

Doctorate in Applied Educational Psychology

# **Learning from and for supporting families**

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A doctorate thesis

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**August 2012**

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## **Overarching abstract**

This document comprises three papers: a systematic literature review (chapter 1), a bridging document (chapter 2) and a piece of empirical research (chapter 3). The systematic review focuses on whether and how family resilience can be enhanced through support interventions within the community, taking a mixed-method approach to reviewing findings from seven papers. Community interventions were reported as having a positive impact on family resilience, well-being or functioning within the sampled studies. Components of successful interventions described within the papers were assessment, concrete services, educational services, emotional support, and social or community support. Consideration was also given to how support was put into practice and the theoretical approaches underlying the interventions. However, it was noted that a majority of the studies reviewed used narrow quantitative outcome measures; highlighting the need not only for consideration of wider outcome measures when evaluating impact, but also the need for a qualitative approach to provide richer data on how support is experienced by the families themselves.

This led to a piece of empirical research on parents' experiences of the Common Assessment Framework (CAF), a framework for assessing and supporting children and families with additional needs. Parents from three families were interviewed on their experiences and a broad approach was taken to allow findings to be grounded in the interview data. By examining parents' narratives of CAF meetings and the implicit role expectations for both parents and professionals within this process, the possibilities for learning and enhancing relational agency were highlighted. It was suggested that parents were expected to take on a professional-like role and experienced new language demands in engaging with the CAF process. In meeting these demands, parents' faith in, and reliance on, professional expertise decreased. This was taken to highlight parents learning and developing relational agency through their interactions with the collective knowledge and expertise available within the CAF process. The tentative understanding of parents' experiences developed through their narratives emphasises the importance of recognising the experiences of families within models of interagency learning and the need for professionals to consider how to integrate this understanding into their practice.

A bridging document explains how the findings of the systematic review led to the development of the research. It details the theoretical and epistemological underpinnings of the research, providing a critical justification for the methodology adopted. It also provides greater detail on the methods applied in the research, considering critical ethics and reflexivity.

## **Acknowledgements**

I would like to thank those people without whom this thesis and indeed completion of the doctorate course would not have been possible.

I would like to thank my research supervisor, Liz Todd for her time and support in guiding me through the research and write-up process; and all the course tutors for being available to talk about the research at any time.

I would like to thank my partner, Kyle for his support and encouragement throughout the entire doctorate course, and in particular for letting me bounce ideas off him on Sunday afternoons during the process of trying to decide what the findings could mean.

I would like to thank my trainee colleagues for their support which had kept me sane throughout the course and for their indispensable peer supervision that added to the development and realisation of this thesis.

I would like to thank EP colleagues and other professionals who put me in touch with participants and whose interest in my research and encouragement has kept me going.

And finally, I need to thank the families involved in the research study for inviting me into their homes and for sharing their experiences with me, good and bad. I hope that I have done justice to their stories, without which this research and the ideas contained within it would not have been possible.

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# **Chapter 1: What is known about how family support interventions can enhance resilience in vulnerable families?**

## **A systematic review of the literature.**

### **Abstract**

Evidence suggests that family-focused interventions can be effective at improving outcomes for children and families 'in need'. In the current political and economic climate there is increased pressure on public service providers to evidence positive outcomes from intervention. The suggestion has been made that outcome measures need to diversify to take into account indicators of longer term self-sufficiency, such as family functioning and wellbeing; however, there appears to be little evidence on how to support families to develop these. The concept of family resilience considers the interplay between risk and protective factors that allow families to tackle the difficulties they face and recover from problems and challenges. This review takes a systematic approach to identifying and analysing studies where interventions have enhanced resilience in vulnerable families, in order to consider *how* these interventions have supported families. Seven studies were identified that took a mixture of quantitative and qualitative approaches to evaluating family support in the USA, UK and Australia. Consideration was given to the components of these interventions that might have contributed to the reported positive impact. Three themes were developed through thematic analysis of the review studies; allowing a better understanding of the content, process and theoretical foundations of study interventions. Content of successful interventions included assessment, concrete services, educational services, emotional support, and social or community support. Processes of support included the professional-family relationship, readiness to change, interagency working and the application of social learning principles. Interventions were based in proactive, reactive and ecological foundations. However, given the design of the included studies, it was not possible to conclude causality between the interventions and their reported impact, suggesting the need for further research in this area.

## **Introduction**

The aim of this review was to compare support interventions carried out within the community, with a view to identifying how they help to enhance the resilience of vulnerable families. In this section, context will be given for the focus of this review and key terms, such as 'vulnerability' and 'family resilience' will be unpicked, leading to the development of specific review questions.

## ***Context***

Interventions targeting support for the whole family have gained prominence in the last decade. The introduction of the Children's Act (1989) placed responsibility with local authorities for providing a range of services to support families whose children are 'in need'. Initially, this was largely implemented at the child-level, with less attention paid to supporting families as a whole. However, more recent evidence suggests that local authorities are now offering a wider range of services to support families with differing levels of need (Department of Health, 2002). This appears to reflect a gradual move to focus on the family (i.e. Think Family – Department for Children Schools and Families, 2008), with a growing body of evidence which shows that family focused support can be effective in improving outcomes for families with multiple problems (Department for Education, 2010).

In the current climate of cuts to public spending, there is increasing pressure on public service providers to evidence not just positive outcomes, but also cost effectiveness (Leon & Armantrout, 2007). The cost of accommodating children who have been removed from their family homes vastly outweighs the cost of supporting them within their families and their community (DoH, 2002) and as such, many local authorities use accommodation rates as an outcome indicator. However, this largely focuses on reactive intervention rather than considering the possible positive outcomes of preventative support. More recently, the political move is being made from a culture of state-dependence towards the 'Big Society' in which people are brought together and empowered to improve their own lives (Cabinet Office). These changes highlight the importance of

understanding how professionals can help disadvantaged families and communities to help themselves, as giving them these tools can offer a more sustainable solution to the social issues faced today (Bowen & Sellers, 1994).

### ***What is a 'vulnerable family'?***

Within extant literature and policy documents the term 'family' refers to two or more self-defined individuals who 'depend on one another for emotional, physical and economic support' (Hanson, 2001, p. 6). When describing families who rely on public services, policy documents often use terms such as 'vulnerable', 'at-risk', 'hard to reach', or 'socially deprived', interchangeably. Masten and Coatsworth (1998) define significant risk as emerging from: continuous, high-level exposure to adverse social conditions; exposure to a traumatic event or severe adversity; or a combination of these. Similarly, Demi and Warren (1995) suggest that families are vulnerable where they are susceptible to harm because of either socioeconomic, minority, or other stigmatising status. Mulcahy (2004) sees vulnerability as stemming from multi-level factors such as maternal, child, family, or environmental factors or a combination of these.

Given the range and level of factors that contribute to family vulnerability, it is possible to understand this through an ecological systems theory framework (Bronfenbrenner, 1979), with families being impacted at the individual, family, community and societal level, and dependent on the social and historical context of the time (Darling, 2007). Vulnerability can be seen as an overarching concept, contributing to and resulting from a range of personal, family, societal, and political factors (Shepard & Mahon, 2002). However, regardless of the definition adopted, a common theme in describing families in crisis is that they are 'unstable' and 'disorganised', with the assumption that these families are in need of interventions that will facilitate a return to 'balanced' functioning (Bowen & Sellers, 1994; Patterson, 2002).

### ***Evaluating support for vulnerable families in the community***

A plethora of studies exist that outline a range of different approaches to supporting vulnerable families in the community that vary between how they are

offered and who is the focus; for example, universal or targeted, individual or group programmes. However, it is generally accepted that 'no single approach has been shown to out-perform others and there is very little empirical evidence about the effects of variations in family (preservation) services on case outcomes' (Littell, 1997, p. 18). What is of interest to note is the outcomes used to measure success of any such support. Often intervention success is measured by the number of children who are subsequently taken into care. This is a rather crude indicator (Cash & Berry, 2003), which seems aimed at highlighting the cost-benefit of such programmes (as discussed above), rather than the impact that they have on the child or family.

Other outcome indicators used in the extant literature, which are taken to reflect family wellbeing include: measures of child wellbeing and parent attitudes; observations of parenting behaviour; and measures of the home environment (MacLeod & Nelson, 2000). However, there continues to be a call for a wider scope of measures to include indicators of parental functioning, family interactions, child wellbeing and safety, and the use of strength-based measures of outcome (Fernandez, 2007).

A shift in outcome measures would also necessitate a shift in the aims of such interventions. It seems that a move away from reactive interventions, such as removing children from their families, has prompted an alternative discourse emphasising responses that are family focused, community based and child-centred (Lindsey, 1994). However, this is often not the dominant concern and Patterson (2002) suggests that 'practitioners and policy-makers should concern themselves with strengthening family capabilities to successfully manage whatever sources of stress they may encounter' (p. 239). Strength-based approaches have been shown to be more effective in promoting change and to have a longer term impact (Maton et al., 2004; Saleebey, 2000; Walsh, 2006). For this reason, the current review will focus on the effectiveness of support for vulnerable families directed at improving family functioning and wellbeing, in particular, family resilience.

### ***The concept of resilience***

Resilience is a term used to describe relative resistance to risk factors (Rutter, 1999) or the ability to withstand and rebound from disruptive life challenges (Walsh, 2003). This implies a positive adaptation within the context of significant adversity (Luthar, Cicchetti, & Becker, 2000), or the ability to 'struggle well' (Walsh, 2003). Rather than bouncing back, resilient individuals are seen to 'bounce forwards' in order to meet new challenges (Walsh, 2002, 2003). Resilience itself does not eliminate stress, but rather gives individuals the strength and skills to tackle the difficulties they face and recover from problems and challenges (Rutter, 1999).

Resilience has come to be viewed in terms of interactions between multiple risk and protective processes, developed over time; and to be understood as influenced at the individual, family and wider sociocultural level (Walsh, 2003). As such, the focus of interest in resilience has been widened to take a more systemic perspective of this phenomenon (Walsh, 2002). Family resilience has emerged as an area of interest for practitioners wanting to understand how it is that some families are able to recover from traumatic experiences or resist risk (Black & Lobo, 2008; Patterson, 2002; Simon, Murphy, & Smith, 2005).

### ***Family resilience***

A family resilience framework applies the concept of resilience to the family unit as a whole. Family resilience is not merely the sum of the individual family members' resilience, but rather is considered to be in addition to this (Simon et al., 2005). Family resilience focuses on 'family relational processes wherein risk and protective factor mechanisms develop and result in some level of adaptation of the family system' (Patterson, 2002, p. 233) and can be evidenced by successful coping of families during transition, stress or adversity (Black & Lobo, 2008).

Taking this perspective alters the deficit-based view of vulnerable families as 'damaged' to seeing them as 'challenged by life's adversities' (Walsh, 2002). The development of family resilience is an on-going, often emergent process (Patterson, 2002), representing an adaptive pathway that families exhibit both in the present and over time (De Haan, Hawley, & Deal, 2002). In this respect,

resilient families are able not only to demonstrate a positive response to an adverse situation, but may also emerge from the situation feeling strengthened, more resourceful, more confident, and developmentally advanced (Simon et al., 2005). Thus, family resilience may have both short and long term positive outcomes, allowing families to become more self-reliant (*op cit.*).

Patterson (2002) cites two central aspects of family functioning that determine family resilience - the degree of cohesiveness and adaptability in the family system. These might be seen through a strong focus on family accord, communication and family-focused events (Black & Lobo, 2008; Simon et al., 2005; Walsh, 2002). Families fulfil a range of functions for their members and for society such as socialisation, nurturance and economic support (Ooms, 1996). Some degree of cohesiveness is needed to fulfil the family function of nurturance and it is the patterns of communication within a family that facilitate shared expectations about cohesiveness and flexibility (Patterson, 2002). Family meaning-making, or the way in which families understand and make sense of their situation, is an additional factor in family functioning; through the process of shared meaning-making, families increase their capabilities and reduce their demands. Protective mechanisms and resilience can be built through 'a family's belief in their inherent ability to discover solutions and new resources to manage challenges' (Patterson, 2002, p. 243). Positive family outcomes can be measured by the degree to which they are able to successfully fulfil their functions to the benefit of individual members and social systems. In other words, measuring parenting or family resilience provides valuable information about the family system's ability to promote positive outcomes for their children.

Prominent attributes among resilient families include: positive outlook, spirituality, family member accord, flexibility, communication, financial management, and social support (Black & Lobo, 2008). Taking a family resilience perspective recognises parental strengths, family dynamics, interrelationships and social milieu (*op cit.*). From this perspective, family support interventions aim to build family strengths as problems are addressed, thereby reducing risk and vulnerability. As the family becomes more resourceful, its ability to meet future challenges is enhanced. Thus, interventions may also be a preventative measure (Walsh, 2002). Where

interventions successfully build family resilience, good outcomes are seen in spite of serious threats to adaptation or development (Masten, 2001) and the child, family or community can be regarded as doing better than expected given the current circumstances (Dolan, 2008).

For these reasons, family resilience (as a feature of family functioning and wellbeing) is seen to be an important outcome measure of family support interventions and will be explored further in this review. However, the complexity of resilience as a concept and issues in the measurement of resilience should also be recognised. This paper uses family resilience as a broad, overarching term for a collection of traits (such as cohesion, communication and flexibility) and recognises the need for caution when considering the reliability of measures of such traits.

### ***Review questions***

Evidence from the review studies will be examined in the context of the extant literature in order to consider the following question:

What are the common components of support interventions that enhance the resilience, wellbeing or family functioning of vulnerable families?

However, in order to fully address this question, it will first be necessary to consider:

- a) How do the reviewed studies characterise 'family vulnerability'?
- b) Do the studies evidence a positive impact of intervention on family resilience, wellbeing or functioning?

### **Method**

The strategy used was to search a wide variety of sources dealing with interventions designed to enhance family resilience. Searches were conducted on three electronic databases (PsychInfo, Scopus and Web of Knowledge) and two thesis databases (Index of Theses and the British Library). Searches were

also performed using Google Scholar and within the Family Process Journal (as other searches identified this as a relevant source). Additional searches were conducted within citations and references of all relevant studies.

All searches were conducted between September and December 2010 using the combination of terms shown in table 1. Search terms were derived from background reading (see introduction) and the use of database thesauruses.

Search terms		
famil* AND	resilience OR adaptab* OR cohesion OR function* OR wellbeing AND	intervention OR program* OR project OR service
Generated a total of 67,541 studies (with some duplication)		

**Table 1 Database search terms**

\* indicates truncated search term

The inclusion criteria were a set of predefined conditions that studies must meet in order to be included in different stages of the review and were based on relevance to the review question. In order to render the number of studies returned through searching manageable, the decision was taken to place some initial limits on the search. These included:

- English language
- Human population
- Published after 2000. This time period was chosen in recognition that public policy in the UK began to emphasise the importance of family-level intervention around this time (DoH, 2001).

The results of the search were screened for relevance. At this stage, the screening was based on title and abstract only. In order to aid this screening, only those studies that met the following criteria were considered to be relevant to the review question:

- PARTICIPANTS: families with at least one child between the age of 0-19years.
- SETTINGS: within the community, including a non-clinical component.

- INTERVENTION: described an intervention provided by a professional or voluntary service and targeted towards improving family functioning or outcome.
- MEASURES: the study included a measure (either quantitative or qualitative) of the impact that intervention had on family resilience or wellbeing.

Due to the specificity of the inclusion criteria, a large amount of literature on family support and family therapy was not included in the review as it did not provide the required measures or context. Similarly, conceptual papers were not included as they did not describe a specific intervention.

Searches of the three databases using these inclusion and exclusion criteria and citation searches generated 31 articles. In-depth reading of these articles led to 24 being discarded as not relevant to the review question (i.e. Abelenda & Helfrich, 2003; Gray, 2003).

The remaining 7 studies were subjected to a quality analysis using criteria adapted from Atkins et al. (2008) and all papers were deemed suitable for inclusion (see table 2). A breakdown of how each study met these quality criteria is available in Appendix A.

- |  |
|--|
| <ol style="list-style-type: none"> <li>1. Are the research questions clearly stated?</li> <li>2. Is the methodological approach clearly justified?</li> <li>3. Is the approach appropriate for the research question?</li> <li>4. Is the study context clearly described?</li> <li>5. Is the role of the researcher clearly described?</li> <li>6. Is the sampling method clearly described?</li> <li>7. Is the sampling strategy appropriate for the research question?</li> <li>8. Is the method of data collection clearly described?</li> <li>9. Is the data collection method appropriate to the research question?</li> <li>10. Is the method of analysis clearly described?</li> <li>11. Is the analysis appropriate for the research question?</li> <li>12. Are the claims made supported by sufficient evidence?</li> </ol> |
|--|

**Table 2 Quality Criteria adapted from Atkins et al. (2008)**

This process returned two types of studies – quantitative and mixed methodology. It was decided to include both types of study where reported findings were relevant to the review questions. Selected papers comprised four quantitative studies and three mixed method studies.

Following this, each article was coded into a table (see table 4). Data from this table was then synthesised using a mixture of quantitative and qualitative analyses. Quantitative analysis was applied to decide whether interventions were shown to have a positive impact on family resilience. Thematic analysis was applied to extracting the characteristics of families defined in the research as ‘vulnerable’ and the common components of these interventions. Thematic analysis is a process of categorising data into meaningful themes; this allows for data to be simultaneously described and organised (Joffe & Yardley, 2004; Aronson, 1994). In response to a perceived lack of explicit pragmatic processes in the application of thematic analysis, Braun and Clarke (2006) have developed a 6-step guide to analysing data in this way (see table 3). A theory-driven or deductive approach was adopted in following this model in order to replicate, extend or refute prior models of family support and intervention (Joffe & Yardley, 2004). Although extant theory was most explicitly considered when reviewing themes, it is important to recognise the influence of prior reading throughout all stages of data analysis.

Phase	Description of the process
1. Familiarising yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.
5. Defining and naming themes:	On-going analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	Relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

**Table 3 Phases of thematic analysis from Braun & Clarke (2006)**

What follows is a discussion of how the review papers added to the understanding of what is known about how family support interventions may enhance family resilience.

**Table 4 Coding of the review studies**

<b>Study</b>	<b>Method</b>	<b>Sample</b>	<b>Intervention</b>	<b>Measures</b>	<b>Outcome</b>	<b>Sig Effect?</b>
Cash & Berry (2003)  USA	Quant.	104 families routinely supported by In Home Service Program, included where case file record majority of measures.  Family problems categorised as: environmental problems, maltreatment issues, household issues, relationship issues, compounding problems.	Home-visiting service with various components. Concrete service – transportation, direct childcare, food, clothing/furniture, housing, household maintenance, employment. Education services – parent education, family planning, teaching family care, school/training for adults. Clinical services – counselling, emotional support, crisis intervention.	Child wellbeing Scales.  Family Systems Change Scale  Family problems  Service provision  Case outcomes – child wellbeing, family functioning.	67.3% = successful case closure 32.7% = unsuccessful case closure Family systems change results for successful case closure (n=46) p<.05. Family systems change results for unsuccessful case closure (n=12) p<.01	Only where case classified as successfully closed.
Fernandez (2007)  Australia	Mixed.	51 families routinely referred for service.  Low education level, reliance on social security benefits, public or supported housing / accommodation, high levels of residential mobility. Referrals from child protective services, drug / alcohol, income support, health services and self-referrals.	Children’s family centres – primary aim to strengthen families by reducing risk factors and increasing protective factors, enhance resilience and coping. Multi-dimensional intervention including: home visitation; parenting support groups; women’s groups; family temporary accommodation; crisis temporary care; respite care; counselling; domestic violence / child abuse programmes; child day care; mentoring for children. Assistance to find accommodation. Practical/financial assistance. Intervention goals specified by caseworker = accommodation, budgeting, home management, advocacy at interagency levels to secure needed services. Working with families to establish routines for children, managing challenging behaviour, enhancing parenting skills, increasing social support and social networks for parents. Education included securing tutoring assistance for children, facilitating parents with EAL and computer skills. Building self-esteem and confidence as a foundation to intervention. Supporting parents through psychological and legal interventions to address domestic violence, child abuse, mental health, drugs and alcohol concerns.	North Carolina Family Assessment Scale (NCFAS).	Strengths in overall domain ratings of NCFAS (n=50): Pre to post measures= p=.002  Decrease in services provided pre and post intervention.  Qualitative analysis: Parents and caseworkers saw change / progress Parents pinpoint change in parenting approaches and relationship with child. 75% of caseworkers see relationship with families as trusting. Parents experience relationship with caseworker as one of respect and equality	Yes

<p>Gill, Hyde, Shaw, Dishion &amp; Wilson (2008)</p> <p>USA</p>	<p>Mixed</p>	<p>1 Family.</p> <p>Case study family = socio-demographic risk (low income and educational attainment), child risk (high levels of conduct problems and parent-child conflict), family risk (maternal depression and family stress).</p>	<p>Family check-up – preventative intervention to address normative challenges parents face in early years. Periodic contact (yearly at a minimum) with families over the course of developmental transitions. Comprehensive assessment of child and family functioning. Data shared with families in feedback sessions to enhance motivation for change. Feedback sessions followed by family management meetings to promote change in parenting and child problem behaviour. Assessment drives intervention (to fit family circumstances and preferences), examining child, family and community level risk factors.</p> <p>Once motivation for change is confirmed families offered options for intervention at different levels: monthly to weekly follow-up support in-person or over the phone, assistance with specific child behaviour problem or parent issue, parent management training (teaching parents better skills), day care, consultation, and community referral.</p> <p>Key components =</p> <p>Motivational interviewing (Miller &amp; Rollnick, 2002).</p> <p>Family management practices- limit-setting, proactive parenting, positive reinforcement, relationship building. Parents provided with rationale to stimulate interest, careful explanation of new skills, in-session practice using role plays and in vivo practice with child.</p> <p>3 home-based visits: 1. Family assessment. 2. Rapport building and initial interview. 3. Feedback and discussion on strengths, problems, parents' readiness for change and specific resources available (uses self-assessment questions, provides information, self-goal setting).</p> <p>Followed by 10 fortnightly sessions of support from Parent consultant.</p> <p>Non-parenting issues are addressed with aim of supporting family functioning and cohesion. Facilitate connections with services in a family's community to increase support and self-sustainability.</p> <p>This case study helped family with concrete goals around housing in order to ready family for educational and clinical services.</p>	<p>Therapist interview and video observation.</p> <p>Child Behaviour Checklist / Eyberg Child Behaviour Inventory.</p> <p>Center for Epidemiological Studies on Depression Scale</p>	<p>Motivation and hope for change. Adaptability and family cohesion / functioning.</p> <p>Child behaviour improved to non-clinical range between pre and post intervention measures.</p> <p>Maternal depression moved from clinical to normal range and improvement in parent-child interaction and positive parenting between pre-intervention and follow-up assessment.</p>	<p>Yes</p>
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<p>Kumpfer, Whiteside Greene &amp; Allen (2010)</p> <p>USA</p>	<p>Quant.</p>	<p>1600 families with youth at risk of substance abuse and delinquency.</p> <p>Families had history of substance abuse, involvement with child welfare, mental health services, criminal justice system.</p>	<p>14 x 2.5hr weekly sessions comprised of Parent skills training, Youth skills training and Family skills training sessions. Centre-based intervention.</p> <p>Key components= increasing praise and ignoring negative behaviours, clear communication of expectations, reducing coercive parenting interactions. Hold family meetings, use active and reflective listening, use problem solving communication, reframing and cognitive restructuring, interactive behaviour change process. Teach parents how to build resilience through developing &amp; supporting dreams and goals, stress management, anger management, using supportive communication.</p> <p>Family skills training – practice communication skills; learn to interact in positive way.</p>	<p>Family Strengths and Resilience Assessment</p> <p>Parenting Scale – multiple measures including family cohesion.</p> <p>Retrospective pre-test and post-test measures</p>	<p><b>Family strengths / resilience</b> (n=1423) pre to post intervention improvement = <math>p &lt; .000</math></p> <p><b>Family cohesion</b> (n=1445) pre to post intervention improvement = <math>p &lt; .000</math></p>	<p>Yes</p> <p>Yes</p>
<p>Lee, Greene, Hsu, Solovey, Grove, Fraser, Washburn &amp; Teater (2009)</p> <p>USA</p>	<p>Quant.</p>	<p>77 families with adolescent at risk of out of home placement due to emotional and behavioural difficulties, who had received home-based services from 2 mental health agencies. Low income families. Referrals from court, children's services, hospital and other mental health organisations.</p>	<p>Home-based intervention for up to 6 weeks followed by 6 week increments negotiated based on needs and progress.</p> <p>I-FAST</p> <ol style="list-style-type: none"> <li>1) develop and maintain therapeutic alliance – development of bonds, agreement on goals, agreement on task</li> <li>2) intervene to bring about second order change – solution-building, looking for exceptions</li> <li>3) working with systems / professionals involved with family so they collaborate in supporting parents as the ones solving the problems.</li> </ol> <p>Therapeutic approach to systems change. Emergency services provided evenings and weekends (collaborative working necessitated to offer this level of support). Crisis plan developed with families.</p>	<p>Family functioning measured by FACES II – 30 item scale measuring family adaptability and cohesion</p>	<p><b>Family cohesion</b> (n=60): Pre to post measures= <math>p = .039</math> Post to follow-up measures= <math>p = .956</math> Pre to follow-up measures= <math>p = .057</math></p> <p><b>Family adaptability</b> (n=54): Pre to post measures= <math>p = .016</math> Post to follow-up measures= <math>p = .264</math> Pre to follow-up measures= <math>p = .075</math></p>	<p>Yes – only between pre and post measures</p> <p>Yes – only between pre and post measures</p>

<p>Statham &amp; Holtermann (2004)</p> <p>UK</p>	<p>Mixed</p>	<p>40 families routinely offered services to avert crisis that might have led to child being accommodated. High level of disadvantage: lone parents, reconstituted families, long-term illness, no educational qualifications, low / no income, residential mobility (non-home owners), previously known to social services, child protection issues, previous child accommodation, domestic violence, known to police.</p>	<p>Services offered included:  Social Services – social worker, family support worker, sessional worker, foster care.  Voluntary Sector – referred family centre, Home Start, specialist childminding scheme, Women’s Aid, Citizen’s Advice Bureau, Housing Association.  Day care – day nursery, childminder, playgroup, toddler group, holiday playscheme, out of school club, playbus, supervised activity / club.  Education – nursery education, Educational Psychologist, Educational Social Worker / EWO, home tutor.  Other support – Transport services, financial help, special aids, housing help.  Health services – doctor, health visitor, child health specialist, adult mental health, child mental health services.</p>	<p>General Health Questionnaire</p> <p>Family Problems Questionnaire</p> <p>Interviews with social workers and parents.</p>	<p>GHQ (n=40)  Pre to post measures= p=.11</p> <p>FPQ (n=40)  Pre to post measures= p=.08</p> <p>36% social workers felt they had achieved planned outcome for support. 30.5% had not.</p>	<p>No</p> <p>No</p>
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<p>Zajicek-Farber (2010)</p> <p>USA</p>	<p>Quant.</p>	<p>73 new parents recruited at birth and support to 18months. Low parental education levels, low income.</p>	<p>Centre-based and home-visit support for new parents. Parent Coaches met parents at planned health centre visit, followed by home visit 2 weeks later and phone contact throughout. Support continued from birth to 18-months.</p> <p>Educationally planned activity to enhance parenting skills; promote positive parent-child interaction and attachment; give time for parent to ask questions; explore feelings about recommendations for child's health or development.</p> <p>Used videotaped vignettes to guide parents in learning about normative development and behaviour, explore beliefs about childrearing practices and teach to anticipate progress and model and practice sensitive parent-child interactions.</p> <p>Culturally skilled dialogue used to provide information and guidance in respectful, sensitive, non-judgmental, collaborative manner.</p> <p>Allow parents to set objectives and direct concerns. Coaches reflect on parents' strengths and competencies and validate feelings using reflective language.</p> <p>Use Ages and Stages Questionnaire interactively to allow parents to evaluate, understand, anticipate children's needs, as well as explore options for intervention.</p> <p>Mentors used solution-focused / strength-based conversations.</p> <p>Mentors helped families to access resources within the community and strengthen parent-health provider relationship and communication about child development and health. Help and advice with concrete services such as legal and immigration services, employment, education, housing, transport, referrals for substance abuse, mental health issues and domestic violence.</p> <p>Provided emotional support outside of sessions (phone calls etc)</p>	<p>Resiliency Attitude Scale.</p>	<p><b>Resilience</b> (n=73): Wave 1 Pre to post measures= p&lt;.01 Wave 2 Pre to post measures= p&lt;.01</p> <p>Repeated measures ANOVA Time (pre-post) Resilience: F= 68.77, p&lt;.000</p>	<p>Yes</p>
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## **Findings**

### ***General characteristics of the studies included in this review***

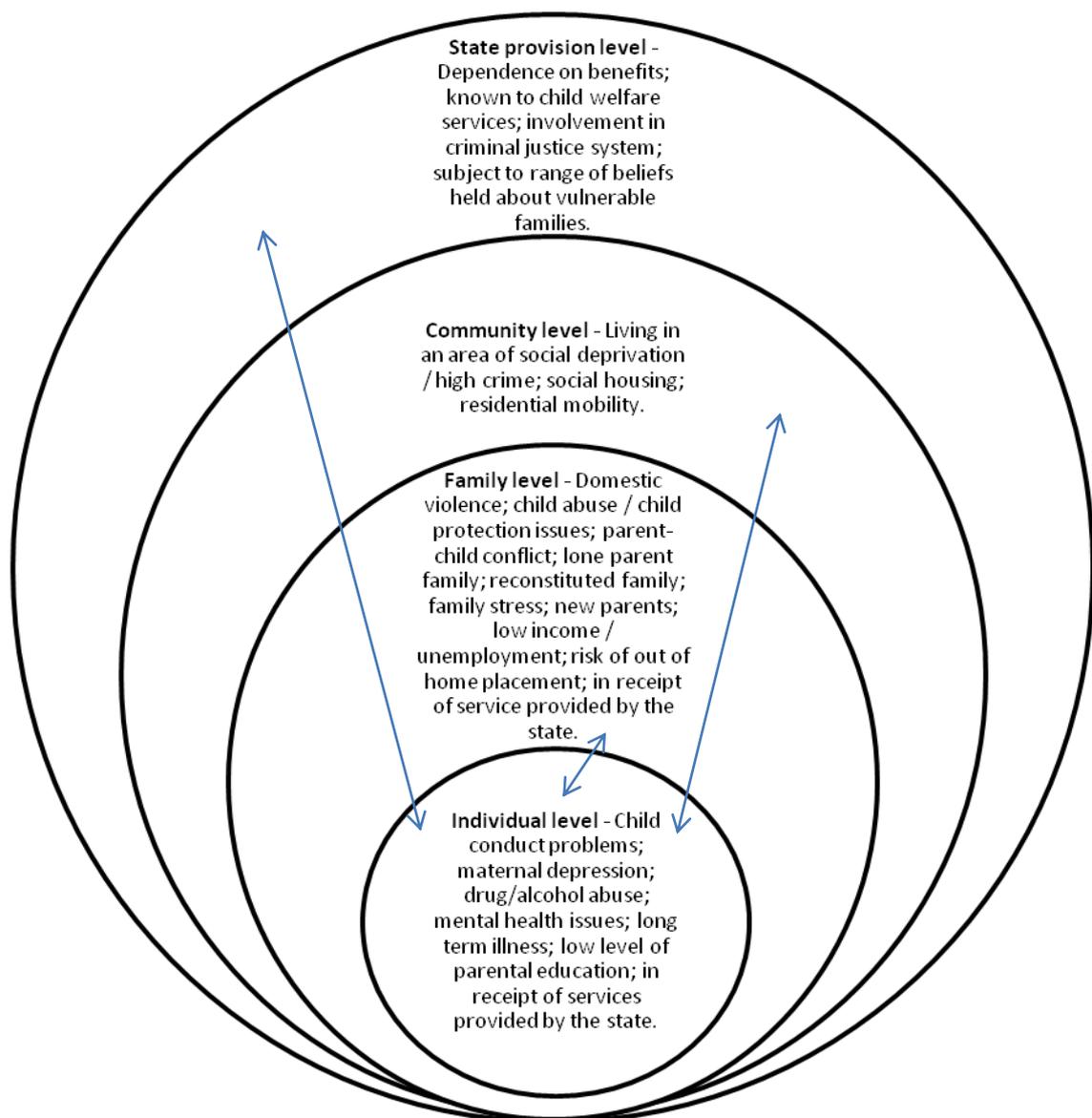
Table 4 summarises the characteristics and outcomes of the 7 studies included in the review. The synthesis shows that 5 of the 7 studies were conducted in the USA, with one study conducted in the UK and one in Australia. Sample sizes in the studies ranged from one family up to 1,600 families and where stated, the age range within these families spanned from new born babies to 55 years. The ethnicity of participating families varied within and between studies, as did the type and amount of support received through intervention. Interventions within the reviewed studies were wide-ranging and variable meaning that caution needs to be taken in aggregating or generalising the findings. As such, the conclusions of this review also will also need to be seen in the context of this variability.

### ***How do studies characterise ‘family vulnerability’?***

Although no specific search terms for risk or vulnerability were used in the systematic search (due to the limited number of studies this returned), all the studies included in this review targeted families that were in some way seen to be vulnerable. In order to understand how interventions can enhance resilience in these families it seems pertinent to first explore the characteristics of the families in these studies, and in effect, the definition of vulnerability adopted in the research.

All descriptor terms used within the review papers to describe the sample families were drawn out and scrutinised (the raw data from this can be seen in table 4). Using a process of thematic analysis these terms were placed into categories, guided by the literature on vulnerable families. Cash and Berry (2003) recommended the organisation of family vulnerability into five categories: environmental problems, maltreatment issues, household issues, relationship issues, compounding problems. However, these categories did not appear to offer the most parsimonious description of terms used in all the review studies. Instead it was felt that a model adapted from Bronfenbrenner’s (1979) Ecological Systems Theory was better able to subsume the characteristics

being described. In this way, the theme of ecological systems was imposed on the data and led to the emergence of four categories: individual, family, community and state provision level factors<sup>1</sup>. By taking this approach to understanding the data on characteristics of family vulnerability it was felt that interactions between the different levels of vulnerability were more obviously accounted for. Figure 1 details the four categories used and examples of the family characteristics that describe these categories.



**Figure 1 - Ecological systems model of family vulnerability**

<sup>1</sup> The chrono level of the ecosystems model was not included as none of the reviewed studies considered factors characteristic of this (i.e. time)

***Did interventions report a positive impact on family resilience, wellbeing or functioning?***

In order to consider *how* interventions were able to enhance resilience in vulnerable families it was first important to confirm *whether* these interventions reported a positive impact on some measure of family wellbeing. The reviewed studies included a range of different outcome measures. Most studies offered pre- and post-test scores allowing for the impact of the intervention to be measured. Due to the nature of interventions, few studies provided control group data. Those outcome measures specific to the research question are reported in table 4 with an indication of whether results showed positive gains. The data included uses both quantitative and qualitative outcome measures and as such the inclusion of effect sizes was not appropriate.

Five of the seven review studies showed a positive impact of intervention on family functioning using both quantitative and qualitative means of assessing outcomes. Although none of the studies recorded a negative impact of intervention, it is important to note that Cash and Berry (2003) grouped their results by successful and unsuccessful case closure; a majority of cases recorded a successful case closure (67.3%) and within these cases a significant impact of intervention on family systems change measures was demonstrated. On a similar note of caution, Statham and Holtermann (2004) recorded some improvement on outcome measures but this failed to reach significance.

Where studies included measures throughout and beyond intervention there were some interesting findings. For example, Lee et al (2009) demonstrated a positive impact of their home visiting programme between the pre and post measures, yet when analysing improvement at follow up they found no significance between that time point and either the pre or post measures.

Given this analysis of the review papers, it was concluded for the purpose of this review that, study interventions did report a positive impact on family resilience and wellbeing. However, caution is also advised here as studies did not adopt the necessary methodology (i.e. randomised control trial or longitudinal data) to enable them to conclude causality between the interventions and outcome measures, therefore impact can only be implied.

### ***How might family support interventions enhance family resilience?***

In examining how family support interventions might enhance family resilience, components of interventions reported as having a positive impact on family functioning were examined. Information describing the interventions was extracted from the review studies and coded into table 4. Where similar descriptors existed across studies they were grouped together. These are listed in table 5. In examining the descriptors, consideration was given to extant theories or categories that might offer the most parsimonious understanding of the data.

Fraser, Pecora and Haapala (1991) suggest that family services can be categorised as concrete, educational and clinical services. Concrete services help families to procure basic resources such as food, clothing and shelter (*op cit.*). By alleviating these difficulties, the family can then focus on other issues, meaning that the provision of concrete services is an essential foundation for family support, associated with reducing stress and improving parenting environments (Lindsey, Doh, & McCroskey, 1996). Educational services focus on modelling life skills, such as parenting skills, and teaching and practising with family members (Fraser et al., 1991). Clinical services aim to help families to create positive and constructive communication and negotiation skills that will contribute to a more positive family environment. In addition, they can help families to solve problems, reduce conflict, modify problem behaviours and improve parenting effectiveness. However, Cameron (1990) offers a slightly different view, suggesting the components of social support to be: concrete, educational and emotional support, and social integration. This model differs in its recognition of the importance of support being available to families through their local community and social networks.

In scrutinising the categories into which elements of support within the review papers could fit it was felt that a majority could be subsumed by those suggested by Fraser et al (1991) and Cameron (1990). However, another category emerged from the review studies – that of assessment. Therefore the categories used to describe the components of intervention within the review studies were: assessment; concrete services; education services (taking a wider definition to include educational provision for children as well as parenting education); clinical service; and social or community support.

In describing interventions, the study articles also described how some of these services were delivered. Information detailing the process of intervention delivery was extracted from the review studies and can be seen in table 5. These descriptions appeared to fit into the categories: professional-family relationship; consideration of the families' readiness for change; how well interagency work was put into practice; and the use of social learning principles. Whilst professional-family relationship and social learning principles were prominent categories in most of the studies, readiness for change and interagency working were not considered in all studies; however, these categories were necessary to account for all the descriptors. These categories suggested the theme of service processes.

A further area of descriptors emerged from the review studies, which appeared to describe the aims of, or models used in intervention. These included taking a solution focused approach, aiming to build strengths and reducing risk factors. In looking for commonalities in these descriptors, three categories emerged: proactive, reactive, and ecological approaches. These categories suggested the theme of theoretical foundations.

Where studies were reporting on the impact of public services in a particular area, little consideration was given to the aims or theoretical foundations of the intervention and even the stance of the researcher was not made explicit (Cash & Berry, 2003; Statham & Holtermann, 2004). In comparison, where studies reported on the development of a marketable programme of support, greater consideration was given to the aims and theoretical foundations of the model of support being used.

Through the process of deductive thematic analysis (Braun & Clarke, 2006), three main themes emerged from the studies. These described the content of services provided, the processes used to work with families and the stated aims or theoretical foundations of the intervention. Although the question above is directed at the components of interventions that enhance family resilience, the latter two themes also seemed of relevance to the broader aims of the review. In a way, these themes seemed to address the *what*, *how* and *why* of the interventions used to enhance family resilience.

<b>Descriptors</b>	<b>Categories</b>	<b>Themes</b>
Sharing of data with families, sometimes drives intervention (ensure services are tailored to family needs), examining risk factors at level of child/family/community, taking an holistic approach to considering family difficulties	Assessment	Intervention content (What?)
Transport, housing / emergency accommodation, childcare, employment, financial assistance, respite care	Concrete services	
Parenting skills (behaviour management, establishing routines, family management, problem-solving communication, reflective listening), support groups, EAL and computer skills. Modelling, role-play and in-vivo practice.	Education services	
Counselling, emotional support, crisis intervention, domestic violence/abuse programmes, mentoring for children, building self-esteem and confidence, drugs/alcohol/mental health support,	Emotional support	
Parenting support groups, women's groups, enhancing social/supportive network, community referrals, helping families to gain support/resources needed	Social / community support	
Rapport building, evaluation of trust, respect and equality, time spent / direct contact (in person and over the telephone)	Professional-family relationship	Intervention processes (How?)
Motivation, self-esteem, confidence, resources; parents asked how they felt about receiving services	Readiness to change	
Need for co-ordination and collaboration between services.	Interagency working	
Reinforcement and modelling; group approach; in vivo practice;	Social learning principles	
Strengthen families; solution-focused approach; build protective factors; health maintenance model; empowerment	Proactive approach	Theoretical foundations (Why?)
Reduce risks / factors that contribute to harm	Reactive approach	
Empowerment and community sustainability; family systems theory; holistic approach; accounting for contextual factors	Ecological approach	

**Table 5 Analysis of common components of intervention programmes**

## Discussion

This review has taken a systematic approach to identifying studies which claim to evidence enhanced resilience through support for vulnerable families. Seven studies were identified that took a mixture of quantitative and qualitative approaches to evaluating family support in the USA, UK and Australia. Descriptors of family vulnerability were considered and four categories were arrived at which seemed to explain vulnerability at the level of the individual, family, community and society. Outcome measures from these studies suggested that intervention can enhance resilience in these vulnerable families and further consideration was given to the components of these interventions that might have contributed to the positive outcome. Three themes were developed through thematic analysis of the review studies, these themes allowed a better understanding of the *what*, *how* and *why* of study interventions.

The review highlighted that the nature of family vulnerability impacts on families at multiple levels. Whilst families in different studies experienced a range of difficulties, all demonstrated vulnerability at more than one level. A recent Task Force on the Family (2003, cited in Terrion, 2006) reviewed literature indicating that stress resulting from financial or health problems, lack of support networks, job-related difficulties, or other negative factors can lead to emotional distress, conflict, and relational difficulties for parents in vulnerable families and that these responses to stress can lead to poor parenting and ineffective parent-child communication, resulting in short and long-term negative outcomes. These findings surely have implications for how vulnerable families are supported and necessitate an approach that can provide support at different levels. In order to meet the needs of vulnerable families, Bowen and Sellers (1994) advocate a move away from compartmentalising problems towards a holistic approach which sees individuals in the context of family, and family in the context of community.

This review has demonstrated that parents who are supported through these interventions experienced enhanced family resilience and wellbeing (although it has not been possible to evidence direct impact or causality). This finding lends credence to the argument that the outcomes of family support should be measured in more diverse ways than whether or not the child needs to be

accommodated in an out-of-home placement (Cash & Berry, 2003; MacLeod & Nelson, 2000; Patterson, 2002). Family resilience is a potential measure of self-sufficiency and positive long term impact, with consequences for cost-effectiveness. At the very least, including additional outcome measures in evaluation of services could highlight unexpected consequences and add to the debate on appropriate indicators of effectiveness.

Whilst it was recognised that no aspects of an intervention could be conclusively identified as contributing to positive outcomes, what appeared to characterise these interventions was an element of assessment of family need. This assessment was then used to devise a package of support appropriate to individual families. Assessment also played an important role in evidencing the impact of intervention. Leon and Armantrout (2007) highlight the importance of assessment, stating that the process of support depends on assessment of client needs that enables the practitioner to identify 'good outcomes, provide effective interventions and later evaluate whether outcomes were met' (p. 124). In fact, Freude-Lagevardi & Barnes (2002) found that the engagement in the assessment process of child mental health interventions had more influence on successful outcomes than the interventions themselves, thus suggesting a key role for assessment in any intervention.

Other components of intervention included concrete, educational and clinical services as proposed by Fraser et al. (1991), and social or community support as suggested by Cameron (1990). The review was not able to consider the interplay between these categories of support, although this has been touched on in considering the multiple levels at which family vulnerability is affected. The extant literature gives some consideration to this though; for example, Fernandez (2004) found the level of caregiver distress played a key role in the family's problem solving ability and approach to intervention programme. In this sense, families needed emotional support before they could begin to access educational services to develop parenting skills. Similarly, Gilligan (2000) states that 'social support cannot make up for inadequate income, inadequate housing, inadequate educational opportunities...or shortcomings in the economy or labour market or in the physical fabric of the local neighbourhood' (p. 18), suggesting limitations of any support or services that do not include some level of concrete support.

In this way there seems to be a paradox in the provision of family support with family resilience theorists suggesting that improving resilience and functioning can improve situations in spite of circumstance (Dolan, 2008). Conversely, review studies demonstrated the need to improve circumstance by providing concrete services in order to bring families to a level where they are ready to accept educational and clinical services. This again highlights the importance of looking at wider outcome measures and scrutinising the interaction between them.

An additional theme that emerged from this review was studies' description of the process used in providing support. This included consideration of the relationship between professionals and families; the families' readiness to change; the way in which a multi-agency approach was adopted; and the use of social learning principles. In recognising the need to take a holistic approach to the issues experienced by vulnerable families, interventions are increasingly seeking to offer packages of support, which necessitate a multi-agency approach (Bowen & Sellers, 1994). Co-ordinating services can also serve to ensure that families are aware of all available relevant support and conversely, that families do not experience duplication of services (*op cit.*). However, in spite of a majority of the review studies considering the processes needed for successful intervention, very few considered the families' readiness to change. It seems that this could act as a confounding factor to the success of interventions and that an unrecognised lack of readiness could be misinterpreted in a way that reinforces the view of vulnerable families as being unwilling or unable to help themselves (Walsh, 2002).

In examining how the review studies described interventions, the theoretical foundations of the model of support appeared to be of relevance. In looking at the emergent themes, studies appeared to be describing proactive, reactive and ecological approaches. Family resilience has been suggested to be grounded in family systems theory (Walsh, 2006). In this sense, common theoretical foundations include ecological and developmental perspectives that view the family as 'an open system that functions in relation to its broader sociocultural context and evolves over the multigenerational life cycle' (Walsh, 2002, p. 131). It is not surprising then that where review studies explicitly stated their theoretical basis these were the themes to emerge. However, other studies

reported on statutory, child protection or family preservation services, which needed to adopt a more reactive approach. Emphasising the strengths-based foundations of successful interventions can only further help to change negative discourse around vulnerable families in a way that empowers them to become more self-sufficient (Patterson, 2002).

### ***Limitations***

Limitations of the current review include the process of searching, which necessitated restrictions on the search in order to render the number of retrieved papers manageable. The included studies documented very different interventions and provided different data on outcomes meaning that pooling the data or comparison of the relative value of different intervention components was not possible. Similarly, as the majority of review studies were carried out in the USA, questions need to be asked about the applicability of these findings within the UK, a culturally different nation. Every effort was made to be transparent about the processes used in analysing the extracted data and to use extant literature to guide this analysis; however, thematic analysis is ultimately a subjective task and it was not possible to seek inter-rater reliability of the themes arrived at.

### **Conclusion**

This review has lent credence to existing models of the construct of vulnerability and how to support vulnerable families in a way that may enhance family resilience, and thus self-sufficiency (Black & Lobo, 2008; Patterson, 2002; Walsh, 2002, 2003). It has also extended these models to highlight the need for a three dimensional approach to planning support – to include the ‘what’, ‘how’ and ‘why’ elements of intervention. However, these findings were largely based on quantitative outcome measures, and whilst some of the review studies did include a qualitative perspective of family support, this review also highlights the need for future research to uncover a rich description of family experiences of support interventions and how these can build on existent strengths and enhance family resilience.

## **Chapter 2 - Bridging document**

### **Abstract**

As part of my doctorate training in applied educational psychology I carried out a piece of research into supporting families, including a systematic review of literature and original empirical research. This chapter attempts to make the link between the findings of the systematic review and the research, providing context for my own, and wider, interest in this topic area. It considers the impact of my world view on planning, interpreting and reporting within the research; describing my ontological and epistemological positions, which are the theoretical foundations of my approach to this topic area. The methodology and methods adopted in this research are set out in greater detail and consideration is given to critical ethics within this research. Finally, I reflect on the process of, and learning from, carrying out this research.

## **Introduction**

As the systematic review of literature on supporting vulnerable families has shown, professional support can impact on family resilience and wellbeing. This review advocated more diverse measures of intervention success to move beyond indicators such as removal of a child from their family home towards more positive measures of long term outcomes, such as family resilience. It also highlighted a need for research offering a rich description of family experiences of support interventions in order to better understand any causal links between support interventions and enhanced family resilience.

In response to this identified gap in the literature, a piece of research was developed to examine parents' experiences of the Common Assessment Framework process. The Common Assessment Framework (CAF) is a measure that was introduced as a recommendation of 'Every Child Matters'. Developed as a strategy for supporting children, young people and their families, the CAF is used across all children's services in English local authorities (CWDC, 2010; DCSF, 2003). Its function is to take a proactive, early intervention approach to supporting families and reducing the need for social care referrals. The process aims to improve multi-agency working, at the same time as placing an emphasis on recognising and working from family strengths (Pithouse, Broadhurst, Hall, Peckover, & White, 2009). In this sense, the CAF seems to be an appropriate tool for developing family resilience and wellbeing in order to avoid the need for on-going or higher level professional support. For these reasons, it was taken as the focus of the empirical research.

The CAF is a tool regularly encountered by educational psychologists in the course of working with children and families; however in my experience it is a process that is perceived differently by different service providers and user, to the extent that I wondered how far the espoused aims and benefits of the CAF are experienced in reality. This led to the development of a piece of research to value parents' experiences of the CAF process. Initially I intended to look for signs that this tool might indeed enhance family resilience, and whilst there were indications that this was the case for one family at least; the process of analysis highlighted other areas of interest. As a result, the research study

describes an analysis of opportunities for learning within the CAF, developed from parents' narratives around the role expectations they experienced within the process and the changes that seemed to occur from their engagement with these expectations.

### **Theoretical paradigm**

Philosophical assumptions or a theoretical paradigm about the nature of reality are crucial to understanding the overall perspective from which the study is designed and carried out (Krauss, 2005). In this sense, a theoretical paradigm can be described as a basic belief system that guides research (Guba & Lincoln, 1994). Therefore, in presenting this research it is also important to acknowledge my own philosophical assumptions and how these impacted on the design and implementation of the study.

Ontology is about the nature of reality and what there is to know (Willig, 2008); epistemology is the philosophy of knowledge or how we come to know (Trochim, 2000); methodology identifies the general approach to accessing knowledge; while method specifies the particular research techniques applied to gather knowledge (Silverman, 2009). In this sense, it is important to be clear about my ontological and epistemological position in order to critically justify the methodology and methods adopted in this research.

### ***Ontology and Epistemology***

As a qualitative researcher, I adopt a relativist or constructivist ontology, recognising that rather than an objective reality, there are multiple realities constructed by individuals (Krauss, 2005). From this perspective, I see knowledge as being established through the meanings attached to the area studied; as a researcher, I interact with participants to obtain data and through this process both participants and I are changed (Coll & Chapman, 2000; Cousins, 2002). In this sense, knowledge is context- and time-dependent and language plays an important role as, for example, the same event could be described in different ways, leading to different perceptions or understandings of that event (Goodley, Lawthom, Clough, & Moore, 2004). Whilst the

constructivist stance would recognise all perceptions and understandings as being valid, this again highlights the interplay in research between participants experiencing reality and researchers perceiving or interpreting that reality (Krauss, 2005). In applying a social constructionist epistemology (Burr, 2003) it is important to recognise that the findings of the research will be contextually specific to my interactions with these participants at that point in time and the meaning that I have drawn from those interactions. As such, it is not possible to generalise the findings of this research and it could not be expected that another person replicating this research would draw the same conclusions.

### ***Methodology***

This research applies constructivist grounded theory and activity theory to analyse the data. The method will be discussed in more detail below, but first I will consider the critical justification for using these approaches given my ontology and epistemology as outlined above. Whilst grounded theory has traditionally aligned with objectivism (Seaman, 2008), aiming to minimise the imposition of the researcher's own categories of meaning during the research process (Willig, 2008); constructivist grounded theory recognises that categories and theories do not 'emerge' from the data but rather are constructed by the researcher through their interaction with the data (Charmaz, 2006). In this sense, constructivist grounded theory is more closely aligned with a social constructivist epistemology (as outlined above); however, it also allows, as far as possible, for the data to speak for itself and in this way allowed me to value the parents' voice through my analysis.

Constructivist grounded theory also moves away from a prescriptive methodological approach to conceptualising grounded theory as a collection of methods (Strauss & Corbin, 1998). This allows it to be used in conjunction with 'varied fundamental assumptions, data gathering approaches, analytic emphases, and theoretical levels' (Charmaz, 2006, p. 511). This shift also allows for constructivist grounded theory to be applied within a pre-existing theoretical framework. Seaman (2008) suggests this as an opportunity to look to other methodologies which might allow for participants' context to be understood and systematically incorporated into the analysis in a way that,

traditionally, grounded theory has failed to do. Following this argument, Seaman (2008) suggests that methods of constructivist grounded theory can be applied within activity theory in order to 'generate a close yet contextually embedded rendering of an understudied activity: a grounded theory of activity' (p. 6).

The activity theory framework allows for social analyses focusing on what people actually do, the objects that motivate their activity, the tools they use, the community they are a part of, the rules that pattern their actions, and the division of labour they take in their activity (Roth et al., 2004). It allows for the consideration of individual motives and actions, but places this into the wider context. In setting out to value the experiences of parents within this research, it was important to recognise that meaning constructed within a group may be different to the meaning constructed by an individual of that group (Krauss, 2005). Activity theory bridges this gap between the individual and collective reality by studying both through the mediating activity (Engeström, 2001).

## **Method**

The following study reports on the experiences of four parents from three families (three mothers and one father). The only criterion imposed on participation was current or recent involvement in the CAF process; however, it proved challenging to identify parents who would be willing to share their experiences. Although contact was made with a range of local authority services involved in administering CAFs with families, all participating families were eventually contacted through the educational psychologist involved in the CAF (as a matter of convenience). This approach to engaging participants seems to highlight the limitations to gaining a representative sample and also the importance of making contact through a professional with whom the family has a good relationship. Table 7 in Chapter 3 gives a brief description of the families and the circumstances of the CAF.

Participants were given information about the study by the contact educational psychologist and again over the telephone and in person by me when arranging the first interview. All participants were provided with written information on the research, which reiterated the voluntary nature of their involvement,

confidentiality of the interview and contact details for both myself and my research supervisor (see Appendix B). All participants signed consent forms, agreeing to participate and allowing for anonymised quotes to be used in the research paper (see Appendix C).

In-depth, semi-structured interviews (Willig, 2008) were carried out with all parents. The aim in interviewing was to take a conversational or emancipatory approach (Goodley et al., 2004) to allow parents to guide the direction of conversation, but also to encourage them to reflect on and interpret their experiences in a way that gave them ownership over their narrative. In this sense, my role was to listen, observe with sensitivity and encourage responses (Charmaz, 2006); however, some prompt questions were used to initiate and maintain conversation, and to clarify the sequence of events (Willig, 2008). These questions were loosely structured around the findings of the systematic review and aimed to encourage parents to consider the effect that discussed elements of support might have had on their family or situation (e.g. assessment - "what contributed to the decision to start the CAF?"; emotional support - "were you offered any support for yourself through the CAF?"; and social support - "were you able to talk to any other families in a similar situation?"). The focus of these interviews was on the parents' experiences of the CAF process and their perception of how the process had impacted on their family (e.g. "what has been most helpful to you during this process?", "after having these experiences, what advice would you give to someone else?"). Parents were interviewed at least twice (except for the father in interview 2) to allow emerging codes to be checked out with them, and to seek clarification and expansion. All interviews were recorded; however, there were some technical issues and some information was shared after the recorder was switched off. In these cases, general points were written down and re-visited with parents during subsequently recorded interviews (where possible).

Interview data was transcribed verbatim and this data was analysed using a Constructivist Grounded Theory approach (as described above - Charmaz, 2006), moving through four stages of coding. As each family was revisited to give parents the opportunity to reflect on initial codes, there was limited time for transcription and coding between visits; as such, the first stage of coding represented a general, more thematic approach to the data collected from that

parent at that point in time. Later stages of coding included line-by-line, focused, axial and theoretical coding; utilising constant comparison within and between interviews, to move from basic level description to a more analytical approach to the data (Charmaz, 2006). Table 6 below gives more detail on the different stages of coding.

Initial coding	Looking for general themes through readings of the interview transcript to inform areas for later data collection.
Line-by-line coding	Naming each line of data. This stage encourages openness to data and enables identification of nuances, explicit statements and implicit concerns.
Focused coding	Identifying codes that allow synthesis and explanation of larger sections of data. This stage requires decision making about which initial codes make the most analytical sense to understanding the data as a whole.
Axial coding	Relating categories to subcategories. In this stage the properties and dimensions of a category are described with the aim of putting the data back together in a way that gives coherence to the emerging analysis.
Theoretical coding	Developing codes that conceptualise how substantive codes are related. Return to extant literature with the aim of making sense of and arriving at a theoretical understanding of the data.

**Table 6- Stages of coding adapted from Charmaz (2006)**

Whilst the initial area of interest of this research was how professional support might enhance family resilience, the broader focus of the interviews and the use of constructivist grounded theory meant that the final analysis was grounded in the data. An inductive approach was taken to analysis, allowing patterns, themes and categories to be developed from the data itself and thus minimising influences from the extant literature in this area (Bowen, 2006). However, after completing the theoretical coding stage, it was felt appropriate to return to existing theoretical models in order to conceptualise the data. Activity theory (as described above - Engeström & Engeström, 1986) was felt to be a useful model to analyse the relationships between different elements that had emerged through coding (see Chapter 3 for more detail).

## **Critical Ethics**

Within qualitative research, ethical considerations are seen to be important throughout the research process and cannot be planned for or solved before embarking on the research (Brinkmann & Kvale, 2008). In this sense, ethics is about how conflict, disagreement and ambivalence are dealt with, not about attempting to eliminate them (Edwards & Mauthner, 2002).

Consideration was given to the language used with families. In this sense, it was necessary to think about appropriate ways of talking and framing; for example talking about children's 'needs', rather than 'problems'. I tried where possible to adopt parents' own terminology and for that reason the term 'professional' is used within the write-up rather than 'practitioner', which is the preferred term in government documentation, as this was the term that parents themselves used to describe their CAF partners. At times, there were also issues with families and lack of privacy as a result of interviewing families in their own homes. Attempts were made to avoid conducting interviews whilst children were at home, but in one case this wasn't possible. Parents were also offered the option of having the interview conducted at an alternative location, but none took this up.

The ethical principle of 'avoiding harm' to participants was adopted; and beyond this, it was hoped that sharing their views would be a positive experience for parents (Willig, 2008). Due to the nature of the topic of the interviews, it was necessary to be flexible and reflective in my approach, and consent was deemed to be an on-going process (Brinkmann & Kvale, 2008). Every attempt was made to give participants a sense of control within the interviews; however, it was important to remain aware of the power dynamics within the interview (e.g. the assumptions that parents may have made about my role or relationships with other professions) and the impact this might have on what and how parents were willing to share (Goodley et al., 2004; Gorin, Hooper, Dyson, & Cabral, 2008). Initial themes arising from the interviews were shared with participants to allow them the opportunity to revise or omit any data. This was felt to be particularly important, not just from a methodological point of view, but also from an ethical point of view.

Recordings of interviews were only accessible to the researcher and were erased after transcription. Transcripts have been anonymised, with electronic copies password protected and hard copies kept in a secure filing cabinet with access limited to the researcher. All copies of each interview transcript will be kept for five years before being destroyed.

### **Reflexivity**

In being epistemologically reflexive, it is important to consider how the research question and design might have limited or constructed the data and the analysis (Willig, 2008). Given the breadth and richness of data collected, it was necessary to select a narrower focus for the following paper in order to be able to fully explore constructs within a limited word count. In doing so, I recognise that there are other, equally valid possibilities for conceptualising the data. In choosing to focus on the processes of learning and agency as a potential contribution of the CAF process, I felt that I was able to highlight the importance of seeing parents as 'partners', rather than 'clients' within the support process. In this sense, I hoped to emphasise opportunities for participation within the CAF that go beyond simple consultation ( The National Evaluation of the Children's Fund, 2004) and that have a longer-reaching positive impact on parents' capacity to engage with professionals in the future. Although this moves away from the initial research focus on family resilience, I see building capacity and agency as developing self-sufficiency. In the systematic review, family resilience was similarly argued to be an indicator of self-sufficiency and in this way family resilience, capacity and agency can be argued to be desirable long-term outcomes of family support interventions.

In adopting an activity theory approach, I would be remiss if I did not also consider the impact that this research has had on me as a researcher and as a practitioner. In scrutinising and adapting my research question to fit the data, I became aware that my initial aims were more focused towards looking at how professionals had impacted on families. Considering this in the context of the narratives of the parents I spoke to, I came to realise that this approach neither reflected my desire to empower parents, nor fitted with the levels of resilience and agency that parents appeared to be bringing into the CAF process,

independent of any professional support. This has highlighted for me the possibility of educational psychologists taking on a mediating role in enhancing the learning of others (through the zone of proximal development) (Stringer, 1998). In the context of activity theory, this makes EPs well placed to promote the learning of parents.

This has led me to question how I conceptualise working in partnership with parents in my own practice. Although the following paper does not attempt to explicitly state the barriers and facilitators to positive CAF outcomes, I feel that through the process of this research I have developed views on how I as a practitioner can provide experiences that are more conducive to parents being able to take something from the process. Applying activity theory to my wider thinking about joint activity in practice (e.g. tools for dealing with disagreement and promoting change) has encouraged me to think about the possibilities for change when parents are seen as partners within interagency groups. In this way, I have felt privileged to have the opportunity to hear these parents' narratives and have attempted to value their experiences through the analysis and write-up.

### **Concluding comments**

This chapter has attempted to explain the link between the systematic review of literature and the empirical research by documenting the development of findings from the former in the design of the latter. This has been described in the context of my ontological and epistemological stance in order to critically justify the methodology adopted in the research. Greater detail was given on the methods used and the critical ethics that were applied in the research. Finally, personal and epistemological reflexivity have been employed to explore how the research has impacted on me and how I, as researcher, have impacted on the research.

### **Chapter 3: Parents' experiences of the Common Assessment Framework: Opportunities for learning and developing agency.**

#### **Abstract:**

Government policy on supporting children and their families has focused on the need for collaborative interagency working. However, it has been recognised that interagency working can pose a challenge to pre-existing practices, needing professionals to learn and develop in new ways. Explicit within this policy trend is the emphasis that families should be encouraged to be active participants in shaping services to meet the needs of their children. Despite this focus, little research exists that considers how families experience interagency support or what opportunities there might be for parents to learn and develop in the same ways as professionals might.

This paper applies an activity theory framework to data from interviews with four parents on their experiences of the Common Assessment Framework (CAF) process. By examining parents' narratives of CAF meetings and the implicit role expectations for both parents and professionals within this process, the possibilities for learning and enhancing agency are highlighted.

This study found that parents were expected to take on a professional-like role. Furthermore, they experienced new language demands in engaging with the CAF process. In meeting new role expectations and language demands, parents' faith in, and reliance on, professional expertise decreased. This was taken to highlight parents learning and developing agency through their interactions with the collective knowledge and expertise available within the CAF process.

The understanding gained from listening to parents' narratives, emphasises the importance of recognising the experiences of families within models of interagency learning. It also highlights the need for professionals to consider how to integrate this understanding into their practice. It is argued that thinking in this area is a step towards moving beyond consultation with parents towards partnership working.

## **The place of parents in the interagency agenda**

The positive impact of interagency working on outcomes for vulnerable children and their families has arguably become an immutable truth (although see Hughes, 2006 for alternative argument). In 1998, Payne put forward the argument that '... the case for treating social problems in a holistic fashion is overwhelming. People know, in a simple everyday fashion, that crime, poverty, low achievement at school, bad housing and so on are connected' (p. 12). Subsequently, the Every Child Matters agenda (ECM - DfES, 2003) drove new initiatives to integrate services for children and families, seeing collaborative working as a 'proxy outcome', indicating the likelihood of achieving longer term outcomes (Griffin, 2008). This policy acknowledged the need for professionals to work together in new ways in order to break down barriers between different professions and agencies that were seen to be the root cause of high-profile serious case reviews (Frost, Robinson, & Anning, 2005).

As an extension of this agenda, the importance of engaging parents in working towards positive outcomes for their children has also been emphasised (Every Parent Matters - DfES, 2007). The impact of parenting on multiple areas of child development has been well documented (EPPI Centre, 2006; DCSF, 2008). This, coupled with strong evidence for the impact of parental engagement with public services on child outcomes (Desforges & Abouchar, 2003), has influenced a policy drive towards seeing parents as an important part of working towards solutions in supporting children, rather than as part of the problem (Walsh, 2006). Indeed, the Every Parent Matters agenda states that:

Families bring up children. The role of government is to ensure that all parents...are able to make confident, informed choices...; shape services to respond to their family's needs; work in partnership with services to reinforce the benefits for their children's outcomes; and access additional support when they need it (DfES, 2007, p. 6).

This is a clear statement of the role of all professionals in working in partnership, not just with other service providers, but also with parents to maximise the impact of support and outcomes for children.

However, it has been recognised that 'legislation alone is unlikely to bring about the step changes necessary to deliver the anticipated positive outcomes' (Harris

& Allen, 2010, p. 405). Indeed, research has identified on-going barriers and highlighted areas for development in order to realise the potential of any interagency activity (Frost, 2004; Griffin, 2008; Hymans, 2008; Sloper, 2004; Sousa & Costa, 2010). This research suggests that interagency teams require deep-rooted cultural change to enable different professional groups to work together effectively across organisational boundaries (Harris & Allen, 2009) and to work with parents in equal partnership (DfES, 2007). The implication is that individual practitioners, services and constantly changing interagency teams all need to engage in a process of learning in order to realise the espoused aims of the interagency agenda (Frost et al., 2005; Leadbetter et al., 2007).

However, the role of parents appears to be lost in research on joined up and interagency working. Where attention has been turned to parents' experiences of engaging with professionals, the focus has tended to be on how parents described and made sense of their situation (Fisher, 2007; Fisher & Goodley, 2007; Lietz, 2007); their agency (Goodley & Tregaskis, 2006); and their social capital (Gewirtz, Dickson, Power, Halpin, & Whitty, 2005). Yet, in seeking to recognise parents as partners in the process of interagency support, there seems to be a dearth of literature examining how parents themselves might experience the cultural and learning demands of being a part of these teams in a way that has already been recognised in the literature on professionals' experiences. In response, this paper aims to value parent views on, and experiences of, interagency support, taking the Common Assessment Framework (CAF) as its focus.

### ***The CAF***

The Common Assessment Framework (CAF) was introduced as part of the ECM agenda and is now used across all children's services in English local authorities (CWDC, 2010). The aim of the CAF is to facilitate interagency collaboration and engagement in supporting children and families with additional needs (Pithouse et al., 2009) by placing the child's, rather than services' needs at the centre of all support activities (Gilligan & Manby, 2008). It acts as a voluntary arrangement between practitioners and families, in a way that responds to calls for parents to be empowered to make choices and

impact on the services and support that they access (DfES, 2007). By drawing practitioners from different agencies and services together, the CAF allows for shared assessment and planning in order to identify needs early and co-ordinate service provision to meet those needs (CWDC, 2010; Pithouse et al., 2009). An expressed aim of the framework is to embed a shared language in order to support a better understanding amongst practitioners and parents; allowing parents to feel confident in engaging with, and ultimately becoming equal partners in, supporting their child (CWDC, 2008; DCSF, 2003; DfES, 2007).

### ***Research aims***

This paper seeks to value parent participation and experiences within the CAF process. In addition, it aims to consider what opportunities there are within this process for parents to learn and develop skills which may facilitate further engagement with professionals and interagency processes. Activity theory has been adopted as a relevant framework through which to answer the question: do parents experience opportunities for learning and developing agency through the CAF process?

### **Applying activity theory**

Activity theory is a framework that can be applied to analysing learning within a group context (Yamagata-Lynch & Haudenschild, 2009) and more specifically to analysing forms of interagency working (Warmington et al., 2004). Initially developed by Russian scholars, it takes a sociocultural perspective on mediated learning and interaction, recognising the importance of context in developing our understanding of the processes of learning (Holzman, 2006; Roth & Lee, 2007). Although a range of interpretations of activity theory exist, at its core, it focuses on how we develop an understanding of the world, draw meaning from that understanding, create learning from that meaning, and are motivated to respond to or act on our learning (Capper & Williams, 2004). This paper applies Engeström's third generation activity theory as this model focuses on transformative processes inherent in learning whilst recognising the multi-

voicedness of activity systems (Engeström, 2001; Yamagata-Lynch & Smaldino, 2007). In applying this model, it is possible to explore parents' experience of learning and engaging with the CAF, and to consider how the voice of the parents might fit within the wider context of different professionals and systems they interact with.

Individuals engage in their own activity systems, which have their own distinct rules, tools and goals or *object of action*; however, these individual activity systems do not exist in isolation. Whilst boundaries exist between different systems, Engeström (2001) suggests that beyond these boundaries lies a *boundary zone* where different activity systems can come together to share knowledge and expertise in working together on a shared object of joint action. The CAF may be seen as a good example of facilitating boundary crossing. Different professionals come to an interagency team with their own service-defined practices and processes, but by joining together with different activity systems within the CAF framework, they are facilitated to engage in collaborative action. Moving beyond their own professional boundaries can allow different professionals to work together to share ideas, concepts and tools from one community of practice to another (Akkerman & Bakker, 2011; Jóhannsdóttir, 2008), develop new forms of collaboration and conceptualise new practices (Edwards & Wiseman, 2005).

In examining how learning can occur within the boundary zone, Engeström's model suggests that rather than intact knowledge being transferred, a process of collaborative learning and active reconstruction of the skills and knowledge occurs. This process is referred to as developmental transfer or *expansive learning* (Engeström, 2001). In demonstrating expansive learning, participants within an activity system interpret and expand their understanding of the object of their activity and respond to it in increasingly enriched ways (Daniels et al., 2007; Warmington et al., 2004). Seeing the possibility for learning in this way moves away from more traditional notions of professional expertise which imply a vertical or hierarchical model of learning, to recognise the possibilities for horizontal development of expertise through collaboration (Warmington et al., 2004). In this sense, interagency working can be seen to enhance the actions of all of those collectively involved (including parents), with participants both contributing something and gaining something from the process.

These concepts are developed further by Edwards (2005) who, whilst recognising the value of taking a systems approach to analysing learning, also emphasises the importance of the individual agency involved in object-oriented action. She proposes that as part of the process of expansive learning, individuals within an activity have the potential to develop *relational agency*, defined as 'a capacity for working with others to strengthen purposeful responses to complex problems' (Edwards, 2009b, p. 39) by recognising and working with the resources that others bring (Edwards, 2009a). Applying the concept of relational agency within the activity theory framework in this study allows for a focus on the process of learning and impact for parents, whilst still attending to the wider processes within the context of the CAF.

### **The study**

The data drawn on in this paper were collected as part of a piece of doctorate research into parents' experiences of the CAF process. Parents were drawn from two local authority areas in the North East of England and were contacted via educational psychologist colleagues involved with the families. Four parents, (see table 7 for more details) were interviewed using an emancipatory approach (Goodley, Lawthom, Clough & Moore, 2006). This approach was adopted in order to allow the parents to guide the focus and content of the interviews in order to value their experiences and the narrative approaches they used to make sense of their situations (see Chapter 2 for further details of this approach). Parents were visited on at least two occasions and emerging themes were shared with them to allow them to verify, expand on or challenge initial analyses. However, despite these efforts to empower parents throughout the research process, the direction of the interviews and final analyses were ultimately determined by the researcher. More detailed descriptions of the family and CAF circumstances can be found below and in table 7.

	Participant	Family make-up	CAF concerns
Interview 1	Mother	Two-parent family with four children over the age of sixteen.	This parent spoke about a CAF which was started to support her daughter, who is a school refuser. Involved in the CAF were school, mental health professionals, Education Welfare, Educational Psychology, and a Drugs and Alcohol worker.
Interview 2	Mother	Two-parent family with five children ranging in age between 2-13 years.	These parents had experienced two CAFs. The first CAF was initiated after Social Services involvement due to the mother being hospitalised and concerns about child care. The second CAF was again initiated due to hospitalisation of the mother, but became focused on the development and behaviours of the youngest child. These two CAFs were experienced quite differently by the parents. Involved in the second CAF were school, health professionals, early years and education support services (including Educational Psychology).
	Father		
Interview 3	Mother	Two-parent family with one child aged 8 years	This parent spoke about a CAF which was focused on the child's progress and behaviour in school. Involved in the CAF were school, health professionals (including mental health services), and education support services (including Educational Psychology).

**Table 7 Participant details**

Interview data was coded using a constructivist grounded theory approach (Charmaz, 2006) as a means of eliciting core concepts whilst aiming to minimise the influence of extant literature in this area. In this way, attempts were made to allow parents' experiences and constructs to speak for themselves with the core concepts grounded in the data itself (see Chapter 2 for more detail); although the role of the researcher in extracting these concepts should not be ignored. Once extracted, core concepts were then analysed through an activity theory framework in order to consider opportunities for parents to be involved in expansive learning within the CAF. This analysis also explored the extent to which parents could be seen to have experienced the CAF as allowing for enhancing relational agency.

## **Parents' experiences of learning and agency within the CAF**

The issues at the centre of the three case study CAFs were all education-based. The mother in interview 1 spoke of a CAF involving her teenage daughter who was school refusing. The parents in interview 2 spoke of two CAFs they had been involved in, one to support the family during extended hospitalisation of the mother, and one to assess and support the needs of their youngest pre-school child. The mother in interview 3 also spoke of a CAF to assess and support the needs of her primary-aged son. All three CAFs were on-going, had been running for over six months and involved regular interagency meetings.

All parents had differing views on the CAF and the impact that it had on their situation and this was reflected in the level of learning and development of agency seen in the analysis. The mother in interview 1 felt the CAF had made no difference to her situation and little learning was evidenced within her narrative. The parents in interview 2 both felt that the CAF had been a "big help" and had directly impacted on change within their situations; they were both seen to evidence learning and developing agency within their narratives. The mother in interview 3, on the other hand, felt that the CAF had made little difference to her situation, but it had clearly impacted on her thinking regarding her son's difficulties; as a result, her narrative also suggests learning and developing agency.

The following analysis demonstrates where and how opportunities for learning and developing agency existed within these parents' experiences of these CAFs. It does so by focusing on three key areas: role expectations placed on parents, parents' expectations of professionals, and experiences of these coming together within CAF meetings.

### ***Role expectations placed on parents***

A clear theme emerged from the interviews that parents experienced differing pressures and expectations on the roles that they should fulfil as a result of their involvement in the CAF process. Initially, parents appeared to be talking about a 'parent role' with expectations such as being an advocate for their child, managing behaviour at home and general day-to-day care responsibilities that

come with parenting. This role also allowed them to be emotionally responsive to their child's difficulties, with all parents describing a range of emotions that they experienced throughout the process.

As their narratives around the CAF expanded, another role for the parents appeared to emerge and they began talking of expectations that seemed to suggest they needed to take on an almost 'professional role' in supporting their child. The expectations of this new role involved attending meetings despite this being time consuming and experienced as awkward or upsetting by some parents; being active participants in problem solving conversations and being proactive in working with others.

*The negatives have got to be spoke about because that's what we're there about. We've got to get the negatives because we've got to get to some conclusion or diagnosis or whatever you want to call it about what's wrong with [child] (Interview 3, lines 46-48)*

However, descriptions of the expectations placed on this new role by others suggested that it went beyond either the traditional parent or professional roles that were perhaps being brought into the CAF process; creating a new role with elements of both. The parent in the quote below describes being prepared to do anything in order to improve the situation, taking on responsibilities beyond the parent role, but also going beyond expectations of professional practice:

*I've been in to spend the day with him to see if that helped. I suggested it because I knew things were getting hard. So I says to [headteacher], 'well anything...I've always said that to [headteacher] 'I'm prepared to do anything, anything at all'. It was also a situation that, I don't mind doing it, but I don't want [child] to get used to it, because I don't think it would do him much good. I shouldn't have to be, shouldn't have to go to school with him every day. (Interview 3; line 130-133)*

This change in parent role seems to mirror the change in professional role in collaborative interagency working reported in the extant literature (Edwards, 2005, 2009b). Indeed, Leadbetter (2006) argues that: 'as established professional identities are shaken and new roles emerge it is likely that the new ways of working will result in new ways of being and in this way our professional identities will be, to varying degrees, transformed' (p. 57-58). However, the current study found that this transformation impacted on parents' self-image and

on their lives beyond their children, because these demands were in addition to, rather than a part of, their working lives.

*I'd had very little to do with them up until then. I guess [my wife] had been more involved with Sure Start – taking the kids down there. Because I was going out to work, it was [my wife] who was doing all that. I don't want you to think that I'm not involved with my kids or that I'm not interested, but when you work nine to five you don't really have the opportunity to come across these services. (Interview 2; lines 175-177)*

Whilst some parents appeared to be able to incorporate new expectations within their parent role, others described the professional-like role as being distinctly different from and even conflicting with their parent role:

*It's weird, I mean when I'm in this situation [thinking about the CAF] I get into another world, but when you go, I'll switch back, I'll switch that off and I'll go back to... It's like when [EP] phoned on Friday, I think maybe she could hear it in me voice, I says 'no, I've switched back into me other mode. [child]'s cheered us up'. It's weird, I don't know ... (Interview 3; lines 294-296)*

From an activity theory perspective, identity is seen as a product and by-product of activity (Roth et al., 2004); in acting on an object, individuals transform that object, but in turn the object works back on them in a transformative way (Capper & Williams, 2004; Stetsenko, 2005). In this sense, by engaging in the CAF process it could be expected that parents' identity will be impacted and this was reflected in their level of acceptance of this new role.

Indeed, Cragan et al (2009) suggest that in order to engage in group processes there needs to be perceived shared identity, necessitating a symbolic transformation; without such transformation, they argue, productivity of the group and membership satisfaction will suffer. In this sense, adoption of this new, professional-like role and acceptance of this transformation in identity could be seen to impact not only on the parents' learning and development of relational agency, but also on the success of the CAF process. Indeed, those parents who were seen to engage more fully with new role expectations tended to perceive the CAF as having a more positive impact on their situations.

### ***Expectations of professional roles***

Despite being co-opted into a professional-like role, parents still perceived a power imbalance within the CAF and in their relationships with other professionals. Although the CAF is a voluntary process, parents felt that they were impelled to engage at a basic level, in order to fulfil the expectations of their parent role and at a higher level, in fulfilling new professional-like role expectations. The power imbalance was further related to access to and control over resources, but was dealt with differently by parents within the study. Parents expected that professionals could access or control some of the resources that they sought for their child (be that funding or access to other services), although this was not always experienced as being the case. For example, the parent in interview 1 constructed herself as having no control over her daughter's situation and professionals as having limited control over resources. In this way, she felt that neither she nor professionals could act on the object of action within the CAF process (getting her daughter back into education); with the impact being that she developed a pessimistic outlook and was unable to envisage working towards a future goal.

*What more can I do, I'm trying. I mean if you see [daughter], she's like four inches taller than me and she's not little, let's put it that way, so I couldn't lift her up and say 'you're going to school' (Interview 1; line 223)*

*We don't know what's going to happen, we'll just have to wait and see (Interview 1; line 192)*

In contrast, the parents within interview 2 talked of the professionals themselves within the CAF as being resources. They appeared to be drawing on the knowledge and expertise within the interagency team in order to see themselves as able to fight for support for their child if necessary.

*When everyone attends the CAF you know you've got everyone there. If there wasn't that CAF for [child] I think we would still be fighting for the things we've got (Interview 2; line 283-284)*

*If I felt that he did (need to attend specialist provision), I would push for it (Interview 2; line 129)*

This differential construction seems to relate to the parents' relational agency and the extent to which they are able to recognise and draw on knowledge within the interagency team. In developing the concept of relational agency and

boundary working further, Edwards (2005) recognises the skills of *knowing how to know who*, which she argues is at the core of interagency working, mediating relationships between those collaboratively working on an object of activity. It is this ability to recognise and draw upon the resources of others that is seen to contribute to the development of relational agency (Edwards, 2011). In this sense, the learning and agency of the parents within this study can be seen to be enhanced through their interactions with professionals and through the practice adopted by those professionals.

All parents talked of a faith in professional opinion or “the expert” view:

*I just think we have to trust them. It's the professionals who know what they're doing*  
(Interview 2; lines 326-7)

*...we'll just wait and see and people who are, you know, experts in this area can tell us*  
(Interview 2; line 106)

*...but at the end of the day I don't really know what I'm talking about so it's nice to hear it from a more professional point of view* (Interview 3; line 90)

However, conflict also existed in the narratives between parents' own views and the views of professionals on the child's difficulties. Parents recognised limitations to professional information, such as basing their assessment of the child on one observation or taking a narrow, single-disciplinary view on difficulties rather than taking a more holistic view.

*I'm his mum, I know him, I've got five children, you know, there's things that [child] does and I just felt from what they were saying, they hadn't seen that.* (Interview 2; line 70)

*... I feel like the different professionals involved have their own ideas. They go in to see [child] once and it could be when they've been he's having a good day and they have to write down what they've seen* (Interview 2; line 235-236)

Parents' disillusionment with the expertise of professionals seemed to be related to the development of their relational agency, as they became more confident in their 'professional role' they became less dependent on the “expertise” of individual professionals. It can also be related to the development of collective expertise within the CAF process, signalling the parents' growing confidence in collaborative and discursive construction of tasks and solutions, rather than a dependence or faith in individual mastery of specific areas (Engeström & Middleton, 1998).

### **CAF meetings**

Parents' experiences of CAF meetings also seemed to relate to the development of relational agency. Where all parents initially experienced meetings as intimidating, the mother in interview 2 spoke of her growing confidence in meetings, which appeared to signal her developing capacity to engage with others within the expectations of her new role. This was positively impacted by the support that she received from her extended family, both in and outside of meetings. The mother in interview 1 on the other hand continued to experience meetings as frustrating and although she constructed the need to attend, did not feel like these were making any difference to her daughter's situation.

*Well, I feel as if I've got to. 'Cause if I don't turn up at those meetings it'll give the impressions that I'm not bothered. I mean I am still bothered even though I know there's no light at the end of the tunnel (interview 1; lines 186-188)*

*I can't...we're having these meetings, but I can't honestly see us getting [daughter] back to that school (interview 1; line 68)*

In this sense, this mother appeared less well equipped to engage in a dynamic interaction with the object of her action, a process that is seen to promote expansive learning and change within the activity system (Edwards, 2009b). Conversely, she talked of feeling as though she was on her own in meetings, with her daughter choosing not to speak and no other family members there to support her.

The physical make-up of meetings was also seen to impact on confidence and engagement, especially for the mother in interview 3.

*...sometimes there were a lot of people around the table and it got very intimidating. Sometimes I felt I couldn't speak my mind...I get on easier with one-to-one than sitting around a big...I don't know, it's just very intimidating. Lots of professionals sitting around the table and, I don't know, I just wasn't very comfortable with it (Interview 3; lines 20-25)*

Edwards and Mackenzie (2005) comment that: 'a capacity to contribute to one's setting connects with a wider sense of self-efficacy and confidence' (p. 301). In this way, they (*op cit*) suggest that a capacity for deliberative action may be learnt in some settings but not others. Individual learning trajectories will differ as a result of the context within which they occur. Is it reasonable then to expect

that every CAF will provide the appropriate context for this learning? Or that all parents will be in a position to benefit from the expansive learning opportunities that may be available in the process? The comparative experiences of the parents within this study suggest that it may not be. Taking this further, professionals need to be cognisant of the culture created within the CAF and of the parents' current level of relational agency, and be flexible in their approach to support, relative to this.

In contrast to the experiences of parents' within this study, the extant literature constructs interagency meetings as important opportunities for collaboration (Edwards, 2009b). It is suggested that implicit mediation occurs in communication (Wertsch, 2007). In the context of the CAF, interagency talk allows for the development of collaborative practice by developing the capacity to draw on the knowledge available within the collective activity system (Edwards, 2005). An illustrative example from the study data is that the parents in interview 2 were able to draw on the support offered by other professionals within the CAF and as such experienced meetings as opportunities to gain information and engage appropriate support.

*I think it's because it's the whole ...they're seeing [child], all the different people are seeing [child] and picking up on the different problems (Interview 2; line 52-53)*

The mother in interview 3, recognised the value of information available within the CAF meetings, but was also aware of the impact of her own readiness to hear what professionals were saying as she went through the process of coming to terms with her son's difficulties.

*There was always the negatives and I did find it very hard to handle and I think when I got myself a bit upset, I think that was through the fact I was still denying it to myself and that just more, you know, I don't want to hear you talking about my child like that. It's hard, really hard. (Interview 3; lines 415-416)*

The mother in interview 1, on the other hand, did not perceive the meetings as being a resource or an opportunity.

*...at meetings [lead professional] was saying 'what's happening?'... And they were like 'why is it taking so long?' Nobody seemed to be able to come out with any answers. (Interview 1; lines 37-40)*

In their differing experiences of CAF meetings, these parents highlight the need for professionals to aim to build a capacity to draw on and benefit from the collective knowledge, not only in themselves, but also in the families that they are working with.

Examining the opportunities for implicit mediation within interagency communication necessitates a consideration of the extent to which the case study parents were able to access and engage with the language of the CAF meetings. Whilst the CAF claims to use a common language to facilitate communication and understanding (White, Hall, & Peckover, 2009), it has been recognised in the literature that even professionals need to develop a 'multilingualism' in order to communicate across professional boundaries (Edwards, 2004). The experiences of the parents within this study suggest that where a common language exists, it is owned by the professionals and therefore in order to engage in the CAF process parents also need to develop a repertoire of professional language or 'multilingualism'. This can be seen as a challenge, causing discomfort within the initial stages (Frost et al., 2005) and indeed the parent in interview 3 talked of the value of a Parent Support Worker (PSW) and his role in helping her to have a voice.

*I seen it as [Parent Support Worker] coming to meetings with us and when I didn't feel like I had much of a voice, he was our voice for us... I found it a lot easier to speak to Parent Support Worker because he was more on my wave-length (Interview 3; lines 16-17)*

In this sense, the PSW could be seen as a 'translator', mediating and supporting this parent to navigate the new language demands of the CAF context. When he was no longer able to support her in the CAF, she rejected the language of the professionals; even resisting calling the meetings "CAF meetings" now that he was not involved (see quote below). In addition, communication within the CAF was constructed as qualitatively different from communication with professionals outside these meetings, highlighting the specificity of communication within this process.

*Well, we didn't really discuss things like that at the meetings because we'd talk to them beforehand. [Clinical Psychologist] and [keyworker] used to come to the house and it was discussed then, but it wasn't actually discussed at the meetings (Interview 1; line 64-65)*

*[EP] would also say the nicer things and she would say it a couple of time, we didn't say anything at the meetings, but like when we've been talking privately and personally and stuff (Interview 3; line 341)*

This differing language and parents' acceptance of it can also account for the differences in parents' conceptualisation of the CAF within the interviews. In this study, the parents in interview 2 appeared confident in using professional language. They both felt sure about the concept and purpose of the CAF, clearly stating the stages within the process that they felt had helped the situation.

*I think it's the meetings 'cause everything is about how [child] is getting on, how the other children are getting on and problems are identified and taken forward from there (Interview 2; line 51)*

At the other extreme, the mother in interview 1 struggled to conceptualise the CAF or even describe how the CAF had been explained to her by the key professional.

*As I say, I don't really understand it. I couldn't really say the CAF involves doing this because I don't really... There's no comparison say like that started in November last year, I can't see any difference. I can't really... I hope that I've been of some help to you (Interview 1; 148-150)*

The parent in interview 3, on the other hand, showed some understanding of the concept of the CAF but rejected the professional definition, instead constructing her own meaning.

*I've never seen them as CAFs, they're not CAFs, they're just meetings to me. I think CAF is just a title they give it sort of thing. I get what they are. I mean that's why [Parent Support Worker] became involved, to make me feel more comfortable, to fill me in on a lot more. I understand what they're about, but to me they're just a meeting. CAF is just a title for it really (Interview 3; lines 83-88)*

In this sense, whilst the parents in interview 2 had developed a multilingualism, the parent in interview 1 could be seen to be attempting to get by in her native language, and the parent in interview 3 as resisting this new language. These levels of multilingualism impacted on parents' understanding of the CAF process, which in turn impacted on the extent to which parents engaged in the CAF process or saw it to be achieving what they thought were its aims. However, in all three cases, interagency meetings were perceived to be the

focal point of the CAF and in this sense, parents' experiences of interagency meetings directly impacted on their views on the success of the CAF process. Further, the observed impact of understanding or conceptualisation of the CAF on the level of engagement in the process highlights the need to find a common and accessible explanation of the CAF. This again necessitates consideration of the multilingual demands within the CAF and the impact this has on enhancing relational agency.

### **Contextualising the findings**

This paper has examined comparative interview data on parents' experiences of the CAF process. Using an activity theory framework opportunities for expansive learning and enhancing relational agency in interagency working have been considered. By focusing on the expectations placed on parents, parents' expectations for professionals and their experiences of CAF meetings, the analysis has also highlighted the transactional impact that learning and agency have on parents' engagement with, and the perceived success of, the CAF process. Where the parents in this study felt able to describe the CAF, they largely conceptualised it as being interagency meetings to discuss issues, share information and plan support. Meetings themselves seemed to have the potential to enhance relational agency and this in turn impacted on active engagement in meetings and with the wider CAF process. This becomes all the more important when considering that parents' experiences of meetings was also seen to ultimately impact on their perceptions of whether the CAF had been, or could be, successful in collaboratively working towards shared goals.

Parents' experiences of meetings can also be seen to impact on the change in role expectation and identity that were highlighted in this study. When individuals enter a new system (such as the CAF) they may come across different cultures associated with different fields of practice which are dissonant with their own cultural experiences (Roth et al., 2004). In the case of interagency working, different professions bring their own culture of practice into the activity system and parents are no exception. Dissonance become especially visible when individuals enter new fields of practice (*op cit*) and it could be seen that parents, who do not have the experiences of interagency

working (that professionals might), will experience stronger dissonance. In response to this dissonance, individuals may resist or assimilate with that culture (Stryker & Burke, 2000). This was explicitly seen in this study in parents' response to the multilingual demands of the CAF.

In encountering new role expectations within the CAF that do not easily fit with the expectations of the parent role, it could be expected that constructs of the parent role either become more nuanced to incorporate these new expectations or an alternative identity is constructed to account for the contradiction between current identity and new role (Pratt, Rockmann, & Kaufmann, 2006). In bringing these transformative properties back into the framework of activity theory, it can be seen that parents experience new expectations as they cross boundaries to work collaboratively on a shared object of activity. In working at and beyond boundaries, all those involved have the potential to learn. Akkerman and Bakker (2011) highlighted four different learning mechanisms that might occur: identification, co-ordination, reflection, and transformation. Similarly to Pratt et al.'s (2006) model of identity customisation, these mechanisms for learning suggest different levels of change and internalisation. It could be argued that the parents within this study all experienced different levels of learning and cultural or identity assimilation. However, the prevailing point is that the CAF, as a boundary object, has been shown to have the potential to promote change for parents.

Given the policy agenda to actively involve families in the process of support, it seems important for interagency groups to consider the cultural contradictions and mechanisms for learning faced by parents on entering a new cultural field. Focusing on this area could shed light on how to harness this in order to promote learning and avoid resistance. This point is further emphasised by Schein (1992) who makes the crucial claim that an organisation's culture determines what it can and cannot do, and that the extent of individual members' socialisation into that culture determines what they, as individuals, can and cannot do. This again emphasises the importance of parents' engagement in the culture of the professionals and in essence, their adoption of a professional-like role in order to enable them to be an active part in changing their situation. On the other hand, it also shows the need for interagency teams

to create a culture that recognises the potential for parents to act as partners within the process.

The analysis also highlighted power imbalances within the CAF team, such as access to resources not being equally available to all members. Parents' response to this varied and appeared to impact on their relational agency. Vince (2001) constructs power relations as being crucial for organisational learning, as they 'directly mediate interpretative processes within organisations' (p. 1329). In this sense, as seen in the current study, it is not the existence of power imbalance that impacts learning but how the parents respond to it. However, the system itself can adapt to and enhance opportunities for learning; for example, Boreham and Morgan (2004) recognise the importance of all members of a learning group being able to express their point of view and being able to access a collective knowledge base. In the current study, it was similarly found that parents' relational agency was enhanced when they engaged with collective knowledge within the interagency team in a way that allowed them to contribute as well as take something from the process. However, there was also a sense that parents needed to have a certain level of relational agency in order to interact with the shared knowledge and information in this way, suggesting that the development of relational agency is not a linear process.

These tentative ideas are drawn from the experiences of a small group of parents of CAFs of a very similar nature. It is important to recognise that CAFs can be very wide ranging in the difficulties that they aim to support and the professionals who are involved. In order to develop the ideas posited in this research further, it will be necessary to explore the experiences of a wider range of parents in the contexts of different presenting problems, CAFs and multi-disciplinary settings.

## **Conclusion**

By considering parents' experiences through an activity theory framework, this paper has offered a tentative understanding that highlights not only the wider potential for positive outcomes from the CAF, but also the importance of valuing parents' experiences of the process. Billington (2006) argues that professionals

bear the ethical responsibility to remain attentive to their side in professional relationships by being 'experts' in the effects and consequences of their work; but how is this possible if research does not allow for the other side of the story (of those who experience the support)? Engeström (2001) notes the importance of understanding the agency of individuals who make up the culture or system, arguing that 'the object of expansive learning activity is the entire activity system in which the learners are engaged' (p. 139). This further emphasises that all participants in an activity system must be considered, both as individuals and as a collective, when examining learning.

A better understanding of how collaborative action is negotiated and sustained is an important step towards enabling people to learn how to work together and to learn from doing so (Edwards, 2009a). By looking at relationships and interactions from the perspective of parents, this paper has considered how joint-working with parents can be achieved and how their capacity for interacting in this way can be developed. It is hoped that further recognition of the potential role that parents can play in the CAF process will help to move participatory practices beyond simple consultation. Previously, parents have been left out of the thinking around interagency working, the next steps are for professionals to consider how to integrate this tentative understanding into their practice, and for researcher to begin to scrutinise how professionals, in turn, learn from parents.

## Appendix A – Systematic review quality criteria

Quality criteria	Cash & Berry (2003)	Fernandez (2007)	Gill et al. (2008)	Kumpfer et al. (2010)	Lee et al. (2009)	Statham & Holtermann (2004)	Zajicek-Farber (2010)
1. Are the research questions clearly stated?	Yes	Aims rather than questions – a little vague	No, but this is a case study	Yes	Yes	Yes	Yes
2. Is the methodological approach clearly justified?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Is the approach appropriate for the research question?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Is the study context / intervention clearly described?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Is the role of the researcher clearly described?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Is the sampling method clearly described?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Is the sampling strategy appropriate for the research question?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. Is the method of data collection clearly described?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Is the data collection method appropriate to the research question?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. Is the method of analysis clearly described?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11. Is the analysis appropriate for the research question?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12. Are the claims made supported by sufficient evidence?	Yes	Yes	Yes	Yes	Yes	Results didn't reach significance	Yes

## Appendix B – Research information for participants

Common Assessment Framework Doctorate Research – July 2011

My name is Katie Phillips and I training as an Educational Psychologist at [REDACTED] Local Authority. I am also studying for my doctorate at Newcastle University. As part of this doctorate I am carrying out some research into how families experience some of the support that is provided by the council. I am particularly interested in families who have been involved in the Common Assessment Framework (CAF).

I'm asking parents to take part in interviews, either in their homes or somewhere else that they would feel comfortable to talk. I would like to have a chat about how the support that parents have received has helped their family (or not). The interview will be recorded and I will use these interviews to report on how practitioners might be able to impact on the wellbeing of the families they work with.

If you choose to take part, all information collected from the interview will be shared with you. Any details that would identify you or your family will be removed and none of this information will be shared with anyone else. You would be free to withdraw at any point and without giving a reason why.

If you would be interested in hearing more about this study then please contact me by telephone on [REDACTED] or by email at [REDACTED]. If you have any concerns or complaints you can contact Professor Liz Todd, my supervisor at the Newcastle University, on 0191 2223471

Thank you,

Katie Phillips

EPS postal and email address



## Appendix D – example page of transcript (line by line coding)

MS: Umm...well, just...umm...I don't know. More like getting...I've got my own ideas and my own opinions about BS, but at the end of the day I don't really know what I'm talking about so it's nice to hear it from a more professional point of view. And obviously when professional people are coming in to see BS, they're going to see a different side of BS to what I see, and BS is going to put over a different point to them than he would be with me, so that is interesting to know.

KP: Another point of view?

MS: Yeah, definitely.

KP: Do you think there's still space in those conversations for your view and what you see of BS at home to be heard.

MS: Well, everybody knows, I say it all the time. BS is like a completely different child at home; it's like having two different boys. So when I go into school and I do hear all of this and people say 'what's he like at home? Is he like this at home?' I have to say 'no, he's not like this at all. He's happy at home'. It's a funny thing, BS doesn't like school, but like I was saying to EP on Friday, you don't have to drag him in and when I pick him up he's not saying 'I hate this school'. It's not like that. But he will admit that he doesn't like school, he doesn't like doing the work and he finds it hard. So...I don't know. It can be confusing with him sometimes, 'cos like I say, at home he's like completely different. I think I'm the only parent who doesn't mind school holidays [laughs]. Other parents'll say 'oh no, holiday coming up', but it doesn't bother me and BS sort of thing. It's more relaxing for me if anything, 'cos sometimes I dread three o'clock, dread going to pick him up, you know [sighs] what am I going to be told today, what's he been up to today..?

KP: You're getting that on a daily basis and then you're going into the meetings and having this repeated for you?

MS: Yes.

KP: How do you feel about that?

MS: What we started to set up was...It was getting difficult. It was sort of like the meetings, but I was getting it every day. I was getting, not pulled, but I was having to be told on a daily basis so I seen Sister and what we thought would've been better was to meet up at the end of the week and then get it in one day, so I wasn't having to come home disheartened every day. Because I was coming home upset every night. I don't know, I did see Sister about it when he went into Year 3, which was about five weeks ago, and I had a word with his new teacher, but we seem to sort of fallen back into where I'm getting it...

## Appendix E – Example of focused coding

Labels	Interview 1	Interview 2	Interview 3
Background info	Problems with daughter not with mum (178) School attendance issues Professional involvement Professional instigation of CAF Friendship issues No problems at home / issues seen as school based (158 / 183) Inappropriate situations (vulnerability (113)	Support from a range of professionals (14) experts involved (141) Requesting support-CAF 2 (96) Asking for help (195) Forced-CAF 1 (144 / 250) power imbalance (259) Ill health (1 / 33 / 189). Near death (162) Impact (331)	Problems at school (3) School identified problems (146-7) Everyone has done what they said they would do (366/369) Professional instigation of CAF (2) got started (11) Difficulties not always respected by other children (328) impacts on social network (329) Different child at home, problems at school (94-9) confusing (98) school vs. home (377)
Concept of CAF	Unsure of purpose of CAF Doesn't understand CAF (120 / 148) Couldn't describe CAF (149). Why was it started? (215) Looking to help situation (positive change). Belief that CAF will help. (216)	Clear sense that CAF process has made a difference. Wants it to continue (58) CAF has been a huge help (6 / 201) positive experience (88 / 95 / 269) Opening up to offer of support (182) On-going CAF allowed exploration of new concerns (7 / 38 / 206) Having things in place (46 / 207 / 274) fallen into place (209)	Informed by PSW (14) didn't see it as a CAF (15 / 51 - 83) Professionals to act as voice (16) CAF = just meetings (83) CAF just a title (84 / 88) understanding of CAF (85 / 87) only a CAF when PSW involved (334) It all helps (56)
Meetings	Meetings. Reports. Check on progress and ways forward. (process) (66)  Meetings could be helpful vs meetings not achieving anything (70)	Meetings focus on progress, identifying problems, moving forwards (51) Got everyone there (283) Right people moving things forward (299) Planning and role clarity (290)	Small vs. big – achieve more in less time (34) Desire to talk about action / progress (41) keep up to date (432), check progress (61 / 176) Discussion but no further forward (177) Quality not quantity of meetings an issue (273) structure of meetings (335-8 / 351) Physical set up of meetings (27) small vs. big (22 / 36 / 274) lots of professionals (24) intimidating (23) comparison between getting lots done in small sit. (34 / 277 / 316) Vs. going round in circles in big / people who don't need to be there (430-1) Quality not quantity of meetings the issue (273) can speak openly in big meetings (429) Progress vs. waste of time (62)

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