polices) and the lived experiences of family lives: the 'Care, Values and the Future of Welfare' (CAVA – www.leeds.ac.uk/CAVA) research programme explored the extent to which a new normative family is taking shape – and how far this fits with lived experiences. The 'family' is thus identified as a changing and evolving social institution, which is also the subject of changing perceptions and of changing expectations

Both the policy and theoretical context requires a strong focus at the outset of this review, as there is a range of perspectives which exist in relation to supporting families, and there are a number of ways in which they compete, for example between different professional and 'service user' led discourses. Awareness of this particular tension is important in recognising that there is a need to examine the effectiveness of different approaches to engaging with families who may distrust services, or at least distrust their ability to respond to their needs in a holistic manner. Other families may not perceive their circumstances and experiences to be reflected in the construction of social problems in policy and practice, and both research and policy work should maintain this understanding of *different* social realities which can themselves be implicated in the experience of 'social exclusion'.

Social Policies and the Family

If the family is perceived to be an important site of intervention for social policy in order to combat social exclusion, there needs to be recognition of various family forms; further, it is possible to argue that the implementation of policy may itself be part of a co-construction process of family (and, therefore, where people do not engage with services, it may be because the personal experience of family is not reflected in the way in which intervention is conducted).

Whilst the current focus is 'whole family' approaches, it is worth reflecting briefly on previous research and policy debates about intervention and family support around 'parenting': in some respects, debate about parenting and parenting support has marked a move forward, towards acknowledgement that mothers are not the only care givers even if they remain the most usual primary child-carers, and that men's involvement in family life requires recognition and sometimes support; however, there are concerns (for example, voiced by Daniel et al, 2005) that the use of the term "parenting" in policy documents has largely resulted in the implications of gender not being fully considered. Whilst, then "whole family" approaches may provide an important signal to the importance of accounting for all family members

experiences, contributions, and support needs, there are *current* concerns that mothers' and fathers' experiences and needs should often be heard as separate voices. Ashley et al (2006) have, for example, stated the need for further research on the ability of services to engage with *fathers*, and not only to do so when (as Scourfield et al (2006) state may most often happen) men are perceived as a threat in the context of child protection work.

Perhaps one of the most important issues in defining the family in relation to intervention is the extent to which family is perceived as a private or public concern. The identification of a small number of families as being 'at risk' of social exclusion on the one hand provides opportunities to consider how to deliver support, but on the other is demarcating a particular group of families (loosely defined) as having complex needs best met through identification as a public concern. Again, this may be highlighted as a source of resistance – either for services to engage with families (as entering what is a 'private realm' is often difficult and complex), or for families (for whom seeking preservation of child rearing control in difficult circumstances may be a priority). This tension within policy has been highlighted by Walker, Timms and Collier (2000):

> *Although family-oriented political action is constantly changing as a result of political formulation and changing constructions of family life, the present Government is wanting to strike a balance between intervention and unnecessary interference in the private realm of the family. So, for example, although much emphasis is given to supporting families, particularly parents, there is an explicit objective of not creating a 'nanny state' or encouraging dependence on welfare support. There is an inevitable tension here. The Government has set out to tackle social exclusion and to eliminate child poverty, while at the same time holding parents responsible for their children and their misdemeanours.* Walker, Timms and Collier (2000, p14)

A further issue to consider is the extent to which different family practices (eg extended family support, parenting methods, child rearing within or across households, and so on) are understood and whether (or not) some approaches may be in danger of problematising specific families without engaging with differences as sources of strength or resilience.

For example, Barn, Ladino and Rogers (2006) have examined with a range of (majority and minority ethnic) parents their experiences of family life, parenting practices, and engagement with wider family and friends. Whilst this study head-lined a number of socioeconomic and housing disadvantages disproportionately experienced by some minority ethnic groups (particularly Black, Pakistani and Bangladeshi families), they additionally reported that the perspectives of 'ordinary' minority ethnic families are not heard sufficiently and that the range of complex patterns of family life should be understood with reference to factors such as migration histories, racism, poverty and culture. The experience of disability, too, has arguably often been presented from a white, middle class perspective, with the views of black disabled people (including children) and their specific experience of disability under-explored which results in a failure to understand their specific needs within family (and wider social) context (Ali et al, 2001). Fazil et al (2002) found that Bangladeshi and Pakistani parents of disabled children could be met by

assumptions held by health and social care professionals of high levels of extended family support, which alongside material disadvantage presented a serious barrier to accessing support. Research therefore clearly suggests that some minority ethnic families face both material and environmental poverty *and* are disadvantaged by the attitudes and misconceptions of workers. The structural, material and attitudinal barriers faced by families at risk of social exclusion are an important context for examining policy and practice responses to those considered to be 'difficult to reach' families, whether through mainstream or targeted services. (Krumer-Nevo (2003) suggests the term 'defeated families' to be useful: families that are both defeated by their experiences and by the services that should be assisting them.) Our focus within this review is on targeted attempts to intervene with families facing multiple difficulties and we turn next to the ways in which such family needs are identified.

Professional and Family Responses

Evidence from submissions to the overall SETF review and from a range of other sources identifies the problems posed by existing UK arrangements for service provision. The divide between adult and children's services runs as a fracture through any attempt to develop whole family approaches and generates challenges for families and for professionals. The ADCS/ADASS response to the SETF review acknowledges that health and social care services are built to respond to individual rather than multiple needs and that challenges exist in developing holistic responses (ADCS/ADASS 2007). The contributors to this review also identify the difficulties faced by families where their needs cross existing boundaries (Clarke, Becker). Integrated services are not the focus for this review, and the professional barriers to multi agency working are well documented elsewhere (see for example Sloper, 2004, Williams, 2004 and Morris, forthcoming). However, any consideration of the literature surrounding whole family approaches does need to acknowledge the organisational and process issues connected to such approaches.

Professional responses to families with multiple needs and to opportunities for whole family approaches suggests there exists some reluctance and resistance to whole family approaches (Tew, Morris and Burford, Clarke). Detailed understanding about professional perspectives and conceptual frameworks within which practice is situated is limited, but is worthy of further review given the evidence of a reluctance to seize opportunities to practice differently. Concern elsewhere about the dislocation of the individual from their network has led to national reviews and debates (US and New Zealand).

The data and literature reviewed suggests that there is evidence of non take up of targeted services and of open access services by families experiencing particular hardship. The evaluations of large scale preventative initiatives such as Sure Start and Children's Fund in the UK and Better Beginnings in Canada all identify poor take up by families facing high risks of marginalisation and exclusion (NESS 2005, Edwards *et* al 2006, Peters *et al* 2004). The evidence to date suggests limited knowledge about non users and service refusers, but also that the outcomes for those using services may not be significantly different in some circumstances from those not taking up services (Sheppard, 2007). The limited data about the lived

experiences of families with multiple and enduring difficulties means it is difficult to interpret the data about take up and refusal – indicating a significant gap in research and evaluation.

Emerging Issues

- Understanding families involves understanding family roles and relationships: core to children's, adults' and family-focused services.

- Families experiencing enduring difficulties may face specific barriers in accessing appropriate services (both as individuals and as families): within this, family members' own perspectives as well as professional perspectives are required to inform responses to this experience.

- Literature about family responses to service provision – in particular non take up or refusal indicates that there are real challenges in reaching families with multiple problems. It also appears that outcomes are complex. The limited data about the lived experiences of families and about service refusers is an evident gap in research and policy

- Further attention needs to be paid to the limitations of current organisational arrangements for provision – specifically the divisions between adult and child services and the capacity to develop holistic responses.

- Professional resistance to whole family approaches and the conceptual frameworks that underpin work with families is worthy of further review, and may merit additional research.

2. THEORISING FAMILIES

Having considered the policy context for understanding targeted whole-family support approaches, it is now necessary to examine concepts of family and develop our assertion that families' private, lived experiences should be reflected within public, policy conceptions.

There is evidence within the literature of a repeated use of 'parent' and 'family' as interchangeable descriptions. They are clearly not so – but the lack of precision in this area often results in the paucity of *family* services being masked. Not least important connections for those using the services may be dismissed or ignored.

Historical, anthropological and contemporary research has demonstrated no universal or consistent understanding of 'family' (see, for example, Jordanova, 1981). Instead there is a diversity of meanings, typically combining some elements of:

- Kinship ties (defined by partner and 'in-law' type relationships as well as by 'blood')
- Co-resident household
- Social unit with responsibility for child rearing and/or the protection of vulnerable or dependent adults

There can be considerable divergence between widely held normative understandings of how families *should be* within specific historical and cultural contexts, and the empirical diversity of how family life *actually is*.

Despite concerns about increasing individualisation, recent research indicates that family ties (however defined) are still a vital part of social organisation in Britain and that "family clearly remains most people's first source of support when things go wrong" (Park and Roberts, 2002 p.203). It is such a functional understanding, rather than an empirical definition based on co-residence or traditional norms of kinship, that is probably most helpful in understanding the issues faced by 'families at risk'.

Pahl and Spencer (2004) suggest a modern trend away from investing in 'given' relationships with kin ('families of fate') towards a more targeted investment in 'chosen' relationships with particular kin and other friends who may be incorporated into the taken-for-grantedness of 'family ' ('families of choice'). This may result in less permanence in family composition over time (partly due to higher rates of partnership relationships dissolving or re-forming) but not perhaps to the extent of unbounded 'liquidity' proposed by some commentators (Bauman, 2003).

The practice of family-led decision making seems to hold within it a conceptual framework for 'family' that has the following characteristics (although, as Ryburn suggests (1998), Family Group Conferences can be seen as a practice awaiting a theory):

- 'Family' is self determined, is unique to each child/adult and reflects a myriad of variables (including class, culture, race, ethnicity and religion)

- The concept is inclusive and not simply grounded in immediacy and function – family members are not defined as such solely by their geographical proximity or their capacity to play an active part in family life
- The definition is 'un-boundaried' and not commonly described within normative policy discourses – the 'family' in whole family approaches can vary significantly and cannot easily be fitted within existing policy discourses of family services.

Understandings for and about families therefore hold a series of implications for practice and service development. Two strands can be identified:

- Professional conceptual models of family that inform and determine the nature of *family* engagement
- The reality of family life as described and articulated by families where the family play out what Williams refers to as its practical ethic of care (Williams, 2004)

Conceptual models of family that inform and determine the nature of family engagement by professionals:

Clarke (2006) suggests that there is a danger that 'family' might be interpreted as parent and, specifically, as mother because mothers are seen as the principal means for achieving the desired outcomes in children. If such individualising of problems faced occurs, mothers particularly may find themselves pathologised, demonstrating behaviour that is understood through a focus on ignorance and moral deviance, thus providing a framework for professional intervention. Likewise Gillies (2003) suggests that policy understandings of family are set within a moral discourse that provides a permissive framework for regulation and intervention. Morris and Burford (2007) argue that there already exists within the UK a substantial body of research and literature that indicates the value and effect of involving individual's networks in the welfare services they receive. However, despite what is suggested to be compelling empirical evidence, professional practice continues to be resistant to models of family engagement and family provision. To understand this resistance it would seem that research must go beyond evaluating particular approaches and move towards understanding the values and conceptual frameworks which are held so strongly by professionals about family networks, and which appear to be so resistant to change.

The Reality of Family Life as Described and Articulated by Families

There is sparse research data about the lived experiences of highly marginalised families, therefore only tentative links can be made to empirical evidence from projects exploring 'less' marginalised families. Interestingly, research which focuses on the experiences of service users can struggle to identify the range of experiences which restrict opportunities for service use, or indeed factors which support or undermine day-to-day family life outside the focus of services.

Research by Olsen and Clarke (2003) has suggested that an 'equal opportunities' perspective to parenting and family life enables the experiences of a wide range of parents (and families) to be considered alongside one another. They interviewed

parents and children in households which included a disabled parent, whether or not parents or children were 'service users'. Whilst some parents had experience of statutory involvement in parenting (whether via child protection proceedings, requesting voluntary care for their children, placing a child for adoption) and/or were living in socio-economically marginal circumstances, they *shared* with the less marginalised and more economically well-off parents a range of difficulties: for example, barriers to the use of formal supports, leisure services and community resources (such as children's schools); specific barriers to support that can be erected when negative judgements are made by professionals, neighbours, or family members in relation to disabled people's role in family life. The fear of state intervention in parenting, rather than recognition of and support of an adult's parenting role, was itself a key barrier to accessing services. This project is an example of research highlighting that in many cases the kind of support that families experiencing marginalisation require is intrinsically the same as other families, including the need for adequate income, housing, formal and informal supports, engagement with schools, activities within and outside of family life, access to mainstream facilities, and so on. For all families the need for such supports changes and develops over time, as do the relationships and roles which people may be seeking to maintain in difficult circumstances.

Using a purposive sample, the CAVA research project has looked at the practical ethics which are important to people in negotiating change in their family lives and personal relationships. The evidence gathered showed that changes in contemporary life have not altered people's commitments to each other and their ethical desire to 'do the right thing'. People are within relationships that matter to them, showing little evidence of either moral decline or an individualised drive to meet their own needs. In working through their family life dilemmas (for example divorce, reparation, work) practical ethics emerge for adults and children:

> *'These are the ethics which enable resilience, facilitate commitment and lie at the heart of people's interdependency. They constitute the compassionate realism of 'good enough' care. They include:*
> - *fairness*
> - *attentiveness to the needs of others*
> - *mutual respect*
> - *trust*
> - *reparation*
> - *being non judgemental*
> - *adaptability to new identities*
> - *being prepared to be accommodating and*
> - *being open to communication'*

Arguably, in order to support strong interdependent relationships within the largely privately experienced realm of the family, services which intervene or act to support family life need to develop relationships with family members using the same core elements to inform a care based relationship. (Williams, 2004)

Reflecting Diversity

As Williams and others explore, family life has changing forms and histories. Some areas are well documented, others less so. Specifically, the experiences of black and minority families who face multiple problems are unevenly documented. As the following sections indicate, some areas of research - such as disability - present some evidence of focused research about the experiences of marginalised communities. However, the limited data about the lived experiences of families with multiple difficulties affects understandings across the range of families and communities.

Evidence from research exploring preventative services for black and minority ethnic families suggests that existing understandings of families and networks are somewhat narrow and may fail to capture the experiences and needs of families who are particularly marginalised (Morris et al, 2006; Beirens et al, 2006). Graham (2004, 2006) argues that the failure of mainstream policy makers to develop theoretical frameworks that include the traditions and experiences of black families limits the capacity of services to meet the needs of families who experience social and economic disadvantage and discrimination and therefore to develop responsively to these experiences. Research reviewed by Thoburn et al (1995) exploring family support services for ethnic minority families identified the limited research that has considered outcomes for minority ethnic families. They also note the barriers faced by ethnic minority families in accessing services that may not reflect their needs or experiences. Ahmed (2004) in her review of prevention and early intervention for black and minority ethnic families also notes the paucity of research. However, she also suggests that existing definitions of family support may not capture the full extent of community-based provision developed within black and minority ethnic communities. Ahmed suggests that the particular experiences of black and minority ethnic families in terms of poverty, economic disadvantage and inequalities in health and social care indicates that a more robust knowledge base is needed to ensure the complexity of the issues raised are addressed (Ahmed, 2004).

Key Points

- Family forms are many and varied, beyond the boundaries of those defined through partner and ‘blood’ relationships.
- Existing theoretical understandings can be exclusionary and fail to capture the diverse range of family traditions and histories.
- Whilst family forms and definitions change, the importance of family for the experience of both interdependence and individual support and wellbeing remains.
- Individualising approaches to family difficulties can lead to pathologising of parents, particularly mothers, and this may be implicated in professional resistance to implementing models of family provision.

- For family-focused services to deliver effectively, the reality of family life and the sources of problems faced must be understood: this includes recognising that some of the difficulties faced by, and needs of, ‘at-risk’ families will also be shared with less marginalised groups of families.

Emerging Issues

- Positive interdependency within families requires recognition and support, and additionally an ethic of care approach provides a model for developing preferred ways of working between (public) professionals and (private) families.

- Extending existing theoretical frameworks will enable policy makers and service providers to reflect and respond to the needs of the diverse range of family life, and within this to understand the impact of social and economic disadvantage.

3. THEORIES FOR PRACTICE

In this chapter we discuss the theoretical frameworks used to develop and deliver whole family services to address specific needs of families experiencing multiple difficulties (*mental health, disability, young carers, child welfare, drugs and alcohol, crime and anti-social behaviour, domestic violence*). The theoretical frameworks used will be seen to vary across the spectrum of services that are concerned with family problems and experiences. The recent New Zealand Treasury report (Jacobson et al, 2004) attempted to capture the core theoretical frameworks used to understand family life and to consider how these inform practice - an indication that other countries are also struggling to arrive at theoretical and applied frameworks for family-based provision. Whilst a range of services and approaches are introduced in this chapter, evidence of their effectiveness is considered in Chapter 4.

Definitions of Family

Cultural, ideological, and legal definitions of what constitutes family, and how people constitute themselves as family, continue to change perhaps more than the actual demographic configurations of who lives together as is shown by historical accounts. Various family forms that have been subjugated by law, policy and practice in a given period of history have been at other times "re-discovered" (eg gay and lesbian relationships), while others are constructed through evolving circumstances (e.g. insemination for infertility) and create whole new conceptualizations of identity in families. Theories and claims about why we behave in the ways we do and the explanations that emanate from those theories about why and how an intervention would change behaviour often lead people in quite different directions.

In one attempt to navigate a way through this thorny pathway of the family, Jacobson and her colleagues (Jacobsen et al, 2004) make the case that various disciplines operate in their own epistemological and methodological silos. The family, and consequently policy relating to the family, are seen to be under-theorized in large measure because of a lack of cooperation between disciplines. By using a multi-disciplinary approach to the study of the family and of policy, they argue that errors made by any one discipline are more likely mitigated than is the case with the use of a single-lens approach.

A consequence of fragmentation or segregation of disciplines is that it may leave the field vulnerable to political manipulation by people advancing policies with little understanding of the underlying view of human nature that a policy represents and even less understanding of the possible consequences or impact of a policy across various spheres of a family's life and life span.

Confusing the theoretical landscape in the USA has been the extent to which those on quite varying points on the political spectrum have infused a romanticized view of the traditional family into laments about the decline of the family that is as Skolnick (2004) points out "indistinguishable from the moralizing rhetoric of the right". Citing Gerson, Skolnick notes that the current discourse across the political spectrum is almost entirely focused on the failings of parents instead of with the

failure of institutions to respond to dual-earning and single-parent families. She also cites Strober to note that children are seen as almost wholly the concern of their parents and not as public goods.

Skolnick argues that the changes to the family as an institution are irreversible but are not signs of decline, demise or moral decay. She asserts that we should focus on "the unfinished gender revolution; work-life imbalance and the care crisis it creates; and a high-risk, high-stress economy that has brought new insecurity even to solidly middle-class families" (Skolnick)

Critics call attention to the use of the 1970s as a baseline in carrying out analysis of family trends. Demographers have long argued that the 1950s and 1960s saw marriage fall to new lows while birth rates increased. The baby boom, divorce rates, and easy employment were exceptions and offer a poor comparison for current trends (Skolnick, 2004).

Broad Theoretical Frameworks

The evidence of 'need' is reviewed elsewhere both within this report and within the working papers prepared by the relevant Government Departments. However within the literature review some theoretical frameworks are evident regardless of the nature of the need being responded to, and of these the conceptual frameworks of *social capital,* and of *resilience* (including *family resilience),* are evident as generally applied theoretical frames:

Social Capital
Although conceived somewhat differently by key theorists, social capital has become a prominent idea in both academic and policy discourses. Though analogy with economic capital, social capital seeks to describe a range of non-monetary social resources that people may or may not be able to call upon through their connections and social networks. While Puttnam (2000) has used this term to characterise the connectedness or otherwise of whole communities, his approach may not be directly helpful in terms of analysing the position of families who, for whatever reason, are not part of mainstream community life. While a number of theorists have asserted that the family is a key source of social capital (Fukuyama, 1999; Newton, 1997), this has often tended to rest both on an idealisation of the family and an idealisation of the role played by families in the wider community (Winter, 2000).

Other approaches, deriving from the work of Coleman (1990, 1994) and Bourdieu (1997) look at more localised processes whereby individuals and families may acquire and maintain social connections that are useful to them in terms of accessing knowledge, opening up opportunities or in providing effective support networks. They identify how people may seek to maximise their social capital and pass it on intergenerationally to children or other favoured recipients. Whereas Coleman sees this as an essentially benign process that also works to the advantage to the wider community, Bourdieu looks at the 'conservation strategies' whereby those with superior access to social capital seek to hold on to their relative advantage by excluding others from joining their networks. This approach may be particularly helpful in understanding the position of particular families that

find themselves marginalised - even within communities that otherwise would appear to be characterised by higher levels of social capital.

Social capital can be seen to be concerned with ‘networks’ ‘norms’ and ‘values’ (Edwards, 2003: p305); it may be seen to have:

- an objective (‘structural’) aspect, in terms of an infrastructure of networks, meeting places and activities that enable people to come together on a formal or informal basis
- an intersubjective aspect in terms of shared norms, such as mutual trust, reciprocity or sense of community, that govern how the infrastructure operates, and
- an internalised (‘cognitive’) aspect in terms of people’s attitudes, beliefs and knowledge of ‘the right way to do things’ that influence their sociability (Allatt, 1993) – and hence the ways in which they may or may not engage with networks and opportunities within the community.

Thus, a family may potentially be well located in terms of infrastructure (local school, shops, community centre, etc) but lack access to social resources and supports, perhaps due to insufficient normative structures at a local level (eg no shared sense of belonging, lack of physical safety), being excluded by the normative structure (eg due to different ethnicity or perceived lack of ‘respectability’), or not having internalised the requisite attitudes or beliefs that would enable them to join in and reach out within the networks that are available.

Families experiencing multiple disadvantage may typically face deficits in relation to structural, intersubjective *and* cognitive aspects of social capital – so effective strategies to address their situation may need to be pitched so as to engage simultaneously with all of these. This suggests a ‘twin-track’ approach combining interventions to develop social capital and open up access within the wider community with strategies to engage directly with families around the attitudes and skills – and the underlying belief systems – that they may need in order to engage effectively with whatever resources and opportunities may be out there for them. This may involve acknowledging any negative (and self-excluding) messages that they may have internalised on the basis of their previous relationships with the wider community and professional services.

Halpern (2005, p19-27; as summarised by Barnes and Prior, 2007) describes three types of relationships through which social capital functions.

1. *Bonding* relationships refer to ‘the social ties between people with similar identities and interests, enabling collective action in pursuit of common goals.’ (Barnes and Prior, 2007) Such relationships are characterised by strong mutual support and protection, but also exclusion and closed membership.
2. *Bridging* relationships refer to ‘the social ties between people with different identities and interests but some shared experiences’ (Barnes and Prior, 2007). Here there is dialogue between different groups to enable joint action and mutual support.
3. *Linking* relationships refer to ‘connections between networks and external sources of power or resource, such as government agencies, enabling

network members to access the means to achieve particular goals.' (Barnes and Prior, 2007)

It is suggested that middle class families tend to rely less on bonding social capital and are more effective in mobilising bridging and linking forms of social capital by which they can promote their advancement. By contrast, working class families may rely more on networks of bonding capital that can be vital for everyday survival both on a practical and an emotional level. Multiply disadvantaged families may not only lack access to bridging and linking forms of social capital, but also rely on much smaller networks of bonding capital, characterised by relatively intense and sometimes brittle relationships (Edwards and Gillies, 2005, p23).

Coleman (1990, 1994) specifically considers the role of family – both in terms of providing a potential network of social resources and in terms of inducting people into the norms of trust, reciprocity and socially acceptable help-seeking behaviours that may constitute the cognitive aspects of social capital (see also Allatt, 1993). While the (nuclear *and* extended) family may provide a primary social resource in itself (strong ties providing bonding social capital), it may also offer a gateway to other social opportunities (weak ties which provide bridging social capital). This analysis of families' functioning and potential is present in a number of initiatives concerned with isolated and highly marginalised families. However, whilst this framework allows a situated understanding of family experiences to be developed, the extent to which it plays out in practice and provision is less evident. The evaluation of several programmes aimed at families at risk recognises that engaging with the wider family and with the capacity to build forms of 'social capital' has been limited (Wigfall 2006, Gray 2003, Peters et al 2004).

At a more theoretical level, the ESRC funded Families and Social Capital Research Group (www.lsbu.ac.uk/families/) has looked critically at the relevance and robustness of more generic concepts of social capital when set against an analysis of family life that is informed by an understanding of inclusionary/exclusionary processes linked to gender, class, culture and other aspects of identity (Franklyn, 2005; Edwards and Gillies, 2005). The programme of work focuses on the inter-relationship between family change and processes of social capital, questioning how changing forms of family might affect traditional social resources and therefore impact upon the likely effectiveness of policies and interventions. A range of theoretical, conceptual and empirical research has been organised around three key substantive areas: ethnicity (Goulbourne and Solomos, 2003), education and employment (Bruegel and Warren, 2003) and intimacy (Holland, Weekes and Gillies, 2003).

The group argue that a focus on social capital offers a strength-based analysis of contemporary diversity in family forms (Edwards, 2003). Such research challenges the negative perceptions of non-traditional families. Instead 'fluidity' and 'variety' of family structures and relationships, and increased 'complexity' as to what constitutes a family, are perceived as 'having positive potential' as the basis for new forms of social capital.

Family Resilience

As with social capital, there are sophisticated and complex debates about the meaning and components of resilience. However, it is a theoretical and conceptual

framework identified by several reviews and implicit in various approaches such as family-led planning and family group conferencing.

A collection of theoretical and empirical research focuses specifically on 'family resilience'; that is, the family unit becomes the focus of analysis. It is this concept that we focus on here.

In a New Zealand based review, Mackay (2003) suggests that resilience is a process of adaptation under challenges to wellbeing. As such, resilience is not a categorical state but a continuum (whereby families can be more or less resilient); it is contingent (as families may be resilient in some circumstances but not in others); and it is non-static (as families are developmental units that must be observed over time).

In a further review of empirical evidence relating to the concept of family resilience and its applications in practice, Kalil (2003) identifies two approaches taken by researchers.

The first approach sees resilience as a property of the family, evident in and developed by processes that operate at a family level. Such an approach is exemplified by the work of Walsh, who explores a systems theory of family resilience (Walsh, 1998, 2003): a framework *'to identify and target key family processes that can reduce stress and vulnerability in high-risk situations, foster healing and growth out of crisis, and empower families to overcome prolonged adversity'* (Simon et al, 2005, p5). This model is based on two key premises:

1. All families have the potential for resilience. As such this approach seeks to identify and build on current and potential family strengths, moving away from a 'deficit' model, where risks and problems are the primary focus.

2. The individual should be understood and worked with in the context of the family. This conceptualisation presents family resilience as an interplay between the characteristics of the individuals within the family and the characteristics of the family unit (see also Masten and Coatsworth, 1998; McCubbin and McCubbin, 1988). As such, a family-centred approach is taken to individual problems. This implies that the family is seen as the solution to the problems of individual members, and that service provision should therefore work with the family holistically (Walsh, 1998).

In discussing Walsh's framework, Kalil highlights three processes of family resilience:

1. Family belief systems: how a family views and approaches a crisis situation, unites and evaluates potential solutions;
2. Family cohesion: organisational patterns; flexibility, connectedness, and identification of available resources;
3. Coping strategies: open communication; trust and mutual respect; acceptance of individual family member differences and the freedom to express emotions.

The second research approach to family resilience which Kalil identifies portrays the family primarily as the setting in which children are raised. Such a stance leads

to a concern with the ways in which a family might create a protective environment that fosters the development of children through parenting practices, nurturance, consistent discipline and appropriate provision of autonomy in producing beneficial outcomes for children (Kalil, 2003, p6). In exploring this second approach, Kalil draws on empirical studies that illustrate the role of these factors in the development of resilience in 'disadvantaged ecological circumstances', including:

- Poverty and socioeconomic disadvantage (where parenting behaviour and social support act as protective factors);
- Single parenthood (where 'non-resident'/'social fathers' are a protective factor);
- 'Teenage childbearing' (where multigenerational co-residence acts as a protective factor).

Likewise Kirk (2003) suggests that social support provided by a robust network of formal and informal relationships can make a major contribution to coping strategies and the development of resilience in parents and children. The evidence indicates that over the period of a year of accessing early years support, parenting stress reduced while wellbeing improved and social support networks extended and developed. The review of Mackay (2003) is less conclusive, however, suggesting that there is mixed evidence of the effectiveness of approaches designed to boost resilience. Evidence from evaluations of a range of intervention programmes shows that it may be possible to boost the resilience of families, but much remains to be learnt about how best to do this.

Discussions of resilience offer one potential way in to examining strengths (rather than using discourse which centres around particular understandings of risk, deficit, and capacity). Little et al (2004), Luthar and Cicchetti (2000), and Schoon and Bynner (2003) all offer discussions of the impact of risk, protection and resilience discourses to social policies aimed at those in need. In particular, Schoon and Bynner suggest a number of implications for social policy of relevance to the discussion of this report. Their recommendations include:

- A shift in emphasis from crisis intervention to primary prevention before acute difficulties emerge.
- The utilisation of strengths in achieving positive change.
- An awareness of both cultural context and personal behaviour in implementing preventative programmes.
- The use of holistic approaches and integrated service delivery, which aim to involve families and communities.

Edwards et al (2006) have argued that such understandings need to be located within broader understandings of the processes by which people come to be excluded and it is from this perspective that the authors explored the experiences of young people accessing Children's Fund services (Edwards et al, 2006). Aspects of the literature reviewed above suggest a similar approach to be necessary in relation to 'families at risk'.

Theoretical Frameworks in Responding to Specific Needs

In the remainder of this chapter, we explore the range of theoretical frameworks employed in responding to the specific needs of families experiencing particular difficulties. In doing so we further reflect on the application of aspects of the theoretical frameworks discussed above to specific needs and contexts, as well as highlighting additional understandings and theorisations dominant in particular practice settings.

Mental Health (Tew)

While the dominant theoretical approaches in mental health have overwhelmingly focused on the individual in isolation – and how their personal 'pathology' may best be understood in medical or psychological terms – a range of alternative frameworks have been developed which locate mental health difficulties within a wider social context in which family relationships can be seen to play a crucial role. These theoretical frameworks can be useful in exploring both how social (and family) factors may contribute to people's mental health difficulties and how these difficulties may impact on their family relationships and social networks.

Systems
Crossing Bridges, the Department of Health sponsored training manual on the impact of parental mental illness on children advocates a systems approach to assessment and intervention, emphasising an ecological model of influences and interactions between mental distress, parenting, family relationships, child development and environmental risk factors and protectors (Falkov, 2005).

Systemic family therapy has mainly focused on dynamics within families: how interactive patterns, role issues and 'rules' may potentially contribute to, maintain or exacerbate mental health problems (Carr, 2000; Dallos and Draper, 2000; Nichols and Schwartz, 2004). The effectiveness of this and other such approaches is discussed in Chapter 4.

Social systems intervention has focused on how family systems interact with other social systems in the wider community, including formal systems (such as schools, workplaces and faith communities) and more informal systems of friendship, acquaintance, recreation and 'hanging out'. A mental health crisis is seen as having an individualised 'mental distress' component – but what may typically make it a crisis in the sense of requiring professional intervention can be the failure of family and social systems to be able to provide sufficient resources to enable the person to manage their distress successfully. Such a failure may relate to external stresses acting on systems and/or internal conflicts within them (Polak 1971; Bridgett and Polak, 2003).

Behaviour/Skills/Communication
Styles of interpersonal communication, emotional expression and problem-solving behaviour within families are seen as having a crucial impact in terms of whether they may be likely to relapse with a further episode of mental distress once they are discharged home from hospital (Leff and Vaughn, 1985; Kavanagh, 1992). Family communication patterns that are characterised by criticism, emotional over-

involvement or hostility (particularly where negative feelings are not owned by family members) have been shown to lead to more frequent experiences of relapse for people with psychosis. Subsequent work, particularly using behavioural family therapy approaches, has shown that honest and direct expressions of feelings (including 'difficult' emotions such as anger) have no adverse impact, whereas simmering or covert hostility (i.e. high *un*expressed emotion) can be very destructive to mental health.

Research findings have indicated that already existing adverse patterns of family communication, rather than genetic or medical factors, are most likely to determine whether or not a person may experience a psychotic breakdown in the first place (Tienari et al, 1994; see also Goldstein, 1985). However, in other instances, adverse family communication patterns would seem only to emerge in response to the onset of mental distress – and are potentially more transient.

Narrative/Discourse

> *"A narrative or story offers a way of holding together complex and possibly ambiguous, contradictory or conflicted experiences within a connected pattern of meaning"* (Fredman and Fuggle, 2000, p215).

The ways that family members construct themselves in their narratives are seen as crucial either in maintaining and exacerbating their problems, or in empowering them to resolve these. Narratives, such as those of blame, shame or helplessness, may situate individual family members - or the family as a whole – as incapable of change, and thereby reinforce the debilitating impact of mental health and other difficulties. Alternative narratives that emphasise ability, agency and responsibility can create space between family members and their difficulties, allowing them to take control and work together to find solutions

It is recognised that existing narrative elements may be drawn from dominant external discourses (eg how mental distress may be stigmatised, or family members be seen as to blame for what has happened) – and these may have to be challenged before the family's problems can be 're-storied' in ways that provide opportunities for solution (White and Epston, 1990; Lowe, 2004).

Narrative approaches may be particularly effective in engaging younger children and their concerns where a parent or older sibling has mental distress (Fredman and Fuggle, 2000).

Labelling and Stigma

Within a social context in which 'mental illness' comes to mark a category of 'otherness', labelling theory explains how harmless but different behaviour, such as talking to voices, may evoke social responses of exclusion or outright hostility. It can be particularly helpful in showing how quickly the imposition of a label (such as 'schizophrenic') can come to define the whole person within both lay and professional discourses, so that all their behaviour, beliefs and thoughts come to be seen as symptomatic of, and further evidence for, their label (Goffman, 1991). In turn, being labelled in this way may result in discrimination and social exclusion (Breier et al, 1991; Thornicroft, 2006) and negative messages may quickly become internalised, (Corrigan, 1998).

Such processes of labelling may be applied not just to individuals, but also to those with whom they are associated – resulting in family members becoming subject to 'courtesy stigma' (Corrigan and Miller, 2004).

Mental Health and Black and Minority Ethnic Communities

Recent research has identified a downward spiral or 'circle of fear' in which cultural ignorance and insensitivity on the part of mental health services, and elements of institutional racism, may lead to a failure to respond appropriately to calls for help from a person or other family members in the early stages of a mental health crisis, or to exaggerated assumptions of dangerousness and over-use of medication and compulsory powers – particularly in relation to people from African and Caribbean backgrounds. In response to this, families have come to distrust and disengage from services, experiencing them as "inhumane, unhelpful and inappropriate" (Keating et al, 2002, p9).

As a consequence, people may refuse to comply with treatment or seek help only at a very late stage, increasing the likelihood that mental health crises may have reached a level of seriousness that would trigger a coercive response - thereby feeding into the 'circles of fear', reinforcing both the negative stereotypes held by services and the negative view of mainstream services held by individuals and families from black and minority ethnic communities.

Given their wider context of having to face discrimination and prejudice from society at large, black and minority families can be particularly concerned to 'keep up appearances' both within their community and in relation to wider society. When a family member becomes defined as 'mentally ill' (either through their own behaviour or often due to insensitive and very public interventions from Police and mental health services), "the sense of shame is more acute as a result of racism and pejorative ideas about Black families and individuals" (ibid, p39). This can result not just in alienation of families from professional services, but also of families from their community, and individuals from their families.

Thus a mental health crisis can be pivotal in transforming a family – often quite suddenly – from one that has access to considerable bonding social capital within their community, and useful bridging capital in relation to wider society, to one which is excluded on the basis of social stigma and is disabled by internalised experiences of shame.

The evidence suggests that black and minority ethnic families "seem to have high levels of involvement in the earlier stages of 'the illness', but over time [service users] become more detached from their relatives" (ibid, p70). This is in part seen as due to issues of shame and stigma, but also due to "the lack of professional support for family and carer involvement" (ibid).

A study in Birmingham showed a markedly lower level of family involvement in the community support of people from African and Caribbean communities in comparison to White and Asian populations (Commander et al, 1997) – although this may also reflect the possibility that families were disengaged from (and hence invisible to) services, but were still providing meaningful support to their relative with mental health difficulties.

There is little other UK research on family/carers' experience, but some themes emerge from the 'grey' literature. Relatives of black patients often feel unable to participate in treatment decisions and report little help in finding community services – although they "want to remain involved in all aspect of care and they wish to be listened to" (National Institute of Mental Health in England, 2003, p15).

The recent Action Plan for Delivering Race Equality in Mental Health Care (Department of Health, 2005) focuses on dealing with deficiencies in individual care and treatment, and on engaging with black and minority ethnic families and communities. Despite the evidence in relation to family disengagement, the commissioned project to improve care pathways makes no mention of either families or carers (p46), although the Action Plan asks Primary Care Trusts to "make sure that carers, families or advocates of patients from black and minority ethnic groups are involved in care and recovery planning processes". However, there is no acknowledgement of any issues faced by families in their own right, and the implication is that their involvement would just be to ensure that "plans include service users' perspectives of their needs" (p48).

There is little evidence of any specific approaches to whole family working in relation to mental health issues within black and minority ethnic communities. Where mainstream family therapy services have been offered, they have not always been received positively and have been seen as intrusive, insensitive and disrespectful – as "a tool for professionals to consolidate and exercise power over families and carers" (Keating et al, 2002, p53).

The *Building Bridges* project in Lewisham, which provides both direct support to families and aims to improve joint working between child care and adult mental health professionals, has around two thirds of referrals from black and minority ethnic communities. However, although its preliminary evaluation indicated a high level of parental satisfaction with the service (Rhodes and Hall, 2001), there has yet to be in depth research into any specific issues to do with engaging successfully with families from different ethnic communities.

The above discussion suggests an apparent paradox between the importance accorded to family in many black and minority ethnic communities – and the initial willingness of families to be involved in resolving the issues that may arise out of a family member's mental health difficulty – and the evidence of apparent disengagement of families both from mental health services and from the family member with the mental health problem.

This would indicate that lasting damage may be done through the tendency for mainstream mental health services to lack the skills or understanding to engage with black and minority ethnic families and to misperceive their interest and concern as their being "belligerent and hostile" (Keating et al, 2002, p53). Even where mainstream services offer a whole family approach (as in family therapy), models and approaches may be insufficiently tailored to join with the culture and expectations of black and minority ethnic families so that this is seen, not as empowering them and giving them a voice, but as a hostile intrusion into their lives.

Despite the recent policy emphasis on improving mental heath services for black and minority ethnic communities, there has been no significant consideration as to how services might support and work with families in dealing with the issues that they may face – including those of stigma, shame and social exclusion.

Drugs and Alcohol (Galvani)

In adults' drug and alcohol services, there are a range of theoretical frameworks underpinning service delivery depending on the structure and type of service being delivered as well as whether it adopts a medical or social model perspective on substance use. The theories used include:

- Cognitive behavioural (including social learning)
- Biological , including genetic transmission theories
- Psychological (Orford, 2001)
- Psychodynamic
- Rogerian
- Crisis intervention (Caplan, 1964; Roberts, 2000)
- Systems (Pincas and Minahan, 1973; Evans and Kearney, 1996)
- Bio-psycho-social (a combination of the above).

Only three theories are specifically focused on family work but the extent to which they underpin current practice is not known.

- Stress-strain-coping-support theory (Orford et al, 2005)
- Attachment theory (Bowlby, 1971)
- Family systems theory (Bowen, 1974).

The latest of these, by Orford et al (2005), directly underpins one particular approach to practice known as the "5 step model" for family members (Copello et al, 2000). However, the application of all these theories to practice approaches will vary according to organisational approach and the awareness, training and professional background of individual staff. The level to which theoretical and conceptual frameworks are reviewed in relation to their application or effectiveness in this area of work is not known. In a review of effectiveness of interventions for family members of substance users, Copello et al (2005, p369) also pointed to the need to "define more clearly the *conceptual underpinnings* of the family intervention under study".

National statistics suggest that black and ethnic minority families have an overall lower *alcohol* use than the white population (Alcohol Concern, 2003) while people from "mixed" ethnic background have higher rates of *drug* use than any other ethnic group (Aust and Smith, 2003). However, specific issues face black and ethnic minority families when services are considered. Evidence suggests a close link between poverty and substance use problems (NTA, 2002) and also suggests that the needs of substance using BME populations are poorly met by current services (Fountain et al, 2003). The National Treatment Agency's *Models of Care* identifies individuals from black and minority ethnic groups experiencing drug and alcohol problems as a special group (NTA, 2002), particularly in relation to retention in services (Department of Health/Home Office, 2006). Consideration in

planning and delivery of services therefore needs to identify and address particular needs of marginalised communities, and the conceptual frameworks held by professionals when responding to black and minority ethnic families.

Young Carers (Becker)

In the earlier years of the development of young carers' services and support (1992-1998) the focus of intervention was almost exclusively on the young carer, with little if any engagement with the person(s) for whom they were identified as providing support.

Within the young carers literature, there has been a forceful critique arguing against the development of services and support specifically for young carers (Keith and Morris, 1995; Olsen, 1996; Olsen and Parker, 1997; Newman, 2002; Wates, 2002). It has also been suggested by many of these authors that the best way to support children who are informal carers is to improve the services and support offered to those who are currently recipients of their care – ill or disabled people themselves. Parker, Olsen, Morris and others have argued that the best way to stop inappropriate caring by children *and* to support young carers is for their ill or disabled parents to receive services and support as disabled people and as disabled *parents* (Keith and Morris, 1995; Olsen and Parker, 1997; Wates, 2002). This position argues that *formal* services provided to those with care needs should ensure that no inappropriate levels of care and support should be required of family members because of a failure to provide good and adequate services (whether through direct service provision or through direct payments).

An alternative approach, however, is to provide services and support to young carers based on an assessment of need in order to support them in their caring roles and to meet their own needs and circumstances. This approach, which recognizes young carers' rights as children and as carers, has also increasingly been linked to the emergence and development of a whole family approach to working with young carers *and* their families (Becker et al, 1998; Frank, 2002; Aldridge and Becker, 2003; Frank and McLarnon, 2007).

Concepts and Rationale for a Whole Family Approach

Despite the emergence of the whole family approach as the dominant paradigm in official discourse on young carers and their families, there was little rationale for this over and above it being 'the right thing to do'. There was little if any research evidence conducted among young carers and their families to show whether or not a whole family approach would lead to better outcomes than a unitary approach focusing interventions on young carers or disabled parents alone. The official push for a whole family approach was partly a consequence of the critique of the development of young carers projects and policy responses that came from a group of disabled activists and academics arguing for a re-balancing of policy and practice with greater attention to be paid to the needs of disabled parents rather than young carers (Keith and Morris, 1995; Olsen, 1996; Olsen and Parker, 1997; Newman, 2002; Wates, 2002).

The disability critique had a powerful influence on the researchers and authors of much of the young carers studies that had been conducted to date (Becker,

Aldridge and Dearden at the Young Carers Research Group, Loughborough University). These authors reformulated their own perspective on the function of services to young carers and increasingly promoted a whole family approach: "Although young carers need support for themselves, they also need to be considered in the context of the whole family when interventions are planned and implemented" (Becker et al, 1998, p60). Becker et al articulate a whole family approach based on principles of *rights* and *autonomy*:

> *"Promoting a family approach in terms of serving the best interests of young carers and their families emphasises the importance of family autonomy, and family rights. It shifts the focus away from children's rights and disabled people's rights, to one concerned with the interactive needs and rights of the whole family. Of course, there will be times when there are conflicts between individual family members' rights and their responsibilities towards each other"*
> (Becker et al, 1998, p61).

With this in mind, Becker et al (1998) argue that young carers and their families require, in practice, recognition of *two* sets of needs and rights - those of young carers and those of their ill or disabled parent(s). They also argue that a whole family approach must address two other elements, namely *assessments* of need and the *delivery* of a package of services and interventions ("which may simply be for the parent alone in order to relieve or prevent child caring, for the young carer, or both (depending on the families' expressed needs")).

Becker et al (1998) argue that young carers projects in particular, and family centres and family group conferencing, can have a key role to play in promoting a whole family approach. The provision of *information* will also be an essential component of any service delivery to young carers and their families.

Dearden and Becker (2000) elaborate on the reasoning behind a whole family approach emphasising the concepts of *independence* and *autonomy (control)*:

> *"Young carers' independence cannot be separated from their parents' independence. It is not possible to have true independence for one without independence for the other. Ill and disabled parents need to be supported as parents as well as disabled people, so that they can achieve personal independence and control over their own lives and provide the kind of quality of parenting to their children that they wish for. This will enable many families to prevent children from having to take on caring responsibilities in the first place, especially in the absence of any alternatives".*

We can see that Becker et al's (1998) early attempt at a rationale for a whole family approach included a number of interrelated elements: *rights* and *autonomy* (leading to) *assessments* (leading to) *services and interventions*. Dearden and Becker's (2000) addition of *independence* added another concept to this equation. Thus, according to these authors, five interrelated concepts constitute the basics of a rationale for a whole family approach to young carers and their families: rights, independence, assessments, services and interventions, and autonomy.

Drawing on the work of Becker et al, it is possible here to identify the core elements of a whole family approach to working with young carers and their families (Figure 1).

Figure 1: The Domains and Core Elements of a Whole Family Approach, Drawn from the Work of Becker et al (1998-2003)

Principles and Values
rights, *independence* and *autonomy*
(leading to)

Practice
assessments
(leading to)
services and interventions (and *information*)
(leading to)

Outcomes
independence, *autonomy* and *rights*

Disability (Clarke and Lewis)

This section is concerned with disability as social disadvantage (as opposed to focus on experiences of impairment); the breadth of experiences to which this then can apply is significant. For example, Disabled Parents Network (which provides information and support to disabled parents, their families, and professionals) identify disabled parents as including deaf parents, parents with physical and sensory impairments, parents with learning difficulties, and parents who experience mental distress.

Think Parent?
Although 'whole family' thinking may be currently under development in response to the needs of 'young carers' it is important to recognise that parents and their families' experiences of multiple problems may in part be a result of the lack of support or recognition of *the parenting role*. For example, in relation to disabled parents, Olsen and Tyers (2004) researched the development and experience of support for disabled parents in four local authority areas. Whilst previous research demonstrated that support for disabled parents was often not sufficient, the authority areas had been selected for showing evidence of early stage development of joint working (between and within children's and adults' services, health, housing, education and so on). Olsen and Tyers' first point of principle for working was that disabled people with children should be responded to by services putting their role as parent at the forefront (rather than denied, or made marginal); that all parents need support with parenting, but for disabled parents many facilities and sources of support are not accessible; that support for parenting should be culturally appropriate, responsive, and developed in partnership with parents. They stress that policy makers and managers should ensure that 'disabled parent' is not equated to 'child in need' within policy and practice, and that an understanding and prioritisation of accessible support for all parents, and specific flexible support for disabled parents (eg which might be supported if reflected within performance indicators) is required.

Social Model

Within the last two decades, there have been significant moves to integrating a disability perspective into social research and social policy, including within family-focused work. An important starting point for analysing evidence concerning whole family approaches and disability is recognition of the importance of the social model which supports a clear focus on social (structural, environmental and interpersonal) barriers which disable individuals (and their families). This approach to analysing disability has provided a 'barriers' focus to the UK Government strategy on combating disability and improving disabled people's life chances, from early childhood and through the life course (eg as demonstrated within PMSU, 2005). Such a perspective challenges the dangers of a clinically focused approach to understanding support needs, and instead requires a focus on the socio-economic and interpersonal barriers which many disabled people face in their day to day lives, and which themselves should be understood as restrictively structuring experiences within the life-course (Priestley, 2003).

A family-level application of the social model has been provided by Dowling and Dolan (2001), who have drawn from qualitative data in their research to include the family experience of disabling barriers, arguing that individuals' opportunities and experiences are bound up with each other within their familial relationships.

Townsley et al (2004) examined family experience of multi-agency working with children with complex health needs. They found that most families expressed a very strong desire to do things together and to be perceived as a whole family. Multi-agency services did not appear to be able to respond to this and the focus of support was very much focused on the disabled child with complex health care needs, to the detriment of other family members and the family unit as a whole. Services were often only experienced as catering for the individual disabled child, or on occasions might be specifically for or inclusive of siblings.

Such an approach is often not supportive of whole family activities (in or outside the home), and may mean that family members only experience having their needs considered in a piecemeal fashion (eg as a 'carer' rather than a parent, or as a sibling, or as a family).

Social model critiques of individualising (eg impairment-focused) approaches can support understanding of whole-family relationships and the potential transmission of 'tragedy' discourses. For example, Avery (1999) has argued that parents can be inducted into a limited approach to understanding and aspiring for their child by the way in which they are informed of their child's impairments, thus creating dependency (of the family) on medical and psychological interventions. Challenging the transmission of such negative attitudes is an important element of ensuring social inclusion.

Ecological Approaches

Ecological approaches have recently been influential in the development of research and policy, and have developed from the work of Bronfenbrenner (1979) who sought to provide a method of considering the interaction of factors at individual, local (eg family), community, and wider social levels. Olsen and Wates (2003) have however pointed to marked concerns with the way in which this has been developed, arguing that the hope (that social factors will become headlined

within policy and practice analysis) has been dampened by the reality of a maintenance of a personalised understanding of family 'problems' (in this case in relation to parenting and disability, including parental mental distress). For example, they highlight that, in research concerning child welfare and parental (often maternal) mental health; it is the parents' mental distress which often remains the source of difficulty (or 'pathology') rather than the experience of multiple disadvantages. This can be seen in practice in relation to the Department of Health (1998) *Crossing Bridges* training materials (for working with parents who are mental health service users) which arguably emphasised 'diagnosis' rather than social disability and disadvantage. From Olsen and Wate's (2003) and Tanner's (2000) analyses we can put forward that a strong argument might then be developed which argues that a *Whole Family* approach needs to be *truly ecological,* i.e. understand the parents' and children's difficulties more often as a function of exclusion, rather than a cause.

The Importance of Culturally Appropriate Support

Support for families should be timely, responsive and appropriate: a significant issue here is the cultural appropriateness of support, an issue raised across the literature in relation to disabled parents (eg by Olsen and Tyers, 2004; Wates, 2003; Jones et al, 2002) and repeatedly identified as an area which requires further research. For example, from Disabled Parents' Network's consultation with disabled parents, Wates (2003) reported that:

> The right to a culturally appropriate service is upheld by equal opportunities legislation, the Children Act and the DDA, but parents' comments indicate that in many cases they did not feel that their expressed needs and preferences had been taken into account.
>
> *'In the school they gave the Muslim children ham and pork. They said it's just a few children. I said it doesn't matter how many children it is, it is their right. In fact it was 20 children in a school of 100 children. My son [a boy with learning difficulties] doesn't know what he's eating. He's not going to say anything. But I had told the school. I asked the kitchen staff and they said no-one had told them. '*
>
> *'I need to oil the hair and skin for myself and my daughter every night. The times they allow are nowhere near long enough. It's the same with shopping. I'm looking for the West Indian foods and at the same time I have to read all the labels to check the foods are suitable for diabetics. It means that shopping takes longer.'*
>
> *'My son has a Hindu social worker. I asked them to change. She is from Pakistan and they said, she knows your culture. But she is a Hindu and we are Muslim. She is from another culture... '*
>
> Wates (2003) [not page numbered]

Experience of culturally inappropriate services, mainstream or specialist, is likely to represent a significant *barrier* to seeking out and "engaging with" services. This is further underlined through research with families which include a disabled child. For example, within research looking at the experience of black and minority ethnic families, a middle class and culturally white framing of needs has been identified in

many organisations which can arguably exclude and marginalise service users (Broomfield, 2004).

Current policy debate concerning support for minority languages is relevant to understanding support for families. Research to date highlights that there is a need for clearly produced, accessible and appropriate information which actively supports access to benefits for those who are eligible. Differential receipt of disability benefits by families from black and minority ethnic communities has been identified by Chamba et al (1999), who compared income and benefit receipt among white and BME families caring for a disabled child within two separate research studies. Producing and making accessible information on benefits in the range of community languages (Sharma, 2002a, 2002b) is one issue; additionally Chamba et al (1999) identified that even where disability living allowance was paid to minority ethnic families caring for a 'severely disabled' child this was less often made at the higher rates.

Understanding issues in the development of culturally appropriate support is core to delivering to BME families, as is an understanding of sources of difficulty and social exclusion in the round: for example, whilst many families which include a disabled person may face some housing issues, it has been reported that amongst the population of families which include a disabled child it is likely that families from minority ethnic communities are even more likely to experience unsuitable housing (Chamba et al, 1999). Combating child and family poverty, processes of exclusion, and discrimination are all relevant to the support of whole families.

Child Welfare (Morris and Burford)

UK services for families where children present particular needs for protection and support are currently firmly set within the children's services framework. Adults and extended families are worked within a context of their relationship to the child as parents, kinship carers and so on. There is therefore only limited evidence of whole family approaches, and this review suggests that much 'family' based provision is in fact approaches based on working with parents – particularly the mother.

Family Group Conferencing is a whole family approach which draws on resilience theory, theories of power and powerlessness and strengths-based theories of change. Philosophically, family group conferences have been connected in North America with the development or importation of other service user and rights-based movements (Burford and Pennell, 2004) that gave rise to Systems of Care (Sproul and Friedman, 1994), Multisystemic Family Therapy (Cunningham and Henggeler, 1999; Henggeler, Schoenwald, Borduin, Rowland and Cunningham, 1998), and to a variety of other family-centered and community-based approaches (Burford and Hudson, 2000; Center for the Study of Social Policy, 2002) including New Zealand's own "Just Therapy" originating in Lower Hutt (Waldegrave, 2000).

There already exists within the UK a substantial body of research and literature that indicates the value and effect of involving individual children's networks in the child welfare services they receive. This evidence can be drawn from a range of research exploring the delivery of services for individual children – such as child

protection interventions (Thoburn et al, 1995), the placement of children within their kinship networks (Broad, 2001), or the return home of children from public care (Bullock et al, 1998). It should be acknowledged that much of the evidence about the effect of family/network involvement in planning individual child welfare services is drawn from models of extended consultation – that is the involvement of children and families in existing professional led processes, where key decisions have either already been taken or will be taken by professionals. As a result, the opportunities for research and evaluation to explore the impact of active engagement of children's networks in developing the child welfare services that are needed are limited. However the evidence from the research that explores these existing forms of involvement indicates that children achieve better emotional, social and educational outcomes when their networks are invited to contribute to the services being developed.

In the USA, considerable agreement is evident among researchers as to the benefits to children and families of being involved in supportive social relationships and to the negative consequences of their not being involved (Biegel, 1994; Collins and Pancoast, 1976; Hogan and Murphey, 2002; Kemp et al, 1997; Werger, 1994; Whittaker and Garbarino, 1983). Having social supports is associated with positive outcomes in prevention and intervention in health, education, justice and child welfare. As is the case in most areas of social science research, lack of agreement about which dimensions are most important and how they are to be measured, slows progress but belief in the efficacy of qualitatively positive and strong social support networks for the developing child has in large measure driven the emergence of a wide variety of community-based and family-centered approaches in child protection and youth justice in the past two decades (Burford and Hudson, 2000). Efforts to adequately research these approaches remain in beginning stages.

Particular attention in the US has been focused on the benefits of involvement by children and their families as partners in identifying their own needs and goals and in working to build on their support networks in child welfare, prevention of offending, substance abuse treatment, mental health and education (Bureau of Justice Assistance, 2003; Wiig and Widom, 2003).

The experiences of black and minority ethnic families in child welfare have led internationally to some significant changes in the legal and policy context for child welfare services. Understandings about the inequalities and oppression faced by Maori families were key drivers in the emergence of the 1998 New Zealand Children, Young People and their Families Act (Doolan, 2006). In the US the promotion of whole family approaches such as Family Decision Making have some links into broader agendas for social change and representation. In the UK, limited evidence exists as to the experiences of black and minority ethnic families; however it is argued that the development of new theoretical frames is a necessary step towards capturing the experiences and perspectives of black and ethnic minority communities who might need or require child welfare services. Graham suggests that exploring social models of empowerment provides a lens through which the experiences of black and minority ethnic families can be understood and reflected (Graham, 2004).

Domestic Violence (Burford, Galvani)

This review does not attempt to cover the whole of the literature related to violence in families and domestic relations. Instead, the focus is on the intersection of the literature with theories, policy, practice and research that relate to 'whole-family' conceptualizations and practices. This review highlights the divergence in conceptual and practice approaches between the UK and the US. Any consideration of whole family approaches needs to acknowledge these tensions and distinct differences, and the evidence that informs these responses.

UK Perspectives and Responses (Galvani)
The dominant theory underpinning service delivery in response to domestic violence in the UK is feminist or has grown from feminist theory; alternative theoretical models are established, including those based on individual characteristics, socio-cultural explanations and socio-psychological constructs (see Galvani 2003 for review).

In the UK, a growing body of research and a range of government policy initiatives indicate mounting interest in both domestic violence and the links between domestic violence and child abuse. Some of this research is summarised below. This material is focused both on providing support and legal protection for victims (who are primarily mothers and their children) and on ensuring that perpetrators are brought to justice through the criminal justice system. The Domestic Violence, Crime and Victims Act 2004 introduced major changes to existing legislation on domestic violence with measures of the Act being rolled out in stages since March 2005. In March 2005 the Government published its first National Report for Domestic Violence reporting on progress made on tackling domestic violence following the publication of *Safety and Justice* that provides the strategic framework for tackling domestic violence.

'Whole Family' concepts in relation to domestic abuse are contested among mainstream domestic violence agencies in the UK. They can be seen to imply working with the perpetrator of abuse within the family unit. Any discourse around interventions in families that have suffered/are suffering domestic violence needs to be aware of this tension. Family-based approaches face criticism within the UK – conceptually and practically they are seen as being of limited value (see Women's Aid response 2003 to the UK Government Restorative Justice Consultation).

UK policy and practice responses place the wellbeing and support of victims centre stage with a commitment by central government to ensure the prosecution of perpetrators. Growing understandings both of the association of child abuse with domestic violence and of children's experiences of domestic abuse as witnesses have increased the attention paid to the development of specialist support services for children as well as mothers (see for example Childline, NSPCC). Perpetrator programmes that run in conjunction with services for women and children form a more limited part of the recent policy response to domestic violence. There is evidence of family-based approaches in the UK where violence is an identified issue (see for example the Daphne Project reports 2007 on multi family assessment projects) and the evaluation of these projects suggest that such approaches hold some useful ways forward, although further research is proposed.

Thus the dominant model for delivery of services to perpetrators and victims of domestic violence is through separate services. This is due to concerns about the physical and emotional safety of victims in work with couples or families and the inability for the victims to be truly open and honest in an environment where the perpetrator is hearing what is being said and may abuse his victims further outside of these sessions if criticised. Family work within this framework consists of working with the mother and child/children and does not include the perpetrator because of safety issues.

Humphreys et al (2000) mapped the provision of domestic violence services for children, women and men across the UK. The research provided the basis for the development of eight good practice indicators (GPI) for provision in this area:

1. Developing a **definition of domestic violence** is important in setting the parameters for policy and practice development
2. **Monitoring and screening** for domestic violence ideally involving systematic screening using a protocol of questions supported by practitioner training
3. **Policies and guidelines** to provide a framework for the work and ideally emphasising safety and clarity re confidentiality
4. **Prioritising safety** including safety planning with individuals and at an organisational level
5. **Training** – involving a rolling programme that includes both awareness training and specialist courses
6. **Evaluation** based on the above indicators and applying different considerations to work with victims and work with perpetrators. Stress is placed on building the voice of survivors, ie women and children
7. **Multi agency strategy** that ensures issues of confidentiality, referral processes and safety are paramount. Stress is also laid on an increase in resources for this area of work
8. **Guidelines for working with domestic violence survivors** that include the above indicators and in particular pay attention to safety.

Key findings from this research show that at the time the provision of domestic violence services was patchy with Women's Aid and affiliated organisations the largest providers, but many felt threatened by insecure or lack of core funding. Within Women's Aid organisations most refuges were able to provide a specialist children's worker, whilst within the services offered by children's charities 54% of projects worked with children and mothers together or with women on their own (47%). Of the 915 projects surveyed, 19 were providing specialist services for perpetrators of domestic violence in parallel to services for women and children. These often separate approaches stressed supportive and therapeutic interventions for women and children and cognitive-behavioural interventions designed to change behaviour for men.

In a subsequent paper, Mullender and Burton (2000) further explore the results of the survey cited above, examining the evidence from perpetrator programmes and discussing this in reference to the eight good practice indicators (GPI). The authors argue that perpetrator interventions represent a controversial area of practice and one that has been inadequately evaluated. They discuss issues of concern related

to women and children's safety if such programmes fail to adhere to a very strict code of practice. They consistently stress that perpetrator programmes, whilst offering the opportunity to challenge perpetrators, must nevertheless never compete with services or funding for women and children as victims.

Launched in 2000, the Crime Reduction Programme (CRP) Violence against Women Initiative (VAWI) was an evidence-led programme designed to find out what constitutes effective practice in supporting victims and tackling domestic violence, rape and sexual assault. A total of 34 multi-agency victim-focused pilot projects were funded of which 27 were projects focusing on domestic violence. This initiative has led to the production of a number of practitioner guides for those working with victims of domestic violence as well as a report pulling together the findings of the evaluation of the 27 domestic violence projects (Hester and Westmarland, 2005). The latter report examines the evidence for effective practice in: primary prevention; enabling disclosure; supporting women to report to the police; supporting women through the courts; reducing repeat victimisation; and supporting women through individual and group work. The report recommends a variety of strategies to support both women who are experiencing domestic violence and not actively seeking help and women who are repeat victims and actively seeking help. The former focuses on widespread use of publicity and outreach to raise awareness and facilitate disclosure whilst the latter again stresses awareness raising and outreach and includes advocacy and support in navigating the criminal justice system and support in ending emotional attachments to violent partners. In summary the approach recommended underscores the importance both of staying safe and 'moving on' with involvement of perpetrators centred on understanding their tactics in order to promote safety.

A literature review funded by the JRF (Gorin, 2004) draws together research findings about children's experiences of living with domestic violence, parental substance use and parental mental health problems. The author argues that policy responses have often been directed at parents rather than children and have been traditionally less good at understanding the impact on children facing these issues. She argues for support for children alongside that of parents and stresses the potential role of helplines and universal access points for children.

Work with perpetrators is not the focus of this review, but is known to be extremely limited. Currently there are very few voluntary programmes for perpetrators to self refer to and no programmes in many areas of the UK. Predominant models are based on the Duluth model (Pence and Paymar, 1993) based on the feminist thesis that men's violence is about power and control, rather than seeing the violence as a problem with 'anger management'. There are tentatively positive results from such programmes although there are some difficulties in evaluating their effectiveness due to high recidivism among the client group and methodological difficulties in carrying out the research (Babcock et al, 2004; Dobash et al, 1999; Edleson, 1995; Mullender and Burton, 2000).

Some groups, communities and individuals face particular barriers – including language, status and family traditions when set against mainstream provision which may not be culturally responsive. This has implications for outreach to black and ethnic minority women and requires additional considerations in terms of support needs (Rai and Thiara, 1999).

While evidence shows that substance use does not directly cause domestic abuse, it does show an increase in frequency of abuse (Brookoff et al, 1997; Cleaver et al, 2006; Galvani, 2005; Fals-Stewart, 2003; Leonard and Quigley, 1999; Leonard and Senchak, 1996), and severity of injuries inflicted (Brecklin, 2002; Leonard and Senchak, 1996). Thus when considering approaches with families with complex needs, the evidence suggests that both issues are likely to be present leading to greater risk for adult victims and children. This suggests any responses that are developed to work with families with multiple needs can usefully recognise the overlap between substance use and domestic abuse. Models for working with families and networks of people who have drug or alcohol problems have in the past failed to take account of these issues and the resulting implications for victim safety. As a result Galvani suggests their practice has been dangerous (Galvani, 2007).

US Perspectives and Responses (Burford)
Mann (2000) points out that domestic violence is both a high profile public issue and a high profile political issue. In large measure these are benchmarks of the successes of the Battered Women's Movement and domestic violence advocacy efforts. Mann also points out that the discourse on abuse features centrally in debates within larger theoretical and ideological communities and is "an intensely polarized and intensely polarizing field of study" (p5). These debates extend to questions about how the nature of social reality and the production of knowledge manifest themselves in contested meanings and definitions. She points to a number of 'divides' that are useful in framing the context for discussion of 'family' on this topic. Importantly she argues that these divides must be overcome if we are to focus usefully on halting domestic abuse. She points to a divide between *violence against women* and *family violence* discourses, a feminist/non-feminist divide, a modern/post-modern divide and to the rhetorical practices that have become more concerned "not with resolving issues but at polarizing, de-legitimizing, and discrediting" (Meth, 1992 as cited in Mann, 2000, p13).

Few areas of policy, practice and research have been subject to more contested definitions and multiple, often contradictory, claims. Joel Best (1989) points out that "claims-makers do more than simply draw attention to particular social conditions. Claims-makers shape our sense of just what the problem is" (p.xix). Because competing claims-makers disagree on exactly what constitutes abuse, any given definition is rarely accepted as objectively correct. The debates are important, however, because the winner, as Mann points out, essentially earns the right to define the terms, definitions and boundaries. Loseke and Gelles (1993) point out that "winning is not just about rhetoric, theory or ideology; that is, it is not just about 'conceptualizations'. It is also about research funds, social service jobs, and perhaps most importantly, professional prestige" (as cited in Mann, p14).

Definitions of Violence: Like the contested definitions of family discussed above, what constitutes violence in families is understood differently in various contexts and within acknowledged intersecting contexts. Few would deny that violence in families, and especially violence towards women and children, is widespread and may affect family members across boundaries including those of age, stage, class, race, religion, sexuality, and ability (Greenan, 2004). Nor are the effects of violence in families denied even though they are considerably more understood in individual

psychological terms and less well theorized, researched and tested in policy in wider terms such as economic, biological, and civil society. The only thing that can be said with certainty is that there are no neutral terms in the discussion and the language continues to evolve.

The term family violence is used to identify violence involving any combination of members, adults or young people. Its use most often signals the abuse of children by adults or other young people in the family. The term domestic violence highlights abuse involving adults in families who live or have lived in domestic relations.

As with definitions of family, historical accounts constitute violence in families according to dominant views of the family at various times. By keeping a living configuration invisible, so too is any understanding of violence in those relations liable to be constituted in some other form than as family or domestic violence or made invisible altogether by offering no legitimate pathways for reporting the violence. Violence in lesbian relations is a relatively recent example. Discussions such as these also open up new conceptualizations of family violence including ones that involve people who are not part of the immediate family but are made possible because of the family's relations in a wider social network, eg the trusted person in authority whose behaviour may be harder to challenge than that of a stranger because of multiply intersecting relations with whole families.

LGBTQ (Lesbian, Gay, Bi-sexual, Transgender, Queer) theorists have challenged the use of gender as a category and argue that strictly gendered theories of violence have made violence in other relationships invisible and thereby made it difficult for them to exercise rights to protection and policy development support in the same ways that women were marginalized before the shelter/batterers' movement. That is, their concerns about violence by intimate partners go largely unreported because authorities have no pathways in which to direct and categorize their experiences. A complaint by a lesbian that her partner is abusing her is categorized differently in most places than would a complaint by a woman that her husband is abusing her (Gabriel, 2007).

Pleck (1987) argues that the single most consistent barrier to reform against domestic violence has been the Family Ideal, that is, monolithic and romanticized notions about conjugal rights and parents' authority over children, privacy and other assumptions about what constitutes good mating arrangement and definitions of the family. Emery and Lloyd (2001) point out that this construction of the family has been the benchmark for family studies research from the turn 20th century until the 1960s as evidenced by the use of such terms as "father-absence, non-maternal care, broken families, never married, and out-of-wedlock childbearing" (p198-199) to determine the extent to which others deviated. Crucial to understanding the multiple-realities of violence in domestic and family relations is the view that the family itself is a social construction, that is, while people still seek to have close and enduring connections that well-fit the notion of family, the idea that heterosexual partners staying together in marriage and child-rearing till death is the only or an ideal of 'family' is exposed as simply not fitting with the reality of people's lived experiences.

Huntington (2007) asserts that the dominant conception of the family, that of the family having autonomy, or freedom from state control, blocks efforts to prevent

the abuse and neglect of children and thereby promulgates the necessity to respond to crisis. She proposes a conceptualization of family autonomy that would engage families and the state based on their mutual need for one another. In going this distance toward reconciling the need of all families for state support with the need of families for self-determination, she argues that a prevention orientation would reduce reactivity and make investment in families, especially future generations, a possibility without diminishing the family's need to grow in their own capacities.

The range of literature reviews that explore family and domestic violence is telling. The following are but a few examples: homelessness (Novac, 2006), emotional abuse (Packota, n/d), substance abuse (Campbell and Dodd, 1994), women's health (Doherty, 2003; World Health Organization, 2005), sex and gender identity (2007); family violence and American Indians/Alaska Natives (Williams, 2002); mandatory arrest and prosecution policies (Mills, 1998); poverty (Schechter, 2000).

Domestic Violence and Child Maltreatment: Concerns have been raised about child welfare services having been narrowed in scope to child protection concerns focused on mothers and mothering and excluding fathers (Pennell and Burford, 2000). Forensically-driven, individualized child protection investigations are seen to blame mothers for their failure to protect children from an abusing partner or place them in the position of acquiescing to their own abuse out of fear of having to choose between their children and what security they may perceive from staying with the abuser.

Estimates of the percentage of families coming before child welfare authorities in which domestic violence is present vary considerably. This is due in part to jurisdictional differences in reporting requirements. In some, children witnessing domestic violence is mandatory grounds for reporting, in others the domestic violence may be categorized less visibly as risk of harm or even neglect, while in still other jurisdictions no official report would be made to child welfare authorities and the matters would be handled quite separately by the police and child welfare, if both came to the attention of anyone at all. Yet, it is this intersection between child maltreatment, characterized as family violence, and domestic violence involving adults, that raises so many concerns.

Most concerning to proponents of whole-family approaches is the awareness of the presence of institutionalized racism in decision making processes, particularly in statutory responses such as child welfare and youth justice where whole-family approaches such as family group conferencing have often excluded families if there is domestic violence present. Given the over-representation of families of colour where domestic violence is identified as a concern, the risk is that the race vs. gender dilemma will once again emerge with families of colour being screened out.

The term Family Violence has too often been used to characterize abuse involving adult partners in the family instead of including all forms and expressions including violence between young people and between young people and adults. The terms "family preservation", "family reunification" have been understood by domestic violence advocates as keeping families together at all costs while polices of some shelters to exclude teen males of a certain age, and of some advocates to

aggressively promote separation and criminal justice responses have been seen as hostile to families who do want to work together. Tensions have been apparent in the competition for resources with advocates rightfully stressing how little funding there is for protecting women and questioning monies that go to treatment programs for batterers in the face of these gaps in services for victims. Understandably, domestic violence advocates sought to control the types of treatment the dollars were used for and to ensure that the treatments were targeted at the underlying causes as they saw them. Critics argue that the notion of patriarchy is too abstract to apply in practice in the way these treatments have prescribed and have been too easily translated into punishment and intolerance when used as an extension of the criminal justice and law enforcement systems.

One of the main drivers of the inclusion of the extended, or whole, family in decisions in child welfare and youth justice has been that their inclusion mitigates against the bias of professionally-driven processes (Crampton, 2003; Edwards et al., 2006; Gunderson, Cahn and Wirth, 2003; Texas DFPS, 2006). Decision forums that involve family members as genuine partners in crucial decision making processes are much more likely to recommend plans that keep their families together with parents, kin, sibling or cultural groups than are professionally-led decision processes. Ruling out the inclusion of families in these situations, including when there is domestic violence, carries considerable risk that the decision processes that follow will skew against families who are least likely to be able to defend themselves in formal, legal proceedings including criminal justice and police responses. By gate keeping at the interface between a family's own definition of who constitutes family in their view and what outcomes they want for themselves, risk of undermining the family's culture is heightened.

The implications of excluding family and other important members of a child's social network from being involved in significant decisions are many and complex. These forms of exclusion are tainted with racist and classist overtones and in the large picture give the appearance of enforcing a view of the family enshrined in policy by the dominant culture. This relates back to the polemic between the 'demise' and 'purely post-modern' theorists and harkens back to what is really important in policy, practice and research with families, that is, their experiences of everyday life and what they identify as important in their family lives that must be the cornerstone from which is built a 'whole-family' vision of support for families.

Critics charge that this inclusion of the family is merely family preservationist philosophy dressed up in partnership terminology and will fuel lax policies of placing children with biological parents without adequate safety and long range wellbeing receiving attention (Bartholet, 2000) or worse try to keep families together at all costs despite the safety of mothers.

The Criminal Justice Response: Arrest and Prosecution: Most researchers, policy makers and practitioners now agree that it has been a positive development to view domestic violence as a crime. Treating domestic assault as a private matter between warring spouses left the most vulnerable adult members of families at the mercy of controlling household members. What has been increasingly challenged is the perceived extent to which the pendulum has swung in the direction of responding with the full force of the law to a wide variety of expressions of violence with little differentiation made as to the extent of the level of dangerousness

involved. In the US calls for re-consideration, based on research, of the consequences of zero tolerance policies including mandatory arrest, dual-arrest and primary aggressor discretionary powers of police have come from a variety of quarters. Critics call for alternatives to be offered to victims who do not wish to prosecute. Interestingly, researchers in New Zealand did not find the same result as US researchers that arrest made things worse for some abusers (Carswell, 2006).

Critics (Morely and Mullender, 1992; Obenauf 1999) argue that taking the choice away from the abuse victim disempowers her, undermines the therapeutic potential of trust and leaves her in greater danger. This is especially so for women living in poverty and minority status.

Again, women, and by extension other vulnerable family members, want protection from authorities when they see that as necessary but do not like the loss of control that goes with having to give up control of their lives. The problem seems to emanate from women running into categorically-imposed solutions to their problems once they ask for help but finding there are few choices in responses that have not been organized around the most extreme cases of battering. For mothers this poses particular challenges.

Treatment for Victims and Batterers: Feminist treatment for batterers appears to have positive outcomes with some batterers, neutral value with others and still for others negative outcomes (Babcock et al, 2004; Bennett and Williams, 2001; Feder and Wilson, 2005; Gondolf, 2004; Jackson et al, 2003; Mills, 1998; Saunders and Hamill, 2003). The weak findings are compounded by high rates of dropping out of treatment.

Researchers, policy-makers and practitioners have raised questions about the effectiveness of currently used batterer treatment. Aside from the weak outcome findings, critics note the extent to which a particular theoretical/ideological analysis and treatment became the single model to apply across-the-board and the historical futility of such efforts. Courts and counsellors and would-be service users should have at their disposal a range of approaches that offer them some choices. Critics call for a more diverse group of people to advise on best approaches to help families halt violence.

Indigenous Community and Family Responses: A variety of sentencing and healing approaches have been developed in the United States (eg see Navajo Peacemaking) and Canada (Department of Justice) by indigenous groups that emphasize healing and restoration. Such approaches are usually linked with the furtherance of self-governance and as being of greater cultural relevance than the retributive criminal justice system. Most are what could be termed as holistic, family and community-centered.

Donna Coker (2006) argues that restorative justice processes can be of benefit to women who experience domestic violence but only if five criteria are met in the processes:

- Victim safety must be prioritized over batterer rehabilitation;
- Victims require both material and social supports;
- Intervention must be part of a wider coordinated community response;

- Engage normative judgments that oppose gendered domination as well as violence;
- Forgiveness should not be incorporated as a goal of the intervention.

Women report satisfaction with having police and other protection available when they believe they need it but don't like the loss of control brought about by losing control over decision making after the intervention.

Youth Justice (Mason)

Whilst popular and political discourses of young people in trouble have consistently identified parents as a source of their child's antisocial behaviour, the power to place sanctions on them has a more recent history. The government has developed a range of programmes aiming to work with parents, and the relationship between popular discourse and practical interventions is an important background to this area.

The main theoretical considerations of the role of families or place of family in youth justice are closely related to more general theories of poverty and (more recently) social exclusion. Theories of the causes of youth crime locate it clearly within a discourse of the negative impacts of social and material deprivation (eg Craine and Coles, 1995), but not exclusively.

In the theoretical conceptualisations of 'problem' youth and young people, families are present in the background but are rarely an explicit focus. This changed in the 1990s as theories and discourse of an 'underclass' emerged alongside a focus upon 'social exclusion'. Murray (1990) was particularly influential on both sides of the Atlantic, and central to his ideas is the notion that there is a class of people *culturally* distinct from the rest of the poor, an 'other kind of poor people', that he identifies in the US, and as emerging in Britain. Authors such as Field (1989) and Dahrendorf (1987) link the notion of an emerging underclass to rises in unemployment and exclusion from the labour market, stressing the role of the economy, of government policy and of social structural forces (see MacDonald, 1997). For example Dahrendorf describes the underclass as suffering from 'a culmination of social pathologies': low educational achievement, illiteracy, teenage and single motherhood, poor housing in the inner-city, the lack of role models for the young and so-on (MacDonald, ibid). In these theories, families are responsible for nurturing negative values and behaviours, and for transmitting them across generations. Although Murray's ideas have seemingly slipped from the national and academic consciousness, the themes of 'problem families' endure in policy and practice (with an emphasis on punitive measures to address family 'failings') whilst being conceived of differently in theory.

A number of writers criticised Murray, drawing attention to the presence of 'mainstream' cultural values amongst young people and reminding us of the role of structural forces in denying young people access to the labour market, housing and other features of the transition to adult life (MacDonald, 1997). Frustratingly for policy makers, an emergent focus within criminology and youth studies upon transitions and careers, both criminal and legitimate, highlighted the unpredictability of young people's lives and how unforeseen and unpredictable events, meetings

and processes could lead some young people to pursue criminal careers whilst others, sharing the same background and living in the same locales, were able to find other (often semi-) legitimate routes to adulthood and adult status (Johnston et al, 2000). More recent theories of youth crime have centred upon an analysis of 'risk and protective factors'. The 'risk and protective factors' framework has been applied to understand young people 'at risk' in a broad sense ('at risk of social exclusion') (Edwards et al, 2006) but it stems from research understanding youth crime and offending behaviour. One criticism of the framework is that the complex interplay that is so important to understanding how risk and protective factors work is in itself not understood. This is discussed further in Appendix 1 in relation to the targeting of those 'at risk'.

The domains for risk and protective factors are:

- Individual – individual attributes including cognitive abilities, gender and self-esteem;
- Peer group – strength of social ties and the peers and their behaviours;
- Family – which we return to below;
- School – including attainment, attendance and quality of school;
- Community – resources within the community including services and material resources amongst members (adapted from Prior and Paris, 2005).

Within this framework 'family' emerges as a focus for attention in its own right, and is formally recognised as an influencing factor – both positive and negative – upon young people, but within a broad conceptualisation that recognises other influences are related to the impact that it has. Families may counter negative school and peer influences; likewise these may counter positive family influences.

Family Factors
Risk factors within the 'family' domain are identified as:

- A series of factors around the time of birth: Low birth weight, abnormality, and perinatal complications, the effects of which depend on whether or not a child is raised in deprived or disadvantaged circumstances.

- Maternal response pre-natally and post-natally, specifically in terms of the interplay between high alcohol and drug consumption, subsequent development of physical and cognitive abnormalities and deficits in the unborn infant, maternal youth and lack of parenting skills. This constellation of factors has been shown to lead more readily to poor performance in school and subsequent delinquency and involvement in crime.

- Issues of parental supervision are reflected in risk factors associated with polarities in parenting approaches – risk being embodied in harsh and cruel responses as well as in passive or neglecting parenting (Farrington, 2002).

- Family conflict is seen as a major risk factor rather than the structure of a family.

- A family history and parental attitudes which exhibit and condone anti-social and criminal behaviour appear to be risk factors in their own right, quite apart from parental skills and responses (Rutter et al, 1998).

- Low income, poor housing and large family size appear, in interplay rather than in isolation, to be factors which increase the likelihood of developing delinquency (Utting et al, 1993). Importantly, direct links with economic class have been found to be weak, compared with more specific measures of poverty and its impact. Rather, the impact of the stress caused by low income and the resultant reduction in life-chances and resources seems to be more strongly indicated.

Protective factors within this domain are:

- Bonding and warmth of social relationship with parents or carers has been identified as a crucial protective factor (Farrington, 2002). Where conflict and splits in families exist, it has also been noted that a strong relationship with one parent protects the child in relation to the development of anti-social behaviour (Dubow and Luster, 1995). The *Communities that Care* project and its underpinning theoretical base, known as the social development model (Hawkins and Catalano, 1992), extended the concept of social bonding to include relationships between children and teachers and peers who model positive and pro-social behaviours, and through these, with their communities. The connection between the valued relationships and the unwillingness to put these in jeopardy through anti-social behaviour has been identified as a core protective cluster.

- Related to this is the availability of opportunities for involvement, use of social and reasoning skills, recognition and due praise**.** Availability of these opportunities at the heart of the child's core relationships takes the form not only of the presence of those relationships, but also of ensuring that the child has the capacity to use social and reasoning skills within their personal relationships and educational and familial settings (Rutter et al, 1998). *(Adapted from Paris and Prior, 2005, 20-22)*

Whilst the family domain is not focused solely upon parents, parents and parenting are dominant themes rather than extended notions of family, although there is space for this in considering important others in young offenders' lives who may act as a 'protective' influence. The risk and protective factor framework is the dominant one in youth justice policy and practice.

Housing and Housing Services (Clarke)

Note from the outset that a significant amount of the material reviewed is with reference to disability; significantly, it points to the importance of whole family (rather than functional) thinking in the assessment and delivery of housing and adaptation services. Homelessness, housing security, and housing based support for people to maintain tenancies (in the context of 'anti social behaviour') were also themes. Very little reference was found to the work of housing officers in community and family support and this could be an important area for future research.

Stable and Adequate Housing as Core to Supporting Family Life

At its broadest, housing policy is of fundamental importance to the wellbeing of individuals and families: for example the Barker Review (2004) which examined the issues of supply and demand identified 'social merits' of increasing housing supply, through increased planned building programmes. One such social merit (*improved individual wellbeing*) was particularly linked to the social and developmental welfare (including educational attainment) of children:

> *Improving individual wellbeing: individuals face costs as a result of constrained choices, for example, over crowding, longer commuting times and adverse impacts on health and education outcomes, particularly for children in inappropriate accommodation. Ultimately, Government bears part of this cost through a higher cost of each unit of social housing, plus health and education remediation.*
>
> Barker, 2004: Pg 19

This point demonstrates the importance of housing appropriateness – in terms of the functional living conditions, and home as a base from which to live, learn, and work (eg neighbourhood and wider links).

When housing is 'inappropriate' this may be for a number of reasons: it may not suit the specific needs of individuals in relation to disability, frailty, and so on; it may be overcrowded; it may be damp, in need of repair, or decoration; and it may be to all intents and purposes appropriate, and yet within a challenging neighbourhood setting (eg materially poor, whether or not strong social networks are available).

At its most basic, housing poverty and homelessness present a specific challenge to supporting many families as 'whole family' units. This has been recognised within recent good practice guidance on supporting homeless families:

Extract on the support needs of families from: DTLR (2002) Homelessness Strategies: A Good Practice Handbook:

6.2.1 While the support needs of homeless people without children have been increasingly recognised, those of homeless families have received much less attention. There has been a tendency in the past to regard homeless families as simply being in need of accommodation to resolve their problems. Where social services support has been available, it has tended to focus on the needs of the children, rather than the whole family. Most voluntary homelessness agencies work only with homeless people without children.

6.2.2 However, some authorities are now identifying the need for support for homeless families, as well as for single people. For example, the limited research that has been undertaken has found that a high proportion of homeless mothers have mental health and substance abuse problems. Some authorities have found that families are repeatedly presenting as homeless even where social housing is readily available. Their support needs are not being met and they are losing or abandoning their tenancies. Some authorities have set up support services for families, for example Eastbourne council provides a floating support service and training in parenting skills for young lone parents.

6.2.3 There is therefore a need within homelessness strategies to:

- identify at risk families, for example through monitoring absences and exclusions from schools and through liaison with social services;
- assess the support needs of families approaching the authority as homeless or at risk of homelessness;
- monitor tenancy breakdowns and re-presentations by homeless families.

6.2.4 DTLR will be commissioning further research on the support needs of households accepted as homeless as part of the Supporting People programme."

Although this is valuable to support ways of working with whole families, and understanding the impact of the sum of difficulties faced (rather than individualised responses to target problems), results from the current search suggest that Supporting People more often focuses on individual experiences (e.g. supporting single person households; working with single head of household) of homeless-ness rather than household experiences (see below). However, the needs of homeless families were explored in research commissioned by ODPM in the context of the Supporting People programme. Randall and Brown (2003) reviewed the literature on supporting homeless people, interviewed representatives of organisations, and conducted a questionnaire survey of local authorities; case study research was then conducted in six local authorities via interviews with staff, with homeless people, and through analysis of case records. They report that much less research has been conducted with homeless family units than with homeless single people. Staff interviewed within the case-study areas put forward an estimation that 70%-80% of families with children had other support needs, i.e. homelessness was not the cause of these families' difficulties, but one manifestation of them. The range of issues and difficulties identified were:

- Vulnerable lone parents, many of them young and with little or no social support networks.
- Women made homeless by domestic violence, with mental health and emotional problems, and often experiencing repeated homelessness.
- Neighbour disputes and victims and perpetrators of anti-social behaviour.
- Drug and alcohol problems.
- Mental health problems.
- Physical health problems.
- Poverty and debt.
- Unemployment.
- Literacy and educational difficulties.
- Children's behavioural and educational problems.
- Childhood histories of abuse and local authority care among parents in homeless families.
- A history of unsettled accommodation and repeated homelessness.
- Multiple needs combining two or more of the above.

Randall and Brown (2003), p6

Randall and Brown (2003) highlight the wide range of services relevant to both tackling homelessness and the broader core difficulties: joint protocols, multi agency working, family support (eg through family support services; through drugs and alcohol services; through supported tenancies and so on) are reported. The building of projects based on the Dundee Families Project (see below) was also reported, including within Manchester and Leicester, to support families at risk of losing their tenancies. However, they also importantly identify barriers which may be faced by families to approaching social services, including that:

- homeless families may be wary of approaching social services because of fears, often unfounded, that their children might be taken into care;
- family work of social services teams often focuses on child protection and there are insufficient resources for wider family services.

Randall and Brown (2003), p54

The clearest area of family-based intervention aiming to prevent homelessness is in the delivery of family mediation. Whilst different services target different groups, it has been reported that there has been particular focus on young people (late teens, early twenties) who experience being excluded from family or friend households which they had considered their home; the appropriateness of mediation needs to be assessed (eg whether the young person has experienced or is at risk of experiencing abuse). Details of approaches within different authority settings are available within DCLG (2006a); family mediation is also reported within Randall and Brown (2003).

Significant family-level interventions occur in response to identified 'anti-social behaviour' which might put individuals or families at risk of eviction. One project, the 'Dundee Families Project', was established to provide residential and intensive family support for tenants who might face tenancy termination. The project itself developed from one which aimed to provide residential 'core block' accommodation, to one which sought to work in a preventative way with families in dispersed accommodation (following negative local and media responses, stigmatising families involved). Interestingly, some of the staff involved within the

project were reported as rejecting the 'anti-social behaviour' label as too simplistic, and the difficulties faced by families were often clearly complex, including parental difficulties with self-esteem, learning disability, alcohol or drug use, and so on. Individual family needs were assessed and responded to, in the context of an understanding of the needs of the whole family. The project reduced evictions and helped maintain family households (eg reduced children going into care) (Dillane et al, 2001). (Lessons from the Dundee project have informed the development of the 53 Family Intervention Projects, run by the Respect Taskforce. These projects are discussed in more detail in chapter 4)

There are a significant number of routes to homelessness, which can be examined for example by life stage (eg in relation to young adults), and in relation to ethnicity. Research (Gervais and Rehman, 2005 cited in ODPM, 2005) suggests that members of different minority ethnic groups can face significant housing barriers in contrast to the majority white population, but that much of these differences are grounded in increased risks of socio-economic deprivation; further specific areas of concern include discrimination and harassment, as well as some families' experience of inappropriate housing and overcrowding.

Individual and Family Housing Needs: the Example of Disability
Housing needs which relate to disability, chronic health related needs, or frailty are not only functional needs, but have to be understood in the context of family use of space and family roles and relationships. The good practice guide (DCLG, 2006a) which provides guidance on the delivery of housing adaptations to disabled people makes brief reference to considering the needs of disabled people and their families, to deterioration of family life, the needs of siblings of disabled children, and meeting the families needs particularly where major adaptations are made in response to the needs of a disabled child (eg taking account of non-disabled children within the family). What has been found to be under-addressed are the adaptation requirements of disabled adults in the context of family roles and relationships, and assessment of adaptation needs where more than one disabled person is resident in a family home (whether children, adults or both). Research exploring housing needs of disabled children and their families also points to the often complex problems experienced.

Clarke (2006) explored the housing needs of disabled children and their families with specific reference to the prevention of social exclusion. From the available literature, she stresses that housing 'appropriateness' should not be focused on its appropriateness only for the provision of care. A rights based approach to supporting disabled children and their families has been taken up by Beresford and Oldman (2000), arguing that children's rights can be highly relevant to housing needs, including the right to:

- Be included in their local community and to do the things that non-disabled children do
- Take part in play and leisure activities and to freely express themselves in cultural and artistic ways
- Live with their parents unless this is not in their best interests
- Express their views and have these taken into account.

The concern to ensure children do express their views, and that this is meaningful participation, is a salient issue in the delivery of housing (and other) services to individuals and families: for example, the Audit Commission (2003) cite a housing officer on whether children's voices are heard:

> *Users need greater awareness of what's on offer so that they can identify their choices. But there's the issue of the needs of the parents versus the needs of the child. Young people face barriers to achieving greater levels of independence, including with housing because of perhaps over-protective parents.*
>
> Audit Commission (2003): pg 21

There is now a significant body of research which highlights that housing is one of the priority issues for families which include disabled children. For example, Sharma (2002a) reports from research for Barnardo's (also Sharma, 2002b) that 14 out of 17 families interviewed had significant housing needs. Bywaters et al (2003) found within their sample of 15 Pakistani and 5 Bangladeshi families in contact with an advocacy service, that improving housing was most often the main priority. Large scale survey research also reiterates this as a key issue. Emerson and Hatton (2005) estimate from their study that 85,000 families in Britain supporting a child 'at risk of disability' are living in overcrowded accommodation, and that 52,000 families would consider their homes to be in poor repair. From their survey involving over 2,500 parents and over 100 practitioners, Beresford and Oldman (2002) identify a range of ways in which disabled children's families experience problems with inadequate housing. The majority (around 90 per cent) of families experienced at least one difficulty, with problems including lack of space, location, inadequate bathrooms, poor housing, unsafe internal environments, access problems and the lack of equipment. Whilst the number of difficulties faced was associated with income and tenure, even amongst the higher/middle income families who cited fewer difficulties an average of three housing problems were reported. Whilst many families may face some housing issues, amongst the population of families which include a disabled child it is likely that families from minority ethnic communities are even more likely to experience unsuitable housing (Chamba et al, 1999).

Beresford and Oldman (2002) found that where families wanted change to their current housing situation, their preference was usually to move home rather than to make adaptations. Home owners faced financial restrictions, particularly as difficulties often included a lack of space and there are significant costs involved in buying a larger home. Social sector renters faced difficulties due to a lack of available and suitable properties. Many parents were unaware of the range of options which might be available, having not received professional advice or a housing assessment. In addition, Beresford (2002) has found significant amounts of unmet equipment needs in relation to lifting and other mobility support, safety, communication, bathing, toileting, learning and playing. Such equipment can improve the child's and family's experience at home, but a significant further need identified concerned childcare support from others (eg relatives) in different home environments, and a need for equipment.

Some of the implications of housing problems for health and wellbeing have been examined by Oldman and Beresford (2000), reporting from interviews with disabled

children and their families. They found that health emerged as an unprompted but central theme in their research on housing, and argue that the relative neglect of health and housing issues in disability research reflects the Disability Movement's concern to counter the medicalisation of disability. By way of context to their own findings, they highlight that the family home cannot always be viewed as benign. For example, restrictions to accessing different areas might be used to keep disabled children 'in their place'. This expands on the point made above from research by the Audit Commission, and together the evidence highlights concerns about disabling environments and assumptions that home and community settings tend towards supporting inclusion. There are clearly shared issues of concern within families with implications for the health of all family members. For parents and children in Oldman and Beresford's (2000) study, both limited space and limited access to some areas of the house were identified, and these reduced opportunities which would support family physical and mental health (eg to exercise, to undergo therapies, to interact, to have personal space and privacy). Unsurprisingly, a lack of suitable adaptations which led to significant amounts of lifting also had health implications for parents.

In relation to service responses to families which include a disabled child, not only does it seem that housing is insufficiently addressed where disabled children are identified within families, but also that disability itself is quite narrowly defined even when housing has been recognised as an issue (ie with a focus on physical impairment). Beresford and Oldman (2002) develop this point, by calling for an incorporation of social model thinking more fully into conceptions of housing need in order to understand the range of housing needs amongst disabled children as a group overall, to ensure more appropriate responses to individual disabled children and their families:

> *Central to any reconceptualisation of housing need has to be a broadening of the 'accepted' definition of disability. At the moment the very different housing needs of children with learning difficulties, those with socio-emotional and behavioural problems, and those with significant healthcare and nursing needs, are not acknowledged within policy, or by service providers. The focus is very much on physical disability and the issue of access. Yet we know that among the population of severely disabled children, most will have more than one type of impairment or disability.*
>
> Beresford and Oldman (2002, 36)

Beresford and Oldman (2002) did find some evidence that, where they did take place, some housing assessments were inclusive of factors such as the need for family space for all family members, and the need for play space.

Whilst this review has not found specific evidence of housing services as a conduit for meeting the needs of whole families which include a disabled child, having a 'whole family' approach to assessment of housing needs is strongly asserted (eg by Bevan, 2002).

Similar themes are evident in research with disabled parents and their families. Olsen and Clarke's (2003) research highlighted inadequate housing as a particular difficulty which could restrict parents' and children's opportunities for interaction,

raise parental concerns about child safety, and reduce parents' felt parental control (for example if some parts of the home could not be accessed, such as children's bedrooms or back gardens). In a small number of households long waits for adaptations or house moves, or ongoing disputes about the appropriateness of proposed adaptations, resulted in parents sleeping downstairs, therefore reducing privacy and changing the feel of what would be hoped to be shared family space. One particular family was in dispute because of different professional and family assessments of how to respond to the needs of a disabled mother and a disabled daughter: the family felt that the needs of the family as a whole had not been fully assessed, and that the proposals were functional rather than based on an understanding of family life. In another family where such a dispute might have been the outcome, this was not tested as private resources were instead available to meet the access needs of the disabled mother and disabled son.

A review of current knowledge concerning the housing needs of families which include a disabled parent has been produced by Wates (2006), and this highlights the cost of housing difficulties to local authorities (eg in additional care) as well as the costs to family life. Her review reiterates how, whilst the housing needs of families which include a disabled child have begun to be more fully considered by researchers and policy makers, there is more work to do in relation to disabled parents. Reiterating some of the findings of Olsen and Clarke (2003), a consultation with disabled parents found that unaddressed needs could leave parents frustrated, with barriers within their own home to fulfilling their parenting role independently. Parents and families sometimes face the difficulty of a functional response, where the approach is to make adaptations to meet the needs of the individual, including an understanding of their needs as carers of dependent children. Wates' review also cites research pointing to the lack of adequate housing stock, and therefore significant waiting lists, for families where re-housing rather than adaptation might be considered a preferable alternative. For some parents however, even with an inaccessible home, local neighbourhood links and facilities may be more important than the prospect of a move which might result in social isolation: these tensions need to be understood when assessing families' housing needs. Good practice examples include the use of multi-agency or joint protocols for supporting disabled parents and their families, with inclusion of housing. The increased development of 'lifetime homes' is also of significant value to families.

Responding to the Changing Needs of Families

Research examining housing related needs of families, specifically in relation to disability, highlights the importance of taking complexities of family life into account (rather than providing a functional response). Within the 'Supporting People' programme there is acknowledgement of and action to bring together different providers and services to work together to support independence within a stable and appropriate home environment. One aim is to support those experiencing or at risk of social exclusion, for whom housing support is key to maintaining independence: however there may be a need within this to increase 'thinking family', as current strategy may, reflecting available research, be written very much more in terms of responding to individual vulnerabilities rather than family or household needs (for research which does consider family needs, see Randall and Brown, 2003: reported above). Much of the work of the Supporting People

programme can be seen to be most geared to respond to the changing needs of individuals except where reference is to homeless families and teenage parenting. This of course may reflect specific concerns to support independence in adulthood, and the increased numbers of single parent households; however the client list will include people with family settings (whether or not they are 'household' defined families). The programme client groups include:

- People who have been homeless
- Ex-prisoners
- Disabled people
- People at risk of domestic violence
- People with alcohol and drug problems
- Teenage parents
- Elderly people
- Young people 'at risk'
- People with HIV and AIDS
- People with learning difficulties
- Travellers
- Homeless families with support needs.

So it is valuable to stress here that individual's needs may usually include family-based needs (even where a new household is needed for the individual), and/or the individual should be understood with reference to their relationship to current (and developing) family life. For people leaving prison, lack of access to accommodation will impact on their ability to re-enter or strengthen their existing families, a point particularly relevant to women with children: for example, Allender et al (2005) highlight the 'catch 22' for women with dependents, who cannot regain care of their children without suitable accommodation, but for whom suitable accommodation is difficult to access without having current care of children. This is a clear example of where 'family' is not bound to 'current household' but needs to include an understanding of where a family is trying to get to (which might include forming a new household, or involve more complex arrangements) given their current position and recent difficulties.

Delivery of Support to Families through Housing Services

Housing services themselves may be seen as a route for delivering both family and broader community support, i.e. they might be part of the 'fabric' of day to day life which provides a stable ground from which family and community life can be played. For example, a recent review (Robinson, 2003) has highlighted issues of community cohesion and social housing (such as racialised inequalities in the social housing allocation process; concerns about the racialisation of space; and concerns about the low use of legal remedies for social housing tenants who experience racial harassment).

Housing officers have been identified as potentially valuable links to communities and households in research examining third-sector public services by Hopkins (2007). Whilst the research found that some service users were disappointed in the method of delivery of (third sector) social housing, commissioners of services considered there to be particular benefits to housing officer involvement in signposting and support:

The commissioners were more likely than service users to notice aspects of third sector delivery that were distinctive. One mentioned that the housing officers were from the same community as the tenants, which improved communication and understanding of the neighbourhood and of individual households' needs – which often go well beyond formal housing issues into wider social, financial and health needs.

'It's about making sure that the housing officers are well trained to actually be able to recognise problems within households and signpost them to the right voluntary or other statutory agencies.'

'They recognise the issues that the community have and endeavour to plan and deliver services within issues and constraints that they may have.'
(Public service commissioners, social housing) Hopkins (2007), 30-31

In conclusion, broader issues of neighbourhood and housing services have not been explored, given the resource limits: however, the adequacy (or not) of housing functionally is often only one part of a family's needs, and some families may prioritise pre-existing social networks and neighbourhood resources over 'adequate' housing and an experience of greater social isolation. This review has not been able to be systematic and exhaustive but it has been possible to demonstrate the importance of whole family thinking in relation to supporting family households with specific reference to housing security and housing appropriateness.

Key Points

- Resources which strengthen families within communities can be explored using different theoretical frameworks, including Social Capital and Family Resilience.
- Such approaches can arguably challenge pathologising of either families or individuals (for example, as might occur through a clinical or risk-focused lens).
- The exclusionary nature of some theoretical frameworks is recognised, and extended understandings are necessary for the experiences of families marginalised by social and economic oppression to be recognised and captured.
- Within **Mental Health Work** (*Tew*) ecological/systems, behavioural, narrative/discourse, labelling/stigma and vulnerability models have been applied to understand individual experience of distress in social (including within-family) context.
- Within **Drugs and Alcohol Work** (*Galvani*) a range of biological, psycho-logical, and social (including systems-based) approaches are part of the toolkit of interventions; however there are few approaches to family-focused

work (as opposed to individual focused interventions): these draw on relational approaches (family systems theory; attachment theory), and conceptualisation of stress, strain and coping.

- Within **Young Carers Work** (*Becker*) the development of a whole family approach has sought to provide a focus on inter-related needs within the whole family, and recognise that both young carers and ill or disabled parent(s) have needs and rights. Within this framework, appropriate service responses may be to meet parents' needs alone, *or* for the young carer, *or* both.

- Within **Child Welfare** (*Burford and Morris*) focused family group conferencing draws on strengths based approaches to understanding managing change within family relationships; further, children's welfare services within the UK have developed ways of working with children's networks (although more often in a 'top-down' manner), and within the US research has highlighted the importance of social relationships in supporting the delivery of welfare for children: however understanding of effective elements of 'whole family' approaches is currently underdeveloped.

- Within **Youth Justice** (*Mason*) family experience of social and material deprivation has been a core way in which family has been integrated within theory; more controversially, 'underclass' debates have involved the pathologising of families held responsible for nurturing negative values and behaviours across the generations (of which undercurrents remain within identifications of 'problem' families and intergenerational issues; further approaches to family involve exploring risk and protective factors, for example within a resilience framework.

- Within **Disability** (*Clarke and Lewis*) the social model has provided a valuable framework for exploring family experiences both in relation to disabled children and disabled adults; ecological approaches have provided one method of examining family in social context, although there are concerns that they have not been social enough in focus.

- Within **Housing** *(Clarke)* the impact on families of housing difficulties is explored and this points to the importance of conceptual understandings and practical assistance to respond to family needs. Very little reference was found to the work of housing officers in community and family support and this could be an important area for future research.

- Within **Domestic Violence** *(Burford, Galvani)* tensions exist about the value and safety of whole family approaches. Evidence and policy in the UK suggests such approaches to be unsafe, whilst in the US examples of family-based approaches to family violence are more prevalent and supported. The different contexts and needs require recognition, as does the highly contested concept of 'family' in this aspect of the review.

Emerging Issues

- The responses to specific needs (and statistically these needs may be present in the experiences of the families that are the focus of this review) suggest whole family approaches to be an under developed aspect of theory and therefore practice, but some examples are evident which may hold useful broader learning

- Resilience is used in a range of approaches to understanding family experience of social disadvantage, and this could be couched in ecological terms.

- Different theories for understanding both individual and family experiences of exclusion and disadvantage result in a whole host of different potential perspectives for 'family aware' (if not family-focused) interventions and policies, arguably from individual therapy to social change.

- The particular experiences of some marginalised families and communities suggest the need for culturally responsive services and theoretical frameworks – these are not always evident within current approaches.

4. MODELS AND APPROACHES

In this chapter we move away from theoretical frameworks to explore models and approaches to family-based service provision emerging from the literature review. As well as describing the approach taken, where possible, we also describe any evaluation and research evidence as to the effectiveness of such models and approaches. We also offer a broad categorisation of family-based service provision. Some services and practices fail to engage with any family context for the service user, and the dislocation of individuals from their networks has led to national and international reviews in some health and social care disciplines. We do not propose to discuss such services or resultant reviews in this report. Instead we focus attention on those services and practices that do engage with the family context. We classify these services into three broad categories.

Category 1: Working with the Family to Support the Service User

In the first category of models and approaches to working with families recognised across the review, the family is seen as a basis for support for an individual within that family. As such the focus of service provision remains primarily on a service user within that family (for example, the disabled child or parent, the potential young offender, the substance user), with the focus on other family members determined by their ability to offer support and assistance.

The examples provided below illustrate the variety of ways in which parents, siblings and spouses are engaged by policy and services. In some instances a strengths-based approach is taken, whereby the potential role of other family members in supporting the service user is recognised and developed. Elsewhere a deficit model is apparent, whereby an aspect of support is seen to be lacking within the family.

Parental Responsibility for Youth Offending

As noted above, youth justice policy and practice is currently dominated by a risk and protective factor framework within which family is perceived as a key domain. Whilst the family domain is not focused solely upon parents, parents and parenting are dominant themes. In particular the responsibilisation of parents for the behaviour of their children is emphasised. Extended notions of family are less prominent, although there is space for this in considering important others in young offenders' lives who may act as a 'protective' influence.

A focus on the role of parents in preventing youth crime is evident in the introduction of Parenting Orders within the Crime and Disorder Act 1998. A three year evaluation (YJB, 2002) of the 34 programmes in existence at that time and of 3000 parents who engaged (one in six of which were on the basis of the court order rather than as part of a package of support as discussed below) found that parents reported a range of positive changes in their parenting skills and competencies including improved communication with their child, improved supervision and monitoring of their child's activities and reduced conflict within the family. Although most held negative pre-conceptions of the programmes upon completion, only 6% were negative about the programme and nine out of ten would recommend it to other parents. Offending by young people was reduced by a third, although it is important to note that 62% were convicted of a crime in the

12 months after their parents completed the programme (ibid), raising questions about the effectiveness of the approach in tackling the causes of youth offending through parenting programmes.

In a recent review of the evidence for parenting work for the Youth Justice Board (YJB), Ghate *et al* (2007) identify two core modes of service delivery in relation to parental responsibility:

- *Group work with groups of parents (or groups of families)* is a common format, being less resource-intensive, and also consistently popular with participants who report high levels of satisfaction with the 'social aspect' that group-based work brings. Qualitative studies suggest parents draw benefits from feeling less isolated in their troubles once they meet and talk with others in similar situations (Moran et al*,* 2004).

- *Individual one-to-one case-work* is also commonly offered by successful programmes and appears to be essential to tackle difficulties that are entrenched or that are too sensitive to approach in the more public setting of a group or family discussion. Individual work is also often used at the outset of working with parents to help the process of engagement between service and user (Ghate et al*,* 2007, p20).

They identify a central tenet of effective provision as the ability to be flexible to individual parents' needs, whilst remaining true to the intervention itself. Common to the approaches is a focus upon understanding behaviour, both of the young person and of the adult and the teaching of strategies for responding to and dealing with problem behaviour as well as modifying counter-productive behaviours in the family. The Ghate review draws heavily on US studies, as it is premised upon the 'what works' agenda's requirement for strong outcome evidence and this is notoriously lacking in UK criminal justice research (Mason and Prior, forthcoming).

In their review and meta-analysis of preventative programmes, Farrington and Welsh (2003) centred on programmes where the family was the focus of intervention. Whilst endorsing the effectiveness overall of family-based intervention, particularly parent education programmes, it indicated that greatest effectiveness lay with programmes in settings other than schools, and with programmes which were based on cognitive-behavioural approaches. Whilst positive effects on risk indicators were widespread, there were some differentials in terms of greater effectiveness where specific kinds of offending were targeted (for example, violent offending) rather than more diffuse offending behaviour. Overall, it appears that specific focus, development of positive adult modelling and reinforcement, and approaches (both therapeutic and environmental) which enhance parental engagement indicate greatest effectiveness.

Throughout the reviews of both Farrington and Welsh (2003) and Ghate et al (2007), we see the conflation of 'parents' with 'family'. In youth justice, practice that engages families appears to be practice that engages parents. In Ghate et al's review (2007) 'family' and 'parents' are used interchangeably and this is the only review from a broad range commissioned by the Youth Justice Board that is focused beyond the offender and their individual need.

An early exception is On Track. On Track was a major preventative initiative that worked with families, beginning in 2001 with elements still running under the auspices of the Children's Fund. On Track aims to identify what works in preventative services for children at risk of involvement in crime and offending behaviour, based on a combination of five core services, which operate as targeted interventions for children aged 4 to 12 years. These include home visits, pre-school education, parent support and training, family therapy and home/school partnerships. The evaluation of this programme is yet to report.

Parenting Programmes
The use of parenting programmes also emerged in relation to parents of children with other specific needs. Evaluation evidence as to effectiveness is mixed.

A number of parenting interventions have been shown to be effective in helping people with mental health problems parent more effectively – although these have primarily been developed to assist parents cope with children with behavioural problems (Herbert, 2000). These include the Webster-Stratton "Incredible Years" parent training series (Webster-Stratton et al, 1998). The research evidence suggests benefits including increased levels of parenting confidence and relationship problem solving skills (White et al, 2002; Baydar et al, 2003) together with improved mental health outcomes (Patterson et al, 2002). However, there is some evidence that parents who have mental health difficulties are more likely than other parents to drop out of such programmes (Gibbs et al, 2003).

Dumas and Albin (1986) report on eighty-two families with noncompliant, aggressive children who participated in a behavioural parent training program to modify dysfunctional family relationships. At follow-ups ranging from 1 to 3 years, each family was assigned to one of two groups according to its treatment outcome status (success, no success). The groups were then compared on eight measures of social and material standing found to be predictive of outcome in previous research, and on two measures of parental involvement in treatment assumed to act as process variables which may account for the relationship between social and material standing and outcome. However, contrary to prediction, the measures of parental involvement failed to account for any significant amount of variance in outcome. Dumas and Albin therefore conclude that many families characterised by severe adverse social and material conditions may be unable to benefit from behavioural parent training, regardless of the extent to which they participate in treatment.

Elsewhere the need for greater focus on parenting support is highlighted by evaluation evidence. The *Better Beginnings, Better Futures Project* (Peters et al, 2004), in Ontario, Canada is a multi-site, community-based early intervention programme that has been collecting data and undertaking associated research since 1990. Of interest to this review is the recent finding that children with severe or serious emotional and behavioural problems were not positively responding to the programmes, neither were parents who identified home life as hosting hostile-ineffective interaction with their children. The recommendation from this research is that the programme should develop and include intensive programmes for those children showing particular problems – and that these targeted programmes should include intensive, systematic training programmes for parents and enriched intensive school based social skills programmes for children.

These recommendations build upon those of a literature review of evidence in relation to youth prevention programmes (Greenberg, Domitrovich and Bumbarger, 2001) and evidence from early Webster Stratton reviews (1993, 1998), all of which identify lack of parental social support as an important factor related to treatment failure – something that is reflected in Sheppard's more recent research (2005). It is claimed that for low income families any parent training programme needs to focus more broadly on building community networks and parent support.

Family Education

Tew's review of family-based mental health provision also revealed a number of programmes relating to education and information for family members. Programmes aim to:

- Provide general information in relation to a person's diagnosis.
- Generate a detailed understanding of a person's mental distress in terms of triggers, external signs, subjective experiences, effective coping strategies, medication, etc.
- Challenge and reduce stigma and shame.

Education sessions can either be conducted with single families on their own, or by bringing a number of families together (multi-family groups). Evaluation in the USA shows that benefits can be long-lasting in terms of enhanced family resilience (Beardslee et al, 2003). There is some evidence multi-family groups achieve better outcomes in terms of relapse rate and in restoring or developing the family's wider social networks (McFarlane et al, 1995). Some studies indicate that there may be limited benefit in terms of relapse prevention if an educational approach is not combined with a behavioural skills training component (Smith and Birchwood, 1990).

Some educational programmes have just involved carers without including the person with mental distress. These have not proved effective (Leff et al, 1990). It would seem to be important that the person with the distress is enabled to be an expert in relation to their experience – and take a key role in educating their family about this.

The majority of family education programmes have not focused specifically (or at all) on the needs of younger children. However, this was addressed in the 'Strengths to strengths' programme (Place et al, 2002) which included both an educational component and family sessions to address issues of internal dynamics. The programme was evaluated as contributing to:

- Increased social activity outside the family – especially by children
- Reduced emotional conflict and stress within the family

Parental fears that open discussion of their mental health problems would impact negatively on their children were not borne out.

Therapeutic Support involving Family Members

Galvani's review of provision for families affected by substance use highlights a range of provision incorporating aspects of family therapy. A number of these appear to be predicated on the need to solidify supportive family relationships in

addressing issues of substance use (although further examples of such support aimed at meeting the needs of family members are presented below)

Much of the literature and evaluation of 'family' approaches is North American and it is worth noting that their underpinning theories for working with people with substance problems are biological and their approaches are based on medical model concepts of addiction. In the UK, there is an equal, if not greater, emphasis on social models of substance use within services. Thus, there needs to be some caution about applying North American data to the UK context.

- *Couple's Counselling:* There is already a body of evidence demonstrating positive outcomes resulting from couple's counselling where there are alcohol or drug problems. However, the issue of domestic abuse has been inadequately addressed in these evaluations and interventions and the evaluations need to be treated with caution. Given that the focus of this review is on families with complex needs, including domestic abuse, there needs to be caution in recommending couples counselling for people with substance use problems where domestic abuse is ongoing (Galvani, 2007). Practitioners need to be engaging with the issue of domestic abuse and its role in perpetrating or suffering substance use and addressing it accordingly. However this requires training and review of practice and procedures.

- *Social Behaviour and Network Therapy:* Social Behaviour and Network Therapy is a method that starts with the individual substance user and works with them to build a supportive network to help the person address their substance use both during the intervention and in the community. This may be one or more family members but also includes friends, acquaintances, or others who are prepared to take part. The 8 sessions address particular issues eg communication skills, but also address coping mechanisms and the need for support for both the individual and the network. It has been evaluated both quantitatively and qualitatively and been found to be effective in supporting the network members and in reducing the use of the "focal client" or substance user (Copello et al, 2006b).

Ecological Approaches to Support

Social Behaviour and Network Therapy serves as an exemplar of an ecological or community-focused approach to the development of support networks for service users. Such services seek to work with resources within the community, as well as the family, in developing support systems for those with problems related to substance misuse. An example of a similar approach is apparent. Ecological approaches are discussed in more detail later in this chapter as an example of category 3 service provision. However, here we include an example of an approach in relation to the prevention of child neglect stated to be ecological and community-based, yet apparently focused in practice on addressing the needs of the child by addressing risk and protective factors relating to parents.

Example: Family Connections (*DePanfilis, D and Dubowitz, H, 2005)*

Family Connections is a multi-faceted, community-based service program designed to work with families in their homes and in the context of their neighbourhoods to help them in meeting their child's basic needs and reduce the risk of neglect. It is designed on a strong theoretical foundation derived from a social ecological perspective. Nine practice principles underpin the project: community outreach; individualized family assessment; tailored interventions; helping alliance; empowerment approaches; strengths perspective; cultural competence; developmental appropriateness; and outcome driven service plans. Core components of the intervention include: emergency assistance; home-based family interventions; service coordination with referrals targeted towards risk such as substance use, and protective factors such as mentoring; multi-family recreational activities.

The study identifies three domains as risk factors to prevent neglect: care-giver depressive symptoms; parenting stress and everyday stress. It identifies four domains to represent protective factors: parenting attitudes; parenting sense of competence; family functioning and social support.

On several measures of risk and protective factors the study shows parent and child improvement over time. There are relatively few differences noted between families receiving 9 month and 3 month interventions for which the authors offer tentative explanations. Findings accord with the programmes' theoretical under-pinning that enhancing protective factors (e.g. social support) and decreasing risk factors (e.g. parental depressive symptoms) reduce the risk of neglect. Whilst some gains are modest there are positive indications that improvements were maintained six months after intervention.

Parental depression is clearly indicated as a risk factor for neglect and Family Connections specifically targeted this. Improvement in depressive symptoms is described as promising although it is not clear which interventions contributed to their improvement or if improvement is related to the natural progression of depression.

In some areas no improvements were found – these include family functioning, caregiver expectations of children and attitudes to corporal punishment. Although interventions aimed to include whole families, in practice the focus was on the primary caregiver and child hence family-level interventions were limited. In conclusion the authors stress the difficulties of preventative programs to substantially change the challenging circumstances of high risk families arguing for the need to address the systemic, underlying problems that compromise family functioning.

Category 2: Identifying and Addressing the Needs of Family Members

In the second category of family working emerging across the review, family members are recognised within policy and service provision as having their own specific needs arising out of their relationship with the primary service user. Whilst their role in offering support to the service user is still prominent, and often the primary basis for intervention, the family member is identified as having needs that

are separate, in addition to, and perhaps only indirectly related to those of the service user. This is in contrast to the previous category where the needs identified and focused upon were those seen to directly impact on or relate to the needs of the service user. As with the previous category, we identify a range of different approaches both within and across policy and provision in relation to the various service users in groups.

Addressing the Impact of Substance Misuse on Other Family Members

Galvani's review highlights a number of projects set up to meet the needs of the family members of those with issues relating to substance use. However, evaluation and evidence of effectiveness that goes beyond the number of people in the service and pre set substance related outcomes is very limited. Galvani argues that funding to evaluate existing services properly could quickly identify other examples of good practice. The following are services where evaluations have been conducted.

Example: The 5-Step Model

The 5-step model of working is directed at family members in their own right. It is designed to educate and support family members. 'The five steps are: listening non-judgementally; providing information (e.g. about drugs or dependence); counselling about ways of coping; discussing increasing social support; and considering further options for help and support.' (Orford et al, 2007, pg. 31) Two options are currently available, one session with a professional plus a self-help manual to work through, or the use of the manual across five sessions with a professional. Evaluations have shown it has been effective in terms of reducing both the physical and psychological symptoms family members suffer as well as helping them to cope with their relative's substance use (Orford et al, 2007). In some cases the approach has also led to a change in the alcohol or drug use by the relative with the problem as well as improving family relationships.

Example: Family Alcohol Service, Camden, London

This Family Alcohol Service is the result of a joint initiative between Alcohol Recovery Project in Camden, London and the NSPCC. It adopts a strengths-based and solution focused model of working with families. The team is multi-disciplinary and works with both children and adults individually and together. The evaluation of the project has shown considerable improvements for children, parents and family functioning. A similar service has recently been set up by CASA in north London.

Evaluation of the family alcohol service found positive outcomes in relation to both the children's and parent's psychological health, improved relationships, school attendance and achievements, greater awareness of impact of drinking and commitment to minimise its impact on the children, better family functioning, eg. communication, meals taken together (Velleman et al. 2003).

Example: Strengthening Families
This approach originates from North America. It is a community based prevention programme currently being replicated in the UK by Cardiff drug and alcohol services. It has also previously been piloted in Barnsley CAMHS services. It is primarily focused on educational and therapeutic work which, in any one session, works separately with the young people and family members and then brings them together for family work. The approach has been evaluated and found to have positive effects across a number of cultural groups and age ranges (Foxcroft et al. 2003)

Example: Adfam
The leading voluntary sector organisation focussing on work with families affected by a person's alcohol or drug problems is Adfam (www.adfam.org.uk). It provides a directory of support services for families affected by a relative's problematic alcohol or drug use although many of these appear to offer information and advice rather than whole family approaches. The organisation, together with Alcohol Concern and Drugscope, could be helpful in the dissemination of models of good practice and the delivery of training and agency policy development around family work.

Parenting Programmes Addressing Parents Needs
In contrast to the approaches to parenting programmes highlighted in the previous model, the review of Clarke and Lewis highlights services that seek to identify and address the specific needs of parents with disabled children. With this user group, parenting programmes have been developed and advocated both as a universal intervention and as a specialist intervention with parents facing specific difficulties. Parenting programmes seek to impact on parental mental health, individual and family social participation, family functioning, the emotional and behavioural wellbeing of children; they have further been posited as a method of intervening in inter-generational parenting difficulties.

There is some evidence that parents would welcome this form of intervention as a *choice* in order to support their parenting (Grimshaw and McGuire, 1998): particularly highlighted from this research was the importance of having a forum in which to share experiences, but additionally difficulties in integrating support for all. Interestingly only one father participated in this group, and he felt that his presence was an afterthought and that much support was presented from a 'female' perspective.

Whilst the current focus is 'whole family' approaches, it is worth reflecting briefly on previous research and policy debates about intervention and family support around 'parenting': in some respects, debate about parenting and parenting support has marked a move forward, towards acknowledgement that mothers are not the only care givers even if they remain the most usual primary child-carers, and that men's involvement in family life requires recognition and sometimes support; however, there are concerns (for example, voiced by Daniel et al, 2005) that the use of parenting in policy documents has largely resulted in the implications of gender not being fully considered. Whilst, then 'whole family' approaches may provide an important signal to examine all family members' experience, contribution, and support needs, there are *current* concerns that mothers' and fathers' experiences

and needs should often be heard as separate voices. Ashley et al (2006) have, for example, stated the need for further research on the ability of services to engage with *fathers*, and not only to do so when (as Scourfield (2006) states may most often happen) men are perceived as a threat in the context of child protection work.

Gardner (2003) has identified 'family support' as a key element within current government policy in a range of areas, including in relation to poverty, education, and access to services. She identifies family support based interventions as promoting family assets (rather than identifying 'deficits' – a common critique of medical approaches to disability and family life).

However, 'whole family support' is often arguably best provided by meeting *individual* needs in a way which recognises their immediate family role and network. The Audit Commission's (2003) research with young disabled people (via 'Triangle', an organisation working with disabled children) identified a rights based rationale for delivering *children's* rights as a way of supporting whole families. With 'family support' as an important underpinning to the 1989 UN Convention on the Rights of the Child, they argued that '*if the child's rights are not delivered, the whole family is disadvantaged*' (pg 11).

In a range of different policy and service arenas there may be particular risk of not identifying an individual's support needs with reference to their family role and local family (and community) network. Family support is understood here as *additional* to the identification of individuals' roles and relationships (such as parent, child), and instead seeks to provide a 'joined up' response to difficulties faced in the private context of family life.

Meeting the Specific Needs of Families with Disabled Children
The role of support services in meeting the specific needs of families with disabled children is also highlighted by Clarke and Lewis. Families with a severely disabled child may find a large proportion of their time devoted to a succession of hospital and clinic visits. Such a situation impacts massively on the whole family including siblings. Voluntary support groups (such as *Contact a Family*) potentially provide critical support (emotional and informational) for such families who may otherwise feel very isolated (illustrated in Lewis et al, 2007). Similarly the role of *Working Families* is highlighted for its support of the parents of disabled children who work or wish to find employment.

Example: Contact a Family, www.cafamily.org.uk
Contract a family is a UK-based charity that offers support, advice and information to families with disabled children, particularly regarding specific conditions and rare syndromes and disorders. It also enables parents to contact other families with disabled children, both locally and nationally, and supports the development of parent and family support groups.

Example: Working Families, www.workingfamilies.org.uk
Working Families is a campaigning charity which provides and advice regarding rights to parents of disabled children who work or wish to work, as well as to prospective employers. The service has developed in response to evidence from parents using their advice line and the "Waving not drowning" network of 2000 families with disabled children. *Working Families* state that 'half of all families with a disabled child are living in poverty, or on the margins of poverty... Parents of disabled children face particular difficulties in combining work and their caring responsibilities.' This is seen to impact not only on the disabled child and the parent, but also any siblings. Employment is therefore seen as an important route out of poverty.
Working Families would like to see the Government tackle three key areas of support for disabled children and their family: the number of parents of disabled children in paid work; the availability of affordable and accessible, good quality childcare for disabled children; and the availability of comprehensive information and support services for disabled children and their families."

Disabled Parents
In the last ten years, there has been a significant development of a research knowledge base concerning disabled parents' experiences, particularly in relation to their experience of service provision (Morris and Wates, 2006). However, much of the research evidence which exists is in relation to disabled parents who are currently using (or have previously accessed) services. Research which seeks to engage disabled parents and their families *as families* rather than as *service users* can help to identify some of the difficulties faced in accessing appropriate (individual and family) supports.

Olsen and Clarke (2003) were funded by the Department of Health under their 'Supporting Parents' research initiative to explore disabled parents day-to-day experiences of raising children: whilst central to the research was a concern with 'support needs' and how they were (or were not) responded to, participants were not selected as 'service users' and indeed many did not access either specialist services or benefits. Research which moves away from a service user focus can be invaluable at identifying difficulties for parents in engaging with services: previous experiences of negative disabling attitudes and/or fears at needs only being considered through a 'child at risk' lens were examples of specific barriers faced which must continue to be challenged through legal, organisational, and educational means (ie and not through 'specialist' services). This research resulted in an argument that the support needs of disabled people are intrinsically no different from the supports that all parents need (eg adequate home; adequate income; opportunity for a break; opportunity to be active with children's leisure and education; and so on), however disabled parents face specific barriers which need to be identified and challenged.

Whilst Olsen and Clarke's (2003) study was important in exploring experience beyond a 'service user' focus, the research was much more successful at engaging with mothers rather than fathers. The gendered nature of parenting roles and the ways in which policy and practice can shape and maintain particular forms of 'mothering' and 'fathering' should be of core concern in future research and policy developments, particularly when the approach is stated in 'gender neutral' terms

(such as with reference to 'parenting' or 'whole family' support). This issue has recently been explored in relation to disabled parents, where the experience of disabled fathers has been particularly under-researched (Clarke, forthcoming).

Support for Siblings of Young Offenders

One area of emerging practice within the youth justice system is the growth of 'Youth Inclusion and Support Panels' (YISPs). YISPs aim to prevent anti-social behaviour and offending by 8 to 13-year-olds who are considered to be at high risk of offending (following a risk and protective factor-based assessment). Panels are made up of a number of representatives of different agencies (eg police, schools, health and social services). The aim of a panel's work is to ensure that children and their families, at the earliest possible opportunity, can access mainstream public services that meet the child and family's needs before problems escalate. As such YISPs recognise extended family members and the role and needs of siblings as well as the young person initially referred. Following a pilot YISPs were extended through the Children's Fund and as such cover most local authority areas. The national evaluation of YISPs has yet to report and there are therefore no indicators of impact across the programme nor long term re-offending rates; local evaluations indicate that there are problems in engaging practitioners across the multi-agency forum, but that where panels are operational they are successful in diverting young people from further involvement in offending (NECF, 2006).

Recognising and Assessing the Needs of Young Carers

Young carers offer a particularly distinctive example of an approach which recognises the need to support family members in order to maintain support to the service user. The review by Becker highlights a growing recognition of the needs of the young carer that must be addressed if the support to the care receiver is to be maintained. Indeed, he suggests the identification of the young carer as a service user. The approach taken by Becker, and widely in the UK, is that young carers need services and support in their own right (as children and as carers) *at the same time* as people with care needs require dedicated services and support (Aldridge and Becker, 1996; Aldridge and Becker, 2003). Thus, it is not about supporting one *or* the other. Such an approach would recognize the need for formal services to meet the needs of *all* family members rather than focusing on the carer or person with care needs in isolation.

This has been identified by local and national government policy. It is a key role of local authorities to plan for the general needs of its carers' population (including young carers) and to assess the needs of individual young carers (as well as assessing the needs of the persons for whom they care). This legal responsibility to assess individual carers relates to carers who provide 'substantial and regular care'.

Thus it is recognized that young carers (like adult carers) will need a thorough assessment of their needs and of their ability to continue to provide care. When assessing young carers, however, it must be remembered that these are children and young people and their needs must be considered within a *children's* legislative and policy framework, not just under the law and policy that relates to adults and adult carers. Many young carers – especially those under the age of 16 – may need to be assessed as children in need under the 1989 Children Act. Dearden and

Becker (2001) outline some of the issues to consider when assessing young carers using the 'Framework for the Assessment of Children in Need and Their Families'.

Local authorities must then provide services and support to young carers based on such an assessment of need in order to support them in their caring roles and to meet their own needs and circumstances. Indeed, performance ratings for social care authorities now include recognition of the amount and quality of local support provision for informal carers who are children and adults.

In a review and synthesis of four evaluations of young carers projects, Dearden and Becker (2002, p1) report that:

> *'All of the projects evaluated are child-centred, but work closely with families in order to ensure that families are receiving all of the benefits and services to which they are entitled. They achieve this by making links with other agencies and organisations advocating on behalf of families. Thus, while providing a service for children, the work of projects also has a family focus'.*

Young carers projects (at that time) where specifically funded to work with young carers, not whole families, but most also tried to support families and parents:

> *'The close liaison with parents meant that none of the parents interviewed for the evaluations felt undermined by the work of the project and all felt they had been fully included in discussions, arrangements etc… For many parents the young carers project became their own first port of call when they had a problem relating to their care needs'* (Dearden and Becker, 2002, p3).

Aldridge and Becker (2003) also found that many families in their study identified the young carers project worker as the 'key' worker that they would refer to for help and support (as opposed to a district nurse, their GP, psychiatric nurse etc).

The discussion below, of a third model of family working, will illustrate a proposed shift within provision for young carers, away from isolated, separate support for young carers and the person who receives their care, towards a focus on their interrelated, interdependent needs in combination.

Category 3: Whole Family Support

The third category identified across the review highlights services and policies that seek to work with the family unit as a whole. That is, rather than addressing the needs of the service user or individual family members in isolation, provision recognises and focuses on shared needs and/or the strengths apparent in inter-relationships and collective assets. Whilst aspects of provision within previous categories may have been delivered to the whole family together, this model is distinctive in that the needs to be addressed and the strengths upon which solutions are to be based, are perceived to be held within the collective of the family.

The discussion below suggests momentum towards whole family approaches in relation to a number of the service user groups on which we have focused.

However, in some instances moves towards such a 'whole family' approach are tentative, exploratory and yet to be evaluated. This is reflected in the commentary below.

Towards a Whole Family Approach to Informal Caring

As noted above, Becker's review identifies an established requirement to assess the needs of young carers, in addition to those of the person who receives their care. In the earlier years of the development of young carers' services and support (1992-1998), the focus of intervention was almost exclusively on the young carer, with little if any engagement with the person(s) for whom they cared. However Becker identifies the emergence and development of a whole family approach to working with young carers *and* their families (Becker et al, 1998; Frank, 2002; Aldridge and Becker, 2003; Frank and McLarnon, 2007).

The 'turn' towards a whole family approach was given an early push by the Department of Health (DH) in the mid-1990s in its various publications on young carers (DH 1996a, 1996b, 1996c). The practice guidance issued under the 1995 Carers (Recognition and Services) Act stated that: *"The needs and strengths of the whole family should be considered when making an assessment and providing services to support the young carers"* (DH, 1996a).

Another important DH publication stated: *"Where the disabled person is a parent, it is essential that the community care assessment focuses on the family and considers how to support the parent and recognise the needs of any young carers"* (DH, 1996c, 17). In a further study the DH emphasized more emphatically the need to *"Listen to what families are saying about the kind of help they want"* (1996b, 22) as well as to *"Seek to secure, at all levels and across agencies (including chief executives and members), understanding of young caring and the value of a whole family approach"* (DH, 1996b, 17). Indeed the DH produced a checklist to encourage professionals to adopt a whole family approach.

Example: Department of Health 1996 Action Checklist for the whole family approach:

- Start with the needs of the family/disabled or ill parent, and see what needs remain for the child.
- Work with the child as part of the family unit.
- Acknowledge the rights of the child including to information, to be listened to and to stop physically caring.
- Recognise that poverty and disabling environments, services and attitudes can limit adults' ability to parent.
- Acknowledge the distinction between *parenting* and *parental activity.*
- Recognise that time spent in counselling, talking and therapeutic work can prevent inappropriate and expensive crisis responses.
- Focus more on support for children in need rather than on protection of children at risk.
- Acknowledge young carers' legitimate concerns about professionals' attitudes and insensitivity and their fear of professional intervention.
- Remember 'families do their best'. Start with the family's solution and work with any dilemmas and contradictions. Source: Department of Health, 1996c, 16.

The emerging emphasis on a whole family approach was to be found in a stream of official publications emanating from the Department of Health and other government departments, including the National Service Framework for Mental Health (DH, 1999), The Framework for the Assessment of Children in Need and Their Families, the National Carers Strategy (HM Government, 1999) and Working Together to Safeguard Children (all discussed in Aldridge and Becker, 2003).

In her report *Making it Work: Good Practice with Young Carers and Their Families* (Frank, 2002), Jenny Frank, Director of the Children's Society Young Carers Initiative, suggests that 'There is a need to move both debate and practice forwards and address how a major shift in attitudes and increased effective service provision for families can be developed' (p15). She reports what others have suggested are characteristics of a whole family approach and outlines a range of examples of good practice.

A more recent and more sophisticated approach to whole family working has been developed by Frank and others at the Children's Society Young Carers Initiative, funded by the DfES and supported by John Keep at the Disabled Parents Network. The *Key Principles of Practice for Young Carers, Parents and Their Families* (Frank and McLarnon, 2007) will be published in late 2007, accompanied by an interactive website 'Whole Family Pathway: A Resource for Practitioners' which enables professionals to 'click' their way through advice, guidance and prompts concerning assessments, needs of young carers and disabled parents, education, legislation and guidance, useful organisations etc. The rationale for the Whole Family Pathway web resource is that *"The Children's Society suggests that the development of cross agency whole family assessments should provide an opportunity for service providers to be proactive rather than reactive and should provide effective partnership working interdepartmentally, across agencies to help to bridge the gap between children's and adult's services".*

Underpinning the Whole Family Pathway website is the *Key Principles of Practice for Young Carers, Parents and Their Families* (Frank and McLarnon, 2007); an extensive and important document which, to a large extent, updates and develops Frank's (2002) *Making it Work: Good Practice with Young Carers and Their Families.* The introduction to the *Principles* states that "Using the Key Principles of Practice will help to ensure the best use of resources to deliver support to the whole family" (p.viii). There are 6 key Principles for Practice, each with accompanying Standards and Performance Indicators. Standard 2 is particularly important for our purpose here as it is relates directly to the whole family approach.

Example: *Key Principles of Practice for Young Carers, Parents and Their Families* (Frank and McLarnon, 2007)
Key Principle 2: *'The key to change is the development of a whole family approach and for all agencies to work together, including children's and adults' services, to offer co-ordinated assessments and services to the child and the whole family'.*

Standards
Assessments should not only identify regular individual personal care needs, but also consider the range of parenting, caring and family tasks that are needed when professional carers are not present and that may result in the child assuming responsibility.
The development of cross-agency whole-family assessments should provide an opportunity for service providers to be proactive rather than reactive. It also provides for effective partnership working inter-departmentally, across agencies and helps to bridge the gap between children's and adult's services.

The *Principles and Practice* document suggests that:

> *"Whole-family working involves working towards being pro-active rather than reactive. It also involves developing thinking and practice that should prevent inappropriate levels of caring and responsibility being carried out by any child, that impact on their own wellbeing and development. It is acknowledged that disabled parents hesitate to approach social services departments for support. At worst, parents may fear that their children will be removed from home. Young carers projects that provide or develop services for the whole family may help to allay and address these anxieties and signpost parents to other support services. Projects should have partnerships or processes to advocate for the whole family both at policy and service levels and at an individual case level to meet identified care needs; meet any parenting needs; and reduce or prevent levels of inappropriate care by a child"* (Frank and McLarnon, 2007, p64).

The *Principles for Practice* are the first detailed exposition of a whole family approach for young carers and their families and draw on *Every Child Matters* outcomes. The document is in final draft stage currently being agreed by DfES and will be issued formally in the next few months. It marks a major advance in the *practice* development of a whole family approach based on clearly defined principles, standards and performance indicators. The principles and standards outlined here (for example, rights-based, assessments, services etc) are wholly

consistent with the domains and core elements of a whole family approach drawn from the work of Becker et al (see Figure 1 above).

To support the *Principles for Practice*, the Children's Society, Princess Royal Trust for Carers and Disabled Parents Network have also issued a short (11 page) document *Exemplar Protocol for Local Authority Adults' and Children's Services* (Children's Society et al, 2005) which is a joint assessment and support protocol for young carers and their families. This outlines good practice for professionals who come into contact with young carers and their families and is drawn from the *Principles for Practice* document.

The whole family approach has become the dominant discourse and mode of practice for working with young carers and their families during the last six or seven years. However, it is only now being conceptualized and developed with a core set of principles and standards (Frank and McLarnon, 2007) and it will be some years before the model has been formally evaluated to determine absolute and relative effectiveness.

Involving Families in Planning and Decision Making

Aspects of the whole family approach to supporting young carers and their families are also apparent in planning and decision-making within adult mental health services. In adult mental health services, the main context for decision making and planning is the Care Programme Approach (CPA) which has sought to achieve co-ordination between professionals. Some progress has been made in involving the service user in CPA planning in a meaningful way, although still only a minority of service users report that this is taking place (Healthcare Commission, 2006). Although policy guidance acknowledges that service users' needs *"often relate not just to their own lives, but also to the lives of the wider family"* (Department of Health, 1999, p7), no guidance has been issued as to how families should be involved in CPA planning and the involvement of family or carers has not been monitored.

In the recent review of CPA, it is proposed that the working partnership should include the service user and 'any carers' (Department of Health, 2006b, p7). Although acknowledging that *"adults with mental illness may also be parents and that this needs to be taken into account in assessment and care planning"* (ibid, p30), there is no proposal that the service user's whole family should be part of the working partnership.

Tew highlights three approaches to the involvement of families in planning and decision-making:

Example: Family Group Conferencing (Mutter *et al,* 2002)
Family Group Conferencing (FGC) has been piloted in North Essex Mental Health Partnership NHS Trust. It had been found that a large proportion of children referred to the Essex Family Group Conferencing project were from families where an adult had mental health difficulties. Families were selected for the pilot when an adult with severe and enduring mental illness (including personality disorder) required a Care Programme Approach.

An evaluation by Mutter *et al* (2002) produce several key findings:

- Family members engaged with the programme even when the user had previously experienced long term disengagement from services
- Acute in-patient admissions were avoided because services were accessed early and support was provided involving family and services
- Bringing families together increased support at time of crisis
- Family communication helped to make explicit issues that had been kept implicit
- Families contributed to finding solutions
- Positive feedback in terms of satisfaction and confidence in the process

Example: Family Care Planning (Maybury et al, 2006)
Family Care Planning is a model of planning that has emerged in Australia in which all family members are involved in drawing up
(a) a proactive crisis plan – which includes contact people, supports and options for all family members (involving both informal and professional systems) should another mental health crisis occur, and
(b) longer term plan identifying family strengths and aspirations, and particular goals for each family member

Preliminary evaluations are positive (Maybury et al, 2006) and suggest that this approach also brings about greater discussion and understanding of mental health issues. However, this pilot is also highlighting that many mental health professionals in the adult sector feel inadequately trained to work with whole families in this way.

Example: Families Leading Planning
Families Leading Planning is a recently developed model to support the implementation of Person Centred Planning for people with learning difficulties in line with Valuing People (www.valuingpeople.gov.uk/PCPGuidance.htm). It has been developed particularly to meet the needs of those with more profound difficulties who would have difficulty in leading their own personal planning process. This model has yet to be applied in a mental health context.

Philosophically, family group conferences have been connected in North America with the development or importation of other service user and rights-based movements (Burford and Pennell, 2004) that gave rise to Systems of Care (Sproul and Friedman, 1994), Multisystemic Family Therapy (Cunningham and Henggeler, 1999; Henggeler et al, 1998), and to a variety of other family-centered and community-based approaches (Burford and Hudson, 2000; Centre for the Study of Social Policy, 2002) including New Zealand's own "Just Therapy" originating in Lower Hutt (Waldegrave, 2000).

Family-led decision making can be and is being utilised in all areas of child welfare and youth justice (Marsh and Crow, 1998; Merkel-Holguin, 2004). Survey evidence indicates its use in:

- Family support for families in crisis
- Child protection
- Planning for permanency
- Transitions (leaving care, moving families)
- Youth justice (crime and anti social behaviour)
- Domestic Violence
- Family Conflict
- Adult family health needs
- Court proceedings

(Burford, Morris and Nixon, forthcoming; Brown, 2003; Marsh and Crow, 1998)

The approaches adopted vary from setting to setting and from culture to culture. The New Zealand adoption of family-led decision making as a legal requirement is not echoed elsewhere and in the UK use is optional and often seen to be relevant as a preventative tool. Family-led decision making holds the following characteristics:

- 'Family' is interpreted widely
- Planning is driven by family members
- The process is facilitated by an independent co-ordinator
- The role of the professionals is primarily facilitator, resource provider and where necessary formal roles related to statute.

Evidence from national and international research suggests that family-led planning, and family-led plans result in:

- Significantly higher levels of engagement from families traditionally isolated from planning in social care processes
- The overwhelming majority of plans being safe and appropriate
- Changes in living arrangement for children – in particular the increased opportunities for extended family/kinship care
- Narratives of change from families who perceive a shift in professional functioning and in problematic behaviours
- The democratisation of decision making and the relocation of rights and responsibilities
- Experiences of planning and plans as respectful and culturally responsive
- Sustainable outcomes for children and young people

(Nixon and Lupton, 1999; Marsh and Crow, 1998, Morris, 2007)

The experiences of developing and implementing the family-based approaches to plans indicate that:

- Professionals are resistant and slow to use the services, but once they have participated in an FGC they are positive about this approach
- The whole family is not known to mainstream referring agencies – co-ordinators of family meetings have to spend time identifying and seeking them out, yet the responses to engagement are often positive and open – indicating a much under recognised resource of support and help for families in difficulty
- Whole family approaches remain outside the mainstream and are vulnerable to professional colonisation

- Family approaches to making and supporting plans do not seem to be particularly suited to any pre defined 'problem' yet they are frequently contained within the preventative/support sphere, where they present the fewest challenges and dilemmas for professionals.

(Doolan 2005; Brown, 2003)

FGC Case Examples:

Child A and B's mother was imprisoned for prostitution, their father was unknown, both children's names were placed on the child protection register. Both families were UK/Nigerian, with extended family in the UK and Nigeria. No extended family members had had any engagement with formal adult or child services, only the mother had been working with social care services. The family was offered an FGC in response to the need to find accommodation and security for the children given the absence of both parents. The grandparents, aunts and uncles and siblings attended, the resulting plan placed the children with an aunt with high levels of informal contact within the family. The family reported the processes as offering:

- An opportunity to meet as a family that respected their traditions
- The nature of the meeting engaged family members who would not have attended the formal meetings
- A process that ensured the family could use their own ethic of care to develop practical plans

Child A is twelve of dual English/Irish heritage and lives within a lone female parent family (with younger siblings). He had a history of poor school attendance, of anti social behaviour and of poor educational attainment. He was arrested having broken into a local youth centre and caused considerable damage. A restorative justice FGC was held which included the centre organiser and all other relevant professionals. Extended family members were consulted by the co-ordinator and those that were unable to attend had their views included via the co-ordinator. The meeting was the first time all relevant professional parties had come together, the young man apologised and was befriended by the centre manager; the meeting arrived at an attainable plan for helping the mother and son.

A further use of family group conferencing (theorized as feminist praxis) has been in situations involving family violence. Notwithstanding the dispute regarding the appropriateness of interventions involving whole family approaches regarding family violence (as discussed in chapter 3), the model and research findings have received international attention from a wide range of family and domestic violence practitioners. For example, a Canadian project that intervened into family violence situations mainly through the authority to protect children (Burford and Pennell, 1998; Pennell and Burford, 1995) found that family group conferencing halted family violence and child maltreatment. The research reports that the chief issue is not whether family group conferencing can work but how to make it work so that all family members are safeguarded. Key to making it work is the building of collaboration among involved professionals and partnerships with families that respect the privacy of families while promoting women's leadership and ensuring protective intervention.

The Daybreak Dove Project in Basingstoke has been taking referrals for domestic violence intervention since 2001. Results show that families are able to come together and make safety plans for themselves and their children, that the work promotes feelings of safety for victims/survivors who say they are empowered to take control of situations they had previously felt unable to control, that project families say they prefer this way of working over and above traditional child protection conferences, and family members including children are able to say things they have previously felt unable to express. The project was designed after the Canadian Newfoundland and Labrador project and maximized the use of safety planning, coordination with domestic violence advocates and police and risk management (Scottish Executive).

A number of family-centered approaches have emerged that engage community collaborations in work to safeguard children when there is domestic violence present in the family (eg Rosewater, 2006).

Crisis Resolution

Tew also highlights whole family approaches to crisis resolution within adult mental health service provision. As part of the implementation of the NHS Plan, most mental health services in England now provide a specialist service badged either as '*crisis resolution'* or '*home treatment'*. Although these two terms tend now to be conflated, their underlying models are very different.

Home treatment is essentially the delivery of intensive individualised medical care to people either in their own homes – or in crisis houses or other community based facilities (Dean and Gadd, 1990). Although carers may be involved in supporting and monitoring the individual, this is not conceived as a whole family approach.

Crisis resolution or *crisis intervention* is primarily a psychosocial approach which identifies the crisis in terms of a temporary breakdown in the coping strategies of individuals, their families and social networks (Caplan, 1974; Rosen, 1997; Bridgett and Polak, 2003). The key components to the model are putting in place intensive short-term supports to 'hold' the situation, followed by focused work with individuals, family members and significant others to resolve conflicts, address unhelpful responses and (re)build effective coping strategies. Rosen recommends a collaborative approach with the individual or family in crisis ('doing with' rather than 'doing to') to promote their ownership of the crisis, and learning of new coping and communication skills.

Although the Department of Health Policy guidance on crisis resolution (Department of Health, 2001) specifies that families should be involved in both the assessment and subsequent interventions, this element has largely been lost in its implementation where the primary focus has been on a medically driven model of home treatment. Official fidelity criteria (Department of Health, 2006a; Healthcare Commission, 2006b) now omit any reference to family involvement or support. Similarly, there is no reference to families in the recent evaluation literature (Johnson et al, 2005; Glover et al, 2005; Jethwa et al, 2007) which however do report significant reductions in hospital admissions and positive ratings of user satisfaction.

The most recent example of the systematic involvement of families in a crisis service was as part of the family management approach developed in the Buckingham Project.

Example: Buckingham Project, (Falloon, 1985; Falloon and Fadden, 1993)

This model was developed in England with the Buckingham Project which started in 1984. An integrated community management approach was used in which multi-disciplinary family interventions were the normal 'first choice' option in response to mental health difficulties: *"A high priority goal is to include every household member in the clinical management plan… Individuals are never managed in isolation, but within the framework of a care unit that includes at least one informal carer"* (Falloon and Fadden, 1993, p14).

In addition to involving families in care planning and crisis resolution, the model focused on a combination of family education and behavioural family therapy (see below).

The overall model was evaluated as resulting in improved social functioning for the individual as compared to individually based approaches, and evaluated well against conventional services on the basis of cost-benefit analysis (Falloon, 1985) since many fewer hospital bed-days were required. This finding links to others which indicate that family approaches can be beneficial to those who might otherwise be making great demands on health services (Law et al, 2003).

The Cochrane Review of the international evidence on family interventions for schizophrenia (Pharaoh et al, 2007) analyses 43 studies and concluded that family interventions can, in comparison with conventional individually based services:

- decrease the frequency of relapse - by over 50% in some early studies
- reduce hospital admission
- increase compliance with medication
- achieve a net cost saving.

NICE guidelines for the management of schizophrenia (2002) stipulate that family interventions should be offered to all those with schizophrenia who are in contact with their families and that interventions offered should last for a period of at least six months. However, there is little evidence of this being implemented systematically within mental health commissioning strategies.

A family service has also been developed in Somerset since 1997, consisting of four area-based family intervention teams. However, instead of a family-based approach constituting the mainstream mental health service as in the Buckingham Project, families are specially referred to this service. This service has been positively evaluated in terms of satisfaction and perceived ability to deal with problems and symptoms, but not in terms of outcomes (Stanbridge et al, 2003).

Tackling Anti-Social Behaviour through Intensive Family Support

Further to the discussion in relation to previous models, the review has also identified provision of family support services that adopt a whole family approach. Two such approaches are apparent in relation to anti-social behaviour: one based in the UK; and one in the US.

In tackling anti-social behaviour, the Respect Agenda moves the focus away from problem young people to problem families and one area of practice that has been evaluated, in this emerging agenda, are 'Anti-social Behaviour Intensive Family Support Projects' (IFSPs). IFSPs have been piloted in 6 areas. Following the apparent success of the model, Family Intervention Projects based upon this scheme have been introduced across 50 local authorities in England. The model targets families who are at risk of being evicted from their homes following repeated and sustained complaints of anti-social behaviour and where other interventions and attempts to address the behaviour have failed. It is unclear how family is defined and it appears to be the household that is the target; it is also unclear where boundaries to those responsible for the problem behaviour lie but as these are families for whom alternatives have failed we can assume that where the behaviour is the young person attempts to engage the family in addressing their behaviour have failed. The model is based upon the pioneering work of the Dundee City Council in partnership with NCH through the Dundee Families Project. The projects aim to:

> *Break the cycle of poor behaviour and homelessness; bring families back into mainstream housing; help children and young people who are perceived to be out of control; and/or provide alternative solution where other ASB interventions have failed* (Department of Communities and Local Government (DCLG), 2006b, p2)

Families referred to the pilots were found to have multiple needs that had not been adequately addressed by other agencies. The projects use a multi-disciplinary way of working, with a team aiming to provide a broad range of support. Three of the six pilots took families away from their homes into residential units where they were required to adhere to a strict set of rules and regulations. These families had more complex needs and this means of working is seen as appropriate for only a minority of families.

An evaluation of the six pilot projects has been carried out by the Centre for Social Inclusion at Sheffield Hallam University. Whilst the longer-term impact of the project interventions is to be reported in late 2007, after two-years of project evaluation evidence suggests that IFSPs had a positive and cost-effective impact on anti-social behaviour. The pilots achieved a number of positive outcomes. The evaluation highlights:

- in more than eight out of ten families (85%), complaints about ASB had either ceased or had reduced to a level where the tenancy was no longer deemed to be at risk at the point where the family exited the project;
- moreover, project workers assessed that in 80% of cases families' tenancies had been successfully stabilised with an associated reduction in the risk of homelessness;
- while it was beyond the scope of the evaluation to carry out an independent assessment of the impact of these changes on the wider communities in which families lived, in 92% of cases project workers assessed the risk to local communities had either reduced or ceased completely by the time families left the project (DCLG, 2006b, p7).

Whilst there was no single model, features of effective practice were highlighted, echoing messages from the youth justice literature more broadly (Mason and Prior, forthcoming):

- employment of a multi-disciplinary and multi agency focus embedded within local ASB partnerships;
- provision of intensive interventions sustained over a considerable length of time with outreach support often required for 6+ months and residential support for 1-2 years;
- the ability of project workers to challenge individual family members based on the professional values of listening, being non-judgemental, promoting wellbeing, and establishing relationships of trust.

A comparable example within the US is the SAFE Children preventive initiative (Tolan et al, 2004*).* The SAFE Children initiative is a family-focused intervention targeted at children in a high risk inner-city neighbourhood entering elementary school. The intervention design is informed by research that indicates that successful preventative initiatives target multiple aspects of development and social functioning, focus on parenting and family – relationship characteristics, and link development influencing settings – in this example school and family. As such it applies a developmental-ecological approach that targets multiple risk factors for anti-social behaviour aimed at a period of transition (ie into elementary school) and targeted at children on a geographical rather than individual risk basis. The initiative combines two key components first a multiple–family group approach focused on parenting skills, family relationships, understanding developmental and situational challenges to families, managing issues such as neighbourhood violence and skills in managing parent/school relationships. This was combined with a phonic-based tutoring programme. All of the above suggests a broader focus on the needs and functioning of the family in a community context, rather than on the needs of the family specific to supporting the young person. As such this model differs from the Family Connections project, presented as an example of a category 1 service, where the focus was on the support needs of the child and the emphasis on whole families was found to be limited.

Gorman-Smith et al (2004) undertook a quantitative analysis to assess four major targets of proximal effects for the intervention: children's behaviour; children's social competence; children's school functioning; and parenting and family relationships. Effects for high risk families were positive in terms of a reduction in aggression over time compared with control families. They also showed significant improvements in parental monitoring but not other indicators of family/ parenting improvement. The authors argue that results indicate the limitations of preventative work that focuses on parenting skills and remedying family deficits in high risk families. They suggest the need for support that emphasises family capabilities and family functioning rather than skill development.

Community-Based Family Support

The community focus of the SAFE Children initiative resonates with the approaches of other community-based family support interventions. Wigfall (2006) and Gray (2003) explore the work and the emerging impact of localised community based organisations. These organisations are situated within the community, and particularly in the case of one Family Support Service in Tower Hamlets (Gray, 2003), draw staff from within the community. They provide a facilitation, mediation

and support service which aims to link families into help and to enable families to gain confidence in accessing services. Both identify ways into families via specific adult or child problems, and both demonstrate components of responsivity, trust, respect and accessibility. Gray argues the particular value of 'matching' the service with the community in relation to culture, language and ethnicity.

The projects can be seen to 'bridge' the professional/family divide and to ameliorate the historical barriers between communities and external agencies. However it is not clear the extent to which either service is able to reach out to those families who demonstrated high levels of vulnerability and disadvantage; Gray (2003) acknowledges their limited engagement of this group.

Ecological Approaches: Person and Family in Social Context

Further to such community based provision, we also observe approaches that adopt an ecological stance, considering person and family in social context. Ecological approaches have recently been influential in the development of research and policy, and have evolved from the work of Urie Bronfenbrenner (1979) who sought to provide a method of considering the interaction of factors at individual, local (eg family), community, and wider social levels. Olsen and Wates (2003) have however pointed to marked concerns with the way in which this has been developed, arguing that the hope that social factors will become headlined within policy and practice analysis has been dampened by the reality of a maintenance of a personalised understanding of family 'problems' (in this case in relation to parenting and disability, including parental mental distress). For example, they highlight that, in research concerning child welfare and parental (often maternal) mental health; it is the parents' mental distress which often remains the source of difficulty (or 'pathology') rather than the experience of multiple disadvantages. This can be seen in practice in relation to the Department of Health (1998) *Crossing Bridges* training materials (for working with parents who are mental health service users) which arguably emphasised 'diagnosis' rather than social disability and disadvantage. Tanner (2000, p290) has reflected on her own experiences in the light of the approach of Crossing Bridges:

> *Reflecting on my childhood and later experiences, I feel that much of my distress and discomfort has been caused, not so much by inherent features of the 'aberrant' behaviour of my mother, but by the shame and stigma associated with that behaviour; in other words, by socially constructed phenomena rather than ones appertaining to either my mother as an individual or the family unit.*

From Olsen and Wate's (2003) and Tanner's (2000) analyses, it could be argued that a *Whole Family* approach needs to be *truly ecological*; that is, it must understand the parents' and children's difficulties more often as a function of exclusion, rather than a cause, and arguably to consider the impact and value of networks beyond the household-bound family setting.

Cox (2005) suggests that a social network approach is becoming increasingly prevalent within community-based alternatives to institutionalised care in the USA, arguing that these have been adopted at a faster rate than the evidence base of effectiveness of their central mechanisms for effecting change. Cox examines the empirical research basis for three USA community-based family-focused

interventions that aim to include social network intervention as part of a package of support targeted at “high risk” families. It involves a critical scrutiny of the research evidence of effectiveness of these interventions and questions the extent to which they identify social network intervention as a critical component of these services.

The author then examines the research evidence for three interventions; namely Intensive Family Preservation services (IFPS), Multisystemic therapy (MST) and ‘the wraparound process’ (as discussed below), to assess the impact of ecologically-focused initiatives that seek to enhance informal social networks and support as mechanisms for reducing stress amongst high risk families. Cox adopts a functional approach to defining social support, categorizing supportive activities in terms of the purpose they serve. She argues that social support is most effective when it meets the demands of the stressor, and that an important feature of informal support linkages is the principle of reciprocity. Social support interventions aim to strengthen existing networks or create new ones in particular informal support resources. Natural networks are assumed to hold a promise of sustainability unlike those provided by formal services.

Example: Intensive Family Preservation services *(Cox, 2005)*
Intensive Family Preservation services (IFPS) refer to intensive, short-term, home-based interventions aimed at keeping at risk families together, and in doing so reduce the perceived negative effects of separation involved in out-of-home care. Project workers are accessibility 24 hours a day, 7 days a week. Interventions usually last between four and eight weeks, focused on specific objectives. Whilst the term Intensive Family Preservation is used broadly, such programmes commonly include: support for new parents regarding child development and community resources; support in developing social support networks; childcare opportunities; self-help groups; and family support services. Cox (2005) reviews research evidence for their effectiveness saying that studies have not made explicit the particular contribution of social network intervention. The author argues that although explicitly a part of the approach in practice the degree to which social network intervention is implemented appears limited. Overall research data appears inconclusive though suggestive in some cases that indicators of social connectivity have increased.

Example: Multisystemic therapy (Cox, 2005; Utting et al, 2007)
Multisystemic Therapy (MST) was first developed to address the mental health needs of young people within the youth justice system, and therefore to act as an alternative to custody or out-of-home placement. MST is an intensive, home-based, whole family support programme that seeks to empower parents by identifying strengths, encouraging access to services, and highlighting and developing informal support networks, such as community members, pro-social friends and extended families. The MST model recognises the pivotal role of informal sources of support in helping families achieve complex goals and achieve treatment gains. It also seeks to highlight and address factors within a young person's social networks that are seen to contribute to anti-social behaviours. MST interventions are intensive, and include behavioural, cognitive-behavioural, and pragmatic family therapies.

Cox (2005) reports that research on effectiveness shows success in achieving a number of service outcomes, including peer relations, aggressive behaviour, drug and alcohol use. A similar review by Utting et al (2007, p62) highlights several randomised controlled trials seen to show that MST is able 'to decrease problem behaviours, particularly aggression and delinquency, improve family relations, decrease association with deviant peers and lower rearrest rates and time spent in institutions.' However Cox argues that there is little evidence of the success of the initiative in linking families to informal networks of support.

Example: The Wraparound Process (Cox, 2005)
'Wraparound' refers to set of processes aimed at providing individualised services to families with complex needs, developed originally to offer an alternative to residential treatment for young people with 'serious emotional disturbance'. 'Multi-agency teams' seek to engage with families on a strengths-based approach to needs-driven service planning. Such teams are comprised of both professionals and 'non-professionals' who are close to the immediate family, including relatives, neighbours, and friends. As such the service planning process seeks to engage with the social networks of targeted families and to ensure 'parental ownership' of the planned provision.

However again Cox argues that research evidence of effectiveness is unclear in terms of the contribution of social network intervention to positive outcomes. Results indicate family satisfaction with received services but no significant increase in satisfaction with informal support.

Whilst all three approaches include a focus on enhancing social networking and informal support, a strong emphasis on this practice is not evident in the research data. The data does not make clear the degree to which this form of intervention has contributed to positive outcomes. This is partly due to methodological omissions. Cox argues that outcome measures are traditionally pathology orientated seeking to measure the reduction in negative outcomes or dysfunctional behaviours. In contrast measures of functional strength and environmental resources are underdeveloped. This is reflected by a service approach that is pathology orientated in nature – a problem solving paradigm whereby experts seek to diagnose and treat dysfunctional behaviours/families. Whilst the interventions described above do include an empowerment approach the research calls into

question the extent to which professionals do in practice embrace a belief in approaches that mobilise informal/natural support.

Cox argues that this may in part stem from a lack of conceptual clarity over what constitutes informal versus formal support – a failure to distinguish artificially created networks (support groups etc) from naturally occurring networks. She also points out the limitations of network enhancement warning that some networks may reinforce undesirable behaviours or attitudes and that parents may have reservations and concerns over stigmatisation associated with seeking informal support.

A further study by Chaffin *et al* (2001) provides a quantitative assessment an entire state-wide group of Family Preservation and Family Support programs in meeting client level outcomes. The former target families in crisis whilst the latter are primarily community-based designed to alleviate stress and promote parental competencies to parent, access and use other resources in particular informal support networks and supportive social networks.

A total of 1601 clients were assessed. Programs designed to help families meet concrete basic needs and those using mentoring approaches were found to be more successful than those orientated towards parenting and child development. Centre-based services were found to be more effective than home-based services in particular for high risk families. Intensive service models were not found to be very effective with either high or moderate risk families. The study also found that there were no differences in outcome in terms of future neglect or maltreatment for service dropouts and program completers or one-off service users. There was also a failure to find significant changes in family lifestyle, economic or other family variables.

Few programs dealt with risk factors for the development of abuse or neglect such as parental substance use, domestic violence poverty or depression. The authors discuss the importance of program focus on these variables rather than social support or imparting knowledge on child development. The authors also argue that it is important to consider the role of poverty in the aetiology of child neglect and abuse and recognising it as a dominant characteristic in child protection caseloads.

Whole Family Therapeutic Approaches
As with the variation in approaches to family support, the review also highlights therapeutic approaches across the three models, including whole family work.

Family Therapy: Family therapy is a broad description for a number of different family-based approaches used in alcohol and drug settings. These include unilateral family therapy), multidimensional family therapy (Liddle et al, 2001), brief structural/strategic family therapy (Santisteban et al, 1998) among others. Evaluations of different forms of family therapy in substance using populations have been shown to be effective with a number of measures. These include improved family functioning, reduced substance use, and decreased risk factors associated with substance use.

Functional Family Therapy: Utting et al (2007) reviews the use of Functional Family Therapy with young people seen to be at risk of developing anti-social and criminal

behaviour. Such programmes seek to work with young people and their families in order to: 'reduce defensive communication patterns'; 'increase supportive interactions'; and 'promote supervision and effective discipline' (Utting et al, 2007, p74). Utting et al (2007, p74-75) describes three phases to the intervention. A period of 'Engagement and motivation' seeks to develop trust in the therapist, 'applying re-attribution techniques to address and change maladaptive perceptions, beliefs and emotions'. Following this phase, a 'culturally appropriate and context-specific' programme of 'Behaviour change' is undertaken, including assessments of cognitive and emotive skills, parenting techniques, and communication and conflict management strategies. A final phase of 'Generalisation' encourages the family to independently apply these skills to other problems and situations.

Though used predominantly in the United States, Utting et al (2007, p74) argues that such approaches have 'been applied successfully in a variety of multi-ethnic, multicultural contexts to treat a range of high-risk youths and their families.' Utting et al highlights evidence of reduced recidivism amongst targeted young people and their siblings.

Family Group Work: As noted in Chapter 3, Ghate et al (2007) recently completed a review of parenting work within the youth justice system. This review identified a common mode of service delivery concerned with whole family work. *Family group work*, also called family-based work, which involves working with parents and young people and other family members alongside one another, is an approach that is used by some of the most well-evidenced programmes, including Multi-Systemic Treatment (MST) and Multi-dimensional Treatment Foster Care (MTFC). It is also the major format of Family Therapy interventions including Brief Strategic Family Therapy (BSFT). Working with the whole family allows a focus on problems arising from poor family relationships and functioning. Generally, family-based approaches are used by the more resource-intensive programmes.

In relation to mental health service provision, two such approaches are evident:

Behavioural Family Therapy: This is a well developed skills training programme that focuses on communication and problem solving (Falloon et al, 1996). It aims to reduce patterns of criticism, emotional over-involvement or hostility (high Expressed Emotion). It is proposed that the family need to be trained as 'super-communicators' in order to manage the additional difficulties posed by the mental health problem. Once rules of clear communication and problem-solving are established, the person with a mental health difficulty can be enabled to play a positive role in their family.

The Meriden Programme, based in the West Midlands, has provided an extensive training programme for mental health professionals, service users and carers (Fadden, 2006).

Systemic and Narrative Family Therapy: Child and Adolescent Mental Health services typically use different practice models in relation to working with whole families. These include systemic, narrative, and solution focused approaches. These have not been systematically evaluated within a mental health context.

Key Points

- In this chapter we have reviewed models and approaches to family-based service provision. In doing so we offer three broad categories.

- In the first category, we have presented a number of approaches to service provision that seek to strengthen the ability of family members to offer support to an individual within that family. The focus on other family members is determined by their ability to offer support and assistance.

- In some instances, this is addressed through the responsibilisation of family members (as in the case of youth justice Parenting Orders). Elsewhere we have highlighted services which seek to address barriers to the support of the service user within the family setting, such as communication skills and coping mechanisms. It is this approach that becomes more prominent in our second model of family working.

- In the second category of approaches, we have highlighted services that address the specific and independent needs of family members so as to maintain or enhance support to the service user, and develop family strengths.

- Such services highlight and address previously unidentified needs, often resulting in family members being perceived to be service users in their own right.

- The third category illustrates a momentum towards whole family approaches within policy and provision in relation to a number of service user groups.

- Whole family approaches are seen to offer opportunities to focus on shared needs, develop strengths and address risk factors that could not be dealt with through a focus on family members as individuals.

Emerging Issues

- We have illustrated attempts to develop further networks of support for the service user within the family and immediate community. Such support is predominantly sought from the parents of children with specific needs. However there are also examples of the engagement of siblings, extended families and friends.

- Research evidence has highlighted the importance of addressing the individual needs of family members in isolation from the service user. In particular Clarke and Lewis highlight the need to consider parents of disabled children as parents.

- Whilst we suggest a momentum towards whole family approaches, our review has also illustrated that many such interventions are still in their infancy and require further evaluation. Professional and agency competency in delivering whole family approaches also merits review.

References

Ahmed, S. (2004) *Preventative Services for Black and Minority Ethnic Group Children and Families - A review of recent literature* www.ne-cf

Alcohol Concern (2003) Alcohol drinking among Black and minority ethnic communities (BME) in the United Kingdom, *Acquire,* Spring 2003.

Aldridge, J. and Becker, S. (1996) 'Disability rights and the denial of young carers - the dangers of zero-sum arguments', *Critical Social Policy*, 16 (3) issue 48: 55-76.

Aldridge, J. and Becker, S. (2003) *Children Caring for Parents with Mental Illness: Perspectives of Young Carers, Parents and Professionals*. Bristol: The Policy Press.

Ali, Z., Fazil, Q., Bywaters, P., Wallace, L. and Singh, G. (2001) 'Disability, ethnicity and childhood: a critical review of the research' *Disability & Society* 16 (7): pp 949-967.

Allatt, P. (1993) Becoming privileged: the role of family process. In I Bates and G Buckingham (eds) *Youth and Inequality*. Buckingham: Open University Press.

Allender, P., Brown, G., Bailey, N., Columbo, T., Poole, H. and Saldana, A. (2005) *Report on the Prisoner Resettlement and Housing Provision Research Project*, Coventry: Centre for Social Justice, Coventry University.

Ashley, C., Featherstone, B., Roskill, C., Ryan, M., and White, S. (2006) *Fathers Matter*, London: Family Rights Group

Association of Directors of Children's Services and Association of Directors of Adult Social Services (2007) *Joint ADCS ADASS response Social Exclusion Task Force Families at-risk Review*

Audit Commission (2003) *Services for Disabled Children: A Review of Services for Disabled Children and their Families*, London: Audit Commission.

Aust, R. and Smith, N. (2003). *Ethnicity and drug use: key findings from the 2001/2002 British Crime Survey.* Home Office Research Findings No. 209. London: Home Office.

Avery, D. (1999) 'Talking Tragedy – Identity Issues in the Parental Story of Disability' in M. Corker and S. French (Eds) *Disability Discourses*, Buckingham: Open University Press.

Babcock, J., Green, C. E., and Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review,* 23, 1023-1053.

Barker, K. (2004) *Delivering stability: securing our future housing needs*, London: HM Treasury.

Barn, R., Ladino, C., and Rogers, B. (2006) *Parenting in Multi-Racial Britain*, London: National Children's Bureau in association with Joseph Rowntree Foundation.

Barnes, M. and Prior, D. (2007) 'Conceptualising Connectedness: Implications for Policy and Practice' *Social Policy & Society 6:2, 199–208*

Bartholet, E. (2000). *Nobody's children: Abuse & neglect, foster drift, and the adoption alternative*. Beacon Press.

Bauman, Z. (2003) *Liquid love.* Cambridge: Polity Press.

Baydar N., Reid M., and Webster-Stratton, C. (2003) The role of mental health factors and program engagement in the effectiveness of a preventive parenting program for Head Start mothers. *Child Development.* 74:1433-1453.

Beardslee, W., Gladstone, T., Wright, E. and Cooper, A. (2003) A family-based approach to the prevention of depressive symptoms of children at risk. *Paediatrics* 112:2, 119-131.

Becker, S. (2000) 'Carers and indicators of vulnerability to social exclusion', *Benefits*, 28, April/May: 1-4.

Becker, S. (2000a) 'Young carers', in Davies, M. (ed.) *The Blackwell Encyclopedia of Social Work* (p. 378). Oxford: Blackwell.

Becker, S. (2003) "Security for those who cannot": Labour's neglected welfare principle', in Millar, J. (ed) *Understanding Social Security: Issues for Policy and Practice*. Bristol: The Policy Press: 103-122.

Becker, S., Aldridge, J. and Dearden, C. (1998) *Young Carers and Their Families*. Oxford: Blackwell Science.

Beirens, H., Hughes, N., Mason, P. and Spicer, N. (2006) *Preventative Services for Refugees and Asylum Seekers, A Final Report from the National Evaluation of the Children's Fund,* London: DFES.

Benard, B. (1991) *Fostering Resiliency in Kids: Protective Factors in the Family, School and Community,* National Resilience Resource Center, University of Minnesota.

Bennett, L., and Williams, O. (2001). Controversies and recent studies of batterer intervention program effectiveness. *Applied Research Forum: National Electronic*

Network on Violence Against Women. National Resource Center on Domestic Violence.

Beresford, B. (2002) *Community Equipment Use and Needs of Disabled Children and Their Families*, York: Social Policy Research Unit.

Beresford, B. and Oldman, C. (2000) *Making Homes Fit for Children: Working Together to Promote Change in the Lives of Disabled Children*, Bristol: The Policy Press.

Best, J (Ed.), (1989) *Images of issues: Typifying contemporary social problems*. New York: Walter de Gruyter.

Best, J. (2001). *Damned lies and statistics: Untangling numbers from the media, politicians, and activists.* Berkeley: University of California Press.

Bevan, M. (2002) *Housing and Disabled Children: The Art of the Possible*, Bristol: Policy Press.

Biegel, D.E. (1994) 'Help seeking and receiving in urban ethnic neighborhoods: strategies for empowerment', *Prevention in Human Services*, 3(2–3): 119–143.

Billings J, Dixon J, Mijanovich T, and Wennberg D (2006) 'A method of predicting individual patients at highest risk of readmission to hospital in the next 12 months', *British Medical Journal*, 2006;333:327 (12 August)

Bourdieu, P (1997) The forms of capital. In A Halsey, H lauder, P Brown and A Wells (eds) *Education: culture, economy, society*. Oxford: Oxford University Press

Bowen, M. (1974) 'Alcoholism as viewed through family systems theory and family psychotherapy.' *Annals of the New York Academy of Sciences* 233 (1), 115–122.

Bowlby, J. (1971) *Attachment and Loss*. Harmondsworth: Penguin.

Brecklin, L. (2002) The role of perpetrator alcohol use in the injury outcomes of intimate assaults, *Journal of Family Violence, no. 17(3)*, pp185–97.

Breier, P., Schreiber, J., Dyer, J. and Pickar, D. (1991) National Institute for Mental Health longitudinal study of chronic schizophrenia. *Archives of General Psychiatry*, 48, (7), pp239-46.

Bridgett, C. and Polak, P. (2003) Social systems intervention and crisis resolution. *Advances in Psychiatric Treatment*, 9, 424-431.

Broad, B. (2001) 'Kinship care - Supporting children in placements with extended family and friends', *Adoption and Fostering Journal*, Volume 25, Number 2, Summer, pp. 33-41(9)

Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by Nature and Design* Cambridge: Harvard University Press.

Brookoff, D., O'Brien, K. K., Cook, C. S., Thompson, T. D., & Williams, C. (1997) Characteristics of participants in domestic violence: assessment at the scene of domestic assault. *JAMA: The Journal of the Medical Association*, 277, 1369-1373.

Broomfield, A. (2004) *All Our Children Belong: Exploring the Experiences of Black and Minority Ethnic Parents of Disabled Children,* London: Parents for Inclusion.

Brown, L. (2003) *Mainstream or margin? The current use of family group conferences in child welfare practice in the UK* Child & Family Social Work 8 (4), 331–340.

Bruegel, I. and Warren, S. (2003) 'Family Resources and Community Social Capital as Routes to Valued Employment in the UK?', *Social Policy and Society*, 2(4): 319-328

Bullock, R., Gooch, D. and Little, M. (1998) *Children Going Home: The reunification of families*, Aldershot: Ashgate.

Burchardt, T., Le Grand, J. and Piachaud, D. (2002) Degrees of exclusion: developing dynamic, multidimensional measure; in J. Hills, J. LeGrand and D. Piachaud (eds) *Understanding Social Exclusion* Oxford: Oxford University Press.

Bureau of Justice Assistance (2003) 'Engaging the family in juvenile drug court', Retrieved 14 September 2007.
http://www.ncjrs.gov/txtfiles1/bja/197449.txt

Burford, G. and Hudson, J. (2000), *Family Group Conferencing: New directions in community-centered child and family practice*, New York: Aldine de Gruyter.

Burford, G. and Pennell, J. (2004). From agency client to community-based consumer: The family group conference as a consumer-led group in child welfare. In C. D. Garvin, M. J. Galinsky, and L. M. Gutiérrez (Eds.), *Handbook of social work with groups*, (pp. 415-431). New York: Guilford Press.

Burford, G., and Pennell, J. (1998). *Family group decision making: After the conference progress in resolving violence and promoting wellbeing: Outcome Report* (Vols. 1-2). St. John's, Newfoundland: Memorial University of Newfoundland, School of Social Work.

Burford, G., Morris, K., and Nixon, P. (forthcoming). *International survey of family group conferencing and related practices*. Burlington, VT: University of Vermont.

Bywaters, P., Ali, Z., Fazil, Q., Wallace, L.M. and Singh, G. (2003) Attitudes towards disability amongst Pakistani and Bangladeshi parents of disabled children in the UK: considerations for service providers and the disability movement *Heath and Social Care in the Community* 11 6 502-509.

Campbell, C. and Dodd, J.D. (1994). *Fact sheet on family violence and substance abuse. Public Health Agency of Canada*. National Clearinghouse on Family Violence.

Caplan, G. (1964) *Principles of Preventive Psychiatry*. Tavistock: London.

Caplan, G. (1974) *Support systems and community mental health*. New York: Behavioural Publications.

Carr, A. (2000) *Family therapy: concepts, process and practice*. Chichester: Wiley.

Carswell, S.. (2006). *Family violence and the pro-arrest policy: a literature review*. New Zealand Ministry of Justice.

Center for the Study of Social Policy (2002) *Bringing Families to the Table: A Comparative Guide to Family Meetings in Child Welfare*

Chaffin, M., Bonner, BL. and Hill, RF (2001) 'Family preservation and family support programs: child maltreatment outcomes across client risk levels and program types.' *Child Abuse and Neglect,* Oct;25, (10):1269-89.

Chamba, R., Ahmed, W., Hirst, M., Lawton, D., and Beresford, B. (1999), *On the Edge: Minority Ethnic Families Caring for a Severely Disabled Child*, Bristol: The Policy Press.

Children's Society, Princess Royal Trust for Carers, Disabled Parents Network (2005) *Exemplar Protocol for Local Authority Adults' and Children's Services: Joint Assessment and Support of Young Carers and Their Families*, London: CS, PRTC, DPN.

Clarke, H. (2006) *Preventing Social Exclusion of Disabled Children and their Families*, DfES Research Report 782 (produced for the National Evaluation of the Children's Fund), London: DfES.

Clarke, H. (Forthcoming) 'Disabled fathers' experiences: findings from (and questions raised by) a study of "parenting" and disability', in M. Kilkey, (ed.) *Disabled Fathers: Towards a Research Agenda*, Hull: University of Hull.

Cleaver, H., Barnes, J., Bliss, D., and Cleaver, D. (2004) *Developing Identification, Referral and Tracking Systems: An Evaluation of the Processes Undertaken by Trailblazer Authorities* Research Report 251, London: DfES.

Cleaver, H., Nicholson, D., Tarr, S. and Cleaver, D. (2006) *The response of child protection practices and procedures to children exposed to domestic violence or parental substance misuse*, London: DfES.

Coker, D (2006). Restorative justice, Navajo peacemaking and domestic violence*. Theoretical Criminology*. 10(1):67-85.

Coleman, J (1990) *Equality and achievement in education*. Boulder: Westview Press.

Coleman, J (1994) *Foundations of social theory*. Cambridge MA: Belknap Press.

Collins, A.H. and Pancoast, D.L. (1976), *Natural Helping Networks: A strategy for prevention*, Washington, DC: National Association of Social Workers.

Commander, M, Cochrane, R, Sashidharan, S, Akilu, F and Wildsmith, E (1977) *Ethnicity and mental health service provision*. Birmingham: Northern Birmingham Mental Health Trust.

Copello, A., Templeton, L., Krishnan, M., Orford, J. and Velleman, R. (2000) 'A treatment package to improve primary care services for relatives of people with alcohol and drug problems.' *Addiction Research*, 8, 471-484.

Copello, A., Velleman, R. and Templeton, L. (2005) 'Family interventions in the treatment of alcohol and drug problems.'. *Drug and Alcohol Review* 24 (4), 369-385.

Copello, A., Williamson, E., Orford, J. and Day, E. (2006) 'Implementing and evaluating Social Behaviour and Network Therapy in drug treatment practice in the UK: a feasibility study.' *Addictive Behaviors,* 31(5), 802-810

Corrigan, P. (1998) The impact of stigma on severe mental illness. *Cognitive and Behavioral Practice* 5 (2) pp.201-22.

Corrigan, P. and Miller, S. (2004) Shame, blame and contamination: a review of the impact of mental illness stigma on family members *Journal of Mental Health* 13:6 537-548.

Cox, K. F. (2005). "Examining the Role of Social Network Intervention As an Integral Component of Community-Based, Family-Focused Practice." *Journal of Child and Family Studies* 14(3): 443-454.

Craine, S., and Coles, B. (1995) 'Alternative Careers: Youth Transitions and Young People's Involvement in Crime', in *Youth and Policy*, 48, pp.6-27.

Crampton, D. (2003). Family group decision making in Kent County, Michigan: The family and the community compact. *Protecting Children*, 18(1-2), 81-83.

Cunningham, P. B., and Henggeler, S. W. (1999, Fall). Engaging multiproblem families in treatment: Lessons learned throughout the development of multisystemic therapy. *Family Process*, 38(3), 281-6.

Dahrendorf, R. (1987) The Underclass and the Future of Britain , tenth annual lecture, St George's House, Windsor.

Dallos, R. and Draper, R. (2000) *An introduction to family therapy: systemic theory and practice.* Buckingham: Open University Press.

Daniel, B., Featherstone, B., Hooper, C.-A. and Scourfield, J. (2005) 'Why Gender Matters for *Every Child Matters*', *British Journal of Social Work*, 35 (8): 1343-55.

DAPHNE project (2007) *Breaking the patterns of abuse toward children and women within families: The European Multi-Family Therapy Approach*, http://www.multifamilyassessment.net

Dean, C. and Gadd, E. (1990) Home treatment for acute psychiatric illness. *British Medical Journal* 30:1 1021-3.

Dearden, C. & Becker, S. (2002) 'Young Carers Projects: What do CCFR Evaluation Reports Tell Us About Dedicated Projects for Young Carers?' *Evidence*, issue 4, Loughborough University

Dearden, C. and Becker, S. (2000) *Growing Up Caring: Vulnerability and Transition to Adulthood - Young Carers' Experiences*. Leicester: Youth Work Press for the Joseph Rowntree Foundation.

Dearden, C. and Becker, S. (2001) 'Young Carers: Needs, Rights and Assessments', in Horwath, J. (ed) *The Child's World: Assessing Children in Need*. London: Jessica Kingsley Publishers: 221-233.

DePanfilis, D. and Dubowitz, H. (2005) 'Family Connections: A Program for Preventing Child Neglect', *Child Maltreatment*, May 1, 2005; 10(2): 108-123.

Department for Communities and Local Government (2006b) *Anti-social Behaviour Intensive Family Support Projects: An evaluation of six pioneering projects*, DCLG: London.

Department of Communities and Local Government (2006a) *Homelessness Prevention: A Good Practice Handbook,* London: DCLG

Department of Health (1999) *National Service Framework for Mental Health*. London: The Stationery Office.

Department of Health (1996b) *Young Carers: Making A Start*. London: DH.

Department of Health (1996c) *Young Carers: Something to Think About*. London: DH.

Department of Health (1998) *Crossing Bridges – Training resources for working with mentally ill parents and their children* London: Department of Health.

Department of Health (2001) *The mental health policy implementation guide*. London: Department of Health.

Department of Health (2002) *Developing services for carers and families of people with mental illness.* London: Department of Health.

Department of Health (2005) *Delivering race equality in mental health care: an action plan for reform inside and outside services*. London: Department of Health.

Department of Health (2006a) *Guidance statement on fidelity and best practice for crisis services*. London: Department of Health.

Department of Health (2006b) *Reviewing the Care Programme Approach 2006*. London: Department of Health.

Department of Health (2006c) *Models of care for the treatment of alcohol misusers (MoCAM)*. London: NTA.

Department of Health (DH) (1996a) *Carers (Recognition and Services) Act 1995: Policy Guidance and Practice Guide* (LAC (96) 7). London: DH.

Department of Health/Home Office (2006) *Models of Care for the treatment of adult drug misusers: Update 2006*. London: NTA.

Department of Justice Canada *A Review of Research on Criminal Victimization and First Nations, Métis and Inuit Peoples* 1990 to 2001.

Department of Transport, Local Government and Regions (2002) *Homelessness Strategies – A good practice handbook*, London: DTLR

Dillane, J., Hill, M., Bannister, J., and Scott, S. (2001) *Evaluation of the Dundee Families Project*, Edinburgh: The Stationary Office.

Dobash, R. E., and Dobash, R. P. (1998) *Cross-border encounters: Challenges and opportunities.* In R. E. Dobash and R. P. Dobash (Eds.), Rethinking violence against women (pp. 1 – 21) Thousand Oaks, CA: Sage Publications.

Doherty, D. (2003). *Health effects of family violence*. Government of Canada. National Clearinghouse on Family Violence.

Doolan, M. (2005) *Family Group Conferences and Social Work: Some observations about the United Kingdom and New Zealand* www.americanhumane.org

Doolan, M. (2006) 'Statutory social work and family group conferences: exploring the connections', *Protecting Children*, 2(1). USA

Dowling, M. and Dolan, L. (2001) 'Families with children with disabilities – inequalities and the social model' *Disability & Society* 16 (1): pp 21-35.

Dubow, E.F., and Luster, T. (1995). Adjustment of children born to teenage mothers: The contribution of risk and protective factors. *Journal of Marriage and the Family*, 52, 393-404.

Dumas J.E, and Albin J.B. (1986), 'Parent training outcome. Does active parental involvement matter? ' *Behaviour Research and Therapy* 24: 227-230.

Edwards, A. *et al* (2006) *Working to Prevent the Social Exclusion of Children and Young People: Final Lessons from the National Evaluation of the Children's Fund,* London: DfES.

Edwards, R. (2003) 'Introduction: Themed Section on Social Capital, Families and Welfare Policy', *Social Policy & Society*, 2:4, 305–308.

Edwards, R. and Gillies, V. (2005) *Resources in parenting: access to capitals report*. Families and Social Capital ESRC Research Group Working Paper 14. London: South Bank University.

Emerson, E. and Hatton, C. (2005) *The Socio-Economic Circumstances of Families Supporting a Child at Risk of Disability in Britain in 2002*, Lancaster: Institute for Health Research, Lancaster University.

Emery, B. C., and Lloyd, S. A. (2001). The evolution of family studies research. *Family and Consumer Sciences Research Journal*, 30(2), 197-222.

Evans, D. and Kearney, D. (1996) *Working in Social Care: A Systems Approach*. Arena: Aldershot.

Fadden, G. (2006) Training and disseminating family interventions for schizophrenia: developing family intervention skills with multi-disciplinary groups. *Journal of Family Therapy,* 28 23-38.

Falkov, A (2005) *Crossing bridges, working with mentally ill parents and their children*, Southampton: Pavilion Press

Falkov, A., Mayes, K. and Diggins, M. (1999) *Crossing bridges: working with mentally ill parents and their children*. Brighton: Pavillion Press.

Falloon, I. (1985) *Family management of schizophrenia: a study of clinical, social , family and economic benefits*. Baltimore: John Hopkins University Press.

Falloon, I. and Fadden, G. (1993) *Integrated mental health care*. Cambridge: Cambridge University Press.

Falloon, I., Mueser, K., Gingerich, S., Rappaport, McGill, C., Graham-Hole, V. and Fadden, G. (1996) *Behavioural Family Therapy – a workbook* (2nd ed) Buckingham: Busiprint.

Fals-Stewart, W. (2003). The occurrence of partner physical aggression on days of consumption: a longitudinal study. *Journal of Consulting and Clinical Psychology, 71*(1), 41-25.

Farrington, D.P. (2002) 'Developmental criminology and risk-focused prevention', in M. Maguire, R. Morgan and R. Reiner (eds) *The Oxford Handbook of Criminology*, Oxford: Oxford University Press.

Farrington, D.P. and Welsh, B.C. (2003) 'Family-based prevention of offending: A meta-analysis', *Australian and New Zealand Journal of Criminology* 36(2): 127-151.

Fazil, Q., Bywaters, P., Ali, Z., Wallace, L., and Singh, G. (2002) 'Disadvantage and discrimination compounded: the experience of Pakistani and Bangladeshi parents of disabled children in the UK', *Disability & Society* 17 (3): pp 237-253.

Feder, L. and Wilson, D. B. (2005) A meta-analytic review of court-mandated batter intervention programs: Can courts affect abusers' behavior? *Journal of Experimental Criminology*, 1, 239-262.

Field, F. (1989) *Losing out: the Emergence of Britain's Underclass*, Blackwell, Oxford.

Fountain, J., Bashford, J., Winters, M. and Patel, K. (2003) *Black and minority ethnic communities in England: a review of the literature on drug use and related service provision*. London: NTA.

Foxcroft, D.R., Ireland, D., Lister-Sharp, D.J., Lowe, G. and Breen, R. (2003) 'Longer term primary prevention for alcohol misuse in young people: a systematic review.' *Addiction 98*; 397-411

France, A. and Utting, D. (2005). .The paradigm of risk and protection-focused prevention and its impact on services for children and families. *Children and Society.* pp. 77-90 Volume 19, Number 2, April 2005.

Frank, J. (2002) *Making It Work: Good Practice with Young Cares and Their Families*. London: The Children's Society and The Princess Royal Trust for Carers.

Frank, J. and McLarnon, J. (2007, in press) *Key Principles of Practice for Young Carers, Parents and Their Families*. London: The Children's Society.

Franklyn, J. (ed) (2005) *Women and Social Capital*. Families and Social Capital ESRC Research Group Working Paper 12. London: South Bank University.

Fredman, G. and Fuggle, P. (2000) Parents with mental health problems – involving the children. In Reder, P, McClure, M and Jolley, A (eds) *Family matters: interfaces between child and adult mental health*. London: Routledge.

Fukuyama, F. (1999) *The great disruption: human nature and the reconstruction of social order.* New York: Free Press.

Gabriel, R.J. (2007, Spring). Intimate partner violence in the GLBT communities: An annotated bibliography. *California Western Law Review*, 417-450.

Galvani, S. (2003) 'Women's perspectives: the role of alcohol in violence to women.' PhD thesis. University of Hull.

Galvani, S. (2005) 'Grasping the nettle: alcohol and domestic violence'. *Acquire.* Winter 2005. No. 42. London: Alcohol Concern.

Galvani, S. (2007) 'Safety in numbers? Tackling domestic abuse in couples and network therapies.' *Drug and Alcohol Review,* 26, 175-181.

Gardner, R. (2003) *Family Support* NSPCC Information Briefing, September.

Gervais, M.C. and Rehman, H. (2005) *Causes of homelessness amongst ethnic minority populations* London: ODPM

Ghate, D., Hauari, H., Hollingworth, K. and Lindfield, S. (2007) *Key elements of effective practice in parenting support within the youth justice context*, London: YJB *In press*

Gibbs J., Underdown, A. and Liabo, K. (2003) Group-based parenting programmes can reduce behaviour problems of children aged 3-10 years. *What Works for Children Group Evidence Nugget.*; April

Gillies, Val (2003) *Family and Intimate Relationships: a review of the sociological research,* Families & Social Capital ESRC Research Group. London: South Bank University

Glover, G., Arts, G. and Babu, K. (2005) *Crisis resolution teams and in-patient mental health care in England*. Durham: Durham University Centre for Public Mental Health.

Goffman, E. (1991) *Asylums.* London: Penguin

Goldstein, M. (1985) Family factors that antedate the onset of schizophrenia and related disorders. *Acta Psychiatrica Scandinavica* 71 (suppl 319) pp. 7-18.

Gondolf, E. W. (2004). Evaluating batterer counseling programs: A difficult task showing some effects and implications. *Aggression and Violent Behavior*, 9, 605-631.

Gorin, S. (2004) *Understanding What Children Say: Children's Experiences of Domestic Violence, Parental Substance Misuse and Parental Health Problems*. London: National Children's Bureau for the Joseph Rowntree Foundation.

Goulbourne, H. and Solomos, J. (2003) 'Families, Ethnicity and Social Capital' *Social Policy and Society*, 2(4):329-338.

Graham, G. (2006) *Giving Voice to Black Children: An Analysis of Social Agency* BJSW Advance Access published online on August 22, 2006 British Journal of Social Work, doi:10.1093/bjsw/bcl031

Graham, M. (2004) Creating Spaces: *Exploring the Role of Cultural Knowledge as a Source of Empowerment in Models of Social Welfare in Black Communities* British Journal of Social Work (2002) 32, 35-49.

Gray, B. (2003) Social Exclusion, Poverty, Health and Social Care in Tower Hamlets: The Perspectives of Families on the Impact of the Family Support Service, *British Journal of Social Work,* 33, 361-380.

Greenan, L. (2004, August) *Violence against Women: A literature review* commissioned by the National Group to Address Violence Against Women. Scottish Executive.

Greenberg, M. T., Domitrovich, C. E., and Bumbarger, B. (2001). 'The prevention of mental disorders in school-aged children: Current state of the field'. *Prevention and Treatment, 4*, Article 1.

Grimshwaw, R. and McGuire, C. (1998) *Evaluating Parenting Programmes: A Study of Stakeholders' Views*, London: NCB in association with the Joseph Rowntree Foundation.

Gunderson, K., Cahn, K., & Wirth, J. (2003). The Washington. State long-term outcome study. *Protecting Children*, 18(1-2),. pp. 42-47.

Halpern, D. (2005) *Social Capital*, Cambridge: Polity.

Hawkins, J. D. and Catalano, R. F. (1992) *Communities that Care*, San Francisco: Jossey-Bass.

Healthcare Commission (2006a) *National patient survey*

Healthcare Commission (2006b) *Performance Indicators for Assessment 2006/7*. London: Healthcare Commission

Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Rowland, M.D., and Cunningham, P.B. (1998). *Multisystemic treatment for antisocial behavior in children and adolescents.* New York: Guilford Press.

Herbert, M. (2000) Parenting skills interventions. In Reder, P., McClure, M. and Jolley, A. (eds) *Family matters: interfaces between child and adult mental health*. London: Routledge.

Hester, M. and Westmarland, N., (2005). *Tackling Domestic Violence: Effective Interventions and Approaches.* London: Home Office.

HM Government (1999) *Caring About Carers – A National Strategy for Carers*. London: Department of Health.

Hogan, C. and Murphey, D. (2002) 'Reframing responsibility for wellbeing outcomes', A report to the Annie E. Casey Foundation, September, Baltimore, MD.Last retrieved 26 July 2006
http://www.aecf.org/publications/data/vermont_outcomes.pdf

Holland, J., Weeks, J. and Gillies, V. (2003)' Families, Intimacy and Social Capital', *Social Policy and Society*, 2(4):339-348

Howard, S., Dryden, J., and Johnson B. (1999) Childhood Resilience: review and critique of literature., *Oxford Review of Education,* 25(3): pp307-23.

Humphreys, C., Hester, M., Hague, G., Mullender, A., Abrahams, H. and Lowe, P. (2000) *From Good Intentions to Good Practice: Mapping Services Working With Families Where There Is Domestic Violence* Bristol, Policy Press.

Huntington, C. (2007). Mutual dependency in child welfare. *Notre Dame Law Reivew*, 82(4), 1485-1536.

Jackson, S., Feder, L., Forde, D., Davis, R., Maxwell, C. and Taylor, B. (2003). *Batterer intervention programs: Where do we go from here*? (NCJ 195079). Washington, DC: U.S. Department of Justice.

Jacobson, V., Fursman, L., Bryant, J., Claridge, M., and Jensen, B. (2004). *Theories of the family and policy*. New Zealand Treasury Working Paper.

Jethwa, K., Galappathie, N. and Hewson, P. (2007) Effects of a crisis resolution and home treatment team on in-patient admissions *Psychiatric Bulletin* 31 170-172.

Johnson, S., Nolan, F., Pilling, S., Sandor, A., Hoult, J., McKenzie, N., White, Thompson, M. and Bebbington, P. (2005) Randomised controlled trial of acute mental health care by a crisis resolution team: the North Islington crisis study. *British Medical Journal* 331 559-564.

Johnston, L., MacDonald, R., Mason, P., Ridley, L. and Webster, C. (2000) *Snakes and Ladders; young people, transitions and social exclusion*, Bristol: Policy Press and JRF.

Jones, A., Jeyasingham, D. and Rajazooriya, S. (2002) Invisible Families: The Strengths and Needs of Black Families in which Young People have Caring Responsibilities. Bristol: The Policy Press

Jordanova, L. (1981) The history of the family. In Cambridge Women's Study Group *Women in society*. London: Virago.

Kalil, A. (2003) *Family Resilience and Good Child Outcomes: A Review of the Literature,* Centre for Social Research and Evaluation: Wellington, NZ

Kavanagh, D. (1992) Recent developments in expressed emotion and schizophrenia. *British Journal of Psychiatry* 160 601-20.

Keating, F., Robertson, D., McCulloch, A. and Francis, E. (2002) *Breaking the circles of fear*. London: Sainsbury Centre for Mental Health.

Keith, L. and Morris, J. (1995) 'Easy targets: a disability rights perspective on the "children as carers" debate', *Critical Social Policy*, 44/45: 36-57.

Kemp, S., Whittaker, J. and Tracy, E. (1997) *Person-environment Practice: The social ecology of interpersonal helping*, Hawthorne, NY: Aldine de Gruyter.

Kirk R. H. (2003) 'Family support: the roles of early years' centres', *Children and Society* 17 (2), 85–99.

Krumer-Nevo, M. (2003) 'From 'a coalition of despair ' to 'a covenant of help' in social work with families in distress' *European Journal of Social Work, 2003* - Taylor and Francis.

Law, D. D., Crane, D. R., and Mohlman-Berge, J. (2003) The influence of marital and family therapy on high utilisers of health care. *Journal of Marital and Family Therapy,* 29: 353-363.

Leff, J. and Vaughn, C. (1985) *Expressed emotion in families*. New York: Guilford Press.

Leff, J., Berkowitz, R., Shavit, N., Strachan, A., Glass, I. and Vaughn, C. (1990) A trial of family therapy versus a relatives' group for schizophrenia: two year follow up. *British Journal of Psychiatry* 154 58-66.

Leonard, K.E. and Quigley, B.M. (1999). Drinking and marital aggression in newlyweds: an event-based analysis of drinking and the occurrence of husband marital aggression. *Journal of Studies on Alcohol, 60(4): 537–545.*

Leonard, K.E. and Senchak, M. (1996). Prospective prediction of husband marital aggression within newlywed couples. *Journal of Abnormal Psychology, 105(3): 369–380.*

Lessons about Addressing Domestic Violence. The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy.

Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyd, E. and Patsios, D. (2007) *The Multi-dimensional Analysis of Social Exclusion*, London: Cabinet Office.

Lewis, A., Parsons, S and Robertson, C. (2007) *My school, my family, my life: Telling it like it is. A study drawing on the experiences of disabled children, young people and their families in Great Britain in 2006.* London: Disability Rights Commission/ Birmingham: University of Birmingham, School of Education.

Liddle, H.A., Dakof, G.A., Parker, K., Diamond, G.S., Barrett, K. and Tejeda, M. (2001) 'Multidimensional Family Therapy for Adolescent Drug Abuse: Results of a Randomised Clinical Trial.' *The American Journal of Drug and Alcohol Abuse*, 27 (4), 651–688.

Little, M., Axford, N., and Morpeth, L. (2004) .Research Review: Risk and protection in the context of services for children in need, *Child and Family Social Work*, February 2004, 9(1): pp105-17.

Loseke, D. R., and Gelles, R. J. (1993). Introduction: Examining and evaluating controversies on family violence. In R. Gelles & D. Loseke (Eds.) *Current controversies on family violence* (pp. ix-xvii). Newbury Park: Sage Publications Inc.

Lowe, R. (2004) *Family therapy: a constructive framework*. London: Sage.

Lupton, C. & Nixon, P. (1999) *Empowering Practice?: A Critical Appraisal of the FGC approach*, Bristol: Policy Press.

Luthar, S.S., and Cicchetti, D. (2000) .The construct of resilience: Implications for interventions and social policies, *Development and Psychopathology*, 12: pp857-885.

MacDonald, R. (1997c) 'Dangerous youth and the dangerous class' in *Youth, the 'Underclass' and Social Exclusion*, MacDonald, R. (Ed.) London: Routledge.

Mackay, R. (2003) 'Family Resilience and Good Child Outcomes: an Overview of the Research Literature', *Social Policy Journal of New Zealand,* 20 (June): 98-118.

Mann, R. M. 2000. Who Owns Domestic Abuse? *The local politics of a social problem*. Toronto: University of Toronto Press.

Marsh, P. and Crow, G. (1998) *Family Group Conferences in Child Welfare*, Oxford: Blackwell.

Mason, P. and Prior A.(forthcominng) *Techniques for Engaging Young Offenders and Those at Risk of Offending: Key Elements of Effective Practice*, London: YJB *In Press*

Mason, P., Barnes, M., Beirens, H., Broughton, K., and Plumridge, G. (2006) *Preventative Services for Gypsy/Traveller Children and Families, a Final Report from the National Evaluation of the Children's Fund,* London: DfES.

Masten, A. S., and Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, *53*, 205-220.

McCarthy, P., Laing, K., and Walker, J. (2004) *Offenders of the Future? Assessing the Risk of Children and Young People Becoming Involved in Criminal or Antisocial Behaviour,* Research Report 545, London: DfES.

McCubbin, H. I., and McCubbin, M.A. (1988). Typologies of resilient families: Emerging roles of social class and ethnicity. *Family Relations*, *37*, 247-254.

McCubbin, H. I., McCubbin, M. A., Thompson, A. I., and Thompson, E. A. (1995). Resiliency in ethnic families: A conceptual model for predicting family adjustment and adaptation. In H. I. McCubbin, E. A. Thompson, A. I. Thompson, and J. E. Fromer (Eds.) *Resiliency in ethnic minority families: Native and immigrant American Families* (pp. 3-48). Madison: University of Wisconsin Press.

McFarlane, W, Lukens, R, Link, B, Dushay, R, Deakins, S, Newmark, M, Dunne, E, Horen, B and Toran J (1995) Multiple family groups and psychoeducation in the treatment of schizophrenia. *Archives of General Psychiatry* 52 679-687.

Merkel-Holguin, L (2004) Sharing power with the people: Family Group Conferencing as a democratic experiment. *Journal of Sociology and Social Welfare* 31.

Meth, R. L. (1992). Marriage and family therapists working with family violence: Strained bedfellows or compatible partners? A commentary on Avis, Kaufman, and Bograd. *Journal of Marital and Family Therapy*, 18(3): 257-261.

Mills, L. G. (1998). Mandatory arrest and prosecution policies for domestic violence: A critical literature review and the case for more research to test victim empowerment approaches. *Criminal Justice and Behavior*, 25(3), 306-318.

Moran, P. Ghate, D. and van der Merwe, A. (2004) *What Works in Parenting Support? A Review of the International Evidence*, London: DfES

Morely, R. and Mullender, A. (1992) Hype or Hope? The importation of pro-arrest policies and batterers' programmes from North America to Britain as key measures for preventing violence against women in the home. *International Journal of Law and the Family,* 6: 265-288

Morris, J. and Wates, M. (2006) *Supporting Disabled Parents and Parents with Additional Support Needs*, Social Care Institute for Excellence Knowledge Review 11, London: SCIE.

Morris, K. (2007) *A research report for Northampton FGC Service*

Morris, K. (ed.) (forthcoming) *Social Work and Multi Agency Working – Challenges and Opportunities*, Bristol: Policy Press.

Morris, K. and Burford, G. (2007) *Working with Children's Existing Networks – Building Opportunities for Change? Social Policy and Society*, 6: 209-217 Cambridge University Press.

Morris, K., Warren, S., Mason, P., Hek, R., and Plumridge, G. (2006) *The Children's Fund and Black and Minority Ethnic Children*, Birmingham: NECF

Mullender, A. and Burton, S. (2000) 'Reducing Domestic Violence...What Works? Perpetrator Programmes.' Crime Reduction Research Series. Briefing Note. London: Home Office.

Murray, C. (1990) *The Emerging British Underclass*, London: Institute of Economic Affairs.

Mutter, R., Judge, N., Flynn, L. and Hennessey, J. (2002) *Supporting people together: Family Group Conferencing in mental health services. Research findings and practice developments.* North Essex Mental health Partnership NHS Trust

National Evaluation of Sure Start (2005) *Implementing Sure Start Local Programmes: An In-Depth Study*, London: DfES

National Institute for Clinical Excellence (2002) *Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care.* London: National collaborative Centre for Mental Health.

National Institute of Mental Health in England (2003) *Inside Outside: improving mental health services for Black and Minority Ethnic Communities in England*. London: Department of Health

National Treatment Agency (2002) *Models of care for treatment of adult drug misusers. Framework for developing local systems of effective drug misuse treatment in England*. London: NTA.

Navajo Peacemaking Articles and Resources
http://sociology.camden.rutgers.edu/jfm/pm.htm

NECF (2004) *Assessing the impact of the Children's Fund: the use of indicators.* London DfES.

NECF (2006) *Preventative Services for Children and Young People Involved in Crime and Anti-Social Behaviour*, Unpublished report.

Newman, T. (2002) '"Young carers" and disabled parents: time for a change of direction?', *Disability and Society*, 17(6): 613-25.

Newman, T. (2002) *Promoting Resilience: A Review of Effective Strategies for Child Care Services*, Centre for Evidence-based Social Services, Exeter: University of Exeter and Barnardos.

Newton, K. (1997) Social capital and democracy. *American Behavioural Scientist* 40:5 575-586.

Nichols, M and Schwartz R (2004) *Family therapy: concepts and methods* (6th ed) Boston MA: Allyn and Bacon

Novac, S. (2006). *Family violence and homelessness: A review of the literature*. Ottawa: Public Health Agency of Canada. National Clearinghouse on Family Violence.

Obenauf, M. (1999) The isolation abyss: A case against mandatory prosecution, *UCLA Women's Law Journal*, 9(2), 263-300.

Office of the Deputy Prime Minister (2005) *Tackling Homelessness Amongst Ethnic Minority Households: A Development Guide*

Office of the Deputy Prime Minister (2004) *Mental health and social exclusion*. London: Office of the Deputy Prime Minister.

OFSTED (2004) *Out of School- a survey of the educational support and provision for pupils not in school.*

Oldman, C. and Beresford, B. (2000) 'Home, Sick Home: Using the Housing Experiences of Disabled Children to Suggest a New Theoretical Framework', *Housing Studies* 15 (3): 429-442.

Olds, D. l. (2006) 'The Nurse-Family Partnership: An Evidence-Based Preventive Intervention', *Infant Mental Health Journal*, Vol. 27(1), 5–25

Olsen, R. (1996) Young carers: challenging the facts and politics of research into children and caring", *Disability and Society*, 11(1): 41-5.

Olsen, R. and Clarke, H. (2003) *Parenting and Disability: Disabled Parents' Experiences of Raising Children*, Bristol: Policy Press.

Olsen, R. and Parker, G. (1997) 'A response to Aldridge and Becker – "Disability rights and the denial of young carers: the dangers of zero-sum arguments"', *Critical Social Policy*, 50: 125-33.

Olsen, R. and Tyers, H. (2004) *Think Parent: Supporting Disabled Adults as Parents*, London: National Family and Parenting Institute.

Olsen, R. and Tyers, H. (2004) *Think Parent: Supporting Disabled Adults as Parents*, London: National Family and Parenting Institute.

Olsen, R. and Wates, M. (2003) *Disabled Parents: Examining Research Assumptions*, Dartington: Research in Practice.

Orford, J. (2001) 'Addiction as excessive appetite.' *Addiction*. 96, 15-32.

Orford, J., Templeton, L., Patel, A., Copello, A. and Velleman, R. (2007) 'The 5-step family intervention in primary care: I. Strengths and limitations according to family members.' *Drugs: education, prevention and policy*. 14 (1), 29-47.

Orford, J., Templeton, L., Velleman, R. and Copello, A. (2005) 'Family members of relatives with alcohol, drug and gambling problems: a set of standardized questionnaires for assessing stress, coping and strain.' *Addiction*, 100 (11), 1611-1624.

Packota, V. J. *Emotional abuse of women by their intimate partners: A literature review.*

Pahl. R. and Spencer, L. (2004) Personal communities: not simply families of 'fate' or 'choice'. *Current Sociology* 52:2 199-221.

Palmer, Carr and Kenway (2005) *Monitoring Poverty and Social Exclusion 2005,* York: JRF.

Park, A and Roberts, C (2002) *'The ties that bind'. British Social Attitudes: the 19th report.* Aldershot: Ashgate.

Patterson J, Barlow J, Mockford C, Klimes I, Pyper C, and Stewart-Brown S. (2002) Improving mental health through parenting programmes: block randomised control trial. *Archives of Disease in Childhood,* 87 472-477.

Pence, E. and Paymar, M. (1993*) Education groups for men who batter: The Duluth model*. New York: Springer

Pennell, J. and Burford, G. (1995). *Family group decision making: New roles for `old' partners in resolving family violence: Implementation Report* (Vol. I-II). St. John's, NF: Memorial University of Newfoundland, School of Social Work.

Pennell, J. and Burford, G. (2000). Family group decision making: Protecting children and women. *Child Welfare*, 79(2), 131-158.

Pennell, J. and Burford, G. (2002). Feminist praxis: Making family group conferencing work. In H. Strang and J. Braithwaite (Eds.). *Restorative justice and family violence* (pp.108-127). Cambridge: Cambridge University Press.

Peters, R. DeV., Arnold, R., Petrunka, K., Angus, D. E., Bélanger, J.-M., Boyce, W., Brophy, K., Burke, S. O., Cameron, G., Craig, W., Evers, S., Herry, Y.,

Mamatis, D., Nelson, G., Pancer, S. M., Roberts-Fiati, G., Russell, C. C. & Towson, S. (2004). *Better Beginnings, Better Futures: A comprehensive, community-based project for early childhood development. Highlights of Lessons Learned.* Kingston, Ontario: Better Beginnings, Better Futures Research Coordination Unit Technical Report.

Pharaoh, F, Mari, J, Rathbone, J and Wong, W (2007) Family interventions for schizophrenia. In *The Cochrane Database of Systematic Reviews 2007 issue 2*. Chichester: John Wiley.

Pincas, A. and Minahan, A. (1973) *Social Work Practice: Model and Method*. Peacock: Illinois.

Place, M, Reynolds, J, Cousins, A and O'Neill, S (2002) Developing a resilience package for vulnerable children. *Child and Adolescent Mental Health* 7:4.

Pleck, E. (1987). *Domestic tyranny: The making of American social policy against domestic violence from colonial times to the present*.University of Illinois Press.

Polak, P. (1971) Social systems intervention. *Archives of General Ps*ychiatry 25 110-117

Priestley, M. (2003) *Disability: A Life-Course Perspective*, London: Polity Press.

Prime Minister's Strategy Unit (PMSU) (2005) *Improving the Life Chances of Disabled People*. The Stationery Office, London, UK.

Princes Trust (2004). *Reaching the Hardest to Reach*, London: The Princes Trust.

Prior, D. and Paris, A. (2005) *Preventing Children's Involvement in Crime and AntiSocial Behaviour: A Literature Review*, London: DfES

Puttnam, R (2000) *Bowling alone – the collapse and revival of American community.* New York: Simon and Shuster

Rai, D. and Thiara, R. (1999) *Strengthening Diversity: Good practice in delivering domestic violence services to Black women and children*, Bristol: Women's Aid Federation England.

Randall, G. and Brown, S. (2003) *The Support Needs of Homeless Households*, London: ODPM.

Rhodes, H. and Hall, A. (2001) *An evaluation report on the work of FWA's Building Bridges service in the London Borough of Lewisham*. London: Family Welfare Association.

Roberts, A.R. (2000) *Crisis Intervention Handbook – Assessment, Treatment, and Research.* (2nd edition). Oxford: OUP.

Robinson, W. (1960). *Ecological Correlations and the Behavior of individuals*. *American Sociological Review*, 15: pp351-357.

Rosen, A. (1997) Crisis management in the community. *Medical Journal of Australia* 167 633-638.

Rosewater, A. (2006). *Community Partnerships for Protecting Children:*

Rutter, M., Giller, H. and Hagell, A. (1998) *Antisocial behavior by young people*, Cambridge: Cambridge University Press.

Ryburn, M. (1998) 'A new model of welfare: re-asserting the value of kinship for children in state care', *Social Policy and Adminstration*, 32(1): 28–45.

Santisteban, D.A., Coatsworth, J.D., Perez-Vidal, A., Mitrani, V., Jean-Gilles, M. and Szapocznik, J. (1998) 'Brief structural/strategic family therapy with African and Hispanic high-risk youth.' *Journal of Community Psychology*, 25 (5), 453 – 471.

Saunders, D., and Hamill, R. (2003). *Violence against women: Synthesis of research on offender interventions.* (NCJ 201222). Washington, DC: US Department of Justice.

Schechter, S. (2000). *Expanding solutions for domestic violence and poverty: What battered women with abused children need from their advocates: Building comprehensive solutions to domestic violence*: Publication # 13, a vision paper. Harrisburg, PA: Pennsylvania Coalition Against Domestic Violence.

Schoon, I. and Bynner, J. (2003) .Risk and Resilience in the Life Course: Implications for Interventions and Social Policies., *Journal of Youth Studies*, 6(1): pp21-31.

Scourfield, J. (2006) 'The challenge of engaging fathers in the child protection process', *Critical Social Policy* 26 (2): 4440-449.

Sharma, N. (2002a) *Still Missing Out? Ending Poverty and Social Exclusion – Messages to Government from Families with Disabled Children*, Ilford: Barnardo's.

Sharma, N. (2002b) *Still Missing Out? The Case Studies: Ending Poverty and Social Exclusion – Messages to Government from Families with Disabled Children*, Ilford: Barnardo's.

Sheppard, M (2007) 'How Important Is Prevention? High Thresholds and Outcomes for Applicants Refused by Children's Services: A Six-Month Follow-Up', *British Journal of Social Work,* Advance Access published on April 18, 2007

Sheppard, M. (2005) 'Mothers' Coping Strategies as Child and Family Care Service Applicants', *British Journal of Social Work*, 35: 743 - 759.

Simon, J.B., Murphy, J. J. and Smith, S.M. (2005) Understanding and Fostering Family Resilience', *The Family Journal*; 13; 427-436.

Skolnick, A. (2004). Special series: Rethinking the politics of the family.

Sloper, P. (2004) *Facilitators and barriers for co-ordinated multi-agency services* Child: Care, Health and Development 30 (6), 571–580.

Smith, J. and Birchwood, M. (1990) Relatives and patients as partners in the management of schizophrenia: the development of a service model. *British Journal of Psychiatry* 156 654-662.

Social Exclusion Taskforce (2007) *Reaching Out: Progress on Social Exclusion.* London: Cabinet Office, 2007.

Social Exclusion Unit (2001) A *New Commitment to Neighbourhood Renewal: National Strategy Action Plan,* London: Cabinet Office.

Sproul, B.A., and Friedman, R.M. (1994). *A system of care for children and youth with severe disturbance*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Stanbridge, R., Burbach, F., Lucas, A. and Carter, K. (2003) A study of families' satisfaction with a family interventions in psychosis service in Somerset. *Journal of Family Therapy,* 25, 181-204.

Tanner, D. (2000) 'Crossing Bridges over troubled waters? Working with children of parents experiencing mental distress', *Social Work Education*, 19 (3): pp. 287-97.

Tew, J. (1999) Voices from the margins: inserting the social in mental health discourse. *Social Work Education,* 18:4 433-449.

Tew, J. (2002) Going social: championing a holistic model of mental distress within professional education. *Social Work Education* 21:2 143-155.

Texas Department of Family and Protective Services. (2006). Family group decision making: Final report., October.

Thoburn J., Lewis, A. and Shemmings, D. (1995*) Paternalism or Partnership? Family Involvement in the Child Protection Process*. HMSO, London.

Thornicroft, G. (2006) *Shunned: discrimination against people with mental illness*. Oxford; Oxford University Press.

Tienari, P., Wynne, L., Moring, J., Lahti, I., Naarala, M., Sorri, A., Wahlberg, K., Saarento, O., Seitmaa, M., Kaleva, M. and Laksy, K. (1994) The Finnish adoptive study of schizophrenia: implications for family research. *British Journal of Psychiatry* 164 (suppl 23) pp 20-6.

Tolan, P. H., Gorman-Smith, D., & Henry, D. (2004). Supporting families in a high-risk setting: Proximal effects of the SAFE Children preventive intervention. Journal of Consulting and Clinical Psychology, 72(5), 855-869.

Townsley R., Abbott, D. and Watson, D. (2004) *Making a Difference? Exploring the Impact of Multi-Agency Working on Disabled Children with Complex Health Care Needs, Their Families and the Professionals Who Support Them*. The Policy Press, Bristol.

Utting D, Monteiro H and Ghate D (2007) *Interventions for children at risk of developing antisocial behaviour disorder: revised final report to the Department of Health and Prime Minister's Strategy Unit*, Policy Research Bureau: London.

Utting, D., Bright, J. and Henricson, C. (1993) *Crime and the family: improving child rearing and preventing delinquency*, London: Family Policy Studies Centre.

Velleman, R., Templeton, L., Taylor, A. and Toner, P. (2003). 'Family Alcohol Service: evaluation of the pilot.' Bath: University of Bath.

Waldegrave, C. (2000). Just therapy with families and communities. In G. Burford and J. Hudson (Eds.), *Family group conferencing: New directions in community-centered child and family practice*. Hawthorne, NY: Aldine/Transaction Pubs.

Walker, J., Timms, N., and Collier, R. (2000) 'The Challenge of Social, Legal and Policy Change', Chapter 1 (Vol 1) of Walker, J. (ed.) Final Report submitted to the Lord Chancellor's Department for England and Wales, Information Meetings and Associated Provisions Family Law Act 1996, London: Lord Chancellor's Department pp 5- 17.

Walsh, F. (1998). *Strengthening family resiliency*. New York: Guilford.

Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, *42*, 1-18.

Wates, M (2003) *It shouldn't be down to luck: Results of a consultation with disabled parents*, London: Disabled Parents Network

Wates, M. (2002) *Supporting Disabled Adults in their Parenting Role*. York: York Publishing Services.

Wates, M. (2006) *How can the housing needs of families with one or more disabled parents be met?* (*ripfa* Outline 1), Dartington: *ripfa*.

Webster-Stratton C. and Hancock L. (1998) Parent training: Content, method and processes. In: Schaefer, E, editor. *Handbook of Parent Training*. New York: Wiley

Werger, G.C. (1994) *Understanding Support Networks and Community Care*, Aldershot: Avebury.

White, C., Agnew, J. and Verduyn, C. (2002) The Little Hulton Project: a pilot clinical psychology service for pre-school children and their families. *Child and Adolescent Mental Health* 7:1.

White, M. and Epston, D. (1990) *Narrative means to therapeutic ends*. New York: W W Norton.

Whittaker, J. and Garbarino, J. (1983) *Social Support Networks: Informal helping in the human services*, Hawthorne, NY: Aldine De Gruyter.

Wigfall, V. (2006) Bringing Back Community: Family Support from the Bottom Up. *Children and Society,* 20, pp 17-29.

Wiig, J. and Widom, C.S. (with Tuell, J.A.) (2003) *Child Maltreatment and Juvenile Delinquency: From research to effective program, practice, and effective solutions*, Washington, DC: Child Welfare League of America.

Williams, F. (2004) *Rethinking Families***.** London: Calouste Gulbenkian Foundation.

Williams, J. (2005) Women's mental health: taking inequality into account. In J Tew (ed) *Social perspectives in mental health*. London: Jessica Kingsley

Williams, K.S. (1997) *Textbook on Criminology* 3rd Edition, London: Blackstone Press.

Williams, L. A. (2002). *Family violence and American Indians/Alaska Natives.*

Winter, I. (2000) *Towards a theorised understanding of family life and social capital.* Working Paper 21. Melbourne: Australian Institute of Family Studies.

Women's Aid (2003) *Women's Aid consultation response to Restorative Justice - the Government's Strategy,* October 2003, http://www.womensaid.org.uk/

Working Families (2006) *Children and young people review - support for disabled children and their families*.

World Health Organization. (2005) *World health organization multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses.*

Youth Justice Board (2002) *Positive Parenting*, London: YJB.