THINKING FAMILY, ACTING FAMILY

A CASE STUDY OF 'THE WHOLE FAMILY' APPROACH

ANGELA GENTILE & DR GARY CLAPTON

2021

Abstract

A'whole family' approach to family difficulties has been praised and recommended as the most helpful involvement that can be adopted by child welfare and protection agencies, yet this is more honoured in theory than in practice. More often than not, in children and families work, child protection takes precedence. This paper derives from research that set out to identify what families experience as challenges, the importance of agreeing 'the problem' and to what extent 'problems' or 'challenges' were resolved by a whole family approach. We identify what helped to resolve problems from the parents' perspectives. We learn that practical, emotional and connecting support is important, as is the value base, flexibility, responsivity and relational style of practitioners in helping both individual family members and families as whole to move beyond complex sets of interplaying factors that inhibit a resilient family life. We also point to varying definitions of 'referring problem'.

Introduction

Responses to families in difficulty are often 'siloed' and can be targeted at one aspect of family difficulties or one or another family member's problems (Morris et al, 2018). For example, services such as help with drug misuse are for adults, then there are services for children in the same family, e.g. dealing with school refusal. Another member of the family may be receiving support for mental health difficulties. Also, different services for the same family can run along parallel but separate lines such as monitoring risk to children, whilst other services offer strengths-based support to one or another member of the family. Families can sometimes express distress and defeat as a result of stress occasioned by the experience of interventions from a 'multiplicity of professionals and services' responding to an individual rather than the needs of a family as a group (Webb et al, 2014: 60).

This challenge was recognised over ten years ago when the 'Think Family' initiative was introduced by the UK Department for Children, Schools and Families (DCSF) in 2008 following the Cabinet Office's Families at Risk Review. Since then the model (of engaging with families as distinct from individuals within families) has been adopted to a variable extent throughout the UK (Tew et al, 2016). The essence of the Think Family initiative was that 'Whole-family approaches can be key in maximising the impact of resources and identifying opportunities to support carers, and to ease the very real risks to health and wellbeing that caring can bring' (ADSS, 2015: 2).

This paper reports on the results of action research designed to understand and evaluate the experiences of those receiving a whole family approach from a Scottish third sector family welfare agency servicing over four hundred families and explores the approach's ability to encompass child protection concerns. The paper contributes practice-based evidence of the value of not only thinking family, but 'acting family'.

Theorising Family for Practice Engagement

Williams argues that whilst research in the previous decades has concentrated on family structure, the focus had turned to what practices and activities families do and the function these serve (2004). A focus on normative family structure (Walsh & Mason, 2018:604) has taken precedence at the expense of lived experience (Morris et al, 2008:11). The former may be defined in terms of kinship ties, and having responsibilities for children resident in a household. Yet there is a diversification of family structures (Walsh & Mason, 2018: 603) which points to the complexity of 'family' make up. With the fastest growing household type being 'households containing multiple families' (ONS, 2019).

Morgan suggests that academics have: …expressed an unhappiness with some usages of the term 'family', especially where this is expressed as a noun. Critics have pointed out the misplaced concreteness of the term, one which fails to do justice to the many ways in which family life is understood and experienced and to dangers of a slide from the descriptive to the prescriptive (2011:6).

As such, a turn to family practices as opposed to debates about 'The Family', offers a potentially greater basis for practitioner engagement. Such attention includes a focus on, for example, the practical contribution to lives of family members of relationships, roles performed and chores undertaken (Walsh & Mason, 2018: 610). A greater emphasis on family practices and capabilities is understandable in these straitened times because 'family clearly remains most people's first source of support when things go wrong' Parks and Roberts, cited in Morris et al, 2008:15).

At the same time, risk aversion, responsibilisation and audit have become a focus of social work with parents. (Featherstone et al, 2016:6). Yet we also observe a rising demand and a diminishing supply of service provision where state entitlements are under scrutiny and the most vulnerable have the least service provision (Walsh & Mason 2018:615), including an increase in demand for the most basic of needs e.g. foodbanks (Featherstone et al, 2016:7).

It is not just rising poverty and deprivation that has provoked such re-casting of approaches to family. Families, but especially poor families, have come under attack from politicians in a neoliberalist focus on the individual (e.g. Gove in Featherstone et al, 2016) where:

Deficit-based practice is infused by neoliberal ideas that blame individual parents for their problems and for the harm to their children irrespective of social context (Gupta et al, 2018:253).

Gupta et al go on to note that: The intensification of parent blame under neoliberalism sees parents (usually mothers) as fully accountable for their children's outcomes, positioning them as architects of their children's poverty and deprivation (2018: 256).

In further considering the social determinants of neglect and emotional abuse (see Featherstone et al 2016:9), we also note that the: Links between wider structural factors, social policies and their impact on vulnerable children and families are largely absent

from dominant CP (child protection) discourses (Zilberstein, 2016). There is a current concern that policy demonises families in poverty, seeks to 'rescue' children, speed up family courts and
prioritize adoption, whilst simultaneously reducing support services and narrowing social work's focus (Gupta et al, 2018:250).

Featherstone et al (2018) also call for a practical appreciation of the effects of inequality; for example, 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.

Poverty and the process of 'othering' (Lister, 2013) has a clear link to the role of shame (Featherstone et al, 2016:8), 'shame is individually felt, but socially constructed' (Walker et al, 2013: 230) and can lead to 'social withdrawal and exclusion, reduce self-esteem and social capital and inhibit effective agency' (ibid: 231). At its worst, this profound structural inequality and the narrowing ability of services to 'think' and 'act' family is considered in terms of family 'agency': Resistance to avoidance may not necessarily arise from parents' irresponsibility but could be a reaction to the anticipation or experience of controlling and shaming practice. Resistance may be the only ways families feel they can exercise power and agency (Pease, 2002) demonstrating why ensuring parents' genuine participation is important, to allow agency to manifest productively instead. (Gupta et al, 2018:257)

It seems clear that a pragmatic shift to understanding the value of defending family is occurring among academics concerned with the increasing immiseration and demonization of poor families. What is taking place in parallel in policy and practice thinking?

Contentions in Family Support

Morris et al consider how 'family' is theorised in professional reasoning to develop family minded practice using a three-stage case vignette in three focus groups with 30 social work practitioners. They note several tensions however:

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. (2017: 52)

This is a broad and systemic bias as we know that a child is 15 times more likely not to be in the care of their family of origin if they live in the highest Scottish Index of Multiple Deprivation (SMID) compared to a child in the lowest 'SMID' (Bywaters, 2015).

In Morris' 2017 study the authors ultimately conclude that: 'Complex matters underpin notions of 'long enough', 'good enough', 'quick enough'. 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' (2017:59).

Even relationship based, reparative and strengths-based approaches face critique for ignoring wider society (Featherstone et al, 2016). 'Strengths-based models can reinforce a process of individualisation if social, political and economic contexts are not explicitly recognised and addressed.' (Gupta et al, 2018:257) and instead require 'a broadening of strengths-orientated social work from relational to political level (Roose, Roets and Schiettecat, 2014:141)';

interventions could perhaps be framed in terms of human rights 'needs' rather than 'risks' (Gupta et al, 2018:256). A solution focused approach (de Shazer and Dolan, 2007) 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), however there is an inherent assumption that they have access to the solutions of where such an approach has been adopted in work with families as a whole (Kim, 2008).

Overall, however, when surveying the debates, whilst there are signs that the reality of the deteriorating conditions (economically, socially, practically) experienced by families are concentrating minds, Devaney and Dolan conclude however, that family support remains poorly theorised and articulated (2017). What of the operationalisation of family support? What follows is a brief summary of seven models of family support that have come to the fore in recent years.

Contemporary Approaches to Family Support

(i) A Family Practices Model

The key features of the family practices model includes: linking the perspectives of observers and the social actors; an emphasis on the active or 'doing'; a sense of the everyday, the regular, as well as fluidity or fuzziness; and a linking of history and biography (Morgan, 2011:2). Family practices consist of all the ordinary, everyday actions that people do, insofar as they are intended to have some effect on another family member. (Cheal(cited in Morgan, 2011:3). 'Family' can also be a representation. 'I acknowledge family is what families do…we need to explore those families and relationships which exist in our imagining and memories, since these are just as real' (Smart, cited in Morgan, 2011: 4). In this model, family practices are also influenced by our wider ecology. For example, Friendships can be seen 'as gendered practices or power practices of inclusion or exclusion' (Morgan, 2011: 3). They 'exist within and are shaped by other sets of relationships or structures within society' (Morgan, 2011:4). 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). A strength of this model is seeing the complexity and real time aspect of family lives, as well as power dynamics in families and wider ecology.

(ii) 'Cupped' Model of the Social Ecology of Family Support

Cupped model of the social ecology of family support (Canavan et al, 2016:17) has three component parts. Firstly, 'Social ecology directs attention to the ways in which people and their habitats shape and influence one another through a process of reciprocal interactions between individuals and groups and their immediate and wider environments (Bronfenbrenner, 1979). Secondly, Resilience which is concerened 'with development, adaptation and outcomes, coping with threats and adversity, individual and environment interaction, and supportive and undermining factors' (Canavan et al, 2016: 14). And thirdly, Social Support. In the main, this form of support is accessed from the 'central helping system' (Dolan and Canavan, 2000) or the informal networks of nuclear and extended family, and to a lesser extent friends: …only when that support is perceived or experienced as weak, non-existent or incapable of offering the type or extent of help required that a person needing help will turn, or be directed, to formal sources of support (Canavan et al, 2016:15). In extending the 'cupped' model further Canavan et al refer to the developmental aspect of family support and describe the relationship with state policy: The goal of state policy should be to engage, complement, reinforce and extend the capacity of families and communities – to draw them into the policy community, promoting family support and recognising their role as self advocate in policy networks. (2016:47)

However, as we have seen in our earlier critique around poverty, shame and othering and a focus on family structure, rather than lived experience, we seem to be far from this ideal.

(iii) The Ecological Model

This model's usp is that individuals and families are seen in the contexts of micro, macro and mesmo systems. Ecological approaches, echoing Bronfenbrenner (1979) 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 and society in which that individual is embedded. This approach has been criticised for being difficult to implement in practice (Pardeck, 1988; Watts et al., 2009), and not being helpful enough in understanding how power 'permeates social life' (Houston, 2015:58). 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 are more often as a function of exclusion rather than a cause' (2008:83).

(iv) A Social Model

This model builds capabilities, choice and enables rights, and has its origins in radical social work (Featherstone et al, 2016:5). Gupta et al call for a social element of the realisation of rights intertwined with parents' rights (2018:250). This seeks to recognise parents 'as legitimate claimants of entitlements from an accountable state' (Gupta et al, 2018:250). This model also refers to 'state responsibilities if harm is inextricably linked to social determinants' (Featherstone, 2016:12) and recognises 'the experiences of those trying to parent in a profoundly unequal society are subject to practices that misrecognise symptom for cause' (ibid: 9). The social model of child protection is relatively new and it remains to be seen if this will gain traction in its practical application.

(v) Resilience Work

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. Account is taken of external adversity, and families' competence are considered. Here family resilience is defined 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)

Family processes operate as protective factors: 'belief systems, organisational processes and communication processes' (Kalil, 2003:13). 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 requires consideration. Kalil concludes 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).

(vi) Whole Family Support

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 third definition favours improvement in family functioning as an end and favours processes that support families as a whole, as distinct from direct engagement with individual family members. 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). She remains of the opinion that 'Social work has been slow to see family as a set of practices' (ibid) that offer more inclusive and productive possibilities for change.

(vii) 'Think Family'

The 'Think Family' model uses a largely psycho-social approach (Thoburn, et al, 2013) and was found to have positive outcomes in relation to children's wellbeing and parenting skills. Practitioner responsivity to the whole family was 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; (and) 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).

'Think Family' is however critiqued by Bunting et al (2017) who highlight the 'rational choice' philosophy underpinning the 'Think Family', arguing that 'rational choice' means that parents are to blame for the conditions in which they find themselves and comment on the Thoburn et al study: ...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 truanting, anti-social behaviour and the cost to the public purse. (Bunting et al, 2017:32) That said, it appears that of the various models briefly outlined, the 'Think Family' approach has had, at least on paper, the most take-up as a result of official policy (e.g. Leeds Safeguarding Children's Partnership, 2020).

Study Methodology

This research was undertaken as a collaboration between a social work practitioner from Circle Scotland and an academic from the University of Edinburgh. The purpose was to evaluate and develop the practice of Circle Scotland, a third sector agency that specialised in delivering a supportive children and families service to those families on the cusp of formal statutory child protection intervention. The 'edge-of-care in the words of McPherson et al (2018).

As the aim was service improvement, we felt that an "action research" approach with its emphasis on change would be best suited (Hardwick and Worsley, 2011: 17). We sought to identify the progress families made in relation to resolving 'referring problems' -issues that had been designated by a variety of sources, mainly statutory, as difficulties warranting official concern and to which the agency had dedicated a worker to provide help using the agency's whole family support approach.

Thirty five out of forty families consented to take part in our research over a period of nine months. The sample was arrived by inviting participants who were new referrals and were received into the service at the beginning of the year (2017). Ultimately, forty families were approached with five families declining to participate. The agency has an open referral system; referrals however tend to come from children and families statutory services, health visitors, schools, drug and alcohol agencies, other third sector organisations and from parents themselves.

The parents in our study gave informed consent, an information sheet was shared explaining the purpose of the research, how the data would be recorded, stored and how it would be used. Ten parents further consented to semi-structured interviews (nine mothers and one father). The views from a small sample of six children and young people were gathered via questionnaires.

Data was gathered at the beginning of the contact from referral forms and initial assessments on 'referring problems', 'family challenges and 'initial assessment'. We then gathered data at nine months into the contact via a questionnaire which captured progress in relation to 'referring problems', the families' views on progress and the Family Outreach Workers' (FOW) views on progress. We used open-ended questions to ensure family members' own words could be used to identify the challenges and then we sought to understand themes where they appeared.

Because our research was exploratory and sought family members' views and experiences, the 'accessible and theoretically flexible approach to analysing qualitative data' of Braun and Clarke (2006: 77) seemed the best. The model of thematic analysis provides for patterns to be 'led out' of data via clear coding steps. This process leads to the naming of the kind of 'big themes' we hoped would deliver clear messages for practice and agency policy change – or indeed affirmation that what was being done in Circle was effective in ameliorating the kind of problems faced by families with which it was engaged. The Braun and Clarke model also 'anchors the analytical claims which are made' (2006: 97).

Because action research can be criticised for its lack of distance from the researched topic and subjectivity (Gibbs et al., 2017), such clarity in how we arrived at our findings and any knowledge for practice and policy action, would lend a proper legitimacy to any emergent recommendations.

The Study Findings

As part of our study, we captured progress in relation to referring problem at the nine month stage of support using a simple rating of 'yes progressed' 'no, not progressed' or 'part progressed'. Family Outreach Workers (FOW) practice evaluation by triangulating evidence e.g. based on living experience of various family members (not just the parent), their own observations and wider professional perspectives. Co-designed family support plans are goal specific, measureable, achievable, realistic and time related, they operate across systems, unlock strengths and solutions and continue throughout periods of crisis and stability on a voluntary basis. They ultimately relate to improving children's wellbeing, but identify individual, family, community and societal needs, strengths, processes, relationships and resources to achieve this end. There were numerous sets of challenges for families reflecting the complexity of their experiences; some could be identified as themes across families.

Referring the problem, understanding the problem, living with the problem

Referrers (21%), parents (22%), and FOWs (22%) all broadly agreed to the same extent that parenting support was a significant priority. Referrers however tended to see children's emotional or behavioural support as their top priority (24%), this was followed after parenting support by parental drug or alcohol use (18%) at the point of referral.

If housing and living conditions (19%), and benefits and debt (12%) are added together to represent families' material resources (31%) – to meet basic needs - this becomes the top priority of the families:

'I was on the verge of homelessness and getting me an appointment with Financial Inclusion Worker helped me apply for benefits at the time. I had no money at all. (Mother) She took me to the food bank. She helped me get a new hoover, a new sofa and got a bed for my daughter…nothing was ever too much' (Mother)

Subsequent to this, parents tended to see mothers' mental health (26%) and parental drug or alcohol use (21%) as the main priorities. This was followed by children's emotional and behavioural support (18%) – the referrers' top priority.

We are left wondering how much the presenting 'symptoms' e.g. substance use, poor mental health (impacting on children's emotions and behaviour) is misunderstood to be the cause. Certainly from the set of family challenges the sheer range of complexity of these is illuminating. We note the families' top priority remains one of obtaining the resources to meet basic needs within the family.

The FOWs (21%) and parents (18%) both thought family activities in the community and social isolation (14% and 11% respectively) were the next most important:

'I didn't want to leave the house I couldn't get out. I was scared of people, anxious all the time and there was [FOW] when I joined the course. It was really good and I actually met people that had different circumstances but had the same anxieties going meeting people. It was really good and got me out of the house; sometimes [FOW] come and got me.' (Mother)

The mothers often reported that practical access to services was also a barrier with support for childcare being identified as important in accessing other therapeutic and group work supports, as well as transportation.

Given the barriers to access family support services, an under-reporting on their needs was anticipated, however fathers' health was significantly under-reported on at the point of referral (2%). This is of great significance given the importance of the positive involvement of fathers to improve all family members' outcomes, including children's wellbeing (Panter-Brick, 2014). It is also notable that domestic abuse, which is known to be highly prevalent among families the FOWs support, is significantly under-reported at the point of referral (4%). There may be numerous reasons for this, including its relatively hidden nature, fear of child protection processes, a mistrust of services, as well as gendered assumptions underpinning services (where they are available), which would benefit from further exploration taking into account living and lived experience.

The families also identified poor health and substantial loss:

'I was made redundant after 17 years...so that knocked my confidence completely...before that I went through IVF and we got pregnant with twins. We told everybody...we lost them after 14 weeks. I've lost both my parents and my husband has lost both of his parents as well....I was my dad's carer. The night he died I asked him what he wants (paper, kindle) "No, no, just bring my boys.' (Mother)

Family health inequalities exist for these families. This is shown in a hard reality with the rising number of preventable drug related deaths in Scotland (National Records of Scotland, 2018), as well as the impact of adverse childhood experiences on health outcomes (Anda and Felitti, 2006).

'My dad died when I was 15. I could nae break down then because everyone else was there. Back then I would cry and lie in my bed at night...I just lost my friend, I took a good guess that she could have been lying in there dead because she was suicidal because she had just lost her husband and brother on the same day. She was in bits they both died of an overdose. I lost her and I loved her tae bits.' (Mother)

The extent to which referrers are aware of this when framing the 'problems' at the point of referral seemed limited. There is certainly a mismatch between how families perceive the problems and how professionals view the manifestations of these problems.

To what extent were problems resolved?

Of the referring 'problems', 43% of families resolved all the 'referring' problems, 40% resolved most or part of their problems and 17% had resolved at least one of their problems, but one or two problems had not progressed at nine months.

So what actually worked?

Through the qualitative interviews, the parent (largely mothers) informed us of what helped them to make progress in relation to their family challenges identified at the beginning of support. These included: emotional support and commitment, e.g. 'going the extra mile', active listening; practical and material support, e.g. the provision of bedding, furniture, cooking, being 'chummed' (accompanied) for shopping to appointments; connecting support with universal services e.g. GPs, nurseries, schools, welfare benefits, housing and childcare and with targeted services e.g. drug, alcohol and mental health services. Family members also reported that ensuring parents' voices were heard when social work were involved and preparing parents for child planning and protection processes was important to them, including advocacy.

They also experienced the following as important; active listening by the FOW with different family members which led to better communication in family relationships; improving the confidence of parents and helping with boundaries and routines; encouraging and facilitating time spent with children at home and in the community; promoting parents' own active listening with children and attuned responses.

There was substantial evidence of the benefits of connecting to universal and targeted resources for families:

'We were late every day for school. [Daughter's] attendance was really poor. One of the reasons was I couldn't afford it. FOW applied for a bus pass and then she arranged a multiagency meeting. As soon as the school knew it took away the shame. There is a huge difference in my daughter's confidence, she is not missing school, she has a bigger circle of friends.' (Mother)

'There's a SMART recovery group into town. All the ones nearby still have people using drugs. I was looking forward to the group but now I'm nervous because of the 'put downs'... [later] It's really hard at the parents group, they all know each other. It was good when the FOW first took me.' (Father)

The following mother received support in relation to multiple areas of her life e.g. recovery from substance use, relationships, benefits, grief and loss, employability as well as child protection concerns. She describes the processes:

'We had a lot of people in our lives at one point social work, drugs worker, community payback workers and we were just plodding along doing what we needed to do and just ticking the boxes ...between me and my partner we had up to six appointments per day every day...it was never about daughters safety and was down to dad and I and what we were spending our money on. She was meeting all her milestones....Now as I say everything is going well. [FOW] came into our lives at the right time.' (Mother)

The FOW's approach seeks to improve children's outcomes, individual family member's outcomes and improving family strengths as a whole. All members of the family are 'rights bearers' however the principle of the 'best interests of the child' does bring a focus to the value underpinning family support; resources of parents and carers (internal and external) are part of securing their best interests.
Where there are complex individual adult, child and family needs, including safeguarding, the number of different professionals to connect with and the time this takes versus time spent as a family was highlighted in our interviews, as well as the language of the professionals involved:

'We had a meeting at the nursery and everyone was there the addictions worker, the Community Psychiatric Nurse, the School Liaison Officer, the nursery, the GP. It was very daunting, I felt I was being talked at rather than to...they were all having their wee discussions and I just felt like I had to say 'yes' to everything they were telling me. They went around the room and everybody gave their opinion and nobody was concerned about the kids and it was just the word 'risk factor' and to me there is no 'risk factor' especially now I am on Antabuse.' (Mother)

'Yes it was devastating to think I could ever put my children at risk because I wouldn't, they are my world. My absolute world. So it was not that anything had happened to the kids. It's was just everybody kept saying this word 'risk'. She (FOW) was good, I mean she could see the kids were happy and they totally loved me and I totally loved them and there was no issue there so she kept building me up and up saying "keep remembering that", "keep remembering that", then just take it every day.' (Mother)

Time spent with the FOW before and after the process, as well as familiarity with processes, lessened these effects. When workers did invoke child protection when necessary and took into account parents own fears and anxieties, how this was done was significant to engagement and the child's outcome:

'[When baby was
registered] I thought I would have hit the pub, but I was getting him back. She gave advice all the time and she came more often. If there was anything wrong I told [FOW] straight away. I got my son back and if [FOW] wasnae there I wouldnae have done. I had postnatal depression and the [FOW] was first person I spoke to. I wasnae gonna speak to the social worker as I didnae trust them. I was biting everyone's head off and then sitting greeting (crying).' (Mother)

It is understood from the parents interviewed that having an advocate who understands their family's daily life; their parenting concerns and strengths; and helps to build motivation, is key to engagement.

Sometimes this support was felt inter-generationally:

'I think mum and dad felt good that we had someone on our side...Our initial social worker was pointing the finger and piling the horribleness on us. Their colleagues were saying "you will never change" Now they are saying "well done". Social work had my mum and dad on their side at one point and then they realised they were stuck in the past. Then mum and dad's opinions changed. "These ones are not in the grand-daughter's best interests" and "[mother and father] can't get away from the past". [FOW] got us in touch with the right people, before that for a year and half we kept going round in circles...it helped that she was like "I want to take you and your partner on what I see. She would see what social work had said and form her own opinion. Quite refreshing"' (Mother)

In conclusion to this discussion about parental evaluations of whether problems were resolved, it is worth noting that given the disparity between what constitutes a problem and its degree of acuteness expressed by parents and referring sources, then there will be a disparity in relation to perceptions of outcomes. There remains however a clear difference over referring problems in which the 'symptom' of distress e.g. poor mental health, substance use is identified as impacting on children's wellbeing, whilst family challenges (cause) e.g. material resources for family life are under reported by referrers.

What was important about the Family Outreach Workers?

The FOWs were easy to talk to, they were straightforward and helped foster positivity and hope. They were genuine and did not judge past behaviours. . The workers were viewed as providing consistent support through the 'ups and downs'. They showed unwavering commitment (even on 'down days') and went above and beyond. The parents valued the worker's ability to solve problems alongside them at their pace, including navigating professional language, systems and processes; translating these into the context of day to day family life. They also highlighted the importance of the FOW getting along with the children. The parents noticed how the workers interacted well with their children and the response they received from the children was important to them. The interviews ultimately revealed the importance of the role and value base of the workers, which is characterised by an ethic of care' e.g. respect, care and solidarity, as well as a solution focused and asset based approach. This is particularly important where hypervigilance is characteristic of various individual family members' responses, including previous levels of defeat or hostility towards formal systems who they have not felt treated fairly by. This level of vigilance impacts on both family and professional systems:

'Even when you're feeling down and she comes in and you get it off your chest and she is so up beat and positive. You don't have to hide how you're feeling and the things you have done and if there is something she can do for you, she will go above and beyond.' (Mother)

'It was good having another person to speak to. He (partner/father) also watched his best friend die in front of him and also had the stigma of speaking with social work and the FOW broke that wall down. She was not 'judgy'. She would say "I am making my basis on you guys on what I see"; again really supportive of us and seeing the positive things.' (Mother)

'I trust her 100% and her honesty. I've never really had any support. I done a mum's group and I don't trust people if I don't get a good feeling straight away I can nae make myself go back and as soon as FOW came into my house I just trusted her. She was quite quiet when I am on a high, it is bipolar and there is no filter. That's where I was at and she stuck it about.' (Mother)

'My son took to her straight way, she such a bubbly person, very upbeat, very positive, very straight forward.' (Mother)

Practitioners helped families access parenting specific resources, as well as help them to implement parenting strategies. Parents changed fundamental behaviour towards their children, which improved their bond:

'I have done another course Confident Parenting and it makes you understand what your children are telling you…All the same she has never been scared of me and she was of him. She's opened up a lot more to me and I'm actually sitting down and listening to her and I have tried to explain things….she used to visit me (in homeless accommodation) and have to leave before nine o clock every night and could not have a sleep over. She couldn't understand it.' (Mother)

The same mother also points out the FOW help in improving parental relationships, which includes listening, emotional regulation and practising how to approach a conversation:

'Me and her father are quite amicable now and we are on speaking terms and if it came down to it I would have involved social work. Well she [FOW] actually told me how to approach him better. I would have went in their full barrelled and now I calm it down and just speak slowly but speak more clearly. Before I met [FOW] we had really bad words and we weren't speaking at all…I have to step back and be the bigger person.' (Mother)

The FOWs also stay with the family in a needs-led, rather than resource-determined manner. In this sense, professionals involved in whole family approaches can arguably become part of the family's dynamic and functioning for a period of time; a clear shared understanding of the notion of family, the various outcomes sought and the complexity of the work is required. This is through a mutually agreed family support plan, where members of the family are supported to give their views where solutions and strengths are emphasised.

Discussion

Our study offers evidence for an approach that seeks to engage with everyone as individuals and as a group, wherever possible. Yet the dominant statutory focus on children's wellbeing and risk takes place without as much wider reference to family systems, resilience, ethics of care or the families' ecological or structural context. We have sought to highlight the lived experiences of the families who accessed the service as well as the progress towards meeting 'referring problems'. In existing official child protection processes, families who experience multiple adversities in particular, may struggle to engage as a result of isolation, stigma and fear. Access to services may be exacerbated because of the complexity of problems they face (health, social care, community, housing) and the way services are organised or divided (child/adult). Family members may also appear 'defeated' in attitude as professionals have failed to address the myriad issues they face. Practitioners may be viewed as lacking in understanding and competence, and risk averse practice can dominate.

Our respondents were all struggling economically. Here providing advocacy and brokering is required, rather than pathologising families or their distress. Promising alternative approaches are strengths based in nature, pay attention to relationships and how values of respect and solidarity, including 'going the extra mile', are played out. Future models should be participatory, build on social capital and family resilience, as a way of taking whole family approaches forward.

In practice this means that the Family Outreach Workers in our study worked at the pace of the family, offering reliable and flexible, practical and emotional support through times of crisis and addressing 'family challenges' by mobilising skills and strengths and building hope.

Needless to say, in practising a whole family approach, the workers were required to navigate competing claims for attention from both within the family and from external sources such as referring agencies. Time to resolve issues was also important; and this is often a tension where there are safeguarding concerns. The establishment of trusting relationships and a more nuanced understanding of family life prior to an escalation of concerns becomes of utmost importance. However, this is against a backdrop of diminishing resources as a result of austerity but more than this, an assumption that families with complex needs can access universal services. We have found the latter not to be the case without whole family support. The multiple levels of adversity, stigma and inequality must be understood and waded through to connect with families' own experiences. Whilst attribution for all 'resolved problems' cannot be fully assigned to any one service here, the progress made by families in relation to 'referring problems' identified in our study is highly commendable in light of the families' systemic and enduring experiences.

Limitations

Full attribution cannot be claimed, as there is no control group. Equally there were no clinically validated tools to offer objective measures, against a wider population. Children's views were also significantly limited and we have not offered them here. Fathers could have featured more heavily, part of the reason for this being that at the point of referral father's names were not routinely entered on the referral form.

Funding

This study received no funding.

THIS DOCUMENT IS CURRENTLY UNDER ACADEMIC PEER-REVIEW WITH A HOPE FOR EVENTUAL PUBLICATION.
25/02/2021

References

ADSS (Association of Directors of Adult Social Services) 2015 The Care Act and Whole-Family Approaches available at: https://www.local.gov.uk/sites/default/files/documents/care act-and-whole-family-6e1.pdf

Anda, R.F., Felitte, V.J., and Bremner, J.D. (2006) The enduring effects of abuse and related adverse experiences in children. A convergence of evidence from neurobiology and epidemiology, European Archives Psychiatry Clinical Neuroscience, 256: 174–86.

Braun, V., and Clarke, V (2006) Using thematic analysis in psychology, Qualitative research in psychology, 3(2): 77–01.

Bronfenbrenner, U. (1979) The ecology of human development: Experiments in nature and design, Cambridge, MA: Harvard University Press.

Bunting, L., Webb, M.A., and Shannon, R. (2017) Looking again at troubled families: parents' perspectives on multiple adversities, Child and Family Social Work, 22: 31–40.

Canavan, J, Pinkerton. J., and Dolan, P. (2016) Understanding Family Support: Policy, Practice and Theory, London: Jessica Kingsley.

De Shazer, S. and Dolan, Y. (2007) More Than Miracles: The State of the Art of Solution-Focused Brief Therapy, Abingdon: Routledge.

Featherstone. B, Gupta. A, Morris. K, and Warner. J, (2016) Let's stop feeding the risk monster: Towards a social model of 'child protection, Families, Relationships and Societies, 7(1): 7–22.

Featherstone, B., Gupta, A., Morris, K. and White, S. (2018) Protecting Children: A Social Model, Bristol: Policy Press.

Gibbs, P., Cartney, P., Wilkinson, K., Parkinson, J., Cunningham, S., James-Reynolds, C., Zoubir, T., Brown, V., Barter, P., Sumner, P., MacDonald, A., Dayananda, A. and Pitt, A. (2017) Literature review on the use of action research in higher education, Educational Action Research, 25:1, 3-22.

Gupta. A, Blumhardt. H, & ATD Fourth World (2018) Poverty exclusion and child protection practice: the contribution of 'the politics of recognition and respect, European Journal of Social Work, 21(2): 247–259.

Houston, S. H. (2015) Towards a Critical Ecology of Child Development: Aligning the Theories of Bronfenbrenner and Bourdieu, Families, Relationships and Societies, 6: 53–69.

Jack, G. (1997) Discourses of child protection and child welfare, British Journal of SocialWork,,27: 659–78.

Kalil, A. (2003) Family Resilience and Good Child Outcomes: A Review of the Literature, Centre for Social Research and Evaluation, Wellington: Ministry of Social Development, Te Manatu Whakahiato Ora.

Kendall, S., Rodger, J., and Palmer, H. (2010) The Use of Whole Family Assessment to Identify the Needs of Families with Multiple Problems, London: Department for Education.

Kim, J. S. (2008) Examining the Effectiveness of Solution Focused Brief Therapy: A Meta-Analysis, Research on Social Work Practice, 18(2): 107–16.

Leeds Safeguarding Children's Partnership (2020) https://www.leedsscp.org.uk/Practitioners/Think Family-Intro (downloaded 04.12.20, 08.20).

Lister, R. (2013) Power, not pity: Poverty and human rights, Ethics and Social Welfare, 7(2): 109–123.

Malin, N., Tunmore, J., Wilcock, A. (2014) How far foes a whole family approach make a different: Designing and Evaluation Framework to enable partners to assess and measure progress?, Social Work and Social Sciences Review, 17(2): 63–92.

Morris, K., Featherstone, B., Hill, K., and Ward, M. (2018) Stepping up, stepping down: family experiences of multiple service use, London: FRG/Lankelly Chase.

Morris, K., Hughes, N., Clarke, H., Tew, J., Mason. P., Galvani, S., Lewis, .P and Loveless, L. (2008) Think Family: A Literature Review of Whole Family Approaches, London: Cabinet Office, Social Exclusion Taskforce.

Morris, K., White, S., Doherty, P., and Warwick, L. (2017) Out of time: theorizing family in social work practice, Child and Family Social Work, 22: 51–60.

Murray, L. and Barnes, M. (2010) Have Families been Rethought? Ethic of Care, Family and 'Whole Family' Approaches, Social Policy and Society, 9(4): 533–44.

National Records of Scotland (2018) available at: https://www.nrscotland.gov.uk/files/statistics/drug-related deaths/17/drug-related-deaths-17-pub.pdf (last visited 14.05.19).

Office for National Statistics (ONS). (2019) https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2019 (downloaded 16.11.20).

Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., and Leckman, J.F. (2014) Practitioner Review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence, Journal of Child Psychology and Psychiatry, 55(11): 1187–12.

Pardeck, T. J. (1988) Social Treatment through an Ecological Approach, Clinical Social Work Journal, 16(1): 92–04.

Tew J., Morris K., White S., Featherstone B., & Fenton S-J., (2016) What has happened to 'Think Family' – challenges and achievements in implementing family inclusive practice, in M. Diggins (ed.) Parental Mental Health and Child Welfare Work, Shoreham: Pavilion, p. 59–64.

Thoburn, J., Cooper, N., Brandon, M., and Connolly, S. (2013) The place of think family approaches in child and family social work: messages from a process evaluation of an English pathfinder service, Children and Youth Services Review, 35: 228–36.

Walker, R., Kyomuhendo, B., Chase, E., Choudhry, S., Gubrium, K., Nicola, Y., and Ming, Y. (2013) Poverty in global perspective: Is shame a common denominator?, Journal of Social Policy, 42(2): 215–233.

Walsh. J., &, Mason, W. (2018) Walking the Walk: Changing Familial Forms, Government Policy and Everyday Social Work Practice in England, Social Policy and Society, 17:4 603–618.

Watts, J., Cockcroft, K., and Duncan, N. (2009) Developmental Psychology, 2nd ed., Cape Town: University of Cape Town Press. Williams, F. (2004) Rethinking Families, London: Calouste Gulbenkian Foundation.

Webb, M. A., Bunting, L., Shannon, R., Kernaghan, D., Cunningham, C., and Geraghty, T. (2014). Living with adversity: A qualitative study of families with multiple and complex needs, Northern Ireland: Barnardo's.