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# An Enquiry into Family Centres as Complex Systems of Care

By

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A collection of published and unpublished papers, submitted in fulfilment of the requirements of the degree of PhD (staff candidature route).

I declare that solo authored papers are all my own work with due acknowledgements. I confirm that co-authored papers are proportionately of equal contribution. Co-authors – Crescy Cannan and Anita Lightburn – have agreed proportionality and agreed the inclusion of shared papers in this collection.

Submission for the Examination of PhD following the Candidature Route

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## Abstract

A collection of mixed method research and theoretical papers of the last decade constitute an enquiry into the activities of community based children and family centres. Such centres are characterised by locality, mixed methods, mixed traditions, inclusiveness, sanctuary, disadvantage, and, such research as there is, appears to defy trends in education, health and particularly welfare, by reporting on major satisfactions by users and practitioners alike. Users profess transformations in well-being and practitioners remain happily in post for long periods. In the language of Winnicott, they contain and are contained. The papers conduct their enquiries by peering in through many doors, using mixed method and a broad epistemological spectrum, and apply a range of theoretical ideas – inter alia, empowerment, eco-systemic theory, developmental science, milieu, object relations, containment, and attachment theory, intervention theory. Methods include scales, cross cultural comparison, narrative and qualitative approaches, and unexpectedly, through study of outcomes, the evolving studies not only problematise methods but introduce new methodological avenues. The studies conclude that understanding centres as complex systems of care lies in a non-linear outlook and using the potential of complexity sciences. An emergent theme concerns the neglect by research to understand practitioner capacity, the sheer complexity of the task; and moreover a hint, to be explored, that social workers' mass escape from the institution to the field and the office has left them uncontained, distanced, fearful of engaging in synergies.

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And Joy, Johanna*, Robin, and Bella

* Two additional texts in this field, by Johanna Warren, of which I am extremely proud:

Warren J. (2003) Le centre social: méthode de travail avec les familles et la communauté: une perspective française, BA (French) undergraduate dissertation (distinction), University of Exeter, unpublished

Warren J. (2005) Family centres and fathers, MA (Social Work) postgraduate dissertation (distinction), University of Sheffield, unpublished.

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# Preface

We set up St Gabriel's – one of the early Children Society family centres – in 1979 and I wrote about its development with Joy Adamson. It was an early expression of the integrated centre, embracing individual work, groupwork and community work (Adamson & Warren 1983). In 1986 a BAPSCAN conference enabled me to express again this idea of the mixed method centre in the BAPSCAN Journal and I also put down a marker (Warren 1986) for the establishment of a national organisation for family centres, which we established in that same year under the aegis of the National Council for Voluntary Child Care Organisations, where I worked. At the same time, a text I edited with Winifred Stone mapped out the emerging role of the voluntary child care sector in the contested protection and support debate (Stone & Warren 1987).

My MPhil was my first research based enquiry into this field, and examined the emerging role of centres in 'advocating' for families. The thesis included a national survey of centres and established a baseline of centre activity (Warren 1991). I sought to triangulate by complementing the national survey with semi-structured interviews and the use of the critical incident technique, developed by Brenda McGowan[1] in her doctoral study of child advocacy at Columbia University, USA. Findings from the survey - disseminated in the Family Centre Network newsletter - showed an explosion of family centre development in the 1980s and early 1990s.

By 1990 family centres were seen as an important resource in family support (not least by the architects of the Children Act 1989) and were enshrined as a duty in the new Children Act 1989 (Schedule 2, Para 9). An account of the role of the centre with a warning about its diversion into narrow risk assessment was included in the

[1] Brenda McGowan and I visited the Centre for Family Life in Brooklyn in 1988 in its early adolescence. Much later she produced an exemplary case study of the centre with Hess and Botsko (2006)

DoH/Family Rights Group training materials on the Children Act (Warren 1991) which I co-ordinated at the time.

I was at Sussex University from 1992-1999. Before that, a period setting up the Trust for the Study of Adolescence (TSA) with John Coleman resulted in a text on youth policy in 1992 (Coleman & Warren-Adamson 1992) and, soon after, I returned to the promotion of family centres in a DH sponsored handbook of family centre law and practice (Warren 1983). From 1992 to 1996 I managed two major DoH grants involving the evaluation of the Family Support and Out of School Government Initiatives (Unpublished Reports to the DoH, 1996). A major recommendation was that family support should be developed by revisiting the lessons of empowerment theory and community development, and indeed this was the theme of enquiry for some time. It was reflected in Crescy Cannan and my edited text on Social Action with Children and Families (Cannan & Warren 1997, Warren 1997). I also sought to elaborate these ideas as guest editor of the newsletter of the UEA based Family Support Network (Warren 1998).

At Sussex University in the middle nineties we had made strong links with Normandy, France, getting to know social work educators, managers, centres, and the interdisciplinary local authority initiative the French call "La Circonscription". I observed the work of the *Juge des Enfants* and a very different judicial world for children. Ideas from Europe of social action, social inclusion and social pedagogy were also prominent in the Cannan & Warren text (Cannan & Warren 1987). In the same text emerged the idea of the empowerment journey (Warren 1997) which Christian Doyle and I also translated into French for Harmattan (Warren 1998). Also Marie-Renée Bourget-Daitch of the French Community Development Organisation and I wrote in the same text about the empowering potential for users meeting other users in national and international exchange (Warren & Bourget-Daitch 1987).

And all the while, I endeavoured to clarify the role of the family centre; see for example the UEA Insights series (Warren-Adamson & Vallender 1998) and the unpublished report of an action research study of the six Brighton family centres in 2001. In this report I expressed concerns about the future of family centres and the recurrent theme identified ten years previously about reductionism and the increasing

diversion of centres into narrow family assessment roles. This was reported in *Community Care* (Warren-Adamson 2000).

There is a version of the family centre in the French *centre socio-culturel*, which connects to the British and US settlement movement, and Crescy Cannan and I turned our attention to a comparison of settlements – rooted in nineteenth century Christian socialism and social education – and family centres – which emerged from a late seventies welfare tradition (Cannan & Warren 2001). Cross national interests now accelerated and a joint article with a French practitioner in Rouen allowed an exploration of the social education role of French/European practice as applied to the courts (Pouliquen & Warren-Adamson 2000), and in the summer of 2001, I partly replicated Hetherington et al's methods in their study of French child protection, by sending French speaking English practitioners to shadow counterparts in French family centres and de-briefing them on their return. The account of this, a paper delivered in September 2001 to the Association for the Study of Modern and Contemporary France, marks the beginning of my work at Southampton.

# Chapter 1 - Introduction

The forgoing collection of papers and publications constitute a submission for examination for the award of PhD. This particular study draws on publications and writing since I have been a faculty member at the University of Southampton (with the exception of the first paper which precedes this period but without which the journey will not be properly introduced).

The primary focus is upon the illumination of complex systems of care variously called family centres, children centres, family resource centres, community centres for families; in short, family centres. The enquiry is built on a number of building blocks from my practice, publications and research, and from my teaching and learning, over the past three decades.

The collection is rooted in my practice. I set up a family centre, managed another, set up the national organisation of family centres, and explored different versions nationally – settlements, children's centres - and internationally. I am trying to make sense of centres as a productive site for practice. Originally, I believed centres could be particularly accounted for in terms of empowerment. I did not attach to a simple notion of the handing over power, but rather espoused the empowerment of Solomon (1987) and Cochran (1987) which is eco-systemic and process based. Such a perspective helped to explain the trajectories of families in a more meaningful, non-linear, complicated and complex way. This collection explores the development of those ideas.

The papers for inclusion in this submission constitute 4 refereed journal papers, 7 chapters in books, 1 occasional paper, 1 conference paper and 1 report. They are predominately from 2001-2007, and the introductory paper from 1997. Each paper will be proceeded by one page which a) will highlight the method of enquiry b) review the messages and explain their coherence in the overall narrative c) confirm

the authorship of the paper. They are organised in chapters and the following explains the chapters' rationale.

Chapter 2 is a commentary on the collection of papers

Chapter 3 introduces one paper, published prior to work at Southampton, and is rooted in the development of ideas about family support. It signals a rich notion of empowerment and anticipates ideas about complexity.

Chapter 4 amounts to an overview of centres in four papers. The first is the introduction to a text I edited on centres drawn from the UK, France, Canada, Australia, New Zealand, Ireland. It suggests informal education as a practice which links these initiatives and questions the bureau as a productive site for practice. The second paper contrasts and compares family centres and settlements. There are many parallels but they are strongly distinguished by historical context and apparently antagonistic practice cultures – welfare and social and community education. The third paper examines a French version of the centre and lays bare the settlement root of French centres, and the fourth paper is a literature review of family centres.

Chapter 5 drills down into the day to day world of the centres. The first paper discusses a parenting scale applied in family centres, its promise and limitations, and starts the process of problematising outcomes. Paper 2 begins the process of enquiry and building a theory of change. Paper 3 introduces a collection of papers from colleagues who share an international interest in centres and outcomes, and paper 4 adapts the ideas in paper 2 as a theoretical framework for the international collection of studies. Paper 5 is my own study as part of this collection and explicitly introduces complexity theory as a potential explanatory framework. Paper 6 – last in this chapter - is an unpublished report on home visitor practice for Sure Start which serves as a tool for collaborative discussion with the children centre staff. It tries to make accessible some principles of complexity.

Chapter 6 introduces matters outwith centres, about the looked after child. Paper 1 reports on a collaborative enquiry which examines kinship care practice and questions the bureau as an appropriate site for such complex practice. Paper 2 – theoretical –

reviews ideas about partnership practice in family placement and, like paper 1, advances the idea of sophisticated and community based centres having a special potential for family placement practice.

Chapter 7 is a single paper which develops complexity theory as an explanatory framework for complex systems of care, not least family and children's centres. The paper concludes by inviting colleagues from the International Association for the Study of Outcomes in Child and Family Services (iaOBERfcs) to explore the complexity perspective collectively and internationally.

Chapter 8 concludes: and reviews the enquiry, which amounts to an un-ravelling and a reconstruction of the child and family centre as a site for practice.

## References

Cochran M. (1987) Empowering families: an alternative to the deficit model, in K. Hurrelman, F-X Kaufman, and F. Losel, *Social Interventions, Potential and Restraint,* Berlin, New York, Aldine de Gruyter.

Solomon B. (1987) Empowerment: social work in oppressed communities, *Journal of Social Work Practice*, 2, 4, May.

# Chapter 2 - Commentary

This commentary introduces a collection of papers which span 2001-2007. One paper in 1997 is also chosen for its contextual importance. The papers document an evolving enquiry into sites of practice represented by complex systems of practice known as children and family centres, sometimes family support centres, or community centres for children and families, or residential family centres. Usually it means a building, or at least having a beacon quality. It has sometimes included a collection of houses in a community, or a collection of foster carers.

Emergent themes from the papers which are particularly highlighted include an early theory of family support; collaborative practice and collaborative enquiry; a theory of change; centres as a site for practice; and complexity theory as an explanatory paradigm. Following the presentation of the papers, there will be a concluding discussion about child and family centre social work and appropriate sites for practice.

## Roots of the study

The first paper, paper 3a, although it falls outside work produced at the University of Southampton, introduces the beginning context of this enquiry. In its final paragraph[1] it signals an instinct for complexity theory as an explanatory framework which later papers begin to embrace more fully and establish an agenda for later work.

As in the United States, the early nineties represented a faith that we in England and Wales might move from the regulatory sterility of the eighties to a more promotional and preventive practice. Paper 1 (*Family support and the journey to empowerment -*

[1] "In my still elementary attempts at testing this empowerment model my attention is consistently drawn to the word synergy..."

Warren 1997) builds on a chapter in the Report to the DoH – the Evaluation of the Family Support Initiative - for which I was principal investigator whilst at the University of Sussex (Warren & Hartless 1996). It involved evaluating a substantial national range of voluntary sector, DoH funded, exemplary family support programmes.

The Initiative was prompted by the new Children Act 1989 Part 3 Schedule 2 (the family support sections) which followed the United States PL 282, and which had itself generated new programmes of work, and a set of theoretical ideas. These ideas were drawn on in the development of theory at the time in the UK. Theories of family support, prevention, and of empowerment interwove. Gibbons (1990) produced one of the more robust studies of family support and prevention and focused particularly on their expression in family centres, a service now recognised and enshrined as a duty on local authorities in the new legislation (CA89 schedule 2, para 9; Warren 1993).

Drawing on project studies from the DoH Family Support Initiative, this paper explored family support/empowerment theory. It reports on the application of an empowerment pilot scale which was conducted amongst the variety of family support programmes in the evaluation. Two findings from this paper have endured in the following decade's study. They are firstly, the idea of empowerment as time and process (journey seemed a helpful word at the time), and secondly, the observation culled from family centre studies that the bundle of practice elements represented in family support/empowerment practice combined in some way to create a synergy of activity, a more than the some of the parts.

Both these ideas –empowerment and synergy – have re-presented themselves almost a decade later in the context of complexity theory. Empowerment - always a troublesome word[2] - has been adopted by Lasker and others (2006) to describe a problem solving approach for human service organisations which draws on

[2] The French translation of this paper (Bonté & Cohen Scali 1998) struggled with an equivalent for empowerment and concluded that it was best represented by *auto-réinsertion* - self-inclusion - where inclusion is a cherished social policy principle of France and other European countries and latterly adopted by New Labour.

complexity theory. Synergy is the product of emergence, and is particularly elaborated by Corning as a cornerstone in complexity theory (Corning 2003). Synergy is the transformative outcome of co-operative activity and has become a critical concept towards the end of this decade of study, in trying to make sense of small, complex systems of care.

Empowerment seems to hold its own, at any rate superficially, in contemporary professional jargon and continues to have a significance. The meanings developed from an examination of the word empowerment in paper 1 – "co-labouring," process, negotiation, managing the recursiveness of relationship, and so on – resonate in two other critical themes in these papers, namely collaborative practice and collaborative enquiry. They account for two "designs". The first, collaborative practice, is a practice design – work in tandem, cross professional, cross agency, working as partners – the second, collaborative enquiry, is a research design – examining practice phenomena through the negotiation of understanding in groups. I examine their significance in later papers.

## *An Overview of Family Centres, Historical, Contextual and International Perspectives, and Changes in Practice*

This section examines historical contexts, makes comparisons with other centre development including international perspectives, and gives an overview.

Paper 4a (Introduction, in *Family Centres and their International Role in Social Action- social work as informal education,* Warren-Adamson 2001) is drawn from my editorship of a text offering international contributions on family centre based practices from UK, US, Australia, New Zealand, Ireland, France. In this text I sought to explore two emerging ideas, first, social work in this context as embracing informal education and second, questioning the office or bureau as a site for practice.

Paper 4b (*Family centres in the settlement tradition* - Cannan & Warren 2001) represents a collaboration with Crescy Cannan through the nineties, a shared interest in the role of the centre in social action and community development. Here we sought

to compare and contrast the settlement and the family centre. Settlements were seen as products of nineteenth century philanthropy, Christian responsibility, the commitment to give back, and a belief in intervention which a) drew on principles of adult and community education and b) keeping the privileged in touch with the poor. This work perceived family centres as rooted in a post war professional and welfarist tradition, wrestling with individualist and regulatory interventions enjoined with adult and community education. A concern for poverty, neighbourhood based, integrative practices appeared true for both traditions.

With Crescy Cannan, I had pursued an enquiry of French social services, as an example of European, pedagogic practice. It included the French structure of social work education, the French judicial system for children, and the idea of the "circonscription" which is the structural organisation of services in France, akin to New Labour's Every Child Matters. In particular, such enquiry drew attention to the role of the *centre socio-culturel* which is addressed in Paper 4c (*What's happening in France* – Warren-Adamson 2002). Such centres are regarded by successive French Governments as having a key role in "La Vie Associative", the development ideal of diverse and socially organised neighbourhoods and communities. This paper draws on work started at Brunel University and completed at the University of Southampton. In this study, four French speaking English practitioners were recruited to observe and participate for a week in *centres socio-culturels* in France, and were then debriefed in focus groups. The design replicates that of Brunel colleagues Hetherington et al. who investigated the French child protection system.

The study also highlighted tensions identified in paper 4b above. Alliances to professional traditions are strong and we discovered that French practitioners were more likely to ally with the Settlement movement and the British and American settlement traditions in particular. We experienced the same divide between social work and community work as we experience in the UK. French research collaborators from the *centres socio-culturels* called family centres *centres médicaux*. Also, I interviewed in five sites in Normandy five managers of the French inter-agency, inter-

professional initiatives called "circonscriptions". These managers appeared disappointingly hidebound by their own professional tradition.[3]

Paper 4d reviews the family centre literature for the Journal of Child and Family Social Work (*Family Centres: a Review of the Literature* – Warren-Adamson 2005). The literature on family centres is evaluated. A literature which emerges in the late seventies and expands with 80s enthusiasm, is sustained by Schedule 2 Para 9 of the Children Act 1989, fades in the late 90s as New Labour espouses children's centres. It re-emerges to some extent cross nationally post 2001.

Overall, the design of the research reviewed is descriptive. There is some acknowledgement of what is known as the "ecological challenge" in researching complex practice, and one specific mention of the challenge of capturing process and proximal outcomes. A study published in 2007 (Tunstill et al) based on data gathered in the late nineties highlights the complexity of centre-based practice and in particular looks at centres' special capacity to manage the formality/informality spectrum of practice. This is a critical concept in developing our understanding of collaborative practice – managing the inter-agency and the inter-professional (Warren-Adamson – in press – 2008).

Since 2001 I have sought to retain focus on centres as complex systems of practice as part of the newly formed International Association for the Evaluation of Outcomes in Family and Children's Services (iaOBERfcs). See below.

## Drilling Down: Contemporary Issues: Problematising Process and Outcomes

The above highlighted characteristics of centres, inter alia, neighbourhoods, young families, integrative approaches, diverse professional traditions. This section constitutes a drilling down, a problematising of the claims for centres. It examines the challenge of researching complex systems of practice and in particular that such centres need to find

[3] There are exceptions: see Freynet 1995

ways of demonstrating their claims as outcomes. The papers also present an application of collaborative practice and enquiry.

Before reflecting on the papers, I take this opportunity to describe the integrative nature of centres. I contributed the following to introduce a chapter which Anita Lightburn and I have written for the American Social Workers Desk Reference (Lightburn & Warren-Adamson, 2008 in press):

> "Community-based family centers are unique systems of care which are a resource for (generally) young families when more than traditional child welfare services are needed to enable families to stay together and to protect their children. Family centers can provide a sophisticated alternative to foster care and residential treatment. As a local system of care, centers support family preservation through long-term connections in the community that offer protection and buffer stressors to decrease risk and promote development. Therefore, it is important to understand how family centers work. This chapter introduces a theory of change for family center practice to highlight what is distinctive about such centers and to provide an explanatory map for program builders and practitioners. A considered theory of change helps us to understand the nature and negotiation of outcomes.
>
> Family center programs provide a unique synergy that contributes significantly to the helping experience and to positive outcomes for children, parents, and center staff. Many centers are mandated by legislation, and with wide variation in structure and auspice; centers have continued to develop over the past decades in neighborhoods, community centers, churches, and schools. As safe havens, centers provide a family environment for parents when they are isolated and distressed. Family centers become
> beacons in communities—the focus for strengthening collaboration and connection with service providers and community resources, and addressing safety in threatening environments.
>
> Well-developed case studies across the globe attest to outcomes of enhanced family stability, child development, and a culture of care essential at times of

> stress, enabling families to stay together (Canavan, Dolan & Pinkerton, 2000; Hess, McGowan & Botsko, 2003; Lightburn & Kemp1994; Warren-Adamson, 2001). These family centers become a community that functions in many ways like a therapeutic milieu—one that offers protection and nurturance in contrast to families' experiences in disorganized and often-dangerous neighborhoods and homes. Formal and informal services include professionals, natural helpers, and parents collaborating in myriad ways to create the special synergy of these centers that results in an enriched environment to meet individual needs, and that supports development for all who are involved. The family center acts in concert with system-of-care principles, and as a local system of care provides help for children with severe emotional disturbances (Stroul, 2002). A vital difference in this local system of care is the way these family centers build community that becomes a lasting resource in their neighborhoods. Family centers are described by parents as less stigmatizing and more engaging because they provide a more stable, family-like experience and a community of helpers." (Lightburn and Warren-Adamson – in press – 2008)

To continue, this section drills down, and problematises some of the claims for centres. It examines the challenge of researching complex systems of practice. In particular such centres need to find ways of demonstrating their claims as outcomes. The papers also present an application of collaborative practice and enquiry.

Paper 5a (Applying a parenting scale in family resource centres: challenges and lessons – Warren-Adamson 2002, also in Italian) is a chapter which draws on a collaborative enquiry project for Brighton Council with six family centre managers. It includes the application of Crnic's Parenting Hassles Scale (Crnic 1990/1991) with families in six family centres. The original paper was presented at an early meeting of the International Association of Outcome-Based Evaluation of Child and Family Services, (iaOBERfcs) in Volterra, Italy. The study raised doubts about the effectiveness of such a scale in the context of parents' complex, transformative development in the centres. The paper

represents the start of my leadership role and continuing enquiry under the auspices of iaOBERfcs[4] into outcomes and centres as complex systems of practice.

I have been collaborating with my colleague Anita Lightburn (Columbia, then Smith, now Fordham University, NY) since 1994, exploring the family centre as a creative site for practice. In this chapter, Paper 5b, (*Developing a community-based model for integrated family center practice*, Warren-Adamson & Lightburn 2006) identifies an emerging framework for a theory of change in complex systems of practice. We draw on a number of helpful theoretical frameworks – Howe's epistemological grid, developmental science, attachment and complexity, containment, milieu. At the same time, it has raised a number of questions. Alongside the idea of steps on the way, proximal or sensitive outcomes and their identification and measurement, the idea of mediatory factors comes into the foreground. To what extent do such factors hold a clue to a centre's synergy (see Weiss et al 2005: 641/642)?

Paper 5c (*Identifying sensitive outcomes of interventions in community-based centres,* Berry, Brandon, Chaskin, Fernandez, Grietens, Lightburn, McNamara, Munford, Palacio-Quintin, Sanders, Warren-Adamson, & Zeira - 2006) is the introduction to a special issue entitled - International Research on Community Centres for Children and Families: The Importance of sensitive Outcomes in Evaluation. Under the auspices of the International Association for the Study of Outcome-Based Evaluation in Child and Family Services – iaOBERfcs – I initiated with colleagues Anita Lightburn and Marianne Berry a cross national study of sensitive outcomes in family centres. The papers were first published in a collection in the International Journal of Child and Family Welfare (and later to appear in book form 2008), from Australia, Belgium, Canada, Israel, New Zealand, UK, USA. The paper introduces the framework and challenges set for each study.

Paper 5d (*Evaluating family centres: the importance of sensitive outcomes in cross-national studies*, Lightburn & Warren-Adamson 2006), which takes forward ideas about a conceptual framework for this edited edition. It is first in the collection after the multi-authored introduction, and establishes the theoretical framework to guide the

[4] iaOBERfcs – International Association for the Study of Outcomes-Based Evaluation in Family and Children's Services of which I am a founder member.

subsequent studies. It identifies the centre as a complex system of practice. It distinguishes the triangle of distal, proximal and mediating outcomes as an outcomes account of the complex developmental world of family centre practice.

As part of the collection of studies above, Paper 5e (*Accounting for change in family centres: making sense of outcomes in Clayhill family centre*, Warren-Adamson 2006) reports on a case study I undertook of one family centre in Southampton. Inter alia, it problematises the nature of distal, proximal and mediating outcomes and their inter-relationship. The story of the work of one parent and her co-practitioners is examined. The paper introduces complexity theory as a potential explanatory framework.

Paper 5f is a report of a brief evaluation of a home visiting scheme attached to a Sure Start children's centre. It serves primarily as a discussion document for collaborative discussions with the children's centre staff group. I tried to highlight the inter-relationship between home visitors, the children's centre, and the neighbourhood. In the report, I have tried to do what Westley, Zimmerman and Patton (2007) came to do later which is to endeavour to make accessible the assumptions of complexity theory. Westley et al describe social change interventions through storying. For me it is not an altogether satisfying text, and demonstrates the difficulty of contriving to show complexity implicitly.

## Matters Outwith Centres: Problematising Sites for Practice and Practitioner Capacity

This section turns to the matter of practice, prompted by an examination of the more sophisticated centres as productive sites for practice. Paper 4a reports on a study of kinship care practice based on a collaborative enquiry design. Paper 4b is a theoretical paper concerned with partnership practice and looked after children. Both papers point to the promise of the centre as a more enabling site for the encouragement of kinship and partnership practice.

The complexity and challenge for practitioners in managing kinship placement is introduced in this account of a collaborative enquiry with eight practitioners, which was

commissioned by a local authority (Paper 6a - *Collaborative enquiry and its potential in practice research: exploring kinship care using collaborative enquiry,* Warren-Adamson 2007). The paper examines the process of collaborative enquiry, and raises questions about both practitioner capacity and appropriate practice sites in managing the challenge of kinship placement. Integrative family centres are proposed as practice sites which have the potential to "contain" complexity and practitioner anxiety in managing the challenge of kinship placement. Crossing systems – meso-systems in Bronfenbrenner's language – appear to be a special challenge (Bronfenbrenner 1979; Duncan, Piper and Warren-Adamson 2003).

Paper 6b (*Issues in partnership practice in the context of children who are looked after*, Warren-Adamson 2005) discussed partnership practice issues in the context of looked after children and suggests that partnership practice means a world of complication and complexity which stretches the capacity of practitioners. The paper questions the conventional fieldwork site and its capacity to contain practitioners and encourage partnership practice, and it proposes instead sophisticated and integrated centres such as the Centre for Family Life in Brooklyn, NewYork as a preferred model. We have known this exemplary site for a long time, but long-term colleague Brenda McGowan from Columbia, New York and her collaborator Peg Hess have produced a major evaluation we can now cite.

## Future Directions: Complexity Theory and Methodological Matters

This section introduces Paper 7 (Complexity Theory and its Potential Contribution to an Understanding of the Process of Practice: a challenge for iaOBERfcs, Warren-Adamson 2008) which is a development of a paper prepared for the International Association for the Study of Outcome-Based Evaluation in Child and Family Services (iaOBERfcs) in New York – September 2006, and subsequently a University of Southampton symposium in April 2007. This version will be presented at the iaOBERfcs seminar in Italy in April 2008, and later I will adapt it with Anita Lightburn as a jointly authored submission to the Journal of Child and Family Social Work.

The paper develops complexity theory as an explanatory framework to apply to complex systems of practice, including family centres. The paper draws on long accepted

concepts from the natural sciences as a way of problematising intervention in social work – emergence, attractors, synergy, autopoeisis, and so on. It also raises questions a) about radical designs for the study of outcomes in centres, and also b) the challenge of reductionism in practice. The paper problematises a future methodological challenge for me which is to capture what is *necessary* and what is *sufficient* in constructing effective centres. This established analytic tool of logic goes to the heart of the challenge of understanding centres as complex systems, and hints that the best that might be achieved is to identify clusters of factors which can be associated with similar outcomes.

## References

Bronfenbrenner U. (1979) *The Ecology of Human Behaviour*, Cambridge: Harvard University Press.

Crnic, K. A. & Booth, C. L. (1991). Mother's and father's perceptions of daily hassles of parenting across childhood. *Journal of Marriage and the Family* 53: 1043-50.

Crnic, K. A. and Greenberg, M. T. (1990). Minor parenting stresses with young children. *Child Development 6,* 1 : 1628-37.

Duncan T., Piper C. & Warren-Adamson C. (2003) Running rings round the law? An ecological approach to teaching law for child-centred practice, *Social Work Education,* Vol 22, No 5; 83-102.

Freynet M-F. (1995), *Les Médiations du Travail Social*, Chroniques Sociales, Lyon.

Weiss J.R., Sandler I.N., Durlak J. & Anton B.S. (2005) Promoting and protecting youth mental health through evidence-based prevention and treatment, *American Psychologist*, Vol. 60, No.6: 628-648

Warren-Adamson C. (2008 in press) Developing networks and collaborative practice, in G.Ruch ed. PQ CCSW – *Developing Reflective Practice*, London, NY, Sage.

Lightburn A. & Warren-Adamson C. (2008 – forthcoming) An integrated practice model for family centers, In A. Roberts (Ed.) *The Social Workers' Desk Reference*, New York and London, Oxford University Press.

Westley F., Zimmerman B. & Patton, M. Quinn (2007) *Getting to Maybe*, Toronto, Vintage Canada.

# Chapter 3

# The Roots of the study

Chapter 3 introduces one paper, published prior to work at Southampton, and is rooted in the development of ideas about family support. It signals a rich notion of empowerment and anticipates ideas about complexity.

Paper 3a - **Warren C (1997), Family support and the journey to empowerment. In C. Cannan & C. Warren eds.** ***Social Action with Children and Families – a community development approach*****, Routledge, London;** also in translation as Warren C (1998) Le soutien familial et le cheminement vers l'auto-réinsertion, In M-C Bonté et V. Cohen-Scali, Familles d'Accueil et Institutions, Paris/Montréal, Harmattan.

A re-examination of and proposed framework for empowerment practice and its relationship with family support practice; empowerment as a process; concludes with a proposal that the family centre is a suitable site for empowerment practice. It first raises the unexplained, "black box" of practice in centres as synergy, more than the sum of its parts. So, although it falls before my study at Southampton, it constitutes an important first marker in the subsequent decade of enquiry.

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# FAMILY SUPPORT AND THE JOURNEY TO EMPOWERMENT

CHRIS WARREN-ADAMSON

Family support practice means promoting social support networks for children and their families within a range of formal and informal organisations. There is a growing acknowledgement that lack of social support networks increases risk (Camasso & Camasso 1986), and that the promotion of social supports enhances opportunity for citizenship, which is to say opportunities to participate reasonably, to play accepted social roles, and to take responsibility (Cochran 1985, Kagan et al 1987). An evaluation of family support practice in the voluntary child welfare sector (DoH 1992/5) has identified a practice which resembles empowerment practice. In this chapter I attempt a focused account of empowerment practice in which I want to emphasise what I call the empowerment journey, and I report on a small study which brings to life some challenges for practitioners. I shall start with two examples of the empowerment journey, one personal (a fictional account constructed from experiences of young people), the other structural.

1 Ann 14 is the main carer in her family, caring for the physical needs of her disabled mother and playing a major role in the day to day care of her three younger siblings. Her school attendance is very erratic. She heard about the Young Carers' Project through the school network. She bravely called into the Project office one day, and liked and developed a trusting relationship with a project worker. Much later, the pleasure of involvement in a recreational summer group led her to join a regular group of other young carers. Over time, cautiously, she and her family became less resistant to sharing with other agencies attention to the needs of her mother and siblings. Ann participated in Project development meetings and, once, spoke at a young carers' conference. Two years on, Ann was an altogether more confident person, with some wider friendships, and some educational opportunities gained.

The Project had engaged Ann well, cared for her, encouraged her socially and had helped her to participate and represent herself.

2 The Oakshire Project constructs its intervention from a number of perspectives, the needs of the child, the parent and child relationship, the parent's own personal development, and the parent as participant in community affairs. There are three workers. The outreach worker, receiving her referrals mainly from health visitors, focuses on the relationship needs of parent and child. The group worker concentrates on the support of women in different groups, as well as the pre-school experience of their children.. And the community worker enables parents in partnership with child care professionals to organise to press for universal child care facilities in their area. What seems important here is not that each parent has direct experience of each aspect of the Project - they generally do not - but it is the positive impact of the structure on the Project workers whose particular focus has equal status within the Project, and the fact that the needs of parents and children is represented in the structure of the Project.

The Children Act 1989 and Family Support

A series of British research studies in the 1980s (DHSS 1985) encouraged a critique of social work practice to the effect that child rescue had become the dominant principle of child care social work. That is to say, practice was beginning to turn its back on the child's original family. It had become, so the argument went, over dependent upon legal frameworks rather than negotiation, and insufficiently sensitive to the competing needs of family members. Thus one major intention of the legislation was to encourage negotiation between social worker and client. The Act gave a broad definition of a 'child in need' and made it a duty for local authorities to provide a range of services to protect and to safeguard the welfare of such children. Another device - section 1(5) - which discourages intervention based on judicial means, unless absolutely necessary, presses social workers to derive their mandate from negotiation. The debate has continued, transforming itself into the nineties. How can we slow

down the child protection juggernaut? We do not want to discard the best of our knowledge and practice in protecting children, it is generally argued, but we want change such that social work with children and their families can represent itself and be identified in the minds of the public with broader activities, for example, family support.

Part 3 and Schedule 2 of the Children Act 1989 provides for a range of family support services. This is elaborated in Guidance to the Act and its origin is described by Rose in Gibbons (1992).

Section 17 (10) of CA89 reads "For the purposes of this part a child shall be taken to be in need if-

a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
c)he is disabled.

This is a definition provided by the Act and the local authority is expected to provide a range of services for children in need in their area, to consult widely about their provision, and to monitor. The local authority should, in the words of the Act: safeguard and promote the welfare of children within their area who are in need

Such a range of family support services is specifically aimed at keeping children within their families. Moreover, this legislation allows for services to be provided for other family members and people significant to the child if the child in need will benefit. The 'targets' of such services are therefore many and varied. This is a major difference from previous legislation. The local authority can protect children from current or future harm either by providing family support services under Part 3 of the Act or, if the additional criteria based on

harm are met, by satisfying the court that a compulsory order is necessary. Thus family support is linked to protection.

Practice outcomes of the legislation

Within this legal umbrella two practices have become the focus of attention - partnership practice and family support practice - which offer broader frameworks in which to locate practice.

Partnership practice, it has been argued, underpins all aspects of the Children Act (FRG 1991, Marsh and Fisher 1992). Partnership is not solely a word of welfare, and has been favoured particularly by Government since 1979. Within welfare, Marsh and Fisher have set down the principles of partnership, as follows:

> investigation of problems must be with the explicit consent of the potential user (s) and client (s);
> user agreement or a clear statutory mandate are the only bases of partnership-based intervention;
> intervention must be based upon the views of all relevant family members and carers;
> services must be based on negotiated agreement, rather than on assumptions and/or prejudices concerning the behaviour and wishes of users;
> users must have the greatest possible degrees of choice in the services that they are offered (1992: Pp 13/14).

These principles are then developed in terms of direct practice skills, with an emphasis on active participation, task-centred, joint record-keeping, clear mandate, and full information.

Family support practice was given early expression in Britain by, for example, Goldberg and Sinclair (1986), sharing many aspects of an already established movement in North America.

They ordered their ideas in terms of individual, group, day care and multiple approaches. They identified befriending practices, self-help initiatives such as Scope, Opus, Cope, and family centres which they considered under their heading of multiple approaches. Gibbons (1992) looks ahead and reviews ideas about family support which have emerged from the debate about the Children Act 1989, and which have become enshrined in Part 3, Schedule 2 of the Act. Most authors find the concept of *prevention* wanting and seek better things from its re-formulation- *promotion*- in Family Support (Rose 1992).

In the US, Kagan, Powell, Weissboard, and Zigler (1987) provide accounts of the development of what might genuinely be called a family support movement in the US, and which appears to have lessons for the UK. Various authors look back to and beyond the US' own "Children Act" (PL 1980-292) in their review, and most authors point to roots in the settlement movement (community work), early education programs like Head Start, and self-help action.

The Family Support Initiative

In my evaluation of seven family support projects, as part of the Department of Health Family Support Initiative (DoH 1992/5), one task was to understand the boundary of family support. What is this range of services? Is it possible to talk meaningfully about family support practice? To what extent do the ideas behind family support compare and contrast with ideas about prevention, and empowerment? How do you categorise family support services?

It was decided to use a framework of family support developed by Carl Dunst (1990) whose review of American family support literature enabled him to propose an evaluation framework which may be applied both to policy and to practice. By applying Dunst to our seven family support projects we sought to gain some understanding of its use as well as raise or confirm evaluation questions to be tackled.

Dunst identified six major sets of family support principles:

1. Enhancing a sense of community
2. Mobilising resources and supports
3. Shared responsibility and collaboration
4. Protecting family integrity
5. Strengthening family functioning
6. Proactive human service practices.

The family support scale was completed by practitioners in all seven projects which we evaluated. Dunst's family support principles extended our view of practice beyond those of partnership and, explicitly and implicitly, connected with the culture of practice amongst the seven projects of our evaluation. However, the word which practitioners are likely to employ as much as, if not rather more than, either partnership or family support practice is *empowerment*.

Empowerment practice

The word *empowerment* appears to be part of the common discourse of social work students, local practitioners and managers, and the population of practitioners who have participated as respondents in our project evaluations. The word empowerment for them seems to sum up the aspiration of social and community work. However, the word empowerment does appear to be used indiscriminately. In a lively bulletin dedicated to debate about empowerment practice in family support, Rappoport, whilst suggesting barriers to the development of empowerment practice - he cites individualism, professional socialisation, racism, sexism and the functions of both state and non-governmental organisations - also cautions,

> Given our power to legitimate, we need to be more critical and less casual about what we advocate as empowering (Rappoport 1995).

I propose that whilst partnership practice is the bed-rock of 'good practice,' and supports empowerment practice, it is not the same as empowerment. Empowerment is a rather more distinctive activity which has its roots in a radical feminist perspective, a combination of the humanist counselling perspective on the one hand and a collective process of politicisation on the other (Howe 1987).

## The Empowerment Literature

There is a substantial US literature on empowerment practice. Such practice has its parallels in Europe in the tradition of cultural animation (Reisch et al 1981). In the UK, there is a growing literature on empowerment which makes a solid claim to be part of the social work (Parsloe & Stevenson 1993) and community work agendas (Craig et al 1990). In UK social work - where two increasingly separate cultures of service delivery are being constructed, one for children and families and one for 'adults' - the term empowerment has been applied particularly to services at the social work/health interface concerning the needs of adults - elders, those with learning disabilities, physical disabilities, and mental ill-health (Barker and Peck 1987, Brechan, Liddiard & Swain 1988, Holdsworth 1991, see chapter by Durrant 1997: in this book). One exception is the increasing interest the UK in the New Zealand Whanau Family Group Method (Connolly 1989, see chapter by Tunnard 1997: in this book). In US literature there has been a greater connection of empowerment practice to supporting children and their families.

## Three Perspectives of Empowerment Practice Summarised

The first perspective (Berger and Neuhaus 1977)) highlights the part played by mediating structures in communities both as venues for participation and as vehicles for projecting a set of values. The implication is a practice which is organisationally and inter-organisationally focused. Such a practice will prioritise those organisations which most reflect traditional values.

The second perspective (Dunst, Trivette & Deal 1994) is more developed and establishes a set of principles and premises which share common ground with a range of empowerment theorists, not least the assumption of an ecological perspective (Bronfenbrenner 1979) as a paradigm for understanding human behaviour. Dunst and associates provide a unitary framework, an analytical tool which helps to set a manageable agenda for further study.

The third perspective enhances others by its emphasis on process, making the links between levels of work, and collective methods. This perspective has never really departed from the framework developed by Solomon (1987) and many other theorists (Guttierrez 1990, Reisch et al 1991. Barber 1991, Parsons 1991, Mullender and Ward 1991, Freeman et al 1992,). Briefly, oppression which is experienced over time becomes internalised and the individual is prevented from carrying out the ordinary participative tasks of citizenship, for example, work, education, being a parent. Solomon calls them indirect blocks. Direct blocks are also experienced; for example, poor services, poor and unhealthy neighbourhoods, discrimination. Thus to recover my position as a disempowered person I need to a) know what has been done to me and b) to embark on a journey both to externalise the problem as well as to take responsibility for my own "recovery".

It is particularly the emphasis on process and collective practice which marks out this third perspective. It is argued that only through collective involvement am I likely to identify support over time and to discover and externalise my plight. Individual support, whether through therapy, counselling, or advocacy, is not precluded but is identified as an element in the journey. Thus such an approach is best implemented within broad programmes rather than by individual and small scale initiatives. Moreover, it is argued that individuals gain their empowerment; it is not a gift, so to speak, handed out by professionals. They can only aid and abet in the process; their job is, rather, to facilitate, set a climate (Simon 1990). How then do you construct such a climate? I will elaborate Dunst's framework and then build on important emphases of Cochran, particularly the idea of empowerment as process (Cochran 1992).

Dunst et al (1994) offer a matrix with which to analyse empowerment. A review of empowerment literature leads Dunst and colleagues to enumerate six ways in which empowerment has been given meaning.

- *Empowerment as philosophy*: the authors draw on Rappoport's three guiding principles of an empowerment philosophy, which are:

1 all people have existing strengths and capabilities as well as the capacity to become more competent,

2 the failure of a person to display competence is *not* due to deficits within a person but rather the failure of social systems to provide or create opportunities for competencies to be displayed or acquired, and,

3 in situations where existing capabilities need to be strengthened or new competencies need to be learned, they are best learned through experiences that lead people to make self-attributions about their capabilities to influence important life events.

- *empowerment as a paradigm*: here a distinction is drawn between treatment, prevention and promotion models. Promotion models draw on a particular language - e.g. mastery, optimisation, competencies and capabilities, proactive, strength-based. In contrast, the language of both treatment and prevention models is said to be deficit, or problem based e.g. poor functioning, poor parenting, preventing poor parenting, preventing family breakdown.

- *empowerment as process*: here the focus is upon empowering experiences over time which acknowledge that confidence and competence is not gained quickly. Moreover, it

embraces key elements in a journey, engagement, mentoring, reflective action, resources, collective support, etc. etc.

- *empowerment as partnership*: here empowerment is seen as an inter-personal construct, relational power sharing. The important dimension of empowerment as partnership is in the experience of the individual of a particular transaction. The emphasis on the experience, the history created of something good coming out of a relationship which was *felt* to be collaborative is important.

- *Empowerment as performance*: here the focus is on what has been learnt. What do you need to be able to do to build resource networks, for example?

- *Empowerment as perception*: this is a focus on the cognitive dimension and connects with measures which variously travel under the heading of self-esteem.

Dunst and associates provide a unitary tool to consider empowerment practice, adding two other dimensions which are context, based on Bronfenbrenner's eco-systemic model (Bronfenbrenner 1979) and four levels, individual, group, organisation and community (Dunst, Trivette, Deal 1994:23) .

The third perspective, represented by the Cornell Empowerment group (Cochran 1979/85/87/90), helps us to think about making the links between levels. It emphasises three cornerstones of empowerment practice a) process b) mutual respect c) critical reflection.

a) Process

This perspective, whilst acknowledging that empowerment can be thought of in terms of both outcome and process, lays special emphasis on process. It is argued that outcomes can be seen

as stepping stones in the process. I find it helpful to talk of a journey. Theorists cite the work of Keiffer (1984) who sees empowerment as a long-term and continuing process of adult development. Keiffer proposes four stages in an individual's empowerment story, which are described as "era of entry;" "era of advancement;" "era of incorporation;" "and the "era of commitment." Moreover, Keiffer's findings tell us that individuals' journeys through these "eras" can take a minimum of four years (a theme we are at pains to emphasise in this book). Moreover, according to Keiffer, an important outcome of empowerment is effective citizenship.

b) Mutual Respect

The second broad cornerstone of this perspective is mutual respect, a principle shared by most commentators. But here it is developed as follows, including,

i) a focus on power - a desire to share it and devolve it, as well as to understand its transactional character. Thus we come to see power played out at a myriad levels e.g. resources, gender, economic opportunity, within families, communities etc. (Pinderhughes 1983 , Hasenfield 1987);

ii) an acknowledgement of the adaptive capacity of people and thus the need to identify and develop their strengths (already well developed for example by Maluccio, Fein, & Olmstead 1986);

iii) an emphasis on diversity, history and culture. This follows from the ecological perspective. It connects well also with anti-discriminatory practice;

iv) users/clients must play the primary rôle. This is a principle generally shared but fiendishly difficult to honour;

v) programmes should be located at local and community level.

*c) Critical Reflection*

Here we see a re-emergence of Freire's work in, for example, French, US and British literature (Freynet 1995, Reisch et al op. cit, Mullender et al op. cit.) in which, through collectivity and discourse, people are enabled to distance themselves from their predicament in order to come to an understanding of the way they are prevented from citizenship. This is an approach based in ideas of adult education and cultural animation, more at home in a European than in an Anglo-Saxon tradition.

Related to this perspective is an emphasis on a) rights, the acknowledgement of a lack of resources at society level b) an enabling political framework. Intervention is more effective when permission is given through policies, funding, and an enabling political climate c) *and* caring. As well as the importance of a peer group support, theorists underline the need for a 'mentor,' a confidential, one to one relationship, particularly at the beginning of the journey.

A Study of Empowerment Practice

I constructed a semi-structured questionnaire based on this perspective (see appendix) and invited practitioners from five of the projects which participated in our Family Support Initiative Evaluation to reflect on their 'empowerment' practice. The projects which participated were all located in national voluntary organisations.

The Oakshire Project (parent and child) was based in a small town which had been devastated by structural unemployment. Three workers, outreach worker, group worker, and community worker, sought to integrate practices of counselling, group work and community development on behalf of parents and children. (This was similar to the original model of Solomon's

project, through which she developed her empowerment theory). The outreach worker visited families in their homes, designing programmes with parents (mostly women) to overcome issues in early childhood - sleeplessness, control, toilet training, aggression, and so on, The group worker ran various support groups for parents, and parents and children. And the community worker, who was also Project manager, initiated and facilitated a community group in its quest for a parent and child centre.

The Hornbeam Project (family health) took place in a large, multi-ethnic, inner city estate, Here a worker and a number of sessional workers, in alliance with other workers, for example the race equality unit, sought to identify families with children and young people with disability and chronic ill-health and develop opportunities individually and collectively for them. Significant outcomes included a number of self-help groups based on health themes, for example, depression, anxiety, and asthma. Community research was a distinctive feature of the project, representing the health need of families through the local democratic process.

The Hazel project operated across several local authority areas. Here the organisation experimented with the provision of a foster carer as refuge and carer for mother and child, victims of male violence. The Project complemented the work of local refuges by offering care to mother and small child, users referred from a local street drugs project. The work involved re-framing as a family violence approach what might hitherto have been approached as a child protection matter. The focus was particularly on parent and child and their nurture, at the beginning of the break from a violent male partner. Future outcomes would involve recruiting more family carers as a collective of support for themselves and potentially the families who used them.

The Yew Project developed a trigger video to encourage different parent groups based on issues emerging from the early years. Using the organisation's extensive national network of toy libraries, day care centres, parents projects, the trainer (reporting to an alliance of parents and professionals) embarked on developing groups amongst parents. Whilst much early

energy was concerned with the video, its later application drew the project into collective practices with parents using centres as springboards for action.

The Northshire Project engaged young carers, offered individual support and opportunities, and endeavoured to influence service systems which could help them. This project reflected a children's rights perspective (see Clifton and Hodgson's chapter in this book). Three project workers worked alongside young people who's family role was as carer, often the linchpin in a family where parent or parents suffered major ill-health and disability. Young carers suffer conflicts in their responsibility to their families and their personal and educational needs as young people in their own right. Activities meant involvement of young people in the heart of the project, including policy and staff recruitment. It involved personal support for young people, young carers' groups, disseminating research undertaken about the needs of such young people, encouraging similar project development in the region, and enabling young carers to speak out, for example at conferences. The project also sought a sensitive response from local authorities whose mandate for such young people included a potentially problematic cross-over of two major pieces of legislation, the NHS and Community Care Act 1990 and the Children Act 1989.

The Responses of Project Workers

Practitioners had no difficulty in reflecting on power imbalance or ideas of internalised oppression. They identified men's power in families and they consistently saw the process of self-blame amongst women as a feature of their work., in particular. In meeting together, young people encountered differences in expectations about their role according to different ethnic and other cultures. For young people, knowing you have missed out, wanting an education, being a young woman in a male environment were stressed. Identifying and exploiting community resources highlighted insufficiency of resources, and networking was put foreword as a basic skill to be used in this domain,

Partnership practice on the basis of shared decision-making with users was well articulated and assimilated (there were many examples of written agreements) though strengths based practice was less well expressed. Keeping users in the driving seat elicited enthusiastic agreement though two highlighted conflicts where their was a compulsory mandate - a court order - and also there were dilemmas for group workers managing over dominant members.

Critical Reflection - the emphasis on peer group as the primary means of helping people to understand the external origins to problems and to act on this knowledge - is regarded as desirable by respondents but is not seen as a sine qua non of practice. Most practitioners do have a goal of helping users to participate in groups though much experience is in working with and supporting individuals. Examples given remind us that the process of individual support, through to group participation, through to community participation, is not straightforward or indeed linear in the way outlined. The empowerment journey as identified by the experiences of these projects is a long and uneven one.

Practitioners underlined the strength of enabling users to opt in and out of the programme at various stages. There were some gratifying examples of users moving on into work and education. Young people in particular saw education as a route to liberty. Some practitioners expressed the problem of managing dependency whether individually or in the group. Caring for people drew constructive comment about the role of support groups (and in passing, the problems of managing the anger of users about their treatment from established agencies). Practitioners expressed some confusion as to whether they should adopt the mentor role or whether and how they should encourage users to gain this help from the wider community. Responses were unfocused here although in all five projects the role of individual support of users as part of the beginning of the empowerment journey was a substantial part of practice.

Responses to questions about rights and responsibilities varied in their precision. Interestingly, it elicited reflections on the rights and responsibilities of parenthood, the re-ordering of roles in families, for example, in ill-health, and the dilemmas for practitioners in

being cast in parent roles by users. Citizenship - the rights and opportunities which enable people to break away from being stuck on the margins of society - is not generally part of the discourse of practitioners. They do not automatically talk about citizenship as a goal of practice, except established community workers who are more versed in such language and debate. One identified denial of the disabled living allowance as a denial of citizenship.

Bronfenbrenner's latter-day emphasis on the need for challenge coupled with support drew varying understanding. Practitioners used the word challenge differently, in managing authority, as a tactic in anti-discriminatory practice, and as opportunity. Mutual respect is strongly expressed and articulated. Responses include the need for and usefulness of written policies in organisations, struggling with users' hostilities towards some agencies, working with different religious beliefs and cultural practices, the time needed to establish a code of ethics in group work, and the need for realism in expectations. Listening to young people, engaging them in staff recruitment, for example, has had a profoundly important effect on the young carers project.

Conclusion

In this chapter I have outlined some perspectives of empowerment practice and reflected on the practices of those working in some voluntary sector family support projects. In this chapter a focused empowerment theory proposes that intervention must make available a number of key opportunities and form the components of an empowerment journey: engagement, individual support, support/care from peer group, critical reflection within a peer group, taking action, citizenship through participation.

Overall, practitioners use the word empowerment extensively and through their practice demonstrate an intuitive attachment to aspects reflected in the literature. Areas which are particularly strong are those described as values and assumptions. This is well developed in Hulyer 1997: in this book. Values are the starting point. However, identifying the stages of

an empowerment journey is more problematic. Unlike Keiffer, it was not possible to track the particular journeys of individuals. And, for the most part, practitioners expressed a commitment to empowerment in individual work. Constructing an intervention based on all stages of the empowerment journey has a number of challenging implications.

Firstly, it involves a complicated structure. Some family centres seem to manage it, though one or other end of the continuum seems to dominate, managing risk on the one hand, encouraging participation on the other. Whether the key elements of empowerment are built into one project, or between several projects (programme), or as part of what might be called a configuration of services in the community, a central challenge is to make the links between them.

Another issue concerns practitioner roles, and matters of needs, rights and expertise. Some of the practitioners in the study have reflected on their attempts at achieving equality in their worker/user relationship. The literature of disability in particular talks of handing over power and expertise, in an equal relationship. Here the assumptions are that users define their needs entirely and the practitioner has the technical task to hand over the goods. Is this all there is to it? What of valuing and using expertise. Moreover, in each stage of the empowerment process there are dimensions of inequality. For example, the power you have as counsellor or mentor, the power vested in the facilitator in the group joining phase, the powerful knowledge of the experienced networker, the power of the educator and so on. It seems to me that what is important turns on how such power is negotiated. We expect such responsibility and discretion from professionals, and this is an important focus of professional education.

In similar vein, one respondent saw managing compulsory orders and child protection procedures as a challenge to empowerment practice. It does not have to be. Note how Marsh and colleagues have sought to define partnership practice within a compulsory mandate (Marsh 1992). What is also important is that a) practitioners acknowledge they have only a part to play in the journey b) practitioners assume responsibility for sign-posting so that users

can take advantage of other parts of the system c) programmes themselves need to provide varieties of opportunity.

Another issue concerns the journey from support to action and the traditions and capacities of practitioners. As an example, I refer to the potentially different group work agendas of social workers and community workers. The primary agenda of the social work group might arguably be seen as an expressive one. That is to say, it is primarily concerned with members' emotional support and the group's capacity to nurture and strengthen members. On the other hand, the primary agenda of the community work group may be described as an instrumental one. That is to say the group's main concerns are external and matters of nurture and support are only important insofar as they serve the external goals of the group. Valued roles in such groups will include leadership, and a range of technical skills and knowledge related to the external needs of the group. It can mean two different activities facilitated by practitioners from very different traditions. This may have polarised the position somewhat but I do believe it demonstrates the considerable polarity between social work and community work perspectives, which is consistently under-estimated.

What the empowerment journey proposes is to bring together both these perspectives; it combines the care and counselling perspective with the collective and the political (as expressed for example in Freire - op cit.). It is akin to what Howe calls the radical humanist perspective, signalled at the start of this chapter. There are many implications. Can the same practitioner embrace this continuum of practice? Does it need different practitioners and if so, who pulls it together and keeps it in balance. Does current training encourage this blend of skills? It involves reviewing training in social and community work and, in particular, a rejection of the narrow world of current practice learning opportunities in social work. I believe it should involve constructing curricula based on the empowerment structure, emphasising group practice, working in transitions, working in community-based initiatives, and linking welfare concerns with universal needs. In the domain of children and families this means ensuring a range of experience for trainees, from direct work with children, to

parent and child work, to addressing a variety of parent needs (personal and emotional, educational, as active participants, and so on). It also involves broad-based partnership training initiatives across localities and neighbourhoods.

In my still elementary attempts at testing this empowerment model my attention is consistently drawn to the word synergy. I met it - synergie - often in the original French text on which the chapter in this book "Think Global, Act Local" is based. The dictionary has it as: the combined effect of drugs, organs, etc., that exceeds the sum of their individual effects. (From the Greek *sunergos* working together). So often family centre workers will describe to me how their combination of the practical and the therapeutic, day care, education and information, networking, sign-posting and community outreach - in many ways an empowerment structure - develops an impetus, a sense of confidence and effectiveness which cannot be explained by the individual components of the centre. My guess is that practitioners who combine to work in this way are strong team members, good at transitions and making the links, and are able to look beyond the focus of their own specific practice. It would be good to know more about these matters as part of a more hopeful, though no less complicated, future agenda for children and families social action.

## BIBLIOGRAPHY

Adams R. (1990) Self-Help, Social Work and Empowerment Macmillan, London

Barber, J.G. (1991) Beyond Casework, Macmillan, Basingstoke.

Barker I. & Peck E. (1987) Power in Strange Places: User Empowerment in Mental Health Services London, Good Practices in Mental Health.

Berger P.L. & Neuhaus R.J. (1977) To Empower People: the Role of Mediating Structures in Public Policy. Washington DC: American Enterprise Institute for Public Policy Research.

Brechan A. Liddiard P. & Swain J. Eds. (1988) Handicap in a Social World Hodder & Stoughton/OUP Press

Bronfenbrenner U. (1979) The Ecology of Human Behaviour, Cambridge, Harvard University Press.

Bronfenbrenner U. (1987) "Foreword. Family support: the quiet revolution," in Kagan, S., Powell, D.R., Weissbourd B., Zigler E.F. Eds. (1987) America's Family Support Programs, Newhaven, Yale University Press, Pp xi-xvii.

Cammasso, M. J. & Cammasso, A. E. (1986) "Social supports, undesirable life events, and psychological distress in a disadvantaged population", Social Services Review, September, pp378-395.

Cochran M. (1987) "Empowering Families: An Alternative to the Deficit Model" in Social Interventions: Potential and constraints, Hurrelman, K., Kaufman, F.X., LoselF (Eds), de Gruyter, Berlin.

Cochran M. & Brassard J. (1979) Child development and personal social networks, Child Development 50, pp 60 601-616

Cochran M. (1985) The parental empowerment process: building upon family strengths, in John Harris (Ed) Child Psychology in Action: Linking Research and Practice London, Croom Helm

Cochran M. & Henderson C. Jr (1990) Family supports and informal social ties: a case study, in Cochran M., Larner M., Riley D., Gunnarsson L., & Henderson C Jr (1990) Extending Families: the Social Networks of Parents and their Children. Cambridge, Eng/New York: Cambridge University Press

Connelly M. (1989) "An Act of Empowerment: The Children, Young Persons and their Families Act", British Journal of Social Work, 24, 87-100.

Craig G. Mayo M. & Taylor M. (1990) Empowerment: a continuing role for community development, Community Development Journal, Vol 25 No 4 Pp 286-290.

DHSS (1985) Social Work Decisions in Child Care - Recent Research Findings and their Implications, London, HMSO.

Department of Health (1992/5) The Family Support Initiative, Evaluation by Hartless J. and Warren C. Unpublished.

Doel M. & Marsh P. (1992) Task Centred Social Work Aldershot, Ashgate Publishing Ltd.

Dunst C. (1990) Family Support Principles: Checklist for Program Builders and Practitioners: Family Systems Intervention Monograph, 2, No 5 Morganton, NC, Family, Infant and Pre-School.

Dunst. C., Trivette C. & Deal A. Eds. (1994) Supporting and Strengthening Families Cambridge MA, Brookline Books

Durrant P. (1997)

Freeman E. (1992) "Empowering Single Mothers", Affilia, Vol 7, No 2, 123-141.

Freire P. (1972) Pedagogy of the Oppressed Harmondsworth, Penguin.

Freynet M-F. (1995) Les Médiations du Travail Social Lyon, Chroniques Sociales.

Gibbons J. Ed. (1992) The Children Act 1989 and Family Support: Principles into Practice, London, HMSO.

Goldberg E. & Sinclair I. (1986) Family Support Exercises, London, NISW.

Hasenfield (1987) "Power in social work practice" Social Services Review, September, 459-483.

Heger, R.L. & Hunzeker, J.M. (1988) "Moving toward empowerment-based practice in public child welfare", Social Work, Nov - Dec, 499-502.

Holdsworth L. (1991) Empowerment social work with physically disabled people Social Work Monographs, UEA.

Howe D. (1987) An Introduction to Social Work Theory, Aldershot, Wildewood House

Hulyer B. (1997)

Kagan, S., Powell, DR., Weissbourd B., Zigler E.F., Eds. (1987) America's Family Support Programs, Newhaven, Yale University Press.

Keiffer C.H. (1984) "Citizen Empowerment: A Developmental Perspective", Prevention in Human Services, Vol. 3, Winter/Spring 9 -36.

Macdonald S. (1991) All Equal Under The Act London, Race Equality Unit/NISW.

Maluccio A., Fein E., & Olmstead K. (1986) Permanency Planning for Children London/New York, Tavistock.

Marsh P. & Fisher M. (1992) Good Intentions: Developing Partnership in Social Services, Rowntree/Community Care.

Mullender A. & Ward D. (1991) Self-Directed Group-Work London, Whiting and Birch

Parsloe P & Stevenson O. (1993) Community Care and Empowerment Community Care/ Rowntree.

Parsons R. (1991) "Empowerment: purpose and practice principle in social work" Social Work with Groups, Vol 14 (2) 7-21.

Pinderhughes E. (1983) "Empowerment for our clients and ourselves" Social Casework: Journal of Contemporary Social Work, June, 331-338.

Rappoport J. (1995) cited in Networking BULLETIN from Cornell Empowerment Project, G19A MVR Hall, Cornell University, Ithaca, NY 14853

Reisch M., Wenocur S., Sherman W., (1981) "Empowerment, conscientization and animation as core social work skills", Social Development Issues, 5, 2-3, summer/fall 1981, 109-120.

Rose W. (1992) Forward, in Gibbons J., Ed. (1992) The Children Act 1989 and Family Support: Principles into Practice, London, HMSO.

Saleeby D. (1992) The Strengths Perspective in Social Work Practice, New York, Longman.

Simon, B.L.(1990) "Rethinking Empowerment", Journal of Progressive Human Services, Vol 1, 1, pp 27-39.

Simon B. L. (1994) The Empowerment Tradition in American Social Work NY/Chichester, Columbia University Press

Solomon B. (1987), "Empowerment: Social Work in Oppressed Communities", Journal of Social Work Practice, May, 79-91.

Tunnard J. (1997)

# Empowerment Questionnaire

**Empowerment Questionnaire - a checklist for practitioners, students and practice teachers**

Use this to evaluate your intervention with a particular client or group. Best done several times, and even better at the beginning and end of a particular intervention. Also best done with co-worker, supervisor, evaluator. Suggest scoring where 1 = a long way to go and 7 = excellent. Scoring is not valid as a comparison between people but can be usefully employed as an opener and as a measure over time. Ask your self each question in respect of your client/family/group, and use the right hand box to do a quick score and note an example.

| | |
|---|---|
| 1 **Power**<br>Can begin to understand and discuss the nature of power imbalance at both a psychological (e.g. the family battleground, gender, age) and at the structural level (e.g. denied access to decent housing, environment, work)<br>Hasenfield 87/Pinderhughes 83 | 1-2-3-4-5-6-7 |
| 2 **Internalisation of Oppression**<br>Can begin to understand and discuss the way in which past oppression can be internalised, resulting in poor self-image, de-skilling, etc.<br>Solomon 87 | 1-2-3-4-5-6-7 |

| | |
|---|---|
| 3 **Identifying Resources**<br>View the community as an oasis of potential resources for consumers rather than as an obstacle.<br>Parsloe & Stevenson 93 | 1-2-3-4-5-6-7 |
| 4 **Strengths**<br>Can begin to identify strengths and work with them.<br>Saleeby 92 | 1-2-3-4-5-6-7 |
| 5 **Users'/Clients' Agenda**<br>They should be in the driving seat as far as the mandate will allow (this is usually more than we generally estimate even when circumstances are defined by a compulsory order)<br>Marsh 92 | 1-2-3-4-5-6-7 |
| 6 **Partnership**<br>Practice includes a task centred approach - deconstructs problems and reconstructs in achievable bites - includes open-ness in recording and written agreements<br>Doel & Marsh 92 | 1-2-3-4-5-6-7 |

| | |
|---|---|
| 7 **Process**<br>Can begin to see empowerment as a process and believe people gain confidence and competence (often) over a long time<br>Keiffer 84 | 1-2-3-4-5-6-7 |
| 8 **Transitions**<br>Have become skilled in working in 'mesosystems' - *between* groups, *between* organisations, making links.<br>Bronfenbrenner 79 | 1-2-3-4-5-6-7 |
| 9 **Critical Reflection**<br>Can begin to appreciate how users/clients might examine some of the external origins to their problems (without burdening them). This is advanced practice and best achieved in groups.<br>Freire 72/Mullender and Ward 91 /Reisch et al 81 | 0-1-2-3-4-5 |
| 10 **Values**<br>Can understand the implication of having strongly held values and have expectations of clients -<br>a) mutual respect<br>Cochran 85 | 1-2-3-4-5-6-7 |

| | |
|---|---|
| 11**Values**<br>b) anti-discrimination - gender, race/ethniicty, disability, sexuality, age, etc<br>Macdonald 91 | 1-2-3-4-5-6-7 |
| 12 **Values**<br>c) anti-violence - e.g. towards women, children, elders, those with disabilities<br>Mullender and Ward 91 | 1-2-3-4-5-6-7 |
| 13 **Citizenship**<br>Can begin to understand the implications of inclusiveness and participation as an expression of citizenship<br>Keiffer 84 | 1-2-3-4-5-6-7 |
| 14 **Cultural Sensitivity**<br>Acknowledge diversity and can begin to understand users/clients in terms of their own particular history and culture<br>Mullender and Ward 91 | 1-2-3-4-5-6-7 |
| 15 **Rights**<br>Believe in rights and can begin to asses factors which may contribute to denial of rights<br>Cochran 85 | 1-2-3-4-5-6-7 |

| | |
|---|---|
| 16 **And Responsibilities**<br>Can be seen to *have expectations* of people (e.g. as parents) and to encourage responsibility<br>Bronfenbrenner 87 | 1-2-3-4-5-6-7 |
| 17 **Challenge**<br>Acknowledge that people need to be challenged. This implies other roles - e.g. membership role in a group, through work, or training, or education<br>Bronfenbrenner 87 | 1-2-3-4-5-6-7 |
| 18 **Care**<br>Appreciate that the empowerment process often requires for people at least three kinds of relationship - ***being cared for***, actually as well as in the sense of unconditional acceptance<br>Cochran 85 | 1-2-3-4-5-6-7 |
| 19 **Group Membership**<br>Can begin to articulate what is needed to facilitate directly or indirectly for users/clients ***membership of a group***<br>Cochran 85/Mullender and Ward 91 | 1-2-3-4-5-6-7 |

| | |
|---|---|
| 20 **A Mentor**<br>Can understand the value of the ***mentor*** role - an individual who counsels, encourages, helps client/users to sustain commitment to a course of action - and can begin to articulate how to locate such a person.<br>Cochran 85 | 1-2-3-4-5-6-7 |
| 21 **Staff Empowerment**<br>Can begin to consider how workers ought to be empowered to work in this way<br>Parsloe and Stevenson 93/Simon 94 | 1-2-3-4-5-6-7 |

# Chapter 4

# An Overview of Family Centres, History, Context, International Perspectives, and Changes in Practice

Chapter 4 amounts to an overview of centres in four papers. The first is the introduction to a text I edited on centres drawn from the UK, France, Canada, Australia, New Zealand, Ireland. It suggests informal education as a practice which links these initiatives and questions the bureau as a productive site for practice. The second paper contrasts and compares family centres and settlements. It identifies many parallels in significantly different contexts. The third paper examines a French version of the centre, and the fourth paper is a literature review.

**Paper 4a - Warren-Adamson C (2001) Introduction. In: C. Warren-Adamson ed. *Family Centres and their International Role in Social Action- social work as informal education*, Ashgate, Aldershot.**

This paper is my introduction as editor to a set of international contributions on family centre based practices from UK, US, New Zealand, Ireland, France. In this opening chapter I identified social work in this context as informal education and questioned the office or bureau as a site for practice. Part 1 of the paper (Pp 60-68) offers concepts and definitions to support this argument; Part 2 (Pp 68-74) summarises the collection of chapters in the book and serves to demonstrate (as editor) my breadth of knowledge about the field.

Sole author and editor

External Ashgate Reader, Professor Anita Lightburn, Smith College, Mass, USA

# Introduction: Family Centres, Integrating Practice, and Empowerment Journeys

CHRIS WARREN-ADAMSON

This book identifies a rich vein of (family) centred practice which it is hoped will provide inspiration and ideas for those who work and participate in centres, and for those who are responsible for them. A crisis in British social work with children and families is also recognised and such centres are offered as an authentic alternative to such practice. A conclusion of the book is that the practice shown in the centres – social work as education – best fits the ecological paradigm for an understanding of human behaviour. The book concludes with a call for an international forum of (family) centres.

In this introduction the crisis will be explained, then the theory and potential of family centred practice is discussed, followed by a brief summary of the practice to look out for in the chapters of the book.

Chapters vary in simplicity and complexity and in structure; as do centres. This text will use the words family centre despite the difficulties it imposes. Family centres are resource centres and our concern is centre-based practice (as opposed to fieldwork); it is about parents and children and families broadly defined; and there are cross-overs with settlements, social action centres, community education centres, community mental health centres, and so on.

## A Crisis for Practice

In the UK, the sigh of relief by public sector workers, and teachers and social workers in particular, at the arrival of New Labour in 1997, is short-

lived. Ministers appear to mirror the attitude of their predecessors. In the struggle between ministries over the terrain of child welfare, the Home Office and the Department for Education and Employment appear to have taken off with universalism, development and prevention. The Department of Health (the traditional guardian of social work) is left with a pre-occupation with targeting children who need protecting and looking after.

Social work with children and their families in many parts of Britain is greatly troubled, and there is much concern about its ability to balance intervention in protecting, supporting and promoting families (Parton, 1997, Parton & O'Byrne, 2001). What has happened is that social work in this context has become reduced to and equated with an administrative set of knowledge and skills concerned with policing abusive families. This has become the dominant discourse; practice appears to have become preoccupied with procedure and the achievement of assessment, not as a process, but as a short-term product. Moreover, many newly qualified social workers see qualification as escape from institutional practice and make case-management their first post-qualifying step.

**Family Centres Endangered**

In Britain, family centres – one of the major successful[1] developments in child care social work of the last twenty years – are endangered by a New Labour Government and its policy towards child protection and family support. The thrust of Government policy and its practical implications appear as follows. First, reduce the role of local authority social services departments in childcare to two main activities, a) policing families in matters of child protection and youth crime, b) looking after children under the Children Act, 1989. Second, transfer the exercise of the local authority's wider duties to support families under part 3 and schedule 2 of the same legislation to the plethora of partnership arrangements initiated by New Labour.

Family centres in England and Wales are endangered because – in the light of the above changes – the majority of family centres are paid for, directly or indirectly, by local authority social services departments. Departments, reduced in focus, are squeezed financially as monies are

[1] So successful that the Children Act, 1989 makes it a duty for local authorities to 'provide such family centres as they consider appropriate...'

transferred to other preventive programmes. As social service departments define their 'core business' in the narrow sense of protection and the 'looked after child', family centres are in increasing danger of being reduced themselves to a narrow assessment and policing role, or of being cut.

## Managing the Paradox

There is a paradox here. Throughout the nineties, the Department of Health has expressed its concern about the reductionism of local authorities to a narrow protection role. It has urged concurrent thinking and practice in protection and support, culminating in a document published by the Department of Health, the Department for Education and Employment, and the Home Office, entitled 'Framework for the Assessment of Children in Need and their Families' (DH 2000). The document is underpinned by an ecological perspective of human behaviour and which implies a highly professional concurrent set of tasks for professional social work practitioners.

However, despite our ambitions for a positive local authority fieldwork practice, the conclusion is that such practice has been overcome by just too many difficulties: a) area team social workers are ham-strung by the case-management model, b) being beleaguered has become a key characteristic of the identity of the practitioner of the local state, c) 'splitting' is rife – good voluntary and private services, bad state services (on 'splitting', see Stewart, 1992: 258), d) there is a constant drain in capacity and experience, and staff take flight frequently, often to the temporary new Government initiatives, e) the practice world has little capacity to train its new practitioners; f) social work is tied to a dyadic, individualised approach to practice.

## Getting Beyond the Dyadic and Thinking Collectively

The individualised, private approach referred to above has had plenty of critics (Whittaker & Garbarino, 1983, Smale, 1995). How might a more collective approach take place? There are after all many examples:

- *Patch* – the organisation of services around a patch, locality, neighbourhood, retains an occasional profile in the UK national scene. (Hadley & McGrath, 1980; Smale, 1995), and in the US (Adams & Nelson, 1995; Zalenski & Burns, this text), and in France (Freynet, 1995; Cannan, 1997).

- *Community Social Work* – Holman (1983) inspired us with his accounts of skill and stories of resourcefulness in this approach to neighbourhood social work.

- *Family Work/Therapy* – an early perspective was represented by Manor, (1984), Hoffman (1981), and many others, seeking to achieve 'first and second order change' (Watzlawick et al., 1979). More recent perspectives draw on Faucoult (White & Epstein, 1990).

- However, in the idea of *Network Therapy* (Carpenter & Treacher 1983), Treacher rebuked his family therapy colleagues for not pursuing the implication of their own enthusiastic adoption of a systems approach by reducing their practice to what Imber-Black called 'treating family therapy as an intra-family event'. Treacher recommended that, in the case of some families, there was a case to 'treat the whole street'. Imber-Black (1988) applied systems thinking to the world between agencies. Her *Families and Wider Systems* amounts to a handbook for those who need to unravel the messes between systems, often where several agencies, mis-communicating at every level, often mirror the chaos in the 'client system'.

- Connected to the above, Dimmock and Dungworth (1985) advocated the use of *Network Meetings,* using wider family therapy techniques in assessment and decision-making in 'statutory child care cases'.

- *Family Networking* – as early as the early seventies, Speck and Attneave (1973) in the USA were reporting on an approach to problem solving where meetings were held with large family and social support networks. The approach reads as a precursor to;

- The *Family Group Conference (FGC)* – The New Zealanders developed the FGC; there is now global interest and experimentation.

Sensitive to the extended family networks and collective problem solving of the indigenous population and the plethora of island communities under New Zealand sovereignty, the New Zealand government enshrined a duty to employ the group conference in protection procedures (Connelly, 1994; Whiffen & Morris, 1997). Subsequently the group conference has been used internationally in general problem solving (not just high tariff abuse contexts) and the New Zealanders themselves are now extending its use to youth offending.

- *Neighbourhood Work* – Community work claimed a multi-layered terrain for itself in planning, inter-agency work, and the neighbourhood. In identifying the 'Skills of Neighbourhood Work', Henderson & Thomas (1987) made a claim for the neighbourhood as a distinctive site for action, and saw it as enduringly relevant despite a more mobile society (repeated in France – see Bourget-Daitch & Warren, 1997). Attempts have been made to add the protective agenda of social work to neighbourhood development (Baldwin & Carruthers, 1998; Annie E. Casey Foundation, 2000; Fletcher, this text). The challenge is to connect the above with other powerful ideas on neighbourhood development, for example, welfare modernising perspectives (Atkinson 2000) and eco-neighbourhoods (Barton 2000).

- *Social Group-Work* – is taught variously in British training courses but it is not underpinning.[2] Students find the world of largely individual work in practice placements to be a barren landscape when it comes to practising their group work skills. An exception is the local resource centre (family centre) where certain strands of group process are practised, from support and therapy to, for example, the informal or adult education model (Jeffs & Smith, 1990), feminist group-work (Howe, 1987: 121–133), and self-directed groupwork (Mullender & Ward, 1991).

- *Social Support Networks* – Whittaker (1983), drawing on the correlation between poor support networks and abusive behaviour, poor health and crime, made a powerful case for the development of

[2] Exceptionally and to its great credit, de Montfort University, UK, aims to place group care at the centre of the qualifying programme.

informal support networks as a key feature of social work practice. This is now a part of the discourse of practice and particularly assessment (DH op. cit.) but despite available materials (Lovell, Reid, & Richey, 1992; Rickard, 1998) workers are still more inclined to report on the lack of networks than on their own success in constructing them.

**Centres as Sites for a Collective Future**

Few of these approaches have become identified as mainstream practice – the exception being (intra) family therapy although it tends to be associated with medical or quasi-medical settings. For most of the above, it is hard to see appropriate sites for their sustained development. Until, that is, the emergence of the family centre. Perhaps the most promising initiative for a creative and true social work practice is sited in family centres, especially those which have been termed 'integrated centres'. This is not a new concept (Gill, 1988; Stones, this text). In a six centre action research study (Warren-Adamson, 2000) the integrated centre was accounted for as follows: function, method, focus, and the empowerment journey.

*Function and the integrated centre*

*The containment function* – this explains the centre's capacity over time to parent, to contain, weather, absorb, and accept, and help to change troubling and challenging behaviour. This is a distinctive feature of social welfare. It is what social work should do. The concept of containment is taken from Bion and the idea of the parent as container of the projective force of the infant (see Shuttleworth, 1991, also Winnicott, 1990, for a similar concept of 'holding'). Connected to this is Howe and Hining's (1995) criticism of contemporary child and family work and legislation where, they argue, an assumption only of rational action in users – partnership, partnership – means that when users behave irrationally we appear not to have the tools and often we act with hostility, unjustly, and reject. Not so centres, which seem better placed to look both ways (see also Irvine, 1956, Menzies Lyth, 1989).

*The casework decision-making function* – this explains the centre's capacity to help families make decisions and participate in decision-making, and also it explains the centre's capacity to contribute data about

families to help others make decisions (particularly the judicial and protection process). This also is distinctively the domain of social work.

*The resource centre function* – explains partly the centre's capacity to lay on a range of opportunities for families, accounting for diversity of need, and partly the capacity of centres to transform in the light of need. It is the development role of centres – spawning, nurturing, developing, moving on groups, moving from an emphasis on people's expressive needs to their instrumental needs and goals. This is a broader domain of social groupwork, informal education and community development. And it connects to:

*The group autonomy function* – this explains the world of self-help centres run by parents and provides another route to empowerment, through network, neighbourhood, and, for example, through the solidarity of women. Such centres are beacons in communities and have a particular role in engaging those families whose boundary between them and the outside – often because of male violence – is especially impermeable (see Liffman, 1978, for an Australian account, and chapters 5, 6, and 14, this text).

*The Integrated Centre and Method*

The integrated centre combines methods in individual work for families (counselling, play therapy, skills training), with work with whole families, with group work which concentrates on expressive needs. However, the integrated centre also encourages the separate development of groups, those which have grown from the centre and those which have different origins. Thus the centres can be seen to engage in a range of methods – social work, informal education, social action and community development.

*The Integrated Centre and Focus*

The integrated centre tries to combine a focus on a) the child as separate (need for care, play and education, and protection), b) the parent and child relationship, c) the separate needs of parents for containment and support, d) the separate needs of parents to participate, e) parents' needs to find education and training (Warren, 1997).

*The Idea of the Empowerment Journey*

Keiffer studied 40 successful community activists who had 'made it' from poverty and crime, and proposed that the 'journey' was on average 4 years (Keiffer, 1984). Keiffer described specific phases of recovery. His research inspired Cochran (1985) and others to develop the idea of empowerment as a long process of containing and challenging experiences. See Warren (1997: 118-120) for stepping stones in this process and the connection to family centres and their range of interventions and opportunities. Chapter 15 demonstrates well such 'journeys'.

**The Local Resource Centre**

The key concept is that of *local resource centre. Local* means accessible. Many centres are accessible without being tied to a specific neighbourhood. Some are tied to the neighbourhood, and the variously constructed meanings of neighbourhood (Barton op cit). *Resource* means having a range of people and equipment flexibly available to empower users. It is something rather more than a service. And *centre* is an identifiable building, which is part of the architecture of the community, and contributes to what Wolfensberger calls the community's social glue. In that sense it is a universal structure, part of everybody's world. For some, it is a passing blur, for others it is somewhere to turn to, to return to one day, part of your development, somewhere deeply rooted in memory (Leichter 1978). Thus, *local resource centre* can include church, school, residential facility, even an office.[3] In this text, the *local resource centre* is applied to the world of children and their families.[4]

**Jobs and Territory, Boundaries, Formality, Distance, Status, and the Invisibility of Good Parenthood**

Another way of looking at the distinctiveness of centre practice is to examine some of the jobs in social intervention, their formality and informality, and their relationship to the family and the centre. In general, status and training go with formality, distance, secure territory and firm

[3] Remember the Essex Road social work office of the 1960s?

[4] The same principle can and does apply to centres for older people, and people with learning disabilities.

boundaries (Germain, 1991). Lesser status, closeness, negotiated roles, and informality are normally associated with semi and non-professional jobs.

What is distinctive about the family centre is that, unlike most job territories, the boundary round the outside is relatively permeable. The family visits it and it visits the family over time. Most jobs in child and family social work, including doctor (except magistrate/judge/police),[5] have been undertaken in family centres, challenging staff to negotiate over distance, territory, boundary and status.

As a centre worker you represent your core professional self, without the trappings, the mythology, nothing else to rely on. Whereas closeness, negotiated roles, and informality are normally associated with the semi and non-professional, in the centre this is not the case. They are all part of a professional endeavour. Moreover, whatever the discipline, centre practices demonstrate an expression of parenthood, and, like good parenthood, it is often invisible.[6]

## Themes of Practice Integration and Empowerment in the Chapters

So let us turn to the chapters where themes of collective practice, of social work as education, and the integration of approaches are much in evidence.

In chapter 2 (Stones, 2001), Chris Stones (UK manager/practitioner) explains and brings alive the idea of the integrated centre. They say good ideas have many parents. Arguably Chris Stones and her colleagues at the Fulford family centre have been at the forefront, the first parents even, of the integrated centre, and over many years. Fittingly, it starts this text.

In chapter 3 (Warren-Adamson, David, Ducandas, 2001), Chris Warren-Adamson with Anne-Marie David and Jean-Paul Ducandas (UK academic and French practitioners) compare French and English centres and link two centre traditions – the settlement and social action centre on the one hand, and the family centre on the other. It also invites us to consider why the anglo-saxon tradition of social work in Britain has become so much more contested in Britain than its European counterpart. The chapter highlights the gains which can come from professional and user interchange.

In chapter 4 (Montgomery & Cook, 2001), Claire Cook and Paul Montgomery (UK practitioner and student practitioner) introduce important

[5] They visit, some often.

[6] See especially Chapter 14.

practical lessons, a reminder that empowerment is not a glorious battleground but rather a painstaking task of putting together principles and good organisation. In the two case studies practitioners collaborate with another agency – the Community Education Department – and illustrate that empowerment practice is also about linking the formal and the informal. Curious to note that here the Community Education department is the formal component.

In chapter 5 (Kyle, Kellerman & Ivask, 2001), two case studies,[7] assembled by Irene Kyle, Maureen Kellerman and Alla Ivask (Canadian researchers and National Organisation Manager) have been reproduced from the Canadian Association study of some fifteen different programs. Community education practice is central to these projects. Note the evolution of a feminist practice on the one hand and the headway which le Carrefour has made in developing a fathers-based practice on the other. The Report underlines the ecological approach to practice and its implication for the inner centre and its inter-connected-ness with the neighbourhood and the wider community. The studies also show how conventional supportive and educative activities can accompany community and economic development.

Chapter 6 (Fessler, 2001), is by Audrey Fessler, (UK, committee member of an independent, referral-only centre). Through interview and study of reports she traces its evolution and reflects the centre's and her struggle towards a new language, a new professionalism, and changing approaches to parenting education. A special problem for such centres is to keep their own self-help energy and self-direction whilst adapting to the world of external funders, the service level agreement, accountability, and the demands of evaluation and outcomes.

A feature of the United States has been the evolution of the large centre, combining all functions of child and family social work including child placement. In chapter 7 (Burns & Zalenski, 2001), Carolyn Burns (manager of such a centre) and John Zalenski (US academic) show through their outreach and development roles, how the challenge of joining protection and support leads the United States into patch development. Courageously, like the French, and unlike the British, they assert and celebrate social

[7] Regrettably, space precludes the inclusion of the Port au Port Community Education Initiative Inc (Stephenville, Newfoundland), a good example of the penumbral centre - a base and a range of satellite centres based in schools.

work's distinctive occupation of the world of the *social.* Note, too, how the patch office shares the integrative features of the family centre.

In chapters 8 and 9 (Jones & Ely, 2001) (Fletcher & Romano, 2001), David Ely, Ellen Jones, Terri Fletcher and Mo Romano (UK practitioners from one centre) give us a double bill of practice examples. In chapter 8, case studies show how support and child protective practice is promoted within the centre. In chapter 9, there follows an account of child protective community work which has its roots in the same centre's inter-agency, development role. Both accounts – back-to-back – help us to enlarge our practical understanding of Margaret Boushel's (1994) important concept of the *child's protective environment.*

Chapters 10 and 11 give accounts of practice from a country which has provided creative inspiration to international child and family practice (for example, family group conferences enshrined in legislation). Moreover, a culturally sensitive practice is demonstrated from which we have much to learn. Chapter 10 (Briggs, 2001) is the 'grit in our vaseline',[8] a different practice culture. Lynne Briggs (New Zealand practitioner in a child and adolescent mental health service – CAMHS) gives an alternative view of a 'community-based service', which is assessment rather than intervention focused. It is full of diagnostic information, ecologically driven with a strong value-base. This chapter also holds a place here because the CAMHS comes out consistently as a regular companion to family centres, respected by users and professionals (Warren-Adamson, 2000). It reminds us, too, that studies are needed of inter-relationships between agencies (for example, assessment, case-management and centre), and that families' empowerment journey may take place *between* key agencies and the families' own private world. Complicated stuff.

In chapter 11 (Munford & Sanders et al., 2001), Robyn Munford and Jackie Sanders, with Ann Andrew, Peter Butler, Ripeka Kaipuke and Leland Ruwhiu (New Zealand academics with practitioners) provide us with new insights on several levels, including, a) the way youth offending, welfare and the liberation of sport are brought together, and b) the idea of *being available to parent*, an important concept rejecting the narrow idea of an accrued set of skills but rather ecologically based, part of a complex transaction or relationship.[9]

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[8] Expression credited to Jake Thackery, by Norman Tutt.

[9] See also Golding (2000).

In chapter 12 (Lloyd & Frost, 2001), Andy Lloyd and Nick Frost (UK practitioner and academic) combine messages from research on youth crime and family support as a basis for family centre intervention. Centres choose to ignore that these domains are inter-linked. Students of social work will find this an excellent example of the link between research evidence and practice, showing the match between prevention and good outcomes and a clear rationale for centre practice. And practitioners struggling with parenting orders will find helpful ways to proceed. Note, too, that in the scramble to claim first parenthood for the neighbourhood family resource centre, in the UK the Family Services Units have a strong claim.

In chapter 13 (Gabrilidou, Ioannidou & Hatzivarnava, 2001), Vasso Gabrilidou, Elpida Ioannidou and Evi Hatzivarnava (Greek practitioners and a researcher) show how Greek family centres are so rooted historically in the political and social post-war context. We note how centres, principally engaged in rescuing children from a divided and traumatised post-war world, gradually engaged the local community in their endeavour. Development between systems in other words is a constant theme of centre evolution. As Greek centres have evolved they now reflect contemporary dilemmas, for example, how to combine targeted or universal services. Interesting to note that one response to changing needs and the rural context is the resource centre which supports a range of small scale outreach initiatives, what Villem Van der Eyken calls 'penumbral' development. Note the role of the quasi-Government organisation and its preventive role (like the French CAF in chapter 3).

In chapter 14 (Holland, 2001), Di Holland (UK practitioner) shows how social work, a practice which seeks to contain vulnerable and sometimes challenging people, transforms itself in the family centre and eventually links with formal educational institutions. The detail provided here provides a workable model available to other centres.

Chapter 15 (Adamson, 2001) – when a paper was requested from Togher Family Centre in Ireland, they said – very respectfully and very modestly – that's not how we work. Come over and listen to some of the stories of the centre members. So we did, and heard many stories of social work as an educational endeavour. This chapter contains some examples – empowerment journeys, 'lifelong learning', the spectrum of formal and informal education, the importance of practical services, child care as the spine of the resource, time and generations, the centre as a beacon in the community, linking small and large institutions, social workers as

facilitators and social educators, pre-school workers as social workers and community workers, managing private and the public stories, the power of exchange between centres and other countries, and so on. If you haven't read Freire (1985), or friends of Friere (Ledwith, 1997), or you haven't got your head round conscientisation, this chapter is a splendid testimony to Freire's ideas.

Inspired by the above chapters, the conclusion – Chapter 16 (Warren-Adamson, 2001), wrestles with the notion of a different discourse for social work, as a distinctively ecological, educational and integrated activity, and argues that the formative and primary setting for child and family practice should be the family (resource) centre.

## References


Adams P. & Nelson K. eds. (1995), *Reinventing Human Services*, Aldine de Gruyter, New York.

Adamson J. (2001), The neighbourhood centre as a base for social action and life-long learning, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 201-224.

Annie E. Casey Foundation (2000), http://www.aecf.org/initiatives/ntfd/

Atkinson D. (2000), *Urban Renaissance – a Strategy for Urban Renewal and the Welfare Society*, Brewin Books, Studley.

Baldwin N. & Carruthers L. (1998), *Developing Neighbourhood Support and Child Protection Strategies*, Ashgate, Aldershot.

Barton H. ed (2000), *Sustainable Communities – the Potential for Eco-Neighbourhoods*, Earthscan Publications Ltd., London.

Bourget-Daitch M-R. & Warren C. (1997), 'Act local, think global', in Cannan C. & Warren C. eds. *Social Action with Children and their Families – a Community Development Approach*, Routledge, London.

Boushel M. (1994),'The protective environment of children: towards a framework for anti-oppressive, cross-cultural and cross-national understanding', in *British Journal of Social Work*, Vol. 24, pp. 173–190.

Brager G. & Specht H. (1973), *Community Organising*, Columbia University Press, New York.

Briggs L. (2001), Aotearoa/New Zealand – family centred practice from a mental health perspective, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 127-145.

Burns C. & Zalenski J. (2001), The office as centre – a 'patch' approach, supporting and protecting in two Massachusetts communities, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 80-91.

Cannan C. (1997), 'Social development with children and families in France', in Cannan C. & Warren C. eds. *Social Action with Children and Families – a Community Development Approach*, Routledge, London, pp. 85–102.

Carpenter J. & Treacher A. (1983), 'On the neglected but related arts of convening and engaging families and their wider systems', in *Journal of Family Therapy* 5, pp.337–358.

Cochran M. (1985), 'The parental empowerment process: building upon family strengths', in Harris J. ed. *Psychology in Action: Linking Research and Practice*, Croom Helm, London.

Connelly M. (1994), 'An act of empowerment: the Children and Young Person's and their Families Act, 1989', in *British Journal of Social Work*, 24, pp. 87–100.

Dimmock B. & Dungworth D. (1985), 'Beyond the Family; using network meetings with statutory child care cases', in *Journal of Family Therapy*, 7, pp. 45–68.

Fletcher T. & Romano M. (2001), Child protection and family centres, part 2 (outside), C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 105-126.

Freire P. (1985), *The Politics of Education, Culture, Power and Liberation*, Macmillan, Basingstoke.

Freynet M-F. (1995), *Les M·diations du Travail Social*, Chroniques Sociales, Lyon.

Gabrilidou V., Ioannidou E. & Hatzivarnava E. (2001), User participation in family centres in Greece, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 177-188.

Golding K. (2000), 'Parent management training as an intervention to promote adequate parenting', in *Clinical Child Psychiatry and Psychology*, Vol 5. (3) pp. 357–371.

Hadley R. & McGrath M. (1980), *Going Local – Neighbourhood Social Services*, Bedford Square Press, London.

Henderson P. & Thomas D.N. (1987), *Skills in Neighbourhood Work* (2nd ed.), Allen and Unwin, London.

Hoffman L. (1981), *Foundations of Family Therapy*, Basic Books, New York.

Holman R. (1983), *Resourceful Friends – Skills in Community Social Work*, The Children's Society, London.

Holland D. (2001), Make your experience count: social work as informal education, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 189-200.

Howe D. (1987), *An Introduction to Social Work Theory*, Ashgate, Aldershot.

Howe D. & Hinings D. (1995), 'Reason and emotion in social work practice: managing relationships with difficult clients,' *Journal of Social Work Practice*, Vol 9, No. 1, pp. 5–14.

Imber-Black E. (1998), *Families and Wider Systems – a Family Therapist's Guide Through The Labyrinth*, Guilford Press, New York.

Irvine E. (1956), Transference and reality in the casework relationship, in *British Journal of Psychiatric Social Work*, Vol 3, No 4.

Jeffs T. & Smith M. (1990), *Using Informal Education*, Open University Press, Milton Keynes.

Jones E. & Ely D. (2001), Child protection and family centres, part 1 (inside), C. Warren -Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 92-104.

Keiffer C. H. (1984), 'Citizen empowerment: a developmental perspective', in *Prevention in Human Services* 3 (Winter/Spring), pp. 9–36.

Kyle I., Kellerman M. & Ivask A. (2001), Francophone centres in Quebec, Canada – two case studies, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 56-68.

Ledwith M. (1997), *Participating in Transformation: Towards a Working Model of Community Development*, Venture Press, Birmingham.

Leichter H. (1978), *The Family and Community as Educator*, The Teacher's College Press, New York.

Liffman M. (for the Brotherhood of St Lawrence) (1978), *Power for the Poor; The Family Centre Project; An Experiment in Self-Help*, Allen & Unwin, Sydney.

Lloyd A. & Frost N. (2001), Contemporary debates in centre practice in youth, C. Warren -Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 163-176.

Lovell M. L., Reid K. & Richey C. A. (1992), 'Social support training for abusive mothers', Garland J. A. ed. *Group Work Reaching Out: People, Places, and Power*, Howarth Press, Binghampton.

Manor O. (1984), *Family Work in Action,* Tavistock, London.

Menzies Lyth I. (1989), *The Dynamics of the Social*, Free Association Books, London.

Montgomery P. & Cook C. (2001), Education and empowerment in family centres, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 45-55.

Mullender A. & Ward D. (1991), *Self-Directed Group-Work*, Whiting & Birch,London.

Munford R. & Sanders J. et al. (2001), Aotearoa/New Zealand – working differently with families and communities, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 146-162.

Parton N. ed. (1997), *Child Protection and Family Support*, Routledge, London.

Parton N. & O'Byrne P. eds. (2001), *Constructive Social Work, Towards a New Practice*, Macmillan Press, Basingstoke.

Preston-Shoot M. & Agass D. (1990), *Making Sense of Social Work*, Macmillan, Basingstoke.

Rickard V. (1998), *Strategies for Working with Involuntary Clients*, Columbia University Press, New York.

Shuttleworth J. (1991), 'Psychoanalytic theory and infant development', in Miller L., Rustin Margaret, Rustin Michael, Shuttleworth J. eds. *Closely Observed Infants*, Duckworth, London.

Smale G. (1995), 'Integrating community and individual practice: a new paradigm for Practice', in Adams P. & Nelson K. eds. *Reinventing Human Services,* Aldine de Gruyter, New York.

Speck R. V. & Attneave C. L. (1973), *Family Networks*, Vintage, New York.

Stewart W. (1992), *The A-Z of Counselling Theory and Practice*, Chapman and Hall, London, New York.

Stones C. (2001) The family centre and the consolidation of integrated practice, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate,15-28.

Warren-Adamson C. (2000), 'Family Centres: their role in Fighting Social Exclusion,' Report of Action Research Project, Brunel University, Unpublished.

Warren-Adamson C., David A-M., & Ducandas J-P. (2001), What's happening in France? The settlement and social action centre: exchange as empowerment, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 29-44.

Warren-Adamson C. (2001), Conclusion, C. Warren-Adamson Ed. *Family Centres and their International Role in Social Action*, Aldershot, Ashgate, 225-230.

Watzlawick P., Weakland J. & Fisch R. (1974), *Change – Principles of Problem Formation and Problem Resolution*, Norton, New York and London.

Whiffen J. & Morris K. (1997), *Family Group Conferences: A Guide for Families*, Family Rights Group, London.

Winnicott D.W. (1990), *The Maturational Process in the Facilitating Environment*, Karnac Books, London.

White M. & Epstein D. (1990), *Narrative Means to Therapeutic Ends*, W.W. Norton & Co., New York and London.

Whittaker J. (1986), 'Integrating formal and informal social care: a conceptual framework', in *British Journal Social Work*, 16, Supplement, pp. 39-62.

Paper 4b **Cannan C. & Warren C. (2001), Family centres in the settlement tradition. In R. Gilchrist & T. Jeffs eds. *Settlements, Social Change and Community Action – good neighbours,* Jessica Kingsley, London;**

Compares and contrasts settlements and family centres: proposes many parallels, eg. poverty, neighbourhood-based, integrative practices, as well divergence eg community and social education practice (France) cf. welfarist and regulatory practices (UK). It led to my research into French *centres socio-culturels,* which showed similar tensions.

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6848 words

# Family Centres: in the Settlement Tradition

CRESCY CANNAN AND CHRIS WARREN

Family centres are a success story in recent social provision. Their role was enshrined in the Children Act of 1989 as having a place in the continuum of family support services, and confirmed by the Audit Commission (1994) as making a contribution to the prevention of problems in families by the support they offer to parents. Whereas only a handful existed in the 1970s by the end of the 1980s Warren (1991) enumerated 353 family centres in England and Wales. The majority are provided by local authority social services departments but the voluntary sector is significant, not least in its insistence on the local community development role of family centres and the centrality of participation by users. This approach to family support is one mirrored in other countries, with, for instance, very strong provision in France (Cannan 1997). It meshes with current calls within the European child-care world for more integrated and holistic approaches to provision for young (and school-age) children (e.g. Henderson 1997; Moss and Petrie; 1997). What these approaches have in common is the emphasis on developing local services which meet the needs of both children and parents, though, as we shall see, there are unfinished debates about gender as well as concerns about the quality of services young children in the UK may be receiving. We raise these issues now but would like first to look at the ideals of family centres and at the models to which they subscribe, in order to compare the centres with settlements. We shall argue that there are some strong parallels between certain types of family centres and settlements, and that there are ways in which both can learn from each other.

### *What are family centres?*

The Audit Commission's report was critical of local authority social services which interpreted the term 'child in need' so narrowly as almost to equate it with the much

narrower definition of 'harm'. In practice, intervention was seen to focus on only the most desperate child protection cases (children at risk of significant harm). It was argued that local authorities should extend their priority to more accessible types of family support which can prevent problems, and which can avoid the stigma and isolation of families treated by services reserved for the most serious problems. This is at the heart of the nature of family centres. Their history explains the point. During The 1970s local authorities were under increasing pressure to have more effective means of responding to what appeared to be increasing numbers of child abuse cases. At the same time, restrictions on public expenditure meant that keeping children in public care was less viable, especially as research was showing how damaging for future lives it was (cited in Cannan 1992, pp.62-5). Being in care was (and still is) associated with future family problems, with crime and imprisonment, with education and employment problems, and with homelessness. While the tendency in local authorities in the 1970s had been to respond to anxiety about child abuse by taking increasing numbers of children into care, campaigning organisations such as the Family Rights Group countered by defending the rights of parents; others pointed out the associations between poverty, race, and single parenthood and being in care (e.g. Ahmed 1987; Holman 1976). If poverty was a major factor in family breakdown and child abuse (Parton 1985, and, in the USA, Gil 1970) surely the taking into care solution was often unjust as well as unaffordable.

As local authorities started reducing the numbers of children in care, with a steep decline after the late 1970s, children's homes began to look for a new role. Many of these were run by the voluntary sector, for instance NCH Action for Children, The Children's Society, or Barnardo's. Local authority children's homes also found they were being called into question, as did day nurseries which were suffering from spending cuts but which had been used by social services departments as a way of intervening with children in need or in cases of child abuse. At the same time, the whole field of child abuse, and the question of whether professionals such as social workers were to blame for failing to prevent tragedies, became the topic of immense media interest - raising the stakes for local authorities and the anxieties of those working in the field.

There were then a number of players behind a changed approach to child protection. The local authorities and the children's charities, rights-based pressure groups and the media have been noted. There was also pressure from social work. In

1971 the small local authority children's departments and welfare services were amalgamated in the Seebohm reorganisation (named after the chair of the Committee which made the recommendations). This introduced large-scale local authority social services departments, and associated developments in training consolidated the generic base of the profession. Seebohm had encouraged community work in social services departments, with an emphasis on decentralisation and the meshing of services with local, informal care networks.

Social work expanded in this optimistic and imaginative time and became a more assertive profession. The uncritical, often unplanned and low-level care provided in day nurseries and children's homes was now considered inadequate in both political and professional terms. Similarly the rather open-ended family case-work which had been practised in both local authority services and voluntary organisations was viewed as lacking in focus and clear objectives, and while many families were thus enabled to stay together, some social workers argued that this approach did not promote family independence nor necessarily improve parenting and protection from risk of the children in these families. Later in the decade family therapy was to take root, partly encouraged by the more strategic and task-centred American responses to child abuse in that country. These connected (not always happily) in notions of community and family systems, the importance of seeing intervention, whether psychotherapeutic or more practical, as having interconnected, transactional effects along a line of family and community relationships. This ecological approach (Bronfenbrenner 1979) emphasised the child in a context, and the importance of planning interventions in ways which would strengthen that context. This is the heart of the family support idea, though this term only began to be used widely in Britain following the Children Act 1989.

Family support has addressed a lot of criticisms of the old approach to children in need and at risk of harm. It has also offered a response to the concerns of the Conservative governments in the 1970s which were identifying poor parenting as causing what Sir Keith Joseph referred to as the 'cycle of deprivation in a call for more parent education. At that time playgroups were expanding and were held up by Joseph as examples of self-help in action and of parental responsibility. For more 'risky families', the Home-Start scheme was promoted. This is a project which uses volunteer mothers to visit families where parenting problems have been identified, both for friendly support and to demonstrate the value of children's play. These were

seen as low-cost solutions in the late 1970s, but the rising concern around child sexual abuse in the family in the 1980s meant that local authorities were looking for something more solid, for responses both to identified abuse and for prevention. Family centres fitful start was institutionalised in this context, and they became part of the local authority social services landscape, sometimes by direct provision, sometimes through various forms of contract and partnership with voluntary agencies, or with health or education departments.

The principles of family support, of prevention (both of family difficulties and of the separation of children from parents), of recognizing the importance of the child's continuing links with family (which includes extended kin), and of recognizing the poverty and environmental issues in family breakdown, are enshrined in the 1989 Children Act. This requires local authorities to respond to children in need in their area and to have plans for so doing. Unfortunately limited budgets have resulted in targeting services on cases of the most severe need (Tunstill 1992); hence the criticisms made by the Audit Commission, which we noted earlier. Family centres have been squeezed into a protective, regulatory role in this process. Nevertheless many, and especially but not exclusively those in the voluntary sector, continue to stress their wider, preventive goals.

So what do family centres actually do? Eva Lloyd provides a portrait of Save the Children family support centres which offer:

> .. part-time and full-time day care, holiday play schemes, out-of-school, and community health. services for children, and welfare rights advice, education and training for other members of their families, as well as self-help opportunities to develop a variety of groups, credit unions and food co-ops, and some youth work. (Lloyd 1997, p. 143)

Save the Children centres are located in deprived communities and stress open access, self-referral and user participation. They 'provide practical responses to locally defined need', and their anti-poverty strategy rests in a commitment to 'provide better beginnings for children and new opportunities for adults (Long 1995). This is a portrait of a community development family centre, which would ring true for many centres run by other voluntary organisations, and occasionally by local authority

social services departments. The staff include social workers and workers with qualifications in youth and community work and child care. At the other extreme are client-centred (Holman 1988) or child protection (Cannan 1992) family centres, which work with clients referred by social workers or health visitors and where the centre is based more on treating or otherwise responding to serious parenting problems and providing some compensatory experience for children. Family centres are generally not open to their neighbourhood and do not see local community development as part of their brief. They are predominantly staffed by social workers and child care workers, and may be centres of expertise in family therapy and in the assessment of child abuse. While the distinction between these two types of centre was fairly clear cut through the 1980s, increasing pluralism in service provision now means that varying local compromises are met and most centres combine some elements of both models. The narrower approach is more likely where there is funding by the social services department, as their targeting on most extreme need and risk
can mean that this route is easier to take than the more complex yet effective one of family support through multi-functional, multi-funded, multi-partner community development.

*Community development family centres: in the settlement tradition?*

While recognising that family centres have different roots from settlements, it will be clear that community development family centres look very much like many modern settlements, and indeed in some areas the two forms of provision have merged into each other. The plans for the New Albany in 1979 included a family centre concept as part of its core provision. However, they are not the same, despite similarities: neither family centres nor settlements are 'just' community centres; both have special features arising from their history, their central principles and goals, and their current place in public policy. It is these that we shall go on to explore, as a basis for comparison and in order to make some suggestions for future development.

Settlements in the UK and the United States were in their heyday in the first part of the twentieth century; the postwar (and indeed interwar) welfare state reduced them to a marginal role. This decline was underpinned by the decision to place social work training in the higher education system, which meant that from the 1960s settlements

followed rather different paths from social work: the paths of community work. This has been regrettable, for the settlement tradition of commitment to local social research and social action is one which, while remaining strong in community work, has been weakened in social services departments (the main employers of social workers), where anxiety about child protection has often ruled out imaginative family services. The brief community-oriented genericism associated in England and Wales with Seebohm is also being lost in the (re)division between adult services and children and family services. Furthermore, contract cultures and managerialism are encouraging narrow, short-term, competence-based training and practice. All of this means that contemporary social work has come to be remote from the aspirations of settlement work, which has always stressed the interrelationship of social problems, the long-term, the 'hanging on in there', the value of really knowing a community in all its diversity.

So settlements may have seen their role reduced, but what they represent remains important, and this continues to invigorate and sustain community development. Settlements stand for socialaction, a term interchangeable with 'social work' in the settlement heyday. They remind of the need for social objectives to complement the contemporary focus on personal responsibility us on the one hand, and on the other, economic regeneration, both meaningless if social cohesion and the quality of life are ignored (Henderson 1997). Indeed, there is a history of voluntary organisations such as the Family Service Units (FSU) which have combined long-term, informal, practical help for families - help which connects a casework understanding of "the problem family" with an insistence that poverty is the major difficulty facing such families. FSU has also stressed the importance of collective activities in overcoming the isolating effects of deprivation on children (Holman 1998), and such projects have embraced the combination of individual and community approaches which we claim is distinctive of family centres (see, for example, the account of the West Leeds FSU in Barford, O'Grady and Hall 1995). While social work has become increasingly regulated and regulating, it is important to remind ourselves of this social action tradition within it. Settlements and community work carry this tradition, a set of

values which are important reminders to family centres and social workers struggling to contribute to and to ameliorate local life.

*Settlements* and *social action*

There are some roots and areas of work which settlements have in common with family centres. This is especially so if we begin by looking at the original aims and principles of settlements. 'The settlement movement arose out of three fundamental needs: the need for scientific research, the need for a wider life through education, and the need for leadership' (Pimlott, 1935, p.11). This account of the settlement movement and of Toynbee Hall's place within it was written in the 1930s) and so is less critical than writers today of the sometimes patronising tone of early 'settlers'. It captures a central tension in the movement: on the one hand seeking social progress by providing centres through which local people can widen their participation, and on the other fearing the spiritual vacuum into which industrialism seemed to have cast the urban working class, the settlers introduced 'higher' culture and ideals. It is not, then, about self-activity in the fullest sense, though it has often gone some way towards this, for instance, support of the trade union movement in industrial disputes, and in promoting co-operatives. Barnett and Addams did not seek to overturn the social order of the late nineteenth century but they certainly sought to change it, and to do so in ways which would improve the material and spiritual life of the poor. Their Christian socialism (called social Christianity in the USA) deplored violent confrontation and sought mediation and evolution instead (Carson 1990). It is the socialism of Ruskin, the early Wiiliam Morris, Fabianism and Tolstoy, not Marx. They have criticised the casework methods of the Charity Organisation Society (COS), prevalent at the time, for being ineffectual and degrading; they sought social as well as personal change, and while they endorsed self-help it was not the isolated self-reliance advocated by the COS, but amelioration of individual circumstances in the context of improved local social conditions and relations.

The community and the family were important institutions to Barnett and Addams, but they argued that state intervention and voluntary service, such as that established in the settlements, were needed in order for them to thrive in an industrial society.

Unregulated employment, such as found in the sweated garment trades or in the docks; insanitary tenement housing, 'rack-renting' landlords; lack of street lighting, public baths or rubbish collection; poor policing; provision of open spaces - these were some of the areas where settlements were able to tip the balance in favour of the poor in the period up to the First World War (Briggs and Macartney 1984; Carson 1990; Pimlott 1935). This is what Barnett and Addams meant by leadership: it is the civic leadership of educated people moving to poor areas and then involving themselves in the growing machinery of local government in order to improve the local infrastructure.

Campaigning for better public services, supporting trade unions in their disputes, and providing legal aid for individuals (which was usually in landlord-tenant and employment cases) were radical steps to take in late Victorian society, and even in the 1920s in the United States settlement leaders were attacked as Bolsheviks, and settlements as outposts of the Soviet government (Carson 1990, p. 167). The steps were radical, though for what might be seen as conservative ends: industrialism and poverty were seen as destroying the working-class family and community, and thus as undermining the social order. Adult education and what we now term family support were central to settlement work towards these ends, and adult education continues to have a place in settlements - as it does in some community and family centres under, for instance, European Social Fund schemes. This tension between radical and conservative ends in relation to the family is still important; many early family centres emphasised their role in supporting 'family life' and obscured the fact that many of their users were single parents, and were women. Today there is more commitment to supporting diverse life styles, recognising the many forms family and personal life can take. Family support and the provision of opportunities for women are phrases whose meaning is negotiable in the best family centres - and while this notion of empowerment differs from that of the early settlers, there is a link between initiatives that aim to see fuller lives lived in impoverished areas.

*Settlements and 'the higher life'*

The settlements campaigned for better primary education and were instrumental in the first wave of opening access to higher education. Toynbee Hall provided adult

education and was linked closely with the Workers' Education Association (WEA) after 1904, becoming the largest WEA branch in London (Pimlott 1935, p.229).

Settlements also brought culture - the 'higher life' - to the working class. Their contributions to local art exhibitions, concerts and plays meant not only that these were accessible to the working class but that the wealthy and educated were drawn to the poorer areas, thus achieving the mixing of classes so central to the settlement philosophy (Briggs and Macartney 1984, p.57). But it was also a principle in its own right: Barnett had always insisted that every person has the right to grow and to 'enjoy the best' (Johnson 1995, p4)s:

> It was because of Barnett's stress on personal culture' as well as intelligent leadership that he wanted Toynbee Hall to be centre of the arts as well as social action; and in this development he had more successes to record than disappointments (ibid).

Barnett was ahead of his time in providing exhibitions on Sundays (to which his ecclesiastical colleagues objected) and in making them accessible to children (ibid). Famous people opening the exhibitions included Lord Roseberrv. William Morris and Holman Hunt (Pimlott 1935 p.169) drawing press reviews and publicity.

> If the art exhibitions were to provide entertainment they were also intended as a means of education. The pictures were of the hiehest possible qualitv.. . Holman Hunt, Watts. Rossetti, Millais, Burne-Jones, and Herkomer, all the best painters of the day were represented, and by their best pictures. (Pimlott 1935, p. 166)

Catalogues were written carefully to help the viewers understand the pictures, and Barnett gave lectures, adapted to the tastes of his listeners (ibid). These very popular exhibitions and the subsequent campaigns for an art gallery in Whitechapel (realised in 1901), for public libraries, and the development of music and drama, did indeed have an impact on the neighbourhood. Addams in Chicago also promoted the arts, partly, like Barnett, to counter what she saw as the vulgar and corrupting popular

theatre, bars and dance halls. In settlement tradition, however, rather than seeking to close these, she recognised the drive of youth for pleasure and sought to establish drama, music and folk art (important given the high population of immigrants) as activities in which people would co-operate in contributing to the fabric of their society, and which would allow expression of emotion and provide solace from life's hardships. Her contribution to the arts at Hull House included highly successful music-schools and dramatics. Settlements offered, then, not just access to culture but opportunities that would otherwise have been unavailable to the talented (Carson 1990, pp.115-117), and indeed music-school settlements were to grow in Boston and New York in the early part of the twentieth century.

When Toynbee Hall engaged prominent Arts and Crafts architects and designers, it was partly to recreate the feel of an Oxford College, but it also expressed a commitment in the Ruskin tradition to art's social and moral function (Briggs and Macartney 1984, pp22-3). In the United States

> The settlement workers offered the riches of culture to the poor as their unclaimed birthright. At the same time they believed that under the gentle tutelage of art, the poor might find the moral energy to begin to improve their lives. (Carson 1990, pp. 116).

Perhaps out of fear of seeming patronising or elitist, such activities are rare in family centres in England. There is little attention paid to the arts at all bv social work, either in terms of opportunity or therapeutic expression. This very much contrasts with the situation in Germany or France, where the access of all to high culture is seen not just as an important social right but as contributing to social solidarity. Social-work training (especially in the educative branches of social pedagogy or *animation)* stresses practical, expressive arts and crafts as well as community arts. French *centres socio-culturels* – the equivalents of settlements but with a strong emphasis on family support - provide high-quality arts and crafts workshops and see these as important for drawing local people into the centres. Work with children and young people in deprived communities might include video or graffiti or popular music workshops, but can also include putting on a concert of classical

music with trained musicians in the local cathedral (Cannan 1992). In Germany and Denmark there is a tradition of trying to create a high-quality architectural environment for children in nurseries and centres, which not only engages their imagination and enhances play, but also expresses children's value in society and develops their aesthetic senses.

The poor quality of so many modern public buildings, including family centres and nurseries, in England contrasts sadly with the notion that everyone should have a right to enjoy the best and that public and quasi-public services can take a lead by considering carefully architecture and design. The Peckham Experiment in the 1930s was an interesting example of this. With the aim of promoting health, the building was very carefully conceived to be 'an oasis of glass in a desert of brick' (Walter Gropius' verdict, quoted in Stallibrass 1989, p.24), inviting local people into the sunny, light and attractive building and encouraging their use of it. Rather like the settlements, the health centre had many clubs and facilities for families and children and became an important part of neighbourhood life.

*Child and family welfare – some common roots*

The Peckham Experiment was inspired partly by the shortcomings in infant and maternal health and welfare during the 1920s. As a men's settlement, Toynbee Hall was little involved in this area, but the women's and mixed settlements were important in this field in Britain, France and the United States. This is an important link with family centres, given their role in the education of mothers. Family centres have grown from day nurseries and play groups, which, with infant welfare services, were often located in settlements, sometimes in partnership with local health services. In this there is a gendered history; in the United States women's settlements came quickly to outnumber men's. The new kind of service they expressed, linking philanthropic social work with social scientific research and social reform, provided a setting in which the rising numbers of Victorian and Edwardian women who had had a university education could find a role (Carson 1990, p.32). Women's settlements, like family centres today, were run mainly by women for women. While they provided aid to working-class mothers and their children they also became -as today - part of the system which regulates working-class family (and women's) lives. Hence,

sociologically, there is a strong link between the family work of settlements and of family centres.

In Britain the infant welfare movement included 300 charitable feeding associations by 1905; these provided free meals and advice on infant care, together with access to free or subsidised milk (Thane 1996, p.63). The first school for mothers opened in St Pancras in 1907, followed quickly by others. These provided talks and classes for mothers on nutrition, hygiene and infant care, and ran clinics for infants, baby shows, sewing meetings and other social activities. Up to the First World War the majority of these were run by voluntary organisations (Lewis 1980), many located in settlements together with kindergartens, play centres and nurseries. While many have noted the patronising approach to the huge difficulties working-class women faced in rearing children - in poverty and squalor - it is also evident that the advice given was appreciated by women who had no other source of accurate information (see Carson 1990, p.85 re the USA; Thane 1996, p.63). The infant welfare movement had been stimulated by alarm at the falling birthrate and high levels of infant mortality, and the Boer War and the First World War both produced calls for measures to improve 'maternal comp/:tence'. The state began to assume responsibility for infant welfare services in the interwar period; what remained a scandalous gap, however, was the lack of services for maternal health or welfare, the lack of family allowances and the slow development of birth control services.

Much of the infant welfare service, then, can be seen in the same way as family centres now - as struggling to provide something important in a context of inadequate wider services, with a sense of filling the gaps caused by poverty and poor public services, especially housing. The same gender issues remain - is it acceptable to target women and their 'maternal competence' when women's difficulties have environmental causes? On the other hand, is it not important to provide a place and space for women to share their difficulties, to gain what information is available to help them in bringing up their children, to have some pleasure and opportunity for self-expression? In this sense community-oriented family centres are hugely important as research on their users has shown (e.g. Smith 1992). The lesson from the settlements was that the creation of neighbourhood and women's space is important, but, to avoid falling back into the old COS style of social work, campaigning on local issues is essential. The power of groups is also important, not just for the sharing of problems, but in finding new, user-led solutions.

Settlements certainly saw the support of family life as a central objective. Competitive industrialism seemed to be destroying working-class family life - and poverty and squalor were pervasive until the Second World War in industrial areas of Britain and America. The women's settlements in the United States saw the settlement as an addition to the neighbourhood, which could provide a setting for families to spend leisure time together - something often impossible in the crowded tenements and hardly 'refined' bars or music-halls. The neighbourhood family gatherings were something previously unheard of (Carson 1990, p.85). The settlements, like family centres now, made family life more possible and satisfying than it might otherwise have been. In the interwar period settlements began to work with families with identified problems - their links with the child guidance movement and with juvenile courts are well documented by Carson (1990, pp. 175-1 78), who also shows how in the United States settlements' work became very closely connected with mainstream social-work training in that period. Pimlott (1935, p.245) similarly describes the establishment of the local juvenile court and associated services in Toynbee Hall. Settlements then combined community work with social work, or rather their social work (in the modern sense) rested in a strong framework of a wide range of activities and services available for all local people.

> The settlements succeeded largely because their neighbours welcomed what the settlers almost apologetically offered: organised, regularly scheduled and resident-led activities. Though the neighbourhood adults often hung back from the settlement, ... the children and adolescents swarmed in and stretched the settlers' resources and imagination to their limits. . . . the residents found that their clubs, classes, kindergartens, clinics, and summer camps formed a backbone of continuity that ensured settlement survival not just from year to year, but over decades (Carson 1990, p.52)

*Conclusion: common ground*

While the accusation of being patronising was and still is important, at their best both settlements and family centres stress participation and self-government so that clubs and activities are run by members or users. Not always easy to put into practice, and sometimes tokenistic, this nevertheless has to be the core of centre work which

ultimately tries to produce social change through the process of participation. The most successful family centres are those that are open to their community and are without stigma; within this framework successful work can be carried out with families with very grave difficulties. Part of the success lies not just in professional skills in family work, but in the integration process which coming to an open-door family centre offers to the most marginal or excluded families and their children.

Here there are two lessons. One is the importance of long-term work, of a stable presence in a community which for many family centres, especially in the voluntary sector, is threatened by short-term and insecure funding. It is extremely regrettable that recently many successful family projects and centres are closing or restricting their activities because of funding problems. Toynbee (1997) notes family support projects' success in tackling social exclusion - citing the Newpin projects, Save the Children and NCH Action for Children centres -and argues against the illogical policies which result in lack of funding for the very projects which give the opportunities that the Labour government is calling for.

The second lesson concerns the place of children. Settlements have a very strong tradition of youth work, with huge numbers of clubs and organisations involved in them. Family centres, however, have tended to base their work on younger children (because of their origins in playgroups and nurseries, as well as the emphasis on the early years as a priority for child protection). Despite family centres' place in the children's legislation, in practice the balance of work is towards parents (mothers) rather than children. The UK has poor provision for children, and many would argue that family centres could do more to alleviate this. Indeed, some saw the rise in family centre provision as linked to the demise of mainstream day care for children (Cannan 1992). True or not, family centres certainly grew in an era in which private and not public arrangements for child care were applauded. Facilities for children in family centres have tended to be sessional, in support of parent programmes or as part of explicit parent-and-child programmes. Section 17 of the Children Act 1989 has encouraged the growing assumption that the child's welfare is helped not only directly but indirectly by, for example, programmes for parents, and family centres do tend to mirror this. Nevertheless, facilities for school-age children, such as after-school clubs or

groups for children with family difficulties, are increasingly to be found in them. This has relied on the energies of the workers and on local resources, and government funding initiatives. Section 17 has also encouraged a new developmental boundary and more provision up to 8 years, thus turning social services departments' attention to school-age children.

However, the variation in the type and quality of services for children, including those of school age, is a cause for concern, especially when compared with that in many other European Union countries (e.g. European Commission Network on Child Care 1996a, 1996b) which offer a greater range of provision. Settlements of course continue to work in this area, but there is great local diversity. Other European countries recognise that the modern urban child and adolescent have very limited opportunities for independence and adventure, so that summer schemes as well as regular youth activities are important in delinquency prevention. Further, they recognise, in ways which echo the settlement founders, that these schemes should not be concentrated on the most deprived but should bridge the gaps between the classes, which simultaneously means that disadvantaged children will share high-quality services with others. We conclude that there is much in the settlement movement to inspire the family centre world. Both movements have clearly very different origins. The emergence of family centres in the era of the 'discovery' of child (sexual) abuse, and the connected reduction of social work (in local authorities) to a more regulatory and procedural activity, have had a profound influence on family centres. However, the activities of some of the early (mainly voluntary organisation) experiments reflected some of the settlement tradition of making mainstream services in health, education or community arts more widely available (see Phelan's 1983 account of The Children Society's development, and also Gibbons 1992). Save the Children's attempts to avoid regulatory social work in their focus on child care, educational and work opportunities for women (Lloyd 1977) have already been mentioned. There have been some attempts to tackle gender with experiments in programmes for men in, for instance, the Pen Green or Fulford Family Centre's attempts since the mid-1980s to integrate the community work and social work agendas. Save the Children centres have stressed the importance of providing real opportunities for women to enable them to move out of poverty. However, these examples of 'resistance' are numerically small or have proved to be short-lived. The

majority of family centres, despite all manner of resistance at the margins, have been defined largely by the local authorities' need for 'assessment' and evidence within child protection procedures (Warren 199 1).

What of the future? Well, we need constantly to remind ourselves about, and import, more promising messages from Europe in 'centre' development. Also, there are some optimistic possibilities in the so-called 're-focusing debate', generated by the Department of Health (DOH) and its followers. In summary, the proposition is that child-care social work has allowed itself to adopt too narrow a focus, in short, a regulatory or policing role. How might such a practice be identified with a broader framework, namely, family support? Are family support and child protection barely reconcilable cultures, or part of a continuum of practice (Parton 1997)? A community development approach to family support was recommended by the authors of the *Evaluation of the DOH Family Support Initiative* (Warren and Hartless 1995)) and some local authorities have taken more seriously the encouragement to shift the balance from a protection to a family support/community development perspective (e.g. Brighton and Hove Council, London Borough of Hackney). An initial agenda for such an approach is to be found in Cannan and Warren (1997). Family centres do offer the possibility of addressing one of the criticisms of community work, that its focus on the instrumental needs and outcomes of groups has meant that it might leave behind the more fragile members of the community. In their aim of offering support and opportunity to children, young people and parents in some of the most disadvantaged areas, family centres are surely in the best of settlement tradition. What they can give to settlements is a sophisticated understanding of the ecological interrelationship of family problems and support systems; they can show how families can be strengthened by projects that generate and nourish local social networks and opportunities, and many exemplify an integrated approach to children's needs. In these cases we see social work and community work enriching rather than criticising each other in their common struggle against social exclusion and injustice.

*BibliograpLy*

Ahmed, S. (1987) 'Racism in child care'. In W. Stone and C. Warren (eds) *Protection orPrevention.* London: NCVCCO.

Audit Commission ( 1 994) *Seen But Nor Heard: Co-ordinating Communig Child Health and Social Seruices For Children In Need.* London: HMSO.

Barford, R., O'Grady, S. and Hall, R. (1995) 'A neighbourhood centre-protection or prevention?' In Henderson, P. (ed.) *Children and Communities.* London: Pluto Press.

Briggs, A. and Macartney, A. (1984) *Toynbee Hall: The First Hundred Years.* London: Routledge and Kegan Paul.

Bronfenbrenner, U. (1 979) *The Ecology of Human Developnlent - Experiments by Nature and Design.* Cambridge, USA: Haward University Press.

Cannan, C. (1 992) *Changing Families, Changing We@re: Family Centres and the Welfare.* Hemel Hempstead: Harvester Wheatsheaf.

Cannan, C. (1997) 'Social Development with children and families in France'. In C. Cannan and C. Warren (eds) *Social Action with Children and Families: A Community Development Approach to Child and Family We@re.* London: Routledge. Cannan C. and Warren C. (1 997) *SocialAction with Children and Families: A Cornmunip Development Approach to Child and Family Welfdre.* London: Routledge. Carson, M. (1 990) *Settlement Folk: Social Thought and the American Settlement Movement 1885-1930.* Chicago: University of Chicago Press.

European Commission Network on Childcare (1996a) *1986-1996 - A Decade of Achievements.* Brussels: European Commission.

European Commission Network on Childcare (1996b) Qu*ality Targets in Services for Young Children.* Brussels: European Commission.

Gibbons, J. (ed) (I 992) *The Children Act 1989 and Family Support: Principles into Practice.* London: HMSO.

Gil, D. (1970) *Violence Against Children.* Cambridge Mass: Haward University Press.

Henderson, P. (1997) 'Community Development and Children: A contemporary agenda'. In C. Cannan and C. Warren (eds) *SocialAction with Children and Families: A Community Development Approach to Child and Family Welfare.* London: Routledge.

Holman, B. (1998) 'Groundwork'. *The Guardian,* 15 July.

Holman, R. (1976) *Inequality* in *Child Care,* London: Child Poverty Action Group.

Holman, R. (1 988) *Putting Families First: Prevention and Childcare, a Study of Prevention by Statutory and Voluntary Agencies.* Basingstoke: Macmillan.

Johnson, C. (1995) *Introduction to the History and Impact of the International Settlement Movement.* Derby: International Federation of Settlements and Neighbourhood their Centres.

Lewis, J. (1 980) *The Politics* of *Motherhood: Child and Maternal Welfare in England 1900-1939.* London: Croom Helm.

Lloyd, E. (1997) 'The role of the centre in family support'. In C. Cannan and C. Warren (eds) *Social Action with Children und Families: A Community Developmentr Approach to Child and Family Welfare.* London: Routledge.

*Long G. (1995) 'Family poverty and the role of family support work' In M. Hill, R. Hawthorne-Kirk & D.Part (eds)* Supporting Families. Edinburgh: HMSO.

Moss, P. and Petrie, P. (1997) *Childrens's Services: Time for a New Approach.* London: University of London, Institute of Education.

Parton, N. (1985) *The Politics of Child Abuse.* Basingstoke: Macmillan.

Parton, N. (1997) *Child Protection and Family Support - Tensions, Contradictions and Possibilities.* London: Routledge.

Phelan, J. (1983) *Family Centres - A Study.* London: The Children's Society.

Pimlott, J.A. R. (1 93 5) *Toynbee Hall: Fiftyy Years of Social Progress 1884- 1934.* London: Dent.

Smith, T. (1992) 'Family centres, children in need and the Children Act 1989'. In J. Gibbons (ed.) *The Children Act 1989 dnd Family Support. Principles into Practice* London: HMSO.

Stallibrass, A. (1989) *Being Me and Also Us: Lessons from the Peckham Experiment.* Edinburgh: Scottish Academic Press.

Thane, P. (1996) *Foundations of the Welfare State.* Harlow: Longman.

Toynbee, P. (1997) 'Wanted: a department for banging heads together'. *The Independent,* 8 December.

Tunstill, J. (1992) 'Local authority policies on children in need'. In J. Gibbon (ed.) *The Children Act 1989 and Family Support: Principles into Practice.* London: HMSO.

Warren, C. (1991) *The Role of Parent Advocacy in Farnily Centres.* MPhil Thesis, University of Southampton. Unpublished.

Warren, C. & Hartless J. (1 995) *Evaluation of the Family Support Initiative.* Report to the DOH, University of Sussex. Unpublished.

White, T. (1998) 'Kids' stuff. *The Guardian,* 24 June.

**Paper 4c Warren-Adamson C (2002) What's happening in France. In C. Warren-Adamson ed.** ***Family Centres and their International Role in Social Action- social work as informal education*****, Ashgate, Aldershot;**

Editorship of international contributions on family centre based practices from UK, US, New Zealand, Ireland, France. This paper draws together messages from my Brunel University study wherein four French speaking English practitioners were recruited to observe and participate in *centres socio-culturels* in France, and highlights tensions identified in paper 2 above.

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# What's Happening in France? The Settlement and Social Action Centre: Exchange as Empowerment

CHRIS WARREN-ADAMSON, with ANNE-MARIE DAVID
and JEAN-PAUL DUCANDAS

**Introduction**

This chapter compares aspects of family centres in England (the integrated centre) and France (the centre socio-culturel). The material derives from a pilot study undertaken by the main author in order to establish a beginning framework for a more detailed study of French 'family centres'. Jean Paul Ducandas and Anne-Marie David are managers of centres in France. Programmes and priorities are discussed, as well as the directions set by the different centre movements in both countries. Judicial and protection frameworks for children are considered. Professional traditions are reviewed and we revisit the settlement and social action centre and consider practitioner and user exchange as empowerment.

**The Family Centre and the Centre Socio-Culturel**

British Family Centres of a certain kind appear to have an equivalent in the French Centre Socio-Culturel. This is a complex proposition we face when making generalisations about family centres. Typologies about family centres abound (Phelan, 1983; De'Ath, 1988; Holman, 1992; Warren, 1993), describing a range of centres, from those rooted in social work and a function in child protection procedures, to the community development centre, uneasily connected to social welfare. Nevertheless, a common model of family centre development is the Integrated Model (see the

Introduction to this text) and it is this which resembles the French Centre Socio-Culturel.

Six Family Centres in a south coast urban area (five local authority and one voluntary organisation) and ten centres across the channel, run by a quasi-governmental organisation (the Caisse d'Allocations Familiale – la CAF), have many similarities. Both are concerned with supporting 'the family' and are multi-purpose. They are concerned with community, employ social workers, community workers, educationalists, especially pre-school. In short, both sorts of centre embrace social welfare, adult education and community development.

This chapter begins to consider what influences the direction of the centres, how looking at other countries might help us towards an understanding of some of these questions? The two models of centre will be examined according to the following headings.

- Mix of activities – the range of services?
- History?
- The centre's relationship to family law and the judicial framework?
- Location in the local organisation of services?
- Auspices – who runs the centre?
- Professional tradition?

**Mix of Activities – The Range of Services?**

We turn to a more detailed look at two centres, one English, and the other French, which resemble each other in their range of social action. The technique for examining similarities and difference in the two centres draws on Bronfenbrenner's ecological framework (Bronfenbrenner 1979). He proposes the idea of a set of nested systems where a) the micro-system is the inner system – the location of child/parents, b) the exosystem – is the next outer system, the location of the tangible world which has a direct influence on the child and her/his inner system (school, work, church, neighbourhood, town council institutions and so on, c) the macro – system is the wide outer system connoting the broad ideological, historical framework in which the other

systems are located. The link between two or more systems is called the meso-system (for example, the child and the school). In the following adaptation of the idea:

a) the centre is represented as the micro-system, the site for the centre's individual and groupwork with users;

b) the outside community – neighbourhood and beyond – is represented by the exo-system and;

c) the link between the inside system – the centre – and the outside world is represented by the terrain which is the link between systems, in Bronfenbrenner's language, the meso-system.

This framework was shared with centre managers and together a rich picture (Checkland 1981) of the centre was constructed, which prompted questions from a number of perspectives. The following is an account of two rich pictures (see figures 1 & 2).

*The Family Centre*

Let us focus on a) first. Here there is a series of groups represented by the ellipses and individual practice – play therapy, counselling, information, and informal advice. Some of the groups reflect squarely the social work agenda – teenage mothers group, parent and child game, day programme. Here direct goals include assessment and behavioural change and direct outcomes claimed include 'better parenting'. Individual practices share the same agenda, for example, counselling, play therapy, and you can add couples work, family therapy, and the occasional, specific behavioural programme. This could be termed secondary and tertiary prevention. Users are most likely to be referred to the centre in some way. The fathers' group may be for men who do not directly care for their children and are looking for direction in their role as 'absent fathers'. The crèche supports the work, makes it possible for parents to take time out both informally, and formally to participate in programmes of work. The crèche also provides work for some parents and supports other centres and initiatives. The drama group and the painting groups are directly recreational, and indirectly they

are expressive – they support their members, develop social skills, and create friendships.

Groups in the exosystem have different relationships to the centre. The centre, by virtue of its early preventive stance and flexible and effective practice, may be asked to manage Surestart. And Playlink, a universal, early intervention project, which has independently earned its credentials, may be based in the centre or may work collaboratively with the centre. Independent groups describe, firstly, the range of separate organisations which use the premises of the centre on which the centre has indirect influence. It is argued that they ensure full use of the space, represent in their constitution a broad front to the world of early intervention, and offer the possibility of connections, a network.

Drop-in and Community Mornings occupy a position between systems. They are a link between the inner and the outer. They are not just about a link with the neighbourhood but represent stepping over the threshold informally. Here also, they are seen as low priority by the social work agenda but score highly amongst users (Cigno, 1988). Lowest in priority might be the gardening group, albeit represented as a link between inner and outer. Goals might be expressive, offering support, or might include educational goals e.g. knowledge of soil technology, eating proper greens.

The direct role of centres in setting up independent organisations is hard to measure. First Stop is an example of a project, which combines the direct connection with the social work agenda (risk, keeping safe), with the method of primary preventive work. Other initiatives are hard to measure having been the outcome of professional networks of which centres are a part.

*Le Centre Socio-Culturel*

Centre 2 (see Figure 2) is run by the Caisse d'Allocations Familiales, a quasi Governmental Organisation which principally administers benefits to families but also runs a small social action programme in many areas of France.

Community work team – engaging in much external activity, this involves participation in a weekend city-wide arts festival, neighbourhood based on Saturday and meeting up with the other centres and neighbourhoods on the Sunday in the city centre. Other programmes include spare time activities for local families targeted at young and new families, with an emphasis on knowledge of other cultures and across

the generations. A young people's video project engages in 7 video commentaries of the local neighbourhood. Such activity is the responsibility of the *animateur*, which we translate as social education community worker – one who promotes many skills in the *vie associative*, the participative world of large and small non-state organisations.

A team develops and promotes vocational activities for families, usually within-centre activity. This includes the nursery run by qualified day care workers. They call it the 'gang-plank to school'. Tied to this is the parent support group, a 'music for parents' initiative and 'vendredidoux' a Friday drop in for parents and their toddlers. Participants in these activities are also drawn into small community development activities, neighbourhood festivals, at Christmas and on Pancake Day.

A (global) social education day, which include spare time activities for all in the neighbourhood including holidays and what are called cultural and educative activities – art workshops most prominently. Under 'the child and the family', the programme comprises case work for marginalised families including the administration of the French RMI programme, the promotion of work and education to those on minimum benefits. There is also a 'training programme' for the equivalent of children in need, and those in need of protection. A children's clinic run by a children's nurse is part of basic health provision. Welfare rights including housing advice is a regular service.

Under the heading of social intervention, the centre has four programmes a) l'acceuil – more than reception, this is elevated in such centres to a programme of its own, recognising the importance of the first point of contact and therefore the knowledge and interpersonal skills which need to be demonstrated at this point, b) action against literacy, c) an inter-agency school inclusion project, d) a drop-in service for local young people.

**Historical Perspective**

Both centres come from different traditions of social intervention; the centre socio-culturel is rooted in the settlement movement, the family centre from its own more recent tradition. Cannan and Warren (2000) have compared the two traditions,

highlighting the very different roots of both movements as well as the many and sometimes unexpected similarities.

The more recent Family Centre tradition in Britain, emerging in the late nineteen seventies, was a response to a changing welfare state and specifically the impact of change upon voluntary child care organisations which had invested in institutional care, for example, residential nurseries and homes. Such establishments were closed and re-opened (or sold and reinvested) as family centres (Birchall, 1982). Like the settlements, the word family was important. As well as a moral selling point, the family also had professional, psychological implication, meaning the acceptance of inter-connectedness between child, parents, wider family and community. Family work, family therapy, as well as community work, could be developed in such settings. The Church of England Children's Society (now Children's Society) was at the forefront of these developments (Phelan, 1983) and by appointing social workers and community workers it was soon managing, in the context of the parent and child, a mix of intervention methods, from the individual to the collective. By the time of Warren's survey of centres in 1990 (some 352 centres in England and Wales), the 1980s was shown to be the major period of growth of family centres, many now being run directly by local authorities (Warren, 1991). By the early nineties the name 'family centre' had become troublesome. For some, welfare had intruded upon the pre-school agenda and it could be rightly argued that numbers of previously straightforward day care centres had been transformed into family centres, thus diminishing the pot of day care provision. Cannan contributed to this debate, describing family centre development as 'the regulation of motherhood' (Cannan 1986a). She also identified a consistent dilemma for the centres ever since. Could the claim of the centres to be a sanctuary for women in particular be undermined by the stigma of welfare (Cannan 1986b)?

On the other hand, the French centre socio-culturel claims to have different roots. Pimlott's account of Toynbee Hall gives us a good picture of the Settlement tradition, which has its roots in the late nineteenth, early twentieth century (Pimlott 1935). The French centre social and centre socio-culturel have their roots in this same Anglo-Saxon tradition, in Britain and the United States (Bassot & Diémier, 1927). The French national organisation, the Fédération de Centres Sociaux, is closely allied to the British Association of Settlements and Social Action Centres (BASSAC), rather

than the Family Centre Network (FCN), to which many English and Welsh family centres have at least a mailing link.

What is striking about a reading of Bassot and Diémier is its similarity with the language of contemporary accounts of family centres – multi-disciplinarity, flat hierarchies or collective organisation, range of methods from the individual to the collective, the idea of a range of services and activities undertaken under one roof, the struggle between targeted work and universal services, participation, commitment to the neighbourhood, and so on.

*So, What is a Settlement?*

The first settlements of the early nineteen hundreds owe their establishment to the early educationalists, often Christian Socialists, who combined a moral position about family life with a genuine concern for the exploitation and harm visited on the working class by an industrial Britain. The settlement was a bridgehead into poor neighbourhoods from which the reforming middle classes undertook their particular brand of anti-poverty social action.

> It captures a central tension in the movement: on the one hand seeking social progress by providing centres through which local people can widen their participation. On the other, fearing the spiritual vacuum into which industrialism seemed to have cast the urban working class, the settlers introduced 'higher' culture and ideals. It is not then about self-activity in the fullest sense though it has often gone some way towards this, in, for instance, support of the trade union movement in industrial disputes and in promoting co-operatives. Barnett and Addams did not seek to overturn the social order of the late nineteenth century but they certainly sought to change it and to do so in ways which would improve the material and spiritual life of the poor. Their Christian socialism (called social Christianity in the USA) and pacifism deplored violent confrontation and sought mediation and evolution instead (Carson, 1990). It is the socialism of Ruskin, the early William Morris, Fabianism and Tolstoy, not Marx. (Cannan and Warren, 2000)

In Britain in the post-war period, settlements had to redefine themselves in the modern welfare state and reflected a social action concerned with information, rights, benefits, social groupwork, adult education, community development, and community arts, with some of the passion of the sixties social action (for example, Collins et al., 1974). Some of the settlements, for example, Blackfriars and the

Albany, were at the forefront of sixties and seventies community action, partners in critical thinking with other major community work projects, for example, the twelve British Community Development Projects (The CDPs) which ran from the late sixties into the early seventies (Corkey & Craig, 1978: 36–66). Nineties/millennial settlements whilst having still the flavour of their post war tradition now reflect a more measured, wider partnership based community development, along with service development, innovations in welfare, jobs, adult learning.

### The Legal Framework and Centres' Relationship to the Judiciary

Unlike its French counterpart the English centre is specifically named in family legislation. Part 3 schedule 2 para 9 of the Children Act 1989 imposes a duty on local authorities as follows:

> 9.-(1) Every local authority shall provide such family centres as they consider appropriate in relation to children in their area.
>
> (2) 'Family centre' means a centre at which any of the persons mentioned in sub-paragraph (3) may –
>
> (a) attend for occupational, social, cultural or recreational activities;
> (b) attend for advice, guidance or counselling; or
> (c) be provided with accommodation while he is receiving advice, guidance or counselling.
>
> The persons are –
>
> (a) the child;
> (b) his parents;
> (c) any person who is not a parent of his but who has parental responsibility for him;
> (d) any other person who is looking after him.

It means that in theory local authorities may provide centres for the generality of children in their area (and their 'families'). However, UK centres have historically been run by or largely paid for by local authority social services departments (including service agreements with voluntary organisations). Paradoxically the family centre movement owes its flowering and its potential demise to the evolution of such departments. The requirements of such departments has always reflected a tension between their specific duties to 'regulate' families and their prevention brief.

Nevertheless, to a degree, the liberalism of the social work culture has allowed experimentation, preventive practice.

In the late nineties, however, the duty to safeguard and protect children is leading to a narrow interpretation of centre practice (Warren-Adamson, 2000) and English centres are increasingly constrained to be a part of the protective, investigative arm of social services departments.[1]

So, ironically, schedule 2, paragraph 9 of the Children Act, 1989, describes French centre practice rather more closely than it does English centre practice. In France, safeguarding and protecting children has been observed to be a less contested, more collaborative process (Cooper et al., 1995). Helping a child and his or her family, when in danger or facing grave difficulty, brings into play two possible procedures, one administrative and one judicial. These two procedures, in the spirit of the legislation, are not conceived of as punishments or sanctions but as help. The administrative procedure seeks the written agreement of parents; the judicial procedure also seeks the agreement of parents but is imposed by the children's judge, the single magistrate who, in the French judicial system, operates under the framework of a non-criminal system for children. In France the children's judge is a juge d'instruction, in a broad sense a case manager (Cooper et al., op. cit. Wilford & Hetherington, 2000). For example, a juge des enfants in Normandy confirmed a typical caseload of 800 where perhaps less than a quarter of the caseload is similar in complexity to English and Welsh counterparts. The need for assessment and action in relation to serious matters before the court will be referred to a specific service for the court run by a voluntary organisation with a service contract.[2]

The French social worker in the centre will not be a stranger to work with the children's judge and may accompany a parent to the Tribunal. But she will have no concept of the consistent demand and pressure to assess families. Nor will she be conscious like her English counterpart of the general low regard society has for her profession (or professional class). Nor will she feel that the mistakes and transgressions of her profession are a special target for media. She may feel she is on the threshold but, unlike her English counterpart, she will not see herself quite yet as a paid-up member of the audit/blame culture.

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[1] In contrast, video proceedings of the 1992 National Conference of French Social Centres show a French senior minister underlining the role of the centre in France in contributing directly to solidarity, social inclusion, and the local development of the neighbourhood.

[2] For example, in Rouen, l'Association Les Nids undertakes to run a 'Service d'Education et de Prévention'.

## Organisation of Services

English family centres operate within a local authority social services department constituency. Social services departments were set up in 1970, combining local authority departments for children, mental health, and older people. This was an age of genericism in practice and a focus on community. It was expected that social workers would work with, and be at home with all needs. In the new millennium, a similar structure remains, but specialism predominates and a new and highly contested welfare politics has taken the place of the old (Parton, 1994).

Some centres serve the whole social services constituency. In major urban areas particularly, centres offering a specialism – for example, family assessment in child protection – may serve the whole social services constituency. Most will serve a sub-division of a social services constituency – for example, an area of a town, and often a specific neighbourhood. Inter-agency partnership is a firm feature of protection procedures and is a requirement of the managerial structures of development and prevention initiatives.

French family centres operate within a social action district – a *circonscription d'action sociale.* Such districts were established in principle by the French Government as early as 1966. They were to be based on a territory of social work activity which demonstrated a degree of social homogeneity in the local economy and in lines of communication and which cut across the normal bureaucratic, vertical département structure. Within a *département* there would be several *circonscriptions.* A circular of 15.11.75 required:

- a concrete knowledge of local needs;
- the allocation of personnel and institutions necessary to respond to those needs;
- the concerted action of all of the practitioners of the social action district including a dialogue with the local population, elected representatives, and the local voluntary organisations.

Most *départements* have signed agreements to put the policy in place. A published critique of *circonscription* practice (Freynet 1995) is based on a circonscription in Western France, where there are six districts. The first agreement was signed here as late as 1980 and re-affirmed in 1986 during local authority de-centralisation. The signatories were the health and social work section of the *département* (DDAS), the national non-governmental organisation which supports the family through finance and a small social work/social action programme (CAF), and the agricultural insurance society (MAS), with the following statement:

> ...to promote in a concerted manner a social action programme whose aim is to help people and groups in difficulty, and to re-discover and develop their autonomy. Social workers...amongst others...will intervene at the individual and collective levels. Their objective is to enable each person to gain control of their life, to feel useful and recognised, as well as to think beyond their own situation and to become conscious of the need to act in solidarity with others. Social workers participate at the local level with the local population, members, partners in local organisations to promote social developments, according to the policy of their employers. (cited in Freynet, op. cit.)

**Auspices**

Of the six English centres in this small comparative study, five are run by the local social services department and one is run by a national voluntary organisation. The latter receives something under 50% of its funding from the same local authority and is therefore subject to much of the policy which influences the other five. This is not an unfamiliar pattern in England. Sometimes local authorities will require voluntary organisations only to run their centres.

A minority of centres, which emerge as a grass-roots initiative, may establish themselves as a separate voluntary organisation. Rarely, centres are run by a school[3] or by a combined education department and social services department.

The ten centres in our study are employed by the Caisse d'Allocations Familiales (CAF), the national quasi-governmental organisation in France responsible for financial support to families. The CAF has a small social action arm which varies in its budget and commitments nationally. In this *département* the *action sociale* of the

[3] A significant movement in the USA.

CAF has decided to commit itself to ten centres. Centres may be run by the *département* direct, the *canton* direct, or by an *association* (voluntary organisation). Each centre has a different service agreement, but each receives proportions of money from la CAF, the *département*, and, for some, the *canton.*[4]

## Professional Tradition

The managers of English centres may be social workers, less frequently teachers, nursery nurses, nurses, and community workers. A range of practitioners in social intervention may manage French centres, particularly trained social workers of different kinds. In both countries, a variety of professional roles are played in the centres, as well as lay or volunteer roles.

British social work training has been based on a two-year professional curriculum delivered at undergraduate or postgraduate levels in Universities. It produces social workers. French social work training – located in local non-governmental organisations in higher education institutes – provides three year training for four social work roles. They are the *assistant social* (the social worker – occupying a variety of settings but not associated in the public's mind as in the UK with the particular role of case manager); the *éducateur spécialisé* (a role rooted in education, working individually and collectively in specialist settings – group settings and often running the assessment service for the juge des enfants), *conseillière en économie sociale* (a role also rooted in education, individually and more collectively, located in the domestic space); and the *moniteur éducateur* (also rooted in education and particularly located in the group setting). Another key role in the centre is the *animateur/trice*, an educational role associated with community education, community arts, play, cultural animation, and, sometimes, what the French call *développment local* – community or neighbourhood work.

## Conclusion

This albeit superficial consideration of some similarities and differences between two apparently similar types of practice encourages a heightened curiosity about the

[4] In France, the *commune* is the smallest administrative unit (a village, small town), thereafter the *canton*, then the *arrondissement* (a grouping of cantons), *the département*, and *région* (a grouping of *départements*).

European, educational tradition of social work and specifically the potential role of the social action centre or settlement. It also highlights an enduring concern about public social work in the Anglo-Saxon tradition (especially Britain and the United States) where it seems to be in a major predicament, having become associated with a narrow and much contested, protection-based *welfare* tradition. In contrast, the *European* tradition has educational roots, in adult and informal education, and cultural and community development. It appears to enjoy greater national consensus and appears to be a more productive domain for practice.

An action research study is to take place to compare practices in both traditions. This area appears to be undeveloped. There are reviews of the difficulties of such research (Connelly & Stubbs, 1997), some descriptive material comparing services and welfare institutions (Colton, Hellinikx & Williams, 1997), documentary analysis of practice and policy material (Cannan, 1992), but language and cultural hurdles mean that there has been little close analysis of the way day to day practice is negotiated in a European tradition.

An exception is work by Brunel University colleagues in their study of child protection in France (Cooper et al., 1995). Their methodology of practitioners shadowing their French counter-parts and analysis of their reports and experience showed a much more collaborative, less contested approach to the judicial, protective context of work with children and their families. Such a methodology will be adopted in this study but extended to the world of supporting families and community development. Comparisons between French and English family resource centres are proposed, using partnership or shadowing techniques – practitioners closely accompany counter-parts in day to day practice and are then debriefed.

The study also aims to explore and alert practitioners to one practical method for user empowerment in family resource centres, namely national and international exchanges for users. User national and international exchange as an empowerment measure is reported in Bourget-Daitch and Warren (1997) about French local practice – and is also evident in accounts by Togher Family Centre users in Ireland (Adamson, this text).

Dipping our toes into the French cultural world of family support and social and community development has powerful consequences. We come to France and we revisit settlements and social action centres. An initial comparison of centres leads us on to another step, to find ways for practitioners and users alike to experience and

learn from the day to day detail of each other's worlds, and to hope, as it has for others, that it will be empowering.

**References**

Bassot M-J. & Diémer M. (1927), Les Centres Sociaux, first published in *Cahiers du Redressement Français*, and re-published in *Ouvertures: La Revue des Centres Sociaux*, 1991–1992, No 6–7.

Bourget-Daitch M-R. & Warren C. (1997), 'Act local, think global', in Cannan C. & Warren C. eds, *Social Action with Children and Families – a Community Development Approach to Child and Family Welfare*, Routledge, London.

Bronfenbrenner U. (1979), *The Ecology of Human Development*, Harvard University Press,Cambridge.

Cannan C. (1992), *Changing Families, Changing Welfare*, Harverster Wheatsheaf, Hemel Hempstead.

Cannan C. & Warren C. (eds), (1997), *Social Action with Children and Families – a Community Development Approach to Child and Family Welfare*, Routledge, London.

Cannan C. & Warren C. (2001), 'Family centres in the settlement tradition', in Jeffs T. & Gilchrist R. eds. *Settlements, Social Change and Community Action – Good Neighbours*, Jessica Kingsley, London.

Checkland, P. (1981), *Systems Thinking, Systems Practice*, John Wiley & Sons, Chichester.

Collins S., Curno P., Harris J. & Turner J. (1974), *Community Arts*, RKP, London.

Colton M., Hellinikx W. & Williams M. eds (1997), *International Perspectives on Family Support*, Arena, Aldershot.

Connelly N. & Stubbs P. (1997), *Trends in Social Work and Social Work Education Across Europe*, NISW, London.

Cooper A., Hetherington R., Baistow K., Pitts J. & Spriggs A. (1995), *Positive Child Protection – a View from Abroad*, Russell House, Lyme Regis.

Corkey D. & Craig G. (1978), 'CDP: Community work or class politics', in Curno P. ed *Political Issues and Community Work*, RKP, London.

De'Ath E. (1988), The Family Centre Approach, Briefing Paper, Focus on Families No. 2, The Children's Society, London.

Freynet M-F. (1995), *Les Médiations du Travail Social*, Chronique Sociale, Lyon.

Holman R. (1992), *Research Highlights*, National Children's Bureau, London.

Parton N. (1992), 'Problematics of government, (post) modernity and social work', *British Journal of Social Work*, 24: pp. 9–32.

Phelan J. (1983), *Family Centres – a Study*, The Children's Society, London.

Pimlott, J. A. R. (1935), *Toynbee Hall: Fifty Years of Social Progress 1884–1934*, Dent, London.

Warren C. (1993), *Family Centres and the Children Act 1989 – a Training and Development Handbook*, Tarrant Publications, Arundel.

Warren-Adamson C. (2000) 'We must not bypass family centres', in *Community Care* 5.10.2000, p.15.

Wilford G. & Hetherington R. (2000), 'Experiences of child care services in Europe', in *Context*, 5.8.2000.

**Figure 1: Family Centre (England)**

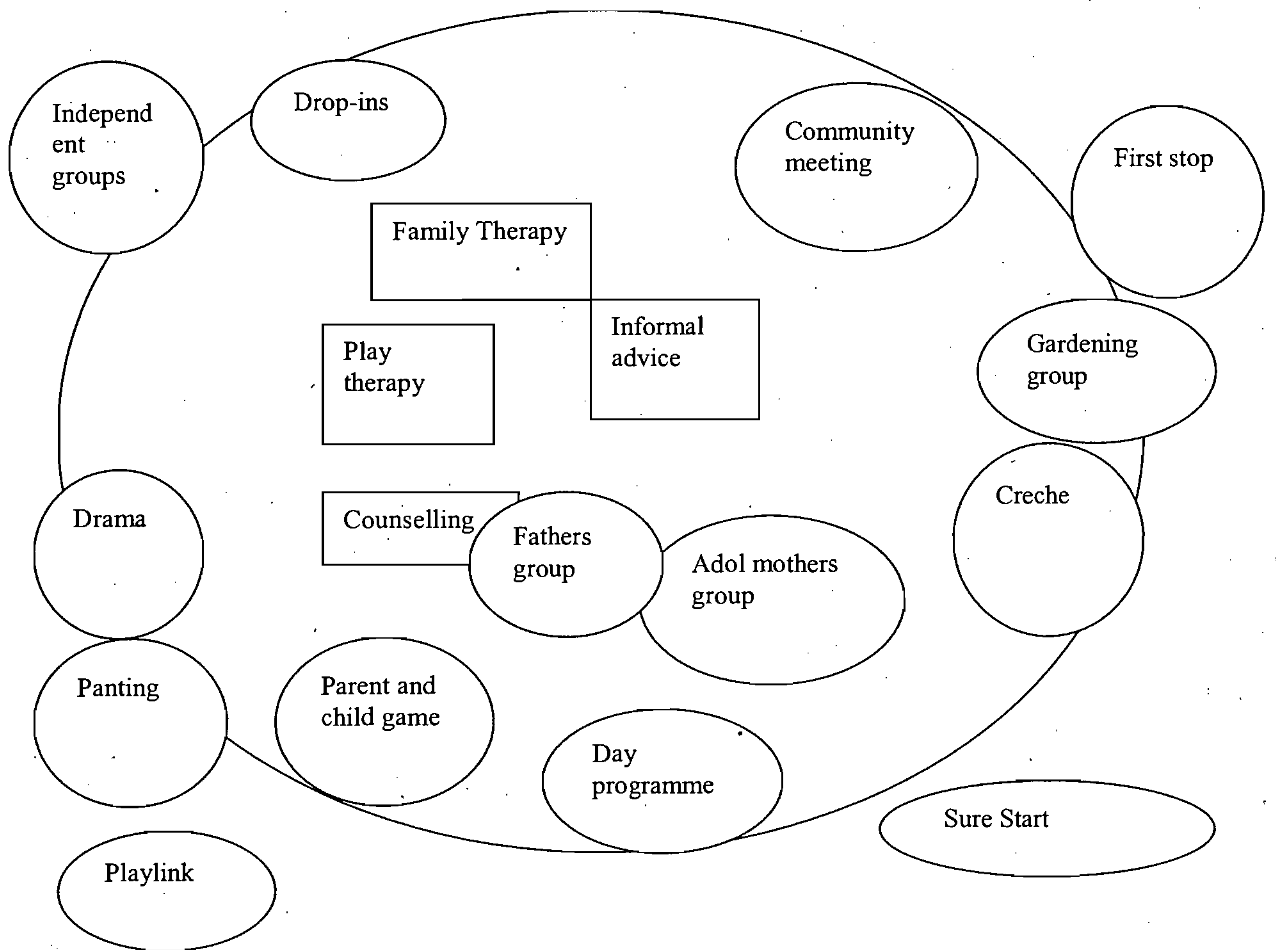
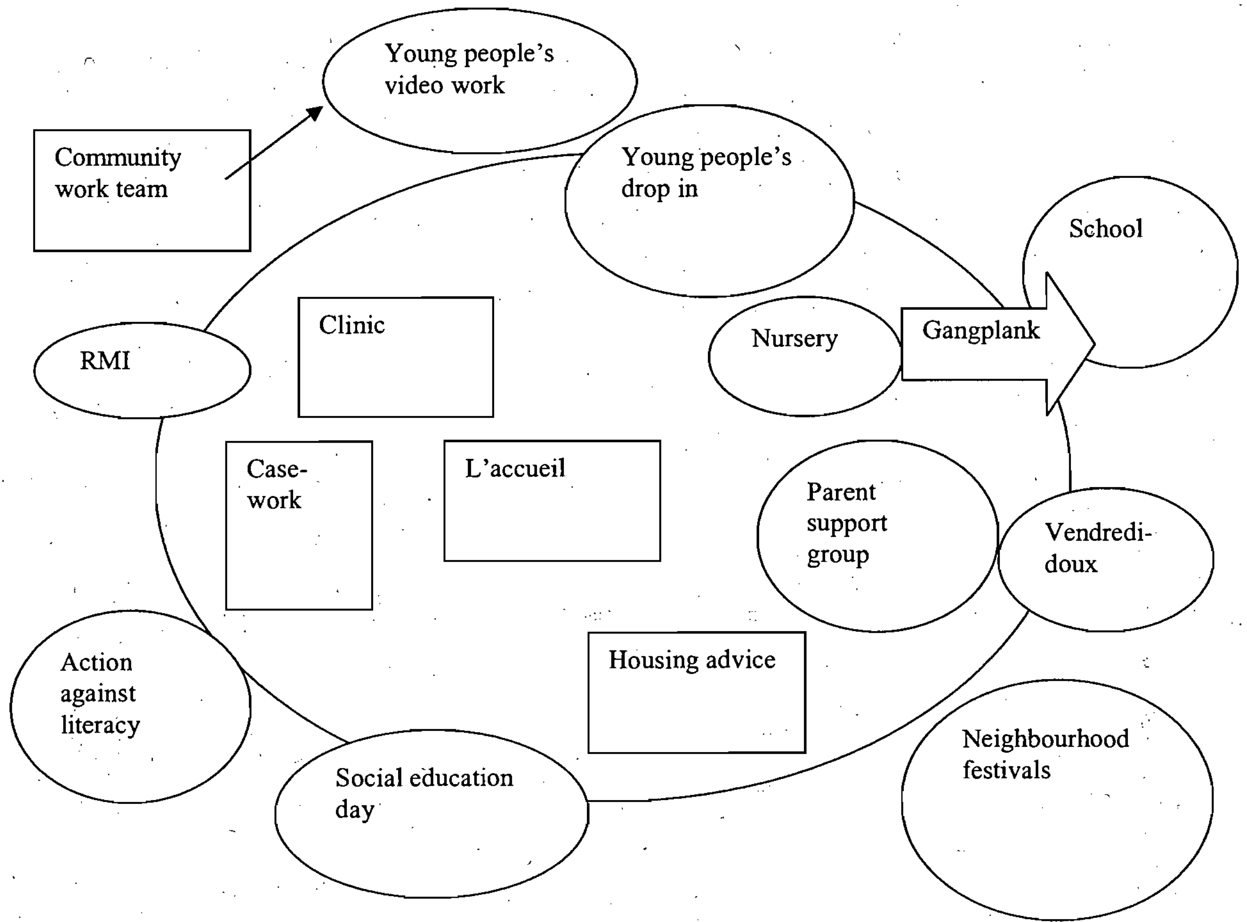


**Figure 2: Centre Socio-Culturel (France):**



**Paper 4d Warren-Adamson C. (2006) Family Centres: a review of the literature, *Jnl of Child and Family Social Work*, 11, 171-182;**

The literature on family centres is evaluated; a literature which emerges in the late seventies and expands with 80s enthusiasm, is sustained by Schedule 2 Para 9 of the Children Act 1989, fades in the late 90s as New Labour espouses children's centres, and re-emerges cross nationally post 2001. The recent literature reflects the challenge for social work in complex systems of care to produce an alternative "gold standard," nonlinear design.

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8455 words

# Family Centres: Review of the Literature

CHRIS WARREN-ADAMSON

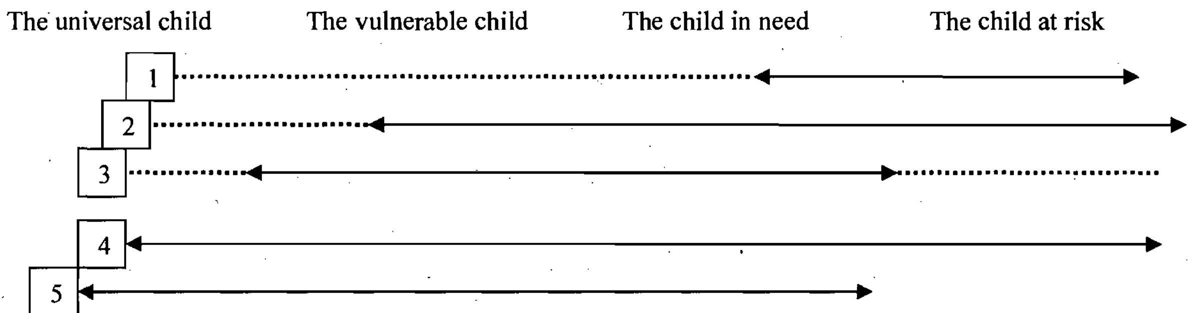
Success has many parents and any amount of people will claim to have run the first family centre. The Children's Society has a claim to be the initiatator of the first group, in or about 1978/9 (see Phelan 1983). Such was the success of the family centre that it became enshrined in legislation a decade later (Children Act 1989 Schedule 2 para 9). So, there has been a pre and post Children Act era in the lifetime of what might be called 'the family centre movement' (Warren 1986).

However, the movement has lived also in two political contexts, 1979-1997 and 1997 onwards and if anything these have been more significant. In context 1 (1979-1997), centres were largely run by or sponsored by Social Services Departments and, whilst associated with the preventive and risk agenda of that department, centres also associated themselves with social justice, pre-school and community development. It was the era of welfare. There has always been something of a tension between the agendas of welfare and education and many early years/early education protagonists saw the family centres as supplanting pre-school development, supported by the politics of that era.

In context 2 (post 1997), under New Labour, we celebrate for the first time the development of a child care strategy (Lister 2003) and the leadership of education in child care matters. In this era family centres have been challenged by the changing leadership, the approaching end of social services departments, and by the

reductionism of welfare, and its preoccupation with risk. As a new centre-based practice emerges at the start of the new millennium, associated with children's centres, early excellence centres, early years centres, are we losing anything? Messages from the family centre literature suggest family centres have acquired a hard won experience at the targeted end. As, with some satisfaction, we associate more with a European style social policy and practice – not least social pedagogy – we may well be also losing some of the lessons gained by family centres of a social inclusive practice.

With the emergence of the new centres we appear to have the basis of a centre-based practice which embraces the whole spectrum of need. (See Fernandez 2004 below, and also Fells & de Gruchy 1991, and Sheerin 1998 on aspects of need in centres). Family centres have occupied various positions on the spectrum in terms of their primary activities. Some have covered the range, others occupying more specialist positions (see figure 1 - by Mark Greening, Brighton Council). But all have found themselves embracing the whole of the spectrum in terms of secondary activity, for example, in their concept of 'family', in inter-agency work, in extra-centre and community development, and in inter-disciplinarity.




A guestimate is that most family centres embrace the spectrum of need as in 2 above. A minority as in 1 occupy a very specialist space. Some highly integrated centres associate more with 4. Increasingly the external pressure is to be pushed into position

1, especially centres directly run by the local authority. 5 represents the scope of the children centre. There are two other categories for these purposes; for example; there are some centres which have been transformed into family support or looked after teams, and there are those which have been cut.

The first Decade

The bedevilling feature of family centres had been a lack of definition. Indeed some writers have sought to develop the overall notion of a "family centre approach" (Adamson 1987, De'Ath, 1988). Adamson and Warren (1983), describing family centres of the early 80's, identified an essentially day care facility, a kind of resource centre, which featured an emphasis on neighbourhood; the capacity to engage families through a unique combination of building, play facilities, meeting space, range of activities from the very practical, including food, to a group of relatively sophisticated interventions like family therapy, intensive; counselling; offering continuity and containment through the regularity of agreements about attending and the ability of the centre team to embrace the variety of issues which families face; combining a flexibility of approach and staff background; a stress on participation, through user groups, open records; consultative groups of various kinds, or through the use of volunteers; acting as resource centres to the local community. Above all there is, or is said to be, a focus on the whole family, and services are orientated as much towards parents as they are towards children. Warren and Adamson's writing emphasises the strong mix of community work, social work and day care. Bronfenbrenner's (1979) ecological perspective is introduced into the discourse of family centres in the eighties and later given focus by Jack (1997), as well as theories of empowerment (Tunstill 1989). (Eco) systems theory fits, explains, family centre practice. Adamson (1983), in an unpublished paper for a Bristol University Personal Services Fellowship, has written a detailed theoretical framework for a family centre from a systemic, family therapy perspective.

Early family centre literature lacked examples of empirical studies of effectiveness, but there were many attempts to provide frameworks and models of centre. One such categorisation of family centres was provided by the Social Service Inspectorate (DHSS 1986), which identified eight categories:

a) Converted day nurseries for under fives
b) Joint agency services for under fives
c) Specialist, non-residential services for under fives
d) Community/neighbourhood centres
e) Multi purpose day centres
f) Specialist day care, e.g. disability
g) Residential - converted children's homes
h) Residential - special centres.

This survey enabled the Inspectorate to undertake a second study focusing particularly on residential family centres, not least because the Inspectorate had a particular responsibility to inspect such facilities. It is also claimed that residential family centres had burgeoned in the middle to late 80's.

Smith (1986), offers one of the best systematic approaches to giving voice to centre users (see also Adamson 2001). Smith makes a similar attempt at identifying key features of centres to Warren and Adamson (op cit). She identifies commitment to work with parents and children; a range of services; flexible; local; participation; community or preventive; reducing stigma. Smith also remarks about the paucity of research in this area and makes a claim for longitudinal studies, for example, whether centres are effective as more accessible services, as examples of preventive work, reducing care figures (see a later study by Pithouse and Holland 1999).

The Save the Children Fund on behalf of the National Council of Voluntary Child Care Organisations undertook its own survey of voluntary organisation family centres (Jackson 1986). A postal questionnaire to 53 members of the National Council resulted in a 70% response and identified 111 family centres. Questionnaires were sent to this sample with a 51% response. This was a less satisfactory survey but identified some similar activities as other commentators: for example. a range of activities; care and play for children; hobbies and social activities; support groups; training and educational opportunities and other miscellaneous activities. This does reflect what is thought to be the voluntary sector's contribution to family centre activity; that is to say, community based, self-help, an emphasis on educational and social activities. It was also reported by more than 50% of such centres that their relationship with statutory authorities was poor. Many identified their approach as responding to local needs. It was also reported that extended family members as well as grandparents and fathers were under-represented amongst users. 86% of this sample reported that they were involved in 'preventive work.' Many classifications of family centres are more simple. For example, Downie and Foreshaw (1987) identify two models: the neighbourghood based centre and the centre for selected families. Van der Eyken called an initiative based on an outer circle of informal sites – rooms, community centres, even family homes – but with no parent centre, a penumbral family centre.

Holman (1987) identifies a more generally held classification of centres, namely:

1. Client focused
2. Neighbourhood
3. Community development model.

Holman described family centres as a new and significant method of intervention and tends to allocate client focused models to local authority settings and neighbourhood and community development models to the voluntary sector.

The Social Services Inspectorate (DHSS 1988) followed up its earlier survey with an inspection of 12 centres in six local authorities (seven centres of which were residential). Conclusions consisted of warm responses to family centre activity and underlined the emergence of the residential family centre. An early account of a residential family centre is provided by Smith and Breathwick (1986) which describes an interesting mix of residential, outreach, therapy and recreational activity.

There is some debate about the early development of family centres; many would hold that recent development has its origins in the changing role of voluntary organisations in the 70's. The Children Society booklet ("Family Centres: A Breakthrough in Caring," 1980) describes the beginnings of six of its family centres and ten day care projects for families, with one day care unit attached to a residential home. The Children Society makes the claim that its centres are based in prevention. Almost a decade later family centres are reviewed by De'Ath (1988) who reiterates the Holman client-focused, neighbourhood, and community development models. This review of the Childrens Society's work both looks at its own work and asessess some of the literature of family centres. It concludes:

> ..the family centre approach to supporting families is complex and less to do with practice than principle. Such an approach requires valuing people rather than devaluing them by focusing on their vulnerability, and responding to their concerns as children, adults and families within their own local community, and not as part of a package of services.

Birchell's account of family centres (1984), part of a National Children's Bureau study, identified five factors contributing to family centre development:

- National child care agencies moving away from day care
- Social Services Departments reviewing the role of day nurseries
- Education departments seeking to involve parents in pre-school facilities
- New combined nurseries
- Self help initiatives

The National Family Centre Network (1987) tried to summarise this variety in its statement of aims and objectives:

> Family centre is shorthand for an approach and brings together those who subscribe to a holistic approach to families, with the emphasis on the organisation of services in the locality and emphasis on maximum participation of consumers. Hence, organisations called family centres, parent and child centres, children's centres, residential family centres, community nurseries, family resource centres, are likely to have a special interest in the network.

But, at a much more practical level, the family centre provides:

1. Day care for under fives
2. Mother and toddler groups
3. Self help groups for mums and dads
4. Facilities for counselling, group work and family therapy
5. Help in parenting and domestic skills
6. A base for social workers and a focal point for all who work with children and families in the neighbourhood.
7. Facilities for foster parents, child minders, play group leaders and voluntary organisations to meet.

(County of South Glamorgan Planning Statement 1988)

Some centres, however, focus on risk in their list of aims and objectives;

1. Those children who are at risk...
2. Those families where relationships between parents and children are damaged or brittle...
3. Where parents are incapable of giving children the care or stimulation they need...

(N Family Centre, Bucks, 1987)

The same local authority's county wide policy seeks in its family centres:

a) to improve family functioning
b) to be a resource for the neighbourhood
c) to provide day care
d) to encourage the drop-in use of all family centres as an early preventive facility.

The mix of child protection, day care, and community work continued to be a feature of early family centres. A number of commentators have questioned whether it is possible to combine all these approaches (Warren 1986) but many attempt such a combination. For example, McKechnie (1986) talks of a counselling agenda, a membership agenda and a community agenda. Gill (1988) looks at integrating programmes which combine therapeutic work with a resource provision and a community work approach. He talks of two difficulties, namely (i) producing an appropriate and balanced local image of the centre and (ii) maintaining the child protection role. Spratt (2003) - mirroring Pithouse and Tasiran (2000) - interviewed practitioners and parents and observed challenges in re-labelling risk as family support. Where centres and fieldworkers worked closely, risk and more promotive intervention went well together.

The Save the Children Fund survey of voluntary family centres (Jackson 1986) located many such centres in prevention objectives. Holman has developed this (1988) and in so doing sought to put the notion of prevention back at the top of the agenda in child care. Holman's prevention framework does appear to provide an ideal enabling framework for family centre activity. Such a framework invites family centres not only to be a part of avoiding children being looked after, but to offer linked services between parents and children while looked after, as well as offering a constructive rehabilitative role. Hence, supporting "inclusive" fostering programmes and operating as an access centre (argued by Ten Broek 1974, Adamson, 1987) are key features in any preventive programme. Similarly, residential family centres for whole families have been identified as providing a strong preventive function (Magnus 1974, Atherton, 1987) and Wood (1981) describes:

> a two year residential programme, in which families of abusive and/or neglectful parents live with their pre-school children in a supervised environment, has proved effective in returning youngsters to their homes.

There is little in the eighties family centre literature on race issues, but gender is given some critical appraisal. Cannan (1986) identified the over emphasis on working with women. Cannan describes family centre development as 'the regulation of parenthood'. Gender and ethnicity are given renewed attention in the late nineties (see McMahon and Ward 2001 on gender, and Ghate, Shaw and Hazel 2000 on fathers). The Save the Children Fund survey, Adamson (1987), and a study of the West Devon Family Centre (1982-84) identify men as under represented in centres and also as posing a problem in terms of intervention strategies.

Hasler (1984) talks of family centres working in the formal system - acting as part of the statutory department - but also those working in the informal system and the importance of networks and in working across boundaries. Tunstill returns to the

formal/informal spectrum in her survey of centres, with important lessons for systems of care for children (Tunstill forthcoming).. Drop-in facilities and open access (Lower 1987) are also features of informal work and they appear to be particularly part of the voluntary sector network. Cigno (1988) evaluates a voluntary organisation drop-in centre through observation, discussion and interviews, and underlines the part played by "drop-in" facilities in preventing family breakdown, and helping people to make friends, encouraging self help, and increasing self esteem. Later, Statham (1994) continues the case for open access centres.

Shinman (1988) evaluates the work of Soho family centre which combines health education and community services serving an ethnic minority community. Based on a child minder collective, it is a model of continuity. She points to activities like family planning, nutrition, screening, child care immunisation and dental needs. A second and conventional approach to health through family centres is described by Polnay (1985) who reviews the work of the Radford Family Centre which combines medical, social and educational help for families. On the other hand, Warren and Adamson (1984) describe a self help/educational health project for families as an added on dimension of a multi purpose family centre. Health therefore may be seen as a description of a sponsoring organisation, a preventive approach to physical health issues, or a holistic, non-deficit approach to working with families.

Such a non-deficit approach to working with families is also identified by a family centre which undertakes a pedagogical approach to families (Pugh, 1987). This approach may hold some answers to the problem defined by Cannan (1988) concerning the dilemma experienced in family centres between 'stigma and sanctuary'. The problem of stigma is elaborated by Holman (1990) quoting Cannan extensively. For many family centres the chronic circle of family problems, irrespective of their desire to avoid stigma, is overwhelming (Tibbenham 1985). Cannan (1986) makes a number of observations in this context:

- The tendency to gloss over differences between "problem families" and "normal but poor."
- She questions whether monitoring and treatment of child abuse is compatible with general day care.
- Family centres may undermine parents who wish to work or study by drawing them into the child protection services when they have no problem other than poverty.

Centres which are able to avoid taking families on a referral basis are better placed to avoid the challenge of stigma (Pugh 1987). The Penn Green Centre has a nursery/pedagogical approach and is highly parent-participative. It has a high staff development programme and seems to mix well the child-centredness of its work with programmes for parents. Later, the Audit Commission (1994) were to identify Penn Green as a model centre in family support. Penn Green has embraced welfare and education agendas with extraordinary flair.

At the other end of the continuum, some centres, especially from health and NSPCC settings, have a highly clinical approach to family work and make no bones about the fact that they offer a last chance for disintegrating families. (Asen 1988). The account of this centre also gives a glimpse of the debate about short and long term work:

> Families usually stayed for about 18 months. This was in line with the then fashionable notion that change was a slow process, the patients needed to be allowed to grow in their own time which meant slowly.

This is also reported, though from a different standpoint, in Adamson and Warren (1983), who stress long term work as a strength of family centres. They also talk of a shift towards child protection in family centre development. In the same context there is much evidence of difficulties for staff in being overstretched, by being asked to work with parents instead of children, especially amongst former day nursery and residential workers (Birchall 1982). There are also clear hierarchies of status activity.

Such staff, day care and residential workers in particular, are often asked to act as monitors of families. This is on the whole seen as a status activity (Walker 1988). Machin (1986) describes the importance of family centres in engaging parents in order to more closely monitor their parenting.

Of special interest is the extent to which local authority and voluntary organisations run different types of family centres, and the extent to which they overlap. Wilmott and Mayne (1983) undertook case studies of seven projects - a drop-in, a day care centre, a family centre, a gingerbread centre, ATD fourth world, Liverpool Council Of Voluntary Service family groups, and the Liverpool Family Clubhouse. The authors expressed great enthusiasm for family centres as a complement to existing services, that is, statutory services. This range of activity, which they draw into the family centre net, is not reflected in the statutory sector (DHSS Survey 1986).

The authors conclude:

> the 'organising principles' of local authorities, it has been suggested, are uniformity (in the name of fair and equal treatment for all), administrative hierarchy and functional division services. Family centres work on a quite different principle of flexibility, reciprocity and participation.

Warren and Adamson talk of the role of the family centre in softening over- zealous and speedy decision making by local authority social workers. They also talk of parents' alienation from the local authority. This theme is taken up by Gibbons (1990) in a case study of neighbourhood, community based centres, recording the satisfaction of users and their shunning of state run family centres.

A number of people identify the voluntary sector with preventive work (Jackson 1986; Holman 1987). Relationships between voluntary sector family centres and

statutory area teams can be fraught, except where centres gladly accept a monitoring role (Machin 1986; Walker 1988). An interview and observation based study of the Fulford Family Centre by Daines (1989) explored the notion of partnership and questioned the concept and its implementation. Issues between voluntary and statutory organisations included not trusting external workers, seen as being "pro-parent," and issues between centre and parents included lack of clarity about power and participation. Moxon (1987), reporting from a school-based perspective, talks of the difficulties of engaging parents in partnership. On the other hand Applin, (1987) refers to the problems where parental involvement can be at variance to educational guidelines. It is clear that participation is a contentious issue and some centres are inclined to tackle it with insufficient rigour. Indeed this cluster of complicated concepts and activities is struggled with, often by inexperienced staff (Eisenstadt 1983; Walker 1988). The need for more training, especially among nursery nurses, as well as better status, is a recurrent theme in the literature.

Residential workers face similar difficulties, although Smith and Breathwick (1986) and Breathwick (1988) have written confident theoretical accounts of the work of a residential family centre in Wandsworth. Kelsall and McCullough (1988) give an account of four residential centres and highlight the residential centres' role in outreach and family work. Earlier accounts also make the case for the residential family centre as a resource centre for encouraging parenting (Magnus 1974; Finklestein 1981). They are rarely emulated.

Family centre research has been described as at best a series of good case studies (Smith, unpublished research application). Phelan's much quoted study (1983) was an attempt to understand the parameters of the Children Society's pioneering collection of family centres in the late 70's and early 80's. It is strong on understanding aims and objectives and in its conceptualisation of the movement. It has less to offer in terms of measuring the effectiveness of the approach for parents. In an honest

confession, the author of a study of the West Devon Family Centre (Tibbenham 1985) expressed the problem clearly.

> In quoting Reed and Hanrahan (1986), the authors acknowledge most of the shortcomings - lack of research control over service variables, lack of clear definition, or measurements of service characteristics, failure to measure attainment of proximate goals, and the use of crude and insensitive assessment methods.

Above all, there is a need for longitudinal studies (Smith 1984). Some studies report on partial aspects of family centres, for example, Cigno's study of the drop-in component of the Clacton Family Centre (1988). Kendrick (1987), drawing on Jan Phelan's study and methodology, evaluated four community projects, defining activities in terms of impact, service and objectives, and getting staff to score each activity in terms of its contribution to each impact objective. He concluded that projects were largely unclear and grandiose in their objective setting. These lessons are repeated forcefully by Eisenstadt (1983) who talks of unclear goals, people unclear about how to pursue them, and staff unsuited to pursuing these goals. She underlines particularly both agencies and staff who are particularly inexperienced and unsuited to pursuing community work aims and objectives. Kelsall (1988) criticises family centres ('current flavour of the month') and calls for more evaluation. He emphasises the difficulty of mixing prevention and surveillance. Kedward (1983) interviewed parents and social workers at the St Gabriel's Family Centre, another initiative in the tradition of giving voice to parents, who particularly showed their appreciation of being taught practical skills.

Post Children Act 1989

In 1992, Cannan followed her doctoral work with family centres by a case study which looked back to the eighties and forward to the nineties (Cannan 1992). This

text, critically one of the strongest on family centres, reviewed repeated dilemmas – targeted and universal services and the politics and the needs of men and women in parenting. Cannan argued for a child care strategy and a practice based on equal opportunities and citizenship. In 2005 she strikes a contemporary note.

However, in the early nineties, studies also began to reflect an association between family centres, family support and the voluntary sector (Children Act 1989 section 17 (3)). Gibbons (1990) and later Smith's study of voluntary sector centres highlighted the potentialities of user involvement and documented their voices (Smith 1996). As did Dale (1992), in a rare look at disability. Users liked family centres, their activities, their empowering style, their tell it as it is, straight. The client's voice has continued to present a powerful testimony of centre success in centre research (see Adamson 2001). Stones' account of a Barnardos family centre developed user involvement but also conceptualized 'integrated practice' embracing the whole of spectrum of practice including 'referred families', such that integrated practice became part of the discourse and many centres talk of being 'integrative' to a degree in their approach. It reflects an enduring debate. Can the spectrum of activity be contained within one centre (Gill 1987; Stones 1994)?

The family centre has come to be seen as a cornerstone of family support, as a site for many support programmes. All manner of practitioners and programmes see centres as a welcoming and nurturing site for a range of interventions – counselling, home visiting, play therapy, groupwork, recreation, adult education, homework, drama, and even sport (Munford and Sanders 2001)! There is a growing research base in support of effectiveness measured across a range of outcomes in family support, not least the protection and development of wellbeing of children and their families. The recent US National Evaluation of Family Support Programmes' meta-analysis of 665 studies points to the effectiveness of a variety of family support initiatives (Layzer & Goodson 2001). Emphasis on specific parent self development programme goals has

been shown to correlate with children's social and emotional development, family cohesion, and parent growth and development (Lightburn and Kemp, 1994; Berry & Cash 1988a,b; Layzer and Goodson, 2001; Blank 2000, Annie E. Casey Family Services Report, 2000; Hess & McGowan 2000; and Diehl 2002). Such intense programmes, with continuums of care, produce stronger outcomes (Nelson, Landsman and Deutelbaum 1990; ABT study 2001; Hess, MeGowan and Botsko 2000). The latter, much respected case study demonstrates a centre's part in mediating between support at home, kinship care, and other means of looking after children, as well as showing a rich connection to its neighbourhood. Sister Mary Janchill's centre in Brooklyn, the subject of the study, and like, for example Penn Green and Barnardos' Fulford Family Centre, has achieved celebrity status, not least for its ecological stance, its integrative practice and roots in the neighbourhood. (Janchill 1981; Lerner 1990). Moreover, it addresses earlier pleas from Holman, and also Shyne:

> 'An unanswered question is how preventive efforts can be given the necessary attention at the same time that foster care services are expanded so that they are available to all children who need them. How can preventive services be strengthened...to meet existent needs for substitute care..'
>
> (Shyne 1969, cited in Maluccio and Whittaker 2002).

Family centres have also become firmly associated with practices around 'parenting'. (see Bourne 1993; Roberts and Statham 1999; Golding 2000). Parenting is the classic, contested domain of practice, for example, whether training or education, short or long term, process or product. Family Centres' ecological, inter-connected, longer-term stance is brought to the surface by the demands made by local authority social workers for centres to carry out 'ecologically based' assessments under the Framework for Assessment (HMSO 2000). Centre practitioners complain that area team case managers are interested only in the product and not the process of family

support, whereas, those practitioners argue, it is the very process that leads to effective assessment (see Jack 1997, on the ecological basis of family centres; and Pithouse 2001, on assessment). Costing such a holistic endeavour has proved difficult (see Denniston, Pithouse, Bloor and O'Leary 1999)

Time. process, journey, are unfashionable themes revisited in centres, and connect with the notion of the centre as a beacon or catalyst in neighbourhood and community development (Lerner 1990, Cannan & Warren 1997, Pithouse and Holland 1999). Cannan and Warren draw lessons from the pedagogical world of French and German experience (Cannan and Warren 1997), and Warren-Adamson (2001) returns to pedagogy in a text which draws together accounts of family centre practice in France, Greece, Ireland, New Zealand, Canada, the US, and the UK. In this text, international perspectives on centres demonstrate a shared central idea of the resource centre applied to different contexts. One UK account (Frost and Lloyd 2001) describes a family/resource centre in the context of youth offending. The text concludes by arguing that child and family practice lacks suitable apprenticeship, that practitioners should be barred from the post of case manager in local authority area teams until a substantial apprenticeship has been undertaken in such centres. They are, it is argued, the only authentic site for the apprenticeship of child care social workers and practitioners.

Continuing the theme of community development, Cannan & Warren (2001) have drawn parallels between family centres and settlements, not least their role in communities and neighbourhoods. Despite different origins (late nineteenth century and late twentieth), there are many shared characteristics between the family centre and the French *centre socio-culturel* (CSC). However, there is also a gulf between settlements and family centres, mirrored in the gulf between welfare (family centre), and community work and education (CSC). The French CSC Fédération is very much a part of the international settlement movement. The CSC is also central to the

development of community in France – some 1800 according to Durand's study (1996) dedicated to promoting 'la vie associative' – and a similar gulf exists between the CSC and the more welfare models in France (centres médicaux). In the new combined education/welfare culture of re-organised child care services in the UK, examination of such similarities and differences could prove helpful.

Statham asserts that there has been little rigorous family centre research (Statham 2000). If rigour means experimental design then this must be the case. Holman observed in his family centre review (Holman 1992) that experimental design has been lacking in centre research, as in social intervention generally. Understandably, the ethics of denying one group a service and giving to the other, as well as multi-variables and lack of controls, are major obstacles. A worthy exception is Pithouse and Lindsell (1996) who compared a family centre group of families and a group receiving a service from an area team. The numbers were small but after a year the outcomes were decidedly better for the family centre group.

As for outcomes, Davy, Holland and Pithouse (1999) tracked the progress of 41 families who attended a referral-only centre for up to two years after the initial referral. There was no control group but a low re-abuse rate amongst the family centre families compared favourably with wider research (DoH 1995). Tibbenham (op cit) saw difficulties in measuring both distal – broad, long, externally prescribed - and proximate – close, mediating, user-owned, steps on the way – outcomes. Warren-Adamson (2002) and Fernandez (2004) used published assessment tools, pre and post test, and whilst claiming change, acknowledged the need for parent participation in the definition and negotiation of outcomes. What may be promising in this respect is the work in progress of researchers from nearly a dozen nations under the auspices of the International Association for the Study of Outcomes in Child and Family Services who are piloting methods to elicit proximate, mediating outcomes or 'steps on the way' in family centres (Maluccio, Vecchiato and Canali, forthcoming).

There has been no shortage of theorization of family centre development, often addressing two particular questions:

- Why do parents – including and particularly those *in extremis* – consistently approve of centres?
- Why do centres attract, and keep, such a creative, inter-disciplinary span of staff?

There are accounts of centres as therapeutic domains (Stewart 1985). McMahon and Ward (2001) have produced an important work on the inner, inter-personal world of the centre, unraveling the idea of the centre as a containing, learning space for families and staff. Containment is an important concept in family centre practice, with implications for confident, creative staff teams, for continuity and empowerment. See Shuttleworth (1991) on containment, and Haigh's five ingredients of a therapeutic culture (Haigh 1999). McMahon and Ward's work also revisits race and ethnicity, as do Butt and Box (1998), and also fathers, a subject of enduring concern (see Cannan 1992; Ruxton & Moss 1992; and later Ghate et al 2000). The latter make helpful recommendations for a men/father based practice.
McMahon and Ward's text complements work in progress by Lightburn & Warren-Adamson (2005, forthcoming). Together they go beyond the idea of a family centre as a site for activities, seeking understanding and arguing the importance of the whole family centre, centre-based process. Lightburn and Warren-Adamson aim to develop a centre-based theory of change by unpicking the idea of the integrated centre and its complementary idea of a system of care (Stroul 1996). It emphasizes capacity building (Chaskin et al 2001), informal social support (Whittaker, Schinke & Gilchrist 1986), the centre as family which does not go away (Lightburn 2002). Also some talk of 'synergy' - that 'something' in centre practice which is greater than the sum of its parts (see Warren 1997; Wigfall and Moss 2001), which creates an energy

and a permission amongst the parts to interconnect creatively. It seems to be a hard to fathom complexity that works for people. Complexity theory (Cilliers 1998; Sweeny & Griffiths 2002; Farmer & Farmer 2001) holds promise for family centre explanation and some encouragement for those who seek to restore relationship to the centre of practice.

## Concluding Thoughts

Family centre literature reflects great descriptive activity in the eighties, and some Children Act sponsored study, particularly of the voluntary sector, in the early nineties. Then there is something of a hole before a new and more sophisticated literature emerges in the late nineties and early 2000. Whilst lacking experimental design, the strengths of the contemporary picture consist in the voice of the user and their satisfaction, including those at the very margins; studies of family support programmes nurtured by centres; practical lessons from the struggle to develop socially inclusive practice and the melding of formality and informality; recent theorisation about centre-based practice as a containing space; and attempts to understand complexity and synergy and to develop a theory of change. And there are in progress active international outcome studies examining such processes. This domain of practice appears to have much to offer the new inter-professional context.

As for the future, work in progress indicates a decline in family centres as children centres develop. Since the latter are products of a child care strategy associated with women in the workplace, the social investment state, broad outcomes and instrumentalism (Lewis 2003; Lister 2003), it all points to a need to understand a new variety of centre-based practice. It seems unlikely, however, that process questions and ethnography will be the most important on the research agenda.

## BIBLIOGRAPHY

Adamson, J. (1983) Family therapy and its application in a family centre, unpublished, Personal Social Services Fellowship, Bristol University, June.

Adamson, J. (1987) Family centres, In: *Why Day Care? - Research Highlights in Social Work – 14* (ed. G. Horobin), pp. 38-53. Jessica Kingsley Publishers, London.

Adamson J. and Warren C. (1983) *Welcome to St Gabriel's Family Centre*, The Children's Society, London.

Adamson J. with members of Togher Family Centre (2002) The neighbourhood centre as a base for social action and life–long learning, In: *Family Centres and Their International Role in Social Action* (ed. C. Warren-Adamson), pp. 201-224. Ashgate, Aldershot.

Applin, G. (1987) Woodlands Nursery, Melthilhill, Fife. In: *Partnership In Action* Vol 2 (ed. G. Pugh G), pp. 72-92. National Children's Bureau, London,

Asen K. (1988) The Marlborough Family Day Unit, *Bulletin of the Royal College of Psychiatrists*, Vol. 12, No 3, March, 88-90.

Atherton, C. (1987) *Residential Resources for Children*, 3rd edition, Family Rights Group, London.

Audit Commission (1994) *Seen but not Heard: Co-ordinating Community Child Health and Social Services for Children in Need*, HMSO, London.

Batchelor J., Gould N. & Wright J. (1999) Family centres: a focus for the children in need debate, *Child and Family Social Work*, 4, 177-208.

Berry M., Cash S.J., & Brook, J.P. (2000). Intensive family preservation services: an examination of critical service components. *Child and Family Social Work*, 5, 191-203.

Berry, M. (1998). Getting to know you: psychoeducational groups to counter social Isolation of neglectful mothers. *Family Preservation Journal*, 3 (2), 1-20.

Berry, M. & Cash, S.J. (1998) Creating community through psycho-educational groups in
family preservation work, *Families in Society*, 79, 15-24.

Birchall, D. (1982) Family centres. *Concern*, No 43, Spring, 16-20.

Blank, S. (2000). *Good Works: Highlights of a Study on the Center for Family Life.* Baltimore: MD: The Annie E. Casey Foundation Press, 347-370.

Bowen G.L. (1984) Evaluation of the U.S. Air Force family support center program, *Evaluation Program Planning*, Vol. 7, 303-310.

Bourn, D.F. (1993) Over-chastisement: child non-compliance and parenting skills – behavioural intervention by a family centre worker, *British Journal of Social Work*, October, Vol 23, No 5, 481-499.

Breathwick, P. (1988) *Woking Close: A Family Resource Centre at Work*, Wandsworth Social Services Department, London

Bronfenbrenner, U. (1979) *The Ecology Of Human Development - Experiments By Nature And Design.* Harvard University Press, Cambridge, U.S.A. and London, England.

Butt, J. & Box, L. (1998) *Family Centred: a Study of the Use of Family Centres by Black* Families. Race Equality Unit, London.

Cannan, C. (1986) The regulation of parenthood, PhD Thesis, University of London, Goldsmiths College, unpublished.

Cannan, C. (1986) Sanctuary or stigma? *Community Care*, 22.5.86, part 612, 14-17.

Cannan C. (1992) *Changing Families, Changing Welfare. Family Centres and the Welfare* State, Harvester Wheatsheaf, Hemel Hemstead.

Cannan C. & Warren C. (2001) Family centres in the settlement tradition. In: *Settlements, Social Change and Community Action – Good Neighbours* (eds. Gilchrist R. & Jeffs T.), pp. 194-213. Jessica Kingsley, London.

Carr A., McDonnell D. & Owen P. (1994) Audit and family systems consultation: evaluation of practice at a child and family centre, *Journal of Family Therapy,* Vol. 16, No. 2, 143-158.

Children's Society (1978) *Family Centres*, A Leaflet.

Cigno, K. (1988) Consumer views of a family centre drop-in. *British Journal of Social Work*, Vol 18, No 4, August, 361-375.

Cilliers P. (1998) *Complexity and Postmodernism – Understanding Complex Systems.* Routledge, London.

Cornwell N. (1988) Involving parents, *Maladjustment & Therapeutic* Education, Vol. 16, No. 3, 162-172.

Daines R. (1989) A study of partnership relationships at the Fulford Family Centre, Barnardo's External Research Fellowship at Bristol University, unpublished.

Dale N.J. (1992) Parental involvement in the KIDS family centre – who does it work for? *Child Care Health and Development,* Vol. 18, No 5, 301-319.

De'ath, E. (1988) *The Family Centre Approach.*Briefing Paper, Focus on Families (No 2), The Children's Society, London.

Denniston, K., Pithouse, A., Bloor, M. & O'Leary, M. (1999) Developing a model of economic analysis in family support services: the case of a neighbourhood family centre in Blaenau Gwent, Unpublished, School of Social Sciences, University of Wales, Cardiff.

DoH (1995) *Child Protection: Messages from Research.* HMSO, London.

D.H.S.S. (1985) *Social Work Decisions in Child Care - recent research findings and their implications.*HMSO, London.

Donnelly B. (1987) The family centre movement, *Concern,* No. 61, 7-8.

Downie A. & Forshaw P. (1987) Family centres. *Practice*, Vol 1, No 2, 140-147.

Durand R. (1986) *Histoire des Centres Sociaux – de Voisinage à la Citoyenneté.* Syros, Paris.

Farmer T.W. & Farmer E.M.Z. (2001) Developmental science, systems of care, and prevention of emotional and behavioural problems of youth. *American Journal of Orthopsychiatry*, 71(2), April, 171-181.

Family Centre Network (1987) Statement of objectives of the Family Centre Network (FCN), In: Report of the Annual Conference held at Bath University: p38. From NCVCCO, Unit 4 Pride Court, White Lion Street, London N1 0278 333319.

Fernandez E. (2004) Effective outcomes to promote child and family wellbeing: a study of outcomes on intervention through children's family centres. *Child and Family Social* Work, 9, 91-104.

Ghate D., Shaw C. & Hazel N. (2000) *Fathers and Family Centres: Engaging Fathers in Preventive* Services. Joseph Rowntree Foundation, York.

Gibbons J. with Thorpe S. & Wilkinson P. (1990) *Family Support & Prevention – Studies in Local Areas*, National Institute for Social Work, London.

Gill, O. (1988) Integrated work in a neighbourhood family centre. *Practice*, Vol 2, No 3, 243-255.

Golding K. (2000) Parent management training as an intervention to promote adequate parenting, *Clinical Child Psychology and Psychiatry*, Vol 5 (3), 357-371.

Haigh R. (1999) The quintessence of a therapeutic environment – five universal qualities. In: *Therapeutic Communities: Past, Present and Future* (eds. P. Campling & R. Haigh), pp. 246-257, Jessica Kingsley, London.

Hasler J. (1984) *Family Centres - Different Expressions, Same Principles.* The Children Society (Occasional Paper 1), London.

Hess, P., McGowan, B. & Botsko M. (2000). A preventive services programme model for preserving and supporting families over time. *Child Welfare,* 79: 3, 227-265.

HMSO (2000) *Framework for the Assessment of Children in Need and their* Families, HMSO, London.

Holman, R. (1980) *Inequality In Child Care.ChildCare.* Second Edition 1980, Reprinted 1985. Child Poverty Action Group/Family Rights Group, London.

Holman, R. (1988) *Putting Families First - Prevention and Child Care.* Macmillan Education Ltd, Basingstoke and London.

Holman R. (1987) Family centres, *Children in* Society, Vol. 1, 157-173.

Holman R. (1992) Family centres, *HIGHLIGHT No 111,* National Children's Bureau, London

Jack, G. (1997) An ecological approach to social work with children and families, *Child and Family Social Work*, 2, 109-120.

Jackson, C. (1986) *Family Centres Survey*. Save the Children Fund (on behalf of the National Council of Voluntary Child Care Organisations), London.

Janchill, M. (1981) *Guidelines To Decision-Making In Child Welfare*. The Human Services Workshops, New York. (12 West 12th Street, New York 10011).

Jolowicz A.R. (1969) The hidden parent. In: *Source book of Teaching Materials on the Welfare of Children.* Pp. 105-110, Council on Social Work Education, New Yok.

Koris J. (1987) Health visitor involvement in a family centre, *Health* Visitor, Vol. 60, 43-44.

Littner N. (1960) The Child's Need To Repeat His Past: Some Implications For Placement. *Social Service Review*, 34:2, 128-148.

Kedward, C. (1986) *St Gabriels Family Centre, Brighton, UK - An Evaluation.* The Children Society, London. Unpublished.

Kelsall J. (1988) Family centres: current flavour of the month. *Social Work Today*, 2 June, Vol 19, Part 39, 23.

Kendrick A.J. (1987) Just what this area needs: an evaluation of four community projects. *Research, Policy And Planning*, Vol 5, No 1, 14-19.

Layzer, J. & Goodson, B. (2001) *National Evaluation of Family Support Programmes.* Abt Associates, Cambridge USA..

Lerner, S. (1990) *The Geography Of Foster Care - Keeping the Children in the Neighbourhood.* Foundation for Child development, New York. (Occasional Paper 4, Foundation for Child Development, 345 East 46th Street, New York 10017).

Lewis J. (2003) Developing early years childcare in England, 1997-2002: the choices for working mothers. *Social Policy and Administration,* Vol. 37, No. 3, June, 219-238.

Lightburn A. & Kemp A. (1994). Family support programs: opportunities for community-based practice. *Families in Society.*75, 16-26.

Lightburn A. (2002) Family service centers: lessons learned from national and local evaluations, In: *Client and Programme Perspectives on Outcome Evaluation in Child and Family Services – a Cross-National View*, In: (eds. T. Vecchiato, A.N. Maluccio & C. Canali) pp. 153-173. Aldine de Gruyter, New York.

Lister, R. (2003) Investing in the citizen-workers of the future: transformations in citizenship and the state under New Labour. *Social Policy and Administration,* Vol. 37, No.5, October, 427-443.

Liffman M. (1978) *Power for the Poor: the Family Centre Project. An Experiment in Self-Help,* Allen & Unwin, Sydney.

Lower, M. (1987) Drop-in for access. *Community Care,* 16.07.87.

Machin, A. (1986) Testing the waters. *Social Work Today*, 22.9.86., Vol. 10, No 4, 10.

Magnus, R.A. (1974) Teaching parents to parent: parent involvement in residential treatment programs. *Child Welfare*, 59:4, 225-234.

Maluccio A.N. & Whittaker J.K. (2002) Rethinking "child placement": a reflective essay. *Social Service Review,* March, 108-134.

Maluccio A.N., Canali C. & Vecchiato T. (forthcoming) *Outcome Evaluation in Services for Families and Children – International Perspectives*, Aldine Transactions Press, New York.

McMahon L. & Ward A. eds. (2001) *Helping Families in Family Centres : Working at Therapeutic Practices*. Jessica Kingsley, London.

McKecknie N. (1986) A shared preventive partnership with the community. *Child Abuse Review*, Vol. 1, Summer, 3, 5-9.

Moxon M. (1987) Woodchurch Family Support Project, Birkenhead. In:*Partnership In Action Vol. 1* (ed. G. Pugh), pp. 5-9. National Children's Bureau, London.

Munford R. & Sanders J., with Andrew A., Butler P., Kaipuke R. & Ruwhin L. (2001) Aotearoa/New Zealand – working differently with communities and families, In: *Family Centres and Their International Role in Social Action*, (C. Warren-Adamson ed), pp. 146-162. Ashgate, Aldershot.

Nelson K., Landsman M. & Deutelbaum W. (1990) Three models for family centred prevention services. *Child Welfare,* 69, 3-19.

Phelan J. (1983) *Family Centres - A Study.* The Children Society, London.

Pithouse A. & Linsell S. (1996) Child protection services: comparison of a referred family centre and a referred social work service in South Wales. *Research on Social Work Practice*, 6, 4, 473-491.

Pithouse A. & Holland S. (1999) Open access family centres and their users: positive results, some doubts, and new departures. *Children and Society*, 13, 167-178.

Pithouse A & Tasiran A. (2000) Local authority family centre intervention: a statistical exploration of services as family support or family control. *Child and Family Social* Work, 5, 129-141.

Pithouse A., Holland S. & Davey D. (2001) Assessment in a specialist referred family centre; outcomes for children. *Children in Society*, 15, 302-314.

Polnay L. (1985) A service for problem families. *Archives of Disease in Childhood*, Vol. 60, 887-890.

Pugh, G. (1987) Pen green centre for families. *Partnership in Action Vol. 1* (ed. G. Pugh), pp. 9-31. National Children's Bureau, London.

Roberts I. & Statham J. (1999) *Positive Parents: Evaluating the Use of the Healthy Child Materials in Two Family Centres*. Children in Wales, Cardiff.

Ruxton S. & Moss P. (1992) *What's He Doing at the Family Centre? The Dilemmas of Men Who Care for Children*. National Children's Home, London.

Schofield G. & Brown K. (1999) Being there: a family centre worker's role as a secure base for adolescent girls in a crisis, *Child and Family Social Work*, 4, 21-31

Sheerin, D. (1998) Dyads and triads of abuse: bereavement and separation: a survey in children attending a child and family centre. *Irish Journal of Psychological Medecin*, Vol 15, No 4, 131-134.

Shinman S. (1988) Soho family centre and its contribution to child health. *Early Childhood Education and Care*, Vol. 36, 25-30.

Shuttleworth J. (1991) Psychoanalytic theory and infant development. In: *Closely Observed Infants* (eds. L. Miller, M. Rustin, M. Rustin, J. Shuttleworth), pp. 22-51. Duckworth, London.

Smith K. & Breathwick P. (1986) Family resource centres and family breakdown, *Journal of Social Work Practice.* November, 95-109.

Smith, T. (1996) *Family Centres and Bringing Up Children.* HMSO, London.

Smith, T. (1987) Family centres: prevention, partnership, or community alternative? In: *Progress In Child Health Vol. 13* (ed. J. Macfarlane) pp. 176-189. Churchill Livingstone, London.

Social Services Inspectorate - SSI (1986) *A National Survey Of Family Centres Run By Local Authority Social Services Departments,* HMSO, London.

Social Services Inspectorate - SSI (1988) *Family Centres - A Change of Name or a Change of Practice.* HMSO, London.

Spratt, T. (2003) Child protection work and family support practice in five family centres. *Child Care in* Practice, Vol 9, No 1, 18-31.

Statham, J. (2000) *Outcomes and Effectiveness of Family Support Services.* Institute of Education, University of London, London..

Stewart B. (1989) The therapeutic family centre - a personal view. *Child Care NI Newsletter*, Vol No. 7, 4.

Stewart J.K., Yee M.D. & Brown R.J. (1990) Changing social work roles in family centres – a social psychological analysis, *British Journal of Social Work*, (1), Feb., 45-64.

Stones C. (1994) *Focus on Families*. BASW/MacMillan, London.

Stroul, B.A. (1996) *Children's Mental Health: Creating Systems of Care in a Changing Society*. Paul H. Brookes, Baltimore.

Sweeney K. & Griffiths F. (2002) *Complexity and Healthcare – an Introduction.* Radcliffe, Oxford.

Ten Broek E. (1974) The extended family center: a home away from home for abused children and their parents. *Children Today*, 3: 2, 2-6.

Tibbenham A. (1985) *The West Devon Family Centre - A Study Of The Outcome Of Work With Families Between 1982 and 1984, Social Services* Research, Vol. 15, No. 4/5, 113-137.

Tunstill J. (1989) Family centres and empowerment. Paper delivered to the annual conference of the Family Centre Network at Lancaster University.

Tunstill J. (forthcoming) Family centres: their role and potential in co-ordinating formal and informal family support services -1996-99, Keele University.

Warren C. (1993) *Family Centres and the Children Act 1989 – a Training and Development Handbook*, Tarrant Publications Ltd, Arundel.

Walker B. (1988) More than childminders *Community Care*, 11.2.88, 6.

Warren C. (1986) Towards a family centre movement: reconciling day care, child protection and community work. *Child Abuse Review*, Vol.1, No 3, Summer, 10-16.

Warren C. (1997) Family support and the journey to empowerment. In: *Social Action with Children and their Families - a Community Development Approach* (eds. C. Cannan & C. Warren), pp. 103-123. Routledge, London.

Warren-Adamson, C. (2002). Applying a parenting scale in family resource centres – challenges and lessons. In: *Client and Programme Perspectives on Outcome Evaluation in Child and Family Services – a Cross-National View* (eds. T. Vecchiato, A.N. Maluccio & C. Canali), pp. 120-133. Aldine de Gruyter, New York.
Warren-Adamson C. ed. (2002). *Family Centres and Their International Role in Social Action*. Ashgate, Aldershot.

Warren-Adamson C. & Lightburn C. (in press - June 2005) Developing a community-based model for integrated family center practice, In: *Handbook of Community-Based Clinical Practice* (eds A. Lightburn & P. Sessions). Oxford University Press, New York.

Wigfall V. & Moss P. (2001) *More than the Sum of It's Parts: A Study of a Multi-Agency Child Care Network.* National Children's Bureau, London

Whittaker J., Schinke S. & Gilchrist L. (1986) The ecolological paradigm in child, youth, and family services: implications for policy and practice. *Social Service Review*, December, 483-583.

Willmott P. & Mayne S. (1983) *Families At The Centre*. Bedford Square Press, London.. (Occasional Papers on Social Administration 72).

Wood P.E. (1981) Residential treatment for families of maltreated children. *Child Welfare,* Vol 60, part 2, 105-108.

# Chapter 5

# Drilling Down: Contemporary Issues: Problematising Process and Outcomes

Chapter 5 drills down into the day to day world of the centres. The first paper discusses a parenting scale applied in family centres, its promise and limitations and starts the process of problematising outcomes. Paper 5b begins the process of enquiry and building a theory of change. Paper 5c introduces a collection of papers from colleagues who share an international interest in centres and outcomes, and paper 5d adapts the ideas in paper 2 as a theoretical framework for the international collection of studies. Paper 5e is my own study as part of this collection and explicitly introduces complexity theory as a potential explanatory framework. Paper 5f – last in this chapter - is an unpublished report on home visitor practice in a Sure Start children's centre which served as a tool for collaborative discussion with the children centre staff. It tries to make accessible some principles of complexity.

**Paper 5a Warren-Adamson C. (2002) Applying a parenting scale in family resource centres: challenges and lessons. In T. Vecchiato, A.N. Maluccio & C. Canali eds.** ***Evaluation in Child and Family Services: comparative client and programme Perspectives*****, Aldine de Gruyter, New York.** Also in translation: Warren-Adamson C. (2003) Una scala sulla genitorialita in un centro per le familgie: sfide e insegnamenti: In C. Canali, A.N. Maluccio & Vecchiato T. eds. *La Valutaxione di Efficacia Nei Servizi Alle Persone*, Collana "Scienze Sociale e Servizi Sociale" No 31, Fondazione Emanuele Zancan, Padova.

A collaborative enquiry project with six family centre managers, for Brighton Council (1997/9), included the application of Crnic's Parenting Hassles Scale (Crnic) with families in six family centres. Originally presented as a paper to the first meeting of the International Association of Outcome-Based Evaluation of Child and Family Services in Volterra, the study raised doubts about the effectiveness of such a scale in the context of parents complex, transformative development in the centres.

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# Applying a Parenting Scale in Family Resource Centers: Challenges and Lessons

CHRIS WARREN-ADAMSON

In this chapter we discuss the application of a "parenting hassles scale" in family resource centers in the United Kingdom during an action research study that sought to describe and reconceptualise the work of six such centers. First, we explain the complexity of family resource center practice. Centers embrace a range of methods under one roof: both one-to-one and collective action, from therapy to adult education to community development; also, they address a range of conflicting needs in working with parents and their children. We call this "ecological practice," in that it attends to the inner and outer worlds of parents, their micro- and exo-systems, and the links between them.

Parents' development or "empowerment" is partly attributed to the complex range of opportunities available in the centers. When the parenting scale is applied to a group of parents in this complex environment, we learn serendipitous lessons but find that the scale does not address our measurement needs. The process does, however, help us to see that we should understand, consult, and enable the complex groupings of stakeholders in the centers to construct their required parenting outcomes and that we should learn to manage their different perspectives.

## THE ACTION RESEARCH PROJECT

Before talking of outcome measures, We will give an account of the process of an action research project based on the practice of six family resource centers. We examine the historical context of these centers and our conceptualization of what came to be called *ecological practice.* We then proceed to explain the development of the outcome study and the particular challenges offered by such a setting. But first we should indicate the phases of the project:

- engagement and monthly meetings of managers facilitated by the researcher;
- audit of programs in each center-the questionnaire was piloted and constructed by the group;
- period of conceptualization-signing up to the idea of the integrated ccnter;
- quantitative survey;
- period of review and reconceptualization;
- user survey-the group devised a semi-structured interview process to seek the view of users (managers arranged themselves in pairs and interviewed users of the center of their opposite member);
- collecting and reviewing outcome measures to evaluate progress in parenting;
- administering an outcome measure in the six centers - managers involved staff in the data collection proccss; and
- drafting an interim report.

***Process of Action Research Enquiry***

Managers of six family resource centers came together at the start of a brand new local authority, apparently dedicated to make community development the underpinning of its work in all departments and, in our case, child welfare. Their work was facilitated by the researcher. The managers expected to be pushed down the community work road much more quickly - meaning more work in the neighbourhood, less targeted intervention, relinquishing welfare work. However, managers and facilitator were not of a mind and a number of factors slowed the process: What do we mean by community development, and in this context? What do our managers think community development is? What will happen to family support antl protection? Eventually the centers commonly agreed that what they shared was the idea of *the integrated center*, which is to say one that brings together protection of children, support to families, and development with families and in their neighbourhoods. We describe this initiative as action research since it does appear to follow a cyclical and self-reflective process of reviewing, planning, acting, and evaluating (Edwards & Talbot, 1999:63).

***What Are Family Centers?***

Family resource centers (also known as family centers) in Britain are generally regarded as one of welfare's success stories of the past twenty years. A building offers

a range of services to families, sometimes to the local neighborhood and sometimes more widely to its catchment area. Services combine traditions of social work, early and adult education, and community development. Most are linked, in varying degrees, with the local authority child protection mandate. (See Fernandez 2002:134-149, for discussion of family resource centres in Australia).

Centers resemble the settlement movement that emerged at the turn of the nineteenth century (Cannan & Warren, 2001). However, the more recent Family Centre tradition in Britain, emerging in the late 1970s, was a response to a changing welfare state and specifically the impact of change upon voluntary child care organizations, which, in the postwar era, had invested in institutional care, for examplc, residential nurseries and children's homes. Such establishments were closed and reopened (or sold and reinvested) as family centers. As with the settlements, the Word *family* was important. Family morality was a selling point, employing the right vocabulary at the beginning of the Conservative Party's eighteen-year rule to be. But family also had professional/psychological implications, meaning the acceptancc of interconnectedness among child, parents, wider family, and community. Family work, family therapy, and community work could be developed in such settings. The Church of England Children's Society (now Children's Society) was at the forefront of these developments (Phelan, 1983) and by appointing social workers and community workers it was soon managing, in the context of the parent and child, a mix of intervention methods, from the individual to the collective. By the time of a 1990 survey of 352 centers in England and Wales, the 1980s was shown to be the major period of growth of family centers, many now being run directly by local authorities (Warren, 1991).

As stated in the introduction, typologies of family centers abound (Holman, 1992; Dc'ath, 1988; Phelan, 1983; Warren, 199 1). By the early 1990s typologies had become complicated, and the name "family Center" had become troublesome. For some, welfare had intruded upon the preschool agenda and it could be rightly argued that numbers of previously straightforward day care centers had been transformed into family centers, thus diminishing the pot of day care provision. Cannan (1986a) contributed to this debate, describing family center development as "the regulation of motherhood." She also identified a consistent dilemma for the centers ever since. Could tlie claim of the centers to be a sanctuary for women in particular be overcome by the stigma of welfare (Cannan, 1986b)?

*Conflicting Perspectives at the Local Level*

The family centers in our study appear to straddle two major conflicting perspectives of child welfare. First, there is the perception of local authority social services departments, encouraged by the New Labour government, which sees social services departments' primary responsibility to protect and look after children, bringing with it a particular kind of practice:

> The major issue is not simply that many people in social work are basing their work on the popular psychotherapies, family systems, or ecological or community development alternatives, or that many are guided mainly by the procedures of their employing bureaucracy. The difficulty is the enormous pull towards the individualization of people's problems. Even when there is an intellectual acknowledgement of "community" or structural dimensions to people's problems, many agencies and their workers continue to intervene exclusively at an individual level. Individualised philosoplies of practice support the status quo within our social work institutions, within a mixed economy of welfare. The prevailing ideology of individualism. . . seems to be a more powerful influence on practice than concern over our obvious failure to resolve many social problems. (Smale, 1995:71).

In contrast, the second or developmental perspective involves the role of the social services department in promoting and participating in the wider local authority function of preventive and developmental work in favour of children in need. This is a role unequivocally determined by the Children Act 1989 (Warren, 1993). It also has past roots in a collective social welfare or social development remit emit.

These conflicting perspectives have been a constant consideration in the study reported in this chapter. Family centers that embrace more than one approach (and this is probably true of most) can find themselves in difficulty in finding a "home" in the local authority. Their capacity for assssment and containment of families in grave difficulty appeals to one tradition. their capacity for community development appeals perhaps to another, and their capacity for educative and universal services may appeal to yet another tradition. It is truly a holistic endeavor, which appears to hold almost too many challenges for most organizational structures.

CONCEPTUALIZATION OF FAMILY CENTER PRACTICE

To rcturn to the action research, an audit of activities in March 1998 enabled us to categorize the centers' work in a number of ways. A questionnaire as put together by the group and completed by a variety of staff in each center. In due course we considered center practice in terms of range and variety of methods and how often they were used; focus (work with children anti parent and in what conbination); and center *function*. A fourth category was the *empowerment journey* (Warren, 1997), which was illuminated by interviews with sixty-one center users.'

***Work of the Center by Method***

We analyzed practices on thc basis of individual work, group work, interagency work, and community work and categorized them as follows:

*Individual Work* This embraces one-to-one work with parents and children and family work, which is mostly couple work. It includes therapeutic work with children, individual work with adults, and activities pertaining to parent/child interaction. Also included is advocacy on behalf of children and/or families, in relation to other agencies like schools, housing, or the Department of Social Security. In addition, there is mediation between couples, for example, or between child or parent and foster carer.

*Groupwork* Groups comprise mostly semi-formal and formal groupings in centers, such as parenting group, adolescent parent group, art group, black persons group, and child care forum. Generally groups in family centers could be described as having expressive objectives - meaning that they have as a priority the care and personal development of individual group members. From time to time groups can also have *instrumental* objectives, for example, a group that comes together to campaign for something. Here the outside goal is more of a priority than the care and development of the development of the members. Sometimes the expressive/instrumental distinction is blurred, or a group starts with the care and personal development needs of its members and may over time transform with outside objectives.

*Inter-agency work* Interagency work has two important distinctions. First, it describes the day-to-day communication between center and local agencies, - usually on behalf of individual users, as well as child protection conferences and

planning meetings. Second, it includes initiatives that are the outcome of specific acts of collaboration between center and agencies, such as a forum.

*Community work.* Community work can overlap interagency approaches, but at heart it means taking the initiative or contributing to the development of informal or emerging organizations, whether connected to the neighborhood (local parents group, traffic and keeping safe group, running a neighbourhood festival) or as communities of interest (survivors groups, child care forum). The traditional priority of community work has been the instrumental group but contemporary practice sees a much greater blurring of the expressive and the instrumental.

### *Work of the Center Focusing on the Parent/Child Dimension*

We analyzed practices also in terms of their focus, such as child and adult work, the child (care, education, protection), the parent and child together, the parent in need of care and support, the parent in need of challenge and involvement, and the parent in need of education and work.

One of the criticisms of family centers over the years has been that they desert the child's needs amidst the strident needs of their parents. In managing this balancing act, it is likely that centers are always in the firing line for favoring one agenda rather than another. The profile of practice of these six centers represents a center-based service that is balanced in its approach to the sometimes conflicting needs of adults and children. This profile also reflects a very contemporary account of social work, which demands that we move beyond care and containment to offering opportunity for personal challenge, participation, work, and education.

### *Functions of the Individual Centre*

The idea of the integrated center is consistent with an ecological or eco-systemic perspective and the metaphor of the person living in an inter-connected set of nested systems. Such an account of human development also implies an intervention strategy based on practice at different levels (Bronfenbrenner 1979; Garbarino, 1992; Germain & Bloom, 1999). which is reflected in the following functions:

*The Containment Function.* This explains the centers' capacity *over time* to parent, to contain, weather, absorb, accept, and help to change troubling and challenging

behavior. The concept of containment refers to the idea of the parent as "container" of the projective force of the infant (see Shuttleworth 1991).

*The Casework Decision-Making Function.* This explains the center's capacity to help families make decisions and participate in decision-making, and also the center's capacity to contribute data about families to help others make decisions, particularly the judicial and protection process

The *Resource Center Function.* This explains partly the center's capacitv to lay on a range of opportunities for families accounting for diversity of need, and partly the capacity of the centers to transform in the light of need. It accounts for the developmental role of centers - spawning, nurturing, developing, moving on groups, or moving from an emphasis on people's expressive needs to their instrumental needs and goals. This is a broader domain of informal education and community development. And it connects to the next function.

*The Group Autonomy Function and the Conventional World of Community Development* This explains the world of self-help centers run by parents and provides another route to empowerment, through network, neighborhood, and the solidarity of women. Such centers are beacons in communities and have a particular role in engaging those families whose boundary between them and their outside world - often because of male violence - is especially impermeable.

**The Empowerment Journey**

The empowerment journey (Warren, 1997) draws on Cochran's idea of empowerment as a process where parents' route to well-being is seen as a long process to which the center partially contributes in a variety of ways over time (Cochran, 1985). Interviews with center users confirmed the value of specific parenting programs for some, but also highlighted the value of friendships, social development, education and training, one-to-one and collective support, as well as child care. They were all deemed important in their journey to manage the parent role. The enduring principles of empathy, nonjudgmentalism, and unconditionality were also especially appreciated.

### *Ecological Practice*

The above conceptualization of family center practice and the empowering journcy describes a highly complex practice environment, which goes beyond a psychosocial perspective: Not only does it try to understand the inner (psychological) and outer world of the client/user but also it targets both the user's micro- and exosystem and the links between boundaries, and facilitates permeable boundaries between programs as well as between the inner world of the center and its neighbourhood and community. We call this almost seamless work in a complex environment *ecological practice.* Within this environment, we undertook an outcome study, to which we now turn.2

## THE OUTCOME STUDY

### *Measuring Outcomes*

In the last phase of the action research process, the group turned its attention to outcome measures. Group members researched and pooled examples of measures already in use and arrived at a substantial range of material. The group concluded it was an under-researched area, though some earlier contributions were helpful (Pithouse, Lindsell, & Cheung, 1988).

With cuts in services on the horizon, we resolved that what was needed (and what was demanded from managers and politicians) was a measure that evaluated the parenting process, and in particular, challenging behavior and the parenting task. Such a tool needed also to be simple, parent-friendly, and easy for staff to administer. Eventually Crnic's Parenting Daily Hassles Scale (Crnic & Booth, 1991) matched our needs. This scale was initially created to assess minor daily stresses experienced by most parents in routine interactions with their children in routine tasks involving child-rearing. Twenty items are rated along two dimensions, frequency and intensity (see Table 8.1). Internal consistency alpha's for the frequency and intensity scale have ranged from .89 to .93 in three separate datasets. The frequency and intensity scales are also typically highly correlated with one another, averaging ***r.*** = .75. It is also possible to score the measure in relation to two separate factors derived from an initial factor analysis--challenging behavior factor and parenting tasks factor-but this was derived from a small sample and the authors invite replication to evaluate reliability.

Given our small sample we did not attempt this (for more details, see Crnic and Greenberg, 1990). We decided to administer the scale twice to all users across six centers, where each user had started an activity. In this way we sought a measure of change over time. We also added to Crnic's scale by introducing additional questions inviting parents' reflections on whether any changes in the score in their opinion could be attributable to thc center program?

The difficulties with this approach are in the selection of the measure in the first place and whether, for instance, the questions in the scale hit the mark as far as users are concerned. Are those parenting issues the key issues for users, or are there others that are key indicators for change? We might conclude that a simple user and staff friendly measure does not capture the complexity of data. Moreover it is possible that changes arc not measurable over the short time we have set. On the other hand, over the long term the number of new variables will make it difficult to attribute change. Also, developmental change itself may be a factor.

Political matters, talk of cuts, and other factors have slowed the data collection process. Here we report data collected in one of the centers. The data are less than desirable, but sufficient to construct a critical discussion.

***Areas for Exploration***

Preliminary testing of the scale on a small sample of the returns shows a number of possibilities to explore:

1. A simple before and after score for each user to record "progress." 16. The kids are
2. A user perspective on the relationship between changes in score and the input of the family resource center.
3. A profile of users' expectations of centers and a measure of the concerns of users - as represented by the issues in thie scale - across and within the centers, which may have implications for designing new programs.
4. A comparison of individual users' concerns with the norm and the population across the centers or within the individual users' center
5. A critical discussion about the validity of outcome research in a setting that prides itself on a mix of methods and opportunities over time.

| | HOW OFTEN IT HAPPENS | | | | | HASSLE | |
|---|---|---|---|---|---|---|---|
| | Never | Rarely | Sometimes | A lot | Constantly | | |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |

***Findings***

To date, forty-six users have completed the scale in three centers. For the purposes of this chapter, discussion is based on the completion of the Crnic scale by eighteen users of one center. Each user completed the scale once in January 2000 and again on a second occasion in July 2000. The center users were residents of an estate with a spectacularly high incidence of crime, family poverty, and ill-health. The users had all been in touch with child protective services.

The data were recorded initially as follows, on the basis of whether issues increased in incidence from first (January) to second (July) completion and whether they were perceived as a greater or lesser hassle, or as the same.

*Same/same:* issues occur as much at the second completion as at the first while completion, and arc also recorded as n similar hasslc on second cornplction minds (for example, being whined at; having to keep a constant eye on children; aclvant children gctting dirty; privacy; getting rcady on time; running errands).

*Same/more* issues occur similarly on second completion and are seen as a greater hassle (for example, children having to be nagged; children's schedules conflicting with thosc of finding babysitters; fighting bctween siblings; having to change plans because of the children).

*Same/less* issues occur similarly at second completion but arc experienced as less of a hasslc(f or example, children interrupting adults).

*More/same:* issues occur more but are experienced as the same hassle as before (no examples).

*More/more*: issues occur more and are experienced as bigger hassles on second completion (for example, mealtimes; children's schedules conflicting with adults; bedtimes; leaving children alone; children's friendships).

*More/less:* issues occur more on second completion but are experienced as less of a hassle (for example, having to keep cleaning up mess; children demanding to be entertained).

*Less/same* occur less on second completion but are experienced as just as much a hassle (no example).

*Less/more:* issues occur less on second completion but are experienced as more of a hassle (no example).

*Less/less:* issues occur less on second completion and are experienced as less of a hassle (for example, children constantly underfoot).

*Tlie Crnic Scale as Simple Before and After Score for Each User to Record "Progress"* We were faced with an immediate difficulty in understanding and measuring the nature of "progress." None of the combined categories recorded significant improvements where the improved behavioural difficulty has a lower incidence and the issue was perceived as a significantly lesser hassle. On the contrary, some issues were perceived as more troublesome and some occurred more on the second completion of the scale.

On the othcr hand users reported great satisfaction in the center in terms of relationships with others, activities attended, and unspecific sense of well-being. Practitioners/users proposed that where users recorded greater hassles on second completion: a) they had raised thcir standards and expectations of thcir children's behavior, whilc in the rclativcly short tinlc span behavior had not changcd substantially; and (b) perceptions of troublesome behavior were influenced immediately by mood and a range of current events.

*As a User Perspective on the Relationship between Changes in Score and the Input of the Family Resource Centre:* The scale could serve as a spur to discussion and review between parent and practitioner/key worker, adding a measure of concreteness to the process of evaluation between practitioner and user. However, while practitioners appreciated the extra focus, there was some doubt in their minds that it was worth the rigmarole of data collection. It was not deemed a great advantage to the normal process of review, which involves revisiting original goals and listening for

the collective views of users and practitioners. For practitioners it was "so what" research that added little to their understanding.

Users were asked to record other happenings in their lives. Of the few who did, they recordcd positive changes, for example, new job, new partner or improvcd relationship with partner, new apartment, any one of which will have contributed to the ccnter users' well-being. There are problems of attribution here. Other than self-report (users are unanimous about their appreciation of the center and its contribution to well-being), it is hard to claim independently that changes in parenting behaviour can be linked to happenings associated with the centers.

*As a Measure of the Concern of Users – as Represented by the Issues in the Scale – across and Within Centers, which may have implications for designing new programs.* The scale, in sufficient numbers, may tell us something of parents' priorities on the basis of the cluster of behaviors represented and indicate the nature of specific programs. For example, a profile of hassles of twenty-seven ccnter uscrs completing first time indicated some surprising issues: clearing up afterwards; picky eating, sibling squabbles, bedtimes, and tantrums in public. Not included (unexpectedly) were getting babysitters, getting dirty, privacy, separation, or friendship. It should be possible to compare individual users concerns with the norm of the population across the centers or within the individual user's ccnter. We have in-sufficient data as yet, so there is no measure of this dimension.

## THE ECOLOGICAL PRACTICE ENVIRONMENT AND TIHE POLITICS OF OUTCOME PLANNING

Research in the context described in this chapter needs to overcome a number of challenges. First, there is the ecological problem. While it may be possible to attribute a particular behavioural change to a specific intervention, the slow, relatively seamless and multiaction role of the ceritcr makes attribution immensely difficult. The negotiation and realization of outcomes are ascomplex as the ecological picture itself. For example, Weiss and Jacobs (1988) demonstrated the paucity of measures available to evaluate chancre bevond the parent and child focus.

There are also practical matters, such as time, resources, cost, realistic timescales, and the need for simplicity-that is, outcome measures that are simple and quick to use

may be no more than helpful accessories to the discretionarv world of practice. There are also ethical matters, not least enduring problem raised by the necessity of choosing to withdraw services from a proportion of the eligible clients (the control group).

There is also ownership-reasons for the research need to be owned by the respondents. In the early stages of the research, managers and practitioners of the centers were fearful of cuts to services, which engendered a strong motivation to justify the practice of the centers. "We must show them what we do." By the time of the outcome study the battle had been won, at least for the moment. The motivation among managers and staff to collect the data began to evaporate. Moreover; it became clear that the behavioral issues represented by the scale, externally imposed so to speak, had not been owned by, and constructed with, center users and practitioners.

There are also indications that a number of factors had contributed to the centers' continued existence. First, there may have been morc money on the table. Second, thcre was some approval of centers by referring social workers in the field. Centers workcd for them, or at least partially, and there was probably an clement of practitioner solidarity. Perhaps most important was the popularity of the centers among center users, which was made known to local politicians in whose hands the future of the centers lay. The voice of the center users was powerful.

Hence, this evident message about power encouraged us as a group to re-examine the negotiation of outcomes on the basis of the power blocks represented in the centers. In other words, who are the stake holders and how might outcomes be re-negotiated? For example, stakeholders might include the following: center users (children and parents), center practitioners, people of the neighborhood, referring social workcrs, other agency referrers, agency resource managers, and local politicians. And within these named groupings there are hierarchies and subdivisions of power. Speculation about outcomes and their measurement based on stakeholders leads us to identify different agendas (see Table 8.2 for suggestions about different priorities articulated by each stakeholder).

*Table* 8.2. Main Family Resource Center Stakeholders: Complexities and Differences in Preferred Outcomes

| Stakeholders | Outcomes |
|---|---|
| Center users (children): they might be articulated on child's behalf | -Care, education, play<br>- Specific behavioral difficulties |
| Center users (children)-and articulated by children | - Play, friendships, containment |
| Center users (parents) | -Specific child behavior outcomes, Relationship issues<br>-Containment outcomes, e.g., practical,<br>-material, one-to-one and collective support<br>- Day care<br>-Friendship<br>- Recreation<br>- Social life<br>- Education<br>-Training |
| Center practitioners . | - Parent outcomes as above<br>- Protective outcomes, e.g., assessment outcomes, judicial or case conference goals<br>-Tertiary prevention outcomes: preventing risk, preventing foster care, preventing judicial proceedings<br>- Process outcomes, e.g., better management of contact, family break-up, foster care, involvement in judicial proceedings |
| People of the neighborhood | - No trouble/good reputation outcomes<br>-Community asset outcomes<br>-Accessibility outcomes |
| Referring social workers | -Outcomes about protective agenda and data about client<br>- Outcomes of reassurance and shared Responsibility and wo |
| Other agency referrers | -Specific service outcomes, e.g., education, social support, friendship<br>-Protective agenda and data about Client<br>Reassurance and shared responsibility |
| Center's agency resource managers | - Specific targets, e.g., case conference goals<br>- Judicial requirements<br>- Numbers, use of center<br>-Cost-effectiveness |
| Local politicians | -Quality outcomes (government and locally determined) |

## CONCLUSION

In summary, we employed a simple parenting outcome scale in a complex center setting, and learned as much about the process as product, as outlined below.

As for a verdict on the hassles scale, it did not tell us who was a "better parent," but it did remind us to revisit the dimensions of power and complexity.

The scale showed there are potentially serendipitous outcomes that may help us to review and introduce different programs in the centers; however, off-the-shelf outcome scales are unlikely to fulfill their promise. Simple outcome measures may be no more than useful accessories to the implicit, discretionary world of practice. There seems to be no substitute for the long process of negotiation and outcome construction among project stakeholders-the ecological practice environment requires center practitioners to negotiate, measure, and present outcomes at many levels.

In a harsh, managerial environment, the effective continuance of the center will depend in particular on its manager and her or his ability to balance positions and evaluate power, as well as to motivate staff to collect data. Center users were especially powerful when given the opportunity to make their voices heard especially to funders and politicians. As the government agenda tightens and reduces the perspective of senior agency managers to a preoccupation with tertiary prevention (risk assessment, preventing foster care, preventing judicial proceeding, preventing, family break-up), it seems to be left to the center users to remind us that it is a broad range of programs that contribute to their well-being.

Better parenting is a complex construction and has complex attribution. For example, parcnting outcomes may also be constituted in terms of adult wellbeing, of citizenship, and of participation.

## NOTES

I. Canali and Rigon (Canali & Rigon 2002:41-52) also consider the role of action research in child and family services.

2. See Maluccio (2000) for application of the ecological perspective to practice in child and family services.

REFERENCES

Bronfenbrcnncr, U. (1979). *The Ecology Human Development – experiments by nature and design.* Cambridge, MA: Harvard University Press.

Canali C & Rigon P. (2002) Evaluating outcomes for children with multiple problems, T. Vecchiato, A.C. Maluccio & Canali C., *Evlauation in Child and Family Services,* NY, Aldine de Gruyter, Pp.41-52.

Cannan, C. (1986a). The regulation of parenthood. Unpublished Ph.D. dissertation. London: University of London, Goldsmith College.

Cannan, C. (1986b). Sanctuary or stigma? *Community Care* 22(5): 14-17.

Caiman, C. & Warren, C. (2001). Family centres in the settlement tradition? In T. Jeffs and R. Gilchrist (Eds.), *Settlements, Social Change and Social Action: Good Neighbours* (pp. 194-2 13). London: Jessica Kingsley.

Cochran, M. (1985) The Parentael empowerment process: Building on family strengths. In Cochran M. (1985), 'The parental empowerment process: building upon family strengths', in J. Harris ed. *Psychology in Action: Linking Research and Practice*, Croom Helm, London.

Crnic, K. A. & Booth, C. L. (1991). Mother's and father's perceptions of daily hassles of parenting across childhood. *Journal of Marriage and the Family* 53: 1043-50.

Crnic, K. A. and Greenberg, M. T. (1990). Minor parenting stresses with young children. *Child Development* 6, 1 : 1628-37.

De'ath, E. (1988). The family centre approach. Briefing paper. *Focus on Families.* London: Children's Society.

Edwards, A. & Talbot, R. (1 999). *The Hard Pressed Researcher.* (2nd ed.) London arid New York: Longman.

Fernandcz E. (2002) Protecting children through family support services, T. Vecchiato, A.C. Maluccio & Canali C., *Evlauation in Child and Family Services,* NY, Aldine de Gruyter, Pp.134-149

Garbarino, J. (1992). *Children and Families in the Social Environment*(2nd ed.). Hawthorne, NY: Aldine de Gruyter. I

Germain, C. G. & Bloom, M. (1999). Human Behaviour in the Social Environment: an Ecological View; (2d ed.). New York: Columbia University Press.

Holman, R. (1092). *Research Highlights.* London: National Children's Bureau.

Maluccio, A. N. (2000). A competence-centered perspective on child and family welfarc. In J. G. Hopps & R. Morris (Eds), *Social Work at the Millenium: Critical Reflections on the Future of the Profession.* (pp 160-74). New York: Free Press.

Phelan J. (1983). *Family Centres: a Study.* London: Children's Society.

Pithouse, A., Lindsell, S., & Cheung, M. (1988). Family Support and Family Centre Services. Aldershot, England: Ashgate.

Shuttlewoth, J. (1991). Psychoanalytic theory and infant development. In L. Miller, M.Rustin, M. Rustin, & J. Shuttle\vorth (Eds.), *Closely Observed Infants* (pp. 22-51). London: Duckworth.

Smale, G. (1995). Integrating community and individual practice: A new paradigm for practice. In P. Adams & K. Nelson (Eds.), Reinventing Human Services (pp. 50-80). Hawthorn, NY: Aldine de Gruytcr.

Warren, C. (1991). Family centres and their role in parent advocacy. Unpublished M.Phil thesis, Southampton University, Southampton, England.

Warren, C. (1 993). *Family Centres and the Children Act: a Training and Development Handbook*, England: Tarrant.

Warren, C. (1997). Family support and the journey to empowerment. In C. Cannan & C. Warren (Eds.), *Social Action with Children and their Families: a Community Development Approach* (pp. 103-23). London: Routledge.

Weiss H. B. & Jacobs F. (1988) *Evaluating Family Programmes.* Hawthorne, NY: Aldine de Gruyter.

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**Paper 5b Warren-Adamson C & Lightburn A (2006 ) Developing a community-based model for integrated family center practice, In: A. Lightburn & P. Sessions eds. *Handbook of Community-Based Practice*, Oxford University Press, New York;**

I have been collaborating with Professor Anita Lightburn (Columbia, then Smith, now Fordham University, NY) since 1994, exploring the family centre as a creative site for practice. In this major text, we have embarked on a framework for a theory of change in complex systems of care. We draw on a number of helpful theoretical frameworks – Howe's epistemological grid, developmental science, attachment and complexity, milieu – but still left, as in paper 1, with question marks about the "black box" of practice.

Jointly authored

Referee: Dr Phoebe Sessions, Smith College, Mass, USA, and OUP reader.

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# Developing A Community-Based Model For Integrated Family Center Practice

CHRIS WARREN-ADAMSON AND ANITA LIGHTBURN

This chapter is about integrated family center practice that offers protection, nurturance, and avenues for development for parents and their children. We write at a time when many, despairing of contemporary practices for at risk children and families, are turning to explore new visions about developing child centered communities in the UK (Local Government Association, 2002) and systems of care in the U.S. (Stroul, 1996). Our focus is the integrated family center (or family resource center) as a community- based single site system of care, which arguably has an important role in the development of safe communities and new visions for children's services. As an alternative to existing child welfare services, they address fragmentation, defensive practice, and the disconnection from community that are serious problems in protective services. As stable community-based programs, integrated family centers provide a therapeutic milieu with a complex array of services to meet child welfare's primary goal -- child well-being and family support. These integrated centers have the advantage of being a community, a place to belong to that grows with the family.

We particularly want to convey our belief in the family center's synergy created through the multi-dimensional relationships, with staff working collaboratively with each other and with parents. This makes it possible for family centers to be a nurturing life force, a robust, complex community of care, able to respond to those at most risk, in need of more than traditional services offer. These centers are catalysts for professional and community knowledge. As witnesses to the vibrancy of this particular genre of family support, we are hopeful that this community-based approach will increasingly become an alternative to traditional mental health and child welfare services. At-risk families need access to reliable support, ongoing relationships, and the opportunity to be part of a community with a strong culture of care, a safe haven for those in need of protection.

Our focus throughout this chapter will be on lessons learned from our experience with family centers in the United Kingdom and the United States. We appreciate the difference

national context means, and while we continue to gain insight from our differences, we also are taken with similar themes and concerns that have been variously described in different countries (Cannan & Warren, 1997; Warren-Adamson 2001).[1] Internationally, we have observed wonderful cultural variation but with similar responsive characteristics. With this global perspective in mind, we have drawn from our individual experience, weaving the common threads together to offer a way of thinking about how families change in these comprehensive programs. Collaborating across national boundaries has stretched our thinking as we have sought to encapsulate the rich veins of practice theory and research in a model of practice for integrated family centers. It is our hope that advances in research methods will help us demonstrate the effectiveness of this comprehensive system of care that has been frequently described in case studies.

## Defining Integrated Family Center Practice

We start by defining integrated family center programs, connecting recent developments to their evolution in the U.K and the potential evident in a description of family center practice, in a U.K. family center. We consider the community ecology of this center and then move on to review the needs of high-risk families, the role of clinical services, and the potential of the family center to buffer risk and increase protection. A brief review of supportive research follows pointing to important components of family center practice. We highlight in particular the importance of the center milieu that has a definable culture of care that distinguishes integrated family centers from other family support services, such as home-based family preservation. We share our thinking about the center as a developmental system, drawing useful concepts from developmental theorists and developmental science that contributes to a theory of change based on the tradition that values theory for the development and evaluation of integrated family centers. Our translation of theory into practice follows with a guide for working in this non-traditional setting, illustrated by a case example that shows how it is possible to provide early intervention to keep a family together, working responsibly with the mandate to protect children at risk for abuse and neglect.

# Integrating The Protective Mandate With Family Support

Our starting point is the integrated family center or family resource center that has been given serious attention over the last decade (Batchelor, Gould, & Wright, 1999; Hess, McGowan, & Botsko, 2000; Janchill, 1979; Lightburn & Kemp 1994; Warren-Adamson, 2002). As a single site resource, centers have a varied history of success in providing a continuum of services with good outcomes for fragile families (Comer & Fraser, 1998; Halpern, 1999; Seitz, 1990). The following overview highlights some of their more distinguishing characteristics. While family centers are friendly, open door places, where parents can walk in without referrals and be welcomed to join in center programs, they are also places that engage in protective work with parents who are mandated to receive help because their children are at-risk for abuse or neglect. These centers are unique because they frequently manage to integrate child protective work with a host of other therapeutic, educational, and supportive services. This integrative work requires patience, understanding, and a positive disposition toward all parents, communicating the belief in their ability to act in their children's best interest. The knowledge and skills of professionals shape services with developmental and mental health principles so that center's can both provide protection and support the special tandem development of parent and child (Germain, 1991). We are impressed with the center's therapeutic milieu that can function as a developmental system for all involved.

For center programs, there can be an inherent challenge in the "integration" of mandated protection and a focus on development. Staff need to recognize the different agendas that parents have (whether expressed or unspoken). While many have to master the challenges of mandated requirements to prove they are competent parents, others want to meet basic needs and find their way out of poverty. Others seek friendship and guidance in raising children in impoverished and/or dangerous neighborhoods. For staff there is the challenge of meeting parents' personal needs, while balancing the needs of the whole community that require different approaches. There is both an art and science to making it all work, with a good measure of humor and excellent management! The comprehensive programs offered in many centers make it possible to meet multiple social and mental health needs, which also incorporate community building and empowerment approaches, reinforcing parents' strengths and their role as important advocates for safer communities (Batchelor et al., 1999; Feikema, Segalavich, & Jefferies, 1997; Garbarino, 1986; Warren, 1997).

## The Mission Of Family Centers

The mission of a family center gives specific direction, with shared values influencing practice, such as commitments to prevention and early intervention. Family centers are located in, and are responsible to, neighborhoods and communities. Their mission reflects local needs and traditions that are shaped by leadership, the availability of professional staff, and partnerships with neighborhood helpers. The over arching mission of integrated family centers is to provide comprehensive services to support children's development and insure their protection by helping families through crises, providing a therapeutic and developmental support. This is achieved through parents, children, young people, grandparents, friends, and careers (an interdisciplinary group of helpers) coming together in community. In other words, families are defined widely, and they are joined by neighbors in a place where they can mutually benefit.

## Location Of Family Centers

In the UK/US we are talking about family resource centers that are located in buildings with a range of activities operating under different auspices, for example, community centers, faith-based agencies, early childhood programs, schools, or a housing development. They are situated in neighborhood places. They represent a mix of the formal (individual, group and family therapy, case management and education), the informal (i.e., mentoring, after-school programs, recreation, and outreach) and are varied combinations of grass-roots and professional collaborations. For example, a family support center in the U.S or UK can be linked to early interventions programs, such as Head Start, Sure Start, and day care. These centers can be in a community center or in a full service school, as in the United States. As might be expected, access to a range of services matters. Co-located services in centers enable families to make significant progress toward their goals. When there are limits to a facility's space for co-locating services, good co-ordination and links with community resources become essential.

## Historical Roots

Integrated family centers share many aspects of the older settlement movement (Cannan & Warren, 1997), with the important role of supporting low-income families and their children. The premise widely shared was that there should be neighborhood support for those who are disadvantaged by poverty, immigration, displacement, unstable communities, and personal misfortune. The more recent family center tradition in the UK, emerging in the late nineteen seventies, was a response to a changing welfare state, and specifically the impact of change upon voluntary child care organizations which had invested in institutional care, for example, residential nurseries and homes. As well as a moral selling point, the family also had an important professional, psychological implication, meaning the acceptance of the inter-connectedness between child, parent, wider family, and community. Family work, family therapy, as well as community work could be developed in such settings. The Church of England Children's Society (now Children's Society) was at the forefront of these developments (Phelan, 1983). With the appointment of social workers and community workers, the context of the parent and child was the focus of helping with a mix of interventions, from the individual to the collective. Warren's survey of centers in 1990 recorded some 352 centers in England and Wales. It was a period of growth for family centers in the U.K. that was also happening in the United States.

## Describing The Integrated Family Center: Program And Practice

Now we turn to program description with our case study that brings alive the complex world of practice in a UK center, beginning with a staff group's expression of center activities: Counseling, play-therapy, child behavioral programming, information-giving, initiating and running expressive and instrumental groups (support, education, skill, action, community, therapy), providing recreational sessions, doing eco-maps and genograms, running crèches, offering behavioral and systemic family sessions, energizing depressed people, cooling down angry people, setting up and participating in music and arts, negotiating in groups, being a team person, changing nappies and general layette, establishing routes to formal education and training, cooking and teaching cooking, working with the neighborhood, developing complex analysis, recruiting and supporting

sessional staff, negotiating, staffing user meetings, planning, making judgments, writing reports well, appearing in court and giving evidence, liaising with professionals, developing projects, getting angry about issues and doing something about it, planning sessions, groups, outings, partying and pantomimes, driving the bus, sticking to your principles especially against violence and racism, taking care of the physical side of the center, teaching formally and informally, encouraging, sticking around, being parental, facilitating, supervising and being supervised, negotiating, running and receiving staff training, blowing the whistle on families, judging danger, getting co-operation especially when the going gets tough, understanding depth as well as surface, using the law, keeping up to date, supporting weeping people, weeping and being supported, having people dependent upon you, developing a network of professional allies, telling people off, breaking the worst of news, running angry or crazy neighborhood meetings, controlling the petty cash and toilet rolls, managing and explaining contact, explaining the difference between psychotherapy and psychoanalytic counseling, running a jumble, booking in a group, filling in at the after school club, giving talks, doing courses, handling misuse of power, oppression, dirty tricks, damage, theft, getting your timing right, negotiating, liaising with antagonistic professionals, explaining the one way mirror, being imaginative, giggling, keeping the kitchen clean, being reliable, attending to health and safety, observing children and knowing about development, talking to visitors, explaining to skeptical managers that all this is really social work, this really is core business. Many of the above happen in one day. It's in your face and you must remain at the same time empathic, non-judgmental, suitably distant, and containing. So that's how it feels. It is a rich mixture of a professional domain and a mirroring of some of the complexity of family life. Such a domain can also be represented in a more conventional, programmatic way. Figure 1 depicts an account of this United Kingdom center, based in a converted school in run-down urban neighborhood, and run by the local authority.

**(Insert Figure 18-1 here)**

## The Family Center Ecology

The family resource center works in and with the eco-system in a dynamic ever-changing way that responds to family needs from primary/early intervention that is preventive to tertiary intervention (based on the public health model). This family center has a robust

interwoven web of services, programs, and opportunities for children and their parents envisioned in Bronfenbrenner's (1979) notion of human ecology usefully conceptualized as the micro, meso-system, and exo-system. Accessible, friendly, connected to a range of supports and important protective mechanisms, families are able to become involved in preventive programs that educate and offer balance to their lives, as well as support the development of family relationships, and maximize means for nurturing and keeping children safe.

Let us focus first on the inner world of the center with the UK example described in Figure 1 that includes play therapy, counseling, information, and informal advice as well as teenage mothers group, parent and child games, and day programs. Here direct goals include assessment and behavioral change in the parent and child's personal world (the micro system). Direct outcomes claimed would include 'better parenting.' Individual practices share the same agenda, for example, counseling, play therapy, and you can add couples work, family therapy, and the occasional, specific behavioral program. This could be termed secondary and tertiary prevention. Users are most likely to be referred to the center. The fathers' group may be for men who do not directly care for their children and are looking for direction in their role as 'absent fathers.' The crèche support makes it possible for parents to take time out both informally and formally to participate in programs or to work.

Parents can also have active roles in helping with critical services in the center. The crèche also provides work for some parents and supports other center services and activities in the community such as adult education. The drama group and the painting groups are directly recreational, and indirectly they are expressive -- they support their members, develop social skills, and create friendships. For lonely, isolated mothers this offers invaluable means for developing relationships.

Increasingly, centers are venues for Family Group Conferences (Burford & Hudson, 2000). This New Zealand innovation fits the style of the center -- outcomes are often capacity building for parents, helping them plan and connect with resources, such as making a new decision for the care of their children with relatives or a friends network, to which the center is well placed to give its support.

Groups in the exo system (the system beyond the family -- school, social services, as well as local policies) have different relationships to the center. The center, by virtue of its early preventive stance and flexible and effective practice, may be asked to manage Surestart and Playlink, universal, early intervention projects that may be based in the center or may work collaboratively with the center. Independent groups describe, firstly, the range of separate organizations, which use the premises of the center on which the center has indirect influence. It is argued that they ensure full use of the space, represent in their constitution a broad front to the world of early intervention, and offer the possibility of connections, a network for participants in the family center.

Drop-in and Community Mornings occupy a position between systems. They are a link between the inner world of the center and the broader community. They are not just about a link with the neighborhood but represent stepping over the threshold informally to connect parents to important others. In Cigno's (1988) evaluation of this type of project, parents highly valued this type connection because it engaged them in an informal way on their own terms. Another informal means for engagement is the gardening group where parents learn about of soil technology, eating proper greens and gain support in the process by working with others.

First Stop, in the exosystem above, is an example of a project promoting neighborhood development (Fletcher & Romano, 2001), where the center because of its combined skills and knowledge is able to broaden its scope and activities. This is a particularly valued role of the center, promoting awareness and action amongst local residents about child safety and protection. It was developed in Brighton, England. First Stop promotes parent groups, work in schools, and includes information through publications and presence at community events.

This is the ecology of one family center that suggests the multiplicity of ways parents join activities and work with staff and are linked to their neighborhood. However, grasping the real life of the center takes imagination, to see all of the comings and goings, the nonverbal expressions of encouragement and recognition, the weary staff changing gears once again to calm down a worried mother, and a group leader searching for chair so a new parent has a place to sit.

## Integration Of Clinical Knowledge And Services

Clinical services build capacity in family centers to help children and parents who experience depression, post-traumatic stress, and struggle with substance abuse or its effects. Clinically-trained staff bring a developmental perspective that is useful in helping staff understand parents' competition with their children for attention and their emotional struggles with their own parents for not meeting their needs as they were growing-up. Mental health needs are normalized as the need to learn to cope in a supportive home away from home, without the stigma associated with clinics and hospitals. Concerted efforts are made to form strong working partnerships with parents that emphasize their competence. Family life is best respected with strength-based approaches that work with the cultural heritage and traditions that contribute to a family's resilience (Berg & Kelly, 2000; MacAdoo, 1999; Saleebey, 2002; Walsh, 1998). There is a unique opportunity to blend clinical work with more informal helping. In particular situations this means weaving clinical knowledge of developmental needs into group work and activities that nurtures maturing relationships. For example, it is often the case that parents, because of life-long disappointments, are in need of developing trust and support that involves testing and railing against those who are trying to help. In such situations there is the need for flexible responses that work to hold disappointment, anger and frustration, until calm returns and there is strength to deal with the problems that provoked this response. This work necessarily occurs in multiple places, in mutual aid and community groups and individual therapy, and during activities, even standing in doorways and resembles the hold environment described by development theorists (Shuttleworth, 1989; Winnicott, 1960). Clinical services are also available through referrals, consultation and onsite services that respond to individual and group needs. Our experience supports Batchelor and colleagues (1999) findings that consumers want a service model that bridges intensive therapeutic services and user organized drop-in services.

## Services For High-Risk Families

Integrated family centers are for all families; in fact they work because families with different levels of need and resources participate. However, it is still helpful to remember the challenges that high-risk families bring. Parents often seek stability and care for

themselves, as it is likely that many of them have experienced inconsistent parenting, and still have unmet developmental needs. Many are victims of abuse and have lived chaotic lives, in and out of relationships. The added burden of living in poverty, frequently in disorganized communities, can mean that their survival needs are paramount. In need of support, they may have considerable difficulty receiving it. Trust does not come easily, and yet they live with hope that they will step out of loneliness and find belonging. Anger, alienation, frustration, and depression make initial connections in groups with other parents difficult. Problems are solved through cycles of crises. Substance abuse and domestic violence can further complicate their living situations as they try to provide nurturing homes for their children. Parents are also casualties of environments with multiple risk factors (such as marital discord, poverty, overcrowding, parental criminality, and maternal psychiatric disorder) that have been shown to lead to the development of psychiatric disorders later in life (Rutter, 1979). Too many parents have traveled down this road and are struggling with a heavy weight of problems. These challenges mean that concerted efforts in outreach and engagement are important in creating the relational bridge essential to bring families into center programs.

While accumulated risks makes coping with every day challenges difficult, parents' personal assets and strengths, and those assets in their networks and community, can be drawn upon to make it possible for them to parent and grow. Waller's (2001) synthesis of findings in resilience research is encouraging in this regard, where risk can be balanced with protective factors, as "a given risk/protective factor can have a 'ripple effect,' leading to further risk or protection" (p. 293). Involvement in a family center can provide the protective factors needed to cope with life's adversity. In essence, the family center experience offers a protective "ripple effect," a buffer and an organizing influence. Parents often come to family centers with a "negative sense of community," the psychological sense that has been used to describe single mothers withdrawal from participating in community (Brodsky, 1996, p. 347). Overtime, mothers' engagement in the life of the family center can mean that they will develop a new sense of community where they pool their strengths with others like themselves (Bowen, Bowen, & Cook, 2000). Their survival skills are valued, as they are challenged to learn new ways of protecting themselves and their children.

## Research Points To The Potential Of Integrated Centers

The integrated family center is one of the success stories in family and community work in the past twenty years. While there is limited research comparing integrated family support interventions (comprehensive programs) to other family support initiatives, such as family preservation programs and parenting education and support, there is a growing research base suggesting the effectiveness of particular elements of such programs that are across a range of outcomes, not least of which is the protection and development of well-being of children and their families (Comer & Fraser, 1998). We highlight some of these findings as they underscore the efficacy of a range of activities that are integral in comprehensive programs in integrated family centers. We will draw on this research as it supports the theory of change we propose later on in this chapter.

## Comprehensive Programs Increase Protective Factors

Primary prevention is an important orientation for program development in family centers. Therefore the risk and protective factor paradigm is particularly useful to consider, as research has shown that there is a positive relationship between increased protective factors (such as support, attachment, positive peer relationships, social skills, and quality educational programs) that decreases the probability of negative outcomes because of accumulated risk factors. For parents and children known to be at-risk, the family center's comprehensive programs can provide the protective factors to increase their ability to cope with the stressors in their lives. The importance of this type of comprehensive program is underscored by the conclusions drawn from Durlak's (1998) review of 1200 prevention outcome studies that shows that multilevel programs have obtained the most impressive results, because in his view, "If risk exists at multiple levels and if multiple risk factors have multiplicative rather than additive effects,....the multilevel prevention programs are more likely to be successful than single level interventions" (p. 515). There is also evidence that intense programs produce stronger outcomes (Durak & Wells, 1997; Hesset al., 2000; Layzer & Goodson, 2001; Nelson, Landsman, & Deutelbaum, 1990; Whipple & Wilson, 1996), and that positive effect sizes on various outcomes is a function of program characteristics, such as staffing intensity, with effects doubled with best practices (Layzer & Goodson, 2001). This evidence

supports our experience that parents who participate in family centers benefit significantly from well-developed and staffed comprehensive programs.

## Important Components For Family Center Programs

The recent US National Evaluation of Family Support Programs provided a meta-analysis of 665 studies, describing the effectiveness of a variety of family support initiatives (Layzer & Goodson, 2001). We draw attention to a number of their findings as they suggest specific directions for practice. First there is an important lesson that needs to be understood regarding the positive relationship between a parent's own development and their child's development. Studies indicated that emphasis on parents' own development has been shown to correlate with children's social and emotional development, and family cohesion (Berry, Cash, & Hoge, 1998; Blank, 2000; Comer & Fraser, 1998; Hess et al., 2000; Joseph et al., 2001). Other studies show that education and support led to significant improvements in parents' knowledge of mental health services and perceptions of self efficacy (Bickman, Heflinger, Northrup, Sonnichsen, & Schilling, 1998) and in reducing symptoms of depression and anxiety in mothers (Ireys, Divet, & Sakawa, 2001; Silver, Ireys, Bauman, & Stein, 1997; Whipple & Wilson, 1996). Therefore, programs that fit parents' needs and capabilities, including psychosocial education, will be an important staple of the family center, that also include added supports such as child care, that enable parents to attend (Dore & Lee, 1999).

## Case Studies Describe What Works For Parents

Case studies also provide important descriptive program analysis that includes pre-post outcomes. These studies show that ready access to services, outreach, user-friendly approaches, and integrated services co-located on site overcome major obstacles with flexible services that are responsive to families at points of crisis. There are consistent reports that these services are highly valued by parents (Hess et al., 2000; Joseph, et al. 2001; Lightburn & Kemp, 1994; Smith 1992; Warren-Adamson, 2002; Wigfall & Moss, 2001).

## Increasing Participation And Outcomes

The complex picture supported by layers of thick description demonstrates how centers contribute to family and child well-being, particularly with respect to engagement and participation (Hess et al., 2000; Lightburn, 1994; Warren-Adamson, 2001). And as Bond and Halpern (1986) have noted from reviewing family support program evaluations, there are signal signs of impact that are important to consider. For example, in a case study completed by the second author, family participation over an 18-month period was facilitated through ongoing negotiations by program staff that made it possible for these parents to their complete education and work programs that were desired program outcomes (Lightburn, 1994). Lessons learned about the factors that mediated participation included the instrumental role center staff played in negotiations with different program providers, creating understanding of the realities of parents' lives, and interpreting parents' behavior as a product of their personal situations, not a lack of motivation. This made it possible to work out flexible schedules so they could make it to their required programs. Without staff intervention, 20% of parents would have failed to reach their goals. A second example involved center staff successfully advocating for the inclusion of parents to become part of the center team. This flexible and creative solution solved the problem caused by reduced funding that would have limited parents' participation in the center because it was no longer possible to support the salaries of staff to provide services for them. Parents saw themselves coming to the center program during the rest of their child's early years; they could not accept that this was their last year in the program. After much conferring with each other and staff, they decided to volunteer to mentor and support new parents at the beginning of the next year, as center members. In this way staff could continue to support them in their new role as mentors, and they could join in many of the activities for the whole community. Both of these examples show how center staff have a central role in mediating outcomes through their informal support and flexible roles that enhanced parents' engagement and completion of their specific program goals.

# Translating Lessons Learned Into A Model For Integrated Family Center Practice

The following section introduces ways of conceptualizing integrated family support practice. First we consider the importance of the center milieu that has a definable culture of care, which shapes participation and the development of community that both influences and protect children and family life. This milieu can also be productively thought of as a developmental system for parents, children, and center staff. Drawing useful concepts from developmental theorists and developmental science, we describe how containment and a holding environment are part of a responsive developmental system that is similar to a family's nurturance. We will briefly elaborate on these concepts, describing how they contribute to the work of the center and, ultimately, the hoped for outcomes such as child and family well being, and protecting attachment bonds. Our goal is to map a more dynamic and inclusive guide for practice and research.

In summary, the components of the integrated family center model are:

- The integrated family center milieu;
- The culture of care and the safe haven it provides;
- The developmental system of the integrated family center that contains, holds, and nurtures and provides opportunity for learning;
- The varied pathways to learning that promote development, change, and builds capacity for center parents and staff.

**(Insert Figure 18-2 here)**

The heart of the center milieu with its culture of care is presented in Figure 2, which shows the relationships of the milieu as the primary source of support that makes it possible for the center to: 1) protect and support parents and children; 2) nurture the learning of everyone in the center; 3) develop the capacity of the center to help parents work on their different agendas; and 4) support staff to meet their varied responsibilities in working with parents and building capacity in the center. We have used the term "agenda" for both parents and staff as a way to capture the different purposes that focuses the work of parents and staff. Later in this chapter we will discuss these different agendas, conceptualizing the way staff and parents work together. As Figure 2 shows, the

constituents are parts of the whole, and as inter-related processes influence parents' participation and strength of connection to the center, and ultimately their success in working on their different agendas (such as protecting their children, developing competence in life skills, and benefiting from mutual aid groups with other parents). In a similar way the developmental system and culture of care of the center milieu support staff so that they can also grow and be effective in their work. What follows is a more detailed look at how we understand the constituents and then how the developmental center milieu contributes to the whole of family center practice.

The Family Center's Milieu

As the UK example presented earlier in this chapter shows, family centers involve a way of living, and in doing so they provide a milieu that offers more than traditional clinic based therapeutic approaches. Synergy, or "more than the sum of the parts," aptly describes this milieu that is a special interwoven social fabric, a community of care that transforms the way people live. Parents describe how their lives have been transformed as they manage to achieve goals they could barely imagine before they became part of the family center community (Lightburn 1994; Warren-Adamson, 2002). In an anthropological sense this milieu is a social invention (Bohannan, 1995), an organized system of care that blends resources (financial, professional and personal), and builds capacity in staff and participants to meet families' diverse needs. Leadership (some combination of professional and grassroots) assists the community to develop a milieu where staff and parents can fulfill their responsibility to each other. The milieu is the sum of all who participate in the center.

Integrated centers have been described by parents as "their family," a chosen family that is connected to the broader community of the neighborhood and beyond. This is the family that for many is missing, with whom they experience a normal round of life, with supports from survival basics to sharing information and managing daily upset. Recreation can be as important as a group that works on problem solving skills. Outings and playgroups are part of the same whole that includes challenging learning situations. The integrated family center is a therapeutic milieu as if offers many healing experiences that are part of the community experience, in addition to supporting individual and family therapy. The power of the milieu to provide more than an individual therapeutic

relationship is central, re-echoing the more than the sum of the parts synergy that flexes and responds in creative ways to meet individual and group needs.

The center milieu is also a developmental system that changes and grows with all who belong to the community. In many ways it is useful to think of the center as a learning organization that changes through formal and informal relationships, evolving in natural ways and through community meetings, where staff and parents work together on program development, evaluating services and determining guidelines for participation. Therefore the focus of helping is also about developing community and being part of community, so that it is possible for the community to help a parent or child, their family, or a particular group of parents in the center. The professionals' role is to both help individual parents and children with the community milieu, and to work with the milieu so that it grows into a resource for all.

## The Center's Culture Of Care: A Safe Haven Providing Protection

The culture of a family center, like that of a school, contributes to the life of the participants in ways that culture shapes communication, experience, and identity. Culture is evident in the strength of the center community's shared values. Parents refer to this culture as their "safe haven," reflecting the power of the culture to protect and provide reason for attachment and belonging. This culture of care is in significant contrast to the culture of neglect and abuse many families know, where isolation, loneliness, anxiety and fear rob children and parents of love and nurturance (Bowen, Bowen, & Ware, 2002; Duncan & Brooks-Gunn, 1999; Knitzer, 2000; Schwab-Stone et al., 1995; Warren-Adamson, 2002). Parents have described the ethos of this culture as "the family that will not rob them, set them-up and disappoint, take advantage of their children, or go away" (Lightburn, 2002). Care in this culture means recognizing and attending to risk and abuse, rather than tolerating or denying dangerous situations until it is too late. Protection is a serious matter, and the role of mandated supervision of children is part of this culture that draws authority from the larger community. It is a culture that supports development and growth through lively reciprocity that is typical of family life when it works well. Above all, it is a culture that affirms life and, where necessary, honors the need for respite. So while the family center can be experienced as chaotic, as described earlier in this chapter, it is the chaos of people colliding in the intensity of negotiating and working on

relationships and problem solving, experiencing crisis in an environment that offers solutions, that is family-centered, and is invested in keeping families together. It is also a culture where family and children are valued and celebrated, and in this regard center life celebrates achievements, holidays, and transitions, with rituals that reinforce belonging and enjoyment in community life (Lightburn & Kemp, 1994; Warren-Adamson, 2002).

Protection is a dynamic cultural phenomenon that involves the affirmative life force of the center in action. Protection for children and parents is evidence of the culture of care working. Earlier we described synergy as an apt description of all of the parts of the center working together. This synergy can also be thought as correlated constraints, a way of conceptualizing positive factors that constrain the negative impact from accumulated risks. Drawn from the field of developmental science, correlated constraints are a way of explaining how the family center culture works to promote protection and, according to Farmer and Farmer (2001), increases the likelihood of positive outcomes. Correlated constraints are a result of the culture of care that is communicated in the way the center community works that mediates accumulated risk for parents and children. The change process depends on promoting this positive culture that supports dependence and inter-dependence in staff and peer relationships. Therefore, the time given to supporting the culture of care will be an investment that increases protective factors that help parents cope. This suggests that it is necessary to focus on community building as a central means for helping. It is not enough to offer case work or case management, which primarily focuses on developing problem solving skills and resource management, or that works on changing parents' internal world. We share Farmer and Farmer's (2001) concern that positive outcomes should represent more than changed behavior. Rather, meaningful outcomes should reflect a true understanding of developmental processes that would necessarily include measuring the positive correlated constraints and how they support change and development. After all, it is the quality of relationships and the actions of a community that make it possible to bear life's most distressing and hurtful experiences. To this end, center staff work to maintain positive norms such as mutual aid, hope, kindness, and positive expectation that there are solutions to violence, and that there is continuity in relationships. Practitioners also need to promote guidelines that hold center life together, through encouraging civic responsibility that benefits everyone.

# The Integrated Family Center Community As A Developmental System

In our initial description of family centers we suggested that it is useful to consider the integrated family center community as a developmental system. Our previous discussion has described how the center's culture is integral in the work of the developmental system as it protects and nurtures families. The center as a developmental system has a number of distinguishing functions. First, a developmental system works over time, and centers help families most effectively when they are involved with center programs and staff over extended periods of time. From our experience, family engagement can begin when their children are very young, and may involve the family throughout childhood and adolescence. The possibility for a family to have a long-term connection with the family center enables parents to be involved in relationships as they are able, creating the possibility of developing strong bonds that are necessary for healing and promoting mental health. As Garbarino (1995) reminds us, "time is wealth,"(p. 102), and parents who have not received adequate nurturing will benefit from having time invested in their development. Time is one of the more important developmental resources available to families. Time is afforded to parents because of the family center's open structure, programming that provides long term membership, and the varied ways parents can participate in the center that in effect provides ongoing 'relational time.' A developmental system also works implicitly through belonging and strong connections. When families become part of the family center community, they become anchored, part of a chosen family. They in effect join this special developmental system that supports attachment and bonds that make it possible to gain autonomy to manage life outside the center. For many this means that they are able to renew their conception of family and pass this new tradition of family on to the next generation. From the family center's perspective, we are also mindful of the time needed for the family center system to develop so that it can effectively meet parent and staff needs, and respond to neighborhood concerns. In summary, family centers invest time in ways that insure that both parents can grow because relationships are nurtured, and that the center's organization develops in ways that are responsive to all who participate.

There are a number of other relevant concepts drawn from developmental traditions that further describe how center's developmental system works for moms and dads. These are the familiar concepts of containment and support, which are functions of relational holding environment (Shuttleworth, 1989; Winnicott, 1960, 1990). Also of import is the developmental process of mastering of life's curriculum that involves transformative learning, recognition, and celebration of achievements (Kegan, 1998). Each of these dynamic processes are briefly elaborated on as guides for practice to be shaped to fit parent's different needs, starting places, abilities, and personal agendas.

## Containment And The Holding Environment

An emerging message from parents is that such centers offer "containment" to them and their neighborhoods (Warren-Adamson, 2001). Containment in this sense implies a safe-haven, which is possible because of the strength of the culture of care that makes it possible to weather charged emotions and challenging demands for attention. It is a holding environment that also supports and challenges parents to grow, as they develop new ways of thinking and gain confidence and skills. The notion of containment comes from object relations theory (Shuttleworth, 1989), and the capacity of the parent figure to 'hold' and 'manage' the projected emotion of those being cared for. This behavior is said to reproduce itself over the life-span, especially in times of stress (Winnicott, 1960, 1990). For the parent, or in this case, the center staff, it implies understanding and being with, providing unconditional love, empathy, and challenge, and in all creates an energy that motivates. Containment refers to boundaries that create physical and emotional safety, management of disorganizing experiences, and opportunities for re-organization. When parents are in crisis, the containment provided from the family center can be a mainstay until internal and external resources are available to stabilize and promote new means for coping. The quality of relationships that instill trust, are reliable, and durable, also need to stretch flexibly to handle emotional and physical stressors. As one parent reflected, "I tested and tested you as I was so angry, I never expected you to let me come back. I kicked at you, and yet you let me return. Now my children have a different future." Acceptance communicated through attunement and empathy is woven throughout the stable relationships of the center, where the parent is known and respected for their strengths, potential, and uniqueness. Staff recognizes their effort to manage the challenges in their lives. In the case of the mother quoted above, participation in the Center enabled

her to complete high school, cope with the demands of six children, while living on a marginal income and struggling with frequent patches of extreme paranoia (schizophrenia) (Lightburn, 1994). A strong commitment to families affords an emotional connection with parents that can communicate understanding when they are not yet able to grasp what is wrong, or how their lives can change. The integrated family center milieu contains as it holds and engages parents in their own developmental process. This in turn enables parents to be more responsive to their own children, mirroring the support they have received. The family center's developmental system works for both parents and children, strengthening attachment through the dynamic process of containment and holding experienced in center relationships.

## Mastering Life's Curriculum

Most parents seek support in managing their complicated lives that involve learning to master life's curriculum. The notion of mastering life's curriculum is drawn from the work of developmental psychologist Robert Kegan (1998), who illuminates how this implicit curriculum nonetheless must be mastered by men and women to be good parents, partners, friends, workers and employees, and active citizens. Creating opportunities to master life's curriculum can be a primary focus for center programming. Mastering the implicit "life curriculum" is a continued challenge that is intensified when conditions of living are complicated by factors such as poverty, low incomes, single parenthood, domestic violence, and chronic illness. And while it is important to offer parent education programs, it is also a worthy investment to provide educational opportunities to help parents master life's implicit curriculum. Parents need help identifying what they need to learn and how this best can happen (for an expanded discussion of how to develop an educational approach within a clinical frame, see Lightburn & Black, 2001). As noted earlier, research has supported this focus, as parents' investment and achievements in their own development is correlated with their child's positive development (Layzer & Goodson, 2001). Golding (2000) has also shown that when parents learn in a community-based program that meets their multiple needs, they become more competent in managing their children's serious behavior problems. It is fortunate that the center's developmental system, which provides understanding and nurturing relationships to help discouraged parents keep going, further facilitates their personal development in educational

programs. As parents become more resilient, they more readily understand their children's needs and are more able to manage crises.

## The Many Pathways To Learning In Family Centers

Psycho-social education, transformative learning, and being part of a learning organization are key pathways that can revitalize learning in the family center. All of these approaches benefit from using group process to support learning. Research indicates that collaborative learning in support groups is particularly valuable for parents (Berry et al., 1998; Golding, 2000; Ireys et al., 2001). This is not surprising, as parents are relieved to discover other parents share their experiences. They need to speak about the stress that is overwhelming because they do not have required information and skills, nor have they been exposed to different ways of thinking, helping them to develop their own voice.

## Psychosocial Education

Psychosocial education or psycho-education increases psychosocial understanding with information that is directly useful and connects with parents' experience. This pathway focuses on life experiences, and draws on personal and interpersonal issues such as understanding and managing intimate relationships, managing aggression and conflict in families, coping with substance use and abusers, and successful parenting. The intent of psychosocial education is to help parents gain understanding and skill with the social and psychological realities of life thereby increasing their self esteem and self worth. Adult education offers many resources that will support shaping and facilitating different types of learning programs (Merriam & Clark, 1991). Therefore achieving an educational goal, such as developing parent's competence in behavior management, would be dependant on parental understanding of child development, as well as inter-personal dynamics between themselves and their child.

## A Learning Organization Approach That Builds Family Center Capacity

Earlier we suggested that the family center could benefit from being a learning organization. Drawing from Peter Senge's (2000) approach that emphasizes the interdependence of all parts of the center, participants would share in a commitment to work together on the changes needed, starting with developing a vision of the center's future. Based on collaborative learning principles, parent, children, staff, therapists, and volunteers learn with and from each other as they shape the focus for learning in community meetings, program development, and evaluation. There is a unique opportunity to draw on the bank of knowledge that honors what parents and staff already know about child development, rearing children, living in loving relationships and in their neighborhoods. The learning organization approach emphasizes sharing knowledge and creating an openness to new ideas. Professional knowledge is not privileged over other knowledge, and enacting this perspective helps parents to respect what they know and can do, and can result in challenging each other so that new ways of coping emerge that strengthens the center's culture. A case in point involves a center where parents were most concerned about their children's safety after school. They learned to work as part of the team in the center's organizational review, that resulted in refocused priorities and the development of a supervised after school activities at the center. Through enacting new roles, parents strengthened the mutual aid and the center's culture of care (Warren-Adamson, 2001). At the same time such action strengthened parents' sense of efficacy in protecting their children.

## Capacity Building

A similar approach drawn from community development is the tradition of capacity building that increases knowledge and skill of staff and parents. It is a strength-based approach that benefits from an integration of best practices in community development (building capacity), and draws on clinical knowledge to prepare non-professionals and parents to join in the center's work. The approach has a long tradition in the trainer model and development of non-professionals, mentors, tutors, parent advocates, and outreach workers. Respecting the knowledge and skill of parents, it provides ways to formalize

their tacit knowledge. For example, with more specialized training and support, parents can become teacher's aides and mentors of other parents. As mentors, parents become an invaluable resource for other parents, helping stressed parents keep their families together through strategic support and advocacy.

## Transformative Learning And Empowerment

Empowerment practice respects parents' goals and ability to take charge of their lives that enables them to more effectively advocate for and influence change in their families and communities. Transformative and experiential learning are well-developed, dynamic approaches in adult education that support empowerment practice. Empowerment depends on a critical learning process that involves dialogue, respecting each parent's knowledge and way of knowing. With roots in Freire's (1985) pedagogy of the oppressed and the politics of liberation, transformative learning involves challenging what is known and how it is known. There are an increasing number of well developed road maps and examples of transformative learning linked with adult development and activism that benefits from collaborative learning based on examining life experiences, and challenging personal and social beliefs, to gain a critical perspective that can lead to new ways of understanding and acting (Daloz, 1992; Heron & Reason, 2001; Mezirow & Associates, 2000; Parsons, 1991; Vella, 1995). For parents involved in workshops or groups focused on mastering the implicit life curriculum, this can mean learning how to cope with racism and sexism, or power relationships in critical institutions, such as schools, hospitals, and the workplace. Transformative learning results in a change of consciousness that is the foundation for new ways of acting and relating, which ultimately transforms a parent's powerlessness in the face of these challenges, so that they can voice their concerns and negotiate successfully for themselves.

## Taking Stock And Pointing To A Theory Of Change For Family Centers

Thus far we have endeavored to bring about a description of the integrated family center, especially its holistic quality, and describing how it is part of community ecology. We regard family centers as a community that functions like a developmental system, where

families grow with the community. Families belong to the center community. They have a history and identify with this special culture of care that is experienced in sharp contrast to the culture of poverty, neglect, and abuse that most high-risk families know too well. We have emphasized the importance of the synergy in these centers, a phenomenon where the sum is more than the parts, similar to the notion of correlated constraints where protective factors are developed to buffer risk for parents and children. Primary prevention and early intervention are part of the center's mission, as they provide comprehensive services to meet a wide range of needs. Parents see the family center as their safe haven, a place of protection that also may involve mandated attendance to insure protection for their children. The developmental system of the center can be a holding environment to respond to parents' developmental needs, even as they stretch to master life's implicit curriculum. A range of approaches to learning has been identified that are synchronous with the goals of empowerment and capacity-building that help parents increase competence and grow. In sum, we have described how family centers are powerful social inventions that have the capacity to transform the way families live.

## Developing A Theory Of Change

We are now at the point of proposing a theory of change for families in integrated centers, re-visiting the above, and continuing our attempts to unravel their complexity, describing how transformation happens. A theory of change (Chaskin, 2002) helps us to understand desired outcomes, what we need to know, and actions we need to take to promote child and family well-being, and inevitably humbles us in our quest for certainty in our interventions. A lack of a theory of change has been an enduring problem for family support program practice, despite the fact that different models of intervention have been proposed over time.

**(insert figure 18-3 here)**

The theory of change illustrated in Figure 3 details the contextual resources that are critical to supporting change for families. We have set out major goals that focus the work of integrated family centers, and while these can vary, we believe that it will always be important to include the goal of building a family center community milieu so that it is possible to provide a comprehensive program that is more than a set of services, but rather

is a community, a developmental system that changes in response to participants needs. Our theory emphasizes a focus on nurturing both parent and child development, as this tandem focus makes sense and is reinforced by research, as discussed earlier. A responsive developmental system (such as the center milieu) nurtures development in the way parents are supported and challenged, and allowed to start and stop in their personal work. Mastery is possible because of the opportunities to work on getting things right, and that happens best when parents have long term involvement in a program where there is appreciation for their abilities and recognition of the stresses in their lives, where support makes the difference to their success. When families are involved with protective services and are working toward reunification with their children who are placed in foster care, the center has an important role in facilitating visiting, and developing supports, such as a parent mentor, to make the transition home work. We have described a range of outcomes possible based on a family's involvement in a center that offers both a supportive developmental system and specific opportunities for therapeutic help and pathways to learning. These outcomes include child and parent well-being, child and family development, and protection of attachment bonds that includes reducing the need for child placement.

An important proximal outcome of the work of the family center is the developmental capacity of the center itself, to support parents and staff to achieve the longer-term outcomes of parent and child development and well-being. It is expected that the developmental capacity of the center is directly related to the development of the center, that is, one contributes to the other. The success in building the center milieu will be critical to all outcomes, as the developmental system (that includes the culture of care, and activities that include containment, holding, and learning) provides protection that increases the likelihood of positive outcomes for parents and children. In effect, building capacity results in the necessary change in the family center, and increasing flexibility that supports engagement and participation.

The theory of change proposes that protection comes from providing a safe haven and culture of care that facilitates attachments and containment within the milieu. This enables families to participate for an extended period of time during their children's early years, and sustains them when stressors are overwhelming and their personal resources are scarce. Families experience this domain of supportive activity which goes beyond the

known effects of specific interventions and which has been identified and struggled with by colleagues over time as social and informal support (Tracy & Whittaker, 1987) to account for this hard-to-know world of change.

Provision of a comprehensive program that also increases protective factors to buffer risk (such as opportunities for mentors and positive peer relationships, and opportunities to participate in the program) so the synergy, where the sum is more than the parts, creates the ability of the center milieu to effectively enable all to deal with risk.
Enhancing the developmental system (the therapeutic milieu of the center) as a means for developing correlated constraints that are increased protective factors for the participants, gained through support and learning (psychosocial education, transformative and collective learning)

In summary, this comprehensive, multi-level approach is most appropriate for families and children at-risk, where poverty, low income, lone parenting, substance abuse, and domestic violence challenge coping and create cycles of disadvantage that can be broken through the protection offered in this unique developmental system.

## A Model For Practice

In this next section we will move our focus to consider the actual work of centers from the parent's perspective and the professional perspective. Earlier we introduced the notion of the parent's "agenda" and the professional "agenda" as a way to conceptualize the purpose of each and how these different agenda's represent parent and staff's collaborative work.

To facilitate development, protection, and collective efficacy it is useful to have a model of practice to guide helping activities. Our thinking draws on an organizing framework developed by David Howe (1987) in which theories of intervention reorganized according to an epistemological grid embracing theories of knowledge and theories of action. [2]

## The Parent's Agenda

We propose understanding an individual parent's needs as an agenda that brings them to the center to join other parents, find resources, learn, and work on a wide range of goals. While parents come for many reasons, and have unspoken and unrecognized needs, we think it is helpful to represent the range of possible needs and motivation into four different agendas as guides for service development, refer to Figure 4.

**(Insert figure 18-4 here)**

From our experience, one agenda usually leads to the development of other interests and hence new agendas. A parent will also develop ability to work on other agendas, for example, it can take time to feel confident enough to join a group or an educational program. A parent's agenda reflects unexpressed and expressed needs. A number of factors influence engaging parents to work on their agenda, such as how the mission of the family center is communicated and the way parents perceive the mission, and how able parents are to communicate their needs, and the responsiveness of center staff to parent's priorities and to helping them identify unexpressed needs. It also depends on parents' ability to work on their agenda. For example, if the center's mission focuses on the protective mandate and requires participation in parenting classes, then regardless of the parent's agenda to meet their personal needs for belonging and support services, they of necessity will make the protection (problem solving) agenda their priority. However, their success in working on this problem solving agenda would be furthered if their personal agenda for support was worked with first, or even concurrently. For example, decreasing a parent's overwhelming stress caused by family disruption, or threats of their child being placed in foster care can be mitigated with personal support that then makes it possible for them to want to engage in learning to be a more competent parent.

## Parents' Personal Agenda

In Figure 4, the parent's personal agenda is represented as central to all of the others because of the needs of most parents: to attach; to be guided & mentored; and to gain resources. The personal agenda is both conscious and practical: to gain resources for themselves and their children, such as housing, food, clothing, education, and day care,

and to meet unspoken needs for a relationship with someone who is able to understand how hard it is to trust and be consistent. Usually, parents who are isolated, with few supports or models to learn from, want someone to help with direction. Very quickly, centers learned that families need to develop relationships over time, to attach and to re-attach, to be guided, mentored, and in many cases, visit qualities of parenting, which they themselves had missed.

## Parents' Problem Solving Agenda

Many centers begin with parents' problem solving agenda when families are referred because of concern about child rearing that soon evolves into work on other agendas. The problem solving agenda includes: 1) learning how to protect and do the best for your children and self, and 2) to gain competence in parenting. Others may dictate this agenda, so that attendance may be compulsory if parents are to maintain or regain custody of their children. Parents are engaged in problem solving with staff to develop plans that will be best for their children. It is hoped that this plan involves maintaining attachment bonds and keeping the family together. However, it is also important to deal with the realities of parent's lives and assist them in making the best decision considering their circumstances.

## Parents' Social And Learning Agenda

The need for friendships and social relationships is central to parents' social and learning agenda. Basically parents seek friendship with other parents, and this can include an unspoken need to be supported, to find mutual aid that involves learning to receive and give help to others. They also need to experience respite, have fun, and gain balance through relationships with others. Parents' learning agenda can start with needed help with parenting, and broaden to include mastering life's implicit curriculum, including understanding and coping with interpersonal relationships, preparing for work, managing budgets and household affairs, and dealing with substance abuse in the family and community.

## Parents' Community Agenda

Parents are drawn by other parents' example to be more actively involved in center life and in their community. At first this can start with being a supportive participant in center community meetings, and later evolves into active work on behalf of the center, joining with other parents in community organizing activities. It can also involve learning to take responsibility in the family center, through different informal and formal roles that supports community life. Informal roles include working on projects in the center, such as developing recreational activities for families. Formal roles can mean becoming part of the center staff as parent aides in day care programs, or parent mentors to support parents who need outreach, coaching and additional help at home.

## The Inter-Relationship Of Parents' Agendas

As can be readily imagined, parents will over time be involved in all of the possible agendas. It is also important to recognize that parents need time, to be involved in one agenda and then to consider working on another. Figure 5 describes the ways these agenda also interact, so that it is possible, for example, for work on the group work agenda to prepare parents to be engaged in working on the community agenda. We believe that just as a synergy exists between all of the parts of the center that results in the sum being more than the parts, so it can be with parents experience as they are involved in working on multiple agendas; the sum, or outcome from their work on multiple agendas is greater than reaching each agenda's goals. Success in one area increases success in another, as reinforcing and transformative.

**(Insert figure 18-5 here)**

## The Professional Agenda

Program and practice in the center needs to anticipate and respond to parent's different agendas. From the practitioners' perspective, their professional agenda would include responding to parents' personal priorities and needs, with added responsibilities for protection of the child and parent, and capacity building that is critical to the development

of the center milieu, and to professional collaboration and effectiveness. Figure 6 describes the professional agenda, with capacity building as central to all other work that includes the regulatory-protective agenda, therapeutic and group work agenda. **(Insert figure 18-6 here).**

## The Community Agenda

The community agenda involves developing capacity in the center milieu and facilitating parents' involvement in the broader community. Building capacity in the center requires building a team that includes parents as part of the service team, supporting teamwork, coordinating the entire centers' services to promote integration, and supporting staff through supervision and training. Community development activities are focused on helping parents become part of the center milieu, as co-creators of the culture of care responsible for the vibrancy of center life. Collective learning that supports a learning organization approach re-enforces parents' investment and contribution to center programs. Community organizing approaches also develop connections between the center and its neighborhood, and enhance the center's role in community change. Many centers seek to connect with the local community development agenda. For example, centers increasingly are drawn to Boushel's (1994) [3] schema as a framework for developing child safe communities (Jones & Ely, 2001).

## The Therapeutic Agenda

The therapeutic/counseling and alliance building agenda accounts for the basics of interpersonal relationships, the conventional one to one therapeutic relationship, and the way in which key workers sign-post and facilitate the families' route in and around the center. It provides the foundation for connection and containment, with anchoring relationships that are sustaining because they provide continuity. Assessment and decisions about therapeutic approaches to meet need are developed with parents as partners in the helping process. Family and individual therapy are provided as needed, including referrals for substance abuse treatment.

## Regulatory Agenda

The Regulatory agenda accounts explicitly for protective work, where change is a requirement for safe children -- contemporary approaches include parent education program, family work, play therapy, physical health intervention, cognitive-behavioral training, and assessment. This is where work intersects with the child welfare system and the family center has a role in collaborating with parents and protective systems to make sure that a child's well being is ensured. Ongoing work can include planning and transitional support for reunification if a child is in out of home placement. In situations of domestic violence, the professional agenda will also include work with parents to ensure their safety.

## Group Work And The Educational Agenda

The social group work agenda embraces a broad range of therapeutic, mutual aid and support groups, collective learning and action groups, and recreation. There is the unique mandate to build community, one where mutual aid brings support and a foundation for individual and group efficacy. At the same time collective learning is important to building community capacity, as discussed earlier in this chapter.

## How It All Comes Together

We conclude with a case example that describes the journey of a parent in a UK family center who, after three and a half years, has continued to be an important part of center life. The brief introduction to her experience captures how this model helps describe the focus for work and more importantly how the family center became the community that helped her keep her children and regain a sense of worth after long years of abuse.

## Case Example From A UK Integrated Family Center

Annette was referred to the center by her social worker. Her two children (5) and (9) are registered on the 'at-risk' register. The concern is neglect. Annette's partner, and the children's father, has left the home after a long period of violence towards Annette. His

children are regular witnesses to his unpredictable outburst of anger and abuse. Annette acknowledges she has great difficulty in controlling, caring for, and expressing emotion to her children. Their behavior is very challenging at home and at school. Annette agrees to attend the parenting program at the center, and is introduced to the center by her health visitor with whom she has a trusting relationship. This took time, but good collaboration between the center and social work health practitioner resulted in Annette becoming engaged in the center.

Annette began her time in the center with a mixed agenda that included her personal needs, but foremost in her mind was the problem solving agenda: she wanted to keep her children. Her health visitor would have introduced other possibilities, although she was unsure Annette would absorb them at this time. She was too beaten down and hopeless about her situation. The professional agenda concerned Annette's immediate need to keep her children (rooted in the protection agenda). Yet her team was mindful of how important work on other agendas would help Annette develop the support and experience she needed as a valued community member. Her problem solving agenda lead to a full program that involved a behavioral plan, observed play, a one-way mirror and earpiece for Annette so she could receive coaching, and sustained encouragement and firm advice. Because Annette came to the center for these different services, she also began to participate in the center's activities, such as rituals, celebrations, and outings, had meals with other parents, and received needed resources.

Over the next months Annette began to act like she belonged, dropping in when she did not have appointment to talk with other parents and staff. She was becoming part of the family center community. Initially, she expressed needs that she came to understand as part of her personal agenda, she needed to work with an individual therapist to work on her relationships with abusive men. After eight months, as courage and confidence developed, with challenge from work on the required protective agenda (nagging, nudging, and support to do something to break through her tendency to isolate), there emerged a collaborative sense that a social and learning agenda could now make sense for her. In the next ten months, in three different support groups (a survivors group, a cooking group, and an art group), Annette reports significant change in her behavior and the way she feels. She ascribes such change to the support which enables her to continue through the many tears (struggling with challenges which demanded new things of her), working

through old hurts, and encounters with fear and lack of confidence in her ability to cope, not least of which was the ups and downs of keeping to the agreed program.

Opportunities to engage differently in the center and elsewhere -- *the community agenda* -- are encountered by Annette in explicit and implicit ways. Peers show her possibilities and staff (part-mindful of the center's several agendas), giving signposts as to where she could make a real contribution. It results in Annette engaging in other activities, and over time she becomes a support worker and encourager to new parents contemplating the program. What was so important for Annette was being held and accepted through the connections in the center while she living through the pushes and pulling away, not getting too close to staff. This all was part of her growth, as well as acting out projections on center staff, rejecting them before they could reject her, all painful re-enactments of her early history of repeated loss. Now that a different culture of care accepts her and recognizes her reactions, she learns that the center staff will not abandon her when she needs to dramatically move away from them. They have not forgotten or rejected her; they recognize her struggle, and that she is worthy of their care. When she is ready, they accept her back to continue her work. In sum this meant that Annette has had more than a therapist, more than a coach for parenting, more than mutual aid from a group of survivors like herself, more than opportunities to participate in the center. She belongs to a caring center, with a culture that invited her belonging, encouraged her attachment and enabled her dependence on others, and worked with her to make sure she completed the work that she had begun. Through all of this, Annette developed a multi-faceted sense of self (participant, parent, friend, helper, and contributor) from her many roles in the community. The center has also gained an important resource, and provides a stronger caring culture for other parents because Annette is part of the team.

## Conclusion

We have argued that the integrated center is a system of care that integrates services that have been fragmented, bringing the mental health and child welfare services together to develop well being in families and children. The integrated family center as a social invention provides a milieu that has a strong culture of care that offers an alternative developmental system to families who are isolated, struggle without resources and face unimaginable challenges in the face of violence, poverty, and mental illness.

We believe that there is accruing evidence that centers are a resource that can be an effective alternative to child welfare as we know it, where the focus is on placement and foster care rather than prevention. Instead we believe that it is possible to support families so that they are able to have continued connections to their children, supporting attachment, protection, and development. Comprehensive community-based programs such as integrated family centers are unique because of their therapeutic milieu and their capacity building function important to the development of parents, staff, and their communities. We have proposed a theory of change for family support practice as a step in explaining how these centers contribute to a host of important outcomes and as a guide for practice and evaluation. Our practice model emphasizes the possible agendas that parents and professionals have, suggesting the synergy possible from work on multiple agendas that significantly influences positive outcomes. We believe the integrated family center provides protection and acts as a buffer for the accumulated risks that impede development for children and their parents because the center truly is more than the sum of it parts, and that this is a major reason why parents tell us that family centers work for themselves and for their children, and are 'beacons' in their communities.

Endnotes:

1. These texts identify centers in Greece, France, USA, U.K., Canada, Germany, Ireland, Scandinavian countries.
2. The grid is based on two continuums, firstly between subjective knowledge and objective knowledge, and secondly, ideas of society and change, which work with the status quo, and those, which seek to challenge.
3. Boushel gives us an illuminating framework with which to develop protective environments for children, based on:
    1. The value attached to children;
    2. The status of women and careers;
    3. The social connectedness of children and their careers;
    4. The extent and quality of the protective safety nets available.

## References

Batchelor, J., Gould, N., & Wright, J. (1999). Family centers: A focus for the children in need debate. *Children and Family Social Work, 4*, 197-208.

Berg, I. K., & Kelly, S. (2000). *Building solutions in Child Protective Services.* New York: W.W. Norton.

Berry, M., Cash, S.J., & Hoge, L.A. (1998). Creating community through psychoeducational groups in family preservation work. *Families in Society: The Journal of Contemporary Human Services, 79*, 15-24.

Bickman, L., Heflinger, C.A., Northrup, D., Sonnichsen, S., & Schilling, S. (1998). Long-term outcomes to family caregiver empowerment. *Journal of child and Family Studies, 7*, 269-282.

Blank, S. (2000). *Good works: Highlights of a study on the Center for Family Life.* Baltimore, MD: The Annie E. Casey Foundation Press.

Bohannan, P. (1995). *How culture works.* New York: Free Press.

Bond, J., & Halpern, R. (1986) The cross-project evaluation of the Child Survival/Fair Start Initiative: A case study of action research. In H. Weiss & F. Jacobs (Eds.), *Evaluating family programs* (pp. 347-370). Hawthorne, NY: Aldine de Gruyter.

Boushel, M. (1994). The protective environment of children: Towards a framework for anti-oppressive, cross-cultural and cross-national understanding. *British Journal of Social Work, 24*, 173-190.

Bowen, N., Bowen, G., & Cook, P. (2000). Neighborhood characteristics and supportive parenting among single mothers. *Families, Crime and Criminal Justice, 2*, 183-206.

Bowen, N., Bowen, G., & Ware, W. (2002). Neighborhood social disorganization, families, and the educational behavior of adolescents. *Journal of Adolescent Research, 17*(5), 468-490.

Brodsky, A. (1996). Resilient single mothers in risky neighborhoods: Negative psychological sense of community. *Journal of Community Psychology, 24*, 347-363.

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

Burford, G., & Hudson, J. (Eds.). (2000). *Family group conferencing.* New York: Aldine de Gruyter.

Cannan, C., & Warren, C. (Eds.). (1997). *Social action with children and their families: A community development approach.* London: Routledge.

Chaskin, R. (2002). The evaluation of "community building": Measuring the social

effects of community-based practice. In T. Vecchiato, A. Maluccio, & C. Canali (Eds.), *Client and program perspectives on outcome evaluation in child and family services: A cross-national perspective* (pp. 28-47). New York: Aldine de Gruyeter

Cingo, K. (1988). Consumer views of a family center drop-in. *British Journal of Social Work, 18*(4), 33-38.

Comer, E.W., & Fraser, M.W. (1998). Evaluation of six family-support programs: Are they effective? *Families in Society, 79*(2), 134-148.

Daloz, L. (1992). *Effective teaching and mentoring: Realizing the transformational power of adult learning experiences*. San Francisco, CA: Jossey-Bass.

Dore, M.M., & Lee, J.M. (1999). The role of parent training with abusive and neglectful parents. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 48* (3), 313-325.

Duncan, G.J., & Brooks-Gunn, J. (1999). *Consequences of growing up poor*. New York: Russell Sage Foundation.

Durlak, J. (1998). Common risk and protective factors in successful prevention programs. *American Journal of Orthopsychiatry, 68* (4), 511-520.

Durak, J., & Wells, A. (1997). Primary prevention mental health programs for children and adolescents: A meta-analytic review. *American Journal of Community Psychology, 25*(2), 115 -152.

Farmer, T., & Farmer, E. (2001). Developmental science, systems of care, and prevention of emotional and behavioral problems in youth. *American Journal of Orthopsychiatry, 71*(2), 171-181.

Feikema, R., Segalavich, J., & Jefferies, S. (1997). From child development to community development: One agency's journey. *Families in Society, 78*(20), 185-195.

Fletcher, T., & Romano, M. (2001). Justice, child protection and family centers. In C. Warren-Adamson (Ed.), *Family centers and their international role in social action* (pp.105-126). Aldershot, UK: Ashgate.

Freire, P. (1985). *The politics of education, culture, power and liberation.* Bassingstoke: Macmillan.

Garbarino, J. (1986). Where social support fit into optimizing human development and prevention of dysfunction? *British Journal of Social Work, 16*, 23-27.

Garbarino, J. (1995). *Raising children in a socially toxic environment.* San Francisco, CA: Jossey-Bass.

Germain, C. (1991). *Human behavior in the social environment.* New York: Columbia University Press.

Golding, K. (2000). Parent management training as an intervention to promote adequate parenting. *Clinical Child Psychology and Psychiatry, 5* (3), 357-371.

Halpern, R. (1999). *Fragile families.* New York: Columbia University Press.

Hess, P., McGowan, B., & Botsko, M. (2000). A preventive services program model for preserving and supporting families over time. *Child Welfare, 79* (3), 227-265.

Heron, J., & Reason, P. (2001). The practice of co-operative inquiry: Research 'with' rather than 'on' people. In P. Reason & H. Bardbury (Eds.), *Handbook of action research: Participation, enquiry and practice* (pp. 179-188). London: Sage Publications.

Howe, D. (1987). *Introduction to social work theory*. Aldershot, UK: Ashgate.

Ireys, H., Divet, K., & Sakawa, D. (2002). Family support and education. In B. Burns & K. Hoagwood (Eds.), *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders* (pp. 154-176). New York: Oxford University Press.

Janchill, Sister M. (1979). People cannot go it alone. In C. Germain (Ed.), *Social work practice* (pp. 74-106). New York: Columbia University Press.

Jones, E., & Ely, D. (2001). Justice, child protection and family centres- Part 1 (Inside). In C. Warren-Adamson (Ed.), *Family centres and their international role in social action: Social work as informal education.* Aldershot, UK: Ashgate.

Joseph, R., Friedman, R., Gutierrez-Mayka, M., Sengova, J., Uzzell, D., & Hernandez, M.C.R. (2001). *Final comprehensive report: Evaluation findings and lessons learned from the Annie E. Casey Mental Health Initiative for Urban Children.* Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child Studies.

Kegan, R. (1998). *The mental demands of modern life: In over our heads.* Cambridge, MA: Harvard University Press.

Knitzer, J. (2000). *Promoting resilience: Helping young children and parents affected by substance abuse, domestic violence and depression in the context of welfare reform.* New York: National Center for Children in Poverty.

Layzer, J., & Goodson, B. (2001). *National evaluation of family support programs.* Cambridge, MA: ABT Associates.

Lightburn, A. (1994). *Hall Neighborhood House family support program demonstration,*

*1990-1993: Final evaluation for the Office of Head Start* (Administration of Children, Youth and Families, Health and Human Services) New York: Author.

Lightburn, A. (2002). Family service centers: Lessons learned from national and local evaluations. In T. Vecchiato, A. Maluccio, & C. Canali (Eds.), *Client and program perspectives on outcome evaluation in child and family services: A cross-national perspective* (pp. 153-173). New York: Aldine de Gruyter.

Lightburn, A., & Black, R. (2001). The client as learner and the clinician as teacher: Working with an educational lens. *Smith Studies in Social Work, 72*(1), 15-33.

Lightburn, A., & Kemp, S. (1994). Family support programs: Opportunities for community-based practice. *Families in Society: The Journal of Contemporary Social Services, 75*, 16-26.

Local Government Association. (2002). *Serving children well: A new vision for children's services*. London: LGA Publications, the Local Government Association, Local Government House.

MacAdoo, H. (1999). African-American families: Strengths and realities. In H. McCubbin, E. Thompson, A. Thompson, & J. Futrell (Eds.), *Resiliency in African-American families* (pp. 17-30). Thousand Oaks, CA: Sage.

Merriam, S., & Clark, M. (1991). *Lifelines: Patterns of work, love and learning in adulthood.* San Francisco, CA: Jossey-Bass.

Mezirow, J. & Associates. (2000). *Learning as transformation: Critical perspectives on a theory in progress*. San Francisco: Jossey-Bass.

Nelson, K., Landsman, M., & Deutelbaum, W. (1990). Three models of family-centered prevention services. *Child Welfare, 69*, 3-29.

Parsons, R. (1991). Empowerment: Purpose and practice principle in social work. *Social Work with Groups, 14*(2), 7-21.

Phelan, J. (1983). *Family centers: A study*. London: The Children's Society.

Rutter, M. (1979). Protective factors in children's response to stress and disadvantage. In M. Kent & J. Rolf (Eds.), *Primary prevention of psychopathology: Social competence in children* (Vol. 3,pp. 49-74). Hanover, NH: University of New England Press.

Saleebey, D. (Ed.). (2002). *The strengths perspective in social work practice*. Boston, MA: Allyn and Bacon.

Schwab-Stone, M., Ayers, T., Kasprow, W., Voyce, C. Barone, C. Shriver, T., &

Weissberg, R. (1995). No safe haven: A study of violence exposure in an urban community. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*, 1343-1352.

Seitz, V. (1990). Intervention programs for impoverished children: a comparison of education and family support models. *Annual of Child Development, 7*, 73-103

Senge, P. (2000). *Schools that learn: A fifth discipline fieldbook for educators, parents and everyone who cares about education.* New York: Doubleday.

Shuttleworth. J. (1989). Psychoanalytic theory and infant development. In L. Miller, M.L. Rustin, M. Rustin, & M. Shuttleworth (Eds.), *Closely observed infants* (pp. 22-51) London: Gerald Duckworth & Co.

Silver, E., Ireys, H., Bauman, L., & Stein, R. (1997). Psychological outcomes of a support intervention for mothers of children with ongoing health conditions: The Parent-to parent network. *Journal of Community Psychology, 25*, 249-264.

Smith, T. (1992). *Family centers and bringing up young children.* London: HMSO.

Stroul, B. (Ed.). (1996). *Children's mental health.* Baltimore, MD: Paul Brooks.

Tracy, E., & Whittaker, J. (1987). The evidence base for social support interventions in child and family practice: emerging issues for research and practice. *Children and Youth Services Review, 9*, 249-70.

Vella, J. (1995). *Training through dialogue: Promoting effective learning and change with adults*. San Francisco, CA: Jossey-Bass.

Waller, M. (2001). Resilience in ecosystemic context: Evolution of the concept. *American Journal of Orthopsychiatry, 71*(3), 290-297.

Walsh, F. (1998). *Strengthening family resilience*. New York: Guilford Press.

Warren, C. (1997). Family support and the journey to empowerment. In C. Cannan & C. Warren (Eds.), *Social action with children and their families: A community development approach* (pp. 103-123). London: Routledge.

Warren-Adamson, C. (Ed.). (2001). *Family centers and their international role in social action.* Aldershot, UK: Ashgate.

Warren-Adamson, C. (2002). Applying a parenting scale in family resource centers: Challenges and Lessons. In T. Vecchiato, A. Maluccio, & C. Canali (Eds.), *Client and program perspectives on outcome evaluation in child and family services: A cross-national perspective* (pp. 120-134). New York: Aldine de Gruyeter.

Whipple, W., & Wilson, S. (1996). Evaluation of a parent education and support program

for families at risk of physical child abuse. *Families in Society: The Journal of Contemporary Human Services*, 227 – 239.

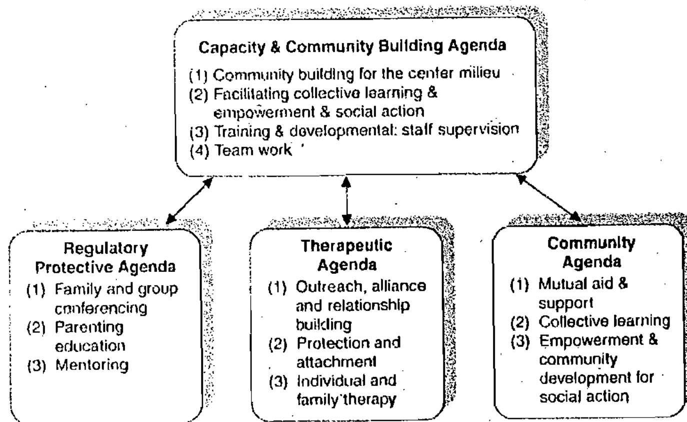
Wigfall, V., & Moss, P. (2001). *More than the sum of its parts: A study of multi-agency childcare network*. London: National Children's Bureau.

Winnicott, D.W. (1960). The theory of parent-infant relationship. *International Journal of Psychoanalysis, 41*, 585-595.

Winnicott, D. (1990). *The maturational process in the facilitating environment*. London: Karnac.

# Appendices






The professional agenda includes the work of non-professionals. Professional responsibilities vary within the center. Individual professionals may be responsible for more than one agenda with the expectation that there is flexible management of all these agendas as the shared work of the family centre staff.

**Figure 18.6.** Professional Agenda Model

children; contemporary approaches include parent education programs, family work, play therapy, physical health intervention, cognitive-behavioral training, and assessment. This is where work intersects with the child welfare system, and the family center has a role in collaborating with parents and protective systems to make sure that a child's well-being is ensured. Ongoing work can include planning and transitional support for reunification if a child is in out-of home placement. In situations of domestic violence, the professional agenda will also include work with parents to ensure their safety.

*Community Agenda: Group Work and Education*

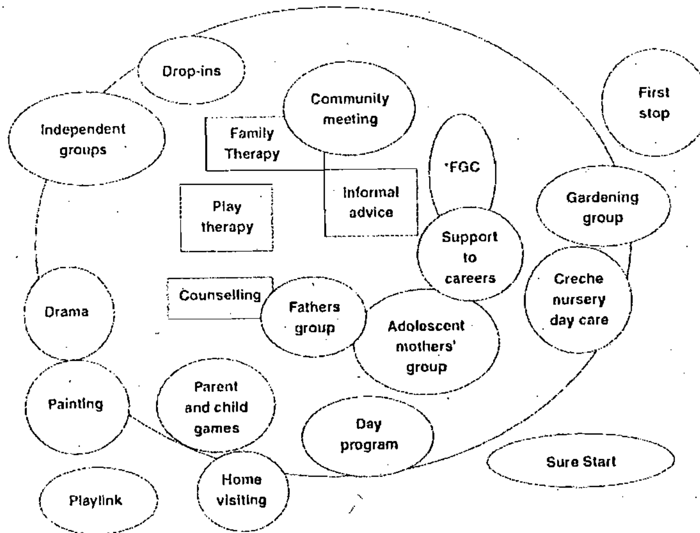
The community agenda embraces a broad range of therapeutic, mutual aid, and support groups, collective learning and action groups, and recreation. There is the unique mandate to build community, one where mutual aid brings support and a foundation for individual and group efficacy. At the same time, collective learning is important to building community capacity, as discussed earlier in this chapter.

**How It All Comes Together**

We conclude with a case example that describes the journey of a parent in a UK family center who, after 3.5 years, has continued to be an important part of center life. The brief introduction to her experience captures how this model helps describe the focus for work and, more important, how the family center became the community that helped her keep her children and regain a sense of worth after long years of abuse.

**Case Example From a UK Integrated Family Center**

Annette was referred to the center by her social worker. Her two children, ages 5 and 9, are listed on the "at-risk" register. The concern is neglect. Annette's partner, and the children's father, has left the home after a long period of violence toward Annette. His children are regular witnesses to his unpredictable outburst of anger and abuse. Annette acknowledges she has great difficulty in controlling, caring for, and expressing emotion to her chil-




*Family Group Conferencing

**Figure 18.1.** The Integrated Family Center—A UK Example

group conferences (Burford & Hudson, 2000). This New Zealand innovation fits the style of the center—outcomes are often capacity building for parents, helping them plan and connect with resources, such as making a new decision for the care of their children with relatives or a friends network, to which the center is well placed to give its support.

Groups in the exosystem (the system beyond the family—school, social services, and local policies) have different relationships to the center. The center, by virtue of its early preventive stance and flexible and effective practice, may be asked to manage Surestart and Playlink, universal early intervention projects that may be based in the center or may work collaboratively with the center. Independent groups describe, first, the range of separate organizations that use the premises of the center and on which the center has indirect influence. It is argued that they ensure full use of the space, represent in their constitution a broad front to the world of early intervention, and offer the possibility of connections, a network for participants in the family center.

Drop-in and community mornings occupy a position between systems. They are a link between the inner world of the center and the broader community. They are not just about a link with the neighborhood but represent stepping over the threshold informally to connect parents to important others. In Cigno's (1988) evaluation of this type of project, parents highly valued this type connection because it engaged them in an informal way on their own terms. Another informal means for engagement is the gardening group, where parents learn about soil technology and eating proper greens and gain support in the process by working with others.

First Stop, in the exosystem described earlier, is an example of a project promoting neighborhood development (Fletcher & Romano, 2001), where the center, because of its combined skills and knowledge, is able to broaden its scope and activities. This is a particularly valued role of the center,

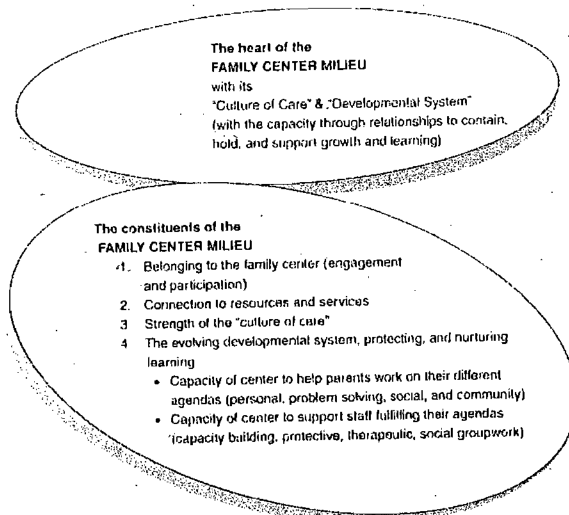



**Figure 18.2.** Constituents of the Family Center Milieu

describe how containment and a holding environment are part of a responsive developmental system that is similar to a family's nurturance. We will briefly elaborate on these concepts, describing how they contribute to the work of the center and, ultimately, the hoped-for outcomes such as child and family well-being, and protecting attachment bonds. Our goal is to map a more dynamic and inclusive guide for practice and research.

In summary, the components of the integrated family center model are as follows:

- The integrated family center milieu;
- The culture of care and the safe haven it provides;
- The developmental system of the integrated family center that contains, holds, and nurtures and provides opportunity for learning;
- The varied pathways to learning that promote development and change and build capacity for center parents and staff.

The heart of the center milieu, with its culture of care, is presented in figure 18-2, which shows the relationships of the milieu as the primary source of support that makes it possible for the center to (1) protect and support parents and children; (2) nurture the learning of everyone in the center; (3) develop the capacity of the center to help parents work on their different agendas; and (4) support staff to meet their varied responsibilities in working with parents and building capacity in the center. We have used the term "agenda" for both parents and staff as a way to capture the different purposes that focus the work of parents and staff. Later in this chapter we will discuss these different agendas, conceptualizing the way staff and parents work together. As figure 18-2 shows, the constituents are parts of the whole, and as interrelated processes they influence parents' participation and strength of connection to the center, and ultimately their success in working on their different agendas (such as protecting their children, developing competence in life skills, and benefiting from mutual aid groups with other parents). In a similar way the developmental system and culture of care of the center milieu support staff so that they can also grow and be effective in their work. What follows is a more detailed look at how we understand the

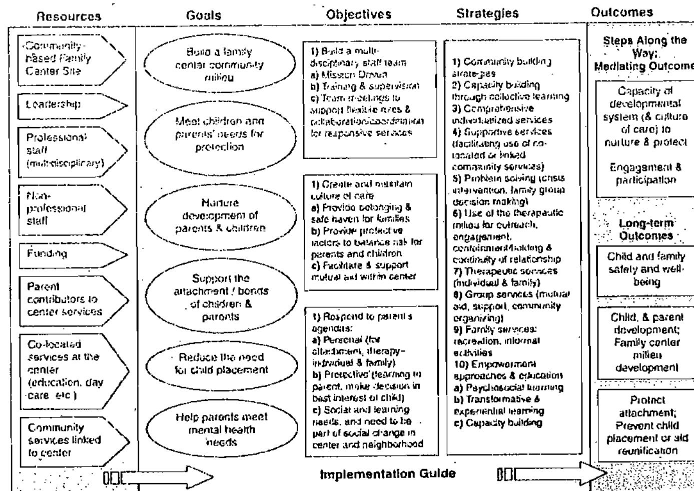


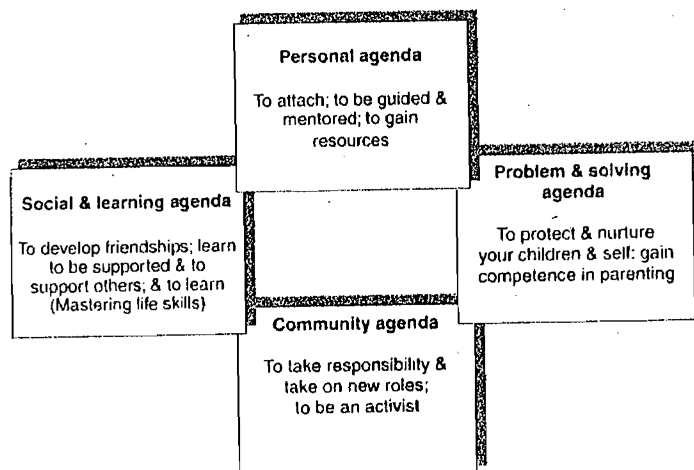

Figure 18.3. Integrated Family Center Theory of Change & Implementation Guide

To facilitate development, protection, and collective efficacy, it is useful to have a model of practice to guide helping activities. Our thinking draws on an organizing framework developed by David Howe (1987) in which theories of intervention are reorganized according to an epistemological grid embracing theories of knowledge and theories of action.[2]

## The Parents' Agenda

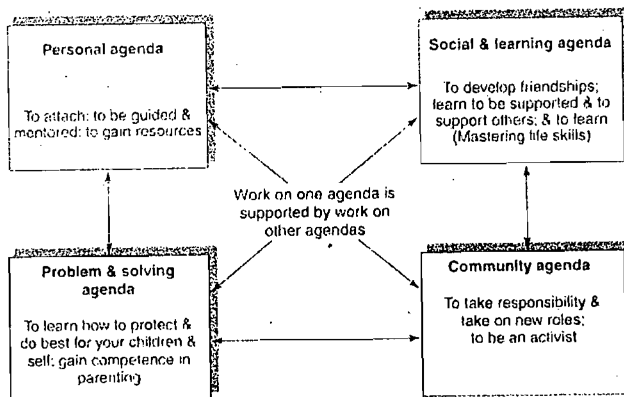
We propose understanding an individual parent's needs as an agenda that brings him or her to the center to join other parents, find resources, learn, and work on a wide range of goals. Although parents come for many reasons and have unspoken and unrecognized needs, we think it is helpful to group the range of possible needs and motivation into four different agendas as guides for service development, as presented in figure 18-4.

From our experience, one agenda usually leads to the development of other interests and hence new agendas. A parent will also develop the ability to work on other agendas; for example, it can take time to feel confident enough to join a group or an educational program. A parent's agenda reflects unexpressed and expressed needs. A number of factors influence engaging parents to work on their agenda, such as how the mission of the family center is communicated, the way parents perceive the mission, how able parents are to communicate their needs, and the responsiveness of center staff to parents' priorities and to helping parents identify unexpressed needs. It also depends on parents' ability to work on their agenda. For example, if the center's mission focuses on the protective mandate and requires participation in parenting classes, then regardless of the parents' agenda to meet their personal needs for belonging and support services, they of necessity will make the protection (problem-solving) agenda their priority. However, their success in working on this problem-solving agenda would be furthered if their personal agenda for support was addressed first, or even concurrently. For example, a parent's overwhelming stress caused by family disruption or by threats of his or her child being placed in foster care can be mitigated with personal support that then makes it possible for




These four agendas conceptualize different ways parents engage and work in Family Centers. Often the work on one agenda overlaps or leads to the work on another. Work on one agenda is determined by both a parent's priorities and the priorities of the center determined by protective mandates to ensure the safety of children.

**Figure 18.4.** Parent Agendas




The Parent Agenda model shows the interaction among the different agendas. Although one agenda may begin as the primary focus, other agendas develop over time. Parents' work in meeting their goals in one agenda will influence their work in other agendas.

**Figure 18.5.** Parent Agendas Interactive Model

sional agenda would include responding to parents' personal priorities and needs, including their need for therapy, with added responsibilities for protection of the child and parent, and capacity building that is critical to the development of the center milieu and to professional collaboration and effectiveness. Figure 18-6 describes the professional agenda, with capacity in community building as central to all other work, which includes the regulatory-protective agenda, the therapeutic, and the community agenda.

*The Capacity and Community Building Agenda*

The community agenda involves developing capacity in the center milieu and facilitating parents' involvement in the broader community. Building capacity in the center requires building a team that includes parents as part of the service team, supporting teamwork, coordinating the entire center's services to promote integration, and supporting staff through supervision and training. Community development activities are focused on helping parents become part of the center milieu, as cocreators of the culture of care responsible for the vibrancy of center life. Collective learning that supports a learning organization approach reinforces parents' investment in and contribution to center programs.

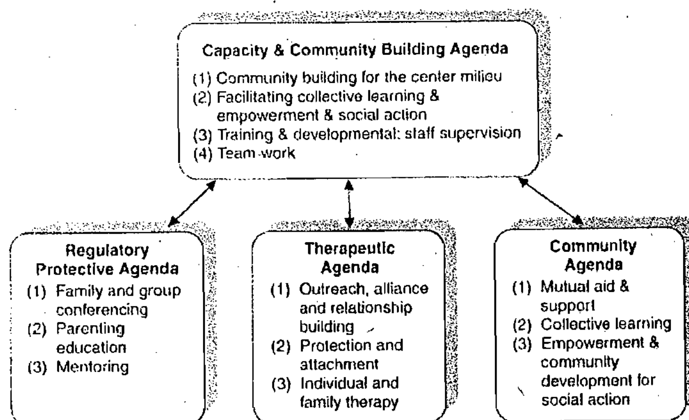
Community organizing approaches also develop connections between the center and its neighborhood and enhance the center's role in community change. Many centers seek to connect with the local community development agenda. For example, centers increasingly are drawn to Boushel's (1994) schema as a framework for developing child-safe communities (Jones & Ely, 2001).

*The Therapeutic Agenda*

The therapeutic/counseling and alliance-building agenda accounts for the basics of interpersonal relationships, the conventional one-to-one therapeutic relationship, and the way in which key workers signpost and facilitate the families' route in and around the center. It provides the foundation for connection and containment, with anchoring relationships that are sustaining because they provide continuity. Assessment and decisions about therapeutic approaches to meet need are developed with parents as partners in the helping process. Family and individual therapy are provided as needed, including referrals for substance abuse treatment.

*Regulatory-Protective Agenda*

The regulatory agenda accounts explicitly for protective work, where change is a requirement for safe

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**Paper 5c Berry M., Brandon M., Chaskin R., Fernandez E., Grietens H., Lightburn A., McNamara P., Munford R., Palacio-Quintin E., Sanders J., Warren-Adamson C., & Zeira A. (2006) Identifying sensitive outcomes of interventions in community-based centres, *International Journal of Child and Family Welfare*, Vol 9, No 1-2, June, 2-10**

Also, Berry, M., Brandon, M., Chaskin, R., Fernandez, E., Grietens, H., Lightburn, A., McNamara, P., Mumford, R., Palacio-Quintin, E., Sanders, J., Warren-Adamson, C., & Zeira, A. (2007) Identifying sensitive outcomes of interventions in community-based centers. In M. Berry (Ed.). *Identifying Essential Elements of Change: Lessons from International Research in Community-based Family Centers*. Pp. 9-17. Leuven: Beligum: Publisher ACCO (Academische Cooperatiieve Vennotschap cvba) University of Leuven Press.

Under the leadership of Professors Anita Lightburn, Marianne Berry and myself, the International Association for the Study of Outcome-Based Evaluation in Child and Family Services encouraged a cross national study of sensitive outcomes in family centres. The papers were first published in a collection in the International Journal of Child and Family Welfare (and later to appear in book form 2007), representing Australia, Belgium, Canada, Israel, New Zealand, UK, USA. This paper is the introduction to the collection.

4126 words

# Identifying sensitive outcomes of interventions in community-based centres

BERRY, M., BRANDON, M., CHASKIN, R., FERNANDEZ, E., GRIETENS, H., LIGHTBURN, A., MCNAMARA, P.M., MUNFORD, R., PALACIO-QUINTIN, E., SANDERS, J., WARREN-ADAMSON, C., & ZEIRA, A.

## Abstract

This paper introduces a special collection of this edition of the International Journal based on a series of international pilot studies designed to explore the messages and methodological challenges derived from attempts to understand proximal or sensitive outcomes as steps on the way to more distal or long term outcomes in community and family based centres. This paper gives background and summarises a collection which has a theoretical introduction followed by seven case studies compiled by scholars from seven different countries representing the International Association for Outcomes Based Evaluation and Research in Child and Family Services.

Key words: sensitive outcomes, commmunity centres, family support

## Introduction

In 2003, a group of scholars of children's and family services from around the world was assembled in Malosco, Italy, under the direction and support of Professore Tiziano Vecchiato, of the Fondazione Emmanuale Zancan, Padova, Italy, and Professor Anthony Maluccio, of the Boston College Graduate School of Social Work, USA, to encourage and guide comparative international research. At that meeting, the members discussed ways to further and refine an international research agenda.

This special issue of the International Journal of Child and Family Welfare is devoted to describing the results of one of the comparative international studies begun at that

Italian Seminar. At that Seminar, several scholars – those included in this special issue – participated in a deliberate and thoughtful discussion of transnational comparisons of services to children and their families: national and cultural definitions, programmes, comparisons, and difficulties. Taking place over several days, this group wrestled with the thorny problems and rich opportunities inherent in the study of social/educational/community work practice with children and families, complicated even further by the complexities of varied national contexts.

By the conclusion of our week we had formed a proposal to study child and family community-based centres, by conducting case studies in each of our respective countries and communities of origin. We left the Dolomites with agreed-upon foci of study, research aims, a case study methodology, and the components to be compared across communities, countries and cultures. After two years of study and refinement, this special issue of the International Journal of Child and Family Welfare is excited to present the results of these many and varied case studies of community based centres, and what we can learn by comparing internationally what happens within their walls and the communities they inhabit.

## The opportunity of international collaboration

We write at a time when many, despairing of contemporary practices, are turning to explore new visions about developing child-centred communities (Serving Children Well, 2002). The territory of child welfare is dominated by procedure, defensiveness, protection and policing, and a loss of faith in practice (Parton, 1997). Centre-based programmes in the community on the other hand are a reportedly successful mechanism in supporting the well-being of children and their families in neighbourhoods.

The community-based centre is one of the few success stories in family and community work in the past twenty years, supported by a growing research base (Berry, 2998; Berry & Cash, 1998; Blank, 2000; Cash & Berry, 2003b; Hess,

McGowan & Botsko, 2000; Layzer & Goodson, 2001; Lightburn & Kemp, 1994; Warren-Adamson 2006). Such intense programmes, with continua of care, produce stronger outcomes (Berry, Cash, & Brook, 2000; Hess, McGowan & Botsko, 2000; Layzer & Goodson, 2001; Nelson, Landsman & Deutelbaum, 1990; Pithouse, Holland, & Davey, 2001) than more didactic and periodic interventions. These centres, variously described in different countries, are essentially integrated centres, which provide community-based, multi-faceted, flexible and responsive programmes for all families and children who are most vulnerable. Moreover, such centres play a key role in that space between supporting families and the central construct in child welfare, child placement (Maluccio & Whittaker, 2002).

Centre-based programmes in the community operate in an ongoing and day-by-day interaction with the children and families in the community. The goals of a centre-based community programme are to attain positive outcomes and reduce negative outcomes in the area of child well-being. The attainment of these crude goals, which can include promotion of family functioning, child health, prevention of teen pregnancy, increased civic involvement, and so on, are only achieved through a helping and collaborative relationship between professional and parent and/or child. This collaborative relationship manifests itself in a number and variety of sensitive, intermediate outcomes, or steps-on-the-way to the larger, ultimate programmatic outcomes. We are most interested in these sensitive outcomes: how they develop, what they are, and how they contribute to larger outcomes of well-being.

As researchers we chose to study these center-based, or community programmes that support children, youth, and families that exist to enhance well being. While many outcomes are described in studies of such community programmes, we agreed that we needed a term that was comprehensive, to encompass all aspects of the child's and family's lives, including physical and mental health, social and emotional development, and education and skills. We agreed that "well being" was such a term. We expected that choosing which social indicators are the most important to track within each of the domains of well being will be informed by existing scientific research and also by the values of the community or communities in which they are to be used.

Many reports on child and youth well-being include measures of family characteristics, peers, services received, and the school and community context (Cash & Berry, 2003a; Diehl, 2002; Warren-Adamson, 2002b). While important to children and families, strictly speaking these are not measures of well-being, but of the social contexts that promote or inhibit well-being (Maluccio & Whittaker, 2002). Well-being includes both positive attributes to be cultivated, like civic involvement, and negative outcomes to be avoided such as drug abuse and teen pregnancy. Well-being is best defined in a developmentally sensitive way, with measures that reflect the needs, challenges, and accomplishments of each developmental stage (e.g., early childhood, middle childhood, adolescence, and adulthood).

The starting point of our international collaboration, therefore, was the centre-based programme in the community or family resource centre (Lightburn & Kemp, 1994; Warren-Adamson, 2002) that functions like a single site system of care (Stroul, 1996). This centre arguably has an important role in the well-being of children and families, the development of safe communities and new visions for children's services.

Internationally, centres appear to be a healthy phenomenon, making sense of principles of social inclusion (Durand, 1996; Warren-Adamson, 2002a). Centres have developed as central resources in impoverished communities (Halpern, 1999; Schorr, 1997). There is much to be learned from international comparisons of the formulations of professional relationships, community supports and developments of blended funding and shared responsibilities for protecting children.

## Area of study

We set out to study community-based centres that provide interventions that are preventive of problems and promotive of positive outcomes for children and adolescents. These kinds of community-based interventions focus on assessing the vulnerabilities of families, reducing risks, and increasing children's and families' well-being by providing services that are highly variable, flexible, and responsive to family and community needs.

What might be called a "treatment protocol" in other, more remedial or problem-focused interventions has not been established to any great extent among community-based programmes, beyond general tenets and principles, for example:

- individualised and variable services,
- a mix of formal services and informal supports,
- collaborative partnerships between agencies and actors,
- centres embedded in the community to respond appropriately and respectfully to community needs and priorities and to meet individual and family need and promote social change.

Therefore, in the absence of a fixed "treatment protocol", cross-site and international comparisons of the broad outcomes achieved by such programmes are probably misleading, leading to erroneous conclusions about the link between the intervention (usually broadly defined) and broad outcomes. We need to first understand the structure and nature of the interventions provided, and to develop more sensitive indicators of the "steps-on-the-way" to the broader, longer-term outcomes sought by these programmes.

## Aim of the research

The aim of our research was to conduct several case studies in a range of countries around the world, examining the sensitive outcomes achieved by community-based services in a variety of settings. The value of comparative international research on these kinds of interventions lies in its ability to draw out lessons from a broader array of experience and approaches. This includes an ability to understand the relevance of similar and different approaches to reaching similar goals across different contexts.

Our network of researchers is accomplished and varied (see Figure 1).

| | |
|---|---|
| Prof. Marianne Berry | University of Kansas, USA |
| Marion Brandon | University of East Anglia, UK |
| Prof. Robert Chaskin | Chaskin University of Chicago, USA |
| Elizabeth Fernandez | University of South Wales, Australia |
| Prof. Hans Grietens | University of Leuven, Belgium |
| Prof. Anita Lightburn | Fordham University, NY, USA |
| Patricia McNamara | La Trobe University, Australia |
| Prof. Robyn Munford and Jackie Sanders | Massey University, NZ |
| Prof. Ercilia Palacio-Quintin | Université de Quebec, Canada |
| Chris Warren-Adamson | University of Southampton, UK |
| Prof. Anat Zeira | Hebrew University, Israel |

Figure 1
Research team

While we were generally interested in community-based interventions, we were focused on different types of problems and programmes to enhance child well-being, including:

- the treatment and prevention of child maltreatment;
- the promotion of family well being, addressing family poverty and family violence;
- the treatment and prevention of juvenile delinquency;
- the promotion of adolescent health, and;
- the promotion of healthy family relationships, particularly in vulnerable families.

We sought to develop sensitive outcome indicators that might be precursors to understanding the broad outcomes that are often the focus of broad outcome evaluations. What are the more incremental outcomes, or steps-on-the-way, the

evolving gains made by families and practitioners, and how are these common or different across communities and countries?

Such a detailed description is an important preliminary step in comparative international outcome evaluation, so that we know:

- whether we are comparing similar interventions when we talk about community-based preventive and promotive interventions across countries,
- how crude outcomes might be achieved. What are the small steps by which we help children and families to these large goals of prevention and promotion?

## Our primary research question

*What are the sensitive indicators or steps-on-the-way of community-based programmes with the above characteristics?*

To develop answers to that research question, however, we needed to answer the following questions:

- What is the national and local context (e.g., culture, policy, economics, etc.) within which the centre is embedded?
- What is the organizational structure and goals of the centre?
- What are the needs and goals of the children and families served?
- What is the theory of change for the centre and its approach to goals?
- Identifying sensitive outcomes of interventions in community-based centres
- What are the inter-organisational relationships and partnerships in and around the community centre?
- What are the operating characteristics or structural/logistic parameters of interventions?
- What is the nature of the helping relationships developed between the centre and the children and families served?
- What are the ways in which the centre seeks to make use of informal supports?

## Design

The principal research question is to unearth sensitive outcomes in each family/community centre. As well as accepted longer term outcomes – for example, changed behaviour in child, confident parenting, avoiding or establishing more appropriate foster care, developing improved contact between absent parent and child, helping child to return to parent – the researcher is required to negotiate with the practitioner to look at outcomes that are rarely looked at. We are calling them steps-on-the-way.

## Method

Between 2003 and 2005, we conducted case studies of community-based centres in each of our respective countries, to provide thick descriptions of the intervention and the sensitive indicators of one outcome of the intervention. Each researcher conducted a case study of a community-based intervention that meets the defining characteristics enumerated above. The unit of analysis was the centre, but the data collection involved a variety of sources: practitioners, families, community partners, and others.

This multi-site study sought, through the capture of sensitive day-to-day outcomes, to paint a picture of needs and responses, which are negotiated through practitioner and user. Within the limits of this international study, we believed we could derive a more accurate picture of the discrete and negotiated, 'containing' world of the centre (McMahon & Ward 2001) as well as encourage international co-operative enquiry as an increasingly accepted empowering research design in this domain (See Diehl, 2002).

### *Measures*

Each researcher agreed to assess the following in their case study, through qualitative or quantitative means:

- Assessment of parental risks and strengths

- Assessment of children's risks and strengths
- Goals of services
- Formal services provided
- Informal services arranged
- Structure of services (logistics)
- Nature of services (theoretical underpinnings, types of "helping")
- Agency-level factors (funding, supports, collaboration)
- Description of the helping relationship
- Sensitive Outcomes: identified through collaborative enquiry
- Broad Outcomes:
    - Child well being
    - Family preservation
    - Employment
    - Staying in school
    - Absence of maltreatment
    - Child health
    - Sites of enquiry

## *Sites of enquiry*

In the interest of the development of sensitive indicators across nations and across community-based interventions, we narrowed our focus to interventions with the following common characteristics:

- A centre located in an urban neighborhood.
- Serving families with children in the home.
- Seeking the crude outcome of child well-being.

These parameters resulted in the inclusion of the following community-based centres:

Rainbow Family Centre, England (Marian Brandon, University of East Anglia, Norwich, England)

This family centre is state funded and is based in the suburbs of a medium sized town close to London. Families are normally referred by social workers but the centre has found that the best way to offer families a quality service is to work closely with local schools, health centres, NGOs and other community services.

Children's Family Centre, Australia (Elizabeth Fernandez, University of New South Wales, Australia)

The Children's Family Centre is an integrated set of family support programmes developed by Barnardos Australia to meet the needs of families identified as being at risk of child abuse and neglect. The emphasis is on strengthening families and engendering a sense of empowerment. Interventions are multi-dimensional and include home-visiting, semi-supported accommodation, child care, respite care, counselling, group work, and crisis intervention.

Berry Street, Victoria, Australia (Patricia McNamara, La Trobe University, Victoria, Australia)

Berry Street Victoria is one of the largest and longest established non-government organizations in the State of Victoria. The service began as a foundling hospital over a century ago. It now operates a wide range of programs throughout the State and is generally perceived locally and indeed nationally to be a key service provider in the field. The family recruited for the study has been receiving services from the Matters program, which is based in a regional office of Berry Street Victoria and offers a wide range of services to adolescents and their families.

Te Aroha Noa Community Services, New Zealand (Robyn Munford and Jackie Sanders, Massey University)

This is a community based family service providing a diverse range of services including early childhood, parenting programmes, counselling, programmes for youth and community development. It is a very well established centre with a significant history of involvement in the local community. It is situated in a neighbourhood that has experienced the effects of economic restructuring and where families constantly

face the challenges that arise from having inadequate material and social resources. The agency has a strong commitment to working in partnership with families and with the community in order to bring about positive and sustained change for families and children and young people.

Family House, Canada (Ercilia Palacio-Quintin, Université du Québec)

The Family Houses (Maisons de la Famille) are distributed all over the Québec territory. They are community-based agencies run by non-professionals. The size of these independent centres and their services vary, but all are focused on services towards children and parents. They are completely independent from each other. They receive financial support from various sources, frequently from different governmental special fundings.

Clayhill Family Centre, England (Chris Warren-Adamson, University of Southampton, Southampton, England)

Clayhill Family Centre is a local state centre working with families in great need. It provides a number of programmes from formal to informal with a strong professional culture of social work intervention. Families are referred from the neighbourhood and beyond and can be found engaged in child care activities, formal therapeutic endeavours, recreational and broader forms of social action.

Jerusalem House, Israel (Anat Zeira, Hebrew University of Jerusalem)

Jerusalem House is a neighborhood social welfare agency operated by the department of social services in the municipality of Jerusalem. This community-based centre provides in-house services to children and their families and refers to other community-based services (e.g., home-based services like HomeStart for parents and a multi-purpose day care centre for children).

## Anticipated results

This collection of case studies of community-based interventions and the sensitive outcomes achieved, leading to the broad outcomes of child and family well-being, will provide a basis for the development of sensitive, interim outcomes. We envision the development of a list of sensitive indicators that may be meaningful to comparative international outcome evaluation. The measurement of similar sensitive outcomes in future outcome evaluation will make international evaluations and comparisons of programmes more meaningful and precise.

This international study gives us more clues about the nature of 'centres' of practice, the nature of the whole and the detail of process, a contribution to the 'what works' enquiry and therefore enables us to contribute to the emerging contemporary search for new visions and structures for children's services. This study therefore, is itself a step-on-the-way. But it is a critical step in the development of cross-national efforts to evaluate programmes. Without some explication of the change process in these programmes, and the cultural context in which they occur, we can have little comfort in our collective cross-national certainty about populations, problems and programmes (Pascale, Millemann, & Gioja, 2000). We hope this groundbreaking international study helps to inform current practitioners and future researchers in the complexity and simplicity that is the community-based centre for children and families.

## Steps-on-the-way to an international outcomes study of community-based centres

After two years of conducting and discussing these in-depth case studies of community-based centres in a variety of countries, we have accomplished the following:

- Developed cross-national protocols of common practice for better evaluation;
- Examined the rarely looked at, process or steps-on-the-way outcomes in a range of family centre interventions;

- Gained a greater understanding of the 'whole' of family centre practice, examining such concepts as 'a theory of change', 'developmental systems', 'synergy' and 'containment';
- Contributed to a cross-national re-examination of the role of centre-based programmes in the community as underpinning resources in new visions for child-centred communities;
- Developed skills and understanding in, and evaluated the empowerment capacity of, outcome-focused participative inquiry which is undertaken with children and their parents and centre practitioners.

## Acknowledgements

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References

BERRY, M., CASH, S.J., & BROOK, J.P. (2000). Intensive family preservation services: An examination of critical service components. *Child and Family Social Work*, 5, 191-203.

BERRY, M. (1998). Getting to know you: Psychoeducational groups to counter social isolation of neglectful mothers. *Family Preservation Journal*, 3(2), 1-20.

BERRY,M.,&CASH, S.J. (1998). Creating community through psychoeducational groups in family preservation work. *Families in Society*, 79, 15-24.

BERRY, M., BUSSEY,M.,&CASH, S. (2001). Evaluation in a dynamic environment: Assessing change when nothing is constant. In E. WALTON, P.SANDAU-BECKLER,& M.MANNES (Eds.), *Balancing family-centered services with child well-being*. NY: Columbia University Press.

BLANK, S. (2000). *Good works: Highlights of a study on the Center for Family Life*. Baltimore, MD: The Annie E. Casey Foundation Press.

CASH, S.J., & BERRY, M. (2003a). Measuring service delivery in a placement prevention program: An application to an ecological model. *Administration in Social Work*, 27(3), 65-85.

CASH, S.J., & BERRY, M. (2003b). The impact of family preservation services on child and family well-being. *Journal of Social Service Research*, 29, 1-26.

CHASKIN, R.J. (2002). The evaluation of "community building": Measuring the social effects of community-based practice. In A.N. MALUCCIO, C.CANALI, & T.VECCHIATO (Eds.), *Assessing outcomes in child and family services: Comparative design and policy issues* (pp. 28-47). New York: Aldine de Gruyter.

DAWSON,K.,&BERRY, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare*, 81, 293-317.

DIEHL, D. (2002). Family support America: Supporting "family supportive" evaluation. *The Evaluation Exchange*, 3, 1.

DURAND, R. (1986) *Histoires de Centres Sociaux – de Voisinage à la Citoyennté.* Paris: Syros.

FARMER, T.W., & FARMER, E.M.Z. (2001). Developmental science, systems of care, and prevention of emotional and behavioral problems of youth. American *Journal of Orthopsychiatry*, 71(2), 171-181.

GERMAIN, C.B., & GITTERMAN, A. (1996). *The life model of social work practice advances in theory and practice* (2nd ed.). New York: Columbia University Press.

HALPERN, R. (1999). *Fragile families, fragile solutions*. New York: Columbia University Press.

HESS, P., MCGOWAN,B.,& BOTSKO, M. (2000). A preventive services programme model for preserving and supporting families over time. *Child Welfare*, 79, 227-265.

HMSO (2001). Framework for assessment of children in need and their families. UK: Author.

NELSON, K., LANDSMAN,M.,& DEUTELBAUM, W. (1990). Three models of family centered prevention services. *Child Welfare*, 69, 3-19.

LAYZER, J.,& GOODSON, B. (2001). *National evaluation of family support programmes*. Cambridge, MA: Abt Associates.

LIGHTBURN, A. (2002). Family service centers: Lessons from national and local evaluations. In A.N. MALUCCIO, C.CANALI, & T.VECCHIATO (Eds.), *Assessing*

*outcomes in child and family services: Comparative design and policy issues* (pp. 153-173). New York: Aldine de Gruyter.

LIGHTBURN,A.,& KEMP, S. (1994). Family support programmes: Opportunities for community-based practice. *Families in Society*, 75, 16-26.

MALUCCIO, A.N., & WHITTAKER, J.K. (2002). Rethinking "child placement": A reflective essay. *Social Service Review*, 85, 108-34.

MCMAHON,L.,& WARD, A. (Eds.) (2001). Helping families in family centres: *Working at therapeutic practices.* London: Jessica Kingsley.

NELSON, K.E., LANDSMAN, M.J., & DEUTELMAN, W. (1990). Three models of family centered placement prevention. *Child Welfare*, 69(1), 3-21.

PARTON, N. (Ed) (1997). Child protection and family support. London: Routledge.

PASCALE, R.T., MILLEMANN, M., & GIOJA, L. (2000). *Surfing the edge of chaos.* London: Texere.

PITHOUSE, A., HOLLAND,S.,& DAVEY, D. (2001). Assessment in a specialist referred family centre: Outcomes for children. *Children in Society*, 15, 302-314.

REASON, P., & BRADBURY, H. (Eds.) (2001). *Handbook of action research: Participative inquiry and practice.* London: Sage Publications.

SCHORR, L. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America.* NY: Anchor Books, Doubleday.

SHUTTLEWORTH, J. (1991). Psychoanalytic theory and infant development. In L. MILLER,M.RUSTIN, M., & J. SHUTTLEWORTH (Eds.), *Closely observed infants.* London: Duckworth.

SMITH, T. (1996) *Family centres and bringing up children.* London: Her Majesty's Stationery Office.

STROUL, B.A. (1996). *Children's mental health: Creating systems of care in a changing society.* Baltimore: Paul H. Brookes.

WARREN, C. (1997). Family support and the journey to empowerment. In C. CANNAN, & C. WARREN (Eds.), *Social action with children and their families – A community development approach.* London: Routledge.

WARREN-ADAMSON, C. (2002a). Applying a parenting scale in family Resource centres – Challenges and lessons. In T. VECCHIATO, A.N. MALUCCIO, & C.CANALI (Eds.), *Client and programme perspectives on outcome evaluation in child and family services – A cross-national view.* New York: Aldine de Gruyter.

WARREN-ADAMSON, C. (Ed.) (2002b). *Family Centres and their International Role in Social Action.* Ashgate: Aldershot.

WHITTAKER, J., SCHINKE, S.P., & GILCHRIST, L.D. (1986). The ecological paradigm in child, youth, and family services: Implications for policy and practice. *Social Service Review*, 69, 483-503.

WIGFALL,V.,& MOSS, P. (2001). *More than the sum of its parts: A study of multi-agency child care network.* London: National Children's Bureau, Ltd.

**Paper 5d Lightburn A. & Warren-Adamson C. (2006), Evaluating family centres: the importance of sensitive outcomes in cross-national studies, *International Journal of Child and Family Welfare*, Vol 9, No 1-2, June, 11-25.**

Also, Anita Lightburn and Chris Warren-Adamson (2007). Evaluating family centers: The importance of sensitive outcomes in cross-national studies. In M. Berry (Ed.). *Identifying Essential Elements of Change: Lessons from International Research in Community-based Family Centers*. Pp. 19 – 33. Leuven: Beligum: Publisher ACCO (Academische Cooperatiieve Vennotschap cvba) University of Leuven Press.

This paper, which builds on paper 7, is first in the collection after the multi-authored introduction, and establishes a theoretical framework to guide the subsequent studies. It identifies the centre as a complex system of care. It distinguishes the triangle of distal, proximal and mediating outcomes as an outcomes account of the complex developmental world of family centre practice.

Jointly authored

Referee: Professor Marianne Berry, University of Kansas, USA

6991 words

## Abstract

This paper explores the domain of family centres from the perspective of outcomes. Family centres are a cross-national phenomenon of complex, integrated services for children and their families, located in one site. The paper argues that centres are evaluated from an over-simplified and under-negotiated perspective of distal outcomes – the longer term outcomes owned by the agency and its professional stance. Instead, the authors propose a theory of change enabling more effective planning and evaluation of practice. The implication of the theory of change leads us to construct a triangular outcome framework embracing: a) distal outcomes, and also, b) proximal outcomes – steps-on-the-way, part of the journey of care and change; and, mediating outcomes – outcomes put in place to establish a milieu, disposing the centre to effective care and change. There is a concluding discussion about the methodological promise of collaborative enquiry in identifying and categorising different outcomes.

Key words: theory of change, programme evaluation

# Evaluating family centres: the importance of sensitive outcomes in cross-national studies

LIGHTBURN A. & WARREN-ADAMSON C.

## Introduction

New visions about developing child-centered communities include a range of community-based comprehensive programmes, such as family centres or family resource centres that provide early intervention (Lightburn & Kemp, 1994; Local Government Association, 2002; Warren-Adamson, 2002). These centres are important because they provide an accessible, friendly, supportive community for at-risk families. There are unique possibilities in family centres to combine supportive services and opportunities for learning and growth, with protection for children and parents. Parents and staff members join together to form a community that becomes a safe haven for many. The strengths of family centres are the capacity they build amongst participants and the contribution they make to the development of safe communities and new visions for children's services. There is also an emphasis on the tandem development of young parent and small child.

In our collaborative work over the past decade through cross-national comparisons we have expanded our understanding of what contributes to positive outcomes for families involved in centres (Warren-Adamson & Lightburn, 2006). We have been impressed with how much family centres across the globe have in common. Consequently, we have pooled our experiences to develop a theory of change for family centres as a foundation for cross-national outcome evaluation. Drawn from our case studies of family centres and those of others in the United Kingdom and the United States, in this paper we propose a theory of change as a starting

point to help evaluators to develop sensitive outcomes that are useful indicators of change and that through a co-constructive process with stakeholders will result in more effective evaluations.

Over the past two decades, family centres in the United Kingdom and the United States have continued to develop. Their central features are also evident in many other countries (Canavan, Dolan & Pinkerton, 2000; Warren-Adamson, 2002). Compared to short term family preservation programmes, these centres can be effective in meeting the needs of high risk families because they provide a system of care that offers enough time for recovery, development and much needed continued support (Hess, McGowan & Botsko, 2003). Family centres also go a long way in meeting the needs of poor, marginalized families in their communities, where more than traditional child welfare services are needed to help families stay together and protect their children (Comer & Fraser, 1998; Garbarino, Kostelny & Grady, 1992).

Many family centres are mandated by legislation, but all too frequently they are underfunded. Broad scale support has been lacking for these important community-based programmes, in part due to the lack of evidence that they constitute an essential resource for the welfare of children. In order to influence policy-makers that family centres should have a central role in fulfilling the intent of child welfare legislation, we need to conduct more effective outcome evaluations. While there is wide agreement about the virtues of these flexible, responsive neighbourhood programmes, evaluators have consistently called for more adequate conceptualization of how family centres work, with greater participant involvement and use of responsive and consistent outcome measures (Ireys, Divet & Sakawa, 2002; Lightburn, 2002; McCroskey & Meezan, 1998; Warren-Adamson, 2002).

This paper addresses some of the central concerns evaluators have raised in an effort to develop evaluative outcome measures that are more effective in providing information for policy and practice. In particular, outcome evaluations of family centres have lacked theories of change and descriptions of the black box of practice to direct enquiry and evaluative measures. Moreover, they have focused on distal outcomes, such as reducing the need for child placement. At the same time, they have failed to attend to proximal outcomes that are the steps-on-the-way to major

outcomes. These proximal outcomes are valuable indices of the change process and provide a more "sensitive", progressive measure of the programme impact. Therefore, we propose a theory of change based on a cross-national conceptualization of how family centres work. A central part of the theory involves a framework describing the "black box" of intervention which enables the complexity and developmental nature of interventions used in these centres to be understood. This theory of change also provides a foundation for identifying important "sensitive outcomes," that is, the steps-on-the-way to long term outcomes, so often neglected in outcome evaluations (Patton, 1997). We will emphasize evaluating sensitive outcomes that identify processes within the family centre system or community, including the processes involved in therapeutic and supportive interventions, as well as developmental processes for individual parents. In the future, we hope that through use of sensitive outcomes, an understanding of how programmes work and families change results in responsive evaluation practice that enables us to be more confident in outcome evaluations of these important community based programmes.

We see the role of evaluators as collaborators who can present the complexity of family centres in a meaningful way for stakeholders, providing a map to guide the development of sensitive outcome measures. We believe it is important to bring together staff and families in all phases of the evaluation to work with evaluators who can offer a special perspective based on cross national experience as grist for the mill in developing responsive theories of change that reflect local culture, values, and priorities (Lightburn, 2002; Warren-Adamson, 2002). With input from the evaluator, stakeholders will be part of the development of a theory of change to guide their programme strategies. Additionally, this collaborative work will focus and refine evaluative measures that have salience in defining both how their family centres work and what their families are able to accomplish.

## The need for sensitive outcomes

It has been frequently noted that the conceptualization and measurement of outcomes present a challenging task for community-based family support programmes. The complexity inherent in the involvement of parents in a comprehensive programme has

been represented by primary outcomes, such as improved parenting, access to resources and reduced need for out-of-home placement. While important, these distal outcomes do not capture the changes that contribute to the family's, child's and family centre's development. For example, it is equally important to assess system impact (such as the development of community in the family centre and in the neighbourhood), social support and family and child wellbeing (Cash & Berry, 2003; Hess, McGowan & Botsko, 2003; Lightburn, 2002; Pecora et. al., 1995; Warren-Adamson & Light-burn, 2006). Therefore, based on the theory of change presented in this paper and more fully developed elsewhere (Warren-Adamson & Lightburn, 2006), we suggest a range of sensitive outcomes as useful indicators of change for both family centres and their participants. These sensitive outcomes identify developmental processes basic to family, organizational and community life. It is important to measure such steps because they are essential developmental processes that mediate distal outcomes, such as child placement and child well being. We take a developmental perspective, drawing from the work in developmental science where psychological and behavioural functioning and adaptation are influenced by dynamic, integrative processes in which "integrative internal and external factors come together" (Farmer & Farmer, 2001, p. 171). It is therefore important to evaluate the dynamic inter-relationships amongst systems such as the parent's or family relationship with the family centre. We are interested in capturing the integrative processes where internal and external factors come together.

One way of conceptualizing this integrative work is to describe mediating processes that are integral to development that need to be considered as sensitive outcomes, such as synergy and containment. Mediating processes such as synergy and containment have been noted as important descriptions of outcomes in family centres, however neither of these mediating processes have been developed into outcome measures (Hess, McGowan & Botsko, 2003; Warren-Adamson & Lightburn, 2006; Warren-Adamson, 2001). It has long been recognized that the most effective and dynamic programmes are social organisms (Pecora et al., 1995; Schorr, 1997). Both synergy and containment are dynamic processes of the social organism recognized as family centres, which we believe contribute in essential ways to successful programmes (i.e.programmes that are flexible and responsive to the changing needs of families and their communities).

As we proceed with our examination of sensitive outcomes, we will examine both synergy and containment as examples that are central mediators of change. We anticipate that measuring these mediating processes will advance our understanding of change. In the next section we introduce family centres, and then present a theory of change that is the foundation for our discussion of sensitive outcomes. Proposed methods for evaluation and research follow, based on a constructivist approach where participant involvement in the research process is indispensable.

## Locating family centres

Sites for family centres are located in schools, housing projects, community centres, churches and neighbourhood service centres. Such centres are supported by local authorities or government programmes, and in many instances depend on aggressive fund raising and foundation support. There is a mixed tradition of professional and grassroots leadership and staffing. Often the centres are sites for co-located services or serve as an important coordinator of community services. Family centres are there for community families, including parents who may be mandated to participate by protective services who use centres as a resource to help parents become better able to keep their children safe. The continuum of services provides a wraparound effect consistent with the system of care programmes that support families with children with serious emotional disturbances in the U.S.A. This concept is based on the perspective that a combination of individualized supportive and therapeutic help provided in both traditional and non-traditional ways in the community is more effective than out-of-home placement (Stroul, 1996).

The above-noted approach is also consistent with the direction for policy and service provision set out in the Framework for Assessment of Children in Need and their Families (HMSO, 2000) and in the Children Act 1989 (Schedule 2, paragraph 9) in England and Wales, and in legislation in the U.S.A., the 1997 Public Law 105-89 (see Aldgate, 2002; Ronnau, 2001). The philosophy and guiding principles of these centres are based on developmental and empowerment practices, which view the family as

collaborators with staff and professionals, and promote family-centered work (McCroskey & Meezan, 1998; Ronnau, 2001; Warren-Adamson, 2002).

## A family centre theory of change

Based on our experiences with family centre programme development and evaluation, we offer the beginnings of a theory of change that emphasizes the synergy of the family centre in the negotiated activity or work of professionals and parents. A theory of change has been largely implicit for family centres. Researchers agree that such a theory – whilst generating new uncertainties in the humbling process of enquiry – offers a more coherent route to what we need to know, and points to interventions and actions we need to work with in programme development and evaluation (Chaskin, 2002). Our theory of change is detailed in Figure 1. The theory is based on a fully developed rationale supported with research evidence and drawn from social science theory discussed in Warren-Adamson and Lightburn, (2006). We propose this theory as a way to organize our thinking about outcomes for families, those that are agency linked and long term, and those proximal, more sensitive outcomes which are more indicative of families' rich day to day journeys in their centres and communities. This conceptualization is based on eco-systemic theory that emphasizes the inter-relationships between parts as a dynamic process that is related to all outcomes. As noted earlier, the family centre should be conceptualized as a developmental system, similar to a family. Such a multi-systemic, interactive centre grows and differentiates in response to individual needs as staff and participants are mutually involved. In its fullness, the centre provides a community for participants, centre staff, volunteers and parents. The family centre community is central to the way the centre works and promotes change, bringing together all of the resources identified in Figure 1 to achieve its varied goals and objectives.

Specific to our conceptualization are strategies in Column Four that indicate the broad range of activities involving staff and parents. How all of this work occurs depends on the mission or primary goal to build a family centre community milieu that provides a special focus for all activities. These community mileux can be the unique life force that melds together goals and resources which achieve a rich array of possible

outcomes. It is our hypothesis that the quality of the family centre community milieu influences the centre's capacity to function and therefore its synergy frequently characterized as more than the sum of all its parts. This synergy mediates the desired outcomes identified in Column Five of Figure 1. In the fifth column we describe two types of outcomes, those that are proximal outcomes or steps-on-the-way for both the centre and the parents, and those that are longer term outcomes. Steps-on-the-way are also identified as mediating outcomes. These outcomes reflect the broad agency agenda, along with outcomes which mirror the containing and day-to-day processes of the centre, as well as the agendas of participating families. Altogether, Figure 1 amounts to what we describe as a family centre milieu which supports and develops a "culture of care" – a family centre community – with an enhancing capacity to contain, hold and support growth through learning, therapy, mutual aid, empowerment, and social action. Building on this conceptualization we will explore ways to identify critical components of the change process that are important to long term outcome, such as child and family safety, well being and development. It is our hope that these change processes will be valued as outcomes as well, as they represent the energy and/or synergy of the centre, the phenomenon of being "more than the sum of the parts", the life force that we hypothesize contributes more to change than specific interventions or even specific combinations of interventions.

## Defining synergy as a sensitive outcome

The following section describes further the varied parts of the centre and suggests how synergism or the centre's special life force works. Specific attention is given to two of the major ways synergy develops and works. The first way synergy develops is through the parents' involvement in helping relationships that are a result of formal help. The "black box of centre practice" shown in the four-part grid in Figure 1 (see below) characterizes the possible ways parents can be engaged in work on their personal and community goals. The second way synergy develops is through the collective experiences in the family centre that provide containment and support that comprise the family centre's culture of care. Collective experiences are a result of both formal help and informal relationships in the centre between parents and staff.

This cultural synergy supports development and protection for families and is an integral mediating force or factor influencing all outcomes.

## Formal help: Describing the black box of family centre practice

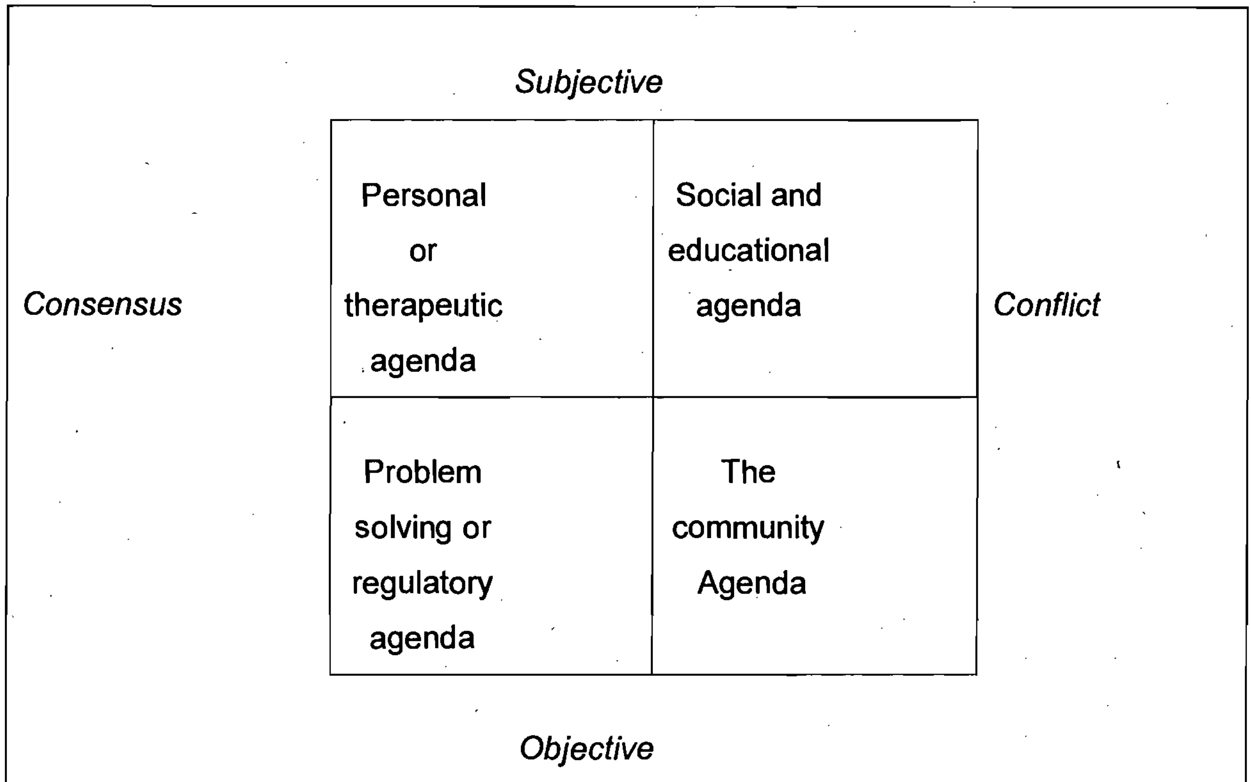
There are a range of possible helping relationships that form the backbone of intervention, such as individual therapy, learning, and collective interventions for each family and for different groups of parents. These focused interventions comprise the "black box of intervention" that has been previously described in terms of discrete services, such as parenting classes. This view leaves out the broader range of helping experiences that occur for parents and families, and the inter-relationship and the developmental nature of those experiences. Our model proposes parent and professional agendas (responsibilities, mandates, goals, hopes and activities) that contribute to the evolving developmental experiences and outcomes for both staff and families. This model, described in Figure 2, suggests the interactive complexity that we know as family centre practice, where the sum of the work of parents and staff and other contributors to the centre milieu and to families is integral to all. It is the developmental synergy that supports change.

One version of centre activity accounts for the varied helping relationships in centres as a set of negotiated agendas. The negotiated agendas serve to conceptualize the reason and way parents become involved in centre activities. This perspective is based on – and adapted from – an epistemological grid developed by Howe (1987) as an organising framework to embrace theories of intervention. The grid is based on two continua, firstly between subjective knowledge and objective knowledge, and secondly ideas of society and change, based on consensus and conflict perspectives.

Such a perspective enabled Howe (1987) to propose four domains of intervention:

- regulatory, protective activity;
- personal development;
- a collective world of learning, support and change; and
- social change activities.

Figure 1




*(Reprinted with permission from Howe,1987)

In Figure 2 we have developed Howe's grid to describe the parent and professional agendas in centres. The grid allows us to organize ideas about parent and professional agendas in four clusters. In each domain, services provided by the centre can be described in familiar ways. For example, in the regulatory, protective activities domain parents may bring complex and hard-to-solve issues often tied to the professional's duty to influence positive parenting and protect children. Conventional interventions include crisis intervention and parenting programmes. The domain of personal development would include therapeutic activities; for parents who aspire to change – from the elimination of destructive, sometimes dangerous behaviours to all manner of self-development. Conventional interventions include counselling, cognitive behavioural therapy, and so on. The domain of the collective world of support and learning occupies a spectrum of activities from adult education to group

support and care. The fourth domain reflects parents' growth and engagement in centre and community action, as well as the centre's involvement in developing community initiatives.

The agendas reflected in the above-noted domains will of course be responded to and negotiated according to the emphasis of programmes in the centre. Moreover, centres respond to parent agendas in a complex, interrelated fashion and with varying emphasis, depending on parents' interests, pressing need, and individual strengths and goals. There is also, in the accounts of parents and practitioners, a "more than the sum of the parts" synergy in the ways families connect with offered services. We recognize this synergy as it influences engagement, development, commitment and involvement in the life of the centre community. For example, a parent's work on individual problems may be enhanced by participation in a parenting group or a mutual aid group that focuses on women's issues. Or a parent's mandated involvement in a parenting workshop may be enhanced by family therapy and case management that makes it possible to gain critical resources to meet basic needs, as well as attending family centre activities.

The version above tries to account for some of the complex activity of the centre. This version notwithstanding, we are challenged to understand how outcomes are achieved. With comprehensive programmes it is important to describe the pathways, accumulated experiences, and intensity of services that can help us understand what contributes to outcomes. The grid in Figure 2 provides a way to identify point of engagement and to track development through choice and use of interventions. We need to have outcomes that are relevant to consumers – for example, consumers' goals, as they work within each of the domains. In working with multiple goals within the grid, it is possible to link outcomes and to see how certain outcomes can be steps-on-the-way to other outcomes. So, for example, it is possible that involvement in a mutual aid group, the development of a sense of belonging, and self efficacy and group efficacy are all steps-on-the-way to becoming a more competent parent?

# Mediating factors which define synergy

The intervention grid that has just been reviewed describes a range of formal helping relationships that function as part of the family centre's developmental system. Often therapeutic relationships and specific interventions are viewed as the major means by which a participant's development is supported and enhanced. However, such relationships and interventions appear to be half of the picture. As presented in this theory of change, there are other dimensions of centre life which also make up the developmental system of the centre, such as the culture of care and the ways the community works together to support staff and families and to celebrate centre life.

The culture of care includes the way staff work with each other, and how staff are supported by administration. Each family experiences the culture of the centre, that is, they are recipients of the culture of care that the centre as a whole provides. At the same time each family is a participant in this culture, influenced by and influencing the norms and rituals through involvement in activities, participating in governance meetings, and contributing to the daily life and needs of the centre. For one family it may mean helping to develop the centre's library, preparing afternoon tea, and supporting new parents through home visits. For another family it can involve leadership in developing a lending-hand programme and taking a turn in facilitating weekly governance meetings, as well as taking photographs during holidays for all of the centre's families. Other families may be recipients of these contributions for many months before they join in to provide for others in ways that build their confidence and sense of belonging to the centre. All of these activities are part of the centre's developmental system that grows as families become increasingly involved in the family centre's life.

The work of Farmer and Farmer (2001) cited earlier suggests that such a complex developmental system is critical to outcomes, and that there are complex mediating factors that have a part to play. In the foregoing we develop further the idea of mediating factors as they relate to family centre experiences. Specifically, we return to the notion of synergy and explore additional ways in which synergy represents both an outcome and an essential mediating factor, as a product of the developmental

system and as creating the developmental system that supports parents and centre staff.

Case studies from different communities and countries describe how parents and staff value the importance of the family centre community. Some refer to this community as their family. Others speak about the synergy that occurs, and how it all works together. For these parents, this quality of the centre's community influences their participation, engagement, and probably other outcomes. Therefore, it is important to find a means for understanding how the centre staff works together to create community for families. Again, some refer to the idea of complexity, and others to synergy – that previously noted "something" in centre practice which is greater than the sum of its parts and which creates an energy and a permission amongst the parts to interconnect creatively and supportively.

Farmer and Farmer (2001) and others also are grappling with these ideas in the emerging domain of developmental science where psychologists and those in related disciplines seek to understand that complex and correlated world of activities which determine people's positive (people doing better and better) and negative (people spiralling into decline) developmental careers. A parallel contribution that explains similar phenomena is prevention scientists' identification of protective factors that act as buffers to risk, thereby enhancing resilience (Durlak, A. Lightburn & C. Warren-Adamson 1998; Fraser, 2004; Gilligan 2001). Supported by this theoretical work, we propose that the quality of the culture of care and the developmental systems of the family centre represent the correlated world of activities that are protective factors. They are as important as the intervention activities that are represented in Figure 2, the intervention grid (the black box of practice). The quality of the culture of care and the developmental system are inextricably connected and act as the holding or facilitating environment. It is this environment that is important to development and that enables parents to develop a sense of belonging and connection to community. Below we further explore this synergy by drawing conceptually from parents' characterizations of their experiences in centres and utilizing parallel concepts drawn from developmental theory.

## Containment and support

One emerging message from parents is that such centres offer "containment" to them (Ruch, 2004; Warren-Adamson, 2002). The idea of containment is one that belongs to a number of respected theoretical traditions described in detail elsewhere (Warren-Adamson & Lightburn, 2006). It is a concept that is associated with ongoing positive development. Focusing on understanding how containment works, in a similar manner to synergy within the community, will tell us much more about what children and their families think works for them and therefore how we should respond to it. Containment in this sense implies a safe-haven, a holding environment that supports and challenges. It is also akin to Chaskin's (2002) idea of social fabric, and the community programme which becomes the family that does not go away (Lightburn, 2002).

In developing our understanding of how the family centre contains, we initially draw from object relations theory and the capacity of the parent figure to "hold" and "manage" the projected emotions of those being cared for. This behaviour is said to reproduce itself over the life span, especially in times of stress. For the parent, or in this case the centre staff, it implies understanding, being, unconditional love, empathy and challenge, and it creates a creative energy that is responsive, problem-solving and nurturing. Whilst we recognize that the experience of containment can occur between a parent and therapist or staff member, it is also possible for containment to occur because of the centre's functioning as a developmental system, like a family, or like parents. It can also be that the broader community offers containment, through the nurturing that makes it possible for a family to stay the course because others care in a deep and abiding way. Such containment is possible because of the quality of the culture of care that the centre provides.

The focus of our attention is, then, that domain of supportive activity which goes beyond the known effects of specific interventions and which has been identified and struggled with by colleagues over time. For example, Whittaker, Schinke and Gilchrist (1986) introduced the ground-breaking idea of informal social support to account for this hard-to-know world of change; such concepts have found their way,

for example, into the cross-departmental initiative "The Framework for the Assessment of Children in Need and their Families in the U.K." (HMSO, 2000). The challenge is to define support as it works in a family centre community, both in informal and formal ways similar to the way this works for families.

We hypothesize that containment, which parents and staff talk about as an important experience, is a mediating factor that enables parents to remain involved in centre activities, counselling, and working on their personal goals. Containment influences participation and development. It is likely that containment is a primary mediator for change and represents a qualitative dimension of the programmes that has been partly represented as intensity. Research has shown that intense programmes, with continua of care, produce stronger outcomes (Hess, McGowan & Botsko, 2003; Layzer & Goodson, 2001; Nelson, Landsman & Deutelbaum, 1990). And while intensity can be defined in many ways, including number of sessions and available services, as well as service provided over time, it is also probable that intensity refers to the quality of programmes that endure. In fact all of these characteristics contribute to the growth of a developmental system which requires time and nurturing of relationships that would facilitate containment.

Figure 2

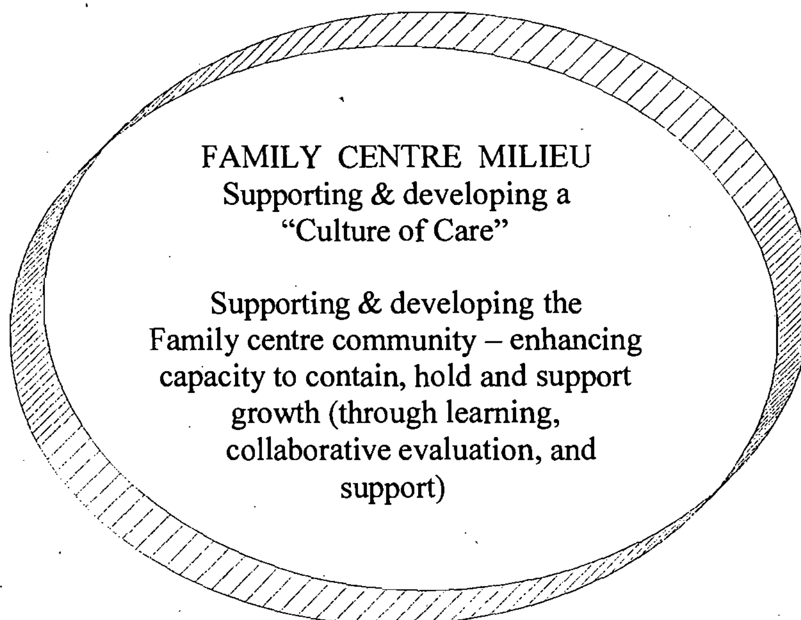
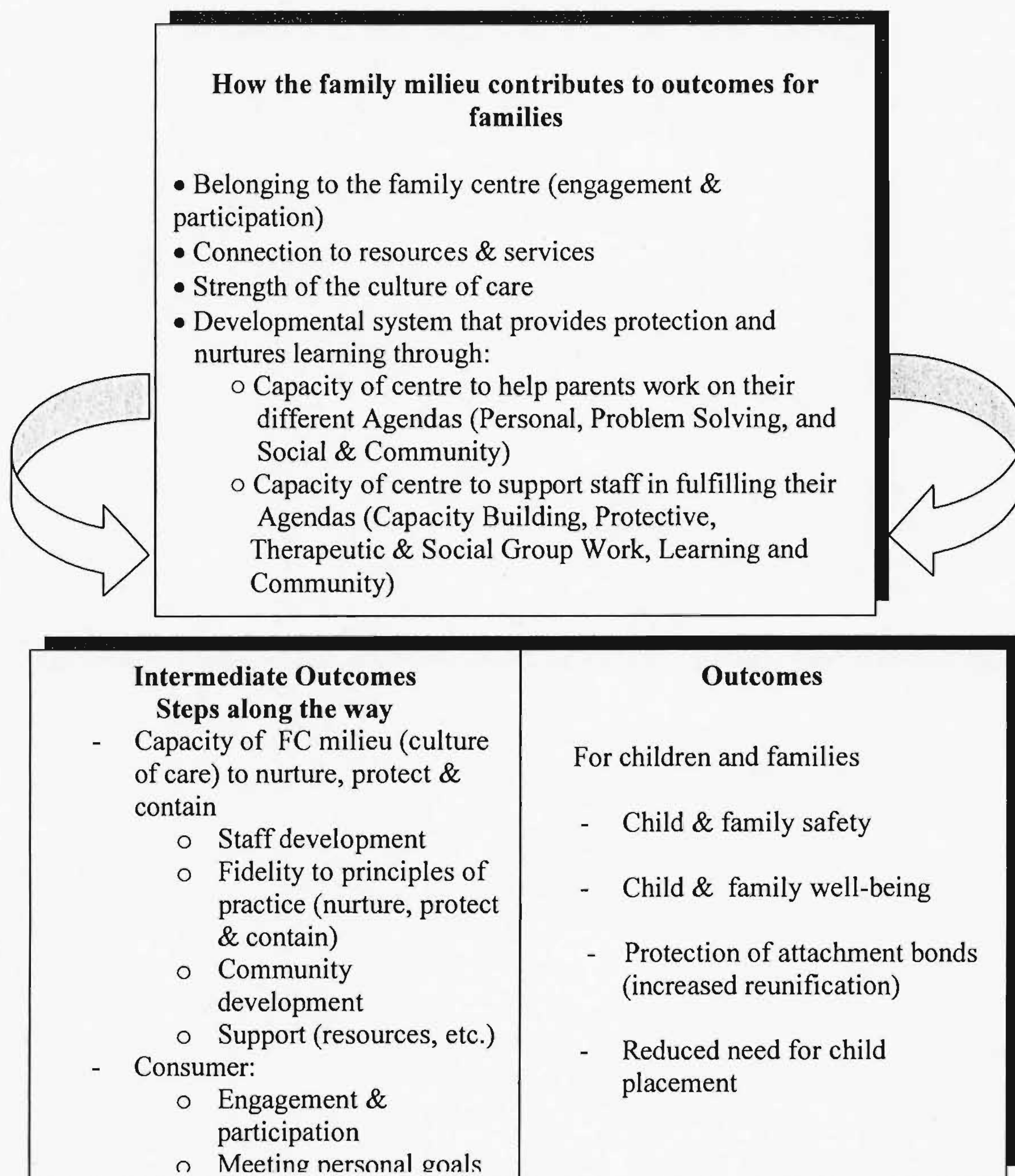


Figure 3



## Revisiting sensitive outcomes

In summary, in Figure Three we describe and give emphasis to the following essential cornerstones of the centre as they are related to achieving sensitive and long term outcomes:

- belonging to the family centre (engagement and participation);
- connection to resources and services;
- strength of the culture of care; and
- a developmental system that provides protection and nurtures learning.

## The developmental system and capacity

We hypothesize that the above-noted developmental system (synergistic and providing containment and a way to belong) will influence parents in meeting their personal goals (determined through participation in services identified in the previously described Figure 1 "Intervention" grid) through work on their different agendas (personal, protective/problem solving, social and community). In a similar way, staff members responsible for the developmental system will have enhanced capacity to support parents, based on their own staff development (the knowledge and skill they have to carry out the work with parents on the different agendas) and the support they receive to implement the mission of the centre to nurture and protect.

Of equal importance to both staff and parents would be their experience of community that depends on the development of the family centre community milieu. A culture of care that holds, heals and empowers requires a dynamic community that enables active participation and responsibility for community life. In particular we also want to highlight the important role of capacity as a transformative factor. Capacity influences how synergy works. The personal development of staff and parents is reflexively related to the evolving culture of the centre.We hypothesize therefore that the quality of the centre's life force or the synergy influenced by the development of the centre and the ongoing development of the capacity of all

involved mediates change. At the same time this synergy can and should be considered as an outcome of change.

We propose that this map of components and relationships that describe our theory of change provides a guide for measuring sensitive outcomes or proximal outcomes that are steps-on-the-way, the building blocks of change. Inherent in measuring these outcomes is the need to ensure that the measures chosen or developed answer the questions that the stakeholders have, and represent their need to identify change, which depends on a co-constructive process elaborated in the next section.

## Summary

We have endeavoured to theorize the complex synergy of integrated family centre practice, and to begin to develop a theory of change enabling us more effectively to plan and evaluate practice. Our theory of change has led us to construct a triangular outcome framework which proposes:

- distal outcomes – the longer term outcomes owned by the agency and its professional stance;
- proximal outcomes – steps-on-the-way as part of the journey of care and change; and
- mediating outcomes – outcomes which are put in place to establish a milieu disposing the centre to effective care and change, and those outcomes which are transformed by – and which emerge from – such a milieu as synergy and containment.

## Design and methods

In order to develop sensitive outcomes, we suggest use of research methods that will support working with this theory of change based in collaborative or co-operative enquiry (Heron & Reason, 2001). While these methods vary in form, they basically involve a participative, user-empowering approach to research which allows for a transformative relationship amongst researcher, practitioner/researcher and user. It

assumes developing capacity in each person so that we are more able to work with enquiry and develop the fullest understanding possible of the helping process and change. The principle of collaborative enquiry is important to this type of outcome research, because the quality of the data depends on participants' involvement, seeking to understand through description and reflection on their own process. At the same time the evaluator has an important role in bringing forward their understanding of how change occurs – a map of the change process that can be used as a reference and guide as their contribution in the co-construction of a theory of change specific and individualized for those involved in the family centre.

The co-construction of sensitive outcomes will be enhanced by a theory of change supported by theory (such as eco-systemic theory, developmental theory, developmental and prevention science) as referenced in our examples of theory of change for family centre practice and evaluation (Warren-Adamson and Lightburn, 2006). In describing the interventions of the black box of practice and the mediating factors that influence the dynamic organism of the family centre community evaluators will make valuable contributions to our understanding of how family centre practice and family centre communities help families change and grow.

Qualitative methods are productive means for developing the thick description, in the tradition of Geertz (1975) that will provide the base for analysis enabling identification of both sensitive outcomes and those distal outcomes that are chosen by participants and staff. Experience has shown that use of narrative process, that is, posing questions that facilitate the development of story and critical incidents, provides the detail that is a rich resource for following developmental pathways and understanding inter-connections amongst all parts of the family centre. It is also useful to create an oral history of involvement with the family centre, so that parallel lines of development for parents and staff can be identified and analyzed.

In order to assist practitioners in understanding their process, it is helpful to examine the proposed intervention and the desired outcomes with the evaluator. Exploration of mediating process, such as "containment," is suggested, as this contributes to the synergy, the "more than the sum of the parts" that characterizes dynamic interactivity of the centre important to parents' outcomes. In addition to accepted longer term

outcomes – for example, changed behaviour in child, confident parenting, avoiding or establishing more appropriate foster care, developing improved contact between child and absent parent, helping the child to return to parent – the evaluator/researcher needs to negotiate with the practitioner to look at outcomes that are rarely examined. These are the steps-on-the-way, descriptions of the experience of the care received in the centre, as well as descriptions of parents' goals, accomplishments, and belonging and work in the family centre community. Such an approach assumes that the researcher is well versed in this field and has good interpersonal skills to enable a richly told story to develop through an exploration of the processes involved in reaching sensitive outcomes that are shared by practitioner's and user's activities over time.

We expect that in working collaboratively with stakeholders to build and analyze qualitative data we shall lay bare a richer world of mediating activity and describe sensitive outcomes as a more effective way of understanding and documenting evidence of change. This very brief review of research methods points to research traditions that will be useful for evaluators as they develop outcome measures that are "sensitive enough" and truly capture developmental process that has been documented in family centre case studies.

## The future

The territory of child welfare practice and policy is dominated by procedure, defensiveness, protection and policing, and a loss of faith in practice (Parton, 1997). Family centres, on the other hand, are a reportedly successful mechanism in supporting children and their families in neighbourhoods. Internationally, centres appear to be a healthy phenomenon, making sense of principles of social inclusion (Warren-Adamson, 2002b). Centres have developed as central resources in impoverished communities (Halpern, 1999; Lightburn & Kemp, 1994; Schorr, 1997). There is much to be learned from cross-national comparisons of community-based programmes, such as family support centres, that seek to mediate the stressors, negative life experiences, risks, and challenges facing families. To further our understanding of centre practice, we have advocated for more useful ways of

identifying sensitive outcomes to inform practice and theory development based on a theory of change. We support cross-national collaborative inquiries as a means for ensuring that sensitive outcome measures are developed based on stakeholders' involvement. At the same time we are hopeful that use of a theory of change will lay the ground work for cross-site and cross-national evaluations to assess the effectiveness of these comprehensive community programmes that are an important resource in child welfare and early intervention services.

## References

ALDGATE, J. (2002). Evolution not revolution: Family support services and the Children Act 1989. In H. WARD,&W.ROSE (Eds.), Approaches to needs assessment in children's service (pp. 147-168). London: Jessica Kingsley Publishers.

CANAVAN, J., DOLAN P.,& PINKERTON, J. (2000). Family support: Direction from diversity. London: Jessica Kingsley Publishers.

CASH, S., & BERRY, M. (2003). Measuring service delivery in a placement prevention program: An application of an ecological model. *Administration in Social Work*, 27(3), 65-85.

CHASKIN, R.J. (2002). The evaluation of "community building": Measuring the social effects of community-based practice. In A.N. MALUCCIO, C.CANALI, & T.VECCHIATO (Eds.), *Assessing outcomes in child and family services – Comparative design and policy issues* (pp. 28-47). New York: Aldine de Gruyter.

COMER, E., & FRASER, M. (1998). Evaluation in six family support programs: Are they effective? *Families in Society*, 79(2), 134-148.

DURLAK, J. (1998). Common risk and protective factors in successful prevention programmes. *American Journal of Orthopsychiatry*, 68(4), 511-520.

FARMER, T.W., & FARMER, E.M. (2001). Developmental science, systems of care, and prevention of emotional and behavioural problems of youth. American Journal of Orthopsychiatry, 71(2), 171-181.

FRASER, M.W. (Ed.) (2004). Risk and resilience in childhood – An ecological perspective. Washington, D.C.: NASW Press.

GARBARINO, J. (1987). Family support and prevention of child maltreatment. In S. KAGAN, D. POWELL, B.WEISSBOURD,& E.ZIGLER (Eds.), *America's family support programs* (pp. 99-114). New Haven, CT.: Yale University Press.

GEERTZ, C. (1975). *The interpretation of cultures*: Selected essays. London: Hutchinson.

HALPERN, R. (1999). *Fragile families, fragile solutions*. New York: Columbia University Press.

GILLIGAN, R. (2001). Promoting positive outcomes for children in need: The assessment of protective factors. In J. HORWATH (Ed.), *The child's world* (pp. 180-193). London & Philadelphia: Jessica Kingsley.

HERON, J., & REASON, P. (2001). The practice of co-operative inquiry: Research 'with' rather than 'on' people. In P. REASON,& H.BRADBURY (Eds.), *Handbook of action research: Participation, enquiry and practice* (pp. 179-188). London: Sage Publications.

HESS, P., MCGOWAN, B., & BOTSKO, M. (2003). *Nurturing the one, supporting the many*. New York: Columbia University Press.

HOWE, D. (1987). *Introduction to social work theory*. Aldershot, UK: Ashgate.

HMSO (2000). The framework for the assessment of children in need and their families. London: HMSO.

IREYS, H., DIVET, K.,& SAKAWA, D. (2002). Family support and education. In B. BURNS,& K. HOAGWOOD (Eds.), *Community treatment for youth: Evidence-based interventions for severe emotional and behavioural disorders* (pp. 154-176). New York: Oxford University Press.

LAYZER,J.,&GOODSON, B. (2001). *National evaluation of family support programs*. Cambridge, MA: Abt Associates.

LIGHTBURN, A.,& KEMP, S. (1994). Family support programmes: Opportunities for community-based practice. Families in Society: *The Journal of Contemporary Human Services*, 75(1), 16-26.

LIGHTBURN, A. (2002). Family service centers: Lessons from national and local evaluations. In A.N. MALUCCIO, C.CANALI, & T.VECCHIATO (Eds.), *Assessing outcomes in child and family services – comparative design and policy issues* (pp. 153-173). New York: Aldine de Gruyter.

LOCAL GOVERNMENT ASSOCIATION (2002). *Serving children well: A new vision for children's services*. London: LGA Publications, the Local Government Association.

MCCROSKEY, J., & MEEZAN, W. (1998). Family-centered services: Approaches and effectiveness. *The future of children: Protecting children from abuse and neglect*, 8(1), 54-71.

NELSON, K., LANDSMAN,M.,&DEUTELBAUM, W. (1990). Three models of family centered prevention services. *Child Welfare*, 69(1), 3-19.

PARTON, N. (Ed.) (1997). Child protection and family support. London: Routledge.

PECORA, P., FRASER, M., NELSON, K., MCCROSKEY, J.,& MEEZAN, W. (1995). *Evaluating family-based services*. New York: Aldine de Gruyter.

RONNAU, J. (2001). Values and ethics for family-centered practice. In E. WALTON, P.SANDAU-BECKLER,& M. MANNES (Eds.), *Balancing family-centered services and child well-being* (pp. 34-54). New York: Columbia University Press.

RUCH, G. (2004). Reflective practice in contemporary child care social work. Doctoral Thesis, University of Southampton, England (unpublished).

SCHORR, L. (1997). *Common purpose: Strengthening families and neighbourhoods to rebuild America*. New York: Doubleday.

STROUL, B. (1996). *Children's mental health: Creating systems of care in a changing society*. Baltimore, MD: Paul H. Brookes.

WARREN-ADAMSON, C. (2002a). Applying a parenting scale in family resource centres – challenges and lessons. In T. VECCHIATO, A.N. MALUCCIO, & C.CANALI (Eds.), *Client and program perspectives on outcome evaluation in child and family services – A cross-national view* (pp. 120-134). New York: Aldine de Gruyter.

WARREN-ADAMSON, C. (Ed.) (2002b). *Family centres and their international role in social action – social work as informal education*. Aldershot: Ashgate.

WARREN-ADAMSON,C.,&LIGHTBURN, A. (2006). Developing a community-based model for integrated family centre practice. In A. LIGHTBURN, & P. SESSIONS (Eds.), *The handbook of community-based clinical practice* (pp. 261-284). New York: Oxford University Press.

WARREN-ADAMSON,C.,&LIGHTBURN, A. (in press). Evaluating family centres: sensitive outcomes in cross-national studies. In A.N. MALUCCIO, C.CANALI,&

T.VECCHIATO (Eds.), *Measuring success in child welfare*. London: Oxford University Press.

WHITTAKER, J.K., SCHINKE, S.P., & GILCHRIST, L.D. (1986). The ecological paradigm in child, youth and family services: Implications for policy and practice. *Social Services Review*, 60, 483-503.

**Paper 5e - Warren-Adamson C. (2006) Accounting for change in family centres: making sense of outcomes in clayhill family centre. *International Journal of Child and Family Welfare,* Vol 9, No 1-2, June, 79-97.**

Also, Warren-Adamson C. (2007) Accounting for change in family centres: making sense of outcomes in clayhill family centre. In M. Berry (Ed.). *Identifying Essential Elements of Change: Lessons from International Research in Community-based Family Centers.* Pp. 88-102, Leuven: Beligum: Publisher ACCO (Academische Cooperatiieve Vennotschap cvba) University of Leuven Press.

As part of the collection of studies above, this reports on a case study of one family centre in Southampton. Inter alia, it problematises the nature of distal, proximal and mediating outcomes and their inter-relationship. For the first time, it introduces complexity theory as a potential explanatory framework.

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6650 words

# Accounting for Change in Family Centres

CHRIS WARREN-ADAMSON

## Abstract

This paper reports on a small exploratory case study of family centre practice examining in particular the nature of proximal or process outcomes claimed by a mother and two practitioners following two productive years during which a mother and family have been in contact with the centre. This study looks to understand proximal processes from an outcome perspective through case study and particularly by examining the narrative accounts of practitioners and mother. The national and local contexts are explained along with the centre's programmes and aims. The author acknowledges the components of a theory of change as a basis for the search for outcomes as "sensitive outcomes" or "steps-on-the-way". Thereafter the paper reflects on the methodological challenges involved and considers issues a research team or collective might take into account in exploring the domain of sensitive or process outcomes in centre-based practice.

Key words: family centres, children's centres, theory of change, process outcomes.

This paper reports on a small exploratory case study of family centre practice examining in particular the nature of proximal or process outcomes claimed by a mother and two practitioners following two productive years during which mother and family have been in contact with the centre. Bronfenbrenner asserts that developmental change relies upon proximal processes,influenced by ever widening and connected systems (his theory of nested systems – Bronfenbrenner, 1979). This study looks to further understand proximal processes from an outcome perspective through case study and particularly by examining the narrative accounts of practitioners and mother. I am concerned to know what story such an enquiry tells us about change. In the foregoing I shall endeavour to give an account of the development of family centres in the UK looking at the uneven picture of centre practice provided by research. I shall then proceed to explain the centre in question, to give the family's background story, summarise methods and their relationship to a theory of change, and report on early findings and discussion. First, Jessie's story.

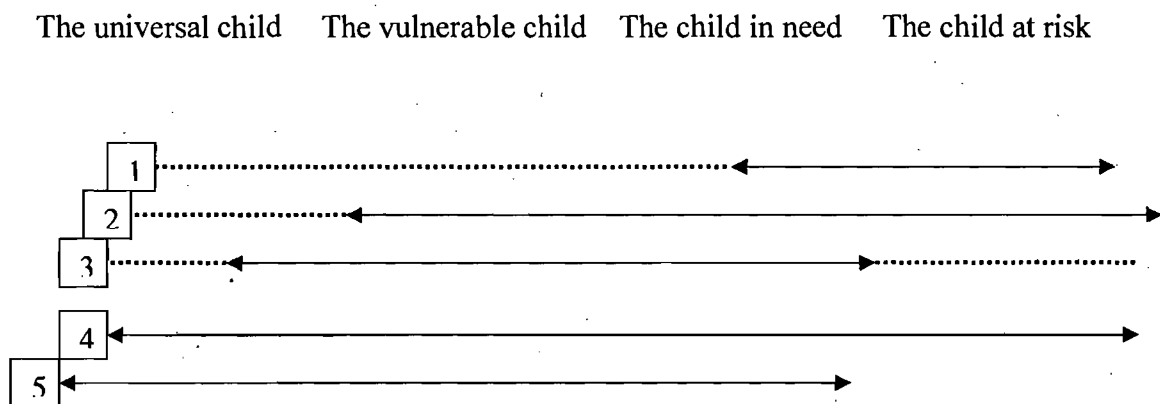
Jessie had a lifetime of difficulty and much of her adult life in touch with welfare agencies. When a social worker referred her to the family centre she had lost a partner, was in debt, her four children 6-16 were beyond her control, one rejected in care, protection concerns, and she had intermittent depression. Jessie engaged with the centre despite her resistance and antagonism. An early parent group held her, as well as some recreational events. Thereafter, there were periods of intense contact with the centre and periods of her rejection of the centre. Gradually, whilst repeating a pattern of love and rejection for the centre, she developed a new self-respect, made important relationships with centre workers, regained some new respect from her children, took initiative and some sort of control, collaborated with her son and his foster-home, became a shared parent, and enjoyed herself. For Jessie, centre-based practice appears to have been transforming.

## Centre-based practice

Centre-based practice embraced initially family centres, family support centres, family resource centres, and some residential family centres. In the UK, under New

Labour, children centres, early years centres, and activities associated with extended schools, have equal claim to be part of the centre-based movement. Centres in this context are associated with a community building or base, early years intervention, multi-method, multi-activity, are 'ecological in their approach spanning child, parent-child, family, neighbourhood and community. Centre-based practice targets children needing protection and those "in need" (Children Act 1989 UK S47/S17) – categories traditionally associated with child welfare services – and a broader category known as "the vulnerable child". Such children merge into the mandate of education authorities.

See Figure 1 below.




Designed by Mark Greening, Chimneys Family Centre, Brighton and Hove Council.

## Varying targets of family centres.

Experience would postulate that most family centres embrace the spectrum of need as in (2) and sometimes (3) above. A minority of centres as in (1) occupy a very specialist space. Some highly integrated centres associate more with (4). Children's centres (5), whilst risk aware, are, for the moment, clients of a social education movement which does not specialise in managing highly disorganized families with children at great risk.

## The national context

Success has many parents and any amount of people will claim to have run the first family centre, or to have been in the first cohort. The Children's Society has a good case to claim to be the initiator of the first centres in the UK, in or about 1978 (see Phelan, 1983). Such was the success of the family centre that it became enshrined, with a duty to provide, in England and Wales legislation a decade later (Children Act 1989, Schedule 2 para 9). So, there has been a pre-and post-Children Act era in the lifetime of what might be called 'the family centre movement' (Warren, 1986). However, the movement has lived also in two political contexts, 1979-1997 and 1997 onwards, and if anything these have been more significant. In context one (1979-1997), centres were run by or sponsored by social services departments and, whilst associated with the preventive and risk agenda of those departments, centres also associated themselves with social justice, pre-school and community development. It was nonetheless the era where the welfare culture rather than mainstream education took on supporting families at the margins. There has always been something of a tension between the agendas of welfare and education and many early years/early education protagonists saw the family centres as supplanting pre-school development, in tune with the politics of that era.

In context two (post 1997), under New Labour, we celebrate for the first time the development of a child care strategy (Lewis, 2003; Lister, 2003) and the leadership of education in early child care and family matters. In this era, family centres have been challenged by the changing leadership, the approaching end of social services departments, and by the reductionism of welfare, and its preoccupation with risk. A new centre-based practice emerges at the start of the new millenium, associated with children's centres, early excellence centres, early years centres. With the emergence of the new centres we appear to have the basis of a centre-based practice which embraces the whole spectrum of need (see Figure 1). Family centres and children's centres occupy various positions on the spectrum in terms of their primary activities. Some have covered the range, others occupying more specialist positions. But all

have found themselves embracing the whole of the spectrum in terms of secondary activity, for example, in their concept of 'family', in inter-agency work, in extra-centre and community development, and in inter-disciplinarity.

## Research studies of family centres

Centre-based research faces the ecological problem – how to measure change in complex systems of care. Typologies abound in early studies of family centres (Phelan, 1983; Warren, 1986; Gibons, et al., 1990; Cannan, 1992; Smith, 1996). They are characterised by a large number of descriptive studies and user voice. Two of the strongest of these have been Gibbons (1990) and Smith (1996) arguing the case for the maintenance of open access as a way of approaching the wide needs of families without deterring many through stigma. Batchelor, Gould and Wright (1999) reflected rather more robust findings in a case study of two centres and made recommendations which argued for the continued development of a centre model which was integrative and needs-led. In the re-balancing of protection and support debate, family centres have a part to play. Spratt (2003) interviewed practitioners and families, and Pithouse and Tasiran (2000) used statistical methods to show how centres adopted a support paradigm in their approach. There was no control group though outcomes were compared with comparable studies in other settings. As for outcomes, Fernandez (2004) describes her multi-method approach as outcome research. She, and Warren-Adamson (2002) employed scales and reported on their ineffectiveness over time as well as insufficient negotiation with stakeholders. Pithouse, Holland and Davy (1999) tracked the progress of 41 families who attended a referral-only centre for up to two years. There has been a serious lack of outcome studies which this collection seeks to address.

## Centres as complex systems of care

Centres are complex systems of care and, whilst client and practitioners' narratives time and time again attest to change, progress, protection and increased well-being, understanding change is immensely difficult. As we have said, the focus of our attention is upon that domain of activity which goes beyond the known effects of

specific interventions. Elsewhere in this collection (Lightburn and Warren-Adamson) we have begun to develop and extend our theory of change by endeavouring to understand the sum of all who participate in the centre, a synergy, or something greater than the sum of the parts. We call that the milieu. It is a particular place and it implies a number of characteristics. All of the above implies a complex reciprocal, reflexive system which cannot be explained in linear terms. It is a developmental system and, according to Bronfenbrenner (1970), development relies upon proximal processes, the active involvement in progressively more complex, reciprocal interaction with people, objects and symbols in the individual's immediate environment, which he likens to the complex reciprocity of a game of ping-pong.

## Towards a conceptual framework

Thus, in order to begin to make sense of the centre's developmental world and what works for people, we would do well to find ways of identifying these constituent qualities, Bronfenbrenner's proximal processes. With other colleagues in this collection we have called them sensitive outcomes or steps-on-the-way (to longer term outcomes). Our focus of study is family and children's centres. We are trying to capture the constituent elements – as sensitive outcomes – of a complex culture of care which we can consistently claim results in unique but broadly acceptable outcomes for families required by agencies. Identifying such outcomes is a challenge to which I now turn by examining the narrative of a mother and two practitioners in an inner city family centre.

## Organisational/Community context

This is a local authority resource, with a remit to assist those of highest need within the Children and Families section of the City Council. There are ten staff – a manager, reception worker, social workers, family support workers – and additional sessional workers. The centre engages in child protection work, children in need, and elements of preventative/support services. Its aims are,

To provide a range of early intervention and to support therapeutic service to families, thereby hoping to maintain children safely within their families and preventing the need for them to be looked after or left at risk of significant harm.

To make links with other family support services promoting a range of services at all levels to ensure the help they need.

According to the agency, Clayhill Family Centre offers a range of services to promote the welfare of children within the family. "We provide a welcoming and friendly environment to enable us to work in partnership with children, families, carers and the agencies. We aim to offer a flexible service, which respects the cultural and individual needs of everyone who is involved with the centre. Our approach is very much about enabling service users to engage, contribute, be heard and understand what is happening by involving them in contract/agreement meetings, planning meetings, completion of and signing assessment and re-assessment plans and completion of questionnaires once work is completed. The work entails setting specific and hopefully realistic objectives in the work as well as setting timescales linked to expected outcomes" (Clayhill Family Centre, 2005).

Approaches include Family Work, Parent/Child Game, Group Work, Parenting Skills Group, Positive Parenting Group, Stepping Stones Group, Men's Group, All Day Group, Positive Behavioural Group, Women's Group, Learning Disability Group.

## The Referral

Jessie is dismissive of the contribution of "office-based practice" to her progress, and our only image of it is fleeting, procedural and regulatory, although there was a brief but crucial episode when an office-based worker conscientiously took trouble to introduce Jessie to the centre. I do not think we know much about the inter-relationship between the two practice sites. Looking at sensitive outcomes may help to show the differences between these two sites. Jessie's long-term involvement in the centre is unusual. Agency pressure is for defined, often short timescales. Jessie on the other hand is long term – because of the nature of her family issues and because she is

experienced as rewarding and making progress. In this long-term world, the review process has drifted and with it the opportunity to negotiate agreement between centre and family about what have been longer-term satisfactory outcomes.
Jessie has had contact with the centre for more than two and half years. Her contact has included introductory key worker discussion, membership of women's group, social events, problem solving a series of critical events – managing her two adolescent daughters, managing her son in a foster home, debt, depression and getting out of bed, and disastrous relationships with temporary partners. There was a second phase where practitioners co-worked; Farida concerned herself with Jessie's practical world, visiting her at home and escorting her to a variety of agencies, and Tom pursued a more formal counselling/therapeutic relationship. In the study phase, Jessie is continuing with her monthly counselling sessions with Tom, and she is preparing for a family session with the one-way mirror, involving several centre staff, to tackle the enmeshed, triangular tension existing between her, her oldest daughter and her boyfriend, who live with Jessie. Farida is involved in escorting Jessie to school to negotiate on behalf of her early adolescent daughter, and in the coming month will accompany Jessie to the foster placement review. This is anticipated with less anxiety because understanding between Jessie, her son, and foster carer has reached a new harmony.

Enquiry consisted of two primary approaches a) interviews with manager and key staff and review of documentation in order to understand the general context of the centre, and b) a collaborative enquiry approach (Heron & Reason, 2001) involving mother Jessie and her co-workers Tom and Farida. I met with Jessie over four and a half months, at the beginning, middle, and end of the period to tape our discussion of her experience, sessions of about an hour and a half. Also, I met with co-workers Tom and Farida fortnightly for an hour and half over more than four months to tape case discussion. Grounded theory and thick description offered the discipline at this stage to engage in an iterative process – agreeing the shape of process outcomes, through discussion, dispute, agreement (Glaser & Strauss, 1967; Silverman, 2001; Charmaz, 2006). Tom and Farida received copies of the transcripts. Jessie reads with difficulty and did not receive transcripts; instead she attended a feedback meeting. We categorise our material simply as follows:

| The centre milieu and its outcomes | |
|---|---|
| Parent frame | Practitioner frame |
| Examples<br>... best thing I ever did... I don't have much to do with the social services... and I know these are (Social Services too)...but I wanted to be left with these and not like social workers... [3]<br>... back then it was like oh we'll take the kids... nowadays its let's keep the kids with the families... I really rebelled against them... I hated them... [3]<br>(Re child in foster care... Reviews... for like two weeks before their actual meeting they're there for you... oh do you need us for anything you know we'll arrange this?... the minute the reviews are over you don't see them for dust... [3]<br>... she tends to help me with the children side of it... she's tried to get finance for like to help my kids go swimming... and the D group where they do furniture [4, 14]<br>... (re therapists) I never got hardly anywhere with them but this time round with A he just takes all the crap that I give him and he's very good at what he does sometimes he's a bit oh I dunno too and I was like ooh yeah but other times he's like you know he's really good... [7, 14]<br>Re therapy (with A) it's more friendly and the environment it's more, it's not like constantly looking at the clock going hh you know... he's more flexible...it's more their whole environment...<br>[4, 6, 9, 14] | Examples<br>... I think M loves coming here because it is so different from what she has at home, what she had as a kid and she and it makes her feel valued I think... but you cant carry on doing it for the rest of... life, can you... or for that childhood length of time... so therefore we start tightening up and trying to be more specific...<br>[4, 6]<br>... she was very tearful and everything seemed to get on top of her and she was not feeling well in herself and feeling bored with her life... disappointed she hasn't been able to get a job... [6]<br>(re potential partner)... she wants someone to come and take command and surprise her and go for meals and do all those sorts of things... the sort of things she has never really had... the treats and surprises... [6]<br>... one of the things I found really useful this week was the fact that I'd seen J on the Tuesday and I knew you were seeing her on the Wednesday and we were able to have a quick chat because there were things that wanted you to address with her...<br>[7, 8, 9]<br>... so I am going along with her on Thursday to the Lone Parent Employment to explore what she can do... [4, 14]<br>... in some ways she is still as a young child, wanting her parents to sort it out... [4] |
| **The family journey and its outcomes** | |
| Parent frame | Practitioner frame |

| Examples<br>... this time round about 3.5 years ago... I desperately needed<br>the help... I think (son) was going to therapy because he'd got<br>ADHD and he was like " go counselling and I was like oh I've<br>been to a family centre before but I just rang up... [11, 14]<br>... I was in dire straits and they just came along and they magically<br>wanded... [11]<br>... I was a total wreck and I think what woke me up was my<br>oldest daughter at the time... took over the role of my job, she<br>as dealing with the kids... and a year and a half down the line I<br>started getting better and I was like wakening myself up... all<br>that schooling she's missed out on... [11]<br>... all the control I had before just went out the window... this<br>time round... I'm not saying it's fully back but I have some control<br>now rather than no control... [11]<br>... he said try it and his approach would be "talk, talk to them,<br>don't scream at them" and I goes they don't know no different...<br>and he goes" that's the point they start screaming at<br>you... and you're doing exactly what you were doing" [8, 14]<br>... rather than keeping it up I slip again but I know that it works<br><br>when I do it... [6]<br>... I mean I'm illiterate I can't, em, I have writing equivalent of<br>a 6 year old... and she helps me fill forms out, she helps me,<br>em, she advises me and stuff... [8, 14] | ... she seemed to sort of get the idea that she was actually splitting<br>off these bits of her and giving them to somebody else and<br>um because she couldn't actually bear herself and um y'know<br>sort of reclaim some of these bits but deal with them and um in<br>that way she might actually end up happy with herself... [8, 14]<br>... we talked about how actually when she asks him to do something<br>which is an adult thing, in an adult way he actually can<br>change... which I think is a healthy thing to do... [8, 11, 14]<br>... but I think she thinks more about what she does... she's still<br>able to go back and recognise so that in itself is a move... [11,<br>14]<br>... last week she took them all swimming which was a great<br>achievement... that included C the eldest daughter... I remember<br>her describing taking the family out and what a nightmare it<br>was... (just) going down the road... [11,<br>14]<br>... the larger outcomes I can see in terms of " right we want to get<br>J back home", are very clear. But in terms of oh well, some of<br>them are plannable like "getting M to phone up the school rather<br>than us phoning up the school" (and some are unplannable) [9]<br>... I'd like to think there are emotional outcomes as well as<br>practical outcomes... [11]<br>... help her not to shout... that to me is a small clear outcome...<br><br>[11]<br>(... re child fostered)... she's carrying on seeing him regularly...<br>now she's seeing him over the weekend... that was her decision...<br>she seems to be more relaxed in talking |
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| | |
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| | about it now... [11]<br>... I'm in quite close contact with the school nurse about A and<br><br>because there are lots of problems about her personal hygiene<br>and self esteem... so she is currently seeing her and giving her<br>some support... [3]<br><br>... particularly separating out the counselling and the practical<br>parenting... I think in (centre's practice consultant's) eyes that's<br>a dangerous sort of separation in terms of "splitting" [8]<br><br>Whereas now I think we've moved on a little bit with that, with<br>the practical bits anyway and because she's, we've talked, so<br>much about how you should do it, she does now know... [11]<br><br>... business of getting them to school... is a medium outcome...<br><br>[11]<br>... I often find that I make suggestions and talk through the idea<br>and she'll rant and rave at me and tell me how impossible it is<br>and that I have absolutely no idea what it's like living there and<br>the next week I'll go and she'll say "oh by the way, I tried such<br>and such and it did work, but it's almost that she's got to think<br>it through and she wont accept it immediately... [8, 11]<br>... the larger outcomes I can see in terms of " right we want to<br><br>get J back home, very clear. But in terms of oh well, some of<br>them are planneable like "getting M to phone up the school<br>rather than us phoning up the school"[6]<br><br>... (coming to the centre) it made her days |

| | |
|---|---|
| | shorter... she likes to have a purpose every day... if there's nothing happening she doesn't see any reason to get up... [8]<br><br>... I saw her on Tuesday and it was a difficult session really... very tearful... talking about J & A's education and their frustration at the system... and I came out immediately and rang the school nurse and said, " How are things, they must be really bad", and she "No, no, things are going fine, really."[3]<br><br>... I think the rest of my work will be looking at the Easter holidays and exploring what she can do with the children and encouraging her to get up in the mornings rather than leaving A in charge of W. [8]<br><br>... and try and plan ahead so she doesn't get anxious about<br><br>what's coming so she can plan it herself and work it through... [8]<br>... I'll wait for her to come up with alternatives or her own ideas but if she's struggling well I can say "oh that'd be nice but what I could do is I could pick you up and drop you off"... [8] |

Figure 2
Examples of sensitive outcomes.

I met with the two workers fortnightly, as full partners in the enquiry. They have read the theoretical material about a theory of change above and are deeply curious about the idea of sensitive outcomes. They talk together about the progress of the intervention and initially tried to talk in terms of outcomes. They found that difficult, and opted for a more discursive, storying of their work. They enjoyed the re-focus the research process brings with it, enhanced by the tension of the ever-present tape recorder. The researcher occasionally prompts, and sometimes there is threesome talk.

At the end of the session we discuss outcomes and goals for the coming fortnight's intervention. Before long they seem and claim to be relaxed and un-selfconscious.

Talk with the practitioners is laced with the assumptions of centre-based practice and it is not easy for them to make explicit what they do. They talk about Jessie and her children and what they need in order to change behaviour. Tom considers Jessie's behaviour and reflects on the counselling process. He is concerned with 'splitting' at the moment (a term drawn from object relations theory describing a process used to set one helper or parent up as the good parent, the other the disappointing bad helper/parent). So, too, is Farida, but she is also concerned about one of the children and the link between home and school. And she is pleased that her efforts to encourage Jessie to go swimming are successful. That which is in place, the centre and its warm receptiveness, its resources, its impact on their intervention, is more implicit. Tom and Farida's exchanges are characterised by their close knowledge of each other and seem to engage in a three-fold process a) quest for meaning in family behaviour b) a place to table doubts and c) planning and agreeing intervention.

Three interviews to date with Jessie offer insights into the assumptions of practice. Initially she tells her story, but later gets the idea the researcher is interested in the whole centre and its impact on her. Initially she talks of Tom and Farida – for her they are parents, "one on each shoulder" – and we elaborate that. Then we consider what is different about this service at the centre from previous times' settings; e.g. she has had counselling before. How can she account for her current receptiveness? How the centre helped her overcome major resistance? We talk of the building, its walls, its colours, its story of activity, Billy on reception, always there, reliably, a front door which she now feels easy to push on, and so on.

## Findings

Jessie's narrative provides a more immediate and explicit account of her process world. Initially she is preoccupied with a historical account of her journey of empowerment (Warren, 1997) and its extraordinary success. Thereafter she settles and paints a vivid picture of the day-to-day successes. Jessie's talk is largely constituted of

'steps-on-the-way' talk. Tom and Farida are different and whilst there is overlap – they mention in passing small and important steps – their talk is interpretive, of changing behaviour, and their quest to understand it and influence it. For example:

Jessie's emphasis:

- Engagement

"The beginning group, it was just about this group, how we could help each other with our problems...well I sat there like a mute most of the time... I enjoyed it... friendly... and I didn't feel I was on my own... the whole lot of us felt it wasn't long enough... it was nice hearing that what men suffered is what us women suffered too..."

Jessie identifies the group as especially formative although the narrative in general points to
a process and a host of events, attitudes, and repeated symbols influencing engagement.

- Invisible parent

"I can't remember who the social worker was who introduced me, showed me round, introduced me to the staff, and the second I walked in the door..."

This is a consistent theme; as well as Tom and Farida there are several unremembered people who contribute to Jessie's journey.

- Holding as sustained commitment

"... I think what keeps me going with this place, they just don't give up..."

- In control

"All the control I had before just went out the window... this time round... I'm not saying it's fully back but I have some control now rather than no control ... he said try it and his approach would be 'talk to them and don't scream at them' and I goes 'they don't know no different...' and he goes 'that's the point they start screaming at you' and 'they're doing exactly what you were doing'."

- Proceduralism

"(Re: child in foster care)... Reviews... for like two weeks before the actual meeting they're there for you... oh do you need us for anything you know we'll arrange this?... the minute the reviews are over you don't see them for dust..."

In a policy context which presses for adoption or reunification, the parties instead are able to construct a negotiated, shared care arrangement.

- Containment as management of anxiety and a sense of being parented

(Re: therapy and Tom) "I hardly get anywhere with them but this time round with Tom he just takes all the crap that I give him and he's very good at what he does... sometimes he's a bit... I dunno... too and I was a bit like oh yeah but other times he's like you know really good..."

"... It's more friendly and the environment it's more, like, not constantly looking at the clock going hh you know... he's more flexible... it's like their whole environment."

"They're like my parents... one on each shoulder..."

A powerful message, mindful, amongst others, of Shuttleworth's clarification of the idea of the parent containing the challenge from the maturing child. It applies as much to the overall role of the centre as to that of the parent (Shuttleworth, 1991).

- The sensitive delivery of a range of interventions – the practical and not only the what but the how

"... she tends to help me with the children side of it... she's tried to get finance for me, for like to help my kids go swimming... and the D place where they do furniture."

- The centre as more than Tom and Farida, as a sustained beacon in Jessie's life

"I don't know, it's just where I feel so comfortable...and I walked in the door today and I can't think of her name but she goes 'Oh alright Jessie? How are you?"

Farida and Tom's emphasis:

- A quest for meaning and understanding in their intervention

"In some ways she is still a young child wanting her parents to sort it out."

- Thinking about needs

"... she wants someone to come and take command and surprise her and go for meals and do all the sorts of things... the sorts of things she has never really had... the treats and surprises... "

- Thinking about outcomes – planned and unplanned

"the larger outcomes I can see in terms of 'right we want to get son back home' are very clear. But in terms of oh well some of them are planneable like getting Jesse to phone up the school rather than me...some are unplanneable."

- Measurement of satisfactory outcomes in terms of emotional change, being and being purposeful

"... I think J loves coming here because it is so different from what she has at home, what she had as a kid and she and it make her feel valued I think... but you can't carry on doing it for he rest of your life, can you... or for that childhood length of time... and so we start tightening up and trying to be more specific."

- Examples of adult behaviour and improved negotiation

"we talked about how actually when she asks him to do something which is an adult thing, in an adult way he can change... which I think is a healthy thing to do."

"(Re: child fostered)... she's carrying on seeing him regularly...now she's seeing him over the weekend... that was her decision... she seems to be more relaxed in talking about it now..."

- Jessie's emphasis above is also reflected in Tom and Farida's account but it is more implicit.

Farida says:
"... last week she took them all swimming which was a great achievement... that included C. the eldest daughter... I remember her describing taking the family out and it was a nightmare...just going down the road."

"I'll wait for her to come up with alternatives or her own ideas but if she's struggling well I can say 'oh that'd be nice but what I could do is I could pick you up and drop you off... trying to deal with those little things which are huge (to her)."

## Discussion

Haigh's (1999) components of a therapeutic community resonate in the above. In summary they are: a) attachment and a culture of belonging b) containment and a culture of safety, c) communalism – in which it is easier to make mistakes and not to feel persecuted, d) participation, e) a culture of empowerment which recognizes the

deep power of the individual, and resists proceduralism. They are promising categories. However, complexity has been a consistent theme of this small study, and complexity theory may further illuminate a theory of change.

Complexity theory (Cilliers, 1998; Pascale, et al., 2000; Sweeney & Griffiths, 2002) is concerned to distinguish that which is complicated, reducible and capable of being re-assembled in its original form, from that which is complex, transforming, synergistic, irreducible, as may be claimed for Clayhill Family Centre. Complexity helps us to understand that human agency and reflexivity is responsible for the fact that there may be different chemistries and clusters of factors which arrive at apparently consistent and similar outcomes, and which are "good enough" (to borrow from Winnicott).

Complexity theorists offer vivid illumination in metaphor. David Whyte, poet and consultant to corporate America, presses us to consider the starling!

"The starlings drove along like smoke... misty... without volition – now a circular area inclined in an arc... now a globe, now... a complete orb into an ellipse... and still it expands and condenses, some moments glimmering and shimmering, dim and shadowy, now thickening, deepening, blackening!"
Coleridge 1779 (Cited in Whyte 2002: 215-216)

This ordinary bird – sturnus vulgaris – has proximal instincts, to keep up, to keep distance, to strive towards the middle, and so on. The long term outcome – despite the oblivious starling – is a glorious, glorious flocking. Whyte's strong advice is that we should not strive to control the flock but rather to understand, trust and encourage the constituent qualities of the birds to flock, which is constantly transformative, and unique.

Thus, in order to begin to make sense of the centre's developmental world and what works for people, we would do well to develop ways of identifying these constituent qualities. With other colleagues in this collection we have called them sensitive outcomes or steps-on-the-way (to longer term outcomes). Our focus of study is family

and children's centres. We are trying to capture the constituent elements – as sensitive outcomes – of a complex culture of care which we can consistently claim results in unique but broadly acceptable outcomes for families required by agencies.

In this reflective study, both accounts – parent and practitioners – reveal clusters of small successes which together contribute to identifiable outcomes. Examination of storying may reveal more insights into the nature of interventions. Understanding storying in this context requires time, multiple case examples, and researcher experience. Moreover, understanding storying also includes multiple opportunities to return to all involved to clarify and deepen understanding of the story, to go beyond the confines of professional discourse that limits description of helping experiences. It may be useful to develop narrative theory and deconstruction to facilitate a more complete story/picture of what has occurred.

International colleagues in search of a shared protocol to enquire into the message of sensitive outcomes face opportunity in researching numbers of sites, and in the potential for finding cultural consistency. We also face a challenge in collecting, categorising and forming associations between such outcomes.

## References


BATCHELOR, J., GOULD, N.,& WRIGHT, J. (1999). Family centres: A focus for the children in need debate. *Child and Family Social Work*, 4, 197-208.

BRONFENBRENNER, U. (1979). *The Ecology of Human Development – Experiments by Nature and Design.* Cambridge MA/London UK: Harvard University Press.

CANNAN, C. (1992). *Changing Families, Changing Welfare: Family Centres and the Welfare State*. Hemel Hemstead: Harvester Wheatsheaf.

CHARMAZ, K. (2006). *Constructing Grounded theory – a practical guide through qualitative analysis*. London: Thousand Oaks, New Delhi: Sage.

CILLIERS, P. (1998). *Complexity and Postmodernism – understanding complex systems. London*: Routledge.

CLAYHILL FAMILY CENTRE (2005). Mission Statement. Southshire Council (available from author).

FERNANDEZ, E. (2004). Effective outcomes to promote child and family wellbeing: A study of outcomes on interventions through children's family centres. *Child and Family Social Work*, 9, 91-104.

GIBBONS, J., THORPE, S., & WILKINSON, P. (1990). *Family Support and Prevention – studies in local areas*. London: National Institute for Social Work.

GLASER, B., & STRAUSS, A. (1967). *The Discovery of Grounded Theory*. Chicago: Aldine.

HAIGH, R. (1999). The Quintessence of a therapeutic environment – five universal qualities. In P. CAMPLING,& R.HAIGH (Eds.), *Therapeutic Communities: Past, Present and Future* (pp. 246-257). London: Jessica Kingsley.

HERON, J., & REASON, P. (2001). The practice of co-operative inquiry: Research 'with' rather than 'on' people. In P. REASON,& H. BRADBURY (Eds.), *Handbook of Action Research: Participation, Enquiry and Practice* (pp. 179-188). London: Sage.

LEWIS, J. (2003). Developing early years childcare in England, 1997-2002: The choices for working mothers. *Social Policy and Administration*, 3(3), 219-238.

LISTER, R. (2003). Investing in the citizen-workers of the future: Transformations in citizenship and the state under New Labour. *Social Policy and Administration*, 37(5), 427-443.

PITHOUSE,A.,& TASIRAN, A. (2000). Local authority family centre intervention: A statistical exploration of services as family support or family control. *Child and Family Social Work*, 5, 129-141.

PITHOUSE, A., HOLLAND, S.,& DAVEY, D. (2001). Assessment in a specialist referred family centre: Outcomes for children. *Children in Society*, 15, 302-314.

PASCALE, R.T., MILLEMAN, M.,& GIOJA, L. (2000). *Surfing the Edge of Chaos – the laws of nature and the new laws of business*. London/New York: Texere.

PHELAN, J. (1983). *Family Centres – a Study*. London: The Children's Society.

SHUTTLEWORTH, J. (1991). Psychoanalytic theory and infant development. In L. MILLER, M. RUSTIN, & J. SHUTTLEWORTH (Eds.), *Closely Observed Infants* (pp. 22-51). Duckworth: London.

SILVERMAN, D. (2001). *Interpreting Qualitative Data*. London: Thousand Oaks: Sage.

SMITH, T. (1996). *Family Centres and Bringing up Children.* London: HMSO.

SPRATT, T. (2003). Child protection work and family support practice in five family centres. *Child Care in Practice*, 9(1), 18-31.

SWEENEY,K.,&GRIFFITHS, F. (2002). *Complexity and Healthcare – an introduction.* Abingdon UK: Radcliffe Medical Press.

WARREN, C. (1986). Towards a family centre movement: Reconciling day care, child protection and community work. *Child Abuse Review*, 1(3), 10-16.

WARREN, C. (1997). Family support and the journey to empowerment. In C. CANNAN,& C. WARREN (Eds.), *Social Action with Children and their Families – a community development approach* (pp. 103-123). London: Routledge.

WARREN-ADAMSON, C. (2002). Applying a parenting scale in family resource centres – challenges and lessons. In T. VECCHIATO, A.N. MALUCCIO, & C.CANALI (Eds.), *Client and Programme Perspectives on Outcome Evaluation in Child and Family Services – a cross-national view* (pp. 120-133). New York: Aldine de Gruyter.

WARREN-ADAMSON, C.,& LIGHTBURN, A. (2005). Developing a community-based model for integrated family centre practice. In A. LIGHTBURN, & P. SESSIONS (Eds.), *The Handbook of Community-Based Clinical Practice* (pp. 261-284). New York: Oxford University Press.

WHYTE, D. (2002). *The Heart Aroused – Poetry and the Preservation of the Soul in Corporate America.* New York/London: Doubleday.

**Paper 5f Warren-Adamson C (2005) H.E. Sure Start: Evaluation of the Children Centre Home Visiting Scheme**

Paper 5f is a report of a brief evaluation of a home visiting scheme attached to a Sure Start children's centre. It serves primarily as a discussion document for collaborative discussions with the children's centre staff group. I tried to highlight the inter-relationship between home visitors, the children's centre, and the neighbourhood. In the report, I have tried to do what Westley, Zimmerman and Patton (2007) came to do later which is to endeavour to make accessible the assumptions of complexity theory. Westley et al describe social change interventions through storying. For me it is not an altogether satisfying text, and demonstrates the difficulty of contriving to show complexity implicitly.

Unpublished report.

8141 words

# Evaluation of the Home-Visiting Service: HE Sure Start

CHRIS WARREN-ADAMSON

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This is a report of a small study of the Home-Visiting scheme employed by the HE Sure Start. It involves interviews with seven 'Home-visitors' and families in contact with them, as well as practitioner colleagues involved in their endeavour.

## 1 The Evaluation Goals

**Aim**: to evaluate the HE and Diplocks In-House Home Visiting Service with a view to mainstreaming.

**Goals**: to evaluate

- Cost effectiveness
- Reach to children and families
- Meeting Sure Start core objectives
- Strengths and weakness
- User satisfaction

The above are measured against the four Sure Start objectives:

a. Improving Social and Emotional development
b. Improving Health
c. Improving Children's Ability to Learn
d. Strengthening Families and Communities;

## 2 Homevisiting and the Literature

As far back as 1993 I evaluated the DoH sponsored NSPCC Home visiting scheme in Hale in Cornwall (Warren 1995). Parental enthusiasm was universal though somewhat un-differentiated. Home visiting as a counter to isolation was evident and it also established links to the group-work and community work programmes in the Project. We were less clear about its impact on children, for example in terms of play and socialisation, not least because we did not apply ourselves to it. Partly making up for that,

I have a better picture from the parents in this current study, and a similar Sure Start study in Southampton currently will give us an even better idea of measuring play and educational impacts on children following parent-child intervention. Also, HE's own study of pre-school children will show how active intervention improves communication and language amongst pre-school children (Ahsam, Shepherd and Warren-Adamson, forthcoming).

One of the difficulties for evaluation concerns complexity in goals. Abt Associates meta study of more than 600 family support initiatives (Layzer & Goodson 2001) was ambivalent about the success of Home-visiting but they reflect a difficulty in this work where studies see such actions as single interventions rather then connected to many. In other words, look at Home-visiting as part of multi-system endeavour and its role changes shape and we begin to appreciate what it can achieve. This is especially true for Hailsham Sure Start. American researchers Ireys, Devet and Sakwa (2003) are very optimistic about Home visiting and propose a long term rigorous model for evaluation. What has been evident to me is that many of the recommendations for practice (Light burn & Kemp 1994) - eg. learning collectives, families as learners and teachers, support, brokerage, advocacy, mediation - are instinctively demonstrated in this Hailsham team's practice, as are lessons for inter-agency practice (Farmakopoulou 2002). A significant feature of contemporary early intervention has been an appreciation and extension of a spectrum of formal and informal care (Whittaker 1986). There are the same messages here too in this ordinary but special world of Home-visiting practice, about the way we should think about evaluating a spectrum of approaches.

**3 The Evaluation**

I am a Senior Lecturer in Social Work Studies at the University of Southampton and my research specialism is in family support and education. Thus I am interested in initiatives which combine a range of interventions – early years, social and adult education, community work and empowerment and particularly centre-based practice – namely family centres and children centres.

The method used for this study has been taped, depth interviews with a range of participants in the programme, analysis of their narrative, feedback and discussion.

Participants in the process have been the 7 Home Visitors; 6 parents with two Home visits; 5 Sure Start managers (Home visiting, nursery, domestic violence project, speech and language, Sure Start manager); 2 nursery workers; ESCC family support team manager; 2 health visitors; and informally, volunteers and centre staff. I am familiar with the project from a previous involvement and I have had made available to me substantial documentation.

**4 The Home Visiting Service**

Since January 2001, there has consistently been a minimum of 50 families recorded as being in receipt of the Home visiting service. In 2004/2005, 78 families are recorded which has equated to 23% of the 341 families signed up to the programme. Seven practitioners now make up the team, five of which have 1:1 key roles with families and two practitioners are primarily group-workers. There is much cross-over. An initial picture of time and work pattern is as follows:

| Worker | Hours | Families | Other specialism |
|---|---|---|---|
| H female | 22 hours per week | Between 13 families and 1 out of area | Webster-Stratton parenting group |
| L female | 24 hours per week | 20 families and 2 out of area | Baby massage and six monthly checks |
| Y female | 10 hours Home-visiting (10 hours Dom Abuse) | Between 6-7 families | Domestic abuse project |
| M female | 20 hours | Between 13 families and 1 out of area | Special needs drop-in |
| I female | 30 hours | Between 15 families and 1 outside the area | Webster-Stratton parenting group and Early Start group |
| B female | 24 hours | Group-worker | Midwife visits, 2 toddler groups, 1 swimming group, and |

| | | | |
|---|---|---|---|
| | | | supports cookery project |
| N female | 30 hours | Group-worker | Groupwork |

*Background and experience*: the team has a variety of experience and training including shared training as Sure Start workers e.g. child protection. Here is a mere glimpse of their variety:

| |
|---|
| H female: hotel catering, LA administration, disability and volunteering, NVQ3, Webster-Stratton group, parent |
| L female: retail, ex-Sure Start parent, baby massage training, parent |
| Y female: counselling training, split Home visiting and domestic abuse, parent |
| M female: formerly foster carer and Cope worker, special needs, parent |
| I female: formerly community parent, many courses incl literacy, baby massage, counselling, basic skills tutor |
| B female: local, ex-scheme/Sure Start parent, no *formal* qualifications, parent, qualified swimming instructor |
| N female: early years worker in Education, group-worker, currently cooking group, makaton, cookery training, parent |
| J female: manager of scheme, formerly health visitor support worker, has local childminder, NVQ assessor award, parent |

*Professionalism*: this is a difficult exercise because to describe this group, its experience, accumulation of training, would require many pages. They are highly professional in their practice and they practice 'in the in-between' – between the ordinary (but not ordinary) informal parent world and those who occupy the formal posts, the professionals.

*Skills* - person-centred, mediator, negotiator, facilitator, parent and social educator, group and community worker, play facilitator/organiser/developer, counsellor, fixer – include the skills which professional training claims to impart but the field often denies or limits.

Their formal knowledge base expands as they remain in post, an accumulation of expertises relevant to early years parents and their practical and emotional world.

*Supervision and accountability* – is well developed and – as is the theme of this Sure Start – is achieved through formality and informality. There are recording and planning systems, balanced to reflect the formal needs and informal strengths of the role. Supervision by J is regular and systematic. Informally, accountability is encouraged by the inter-relationship between the projects and their managers as well as close working and the exposed nature of the role. As the project evolves the debate needs to be about holding on to the formal/informal balance (see below).

*Teamwork* – teamwork has an elaborate theory. Sufficient to say that, for the most part, there is within and across the HE Sure Start projects a generous spirit and endlessly efficient multi-tasking. It results in complex and seamless activity which only good teamwork can achieve. The Home-visiting scheme, alongside its sister projects, is a women run endeavour like many social and early education interventions. Indeed you can't imagine man making a good fist of it. For me the scheme and its links is a good example of the theory of containment (Shuttleworth 1991) where parenting and personal growth is an inter-dependent thing. The Home Visitors can be said to 'contain' the aspirations, ups and downs, and anxiety of families, as are the Home Visitors themselves 'contained' by the formal and informal ways the whole initiative looks after itself. It needs a debate – not to change it – but to unravel it and wonder where men might fit as employees and family participants.

*Experience*: sticking around and a good experienced/inexperienced/old heads/new heads balance seems an important measure of intervention in a fast changing world. Where it is imbalanced good projects can collapse like cards. I don't think it is the case here – not least in the inter-relationship between schemes - but you can never keep your eye off this ball. More of this later but J's extraordinary combination of empathy born of experience, supervisory zeal and talent-spotting may not be a regular mixture, and cannot be taken for granted.

**5 The Home Visitors as a Parent Resource Team**

Well, it is more than a Home visiting team. I have described it as the 'life blood' of this Sure Start. It gets everywhere, invigorates the system, creates new arteries, links, and so on. It is more a *parent resource team* though I am not sure that you should change the name. Home visiting has a nice disingenuousness to it, meaning that it is a lot more than it suggests, and it has an immediate meaning to people even if they discover other meanings.

a) *Engagement*: my interviews show that the Home Visitors engage families, subtly and in many different ways, and often through their children by offering relevant skills, and with a particular style;

b) *Parenting, continuity and containment* – I have argued these above. There is a good theoretical background to the way in which the Home Visitors 'hold' (in the jargon) the aspiration and anxiety of parents, and often over a long time;

c) *Signpost* - the Home Visitor offer signposts and conduits to new opportunities;

d) *Empowerment journey* – I have argued elsewhere (Warren 1997) that empowerment is not just about handing over information, or even crudely handing over power. Parents in this context are on an erratic journey which often involves going backwards. They need people around them who know how that happens – often from their own experience – and who have a bit of power and who open doors, nurture, point, wait, and so on. The Home Visitors in this project, from my observation, do that expertly;

e) *Formality and informality* – This is a long quote from the speech and language practitioner and it says it very well:

> "I like the way here we have a slow route into the formal service and that's not to say that what we do informally doesn't have its rules and structure and form but that it's presented in an informal way so it is formal in that we use interagency case notes and there is a report and there is a record held re future contact but from the point of view of the parent it feels informal...e.g. this morning (Home Visitor) came to talk about a child she is seeing and she wonders if it would be appropriate for him to come to the drop in and I gave the date and she said I will ring mum and check and she rang then and I was able to make an appointment in Home, whereas for others, if they can't make a drop in that's hard luck whereas you can drop in, see me at the centre , I can come Home. The only thing I am strict about I wouldn't see the children first time without the children being there. Pace is negotiated. But there are children who end up on a case load, they need more formal standards of care, records needed, checks in the health system. I do think that within reason that parents have a chance to determine the pace."

f) *Being dogged* – "Home Visitors always phone back". The local authority social work team identified this strength – *being dogged* (my words) - perhaps because they are aware of its absence elsewhere. The Home Visitors do not take no for an answer. Unlike some agencies, which rationalise non-appearance as lack of motivation, the Home Visitors do not seem to believe this. Perhaps it is because they identify and know that motivation is something more complex – that non-appearance does not mean 'I don't want to.'

**6 The Home Visitors' Contribution to a Learning Environment**

According to NESS' measures the Home Visiting Service achieves its targets with respect to Sure Start's core objectives. Its structure, alongside the other services, also mirrors *Birth to Three Matters – a framework to support children in their earliest years* (Sure Start 2004) in which four dimensions or aspects of learning are proposed:

A strong child

- *Realisation of own individuality*
- *Experiencing and seeking closeness*
- *Becoming able to trust and rely on own abilities*
- *Acquiring social confidence and competence*

A skilful communicator

- *Being a sociable and effective communicator*
- *Being a confident ad competent language user*
- *Listening and responding appropriately to the language of others*
- *Understanding and being understood*

A competent learner

- *Connecting ideas and understanding the world*
- *Responding to the world imaginatively*
- *Responding to the world creatively*
- *Responding to the world with marks and symbols*

A healthy child

- *Emotional stability and resilience*
- *Physical well-being*
- *Being safe and protected*
- *Being able to make choices*

The idea of centres as a learning environment is well established. What seems to happen here is that the team gives this learning environment a life force and a real connection between the centre and the domestic sphere. No apologies for the following brief departure into theory but it serves to corroborate the instinctive practice of the Home Visiting team.

Centres are complex systems of care. They are well captured by Haigh's principles (Haigh 1999), presented as a developmental sequence a) attachment and a culture of belonging. The particular implication for the centre is that we should pay great heed to joining and leaving. b) containment (and holding) and a culture of safety. Here is a reminder of the need for a "sensuous and nurturant environment" and the recreation of a "playspace," alongside rules, boundaries and structure. c) communication: a culture of openness. Communalism is an established therapeutic concept which contributes to a special openness in which it is easier to make mistakes and not to feel persecuted. d) In identifying involvement and the culture of participation and citizenship, Haigh refers particularly to the *living-learning* experience which is such a feature of residential communities. Day settings nonetheless see the value of participatory activity, in the formal, for example, forums and other participatory structures, as well as the informal, as in the open, collaborative style of practitioners. Finally e) agency and a culture of empowerment recognizes the deep power of the individual, the need for safe intimacy, as well as the rejection of the tyranny of tick boxes and unthinking proceduralism.

Alongside Haigh's principles we also draw on theories of adult and informal education. See for example Kegan and mastering life's implicit curriculum (Kegan 1999). Parents and children need help in identifying what they need to learn and how to proceed. It links with the notion of a learning organization. See Senge (2000) and the idea of collaborative learning where centre practitioners and families alike shape the centre's future. Capacity building draws from the community development tradition and involves making formal what is largely tacit knowledge, and witnesses transformation in families, for example, in the way a parent comes to volunteer or becomes a centre practitioner. And empowerment (Warren 1997) depends upon a critical learning process that involves dialogue, respect for self and respect for parents' ways of knowing (Freire 1973). It is allied to transformative learning (Heron and Reason 2001; Mezirow 2001).

Such ideas are also reflected in families' stories, as follows.

**7 Stories**

In the following the original narrative is edited for anonymity and to be concise – I have not altered the tenor of the piece. I found it difficult to get negatives. When an experience is almost "life-saving" it is difficult for people to come up with negatives.

*Vignette 1* - Friend in refuge ... Took me over here and we met (Home Visitor). Nursery all sorts of things. Difficult getting across the threshold and I didn't want to know.... Persuade, not exactly. She came round, quick chat and was there anything I wanted help with us? Really came up with everything, somebody to talk to. Comes to see me every other week. First thing she fixed up was the nursery. He loves it. All day Monday and a Wednesday afternoon. Done baby massage. Keep trying to go back to an under 2 group. Learned...baby massage. Proper ways of massaging a baby. Didn't need any persuasion to do that. Effect on (child). Absolutely adores it. Do it every night and every night he goes off to sleep. Normally very active. Relaxes him. We bonded as I had trouble bonding. Got a job weekend. (nursery open weekdays 8-1800 hrs)... I thought it was going to be a stupid little centre. Not like that at all. Not something I would have approached myself. That's what I was like...that'll be fun. Difference? Homevisiting, that started me off. Quite different to what I'm used to... I thought people would be judgmental – that's what I thought but no, not at all. That's what I was really worried about... I never know what to say to people. They are lovely people. I've been to one centre before and it was a dive. The décor counts. Peeling paint puts you off.

*Vignette 2* - I started with baby massage with (Home Visitor) – did with my eldest (child) and now with (child) – she (did) games to get them used to playing together – sharing together – how long before you started to see the difference? – couple of weeks...now they are really close. (Child) trouble with speech and (Home Visitor) did games and then (Sure Start Speech and Language Therapist - SLT) came to my house with (Home Visitor). (SLT) susses out his speech as he has cleft palate and hair lip....Yes, she has (been very helpful) (Re massage) – if you got colic so you massage the right parts of the stomach – calms the child down – doing something with them – eye contact. Age – quite young. Helped me in my relationship with the children. They feel better and you have made them feel better. It's all different things and it gives me

someone to talk to and also they get different things to do and she tells me what goes on here. I am interested in sign language and there was a taster session going on here. Before the massage I was attending another group which was going... Don't have difficulty in coming across the threshold. At the Big Play you recognise people and nice friendly atmosphere – friendships – two of the children attend the nursery, also dance for tots on Friday morning and there's ballet and – [Interviewer – 'this place is part of your life isn't it?' Parent agrees. Trip to Camber sands and Red Arrows – coach. Affordable prices... like ballet is free. If this place wasn't here I would be stuck indoors – haven't got a car. Live down the road. If the centre wasn't here I would be tempted to live somewhere else. (Home Visitor).... is a nice friendly person. I don't see her as a specific thing really.

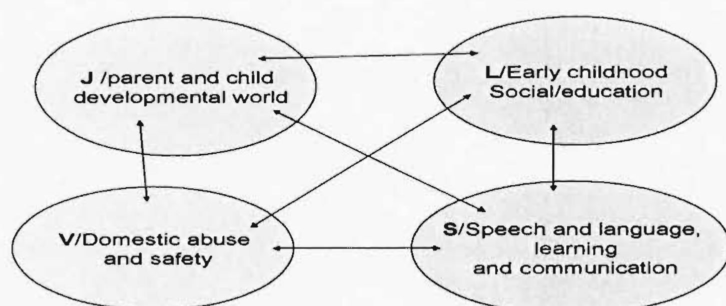
*Vignette 3* - 3 children 14/6/3 – (Home Visitor has been coming for more than three years..1 per week and now 1 per month – sp and lang grp – 2 with special problems... speak to sp therapist – got her in time – got her into a group – changes – talking a lot more – (Home Visitor) has changed from being for the chid to being for me...courses cooking certificate, food and hygiene, early years – with the oldest had to survive on her own – for me its knowing to have someone at the end of the phone – (Re Home Visitor) friendly and helpful and looks up something if she can't do it herself. Professional and a friend. (Child) looks out of the window, (waiting) to see (Home Visitor) – got children to share more, sometimes they do sometimes they don't. I have put my name down to do voluntary work, made new friends, going out more in the day – baby sitting still a problem. (I have) gone from hardly going out to be quite busy. Gradual since last year. Home from Home. Gets all the help she needs. Cooking with a chef – low budget – once per month cooking club. Home Visitor will stop this year as child starts part time school. [Interviewer – 'How do you feel about that?'] Fine because I am still getting things into line. Still can use courses...services for children will stop because of age although (Home Visitor) stops at school. Baby massage made (Child) calmer – settle down at nights – (Child) goes to nursery 4 mornings per week. 4 years ago I was quite shy, into myself, stay at Home. Now go out more as I get to know people, feel happy...

*Vignette 4* – (Husband and Wife) – difficult managing (Child). Brought things to play with and made all the difference. Learnt how to play. Husband sees big difference in child's behaviour and wife's morale. (Home Visitor) comes for my wife, they talk

together a lot. (However) 'We both feel better'. (Child) now at nursery, involved in the centre.

*Vignette 5* – Parent has child at school and pre-school with significant disability. Interviewer joined a play session with Home Visitor, child and parent. Hard to represent the story from quotes – better to summarise it. Parent confident, busy and accesses a lot of services for her children and particularly special needs services and specialist medical, including specialist London hospital. What I see as a contrast to the above is that parent does not need (Home Visitor) to signpost (although she has fulfilled that role) or to challenge isolation (although she too can feel it). Rather the (Home Visitor) sits in between the formal services, enables parent to talk, make sense of it all, maybe just be, at Home, and to share the load of stimulating her (child). It feels like a boundaried friendship. (Home Visitor) seems to offer an unspoken empathy, and only after the session did I learn of (Home Visitor's) former experience, loss and similar journeys. I do not think she had disclosed these events.

**8 Teamwork**



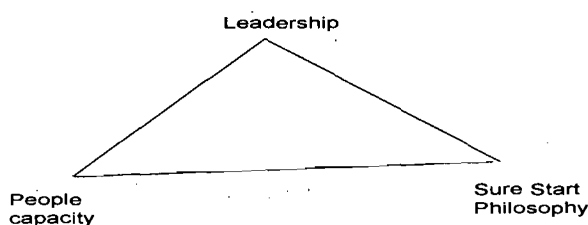

Over the last three years and particularly the last 18 months the four central Sure Start projects have become inter-locked. Participants say that it was forged simply by the four managers/key workers coming together in the same office. And, as far as I can see, they enjoy each others company, professionally and socially. Certainly they represent and combine the cornerstones of early childhood experience a) safety and resolving domestic

conflict and abuse (Domestic Abuse Project) b) parenting and encouraging parenting, and supporting the tandem development of parent and child (Home Visiting Project) c) children's social education, individuation/separation and transition to more formal education, as well as parent respite (Nursery) d) language development, not only in problem solving but in development activities (Speech and Language Specialist).

Relationships are strong: "I couldn't do it without the support of J… I would be lost without (her) and vice versa. Joint supervisions as well as our own supervision ."

**9 Collaborative People**

I was at pains to find out from the interviews why in all four projects and in the Home Visiting Scheme in particular why there were, for the most part, what I call collaborative people. The main view seemed to amount to a triangular explanation:




There is something in the Sure Start philosophy and the instincts in the managers to recruit collaborative people. I was also struck by the nursery workers who came explicitly to work here because of its collaborative style:

> ""Why? I don't know – hard to fit into but as you go through you find yourself slotting in. Unique set up here. I did a degree in early childhood studies and I always wanted to work here. [Interviewer - Is there an instinctive child and family person ?]– I think you

need to be a particular kind of person – I mean people have come and gone. Future – definitely want to work in community based environment."

"...taken a good part of three years to mesh together – team days and socialise together. Gradual change – hard to define though saying that (refers to overall manager in particular) she's so approachable – good team days include objectives... before (I was) a child care person I hardly had any contact with parents and that has been a confidence building thing...(Home Visiting Manager) has really helped with that. And Home Visitors are such a professional group of women...good chemistry – what makes you a person who can work with parent? – I think you need to have that insight. Good management and we know we are all here for each other. Good training. I was offered a 2 year degree...great opportunity. Been quite a lot of responsibility... Doesn't happen overnight – got to grow it. No territorial things and status – Future? I want it to be a childrens centre."

OR

"..all the people here are so ready to take stuff on board so if I went to a Home Visitor and I said that I think little Johnny needs...the response of the Home Visitor will be fine, how should we go about that? I never hit "a that's not my job." Or "I don't think I can do that." It's everybody having some responsibility. Other environments I have been in have been an absolute battle. You don't have that battle here. So you in turn can loosen those boundaries. Why here and not other places – Sure Starts or even this Sure Start? "Everybody who works here has good psychological insights...is thoughtful about what's making other people tick..." We are probably at our most productive and if you look at storming, norming..etc we stormed for ages...and it doesn't happen overnight. You can't shortcut the process...It was elongated here because of leadership issues. There is something in (the Home Visitor manager) that enables her to find people with good insight – pragmatic and straight but does have a reflective quality. Down to earth.

**10 The Site**

The HE Community Centre Building appears to be an important part of the Home Visiting service. It is of course a *base* full of opportunities for families, and it is pleasing physically (one parent was clear – people don't like tat). (And the association of Sure Start with the regulatory side of social work is still troublesome and a factor in mainstreaming). But the centre/building is also a source of strength for the Home Visitors, part of their tool kit, and is a very tangible expression of the families' developmental system – it is continuous, nurturing, educational, and so on. More of this under mainstreaming.

**11 Cost effectiveness**

NESS reminds us that cost effectiveness addresses two questions:

- What is the total level of resources being spent on Sure Start?
- What are the benefits of Sure Start for children, their families, the local community and the wider public, which can be quantified in monetary terms?

Without comparators – and there aren't any – this is difficult. And then we need to remind ourselves that

a) the Home Visitors are involved reflexively in most of these activities – reflexively meaning they both contribute to – information, referrals, running, supporting, advertising – and derive from them – information, new mandates;

b) messages from parents suggest that Home Visitors are responsible for a range of outcomes – engaging families, families participating in early years and other activities, problem-solving, transitions to work and school. Over time it is possible that these outcomes could be tracked independently;

c) Other outcomes are immensely difficult to measure – messages from interviews suggest that Home Visitors' symbolic presence for parents is also a factor, less tangible but what theorists call 'holding in mind' – akin to what one parent describes as 'at least I know she's on the end of the phone, even if I don't ring…';

d) It is hard to compare the work of the Home Visitors with others on the caring spectrum because it looks as though there is no comparator group. For example, examine what is called the informal/formal spectrum or ladder:

> Parent→relative→friend→neighbour→volunteer/carer→paid helper/carer→***emergent professional***→new professional→established professional

What is distinctive about the Home Visitor (emergent professionals according to the above) in this project is that they bring a professional approach to an informal process. Like parents they housekeep, make the system work, but unlike parents they operate in a formal system and require a parent/professional approach. It would be hard to say that they are cheaper or more expensive than others because they offer a new and distinct service.

e) Approaching comparisons traditionally involves comparing two matched samples. Here we would need to keep the staff group consistent in every way and match it over time for outcomes. Establishing measurable outcomes is no mean feat, and establishing causality in relation to the intervention is also a challenge. Where outcome researchers are agreed is that a range of stakeholders need to spend time together negotiating and agreeing outcomes and what is measurable.

Perhaps the best we can do is to establish two baselines and review them annually. The first is cost of the Home visiting scheme:

a) % of the overall HE Sure Start – currently 17.5%

b) An hourly cost – currently estimated at £12 per hour.

Second, all stakeholders need to get together and agree a range of agreed outcomes and how to measure them. It cannot be the whole story. Qualitative products of Home Visitor activity are a real challenge to evaluate – holding in mind, subtle acts of encouragement, chemistry between people, not to mention encouraging/discouraging factors in the rest of the families' social worlds not directly touched by Sure Start.

An annual stakeholder evaluation could examine changes in costs and the more tangible outcomes.

**12 Reach**

Like outcome measurement, reach has its challenges and relates closely to the dilemmas above. A starting point would be to elaborate the simple statistics currently available by making guestimates of additional families attracted to groups – which currently is 70 families.

| **Visitor** | **Hours** | **Direct Numbers** |
|---|---|---|
| H female | 20 hours per week | Between 17 families and 1 out of area |
| L female | 24 hours per week | 22 families and 2 out of area |
| Y female | 10 hours Home-visiting (10 hours Dom Abuse) | 11 families |
| M female | 20 hours | 13 families and 1 out of area |
| I female | 30 hours | 28 families and 1 outside the area |
| B female | 24 hours | Group-worker |
| K | | Group-worker |
| N female | 30 hours | Group-worker |

We also need to have to hand comparisons with numbers in the Nursery, Speech and Language and Domestic Abuse projects, and the cross-overs. In 2004/5 the figures are as follows:

| Projects | Overall numbers | Families accessing home visiting |
|---|---|---|
| Nursery | 75 families | 30 families |
| Speech and Language | 75 families | 19 families |
| Domestic Abuse | 25 families | 13 families |
| | | |
| Big Play | 56 families | 25 families |
| Under 2s Drop In | 36 families | 19 families |
| Parent and Toddler Group | 31 families | 9 families |

**13 Mainstreaming and the Home Visiting Message**

"I worry with mainstreaming that the complexity won't be appreciated. My fear is that they will look at the bits and not acknowledge the whole." (Sure Start practitioner).

It is becoming commonplace to talk about systems of care (Stroul 1996) and wraparound services, and no doubt such ideas have a presence in Every Child Matters and the bringing together of children's services. Extending the Home Visitor service into a wider or new children's services constituency poses some challenges, not least

a) the systemic nature of the service
b) the receptiveness of other parts of the system

a) the systemic nature of the service: as observed by the practitioner above, Home Visiting links the families' domestic world with at least the Sure Start world. It is clear that they signpost, give information about a wider range of opportunities and information. Tangibly, Sure Start is the Community Centre. What makes it work so well is that the Centre is the Home Visitors territory which enables them so

confidently to welcome their families across the threshold and within the range of services of the Centre, creating good opportunities. The question is whether the domestic/Centre link could be sustained as well if Home Visitors had allegiances to more than one Centre. Could such multi-allegiances work? We know that this process is being experimented with by Home Visitor/health visitor collaborative initiatives and we have had a glimpse of the challenge (see below).

b) the receptiveness of other parts of the system

- History – history alone creates challenges to collaboration. Patterns of working, professional storying of practice, past skirmishes and apparent injustices all create their barriers. Government helped no-one by creating well resourced oases of Sure Start action next to communities with traditional resources.

- Reductionism, relationship and case management – reductionism means simply the way that professional life has been reduced to, for example, distance from the client, and regulatory and bureaucratised activities. Also, professionals become the supervisors of those whose skills and activities are those which the professionals might have deemed the ones which attracted them to the job in the first place. I checked this out with professionals associated with the project and found little explicit identification with these patterns of behaviour, nor evidence of that which fuels these differences – envy! On the contrary, health visitor and social work representatives had a generous view of the need for modern professionals to accept aspects of the reduced case management role;

- There are, nevertheless, other aspects of the plight of the modern professional and they are commonly said to include excess of audit, proceduralism, anti-professionalism (knights and knaves), regulation, managerialism and fear, fragmentation, change and politicisation, all of which must challenge professional and emergent professional collaboration. Hopefully they speak for themselves, though knights and knaves deserve some elaboration. LeGrand and others are responsible for identifying the way in which social policy has shifted its appreciation of professionals from well meaning (even

philanthropic) contributors to society (knights), to an argument that modern professionals constitute a self-serving élite and are definitely not to be trusted (knaves). I found neither evidence nor acknowledgement of these but one matter to be taken notice of is a real worry about the pace of change, and a concern that mainstreaming initiatives may not be properly thought through.

- Mainstreaming could run aground on child protection matters alone. Apart from the moral fabric of society and ways of child rearing, there are three state approaches to child protection:

1. Part 111 Schedule 2 of the Children Act 1989 provides the legal framework for the first line of intervention. It says that children are primarily to be protected by having regard to families, inter-agency communication and a host of services that may be made available. The Home visiting scheme is an expression of this, not only in its monitoring of risk but in the way it can be said to satisfy the Sure Start goals:

    - Improving Social and Emotional development
    - Improving Health
    - Improving Children's Ability to Learn
    - Strengthening Families and Communities

2. The second protection device is an administrative one, prescribed by the newly established safeguarding committees, characteristics of which are case conference, categorization of risk, key working, and inter-agency monitoring.

3. The judicial process, courts, and the compulsory removal of children from their homes.

The Home Visiting Scheme may also connect to 2) – rarely – and 3) above, for example by occasionally acting as witness - so far never. As far as I have observed the Home

Visiting scheme takes its training and responsibilities very seriously and in such a manner that its occasional child protection stance has not stigmatised the service. As the confidence of the service has developed individual Home Visitors have taken to centralising the information (as previously practised) but then individual Home Visitors themselves are taking to reporting and communicating concerns with the child protection/social work service. This has its advantages but each Home Visitor needs to develop strong professional relationships with the social workers and health visitors with they usually confer. Moreover, other members of the formal child protection network are understandably wary about being given information and this displeasure develops exponentially as the day wears on. Home Visitors will experience the fact that carrying child protection anxiety is not welcomed throughout the system. Sharing information/anxiety (they go together) effectively requires a system where people talk to each other a lot.

There is an argument that the Home Visitor scheme is centrally involved in raising the threshold before administrative and judicial approaches become necessary. The variables involved are so complex that this is difficult to research. Nonetheless the Home Visitor scheme and process fits with much that is known about the preventive/protective phases – close knowledge of parent and child, consistent contact with the scheme, emotional support and educational opportunity, knowledge of Child Protection procedures, and so on.

Moreover, the social support provided by the scheme can be seen as a key variable in all three systems, that is social support, child protection procedures and judicial measures. It means that in reporting, rather than removing the nexus of responsibility to another agency, the Home Visitor scheme will share it. The Home Visitors may continue to be firmly involved both in furnishing information and supplying the social support. The paradox is that when we refer a family and they become ensnared in the child protection apparatus – whether administrative or judicial – they do not enter a new system. Rather the old is enlarged. Case conference plans still rely on the effectiveness of the social support system. Even where children may be removed to live elsewhere, whether in

other parts of their family and friends network, or in what is termed stranger care, their success depends upon such social support networks.

## 14 Mainstreaming and Specific Roles

Interviews, particularly with health visitors, suggest a list of issues which Home Visitors might address when negotiating collaborative activity with other agencies. If you are not a full member of the territory each matter listed below presents a challenge. The Home Visiting Scheme – particularly the Manager – has worked hard at this. To her great credit the Manager feels that much has been achieved and resolved. In my view such challenges need to be negotiated as part of a continuous process. When contexts change, for example, staff move on, such issues have a tendency to re-assert themselves by default.

The issues, amongst others, include:

•Responsibility and accountability – practitioners in the formal sector experience these gravely, especially about risk;
•Supervision – supervision undertaken elsewhere means loss of control and can aggravate responsibility and accountability;
•Training, trust and professional history – differences need to be acknowledged, over time;
•Practical skills and knowing the practical territory – have a habit of being under-rated and over-rated at the same time;
•Reporting risk – reporters may not always be clear or explicit about why they are delivering the information, and receivers may not read intentions well, or indeed may not be ready for it;
•Knowledge – practitioner cultures may be defined by knowledge which exist as difficult boundaries to penetrate;
•Rythms and routines - small institutions like centres, clinics and schools, have rhythms and routines of their own – knowing about them and then participating in them takes, well, a long time;

•Negotiation is probably continuous with set-backs, some serious, rather than a series of agreed platforms, from which you evenly progress;
•Part-time contracts – part-time work arrangements have multiplied in all sectors, which may aggravate communication;
•Targets – can skew practice and different professional cultures have different targets.

The above challenges to partnership working are forever with us although in this particular service, work undertaken by the Home Visiting manager and her team with partner agencies has overcome many of these factors. The team feels pretty good about its partnership practice currently.

## 15 Conclusion

1 *Mainstreaming.*

I cannot exaggerate my enthusiasm for the model of practice shown by the Sure Start HomeVisiting scheme, gained particularly from observation of their practice and the stories of families.

This is an evolved team where professional practice is attached to informal processes. It results in protective and promotional activities for families (very much in the spirit of Part 111 and Schedule 2 of the CA89) which are attached to and owned by a key institution involved in children's social and educational worlds.

I define key institutions as health and behavioural clinics, schools, arguably adult and community centres and sports centres, and children centres – here, we have an embryo children centre. The positioning of such *Home Visiting/children and family resource teams* seems to me to be crucial to mainstreaming. Such a team needs to be attached to its parent neighbourhood institution and each neighbourhood institution needs such a team – the "attached model." The tempting and cost cutting alternative is to establish a team in the "in-between" to service the collective of neighbourhood institutions, in which case I

suggest we may repeat the mistakes of fieldwork where practitioners often do not own, are not members of the territory. I cannot see the "in between" model working since a crucial lesson of the Sure Start team is its ownership of and identification with its own centre. Moreover it would challenge the special characteristics of the emergent or professional parent - time, doggedness, open-ness, and so on. The "attached model" on the other hand could preserve these special characteristics and could create a strong culture of such practitioners and have a serious contribution to the ideas behind Every Child Matters.

2. *Reach*

Like outcome measurement, reach has its challenges and relates closely to the dilemmas above. A starting point would be to elaborate the simple statistics currently available by making guestimates of additional families attracted to groups – which currently is 70 families.

We also need to have to hand comparisons with numbers in the Nursery, Speech and Language and Domestic Abuse projects, and the cross-overs. In 2004/5 the figures are as follows:

| Projects | Overall numbers | Families accessing home visiting |
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| Parent and Toddler Group | 31 families | 9 families |

3. *Meeting Core Objectives*

Interviews with families support Sure Start Hailsham's consistent claim that Home Visitor meets Sure Start's core objectives

- Improving Social and Emotional development
- Improving Health
- Improving Children's Ability to Learn
- Strengthening Families and Communities

Its structure also mirrors *Birth to Three Matters – a framework to support children in their earliest years* (and its four dimensions or aspects of learning).

*4. Cost Effectiveness*

I have outlined above the serious challenges to measuring cost effectiveness in this context. Perhaps the best we can do is to establish two baselines and review them annually. The first is cost of the Home visiting scheme:

c) % of the overall HE Sure Start – currently 17.5%
d) An hourly cost – currently estimated at £12 per hour.

Second, all stakeholders need to get together and agree a range of agreed outcomes and how to measure them. It cannot be the whole story. Qualitative products of Home Visitor activity are a real challenge to evaluate – holding in mind, subtle acts of encouragement, chemistry between people, not to mention encouraging/discouraging factors in the rest of the families' social worlds not directly touched by Sure Start.

An annual stakeholder evaluation could examine changes in costs and the more tangible outcomes.

5. User Satisfaction

Formal interviews and informal listening shows great satisfaction with the service, equally in response to impact on children as it is to parents own sense of well-being. Much would be gained by publishing a strong sample of user views which would both show the world and reinforce ownership and empowerment by families. Such accounts, by users, may well have the most powerful message.

6. Strengths and Weaknesses

Home Visiting's strengths, like its systemic approach, is the other side of its weakness. Its connectedness makes it difficult to evaluate which may lead to its under-estimation. On the other hand its evident parent/child practice could, if developed, see a strong power base of families in the neighbourhood. The Home Visiting strength and weakness is in its evolutionary development. It does not grow on trees and has relied on the good chemistry of individuals over time. Successful initiatives most often do. Another strength is that the site is a nurturing developmental system in which staff as well as users grow, outgrow and change in expectation. A balance in what I call developmental trajectories is necessary; otherwise good projects lose momentum. This balance is maintained at the moment by a manager who combines great efficiency with personal experience and empathy, and an educational, facilitative style. It may be a crucial combination here.

## 16 Afterthought

A team day in June 2004 looked at male participation. There are few single parent males in the Sure Start area, and in m/f two parent families men do not engage between 9-1700, and resources are not available to target men outside of these time. A few men attend drop-ins. This is a challenge for Sure Start, along with many services. National Sure Start could do with generating a debate employing the good critical analysis which has been a feature of men literature of the past 25 years.

## References

Farmakopoulou N. (2002) What lies underneath? An inter-organisational analysis of collaboration between education amd social work, *British Journal of Social Work*, 32, 1051-1066.

Freire P. (1985), *The Politics of Education, Culture, Power and Liberation*, Macmillan, Basingstoke.

Heron J. & Reason P. (2001) The practice of co-operative inquiry: research 'with' rather than 'on' people, in Reason P. & Bradbury H eds. *Handbook of Action Research: Participation, Enquiry and Practice*, London, Sage Publications, 179-188.

Haigh R. (1999) The quintessence of a therapeutic environment – five universal qualities. In: *Therapeutic Communities: Past, Present and Future* (eds. Campling P & Haigh R), pp. 246-257, Jessica Kingsley, London.

Hess, P.. McGowan, B., and M. Botsko, (2000). A Preventive Services Programme Model for Perserving and Supporting Families Over Time. *Child Welfare*, 79: 3, pp. 227-265.

Ireys, H., Divet, K., Sakawa, D. (2002). Family support and education. In. Burns, B., & Hoagwood, K (Eds), *Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional and Behavioural Disorders.* (pp 154-176). New York: Oxford University Press

Kegan, R. (1998). *The mental demands of modern life: In over our heads*. Cambridge, MA: Harvard University Press.

Layzer, J. & Goodson, B. (2001) *National Evaluation of Family Support Programmes.* Abt Associates, Cambridge USA..

Lightburn, A. & Kemp, S., (1994). Family support programmes: opportunities for community-based practice. *Families in Society: The Journal of Contemporary Human Services,* 75, 16-26.

Mezirow, J. & Associates. (2000). *Learning as transformation: Critical perspectives on a theory in progress*. San Francisco: Jossey-Bass.

Senge P. (2000) *Schools that learn: a fifth discipline fieldwork for educators, parents, and everyone who cares about education,* New York, Doubleday.

Shuttleworth, J., (1991). Psychoanalytic theory and infant development, In Miller, L., Rustin, M., Rustin, M.,, Shuttleworth, J., (Eds). *Closely Observed Infants. London:* Duckworth

Stroul, B., (1996) *Children's Mental Health: Creating Systems of Care in a Changing Society*. Baltimore, MD: Paul H Brookes.

Sure Start (2004) *Birth to Three Matters – a framework to support children in their earliest years.*

Warren-Adamson C. & Lightburn A. (in press) Developing a community-based model for integrated family centre practice, in Lightburn A. & Sessions P. (Eds) *The Handbook of Community-Based Clinical Practice*, New York: Oxford University Press.

Warren C 1995) The Family Support Initiative, Report of the Department of Health, UK.

Warren, C., (1997). Family support and the journey to empowerment, in Cannan, C., & Warren, C., eds. *Social Action with Children and their Families - a Community Development Approach,* London: Routledge.

Whittaker J. (1986), 'Integrating formal and informal social care: a conceptual framework', in *British Journal Social Work*, 16, Supplement, pp. 39-62.

# Chapter 6

# Matters Outwith Centres: Problematising Practice and Sites for Practice – Practitioner Capacity

This chapter explores in two papers the challenge of contemporary practice to the child and family practitioner. In both cases the focus is on the 'looked after' child. Both papers highlight the complexity and complication of the social work enterprise and engage the discussion about sites for practice. The first paper reports on a collaborative enquiry into kinship or family and friends care and the second paper is a discussion about partnership practice. In both cases centres are proposed as more authentic sites to manage practitioners' fallibility, encourage greater collective creativity, and increase the prospect of 'stickability.'

**6a Warren-Adamson C. (2007) Collaborative enquiry and its potential in practice research: exploring kinship care, SPRING occasional paper.**

The complexity and challenge for practitioners in managing kinship placement is introduced in this report of a collaborative enquiry with eight practitioners commissioned by a local authority. Complexity is introduced as an explanatory framework as well as conclusions about the need for integrative family centres as sites having the potential to "contain" complexity and practitioner anxiety, in managing the challenge of kinship placement.

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4594 words

# Collaborative enquiry, and its potential in practice research: exploring kinship care

CHRIS WARREN-ADAMSON

## Abstract

This paper reports on the proceedings of a collaborative enquiry group of eight local authority social workers considering kinship or family and friends care practice. Facilitated by an academic, the group met once a month for the best part of a year to enquire into the implications for practitioners of the authority's strong policy encouraging kinship placement for looked after children. The paper will briefly acknowledge the context of 'kinship care' and the collaborative enquiry process, before concentrating on a consideration of the challenges to kinship practice. The paper concludes with a discussion about two inter-related sets of findings, first, technical or structural proposals about kinship practice and second, enduring meta issues for social work practice, namely the overwhelming nature of complexity, the ill-management of anxiety, and the questionable appropriateness of the office as a site for kinship care practice.

## Introduction - the domain of kinship care

Kinship care – family and friends care - means priority choice in child placement of family and friends. It has a number of drivers, the first encouraged by the Children Act whose implicit range of partnership ideas – not least in S17(3) - mean a family first policy. It also fits current dominant ideologies in service delivery, user empowerment and capacity building, what Fox-Harding called the "kinship defenders" (Fox-Harding 1991). Nixon (2001), Broad (2001) and Doolan et al (2004) are kinship protagonists and are keen that knowledge and skills about it are part of that raft of options for children and young people who need extra arrangements for their care. Unlike the institutions of stranger care it is a new, raw culture of practice. Research, like the practice, is exercised by the complexity of the domain. Such findings that exist (Cuddeback 2004; Harden et al 2004; Goodman et al 2004) encourage the inclusive practitioner and perhaps suggest kinship placement as an antidote to the troubles of stranger care. For example, promising findings are as follows: attachments are claimed to be better and more stable, an overall satisfaction, stronger contact making between siblings, cultural sensitivity. On the debit side, contact can be troublesome, not least between grandparents and birth fathers. Kinship practice is said to be slow to reunify, family poverty interferes with progress and families complain consistently that they are poorly supported. Little is known about the long-term, for example, adult adjustment, educational attainment, stability over time. Other than complaints about poor support, little is understood or tackled about the role of practitioners as a key variable, which this collaborative enquiry has brought to the surface.

## Exploring kinship care through collaborative enquiry

Collaborative or co-operative enquiry has a growing band of adherents (Heron and Reason 2001; Baldwin 2001; Healy 2001; Moffat et al 2005; Harm & Westhuizen 2006). Commonly based on a group of around 6/8 people, it is participative, egalitarian in

principle, acknowledges and tries to deal with subjectivity, occupies an epistemological stance between social realism and social constructionism, and tends towards qualitative data and thick description. Groups develop through recognisable stages and high levels of trust and self-organisation are likely to realise the strongest data. Hence, groups need to last beyond six months to gather momentum and, in my experience are equally likely to lose momentum after, say, 18 months. It does depend on the quality of the group process. Groups also vary in their style and level of organisation. In this instance there was co-facilitation. I was invited to facilitate the group by the a senior manager of Children's Services and after consultation he made the invitations to eight social workers – from teams which included assessment, protection, special needs, development, and leaving care. My partner was a research officer with the authority who had a quieter role in the group but provided information, acted as fixer, and was a critical co-discussant between times. The group's goals were to report to the authority in a year on kinship practice, the authority's practice strengths and what needed to change.

## Developing the method

Ten people convened, three men and seven women. We booked a meeting room in a local restaurant. We spent all of the first two sessions thrashing out group rules and thereafter there was no session in which a rule was not re-visited, re-affirmed or just worried about. Early on two issues were acknowledged as difficult and they continued:
a) thinking about, daring to, and actually going against kinship policy b) being critical of the organisation and managers. Thus, much concern focused on the process of taping and managing the transcripts of the sessions. We agreed after much debate that the sessions should be taped and that I should transcribe them and send them to my co-facilitator to send by attachment to each group member. The potential for disaster in the misdirection of what the group regarded as explosive material was acknowledged to be great. My co-facilitator was punctilious, confidential in style and behaviour, participated quietly, all of which inspired confidence. Nonetheless the anxiety did not wholly diminish. We acknowledged other stresses on confidentiality, for example, colleagues/including

managers' curiosity, envy, challenge; dropping your guard; gossip; using insights/knowledge in the group to add to or rebut outside arguments.

Taping and later transcription started with group three. There was not one meeting when one member was not missing, which meant that one person had not signed up to a rule/agreement which led to what felt like a tiresome cycle of re-negotiation. Numbers varied, dropping once to five, usually between seven and eight. Members claimed their commitment was high but two matters in particular challenged attendance a) members own anxiety and urgency in caseload management, self imposed or externally imposed, for example, a court hearing, and b) despite a mandate from the Directorship, members claimed line managers were ambivalent and did not make attendance any easier.

The collaborative enquiry proceeded in a varied pattern. I expressly sought issues to be introduced by the group, having back up issues myself. I did not tell members how to read the transcripts. Some read them, some did not, and at different meetings. Meetings were characteristically discursive, at times focusing on a kinship case study or the knowledge and technicality of kinship placement, at times dealing with a member's sometimes over dominating agenda, as often as not matters to do with the predicament of the modern social work practitioner. Towards the end, as the formal report back loomed, the group became concerned with drawing together its findings and selecting those which might make sense publicly.

Just as in empowerment practice there is a tendency, in the idealisation of the voice of the user, to deny the contribution of the professional, so in collaborative enquiry we need to recognise the role of the researcher. The researcher should recognise the educative role by introducing both external structure and ideas as well as encouraging the group's capacity for self-organisation. Moreover, synthesising or drawing together "findings" is a process event and certainly not something that occurs at the end. The group will usually need help in owning and making sense of its transcripts. Equally, we might do well to take seriously the danger of idealising the supposed authenticity of the collective voice, the tendency to suppress conflict and to express the group's findings in a manageable,

surface-level, agency-speak. Moreover, selecting collaborative group members from different units in the organisation seems less satisfactory then building a collaborative enquiry group from an active team.

Two versions of events were claimed. First, I analysed the transcripts using a grounded discipline and was surprised at the dominance of what I called the theme of the practitioner predicament, compared to the focus on kinship placement. Alarmed or perhaps disabled by this version, and conscious of a mandate from employers, the group spent a penultimate meeting with a wall chart and sought to put together some round robin findings which were presented to the senior manager of Children's Services at a final meeting. He dealt with the list respectfully and inclusively, and he subsequently presented to the management team.

## Findings

There emerged, then, two versions of the group's work. First, a brief report back for managers, and second, an analysis of the transcripts. The following themes are built from the latter version, the taped narrative of the collaborative enquiry sessions. That they are in evidence is undeniable from the transcripts. What I cannot evaluate is their weight. I have organized them from two perspectives, first, the challenge to practitioner capacity, second, knowing the world of kinship care.

### *1 Practitioners' capacity*

A strong message from the narrative is that it is not enough for researchers to generate findings without looking analytically at those whose job it is to activate the system. It is not enough to identify children's view of the key qualities of child care practitioners – reliability, practice help, supportive, listening, holistic (Aldgate and Statham 2001), without considering how is it to be achieved, and sustained, over time, by the quasi parents in the professional system. I have organised the messages into four categories: the

professional challenge, the social or contextual challenge, being looked after, and system complexity.

*Professional challenge* – there were a number of commonplace themes which reflected an unfriendly terrain for practice. Group members highlighted especially audit, bureaucracy, managerialism, a lessening belief in the professional roles and task, proceduralism, a competence-grievance-complaint-blame-telling off culture, defensive practice, variable resources, an over-reliance on technical responses, new messiahs and Government initiatives. Valued practice, according to the group, is largely short-term, rescue focused, a culture which counters dependence and long term relationship intervention. Alongside these challenges are pendulum swings and the vagaries of practice fashion.

*Social or contextual challenge* – contemporary social issues aggravate an already challenging professional domain. For example, it is commonplace to talk of a more mobile, dispersed, drug-dependent and aggressive client group. Practitioners struggle to understand and influence complex family transformations. Overall, practitioners are taxed by and preoccupied by threatening youth. Need is boundary-less and undermining.

*Being looked after* – at a personal level dominating accounts embrace fear, anxiety and sleepless nights, paranoia, client projection, inordinate responsibility, sense of imminent crisis, functional and uncontaining supervision, un-productive alliances. Projection is ill-understood and disabling. Moreover, the group were exercised by the tension of balance – for example domestic/professional; development/age and lifespan; single-mindedness/flexibility/being dogged; bravery and self protection; friendships, tribalism and clannishness. They struggle with managing power even-handedly, agonise over holding on and letting go; taking up cudgels and sustaining inter-agency relationships; exercising appropriate leverage, losing first principles, engagement, accruing experience, managing the formal and informal, science and art, good timing…

*Complexity and crossing systems* – there was a superficial discourse about systems and cultures and their characteristics, but which barely touched on their complexity. Another word – mindset - describes the fixed and boundaried state of mastering a sub-domain of practice. More of this below. The problem of rigid mindset connect also with, for example, the power of practice setting and its socialisation, and other ties - relationships, personal loyalty, political loyalty, sense of territory, histories and mythology, distinctive and tribal practices, professional identity, ambiguities, undeclared enmities, own language and codes, customs. Splitting is widespread and enemies are easily made and trusting friendships difficult to re-build. Professional friendships take time. The boundary around all this is rarely permeable. Above all, these and others exercise a gravitational pull which makes flexibility and smooth boundary hopping all the more difficult.

Alliance, friendships and strong managers apart, our group told stories of operating in a hostile environment, not least, ill-suited to the complex world of kinship placement.

### 2 Knowing the world of kinship care

Practitioners carry these challenges above, and others, in their 'backpacks,' and particularly bring them into the knowledge area of kinship or family and friends care. We constructed a picture of a complex developmental system. Our practitioners, based in variable sites for practice, face operating in dynamic systems of criss-crossing territories. I organised data about these territories as follows: decision-making sites, facilitating and supervising contact and family links, supporting carers, managing family systems and conflict, handling mobility, and the looked after legal system, reaching out from your own moon!

*Decision-making sites* – these include Family Group Conferences, Kinship Panels, Resource Panels, Case Conferences, and Supervision. Each presented varying challenges, for example: *Family Group Conference* - insecure, ambivalent, out of control; *Kinship Panel* – interrogatory; *Resource Panel* – unyielding; *Case Conference* – treacherous; *Supervision* – task-focused, uncertain, and inexperienced. Overall my sense is that

practitioners need more time to equip themselves and gain experience for the elaborate dance they need to have within and between these sites, each with its particular imported purpose, and culture. Initial training may have left them ill-equipped for the complexity of collective practices.

*Facilitating contact and family links* – this sub-domain of practice is the classic collision point for administration and art. It appears to require much more administration than is given credit to, and requires all the artistic skills of the practitioner to respond sensitively to its changing, often nuanced challenges and changing needs, and over long time. Contact seems to connect closely with direct work with children. "We only wish we could", they say, and instead have to broker this work or do it 'on the hoof', or leave it run on its own.

*Supporting carers* – support – is full of complex challenges – being there, sticking around, knowing the culture, holding credibility, fixing practical support, being reliable, making assumptions about ethnic capacity, handling the projection, disappointment, battlegrounds, and holding the line and spotting the occasional scam. Moreover, carers in this context may well be grandparents, impoverished themselves, ill-equipped to champion their child and her/his needs to other agencies, not least school.

*Managing family systems and conflict* – managing the projection, analysing and keeping sensitive but professional distance depends upon a sophisticated apparatus of personal support, consultancy and shared assessment, and planning. There is a danger that they can be replaced by anxious monitoring by managers and a planning tool like The Framework for Assessment (HMSO 2000). Managing concurrency appears to be agonisingly difficult, practically and emotionally. Like managing family systems and conflict, it requires a complex apparatus of support. It is like managing a race of formula 1 cars, three wheelers and everything in between.

*Handling mobility* - The journey from knowing your family, to Family Group Conference (FGC) to placement is a long and complex one. It requires virtuoso performances from

beginning to end. It also needs a super-fast method to learn about complex and often warring family systems in order to activate the kind of family decision-making required by a Family Group Conference. Moreover, families, and especially fragmenting families, are often very mobile.

The *Looked After Legal System* –appears as not one system but a complex set of sub-systems each with its own gravitational pull like moons round a planet in a solar system. This has been one of the unexpected and striking lessons of this study, prompted by group-members use of the word "mindset." By definition mindset involves knowing and committing yourself to a practice direction. Knowledge and commitment drives it. Mindset makes things work. It is hard to break out of, and sometimes appears as a juggernaut with poor brakes and poor turning circle. Mindset contributes an explanation to a number of recognisable practice tensions – prevention/protection, parent/child, and concurrency. What I began to observe was the way each subsystem (as I perceive them) involve, inter alia, a legal knowledge, a cultural pattern and power, a status, a belonging, a loyalty, and of course a commitment, all of which exercise a powerful gravitational pull, an anchor. It constrains what is required of practitioners, which is a fluid movement *between* systems and deft application of opportunity for clients' fast changing needs. See figure 1 as a solar system of looked after sub-systems whose gravitational pull makes it difficult for the single practitioner to make her way satisfactorily.

# Complexity and crossing systems

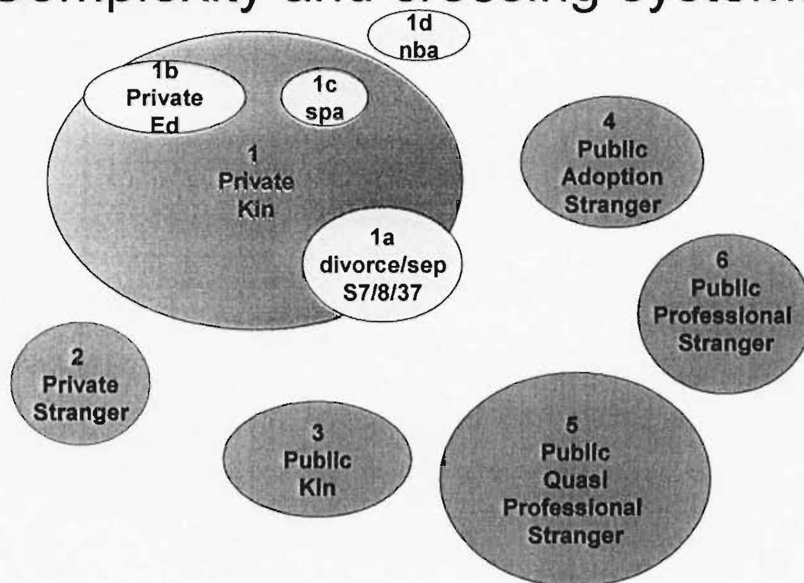


Figure 1 Crossing lunar systems

**1 - Private kin** (and its close "moons" a,b,c,d) – represents 'most people' - the dominant stance for family life – private, managing our own affairs. If you step out of it your first formal recourse to remedy are found in private education, private law, step-parent adoption and sometimes, new baby adoption, and maybe the unproven special guardianship (HRA, CA89, S17, S7/8, CA89; sched 2 contact; adoption law incl CA2004).

**2 - Private stranger** – a variable world of privately arranged placement, declared and undeclared (CA89 - private fostering law; private education; sched 2 contact).

**3 - Public kin** – "kinship or family and friends care" represents at best a partnership between LA and family and friends to place and protect troubled youngsters ( CA89, S17, S20, S31/34, S37, S7/8; LAC regs; sched 2 contact)

**4 - Adoption** – The world of adoption agencies and stranger placement (AA2002; sched 2 contact)

**5 - Public, quasi-professional stranger** – Foster care in stranger placement (CA89, S20, S31/34, LAC, Regs; sched 2 contact)

**6 - Public, professional stranger** – As represented by residential care and other professional placement agencies (CA89, S20, S31/34, LAC; residential regs)

# Discussion

Collaborative group members in whatever setting will be faced by the richness of the method and will be challenged to manage the data. It is no less so in this setting. I shall confine myself to a discussion of two domains of kinship practice a) the complexity of the domain and b) the capacity of the workforce.
a) The domain of kinship or family and friends practice as a complicated and complex system.

Practitioners' stories reminded us of the challenge of the developmental system. For example, the evolving, life cycle needs of families and children alongside changes and re-alignments in family relationships and strategies in response to the practitioners intervention. And all the while, families will exercise a challenging mobility, if not physically, then in relationship. What is especially attractive for practitioners is the instinctive claiming of the child by kinship carers, which is containing and normalising. What goes with it is likely to be economic impoverishment and inexperience in dealing with the agencies on which carers must rely for the special needs of their children. Their needs for support may well be as great as or greater than those of stranger carers.

Add to the complexity of the endeavour our instincts about gravitational pulls within the system. Within family systems it has become commonplace in practice to know and manage family strengths (for example, identifying the problem solver) or more problematically, reversion to feuding formats, habituated patterns of caring, defensive tactics, and so on. However, gravitational pulls appear no less in evidence for

practitioners and it is suggested that lessons about kinship care, or any other domain of practice, need always to be connected with a series of considerations about the workforce.

b) The capacity of the workforce

There is nothing to suggest that the collaborative group members were more or less challenged or more or less capable than their counterparts elsewhere. On the contrary, there was much evidence of experienced practice and surges of great creativity. However, the narrative of this collaborative enquiry group resonates with a growing debate in the literature about the makings of disproportionate anxiety for children and family practitioners (Menzies 1970/1989). Audit, blame, proceduralism, reductionism, anti-professional stances, and all the rest are well documented (Balloch et al 1988; Norris 1990; Smith 2000/2005; Parton 2004; Warren-Adamson 2005; Heap 2005; Oxman et al 2005). There are, moreover, new and emerging responses: for example, the challenge of bureaucracy and the need to return to values (Guardian 2006), the search to re-instate relationship into practice (Trevithick 2003; Ruch 2007; Ferguson 2005). And it has become commonplace to cite Menzies (op cit) in bibliographies: "the effectiveness of an organisation is in its capacity to contain anxiety". Menzies' observations about nursing teams has a relevance for the kinship group who express the same anxiety spectrum - drowning or keeping it at bay, splitting, triangles, flight, displacement, control, denial - all enduring considerations for workers in human services. And, Ruch (op cit), Haigh (1999) and Shuttleworth (1991) add to a debate which helps us to question seriously whether our practitioners are just as ill-contained as are our client parents.

Such themes – the complexity of outcomes, inter-connectedness, containing settings, the management of anxiety, reductionism - suggest to me that the office or bureau-based site appears to be singularly unsafe and inappropriate for the development of kinship practice. Rather, I propose that we should look to the more sophisticated examples of family centre or family support centre as suitable bases for such practice. See for example, Hess, McGowan & Botsko's (2003) account of the Center for Family Life in Brooklyn, New

York, which "combines community rootedness with a clinical sophistication" in promoting support, recreational challenge, and family, including kinship, placement in a big New York neighbourhood. History and memory, continuity of staff, and containment, are significant features. Here, a life long centre nurtures itself to nurture others, without forsaking a very high professional expectation. Kinship families see the centre as an extension of the supportive network, and appear to appreciate the knowledge of and memory of the building itself. A group of practitioners are able to combine skills as well as compensate for each others partiality, human weakness, fixed mindset, and the rest. The centre also organises family centred recreational, respite, and practical programmes, and according to the rhythms of the year and of the neighbourhood. In its multi-levelled response, the centre appears to make sense to families.

## Conclusion

In the domain of kinship placement for children we have employed collaborative or co-operative enquiry – year long regular meetings of eight practitioners and two researchers – in an endeavour to lay bare the importance of practitioner-led enquiry in the examination of a specific domain of practice – kinship or family and friends care. Collaborative enquiry, if applied with appropriate rigour, promises rich description (Geertz 1975). In this instance, the complexity of kinship placement practice alongside the disempowerment of bureau-based practitioners, has become evident. Analysis of practitioner capacity and the sites from which they practice appear to be critical and poorly recognised variables in social work research.

# References


Baldwin M. (2001) Working together. Learning together: co-operative enquiry in the development of complex practice by teams of social workers, In P. Reason & H. Bradbury (Eds.) *Handbook of action research: participation, enquiry and practice* , London: Sage. Pp 287-293.

Balloch S., Pahl J. & McLean J. (1988) Working in the social services: job satisfaction, stress and violence, *British Journal of Social* Work, 28, 329-50.

Broad B (Ed) (2001) *Kinship Care: the Placement Choice for Children and Young People,* Lyme Regis, Russell House Publishing.

Cuddeback G.S. (2004) Kinship family foster care: a methodological and substantive synthesis of research, *Children and Youth Service Review* Vol 26, 7, Pp 623-639.

Doolan M., Nixon P.& Lawrence P. (2004) *Growing up In the Care of Relatives or Friends: Delivering Best Practice for Children in Family and Friends* Care, London, Family Rights group.

Ferguson, H. (2005) Working with violence, the emotions and the psycho-social dimensions of child protection: reflections on the Victoria Climbié Case. *Social Work Education,* 24, 7, 781-795.

Fox-Harding L. (1991) *Perspectives in Child Care Policy,* London and NY, Longman.

Geertz C (1975) *The Interpretation of Cultures: Selected* Essays, London, Hutchinson.

Goodman C.C., Potts M., Pasztor E.M. & Scorzo D. (2004) Grandmothers as kinship caregivers: private arrangements compared to public child welfare oversight, *Children and Youth Service Review*, Vol 26, 3, Pp 287-305.

Forward Thinking, (2006) The Guardian, Wednesday March 22, P3.

Harden B.L, Clyman R.B, Kriebel D.K. & Lyons M. (2004) Kith and kin: parental attitudes and resources of foster and relative caregivers, *Children and Youth Service Review* Vol 26, 7, Pp 657-671.

Harm T. & Westhuizen, Gert van der (2006) Knowledge construction in collaborative enquiry among teachers, *Teachers and Teaching: theory and practice*, Vol 12, 1, Pp 51-67.

Haigh R. (1999). The Quintessence of a therapeutic environment – five universal qualities. In P. Campling & R. Haigh (Eds.), *Therapeutic communities: past, present and future* (pp. 246-257). London: Jessica Kingsley.

Hess P., McGowan B. & Botsko M (2003) *Nurturing the One, Supporting the Many,* New York, Columbia University Press.

Heron J. & Reason P. (2001). The practice of co-operative inquiry: research 'with' rather than 'on' people. In P. Reason & H. Bradbury (Eds.) *Handbook of action research: participation, enquiry and practice* (pp.179-188). London: Sage.

Healy K. (2001) Participatory action research and social work – a critical appraisal, *International Social* Work, 44 (1) Pp 93-105.

Heap R. (2005) Happy in their work, *Community* Care, 5-11 May, Pp 34-35.

HMSO (2000) The Framework for the Assessment of Families and their Children in Need.

Lasker R.D. & Weiss E.S. (2003) Creating partnership synergy: the critical role of community stakeholders, JHHSA, Summer, Pp. 119-139.

Maclean M. & Eekelaar J. (2004) The obligations and expectations of couples within families: three modes of interaction, *Journal of Social Welfare and Family* Law, 26 (2) Pp 117-130.

Menzies I. (1970) *The Functioning of Social Systems as a Defence Against* Anxiety, Tavistock Institute, London.

Menzies Lyth I. (1989) *The Dynamics of the Social,* London, Free Association Books.

Moffat K., George U., Lee B. & McGrath S. (2005) Community practice researchers as reflective learners, *British Journal of Social Work,* Vol 35, No 1, Pp 89-14.

Nixon P. (2001) The placement choice for children and young people, In. B. Broad Ed *Kinship Care: the Placement Choice for Children and Young People,* Lyme Regis, Russell House Publishing.

Oxman A.D., Sackett D. L., Chalmers I. & Prescott T.E. (2005) A surrealistic mega-analysis of redisorganisation theories, *Journal of the Royal Society of Medicine,* Vol 98, Dec, Pp 563-568.

Pease J. & Fook J. (eds) (1999) *Transforming Social Work Practice*, London, Routledge.

Ruch, G. (2007) Reflective Practice in Child Work: the Role of Containment, *British Journal of Social Work*, 37, 659-680

Sale A. U. (2005) Ties that bind, *Community Care,* 22-28 September, Pp 30-31.

Shuttleworth J. (1991). Psychoanalytic theory and infant development. In, L. Miller, M. Rustin, M. Rustin, J. Shuttleworth (Eds.), *Closely Observed Infants*, Duckworth: London Pp. 22-51.

Smith M. (2000) Supervision of fear in social work: a re-evaluation of re-assurance, *Journal of Social Work Practice,* 14, 1, 17-26.

Smith M. (2005) *Surviving Fears in Health and Social Care – the terrors of night and the arrows of day*, Jessica Kingsley, London.

Warren-Adamson C. (2005) Reflections on partnership practice and children and young people who are looked after, In A. Wheal Ed. *Companion to Foster Care,* Lyme Regis, Russell House Publishing, Pp 40-48.

**Paper 6b Warren-Adamson C (2005) Issues in partnership practice in the context of children who are looked after, In A. Wheal ed. *Handbook of Fostering Practice*, RHP, Lyme Regis;**

This paper discussed partnership practice issues in the context of looked after children and suggests that partnership practice means a complexity which stretches the capacity of practitioners. The paper questions the conventional fieldwork site and its capacity to contain practitioners and encourage partnership practice, and proposes instead integrated centres such as the centre for Family Life in Brooklyn, NY. We have known this site for a long time but long-term colleague Professor Brenda McGowan from Columbia, NY and her collaborator Professor Peg Hess have produced a major evaluation we can now cite.

Sole author
Referee: Ann Wheal, University of Southampton

5753 words

# Reflections on Partnership Practice and Children and Young People who are Looked After

CHRIS WARREN-ADAMSON

" We like social workers; they're nice. We only wish they would stick around longer." Young person at a leaving care conference.

In this chapter I am going to concentrate on the practitioner and offer a discursive account of some of the obstacles to partnership practice. I aim to reflect on ways practitioners and their many professional, semi-professional and lay allies might sustain the development of partnership in practice with children and young people who are "looked after." Here partnership is seen as a set of complex, negotiated relationships within a developmental system - practitioner, child, carer, family and social networks, and other agencies (see Cairns 1996; Farmer & Farmer 2001). Following a brief acknowledgement of the policy and legal framework, I shall look at some practice complexities: partnership and child care planning, the regulatory culture, placement dogma, ethnicity and gender, crossing systems, professionals and advocacy, parents and professional roles, apprenticeships, evaluation and outcomes, recruitment and community, and relational practice. And I finish with some reflections on a central concern in this context: how we might work towards a settled professional community.

Contemporary practice operates from a strong framework of legislation, policy, intervention theory, and research. For example, The Children Act 1989 provides a framework for partnership practice in the priority of Part lll schedule 2, the presumption of contact, and hurdles placed in the way of over-zealous court action (see Packman 1993). The later Framework for the Assessment of Children in Need

(HMSO 2000) has re-asserted partnership with families and across agencies. Alongside this specific practice mandate sit a series of policy directives (Modernising Social Services, DoH 1998; Local Government Acts 1999, 2000; National Service Framework for Children, 2003; Children's Directorate 2003; Every Child Matters 2003) and much else. Practice intervention theory is substantial (Family Rights Group 1991; Doel & Marsh 1992; Newton Marsh 1993; Saleeby 2000; Harrison, Mann, Murphy, Taylor & Thompson 2003). Partnership under the 'Third Way' has its detractors (Kirkpatrick 1999). However, Trevillion argues that partnership research has been well established and that the current context of New Labour is perhaps the most promising for several decades in its possibilities – new ideas around children and communities, research into social networking, and joined up structures to deliver services to families (Trevillion 2004). There has also been a spirit of partnership in the way we have appreciated and encouraged the voice of the child, in the early British Agencies for Adoption and Fostering (BAAF) programmes, the Tavistock's child observation programme, initiatives by the Voice for the Child in Care, for example, collaborative design in research with children, young people and their families (Jones 2001). Moreover partnership has become partnered with connected themes, for example, empowerment and family support (Warren 1997), anti-oppression (Macdonald 1991), participation (Save the Children 1997; Thomas 2002), and narrative therapy (White & Epstein 1990; Milner 2003).

The above notwithstanding the partnership test applied to the looked after child and young person is a stormy one. And all the while fostering and its potential has diversified, for example, support care, friends and family care/kinship care, and a strong lobby for professionalized models (O'Brien 2000; Broad, Hayes & Rushforth 2001; DoH 2002; Fostering Network 2003; Foggitt 2004). At the macro level the responsibility for the looked after child will pass from a social services department to some sort of re-organised grouping of welfare, education, health and others. Partnership in looked after practice will find new challenges and I aim to explore this by looking at some of the complexity and ground level challenges to the development of partnership practice.

## Partnership and child care planning.

Since the Children Act 1989 there has been a great deal more involvement in formal planning meetings by children and their parents. It had been a hard-won battle. Conferences and review meetings had become symbols of the new partnership, demonstrating transparency and participation by service users. However, other studies (Grimshaw and Sinclair 1997) came to show that consultation and attendance were not enough, and it was observed that it was the quality of the process which really counted. A rethink was required from the emphasis on the all-encompassing formal meeting, which was seen as inhibiting genuine participatory decision-making and discouraging discussion of complex personal matters. Much the same could be said of the written agreement. This device and symbol of partnership practice could equally be employed oppressively by unthinking practitioners, for example, as a tool to enforce a regulatory agenda. Indeed, the ethos of a regulatory culture may undermine the best of partnership instincts.

## Partnership and the regulatory culture.

> She only appears at review times, after which there is a resounding silence. Here (family centre) they help me how to manage the situation. When (child in foster home comes home to stay) they are ready and waiting to make it work.
> (Interview with mother at Family Centre)

So, why is it we commonly see this critique of office-based practice? Across the professional spectrum a culture of challenge and distrust, audit, proceduralism, regulation, fear, fragmentation, and mobility, and maddening bureaucracy, conspire to challenge professional confidence (Balloch, Pahl, & McLean 1988; Norris 1990; Smith 2000; Lymbery 2001; Scourfield & Welsh 2003; Humphrey 2003; Parton 1997, 2004; Upson 2004). In child care social work, Laming's report on a child tragedy, like many before it, has been a lost opportunity in examining the practitioner's plight (Laming 2003). Rightly enraged by local government's inability to take responsibility for their children at the margins, Laming's legacy, however, is likely to consolidate

the regulatory and procedural world of practice. What does Laming mean to a group of post qualifying candidates? It means chronologies, and the onward movement of managerialism (Humphrey op. cit.). For example, on the ground, supervision is regarded as target centred and amounts to screen based monitoring and a concern for regulatory time scales. Laming's concern that the child got lost across agency systems appears likely to be addressed by changes to electronic monitoring systems. Technology at the expense of people on the ground may hinder partnership initiatives and information gains.[1] Keeping sight of the child with its many meanings is a complex proposition and needs more than gadgetry. Its complexity emerges as we proceed to examine placement dogma.

## Partnership and placement dogma.

Yes, adoption, no long term foster care, rarely residential – reduces the options for the child in the negotiation of partnership planning. In a seminal paper, Maluccio and Whiitaker (2002) call for a raft of options in placement rather than a narrow and fashionable choice. Their concern is particularly about the over-reliance upon adoption and the diminution of residential provision. They also highlight the need for experienced and linked practice across two complex, inter-dependent systems of welfare, family support and out of home placement; sustaining placement, families at home, reunification, contact, leaving care, are highly connected. Such system crossing is an immense challenge to the office/bureau based practitioner. It appears to be more in the reach of the family centre and its nurturing range of interventions and adaptability. See for example McGowan et al's account of Janchill's Centre for Family Life in Brooklyn, NY, which shows the potential of an albeit well resourced family centre to support families at home and to resource different models of placement in its community, and especially kinship or family and friends care (Janchill 1979; Hess, McGowan & Botsko 2003). However, the apparent demise of family centres under New Labour, including family centres' transformation into

[1] Partnership needs people. The enduring conflict between technical gadgetry and labour is a constituent factor in the partnership process at every level, as the CIA have found to their cost (Borger 2004). A simple verdict of the US Senate Committee on post 9/11 intelligence was 'not enough people on the ground.'

family support teams or their replacement by children's centres, may undermine this potential.

## Partnership and crossing systems.

Maluccio and Whittaker's point about systems is perhaps the tip of the iceberg, as the partnership-committed practitioner will need to engage with a range of systems, often antagonistic to her and each other. Transversing the complexity of systems is an art form which we probably know little enough about (Imber-Black 1998). Like partnership, we are told we should do it, without actually knowing about it or having the discrete skills. At qualifying training level, time and the opportunity to develop skills in this domain of practice are slight and its conceptualisation is undeveloped. At post qualifying training level, like case management, it is assumed you can do it.

Inter-agency practice is a ritual focus for critique in child tragedy enquiry, with little elaboration. Yet, there have been helpful accounts of the obstacles towards inter-agency process: for example, rigid and defensive boundary setting (Reder, Duncan & Gray 1993), the way agencies develop patterns of defence against threat and anxiety (Menzies Lyth 1989), the very complexity of communication, its codes, the challenge of de-coding (Thompson 2003), the management of layers of power and authority (Rees 1991), and envy and splitting, two complex ideas having their roots in psychoanalytic thinking. Kleinian in origin (Klein 1928), splitting means the inability to reconcile the good and the bad in the same person, which at worst results in idealisation or rejection. Here it is used rather more loosely but validly to describe what I would see as a major obstacle in the construction of developmental systems for children. Examples are, good social worker bad carer, good residential worker bad social worker, good voluntary sector bad local authority, and so on. Social workers, the ultimate carriers of responsibility and authority in this domain, are a singular butt of this process. Splitting, like envy, can to some extent be contained by confident use of authority or it may be made worse by authority poorly dispersed or insecurely held in other parts of the system of care. New Labour's introduction of a plethora of new child care practice cultures – Sure Start, Connexions, Children's Fund, and the rest – is likely to aggravate envy and splitting, especially in fragile, insecure systems.

## Partnership, ethnicity and gender.

Our continuing inexperience in appreciating ethnic complexity and in multi-ethnic practice is well documented. Laming (2003) is a recent example. Taken together with gender we have a rich challenge. I am reminded of Kraemer's recent work (Kraemer 2000) in which he draws together a substantial evidence of male and female difference and particularly the male's evident biological fragility and its social implications. This has enormous consequences for partnership practice, taken with our knowledge about male predatory sexual behaviour as well as male uncertainty about boundaries and his role in care and education. For example, there are implications for a) our partnerships with children – our expectation of and management of different behaviour between girls and boys b) men's skewed distribution in the professions c) effective teamwork between men and women d) overcoming (male) territoriality and competition between agencies, systems, and professions.

## Partnership, professionals and advocacy.

Wolfensberger (1977) is associated with the early theorising and energy behind citizen advocacy which involves galvanising the experience of lay people to be there for clients. It was not a narrow concept of advocacy but rather was relationship based and stressed long term commitments. It connects well with family placement and the world of the carer. The voluntary sector Voice for the Child in Care (VCC), for example, has also modelled it by recruiting advocates for looked after children, along with a host of schemes in mental health and learning disability. In this context, Russell (1997) reports with some enthusiasm about the success of the "named person" – a trained and independent parent adviser to support parents with children with special educational needs.

For Wolfensberger, the citizen advocate is like 'a dog with a bone', reflecting commitment, single-mindedness, is proprietorial, takes as long as it takes, and of course loves the bone. (Let's not overdo the metaphor). For Wolfensberger, intrinsically the professional is restricted in developing such a relationship. The

professional is too compromised by their relationship to their agency, their necessary authority, and by the demands of career opportunity. I would add: the evolving professional may seek status and manageability through specialism, a manageable distance from the client, a diagnostic stance rather than the mess of applied practice, self-protection through structure and firm boundaries, and often through mobility. For Wolfensberger to talk of the professional in this way was not to denigrate but rather to expose complementary roles. The professional makes best use of their meta-position and supports the citizen advocate. A difficulty is that at best they may complement, but they can also antagonise, and all the while all the actors have a life cycle, which includes declining energy where manageable distance, self-protection, and so on, increasingly play their part. Wolfensberger presented his model with strong evangelism but it actually reflects a complexity which challenges us. Such practice is described in contemporary social work as the formal-informal spectrum. Whittaker highlighted and re-examined this in an enlightening conceptualisation, widely used (Whittaker 1986). But it still leaves us wanting in the way human actors might manage such a spectrum of activity.

## Partnership, parenting and the professional role.

Practitioners often talk of their parenting role. It is not new. Irvine's seminal paper (1954) explained in an accessible, psycho-dynamic language the part played by the practitioner – parent-like - in containing the anxiety of the client. Shuttleworth (1991) - drawing on, amongst others, Winnicott (1949), and particularly Bion (1962) - offers a more contemporary account of this, showing how the parent is "container" of the child, and by extension, I would argue that the strength of the parent's social network is a measure of the containment afforded to the parent. The model is also worth considering in terms of, for example, the family centre where a thoughtful and supportive staff group is containing to service users (Ruch 2004).

There is an argument to say that parents, carers and practitioners – in a sense, all parents - share a parenting dilemma and thus a potential solidarity in exploring between them the serious challenge to parenthood, by, for example, poor neighbourhoods, school violence and media exposure to violence, boundary-less

sexual activity and related health issues, media targeting of children as consumers, addictive practice, alcohol, and even the screen (see Hunter 2004), and so on. Serious exploration by parents and quasi parents of their shared world of insecurity might turn out to be mutually empowering rather than a culture of mutual accusation and abrogation of responsibility. I predict mobility, tied to modern modes of wealth production, is a particular and shared challenge for parents and quasi parents. How do we get parents and quasi parents to stick around? Read the wonderful idealism of the Care of Children Committee Report (HMSO 1946) chaired by Dame Myra Curtis and known familiarly as the Curtis committee. It informed the 1948 Children Act – a milestone for looked after children - and it proposed that the Children's Officer should inhabit, and intimately know and be known, simultaneously in two domains, first, in her local community and amongst those children at risk of or in care, and second, within the domain of the Council as an equal amongst chief officers. Such a partnership! Implicitly, the authors of the Report expected that the Children's Officer and colleagues would stick around. Modern parents and quasi parents may now mirror each other in their inability to manage all levels of mobility, not only physically but in terms of relationship and commitment, taking flight, over-expectation, spurious choice, information, and so on.

Acknowledging the practitioner's central part in parenting and managing the 'mess' of people's lives – unwilling partners, at least to start with - is central to Howe and Hinings excellent paper (1995) in which they challenge a contemporary view of practice which assumes client rationality in the name of partnership. An implication is that the 'irrational' client may be perceived to sabotage partnerships, which then may involve the practitioner in rejection and also self-protection.[2] The paper argues, rightly in my view, that an acceptance of clients' "irrationality" goes with the territory. However, the implication is that the practitioner who supports and offers containment to the complexity and challenge of the looked after child and her system will herself need to enjoy an inner and outer containment herself, along with a firm value base of commitment towards those at the very margins. The insight of the Howe

[2] In the context of anti-discriminatory and anti-oppressive practice, students report endless ethical dilemmas in making sense of their role when dealing with zero tolerance rules about violence, racism, and extremes of gendered behaviour. Is this, for example, part of Howe and Hining's continuum or something else again?

and Hinings paper assumes, then, even more importance, as cultures such as welfare, education, health, and others, muster and embrace.

## Partnership and apprenticeship.

"Social workers don't have an apprenticeship" said a health visitor to me, in response to a question about forging partnerships and potential antagonisms between health visitors and social workers. I have pondered on this ever since, prompting three considerations. First, *apprenticeship and a site for practice*. It is true that the British social worker does not have a "home" in the mainstream service world in the sense that a teacher has his/her school, the nurse has the hospital, the clinic, before he/she engages with the "social," the wider social world. The social worker on the other hand is born into the "social," "the in-between." Does this make them better at crossing the boundaries? Or are there other factors? Perhaps the child care social worker *should* be apprenticed, schooled in centre-based practice with children, and for a statutory length of time, before embarking upon other roles, for example, in case management? Observers of European practice point out that the educational base of practice appears to give a legitimacy and social approval to the social work, social educational role of the European practitioner (Lorenz 2001). Second, *apprenticeship and early containment*. Centre-based practice, especially the integrated family centre, offers a containment to the practitioner and thus an enduring habit and expectation for future practice. Third, *apprenticeship and child observation.* Apprenticeship in the (child focused) centre kick-starts child observation, a process we know not only enhances observation skills and a discerning appreciation of normal/abnormal development, but develops self-knowledge, management of our projections and feelings, as well as disciplined practice (Bridge & Miles 1996).

## Partnership, evaluation and outcomes.

Collaborative evaluation design (Reason & Bradbury 2002) is enjoying more contemporary approval and mirrors partnership practice in its idea of a shared journey of enquiry and emphasis on capacity building. On the other hand, the preoccupation with targeting and outcomes has had a mixed impact on practice. At the macro level,

Quality Protects (1998) as a stick and carrot approach to improving the lot of the looked after child has received general approval. At practice level, practitioners complain of a dis-association between the procedural, targeted requirements of the agency and the discretionary, negotiated world of partnership practice. It results, practitioners claim, either in short-cuts to please the procedure and its guardian, or the dispiriting and sometimes punished experience of missed deadlines and targets.

Moreover, outcomes, as a promising way of measuring intervention, have shown themselves to be highly complex (see Vecchiato, Maluccio & Canali 2003). As more stakeholders become partners in the intervention – from Government, to agency, to practitioner, to parent, to child – we appear to move from a consideration of outcomes as distal, long-term measures to an appreciation of process and proximal or short-term measures. In other words, the message from the ground is that outcomes as process or steps on the way tell a different story of success (See Lighburn and Warren-Adamson forthcoming). The classic example comes from the evaluators of the American family preservation movement, where early outcomes based on "keeping children out of foster care" soon became challenged by more process outcomes celebrating good out of home placement and well sustained shared care. Emerging meta theories of behaviour (Farmer and Farmer 2001) show us that the complexity of change is not represented by crude distal outcomes or indeed is not about changing behaviour as such, but rather the task of the interventionist is to establish satisfactory developmental systems which may be better shown by the subtlety of process outcomes. Understanding such systems will require a new level of understanding about outcomes and their measurement.

## Partnership, recruitment and community.

Holman's early work (1975) on inclusive and exclusive carers – he argued we recruited insufficient numbers of inclusive carers – was one of the precursors to the inclusive family focus of the CA89 and particularly its presumption of contact. Holman also argued that recruitment insufficiently addressed the class base of families and young people in care. He advocated a neighbourhood-based, network building approach and modelled it in his own practice in Bath and Glasgow. Child

care community work has had other proponents (for example, Henderson 1995; Baldwin & Carruthers 1998) but its exploration is largely missing from both qualifying and post qualifying training. On the other hand, Family Group Conferencing (FGC) – in many ways a quintessential partnership and community-based mechanism (Marsh & Crow 1997) - does enjoy enthusiastic attention globally. The FGC is potentially a device not only for the re-negotiation of family and community responsibility for looking after children and young people, but also FGC organisers in Hampshire and West Berkshire, UK, for example, see it as a mechanism for capacity building and wider participation in neighbourhood child care initiatives. Nevertheless, carers and local authority practitioners alike embrace FGCs with some ambivalence, which seems to reflect a complex mixture of experience and proper critical reflection about over-zealous use, but there is also something of the entrenched individualism of training, and more so in practice, to which new practitioners become quickly socialised. Managing the 'mess' of family and community introduces us to complexity on a substantial and barely manageable scale. In contrast, managed individualism – the 1:1 – arguably brings us simpler rewards.

## Partnership and relational practice.

There is a growing mood and argument to re-instate *relationship* as the central paradigm of practice, and therefore at the core of partnership-making. Trevithick (2003) provides a worthwhile summary, arguing its place in assessment, as a foundation for further work, and in the building of attachment and stronger social networks. Implicitly it is a challenge to the dominance of case management and a plea for process. A simple straw poll would probably deliver a supportive murmur of agreement across the profession about such a change, but a shift may involve unexpected complexities, some of which have been alluded to in this paper. The idea of the beleaguered practitioner may be one. Society's message: 'damned if you do damned if you don't,' combined with managerialism, audit, proceduralism, fear, and a blame culture, can cast the practitioner into a state of beleaguerement, which paradoxically protects the practitioner from contemplating their exposure to a new set of risks in relational practice.

# Conclusion

Given the obstacles such complexity presents, what might be the positives for the future? My response is to consider sites for potential looked after practice and secondly to consider some ideas for future training and workforce development. First, centre-based sites appear to me to offer more potential for an encouraging practice with families and looked after children. There have been occasional residential examples (Whittaker 1981; Kelsall & McCollough 1988) but integrated family centres and what I call small private care collectives seem best able to manage, or avoid or steer their way round some of the worst of the above. Moreover, they offer containment, keep staff, and they are best placed for development, for example, in collective parenting initiatives, as sites for learning and apprenticeship, for manoeuvring across systems, in promoting relational practice and process, and so on (Lightburn and Warren-Adamson op cit.; Hess, McGowan & Botsko op cit.).

Second, sustaining partnership with children and young people, keeping them at the centre of an active developmental system, implies initiatives in training, education and workforce planning which seem to follow from the above. I propose:

a) There should be space for students to choose an administrative stream at undergraduate level social work. Administrators and practitioners from the same training route, working in tandem, offer the potential of a work partnership which would make real sense to children and their families, where the efficient and reliable delivery of practicality underpins trust, containment and goals;

b) Develop case management, cross agency and inter-professional practice as substantial and discrete subjects at Graduate Diploma/Postgraduate levels in accordance with the new post-qualifying framework; and especially include mechanisms to make sense of splitting, in which shared training should play a part;

c) New workforce planning should consider two particular priorities: first, apprenticeships and a minimum post training period before case management posts; second, consider the challenge of mobility - how do we create stable, caring and experienced communities where professionals feel able to stick around?

I have endeavoured to identify a bottom up, practitioner perspective on partnership practice. With an eye to *Every Child Matters*[3] it is after all the practitioners who will have the day to day responsibility of making new partnership structures work. I have pointed to the legal and policy framework, and significant partnership practice theory and research. Thereafter I have discussed in a discursive fashion what I regard as some of the complexity behind notions of partnership in this context of children and young people who are looked after. My chosen signposts have been partnership and child care planning, the regulatory culture, placement dogma, ethnicity and gender, crossing systems, professionals and advocacy, parents and professional roles, apprenticeships, evaluation and outcomes, recruitment and community, and relational practice. Taken together they amount, to me, to the complex challenge in promoting developmental systems for children and young people who are looked after, central to which is a settled professional community.

[3] America's idea of "wraparound" and developing "systems of care" (Stroul 1996) are just around the corner in Britain. They connect with and may add force to New Labour's partnership plans for child welfare.

# Bibliography

Baldwin N. & Carruthers L. (1998) *Developing Neighbourhood Support and Child Protection Strategies*, Ashgate, Aldershot.

Balloch S., Pahl J., & McLean J. (1988) Working in the social services: job satisfaction, stress and violence, *British Journal of Social* Work, 28, pp. 329-350

Borger J (2004) 'A Global Intelligence Failure' Justifications for the war in Iraq were wrong, says damning US report. Guardian, Saturday July 10.

Bion W.R. (1962) *Learning From Experience,* London, Heinemann.

Bridge G. & Miles G. (1996) *On the Outside Looking In*, London, CCETSW

Broad R., Hayes R. & Rushforth C. (2001) *Kith and Kin – Kinship Care for Vulnerable Young People*, London, NCB/JRF.

Bradbury H. & Reason P. eds. (2001) *Handbook of Action Research – Participation, Enquiry and Practice*, London, Sage.

Cairns R (2000) Developmental science: three audacious implications, in Bergman L.R., Cairns R.B, Nilson L.G., & Nystedt L., *Developmental Science and the Holistic Approach*, Lawrence Erlbaum Associates, Mahwah, New Jersey, London, pp. 49-62.

Care of Children Committee (1946) Cmnd 6922, London, HMSO (familiarly known as the Curtis Committee).

Department of Health (1998a) *Modernising Social Services*, London, The Stationery Office.

Department of Health (1998b) *Quality Protects: Objectives for Social services for* Children, London, DoH.

Department of Health (2002) *Friends and Family Care (Kinship Care)*, London, The Stationery Office.

Doel M. & Marsh P. (1992) *Task-Centred Social Work,* Aldershot, Ashgate.

Every Child Matters (2003) London, The Stationery Office.

Family Rights Group (1991) *Partnership with Parents – a Training Pack*, London, DoH/FRG.

Farmer T.W.& Farmer E.M.Z (2001) Developmental science, a system of care and prevention of behavioural and emotional problems in youth, *American Journal of Orthopsychiatry*, 71 (2), April, pp. 171-181.

Foggitt R (2004) Rewards are overdue, *Community* Care, 27 May - 2 June, pp. 30-31.

Framework for the Assessment of Children in Need and their Families (2000), London, HMSO.

Grimshaw R. & Sinclair R. (1997) *Planning to Care: Regulation, Procedure and Practice under the Children Act 1989,* London, National Children's Bureau.

Harrison R., Mann G., Murphy M., Taylor A. & Thompson N. (2003) *Partnership Made Painless – a Joined-Up Guide to Working Together,* Lyme Regis, Russell House Publishing.

Henderson P. (1995) Children and Communities, London, Pluto Press.

Hess P., McGowan B., & Botsko M., (2000) A preventive services model for preserving and supporting families over time, *Child Welfare*, 79 (3) pp. 227-265.

Holman R. (1975) The place of fostering in social work, *British Journal Of Social Work*, Vol. 9 (1) pp. 3-29.

Howe D. & Hinings D. (1995) Reason and emotion in social work practice: managing relationships with difficult clients, *Journal of Social Work Practice,* Vol 9, No 1, pp. 5-14.

Humphrey J.C. (2003) New Labour and the regulatory reform of social care, *Critical Social Policy*, Vol 23 (1), pp. 5-24.

Hunter M. (2004) Time to turn off, *Zero2nineteen,* Community Care supplement, pp 12-13.

Imber-Black E. (1998) *Families and Wider Systems: a Family Therapist's Guide Through the Labyrinth*, New York, Guildford Press.

Irvine E. (1956), Transference and reality in the casework relationship, in *British Journal of Psychiatric Social Work*, Vol 3, No 4.

Janchill Sister M. (1979) People cannot go it alone, Germain, C. ed. *Social Work Practice*, New York, Columbia University Press, pp 74-106.

Jones (2001) Joseph Rowntree Foundation (2002) Findings: involving young people in local authority decision-making. www.jrf.org.uk

Kelsall J. & McCollough B. (1988) *Family Work in Residential Care*, Manchester, Boys and Girls Welfare Society.

Kirkpatrick I. (1999) The worst of both worlds: public services without markets or bureaucracy, *Public Money and Management,* October-December, pp. 7-14.

Klein M. (1928) Early stages of the Oedipal Conflict, in *Contributions to psycho-analysis* 1921-1945, London, Hogarth (1950).

Kraemer S. (2000) The fragile male, *British Medical Journal,* 321, 1609-1612, 23 December.

Laming W.H. Baron (2003) *The Victoria Climbié Inquiry,* Report of an Inquiry by Lord Laming, London, Home Office and Department of Health, Cmnd 5730.

Lightburn & Warren-Adamson (forthcoming) Developing a community-based model for integrated family center practice, Lightburn A. & Sessions P. eds. *Clinical Practice in Communities*, Oxford, Oxford University Press.

Lymbery M. (2001) Social work at the crossroads, *British Journal of Social Work,* 31, pp. 369-384.

Marsh P. & Crow G. (1997) *Family Group Conferences in Child Welfare*, Oxford, Blackwells.

Menzies-Lyth I. (1989) *The Dynamics of the Social,* London, Free Association Books.

Milner J. (2003) Narrative groupwork with young women – and their mobile phones, *The International Journal of Narrative Therapy and Community Work*, No 3. pp. 50-56.

Newton C. & Marsh P. (1993) *Training in Partnership – Translating Intentions into Practice in Social Services,* York, Joseph Rowntree Foundation.

Norris D. (1990) *Violence Against Social Workers - the Implications for Practice,* London, Jessica Kingsley.

O'Brien V. (2000) Relative Care, a Different Type of Foster Care, Kelly R & Gilligan G. eds. *Issues in Foster Care – Policy Practice and Research*, London, Jessica Kingsley.

Packman J. (1993) From prevention to partnership: child welfare services across three decades, *Children and Society*, 7 (2) pp. 183-195.

Parton N. ed. (1997) *Child Protection and Family Support – tensions, contradictions and possibilities*, Routledge, London.

Parton N. (2004) From Maria Colewell to Victoria Climbié: reflections on public inquiries into child abuse a generation apart, *Child Abuse Review,* 13: pp. 80-94.

Reder P., Duncan S. & Gray M. (1993) *Beyond Blame: Child Abuse Tragedies Revisited,* London, Routledge.

Rees S. (1991) *Achieving Power,* Sydney, Allen & Unwin.

Ruch G. (2004) Reflective practice in contemporary child care social work, Doctoral Thesis, University of Southampton, unpublished.

Russell P. (1997) Educational experience, INSIDE, *Community Care,* 26 June- 2 July, pp. 4-5.

Saleeby D. (2000) *The Strengths Perspective in Social Work Practice,* Boston MA, Allyn and Bacon.

Save the Children (1997) *Empowering Children and Young People*, Save the Children and Children's Rights Office, 17 Grove Lane, London SE5 8RD

Scourfield J. & Welsh I. (2003) Risk, reflexivity, and social control in child protection: new times or same old story, *Critical Social Policy,* Vol. 23 (3) pp. 398-420.

Shuttleworth J. (1991) Psychoanalytic theory and infant development, L. Miller, M. Rustin, M Rustin, J. Shuttleworth., eds. *Closely Observed Infants*, London, Duckworth.

Smith M. (2000) Supervision of fear in social work: a re-evaluation of reassurance, *Journal of Social Work* Practice, 14 (1) pp. 17-26.

Stroul B. ed. (1996) *Children's Mental Health,* Baltimore, MD: Paul Brookes.

Fostering Network (2003), Shortages in Foster Carers, www.the forstering.net/comdir/cditem.cfm?NID=453

Thomas N. (2002) *Children, Family and the State: Decision-Making and Child Participation*, Bristol, The Policy Press.

Thompson N. (2003) *Communication and Language: a Handbook of Theory and Practice*, Macmillan, Palgrave.

Trevillion S. (2004) Social work research and the partnership agenda, R. Lovelock, R. Lyons, & J. Powell, eds. (2004) *Reflecting on Social Work: Discipline and Profession*, Aldershot, Ashgate.

Trevithick P. (2003) Effective relationship-based practice: a theoretical exploration, *Journal of Social Work Practice*, Vol 17, No 2, pp. 163-176.

Upson A. (2004) *Violence at Work: findings from the 2002/3 British Crime Survey,* Home Office Research, Development and Statistics Directorate (www.hse.gov.uk/press/2004/e04013.htm).

Vecchiato T., Maluccio A.N. & Canali C. eds. (2003) *Client and Programme Perspectives on Outcome Evaluation in Child and Family Services: a Cross-National* Perspective, New York, Aldine de Gruyter.

Warren C. (1997) Family support and the journey to empowerment, C. Cannan & C. Warren eds. *Social Action with Children and their Families – a Community Development Approach,* London, Routledge, pp.143-158.

White M. & Epstein D. (1990) *Narrative Means to Therapeutic Ends*, NY, London, W.W.Norton.

Whittaker J. (1981) Family involvement in residential treatment: a support system for parents, Maluccio A.N. & Sinanoglu P.A., eds. *The Challenge of Partnership: Working with Parents in Foster Care*, NY, Child Welfare League of America.

Whittaker J. (1986) Integrating formal and informal social care: a conceptual framework, *British Journal of Social Work*, 16, Supplement, pp. 29-62.

Whittaker J. & Maluccio A.N. (2002) Rethinking "Child Placement": a reflective essay, *Social Services Review*, (March 2002), pp. 108-134.

Winnicott D. (1949) Mind and its relation to psyche-soma, in *Collected Papers,* London, Tavistock (58).

Wolfensberger W. (1977) *A Global Multi-Component Advocacy Protection Schema*, Monograph, Canadian Association for the Mentally Retarded, 4700, Keele street, Downsview, Toronto, Ontario, Canada.

# Chapter 7

# Future Directions: Complexity Theory and Methodological Matters

Chapter 7 is a single paper which develops complexity theory as an explanatory framework for complex systems of care, not least family and children's centres. The paper concludes by inviting colleagues from the International Association for the Study of Outcomes in Child and Family Services (iaOBERfcs) to explore the complexity perspective collectively and internationally.

Paper 7a **Warren-Adamson C. (2007/2008) Complexity Theory and its Potential Contribution to an Understanding of the Process of Practice: a challenge for iaOBERfcs:** paper for the International Association for the Study of Outcome-Based Evaluation in Child and Family Services seminar in Padova, 2008, adapted from a paper presented as a background paper for the University of Southampton/International Association for the Study of Outcome-Based Evaluation in Child and Family Services symposium on Complexity Theory and Child Welfare [Arundel. UK - 2007]).

This paper develops complexity theory as an explanatory framework to apply to complex systems of care, including family centres. It raises questions about radical designs for the study of outcomes in centres. The paper is to be presented at the iaOBERfcs seminar in Padova in April 2008, and argues the case for a continuing initiative by a sub-group of iaOBERfcs into the application of complexity theory in the study of outcomes.

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4662 words

# Complexity Theory and its Potential Contribution to an Understanding of the Process of Practice: a challenge for iaOBERfcs

CHRIS WARREN-ADAMSON

This paper is a thinkpiece about child and family centres as complex systems of care, and serves as an invitation to iaOBERfcs colleagues to consider exploiting the strength and potential of our organisation to develop a cross national study.

Over the past ten years or so Anita Lightburn and I have focused a lot of attention on centre-based practice, in which we include family centres, family support centres, residential family support centres, or even children centres (see Warren-Adamson and Lightburn 2005; Lightburn and Warren-Adamson 2006). Such activity appears to offer an antidote to some of the more troublesome and reductionist trends in professional practice in recent years, inter alia – the elevation in status and preference for bureau-based work; the short-term; case management; distancing from the client; a preference for the diagnostic rather than the engaged; and intervention dogma.

Centres on the other hand are characterised by holism – the fusion of activity which is both practical and emotional, embraces short and long term, melds skills and experience, and so on. There is a continuing evidence of contented, mixed, long-term staff groups (Gibbons et al 1990; Cannan 1992; Smith 1996; Batchelor et al 1999; Pithouse et al 2000/2001; Fernandez 2004). Parents offer 'glowing' testimony of satisfaction – often in circumstance where parents face major stigma and have been subject to the compulsory powers of the State. Centres offer complex, multi-purpose activity which is accessed simply and often informally. And centres appear to occupy physical and a symbolic

presence as community beacons. They add to the social glue of neighbourhoods. Therefore, the family/children's centre appears to present as an especially appropriate site for study. Here are two illustrations; one from the UK, one from France, and similar in their mix of the practical and the relational, the formal and the informal

*Figure 1: Family Centre (England)*

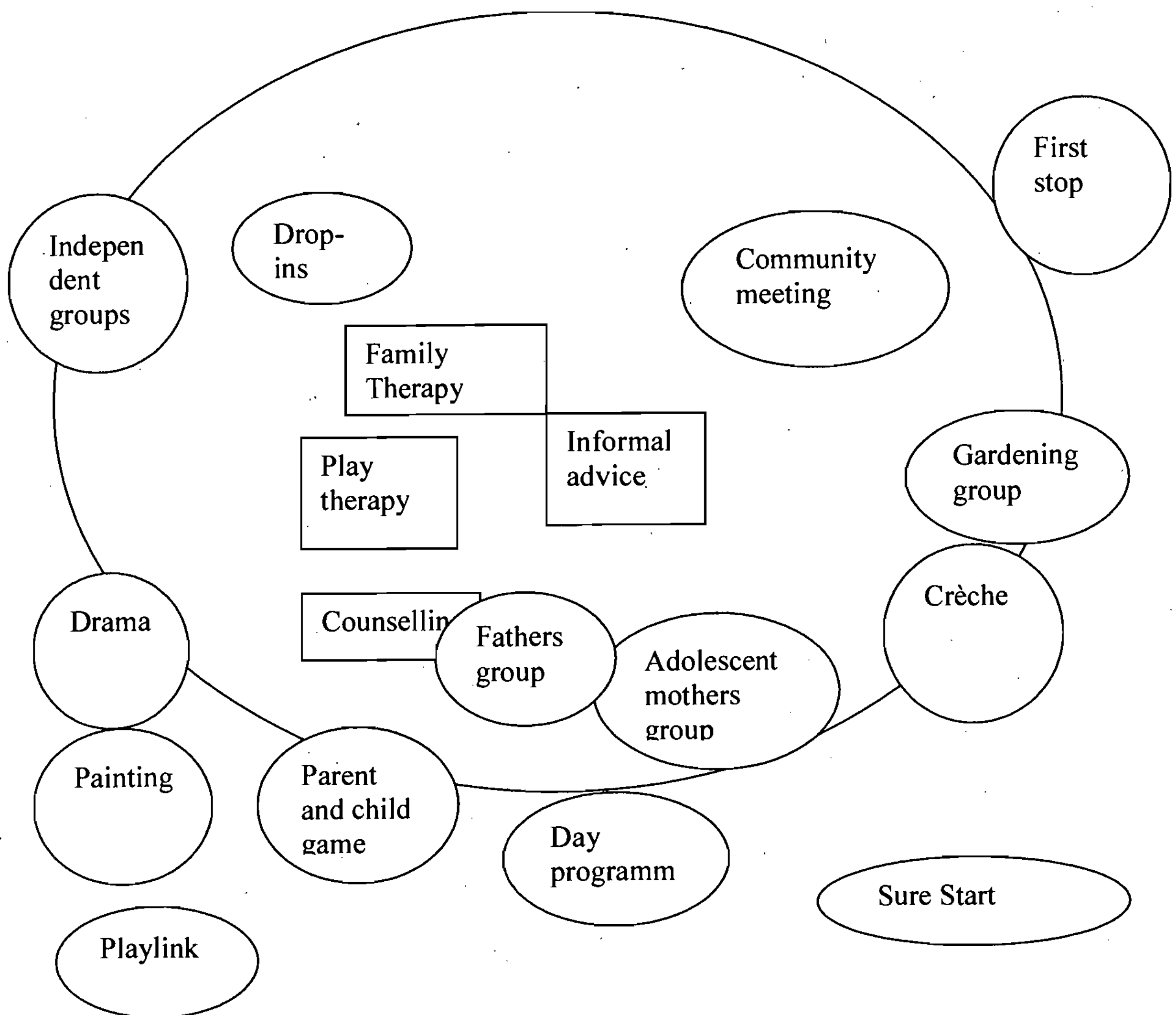
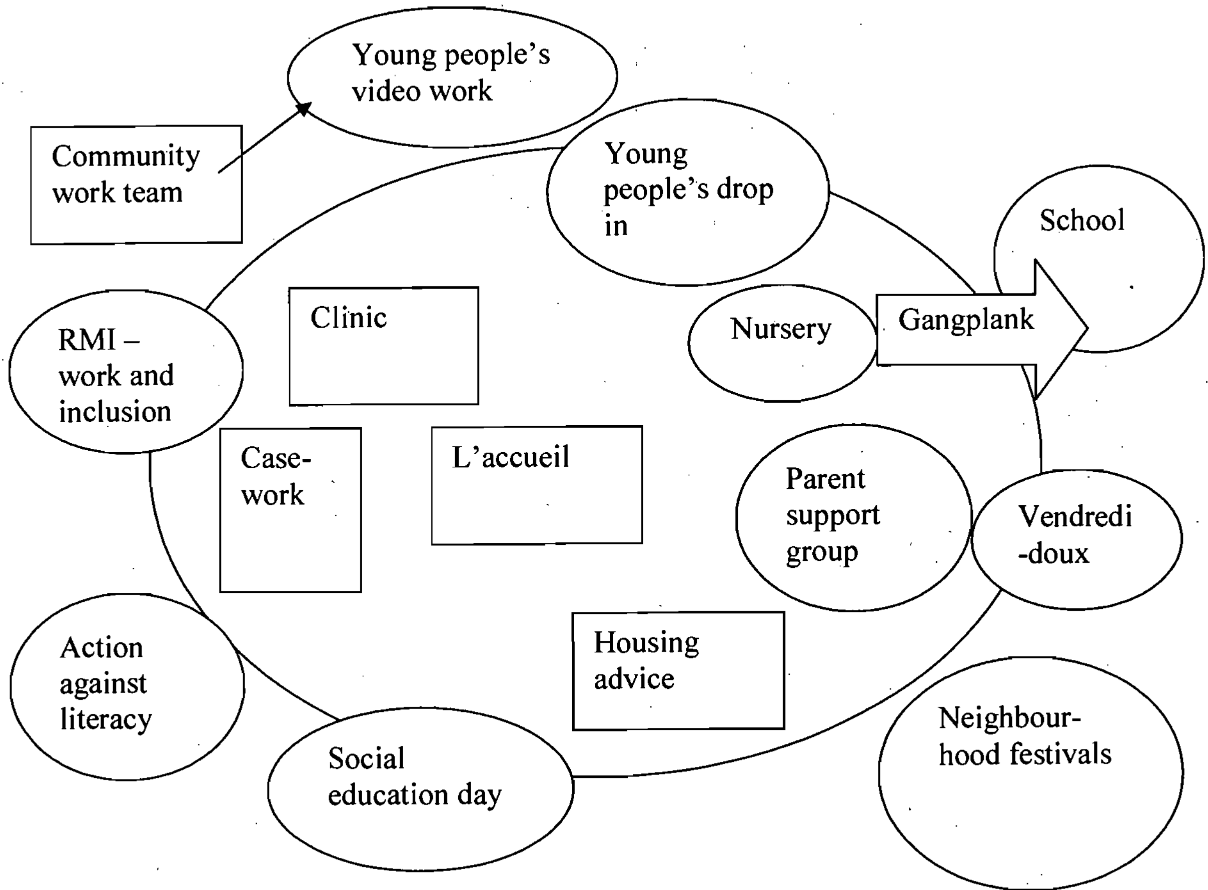


*Figure 2: Centre Socio-Culturel (France):*




(Warren-Adamson 2002)

## Centres and the evaluation gold standard

Centres are difficult to evaluate using the classic gold standard for evaluation: control groups requiring replication, developed not developing, focused on specific outcomes, for example, improved parenting, decreased child placement. We have been looking for another way of evaluating centres to be able to argue for the support of these programmes as a central means for helping at risk/vulnerable families.

## Searching for a theory of change for centre-based practice

Prompted by our valued association with colleagues in the International Association for the Study of Outcomes in Child and Family Services (Maluccio et al 2007; Berry et al 2006), we have embarked on a quest to understand outcomes in this context and to articulate a theory of change. For example, we have examined in turn – theories of intervention, ecology and systems, systems of care, teamwork and management, containment, developmental science, the nature of 'milieu.' (Warren-Adamson and Lightburn 2005). Centres combine a range of interventions and epistemological perspectives in complex inter-connection (Howe 1989) yet no one approach offers a satisfactory account of change. Bronfenbrenner's nested systems encourage us to cross systems and be multi-layered (Bronfenbrenner 1979) and his later work reminds us of the deep reflexivity in human development. Team-building, and concepts such as "holding" and "containment" (Haigh 1999; Shuttleworth 1991, Menzies 1970) remind us of the centrality of the practitioner team as a complex component in change. Sociological perspectives like "structuration" (Giddens 1984) and Bourdieu's "habitus" (Nash 1999) expose the complex reflexivity between agency and structure. And the psychological domain of Developmental Science (Farmer & Farmer 2001) has perhaps pushed us closest to facing the complex transformational process involved amongst those – parents and children in particular - who are at once subjects of study, personally changing, and also change agents. We also considered synergy early on (Warren 1997), then re-examined it later with the concept of *milieu* (Warren-Adamson & Lightburn 2005), and then, we discover it as a critical component of complexity theory and of complex systems, and it is to this that attention is turned.

## Chaos, complexity, connectivity, and synergy

Complexity theory, a contemporary evolution from chaos theory, is the study of complex systems and is concerned with transformations – negative and positive – which arise from the fusion of biological activity. So, A + B is not AB but becomes C. It is non-linear.

Complexity theory engages the tantalising idea that understanding the link between a transformed 'whole' and its original constituent parts is not easily made. The connections are said to be non-linear. *Complex* systems – weather, the brain, are classic examples - are irreducible, or at least difficult to dis-aggregate. They can be distinguished from *complicated* systems – for example the motor car, laptop, hair dryer, electric toothbrush - which can – by and large – be reduced from their recognisable states (motor car) and then be re-assembled to that same state (motor car). In this domain, therefore, complex is different from complicated.

Complexity is all but commonplace in the physical sciences, introducing us to a number of concepts which by analogy we may employ in seeking to understand social interventions. Each of the following is the subject for further papers but I introduce some here in case, like me, they whet appetites and appeal to our instincts for further study. So, for example, complexity theorists talk of *emergence*, generally the appearance of higher level features of a system, where for example a children's centre is an emergent feature of its component parts. Or of *synergy,* from the Greek 'sunergos' "The whole is greater than the parts", The whole is different than the parts and the whole can do things which the parts cannot. The parts may be unaware or partly aware of their contribution to the whole. Synergy involves transformation, and synergy is everywhere, from the aggregation of sub-atomic particles to the collective endeavours of women and men. (Corning 1998/2003; Lasker 2003; Lewin 1992). And complex systems are said to have a self-organising capability – *autopoiesis* - and can change spontaneously according to or despite the intentions of the agents within the system. It means unpredictability and small changes can have big impacts (Goldspink & Kay 2003). Family therapists will find recognisable elements in complexity theory, not least the idea of a system as a collection of interacting parts which act as a whole and are distinguishable by particular boundaries. They will recognise too the principle of homeostasis where systems return to a same state and the therapist's task is to shift the system to a (more healthy) homeostatic position. In complexity theory this position is more elaborate and is called an *attractor,* and there may be multiple attractors (for example, doctors evaluating surgeries saw funding base, value base, style of practice manager as powerful attractors, distinguishing one from

another. And when systems are described by identifying the sub-systems or features of the system whilst taking no account of the relationships between them, this is called *reductionism.* And a final concept, *hysteresis*, involves attempts to add a change agent to a particular phenomenon. It then invites an encounter with, for example, variable assimilation, resistance, contextual pressures, and the problem of predicting a return or half return to its original state. Sounds familiar?

## Applying complexity theory

In the second half of this paper I shall try to explain these ideas through a case study. So, to conclude this first section, complexity theory is about non-linear explanation. This is not a claim for a wholesale pendulum swing (see Snowden 2007). Linear sits alongside non-linear and often offers a practical way forward. However, non-linearity proposes that a) there are many factors to be constructed as an explanation, many beyond our ken b) that these factors, of unequal weight, exist in complex inter-relationship, and c) attractors, language, glues, often beyond our ken, serve to connect factors and shape the character of complex systems. Let's move on and try and apply these ideas.

## Discussion

### *1) – making sense of Grainne's story*

Consider material from a family centre study (Warren-Adamson 2006, op cit) which I believe highlights some of the messages and dilemmas from this discussion of complexity theory. Grainne engaged with the centre 2.5 years ago. She had four children and had troubled relationships with all of them. Initially she was angry, fearful, challenging, but over time developed a reflective self which enabled her to manage each one of them to a degree of satisfaction. She drew on all the interventions of the centre – women's group, parenting, counselling, friendships, recreational activities and received a great deal of practical support. It was a topsy-turvy time but staff and Grainne agreed that

it had been an overall trajectory of progress. Grainne claims that the centre had "saved my life." In particular her youngest (7) was fostered and she evolved over time from a rejecting mother and poor collaborator with the foster carer to enjoy something of a triangular partnership with the foster home. To an extent she came to share the parenting and worked well with the carer. During the 2.5 years the key worker, Zoe, concentrated on a counselling, cognitive-behavioural, practical support package, and in particular guided Grainne to a more productive child/mother/carer partnership. Zoe attended placement reviews and got to know the carer too. During this time, Grainne had three bureau-based social workers, one after the other, with responsibility for the placement, who surfaced at the time of the review, completed the meeting and the paperwork, and then 'disappeared' (from Warren-Adamson 2006, op cit.).

*2) Grainne and outcomes*

Grainne's centre's declared, broad objectives mirrored the UK Governments much heralded five outcomes for child well-being. Practitioners, on the other hand, talked of intervention outcomes where change was accounted for in terms of "holding in mind" the good parents, good transference and the building as a beacon, a supportive context. Grainne talked of day to day gains, and of friendships. The researcher, challenged by instincts about synergy and non-linearity, was troubled about the negotiation of outcomes and what claims could be made about linkages.

The emerging complexity perspective has encouraged us to problematise outcomes as follows. We have developed a three fold classification of outcomes. First, we talk of distal – overarching outcomes. They can be a product of insecure authority on the one hand or may, on the other, be built on a long and open participative process. The UK Government's five outcomes for child well-being fit this category. Second, we consider proximal outcomes, as both near-to, steps on the way to distal outcomes. For example, countless acts by Grainne involving self-esteem, acts involving responsive and manageable children, getting out of debt, the discovery of an unexpected skill like knitting or singing. Third, mediating outcomes, those that are put in place explicitly or

implicitly to create a productive milieu. Mediating outcomes might be talked of as the language of the centre's synergy. Examples might be group sentience, the management of projection, the processes of good parenting. Grainne says: "They kept my family together; they're always there for me; I'm more confident; they saved my life." The challenge for us is in establishing their inter-relationship, and beyond just good intuition.

*3) Grainne and reductionism*

Grainne bristled at the anticipation of meeting and joining with her bureau based social worker to review her son's placement. It may not be without foundation. Gathering together in one place the transient and inexperienced of a single discipline to case-manage and regulate behaviour looks like trouble. Moreover the bureau based practitioner's appearance was erratic and occasional as perceived by Grainne (although in truth she kept in touch with the centre, acknowledging its prominent role viz à viz Grainne and family). She was the latest in a list of social workers and moreover, seemed preoccupied with externally imposed targets. It was easy to 'split' and discount her contribution, a game in which the centre was somewhat complicit.

On the other hand, *coupling* the structure of bureau practice and centre-based practice shows the critical relationship between quick regulatory practice and slow relationship-based practice. The two practice domains *may* well have enabled each other. At case level, centre practitioners acknowledged this could be possible. The formality and accountable process of the bureau-based review is informed by, inter alia, the resistance, advocacy, curiosity, mediation, and the variable, topsy-turvy formality and informality of the centre and its relationship-based practice; the relationship-based practice represented by the centre, on the other hand, is contained, structured, by the review process.

*4) Grainne, intentionality and serendipity*

Snowden's emergent management consulting organization, Cognitive Edge, has adopted what it calls 'sense-making' in complex environments and draws on deep anthropological

insights and method, the science of complexity, and modern technological power of data gathering and analysis. We should, implies Snowden, rather than seek to control "cause and effect" be "managing for serendipity". One of the assumptions of this approach is to question human decision-making:

> "Humans do not make rational logical decisions based on information input, instead they pattern match with either their own experience or collective experience expressed as stories. It isn't even a best fit pattern match but a first fit pattern match... The human brain is also subject to habituation, things that we do frequently create habitual patterns which both enable rapid decision-making, but also entrain behaviour in such a manner that we literally do not see things that fail to match the patterns of our expectations." (Snowden 2005)

Even in such a fluid setting as the centre, this is not to argue against learnt protocols but rather to try and create conditions which acknowledge people's partial learning and encourage the best of their instincts and discretion. In my brief study of Grainne's journey, it was she who most vividly pointed to the complex factors which had contributed to it. She identified a number of what might be guessed at as *attractors* – for example, the containment exuded by her key workers, and the centre manager's facilitative style.

*5) Researching Grainne's centre*

How then to make sense of the rich culture of Grainne's journey and the centre's partial role in her recovery. Figure 1 sets out an alternate design model to make sense of our non-linear assumptions about Grainne's (and many others') extraordinary, topsy-turvy trajectories of change.

| *Traditional Research/ Evaluation Model* | *Alternate Model** |
|---|---|
| *The family centre is the independent* | *Effective systems are iterative, evolving,* |

| | |
|---|---|
| *variable;*<br>*Should be static*<br>*Should be replicable*<br>*Should be easily measurable*<br>*Measures should be objective*<br>*Research/evaluators should be non-participants;*<br>*Research/evaluators are the "experts" who determine how to study the system'*<br>*Causal relationships are primarily linear* | *changing, dynamic, always emerging;*<br>*Relationships/connections/integrative mechanisms between agents and components are critical;*<br>*Responsiveness to contextual issues is one key*<br>*Values, principles, culture, and goals are the key foundation;*<br>*Causal relationships are primarily non-linear and complex;*<br>*The "system" exists in the eye of the beholder;*<br>*Key to understanding systems is relationships, recurring patterns, implicit as well as explicit rules.*<br>** Based on Research/Theory from fields of Organizational Development,*<br>*Systems Theory and Complexity Theory* |

(Figure 1 - thanks to Friedman R. 2007)

The alternate model underpins what Snowden called "Sense-Making" and invites our use, for example, of ethnography, agent-based modeling, storytelling, participatory methodologies, companion modeling (www.commod.org). *Ethnography* traditionally studies the holistic, emergent nature of an organization or a community. It involves "mixed methods," - interviews, document reviews, participant observation, quantitative measurements (Agar, 2004; Schensul, Schensul & Le Compte, 1999). The process for knowledge building is iterative, recursive and abductive (Agar, 2006). *Agent-based modeling* offers a visual representation of a system in order to comprehend it in holistic terms. The dynamic and evolving nature of the system is illustrated through a series of "runs" of the system, tweaking the number of agents, the levels of various agent

characteristics, and environmental conditions in a series of virtual experiments (Axelrod & Tesfatsion, 2005). Complex systems are said to develop in fractals, meaning that patterns of approximate self-similarity are recognizable at multiple scales (McKelvey, 2004). *Story telling* has that same capacity. The aim is to look to clustering, identifying patterns and recurring themes in one story (Snowden, 2005; Baskin, 2004; Agar, 2005). Cognitive Edge is a software that enables us to carry out the above analysis across many, many stories (Snowden, 2007). *Participatory methodologies* approach complexity by active co-research. Finally, *companion modeling* (www.commod.org) was developed in France (see Barreteau 2003). In this approach, a multi-disciplinary researcher group construct an agent-based model, test it by playing it out with local agents, returning to the field to gather more information and refine the model, and repeat the process until reaching a satisfactory fit.

*6) Grainne and what is necessary and sufficient*

There are several family centres in Grainne's town, all different. Some agency managers are troubled by this diversity and search for a paired down, 'sufficient' model which can be replicated. And some theorists observe that complexity theory affords good explanatory theory but is poor predictively. We can, however, also develop ideas for the predictive application of the theory (see Stewart 1997). It does, I believe, take us into quantitative techniques, a proper joining of qualitative and quantitative. As argued above, a systematic record of children and parents' stories over time can, I believe, release a narrative of proximal and mediatory outcomes, and which cluster anlaysis can help us to put together. It does not produce a how to do it or what's the best kind of centre – but does promise *different concentrations of necessary and sufficient disposing factors which contribute to agreed, satisfactory distal outcomes.* We should content ourselves with clusters of related journeys.

# Complexity allies in Social Work

In this thinkpiece I have discussed complexity theory and some meanings for centre-based practice and its relationship with other sites for practice. It is perhaps not a major paradigm shift for social and community work with its own instincts for the qualitative, and for systems thinking (Mathews et al 1999). But it is certainly a development in systems thinking, and practice has consistently found non-linear thinking a wrench, and is challenged to face its implication and act upon it (Carpenter & Treacher 1983, Imber-Black 1983).

Elsewhere, complexity is now part of the assumption of the natural sciences. Here, it is not wholly the predictive qualities of the natural sciences which is primarily attractive, but rather complexity offers tools to problematise what is already an activity attracted to predictive measures, for example, the systematic assessment of need, and the use of scales, (HMSO 2000; Calder 2004), or the poorly negotiated establishing of outcomes, and their crude measurement.

If not a wholesale borrowing from the natural sciences, and more a critical tool, what then are the strengths of this paradigm? A number of writers in the human services have already staked a claim. Lasker et al. (2001) have produced an evaluative framework which enables us to assess the extent that organisational behaviour allows us to increase the collaborative synergy of the group. Warren et al (1998), in one of the few papers addressing social work practice, introduces complexity concepts and discusses possibilities in relation to group process, understanding human behaviour, developmental process and brief therapies. Stevens and Hassett (2007) introduce complexity concepts in the context of child protection practice, and make cautionery signals about prediction, inadequate assessment procedures, spatial analysis of risk. Bolland and Atherton (1999) assert social work's continued commitment to linear, cause and effect explanation and promote chaos theory as a broad explanatory framework for social work. At a policy level, Haynes uses complexity theory to account for our limited understanding of the marketisation of social care (Haynes 2007). And it is always tempting to call for more inter-disciplinarity and collaborative practices in the face of pressing problems (Every Child Matters 2004). However, Cooper et al (2004)

arguing from a complexity perspective and in the context of post-qualifying child care training, propose that rather than decrease the level of complexity, inter-disciplinarity might initially increase its level. Michael Agar (2004), a giant in anthropology, has long recounted stories of the unpredictability of phenomena – for example, how to account for the way drug use epidemics develop so unpredictably and how to make sense of contingencies and connections over time?' For Agar, anthropology and complexity are established bed-fellows. Anderson et al (2005) argue that a case study approach based on complexity theory offers hope in identifying and understanding integrative systems in health services by employing rigour in identifying processes as well as events, tracking patterns, shifting from foreground to background, learn the system's history, and so on. Mathews et al (1999) review chaos and complexity concepts and conclude, citing Johnson and Burton (1994: 328) that ' a rigourous, internally consistent and empirically adequate theory is the next required step'.

## Conclusion

This paper draws attention to work which Anita Lightburn and I have carried out with respect to children and family centres and our recourse to the new paradigm of complexity theory. We have been pressed to try and understand the apparently successful outcomes of families associated with such centres. The emergent challenge has been to make sense of the trajectories of families which appear non-linear and often synergistic, more than the sum of the parts. We have been pushed from reductive accounts of centres – listing and categorization of the apparent components of centre activity - to a re-questioning of such categorization and the relationships between them, and we have been engaged in a problematising of what we understand as outcomes. Through the case study of Grainne some critical concepts of complexity have been explored for their application. One particular concept, attractors, shows that complex systems settle on and consistently return to a number of defining system characteristics. Organisations like Cognitive Edge and the La Parte Mental Health Institute, University of South Florida, use anthropological analysis and robust quantitative software to explore such matters in many cultures of care. A grouping such as iaOBERfcs is also well placed to conduct a similarly robust

design – multiple sites, anthropological analysis, quantitative analysis and a shared database – in a comparative, international context?

## References

Anderson R.A., Crabtree B.F., Steele D.J & Reuben R.M. (2005) Case study research: the view from complexity science, *Qualitative Health Research*, Vol 15, No 5, 669-685.

Agar M. (2004) An anthropological problem, a complex solution, *Human* Organsiation, Vol. 63, No 4, Winter, 411-418.

Agar, M. (2004a) We have met the other and we're all nonlinear: Ethnography as a nonlinear dynamic system. *Complexity,* 10(2), 16 – 24.

Agar, M. (2004b) An anthropological problem, a complex solution. *Human Organization,* 63(4), 411 – 418.

Agar, M. (2005, March) Turning the complicated into the complex: how the "new science" changes social research and organizational development. Plenary lecture delivered at *The 18th Annual Research Conference: A System of Care for Children's Mental Health: Expanding the Research Base,* March 6 – 9, 2005, Tampa, Florida.

Agar, M. (2006). An Ethnography by Any other name. *Forum: Qualitative Research*, 7(4), Art. 36. http://www.qualitative -research.net/fqs-texte/4-06/06-4-36-e.pdf

Axelrod, R. & Tesfatsion, L. S. (2006). A Guide for Newcomers to Agent-Based Modeling in the Social Sciences. *Staff General Research Papers*, 12515, Iowa State University, Department of Economics. http://ideas.repec.org/p/isu/genres/12515.html

Bàtchelor, J., Gould, N., & Wright, J. (1999). Family centres: A focus for the children In need debate. *Child and Family Social Work, 4,* 197-208.

Barreteau, O. (2003). Our companion modeling approach. *Journal of Artificial Societies and Social Simulation,* 6(1). http://jasss.soc.surrey.ac.uk/6/2/1.html

Baskin, K. (2004, November). *Complexity, stories and knowing.* Paper presented for the 2004 International Workshop on Complexity and Philosophy, Rio de Janeiro, Brazil. http://isce.edu/ISCE_Group_Site/web content/ISCE_Events/Rio_2005/Rio_2005_Papers/Baskin.pdf

Berry M., Brandon M., Fernandez E., Grietens H., Lightburn A., McNamara P.M., Munford R., Palacio-Quinton E., Sanders J., Warren-Adamson C. & Zeira A. (2006)

Identifying sensitive outcomes of interventions in community-based centres, *International Journal of Child and Family Welfare*, Vol 9, no 1-2, pp2-10 [one of ten papers in a special issue entitled "International research on community centres for children and families: the importance of sensitive outcomes in evaluation." Ed M. Berry]

Bolland K. & Atherton C. (1999) *Chaos Theory: An Alternative Approach to Social Work Practice and Research, Families in Society*, New York, Jul/Aug, Vol. 80, Iss. 4: 367-373.

Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.). *Annals of child development, 6* (pp. 187-251). Greenwich, CT: JAI.

Calder M. (2004) Out of the frying pan into the fire? A critical analysis of the Integrated Children's System, *Child Care in Practice*, Vol 10

Carpenter J. & Treacher A. (1983) On the neglected but related arts of convening and engaging families in their wider systems, *Journal of Family Therapy*, 5, Pp. 337-358.

Cooper H., Braye S. & Geyer R. (2004) Complexity and inter-professional education, *Learning in Health and Social Care*, 3,4:179-189.

Corning P.A. (1998) The synergism hypothesis, *Journal of Social and Evolutionary Systems*, 21 (2), Pp

Corning P (2002) The re-emergence of emergence: a venerable concept in search of a theory, *Complexity*, 7 (6), 18-30.

Corning P. A. (2003) Nature's Magic, Cambridge University Press.

Fernandez, E. (2004). Effective outcomes to promote child and family wellbeing: A Study of outcomes on interventions through children's family centres. *Child and Family Social Work, 9*, 91-104.

Friedman R. (2007) A system of care for children;s mental health: expanding the research Base, 20th Annual Conference, Tampa, Florida.

Gibbons, J., Thorpe, S., & Wilkinson, P. (1990). *Family support and prevention – Studies in local areas.* London: National Institute for Social Work.

Giddens A. (1984) *The Constitution of Society: Outline of the Theory of Structuration*, Cambridge, Polity Press.

Goldspink C. & Kay R. (2003) Organisations as self-organising and self-sustaining systems: a complex and auto-poietic systems perspective, *International Journal of General Systems*, October, Vol. 32, (5) Pp. 459-474.

Haigh R. (1999). The Quintessence of a therapeutic environment – five universal qualities. In P. Campling & R. Haigh (Eds.), *Therapeutic communities: past, present and future* (pp. 246-257). London: Jessica Kingsley.

Houchin K & MacLean D (2005) Complexity theory and strategic change: an empirically informed critique, *British Journal of Management,* Vol 16, 149-166

Imber-Black E. (1983) *Families and Wider-Systems – A Family Therapist's Guide Through the Labyrinth*, Guildford Press, New York.

Lasker R.D. & Weiss E.S. (2003) Creating partnership synergy: the critical role of community stakeholders, *JHHSA*, Summer, Pp. 119-139.

Lewin R. (1992) *Complexity: Life at the Edge of Chaos*, MacMillan.

Lightburn A. & Warren-Adamson C. (2006) Evaluating family centres: the importance of sensitive outcomes in cross-national studies, *International Journal of Child and Family Welfare*, Vol 9, no 1-2, pp11-25 [one of ten papers in a special issue entitled "International research on community centres for children and families: the importance of sensitive outcomes in evaluation." Ed M. Berry]

Mathews K.M; White M.C, & Long R.G. (1999) Why study the complexity sciences in the social sciences, *Human Relations,* Vol. 52, No. 4. Pp. 439-462.

Menzies Lyth I. (1989), *The Dynamics of the Social*, Free Association Books, London. Preston-Shoot

Nash R. (1999) Bourdieu, "habitus" and educational research; is it all worth the candle? *British Journal of Sociology of Education*, 20,(2), Pp. 175-187.

Pithouse, A., & Tasiran, A. (2000). Local authority family centre intervention: A statistical exploration of services as family support or family control. *Child and Family Social Work, 5,* 129-141.

Pithouse, A., Holland, S., & Davey, D. (2001). Assessment in a specialist referred family centre: Outcomes for children. *Children in Society, 15,* 302-314.

Shuttleworth, J. (1991). Psychoanalytic theory and infant development. In L. Miller, M. Rustin, M. Rustin, & J. Shuttleworth (Eds.), *Closely observed infants* (pp. 22-51). Duckworth: London.

Smith T. (1996) *Family Centres and Bringing Up Young Children*, London, HMSO.

Stewart I. (1997) Does God Play Dice? – the New Mathematics of Chaos, London, Penquin.

Stevens I. & Hassett P. (2007) Applying complexity theory to risk in child protection practice, *Childhood*, 128-144.

Snowden, D. (2003) Managing for Serendipity: or why we should lay off 'best practice' in Knowledge Management. *ARK Knowledge management*.http://www.bvsde.paho.org/bvsacd/wisirc/snow.pdf

Snowden, D. (2005) Multi-ontology sense making: A new simplicity in decision making. In R. Havenga (Ed). *Management Today Yearbook.* Retrieved April 1, 2007 from http://www.cognitive-edge.com/ceresources/articles/40_Multi -ontology_sense_makingv2_May05.pdf

Snowden, D. (2007, March) *Cognitive Edge Workshop.* Calgary, Ontario.

Warren K, Franklin C & Streeter C.L (1998) New directions in systems theory: chaos and complexity, *Social Work*, Vol 43, No. 4, July, 357-372.

Warren-Adamson, C., & Lightburn, A. (2006). Developing a community-based model for integrated family centre practice. In A. Lightburn, & P. Sessions (Eds.), *The Handbook of Community-Based Clinical Practice* (pp. 261-284). New York: Oxford University Press.

# Chapter 8

# Discussion and concluding remarks

This collection of papers is concerned with centre-based practice for children and their families, which is essentially represented by the more sophisticated family centre but also some residential resource centres, children's centres, and increasingly, extended schools. Such centres are complex systems and complex systems are said to develop in fractals, meaning that patterns of approximate self-similarity are recognizable at multiple scales (McKelvey, 2004). This idea is popularised in the expression "seeing a universe in a grain of sand". Children and family centres are my grain of sand.

To summarise the journey, in chapter 3 there was a beginning paper based on early enquiry into family support, which deals with empowerment and process, and intuits the complexity paradigm. It is followed in chapter 4 by an introduction to a text which shows centre-based practice as an international phenomenon and which introduces central ideas: of integration, time, informal education, and begins to question the bureau or office as an authentic site for practice. They are followed by papers which highlight parallels with settlements – community, education, integration – and their manifestation in France. The tension between broader community and neighbourhood development on the one hand and welfare's concern with care and control on the other, surfaces in these papers. Then a family centre literature is identified characterised by a largely over descriptive methodology. Thereafter, in chapter 5, there is a drilling down in a more analytical fashion; five papers problematise outcomes and a theory of change. The papers reflect an emergent curiosity about the hidden, synergistic feature of centres' work. Discussion begins to identify complexity theory as a paradigm to examine practice. There follow in chapter 6 two papers featuring complication and complexity and challenges to practice on behalf of the "looked after" child in general rather than the

centre in particular. Concerns about the complexity of the task and the capacity of the workforce are the subject of particular focus here. Once again the question of the appropriateness of bureau-based practice is raised, and the offer of a more positive alternative in the promise of the more sophisticated centre re-asserts itself. A final paper occupies chapter 7 and sets out the cornerstones of a complexity perspective and selectively proposes how it might re-arrange our thinking about centre-based practice. What does all this amount to? I should like to review this phase of work as *a critique of the centre for children and their families as a productive site for practice.*

## The potential of integrated sites for practice

There is, I believe, sufficient in the enduring lessons from centres to present *site for practice* as a thrilling subject for continued examination, not least in the contemporary UK social policy context where formal institutions of education – schools, children centres, and so on – are proposed as sites not only for attainment, but for emotional development and community development (Every Child Matters 2003). Stories and lessons abound in the few papers above, of, inter alia, the melding of intervention – practical, educational, training, therapeutic - and in well run centres, a synergy of activity and people which defies naming. And there is more to be understood about the idea of a collection of people and place in offering containment – parenting - to the differential, asymmetric, chaotic world of families. And there is the crossing of systems, journeying from comfort zones into others'. For example, centres which appreciate joining interventions, flattened hierarchies, linking formal and informal, managing a sufficiently permeable boundary to protect and engage with others, have much to communicate. Moreover, my instinct is that we should not neglect the meaning of the building itself? In this context it is more to do with the containing message of buildings. Centre buildings reflect enormous variety and are often dilapidated. In this sense however it is more about the continuity of the building and the experience within, and remembered. People talk of *beacon*, seen by many; used by some; deeply, personally meaningful to a few. Or *sanctuary*, in Cannan's work (chapter 4, page 113), or Gropius' notion of *oasis*, (chapter 4, page 78). Or the psychoanalytic world talks of "holding in mind", a process to which the physical presence of the building may have a contribution. And there is Leichter 's (1978) work which theorises the infinite connection between family and community and community institutions.

## A home for child and family social work

The centre as site for practice may have meaning for social work's contested future. I chanced once to question a student group of health visitors about what it was that made it so difficult for them to collaborate with social workers? The problem, they concluded, was that social workers lacked apprenticeship. It emerged that, for them, apprenticeship involved early years working in the institution – for them, the hospital – where practice was exposed, supervision and teaching was largely clinical ("next to Nelly" in the jargon), and knowledge of the client group including its severest pathological states derived from sheer daily contact. Community work or fieldwork - working in semi-formal settings like clinics, or in informal settings in people's homes - came later and built on the institutional experience. Managing people's social world, the so-called informal setting, depended upon having an original, institutional home. I extended my question to police officers, and to teachers, who agreed with the proposition. They described their apprenticeship as a similar journey, in the same sequence.

In these terms, child and family social workers are homeless, afloat in a big sea, prey to predators. Above all, they lack institutional apprenticeship. In this enquiry we are reminded time and again of social workers' frailty, lack of preparedness, sense of ill-containment, and their hugely complicated and complex territories of practice. For these reasons one is drawn consistently to wondering about social work's core concern, *looking after* marginalised people, and thus their apprenticeship, and appropriate sites for doing the work. Unsurprisingly, one is drawn to wonder about the potential of centre-based practice in its sophisticated form as a combination of sophistication in practice and community location, or, from an adult mental health perspective, in Haigh's (op cit.) eloquent expression of the elements of a containing site of practice.

Consider practitioner *intentionality and frailty*, expressed by Snowden's observations on pattern matching, habituated patterns of learning and entrained behaviour (op cit 2005). It looks as though the best of practitioner discretion and instinct – advanced here as at least a resistance to managerialist cultures – may have a chance to flourish in certain containing and enabling contexts. The maturity and experience of many integrative centres are such an example.

## The bureau or office-based site

What of bureau-based or office-based practice – regulatory, administrative, information-led, protocol and procedurally-driven, case-managed? In contemporary discourse this is assumed to represent the core of child and family social work and where many newly qualified practitioners are apprenticed? Might we not better consider the bureau-based site of practice as one of a number of advanced domains of practice for a range of human service practitioners, alongside, for example, management and psychotherapy?[1] The core child and family social worker in such a world – trained, research-conscious, relationship-honed, professional, and professional-parent – would be situated and draw status and authority from a narrower territory of centre-based practice.

## Social pedagogy

New homes for child and family social work is of course a thesis for future work but it does resonate with a growing demand for a practice, such as child and family social work, to root itself in social pedagogy. Moss, Petrie and others have consistently argued for a practice consistent with a European tradition (Jones 1994; Crimmens 1998; Moss & Petrie 2002; Petrie 2001; Petrie 2002; Petrie 2003; Cameron & Boddy in press). Core child and family practice starts off from a "home" associated with the child in care and education. Such a role, not forsaking regulatory responsibility, would build its authority, not from the regulatory world of bureau-based practice, but from sophisticated training about children and their life context, from knowing and being with children, and in *making home* in sophisticated cultures of care – specifically, schools, residential establishments, children's and family centres, and foster carers organised collectively. Moreover, these are settings where, overall, practitioners are more likely to stick around.

## Evaluating centres as a site of practice

Evaluating centre practice means evaluating complex systems of care. As time went on, Lightburn and I drew on lessons from the new science and its evolving understanding of the relationship between linear and non-linear explanation (Stewart 1997; Snowden 2003). Non-linearity in particular and the expectation of complex inter-relationship between phenomena presents us with a new problematisation of assumed relationships.

The research design implication – combining rigorous anthropological examination of cultures of care, multiple sites of study, the power of modern computerisation - needs big organisations (see Greenbaum et al 2007; Snowden 2007). I believe this leaves the ordinary practitioner and lone researcher with a number of potentially productive challenges:

*Non-linearity and outcomes* – embracing these ideas introduces a need to be wary about a) claims for outcome; b) assumptions about causal links between proximal and distal levels of outcome; c) mediating factors which tease us to name them and understand their relationship to other factors; d) the challenge of measurement, and e) the use of outcome management as an exercise of control.

*Reductionism* – implies the evident imperative to be constantly on the look-out for inter-relationship and to be wary about specialism and fragmentation as a way of managing complex situations. We should introduce caution into the dis-aggregation of centre-based practices and into enthusiasms about specific interventions. Re-connecting systems as expressed in the aspiration of Every Child Matters and the Children Act 2004 – the multi-agency and the inter-professional - is a still barely appreciated challenge of complexity.

*Synergy* – supports and legitimises those means of enquiry which both collect data *and* encourage transformatory behaviour. In the texts in this collection I called it collaborative enquiry. This implies a complex challenge, not least in sustaining rigour and also to be on the look out for what is mediatory, the language, the hidden curriculum, of group activity.

*Hysteresis* – hysteresis means the property of systems that do not instantly follow the forces applied to them but react slowly or even do not return completely to their original state. It serves as a reminder that change is uncertain, full of expected and unexpected resistance. Hysteresis is a fundamental concept in the physical sciences and is also applied in the social sciences in economic theory. For example, casualties of economic downturn do not necessarily re-enter the labour market when things get better. They still need specific targeting. For long term social casualties associated

with family centres, the centre exists to provide a longer term assistance in sustaining programmes for families and a broader opportunity for achieving productive lives.

*Flocking* – is more than a signal that collective initiatives to produce beautiful outcomes are barely understood by the collective's members. It also constitutes a reminder that such systems should be managed confidently, democratically and facilitatively (as in Whyte's message to corporate America, op cit.). It also highlights how political and societal factors undermine that confidence – mobility and flight, instability, status-drive, under-valued generational inter-change, anxiety and defensive practices, spurious audit, and the rest.

*Attractors* – Attractors are "sinks" to which aspects of complex systems are drawn. There may be several at least and they determine the direction and quality of the system. We owe a lot to complex computerisation to show this aspect of complex systems and there is much promise in the work of major and well funded organisations to clarify attractors in the social sciences. In the meantime, however, we need, inter alia, to test hypothesized mediators of outcomes in order to fathom how centres and interventions work. Currently, and with good instincts, we throw a variety of activity and engagement at the feet of families, knowing that that they make use of them differentially, and that they report often enthusiastically. Knowing mediatory factors, or attractors, may enrich and sharpen our ideas about what models are desirable. I have used the word desirable because I shy from using necessary and sufficient (where necessary means can't do without, and sufficient is all that is needed), which I know some distinguished researchers maintain as a goal. The search for the sufficient suggests one model, which seems unrealistic and un-enriching

## Conclusion

So, integrated centres as home for a child and family social pedagogy, and a complexity paradigm which challenges our assumptions about factors, and their inter-relationship. There appears to be a satisfactory range of methods, if not time and resources, to enable us to measure or at least examine some of these matters, especially with the help of advanced computing. My instincts are that we are dealing with clusters. I anticipate that the most we are likely to say is that, like most families,

effective centres will have enough of what is needed to "hold", to protect and encourage safety, and to educate and amuse, in some combination or other. It all sounds like Winnicott's (1990) "good enough parenting" writ large.

**References:**

Crimmens, D. (1998) Training for residential child care workers in Europe: comparing approaches in The Netherlands, Ireland and the United Kingdom. *Social Work Education*, vol. 17, no. 3, 1998, 309-319.

Cannan, C. Berry, L. and Lyons, K. (1992) *Social work and Europe.* Básingstoke: BASW/Macmillan Press.

Calder M. (2004) Out of the frying pan into the fire? A critical analysis of the Integrated Children's System, *Child Care In Practice*, Vol 10, No 3: 225-240.

Cameron, C. and Boddy, J. (in press) Knowledge and education for care workers: What do they need to know? in Boddy, J., Cameron, C. and Moss, P. (eds) *Care Work: Present and Future*. London: Routledge.

Davies Jones, H. (1994) The profession at work in contemporary society, in M.Courtioux *et al* (eds) *The Social Pedagogue in Europe – Living with others as a profession,* Zurich: FICE.

DfES, *Every Child Matters: next steps* (DfES, March 2004) available from DfES

Kurtz C.F & Snowden D.J. (2003) The new dynamics strategy: sense-making in a complex, complicated world, *IBM System* Journal, Vol. 42, No3.

Leichter H (1978) The Family and the Community as Educator, New York, The Teachers College Press.

McKelvey, B. (1999). Complexity theory in organization science: Seizing the promise or becoming a fad? *Emergence: Complexity & Organization*, 1(1), 5 – 32.

Petrie, P. (2003) Coming to terms with 'pedagogy': Reconceptualising work with children, in Littlechild, B. and Lyons, K. (eds.) *Locating the Occupational Space for Social Work: International Perspectives. Expanding Horizons in Social Work and Allied Social Professions Series,* BASW/Venture Press: Birmingham.

Petrie, P. (2002) Social Pedagogy: An historical account of care and education as social control, in Brannen, J. and Moss, P. (eds.) *Rethinking Children's Care,* Buckingham: Open University Press.

Moss, P. and Petrie, P. (2002) *From Children's Services to Children's Spaces.* Chapter 7 (Pedagogues and Pedagogy). London: Routledge.

Petrie, P. (2001) The potential of pedagogy/education for work in the children's sector in the UK. *Social Work in Europe. Vol.* 8, 3, pp. 23-26.

Snowden, D. (2003) Managing for Serendipity: or why we should lay off 'best practice' in Knowledge Management. *ARK Knowledge Management.* Retrieved April 1, 2007 from http://www.bvsde.paho.org/bvsacd/wisirc/snow.pdf

Snowden, D. (2005). Multi-ontology sense making: A new simplicity in decision making. In R. Havenga (Ed). *Management Today Yearbook.* Retrieved April 1, 2007 from http://www.cognitive-edge.com/ceresources/articles/40_Multi-ontology_sense_makingv2_May05.pdf

Snowden, D. (2007). *Cognitive Edge Workshop.* Calgary, Ontario.

Stewart I. (1997) Does God Play Dice? – the New Mathematics of Chaos, London, Penquin.

Whyte, D. (2002) *The Heart Aroused- Poetry and the Preservation of the Soul In Corporate America*, New York: Currency Books.

Williams F. (2004) What matters is who works: why every child matters to New Labour: Commentary on the Dfes Green Paper *Every Child Matters*, *Critical Social Policy*, Vol 24 (3): 406-427.

Winnicott D.W. (1990), *The Maturational Process in the Facilitating Environment*, Karnac Books, London.