

The Literature

Theorising Family Support

The term Family Support encompasses a multitude of ideas and actions. In seeking to understand theoretical frameworks underpinning family support, Devaney and Dolan (2017) undertook 14 qualitative interviews with 'veterans in family support' from USA, UK and Ireland and offer the following view:

'Family Support has been co-located with a range of underpinning social theories with particular applicability and include Social Support (Cutrona 2000), Resilience (Kolar 2011), Social Capital (Coleman 1988), Social Ecology (Jack 2000) and Attachment (Howe *et al.* 1999). This collective has an effect of acknowledging that although Family Support is not a theory per se, that is not to say it is 'theory less'.' (p. 11)

These 'veterans' articulated that services were characterised as offered to children and families based on need, flexibly and responsively, in partnership and at the earliest opportunity, this included identifying solutions and practical emotional support. They also identify specific traits of family support: "workers' style and skill base, with a focus on building relationships; a non-judgemental and respectful manner; reflective practice and high quality supervision" (Devaney and Dolan, 2017:16). Devaney and Dolan conclude that Family Support remains poorly theorised and articulated.

In relation to the specific notion of 'whole family support', Morris et al (2008) advance a set of helpful definitions and understandings in which firstly, the family is seen as a basis for support for an individual within the family and the focus is on their ability to support that family member. Secondly, that services are developed according to specific and

independent needs of family members to maintain or enhance support to the service user, **and** develop family strengths. Family members can be seen to be service users in their own right but thirdly, whole family approaches are seen to offer opportunities to focus on shared needs, developed strengths and address risk factors that could not be dealt with in a focus on family members as individuals. This definition favours improvement in family functioning as an end and processes that support families as a whole, as distinct from direct engagement with individual family members.

Morris et al concluded that though there is an increasing number of whole family approaches, these “are still in their infancy and require further evaluation” (2008:6).

Writing with a different set of colleagues ten years later, Morris observes that ‘Practical options could include, families (co)producing their own solutions, restorative practices and supporting people in finding a constructive solution to issues’ (2017:59) but remains of the opinion that ‘Social work has been slow to see family as a set of practices’ (ibid) that offer a more inclusive **and** productive possibilities for change. Why does such a promising approach remain on the sidelines? Our review of the literature now picks out and explores three key areas of contention.

How do we define family?

Whilst research in the previous decades has concentrated on family structure, Williams (2004) suggests that the focus has now turned to what practices and activities families do and the function these serve. It is argued that the focus in policy has been on normative family structures and not on lived experience (Morris et al, 2008:11). The former may be defined in terms of kinship ties, responsibilities for children and who is resident in a

household. Policy makers and services also face the dilemma of responding to self-selected ties versus those of kinship. Morris et al (2008) note that there is an interchangeability in the literature in approaches where 'whole family' is actually concentrated on the task of 'parenting'. In the context of examining whole family approaches, the definition can vary; however the authors assert that "family clearly remains most people's first source of support when things go wrong" (Parks and Roberts 2002:203 cited in Morris et al 2008:15).

Morris et al (2017) consider how contemporary social work practice theorises 'family' in professional reasoning, investigation and protection to develop family minded practice using a three stage case vignette in three focus groups with 30 practitioners. Morris and colleagues consider a potential practice and systemic bias affecting families living in poverty:

'The UK has seen a rise in care and protection interventions, and a retrenchment of family support services. The data revealing the inequality in UK child welfare interventions (Bywaters et al 2014 a,b) suggest a set of social work practices concerned with risk management and interventionist approaches that can be mapped directly onto levels of poverty and disadvantage. Thus, minimal family support is provided by the state and formal intervention becomes more likely if the family is poor and disadvantaged.' (p. 52)

How families are 'framed' in policy helps us understand why this is the case and is explored below.

Across focus groups of professionals, Morris and colleagues observed a consensus that children are best raised in families, that kinship care is a first port of call prior to the care system, and also that fathers should be more involved at the point of assessment and

thereafter. Institutionalised family policies in practice were identified, including paramountcy regarding the best interests of the child, but the authors note that this was seen as distinct to the needs, strengths and difficulties of the family. The need for early intervention and permanency to reduce multiple 'placement' moves was also part of professional reasoning. However the source of early intervention was of interest to note. The practitioners – bound by 'high thresholds' – saw universal and targeted support services as offering long term support. The authors conclude that:

'Complex matters underpin notions of 'long enough', 'good enough', 'quick enough' and all these tensions were evident in the data. How and where such notions intersect with rights, responsibilities and the family/state settlement become important considerations if we seek to consider fresh approaches to supporting families and protecting children.' (Morris et al, 2017:59)

Given the assumptions about resources in the first instance being available and in the second being accessible, parents' own perceptions become important. In the above study parents felt that their initial defensive responses should be seen in context of anxiety over potential removal of children. Parents identified that open, honest, face to face communication was important, alongside an ongoing commitment from the professional. The family also looked to closest networks for support, prior to social work involvement. Strain on family relationships (for resources) as well as difficulties with partial engagement of family, were identified by parents. The same worker standing by the family was viewed as boosting engagement, motivation and lessening anxiety for children. Managing the level of change and appointments was a concern for families. Temporal factors seemed to underpin much practice for social workers with a tension around the parents' need to develop

trusting, practical and supportive relationships over the longer term. Much of this is echoed in our interviews with parents and explored further below.

We would argue that efforts to define and then work with family in contemporary social work practice, seem to have been abandoned in favour of a 'least line of resistance' approach that means working with the child and its immediate carer (usually the mother). See Featherstone et al (2018) for a cogent expression of this view.

Are Current Models Fit for the Complexity of 'Family' in an Unequal Society?

The 'Think Family' model uses a largely psycho-social approach (Thoburn, et al, 2013) and was found to have positive outcomes. Thoburn et al's research on the Westminster Project used an ethnographic approach for a wider process evaluation; however quantitative analysis considered interim outcomes for 33 families and found that in 57% of families there was improvement in the wellbeing of all the children in the family and in 60% of families parenting skills were enhanced (Thoburn et al, 2013:233). In terms of costs, in this example this was approximated at £19,000. (ibid:234). Responsivity to the whole family is referred to as an important area of the intervention:

'Families can see that the whole family will be supported and that they will be actively engaged in the process from the start, for example in identifying actions and priorities; staff are able to highlight the practical support they can provide to address family issues and are then able to deliver that support quickly; because staff are not viewed as social workers they are seen as less threatening and therefore families are more ready to engage with them'. (Kendall et al, 2010:15)

Some approaches to the assessment process also seem to 'Think Family' where the family's views have formed specific parts of assessments, as well as identifying needs, relationships,

strengths and risks for the whole family. This includes asking family members what they wish to get from the support, including those who have not been used to being asked e.g. non-resident fathers (Malin et al, 2014). Practical support was also seen as a way of developing a relationship with family members as well as changing approach to assessment to suit the family member. This model also includes adding questions about aspirations (for self, for children), which may be overlooked by crisis related assessments or where multiple assessments take place, which may fail to consider the whole family context. Importantly addressing blockages and gaps in support is highlighted by the research, rather than emphasising a failure of the family to engage with the support on offer (Kendall et al, 2010:25). Kendall and colleagues argue that this holistic and family orientated form of assessment has led to better engagement, more trust and accurate assessment and a deeper understanding of reasons for disengagement, than more individualised approaches to assessment (2010:iii). However 'Think Family' is heavily critiqued in relation to responsibility by Bunting et al (2017) who use a biographical narrative approach to explore 17 parents' experiences of multiple adversities over a period of 12 months. The authors reference the work of Davidson et al 2012 in defining adversity linked to negative outcomes. These are linked to: resources e.g. poverty, debt, financial pressures; relationships e.g. family violence/domestic violence; separation and loss e.g. bereavement, imprisonment; parents' own difficulties e.g. illness, disability, substance use and offending; as well as child abuse and protection concerns (Bunting et al, 2017:31). The authors go on to consider Levitas' (2012) appraisal and critique of the 'rational choice' philosophy underpinning the Think Family, here 'rational choice' means that parents are to blame for the conditions in which they find themselves. On this matter, Bunting et al identify that 'ill-health, poverty and poor housing, which were part of the original calculation of 2% of families experiencing

multiple disadvantages, disappeared from the agenda and were, instead, replaced with a focus on issues such as truancy, anti-social behaviour and the cost to the public purse' (Bunting et al, 2017:32). Failure to incorporate a practical appreciation of the effects of inequality has also been identified by Featherstone et al (2018), minor things to practitioners with a car become huge obstacles to someone who has to rely on three changes of public transport to get to a contact meeting on time.

A **systems approach** is helpful in thinking about the way families operate; in the case of multisystemic therapy the therapist helps family members restructure interactions so that the referring behaviour e.g. substance misuse, does not dominate family survival by identifying daily strategies to strengthen systems. This approach to working with the whole family is supported by 16 published outcomes studies (Rowland and Cunningham, 2009 referred to in Klostermann and O'Farrell, 2013:237). Goodall and Barnard however offer a cautionary note; while multi systemic therapy has 'a strong evidence base, yet is also costly, used in specific limited settings and requires a range of resources to be effective' (2015:339). There is limited practice guidance around this and as a workforce approach 'practical application may need to be established and tested locally' (Goodall and Barnard, 2015, p. 340).

Ecological approaches (Bronfenbrenner, 1979) to understanding family features and experiences are worth exploring as these seek to view individuals and families in the contexts of micro, macro and meso contexts, rather than purely individual or familial influences. Citing Olsen and Wates (2003) and Tanners (2000), Morris et al argue that a whole family approach needs to be 'truly ecological; that is, it must understand the parents

and children's difficulties in more often as a function of exclusion rather than a cause' (2008:83). Ecological approaches necessarily build in structural factors (including human rights and entitlements) which can be neglected in individual-based assessment and interventions. The latter lending themselves to individual-based solutions with little consideration for the ramifications for the family in which that individual is embedded. Nevertheless, although an ecological model, necessarily includes the individual's immediate surroundings and systems, which will invariably include 'thinking family', the approach has been criticised for being difficult to implement in practice (Pardeck, 1988; Watts et al., 2009), thus ceding ground to individually-based interventions, and not being helpful enough in understanding how power 'permeates social life' (Houston, 2017:58).

How are family solutions, strengths and resilience defined?

The solution focused approach could arguably be described as intrinsically strengths-based, as individual family members are asked to envisage times in their lives without the perceived problem(s) and inherent in this is the assumption that they have access to the solutions or are able to define solutions. Whilst beyond the specific scope of this review, there seems little evidence of where this approach has been adopted in work with families as a whole (Kim, 2008)

The notion of family resilience is helpful to consider as this provides a useful way of building on families' strengths. Kalil has reviewed the literature in relation to family resilience and makes reference to the following definition:

'Resilience refers to 'a dynamic process of encompassing positive adaptation within the context of significant adversity' (Luthar *et al* 2000a, 2000b). This definition implies not only that individuals are exposed to adversity or significant challenges to

their wellbeing, but also that they demonstrate competence in the face of these challenges.’ (2003:8)

In this definition, account is taken of external adversity, unlike a disease model or a deficit model and considers families’ competence and responses within this context. Kalil goes on to refer to McCubbin, et al (1991, 1997) who define family resilience as:

‘...the family’s ability to ‘maintain its established patterns of functioning after being challenged and confronted by risk factors’, which they characterise as elasticity; and ‘the family’s ability to recover quickly from a trauma or a stressful event causing or requiring changes in organisation of the family’, which is they characterise as buoyancy.’ (Kalil, 2003:11)

Risk factors in the family resilience research can be seen as ‘mediators’ which “facilitate the occurrence of problem behaviours” (Kalil, 2003:12). For example, job loss, poverty, divorce, death, chronic illness and infertility (ibid) akin to the Levitas’ (2012) adversity factors identified above. In this definition, family resilience (i.e. adaptation, competence, recovering quickly) is identified as protective in particular for children’s wellbeing through the development of family processes, rituals and belief systems. The protective factors McCubbin and colleagues refer to include “family celebrations, family time and routines and family traditions, while the most prominent recovery factors include family integration, family support and esteem building, family recreation orientation and family optimism” (Kalil, 2003:11). This firmly roots family support as inherent in promoting stable family life. Where this is lacking, State provision, should be accessible as a human or family right (as with the right to social security) rather than waiting for crises to intervene as part of a responsabilisation or social control agenda.

Other attributes and processes within families are cited by Kalil as having interchangeable functions i.e. both protective and promoting recovery. For example, “problem solving strategies, effective communication processes, equality, spirituality, flexibility, truthfulness, hope, social support and physical and emotional health” (Kalil, 2003:11). Some of these attributes intersect with both public and personal domains e.g. equality and physical and emotional health, for example where there is a duty of care for families who experience stigma and discrimination in terms of equality. Kalil goes on to outline key processes that operate as protective factors: ‘belief systems, organisational processes and communication processes’ (2003:13). These are useful perhaps when considering tools, assessment and outcomes when whole family approaches are under development. This definition of protective factors is based on a clinical view of family functioning, how they might be applied to community or home-based family support would require consideration. Kalil finally goes on to note that the research on family resilience is ‘sparse’ and longitudinal studies are required to track families’ responses to stressful situations over time, including observational studies that take into account cultural differences (2003:12).

There is however some agreement among researchers that ‘connectedness’ or family ‘cohesion’ as a concept adds more to the literature that is concerned with individual resilience. This is defined as “demonstrated by family members’ commitment to each other while maintaining a balance with respect for individual needs and differences.” Also referred to as ‘family ethos’. There are different ways of viewing this depending on the model, one example is that ‘Healthy families tend to have a clear emotional boundaries between members, who take responsibility for their own feelings and respect those of others’ (Kalil, 2003:23). This has some synergy with the Ethics of Care approach which seeks to

understand families as ‘predicated on relationships of shared and situated relationships of care’ (Murray and Barnes, 2010:534). However where there are ‘risk factors’ that mediate problem behaviours which lead to a lack of care or a deterioration of stable family life, State provision may be welcomed early on for under resourced families to ensure family members can maintain a balance with respect for individual needs and differences.