

What has happened to ‘Think Family’ – challenges and achievements in implementing family inclusive practice

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In 2008, the Cabinet Office published *Think Family a literature review of whole family approaches* (Morris et al, 2008) and this informed further analysis and policy papers that sought to encourage a more holistic and contextualised understanding of people’s lives and more joined-up approaches to delivering services – especially for those families who were experiencing multiple challenges (Cabinet Office, 2007; 2008). Underpinning this was a set of key principles:

- A broad and flexible understanding of ‘family’ as a relational network of significant others who may or may not have ties of kinship or marriage, and may or may not be co-resident.
- A recognition that all family members needed to be seen as people in their own right with multiple roles and relationships inside and outside the family
- A focus on “relationships between different family members [that] uses family strengths to limit negative impacts of family problems and encourages progress towards positive outcomes” (Cabinet Office, 2007 p.30)
- ‘No wrong door’ – a ‘whole family’ assessment of need and capabilities irrespective of referral route(s).

This was in stark contrast with the explicit and implicit direction of much other government policy and guidance which had increasingly individualised the ways in which need and risk were understood – and hence how services were supposed to be delivered in response to these (see, for example, Morris, 2011). Policy and service responses in relation to families had been becoming increasingly institutionally fragmented with splits of responsibility between government departments (Health, Education, Justice, Work and Pensions, Communities and Local government) that were then reproduced at local level, with practice being driven by a confusing and disconnected matrix of separate targets, funding streams and service thresholds. Prevailing discourses tended to focus on the paramount importance of the child (‘every child matters’ not ‘every family matters’), or on the vulnerable adult (whose profile of need and risk was to be assessed on an individual rather than a relational basis). Responsibility (and blame) for matters such as risk and anti-social behaviour could be located with specific individuals - often with a single identified parent or carer (who could often be powerless and over-stretched) - rather than with wider relational systems that might have had greater capacity to address and resolve complex and inter-related issues, were they to be given appropriate support and opportunities.

The analysis identified a range of approaches to ‘family’ within services which could be characterised in relation to an ascending ‘ladder’ of family inclusiveness (Cabinet Office, 2007 p.30):

1. Predominant focus on an identified individual with other family members being consulted and expected to provide support
2. Focus on the separate needs of different family members (e.g. individual assessments for service user and identified ‘carer’) and/or on specific ‘*axial relationships*’ (Cornford et al., 2013) – i.e. dyads such as parent-child, carer-vulnerable adult in which one party can tend to be seen mainly in relation to their designated role (as carer or parent)
3. Engagement with family as a relational network of significant others

Within the literature review (Morris et al, 2008), it was recognised that many service models and policy initiatives with ‘family’ in their titles had tended to fall within Levels 1 and 2 – with an increasing focus on parents and informal carers (and on the activities of caring and parenting), but with relatively few examples which created the space in which to explore the wider relational contexts of people’s family lives.

What has happened since ‘Think Family’: taking stock

The Family Potential Research Centre was recently successful in obtaining funding from the Economic and Social Research Council (ESRC) for a programme of Knowledge Exchange activity around the theme of *Family inclusive policy and practice* (see www.familypotential.org). Our first Seminar provided an opportunity, with a broad range of stakeholders, to take stock of developments and challenges since the launch of the Think Family policy initiative in 2008. These developments have involved an interesting combination of ‘headline’ initiatives at a policy level, together with ‘bottom-up’ activity at a local level where people have sought to take forward new and more inclusive ways of working.

The headline developments initially included *Family Pathfinder* projects (based on the earlier Family Intervention Project model that targeted families with multiple and complex needs who were also seen as disruptive to the wider community) and the *Think Child, Think Parent, Family pilots* (that sought to integrate family support where both children’s and mental health services were potentially involved) (see SCIE, 2012). Although an inclusive ‘whole focus’ initially lost prominence at the start of the Coalition government, family focused thinking resurfaced in the form of the *Troubled Families* initiative that built on the Family Intervention Project model, but introduced education and employment as an explicit additional focus. Perceived as a success (although we await the final evaluation report), the Government has now rolled out Phase 2 of the programme with a significantly broadened remit.

Most recently, a very explicit family inclusive focus has been introduced in joint Guidance from the Department of Health, the Local Government Association, the Association of Directors of Adult Social Services, the Children’s Society and the Carers’ Trust on the implementation of the 2014 Care Act using whole-family approaches (DH et al, 2015). While the Care Act, with its join-up to the 2014 Children and Families Act, provides a framework for the specific consideration of young carers in a whole family context, its ambition is much wider. It states that Local Authorities are required to ‘adopt a whole system, whole council, whole-family approach, coordinating services and support around the person’ (DH et al, 2015 p.7). Within the Care Act and this Guidance, there is a determined

attempt to introduce a positive and preventative focus on building resilience and wellbeing, rather than a deficit focus on need and risk.

Beneath the headlines, we have seen a number of other developments, sometimes swimming with the tide, in terms of being able to utilise the leverage of headline policy developments, but often also having to struggle against other adverse policy contexts, including the impact of austerity both on families themselves and on the continuance of previously taken-for-granted mainstream support services that would be available to them in the community. These developments have included *Family Recovery Projects* that have sought to frame the intensive family support message in a rather more positive way – with an explicit focus on family assets and potential, while also recognising families' troubles. Unlike earlier Family Intervention Projects, where unresolved mental health issues had often emerged as a sticking point (Lloyd et al, 2011), this approach has included mental health and substance misuse expertise within the core team (Thoburn et al, 2011). Similar thinking and practice has also emerged, in some areas, within local approaches to *Troubled Families* (Tew, 2013), and has also featured in some of the Big Lottery funded Improving Futures locality-based projects that have sought to mobilise the resources of the voluntary sector around families in their communities (Hughes, 2015).

Although geographically patchy, there has been substantial expansion of Family Group Conferencing activity with support from both Local Authorities and organisations such as the Family Rights Group. This offers a democratic and inclusive process for family decision-making and the model has now been developed (and evolved) for use in making decisions relating to the care of vulnerable adults and supporting the recovery of people with mental distress (Barnsdale and Walker, 2007; Morris and Connolly, 2010; De Jong and Schout, 2011). A more recent development – so far just taking off within mental health services - is the Open Dialogue approach which originates from Finland and in which the focus for all support, intervention and decision making is as series of ongoing (and initially frequent) meetings with the person *and* their relational network (Seikkula et al, 2006). Although emerging from very different cultural origins (the New Zealand Maori and Western Lapland communities respectively), there are some very interesting commonalities within the values and practices that characterise each approach – including a commitment to include all significant others and not just immediate family, and a willingness to share power and ensure that all voices are heard and taken into account.

However, the continuation of a risk-averse climate within local authority children's services, combined with a policy focus that emphasises the need to protect children primarily from the harms posed by their parents' actions or inactions, has meant that family focused approaches are struggling to be developed more widely in this sector. The focus on the protection needs of children, as distinct from the support needs of their family, has been exacerbated by the impact on practice of ICT systems in use in local authorities and by particular organisational approaches to accountability (Broadhurst et al 2010; Hall et al, 2010, White et al, 2010).

Protecting children, and increasingly rescuing them from their failing/feckless parents, has been an explicit theme in government policy in England in recent years (Featherstone et al, 2014). This has been reflected in a shift in resources in a harsh spending climate towards adoption, with investment in birth families appearing to be less of a priority - although the UK has been criticised by the Council for Europe for its use of non-consensual adoption in cases of maternal mental illness and domestic abuse (Council for Europe, 2015). This prioritising of adoption over family support has been legitimated through the rising influence of neuro-biological rather than socio-political explanatory frameworks (Wastell and White,

2012) with a surprising degree of support from across much of the political spectrum. The following quotation from social democratic Scotland gives a flavour of the prevailing moral context:

... we now know that there is a strong link between antenatal anxiety and maternal depression, and poor outcomes for children including development, parental bonding and behavioural problems (The Scottish Government, 2015)

Despite these countervailing tendencies, there have also been positive moves towards whole family working through, for example, the engagement with restorative approaches in some local authorities. Such approaches are rooted in an understanding of, and a commitment to, fostering the relational connections of individuals and to supporting families to care safely and flourish (Wardell, 2015). Alongside this, systemic approaches to working with families have become embedded in a range of local authorities as a result of the rolling out of the Reclaim Social Work model, which promotes systemic family therapy as a key method of practice (Goodman and Trowler, 2011).

Challenges and achievements in taking forward the Think Family agenda

The Seminar provided a forum for a cross-section of practitioners, managers and other stakeholders to flag up their particular experiences of what had been achieved and the challenges that they faced. Out of this, a number of common themes emerged, both in relation to thinking holistically about family networks and around the practicalities of implementing more family inclusive approaches in terms of policies and practices.

A number of delegates shared their experiences of striving to widen the idea of ‘family’ beyond a narrow focus on parents (usually mothers) and parenting, or singular ‘carers’ and vulnerable adults. However, this was not always easy within a wider context in which expectations around evidence based practice tended to promote a degree of tunnel-vision, with pressure to focus on discrete interventions that had been experimentally validated, such as parenting programmes, but which only engaged with a small part of the complexity of families’ lives. Alongside this was the need to continually (re)think family in the context of different communities, cultures and demographics – and to understand the reality of ‘doing family’ from the perspective of the lived experience of vulnerable families facing multiple challenges (Morris, 2012).

Arguing for broader whole family thinking could be difficult because of a lack of ‘acceptable’ evidence on the effectiveness of messy, flexible, joined-up, relationship-based, whole systems practice. The lack of standardisation inherent in responding to the unique assets and challenges of a particular family situation makes it somewhat problematic to construct an evaluation using a medical-style Randomised Controlled Trial (RCT) methodology. Nevertheless, evidence at a whole service / whole community level suggests that a genuinely inclusive and relational mode of practice can produce quite dramatically high success rates, as in the case of the Open Dialogue service in Finland where recovery rates from serious mental illness are between two and three times higher than the European norm (Seikkula et al, 2006).

A major challenge was seen to be shifting the focus of organisational culture from streamlining processes services into standardised and narrowly focussed interventions (‘production line’ model), to one which promotes and enables holistic solution-focussed

engagement with families. Within some organisations, middle management could inadvertently become a ‘roadblock to change’ – having only been trained to manage a fragmented ‘production line’ service, and how to enforce a procedural practice that focusses on individual needs or risks, and the achievement of targets

Despite changes in government (and rhetoric), there has nevertheless been real continuity in developing positive, asset-based / strengths-based thinking and practice – and many delegates were able to share achievements in relation to locally based projects and services. Relational network focused models, such as Family Group Conferencing, systemic practice, Team around the Family, and Open Dialogue, have been gaining traction in many localities – and practitioners are getting more confident and capable in family focused approaches. They are deriving pride in being able to give families time and space to resolve their difficulties – and are seeing this making a difference in terms of helping to bring about positive and sustainable outcomes. However, this raises the challenge of how to embed and sustain such family inclusive ways of working within local service systems - and also to find a new language for (joint) commissioning as families do not fit into ‘care pathways’, diagnostically related groups, or narrow individualised notions of risk and need. Alongside this there is a need to find workable solutions to issues of service thresholds and criteria for eligibility, so that families facing multiple and complex challenges do not just fall through the net.

The impact of austerity was seen as being double edged. On the one hand, loss of funding threatens many of the more informal voluntary sector support services that have enabled families to carry on functioning in the community. Although facing their own cuts, mainstream but more individually focused services, such as health and child protection, can remain relatively protected in terms of ongoing core funding, whereas innovative projects engaging with whole families – however successful - may be reliant on time-limited funding (e.g. from the Big Lottery). On the other hand, the very scale of the funding crisis means that the downwards ‘salami slicing’ of existing service provision may look increasingly unfeasible, and more innovative statutory authorities (such as West Berkshire) may seize this as an opportunity to re-conceive ways of delivering services: looking for creative and co-productive solutions by engaging very differently with families and communities (Wardell, 2015). If the transaction at the ‘front door’ emphasises families’ potential for agency and capability, it can be much easier to engage with families in ways that are co-productive and less stigmatising. However, if you get the ‘front door’ wrong, it may take a lot of work to undo the damage done.

Perhaps the most unexpected theme to emerge from the Seminar was the unhelpful opposition, particularly (but not exclusively) within the field of children and family services, between those undertaking family support and social work roles – with social work intervention being constructed as a threat (by both family support workers and social workers themselves), to be brought in if families did not make sufficient progress on their own account. This may come out in a jostling for status and recognition – or ‘practitioner envy’ – but may reflect a deeper conflict of values and orientations in which, somewhat bizarrely, social workers may be inducted into the role of being the custodians of an individualising focus on child or adult protection, and using their status within organisations to ‘pull rank’ over those seeking to enable families to find collective and sustainable solutions to their difficulties. This highlights a lack of skills and (joint) training to support relationship-based ways of working, a need to challenge the notion that, in some way, ‘family support’ is not as skilled as ‘family intervention’, and the importance of family support being seen as integral to the role of social work (see Featherstone et al, 2013).

Looking forward

The roll-out of the second phase of the Troubled Families programme and the Guidance on The Care Act and whole-family approaches (DH et al, 2015) both provide valuable levers for whole system change in how Local Authorities engage with families – potentially bridging organisational splits between health, social care and criminal justice systems, and between children’s and adults’ services. However, implementing new ways of thinking about, and responding to families may raise huge challenges for Local Authorities and other agencies that are steeped in more individualised and fragmented ways of working. Some may seek to ‘do the minimum’ rather than venture into somewhat uncharted territory. Some may choose to move forward, but in more limited ways, concentrating just on (a) those families that meet the criteria for the in implementing the next phase of the Troubled Families programme and (b) the implementation of joined-up whole family support services around young carers in compliance with the requirements of the Care Act and the Children and Families Act.

There is an urgent need to research and learn from the experience of those localities that are at the forefront of implementing new approaches and ways of working – and particularly where a whole family approach comes to be seen as first response rather than a last resort. It is to be hoped that this will lead to a greater shared ownership of the Think Family agenda across services – and a rebalancing of the assumption that it is only families with children that matter. In turn, these developments may serve to shine more of a spotlight on the current disjunction in approach between much of family support and child protection activity – including moving beyond the limitations of the Children’s Assessment Framework (CAF) and current organisational and ICT systems within child protection that can militate against taking an effective systemic or whole family perspective. At a more fundamental level, it may encourage a shift from a potentially punitive way of working to one that is more embedded within the principles of restorative practice.

In order to take the agenda forward, there is a need to refine our conceptual understanding – including how to maintain a ‘Level 3’ whole family approach rather than conflating this with a ‘Level 2’ focus on specific family members and their axial relationships (as may be the case with, say, parenting programmes). In moving beyond a reactive, deficit based approach, it may be important to develop a coherent (and operationally useful) understanding of primary, secondary and tertiary prevention across the lifecourse, rather than an over-emphasis on early years intervention and a consequent neglect of what may be achieved subsequently – particularly around points of transition within families’ life-cycles. Speaking of similar developments in the United States which predate those in the UK by some decades, Bruer argues: “Overemphasizing the importance of the first three years... amounts to thinking about and attacking problems from an artificially limited perspective and a limited armamentarium of possible interventions” (1999, pp.173-4). A focus on the first three years can create ‘cliff edges’ of intervention and squeeze out resources from helping whole families across the lifecourse (Wastell and White, 2012)

Equally pressing is the need both to make best use of the existing evidence base and to identify the gaps within this – and for practitioners, advocacy organisations and families themselves to have a voice in formulating the research questions that would actually make a difference in enabling families to prosper more effectively. For many practitioners and managers, the key concern is how to assess effectiveness and cost-effectiveness – in order to

make the case for family inclusive approaches and to identify what works best within these. There may be a need for a paradigm shift in terms of developing more sophisticated evaluation methodologies that can capture the complexity of relational / whole systems work and which shift the agenda beyond a reductionist ‘drug trial’ RCT type model (with a single ‘primary outcome’ measure) and look at a more comprehensive evaluation of process and potentially multiple outcomes, perhaps including a ‘Theories of Change’ analysis of the ‘steps along the way’ that may be necessary in order to achieve such outcomes.

Finally there needs to be recognition of a considerable training and skills agenda. Whether one is a systemically oriented social worker, a Family Group Conference facilitator, an Open Dialogue practitioner or a community based family support worker, one has to learn how to feel comfortable *being with* whole, extended and/or fragmented families – groups of people with complex histories and inter-relationships and with potentially conflicting needs, agendas and aspirations. This is a pre-requisite for being able to *do* anything constructive in terms of engaging with families as relational networks – and can often be missing from the professional training of social workers and other practitioners. Indeed, learning to *be with* a family group or network may involve unlearning significant elements of professional training or customary practice. Without addressing this agenda, it may prove surprisingly hard to translate family inclusive policy initiatives into consistent and effective practice on the ground.

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