



Creating Family Resilience?

The Support Network's Experience of Participating in the Resolutions Approach

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Structure

The work is submitted in accordance with the University of Exeter Doctorate in Clinical and Community Psychology Handbook (08-11). It is formatted for publication in accordance with the guidance set out by the *Journal of Family Therapy*. However some structural features and the word limit have been set by the Exeter Handbook and figures and tables inserted for ease of access. The extended appendices give more information on the main body of the manuscript including documentary evidence of the research process in relation to Ethics. All information which could lead to the identification of participants has been altered to protect anonymity. For simplicity I refer to the *Resolutions* workers as therapists.

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ABSTRACT

The balance between family support and child protection services is continuously challenged by high-profile cases. These highlight shortcomings both of the UK system and of research on the effectiveness of child maltreatment interventions (Munro, 2011). One such intervention is the *Resolutions Approach to 'denied' child abuse* (Turnell and Essex, 2006) – a systemic approach which creates a support network including extended family, friends, community members and professionals. There is, however, only limited research analysing the supporters' experience of this intervention.

In the present study five semi-structured group interviews were conducted in order to investigate how the family support network members made sense of their participation in *Resolutions*. Through a thematic analysis three related themes: *returning hope; building safety* and *trusting a professional* were identified. Additionally, special attention was paid to processes linked to the creation of family resilience (Walsh, 2003). Based on two contrasting case studies the potential creation of family resilience through *Resolutions* was discussed and clinical recommendations for creating family resilience within support networks were outlined.

Keywords: child protection, systemic intervention, extended family support network experiences, family resilience, thematic analysis

1 INTRODUCTION

1.1 Background

Efforts to create a balance between family support and child protection services by developing working partnerships (e.g. DoH Messages from Research, 1995; BPS Child Protection Portfolio, 2007) have been challenged by the latest high-profile child protection cases (Laming, 2009, Munro 2011). In this respect, more evidence in the context of innovative clinical practice has been requested (Munro, 2010).

More specifically, there has been a call for a formalised discussion on how best to involve the wider family in order to keep a child safe whilst he or she remains in the care of the parents (Pitcher and Arnill, 2010). Overall, existing research tells us little about how to create helpful and sustainable support systems, how supportive relationships develop over time as well as how tensions are managed and change is promoted (Budde and Schene, 2004). From a theoretical perspective, the present research is informed by a systemic understanding of resilience and an interest in the processes that might underlie its creation (Walsh, 2003).

1.2 The Resolutions Approach

One systemic intervention that operates within the advocated partnership paradigm is the *Resolutions Approach of working with 'denied' child abuse* (Turnell and Edwards, 1999, Turnell and Essex, 2006). It is currently practised by three family therapists within two child protection consultancies (Appendix 2) and operates UK wide with a south western focus. To date approximately 50 families have been seen within the programme.

Resolutions works with families where there is serious alleged or substantiated abuse where the aim is to safely return the child to a family setting in which the alleged abuser may be present (Hiles and Luger, 2006). The work typically involves (1) cases where there is evidence of severe physical abuse of very young children in families with no previous

concerns or (2) cases where children have retracted sexual abuse allegations in order to return home and/or where agencies retain significant concerns regarding the reunification. In both types of case, parents have denied responsibility for the abuse to their children or the children of others (Appendix 2).

Resolutions is based on the principles of seeing ‘denial’ as an interactional process and a continuum of behaviours; organising practice around future safety rather than past denial; working with (safe) uncertainty; using authority skilfully; strengthening non-abusive family members as protective resources; and including extended family, friends and professionals as part of a family support network (Essex et al., 1996).

Its application in the UK is structured into the (1) *Assessment and Preparation*; (2) *Engagement*; (3) *‘Similar, but Different’ role play*; and (4) *Reunification Phase* (see Appendix 1 for detailed overview). *Resolutions* involves between 8-10 home based sessions which are followed by a review. In order to create a robust and sustainable support network, parents are encouraged to invite a wide range of supporters including extended family, friends, community members and professionals to the sessions.

Gumbleton (1997), Luger (2003) and Hiles (2002) interviewed parents and legal professionals involved in a total of 33 cases in which families had completed the *Resolutions Programme* in order to derive qualitative data around their experience and the outcomes of the intervention. They received overwhelmingly positive feedback. However, all of the studies were conducted by the therapists who are closely linked to the approach and none paid special attention to the family support network members.

1.3 The Family Resilience Concept

The concept of resilience is influential among child protection professionals as well as researchers. It is defined as a *dynamic process encompassing positive adaptation within the context of adversity* (Luthar et al., 2000, p. 543). Walsh (2006), however, criticised that most resilience studies centred on an individualistic notion of children who thrived despite a parent's maltreatment (Rutter and Rutter, 1993), thereby tending to dismiss the wider family context as hopelessly dysfunctional.

The notion of *family* resilience, however, recognises parental strengths and potential, alongside limitations. Furthermore, it is grounded in a systemic orientation that looks *beyond* the protective qualities of 'resilient children' and the parent-child dyad in order to consider the broader influence of *kinship networks* (e.g. Hawley and DeHaan, 1996) and *wider social environments* (e.g. Runyan et al, 1998). Such an approach is not only in line with the aspired paradigm shift towards a more solution-focused perspective within a 'family protection system' (Turnell and Edwards, 1999), but also acknowledges family diversity over time and across cultures as well as seeking to identify underlying protective *processes*.

Although researchers increasingly agree that resilience can be understood as a viable family-level construct (Patterson, 2002), some definition and operationalisation concerns remain (Luthar et al., 2000b; Hawley and DeHaan, 1996). With regard to its definition, for example, it is left unclear who defines the term *adversity* or determines the degree or quality of the *positive adaptation* which is then considered as resilient (Luthar et al., 2000b). Furthermore, Hawley and DeHaan (1996) state that researchers may encounter difficulties in operationalising those portions of the family resilience concept that rely on shared perceptions of reality (Hawley and DeHaan, 1996)

In order to base the experiences of my interviewed support network members on existing operationalisation of the family resilience construct, I am applying Walsh's (2003) *family resilience framework* as well as employing the 'Three Houses' Worksheet for triangulation purposes (Weld and Greening, 2004). Walsh (2003) identified *belief systems* (e.g. making meaning of experiences); *organisational* (e.g. external and internal support patterns) as well as *communication patterns* (e.g. joint problem solving) as key family resilience processes (Appendix 3). Weld and Greenings (2004) 'Three Houses' resilience-based information gathering tool is a popular clinical worksheet where clients are asked to create houses of vulnerabilities, strengths and hopes related to their family life.

Walsh elaborates on her framework in her psychotherapy guidebook '*Strengthening Family Resilience*' (2006) which focuses on conceptual, clinical and empirical developments in the prevention and intervention with families in crisis and transition. However, no explicit description of *how* Walsh (2003, 2006) derived the family resilience process categories of her framework could be identified. For instance, there is no specification of inclusion criteria for the empirical studies on which the identified processes are based.

In order to advance theoretical thinking, Walsh's family resilience framework will be applied to the interviewed sample of support network members within the child protection context. Within this study, I am not only investigating its helpfulness regarding the identification of family resilience in the networks but also how the creation of family resilience could be linked to *Resolutions* as a specific systemic intervention.

1.4 Research Aims and Questions

This study is exploratory in its nature. It is informed by my interest in engaging extended family and community members in systemic interventions as well as talking to the families about their strategies for surviving within the UK child protection system. In particular, it seeks to tap into the ways the support network members make sense of their participation in *Resolutions*.

Special attention will be paid to the processes that might underlie the creation of family resilience. As this concept currently enjoys considerable appreciation among professionals (e.g. Patterson, 2002), I am interested to explore whether family resilience can be identified within the interviewed support network sample and whether its potential creation could be linked to *Resolutions*.

In this respect, the following research questions have been identified:

- I. How do the Support Network Members make sense of their Participation in *Resolutions*?**
- II. Can *Resolutions* support the Creation of Family Resilience?**

2 METHODOLOGY

2.1 Methodological Approach and Researcher's Epistemological Positioning

In order to realise the above mentioned research aims, a qualitative research design based on a *Thematic Analysis* was applied (Appendix A3) and qualitative quality principles have been integrated throughout the research process (Appendix A2).

Thematic Analysis was selected to allow a breadth of exploration whilst enabling theoretical flexibility (Braun & Clarke, 2006). Specifically, it offered rich material in line with my aim of conducting group interviews and moving beyond individual experiences to systemic processes. As part of this conducting a thematic analysis enabled me to retain the voices of participants as well as to identify repeated patterns of meanings across the interviews. Performing a combined inductive and deductive theme development (e.g. Fereday and Mui-Cochrane, 2006), allowed for the incorporation of comprehensive service user feedback as well as the application of a theoretical framework in relation to the family resilience concept (Braun & Clarke, 2006, p. 83-84). Finally, conducting a thematic analysis facilitated the dissemination of the results in a clinically relevant and user-friendly way.

I am following a *reflexive approach* (Appendix A1) within a broadly *critical realist epistemology* which is primarily influenced by Carla Willig's work (1999; 2001). Critical realism combines constructionist and realist positions to argue that while meaning is made in interaction, non-discursive material elements also impact on that meaning (Bashkar, 1989). Ethical considerations and continuous efforts to involve 'difficult to reach' families has guided me throughout the research (Gorin et al., 2008). In order to ensure ethical treatment within the context of child protection research, extensive discussions took place with a service user, the therapists, university based supervisors and Social Services managers/research leads. The research was granted ethical approval by the University of Exeter (Appendix B1).

User involvement was realised through a consultation interview with a support network member before finalising the research proposal. Discussions focussed on the contacting procedure, detailed aspects of the interview schedule as well as likely dynamics of the group interview (Appendix A4). As a result the interview schedule was amended (Appendix A5). In an attempt to further increase the quality of the research, interviewees were invited to comment on the research following my analysis (Appendix A11).

2.2 Sampling Procedure

There are no widely accepted guidelines determining the appropriate sample size as part of conducting a thematic analysis. Guiding principles, however, include considerations such as the ability of participants to reflect on their experiences and the research aims (Morse, 2000). However, given the hard-to-reach and little-heard group of approached participants as well as the fact that only a very limited number of families have been through *Resolutions* in the UK to date, a convenience sample was drawn to ensure sufficient participants. The sample was selected to include all closed *Resolutions* cases where the support network members were present in at least 3 *Resolutions* sessions and excluded children as active participants from the interviews. In order to maximise participation, the three *Resolutions* therapists were asked to approach potential families with an information letter (Appendix B2) which allowed them to judge the capacity and willingness of potential participants.

Mirroring the setting which the families knew from participating in *Resolutions*, it was also decided to conduct the semi-structured group interviews with the parents and *their choice of support network members* at the family home. This strategy was applied for three main reasons. Firstly, it offered the richest material in line with my aim of moving beyond individual experiences to social interaction. As such the group interviews are seen as a social process of role taking which is interpreted through the researcher and can elicit multiple

constructed realities (Marshall and Rossman, 2006). Secondly, it is in line with ethical considerations ensuring transparency and consent of all family and support network members within the sensitive area of child protection work. Finally, allowing parents to invite support network members of their choice maintained the diversity of participating families in accordance with the *Resolutions* set up and a wide definition of family support networks.

2.3 Contacting Approach

To start with the three therapists identified suitable families and passed a brief information letter which introduced the research and the project to the parents. This letter also included a response slip requesting participants' acceptance to receive more detailed information about the study (Appendix B2). Following participants' agreement, a more detailed participant information sheet (Appendix B3) including a consent form to participate in the study, was sent to the family (Appendix B4). Social Services were informed about the research in cases where there was a running supervision order. Following the consent of all nominated interview participants, a suitable date for the interview was organised by phone.

As expected the target population proved difficult to reach, for instance due to multiple changes of contact details, unforeseen life events (e.g. hospital admissions) as well as childcare and employment issues. Therefore families were identified in a stepped procedure starting in South West England and subsequently expanding northwards. Overall, nine families from all over the UK were identified of whom five consented to the research.

2.4 Interview Format

Mirroring *Resolutions*, semi-structured group interviews with the parents and their choice of support network members were conducted at the family home. The enclosed Interview Schedule (Appendix A5) was applied. To begin the interviews, social network maps (Cronen and Pearce, 1985) were created. These visual presentations allowed a detailed understanding of the potential and actual support parents received whilst going through *Resolutions* (Appendix A9).

As part of the interview network members were asked to describe their experience of participating in *Resolutions* including elaboration on their family life before and after the intervention. The subsequent prompts centred on how they made sense of the challenging times they lived through and whether family resilience was created through *Resolutions* (Appendix A5).

The interviews were summed up by a resilience-based information gathering tool - the 'Three Houses' Worksheet (Weld and Greening, 2004) where the interviewees were asked to collaboratively create houses of vulnerabilities, strengths and hopes for their family life (Appendix A10).

2.5 Participants

Three Welsh, one English and one Pakistani family were interviewed by a visibly pregnant White European researcher (Table 1).

Table 1 - Interview Description

Family ¹	Participants	Ethnicity	Date	Length (h/min)
Jones	Mother grandfather grandmother grandfather's sister	White Welsh	23.11.2009	1:43
Evans	mother grandmother mother's sister in law	White Welsh	25.01.2010	1:03
Smith	Mother Grandmother	White English	29.01.2010	2:14
Hughes	Mother grandmother mother's best friend	White Welsh	12.03.2010	1:50
Patel	mother father family friend	Pakistani	02.04.2010	1:08

All families participated in *Resolutions* between 2006-2008 during court proceedings regarding unexplained non-accidental injuries in four cases and physical and sexual abuse in one case. All families were under supervision or care orders prior to participating in *Resolutions*. In four cases the child was temporarily removed.

At the time of the interviews all children had successfully returned to their families, two supervision orders had officially ceased and the remaining three were inactive or about to close. Four mothers had left their former partners and three had subsequent children. All interviewed families lived in council housing (Table 2 Case Overview).

¹ All identifiable information has been anonymised.

Table 2 - Case Overview

Family	Home Situation (at time of interview)	Type of (Accused) Abuse	Social Services Involvement (at time of interview)	Resolutions Involvement (therapist and time)
Jones	<ul style="list-style-type: none"> • mother split up with ex-partner and lives independently • child lives with grandparents mother joins them at weekends 	Non-Accidental-Injuries	Due to close within 4 months.	Hazel 8 sessions in 2006
Evans	<ul style="list-style-type: none"> • mother split up with ex-partner following <i>Resolutions</i> involvement • lives independently with two children 	Non-Accidental-Injuries	Supervision order (but inactive)	Hazel 8 sessions in 2007
Smith	<ul style="list-style-type: none"> • mother split up with ex-partner before <i>Resolutions</i> involvement • mother lives independently with two children and new partner 	Non-Accidental-Injuries	Closed	Bruce 10 session in 2007/08
Hughes	<ul style="list-style-type: none"> • mother split up with ex-partner before <i>Resolutions</i> involvement • lives independently with child 	Physical and Sexual Abuse	Closed	Brian 8 sessions in 2006
Patel	<ul style="list-style-type: none"> • parents live together with their three daughters (mother pregnant) 	Non-Accidental-Injuries	About to close.	Hazel 14 sessions in 2007/08 use of interpreter

3 RESULTS

3.1 How do the Support Network Members make sense of their Participation in Resolutions?

'You come into a room, there's a fragrance in it. Before, it didn't smell nice at all. That's another way of putting it. She's [therapist] a breath of fresh air.'

Friend, Patel Family

I will outline my findings question by question. As part of my first research question I am interested in how family support network members make sense of their participation in Resolutions. Three themes: *returning hope*, *building safety* and *trusting a professional* were identified (Figure 1; refer to Appendix A6 for all code definitions).

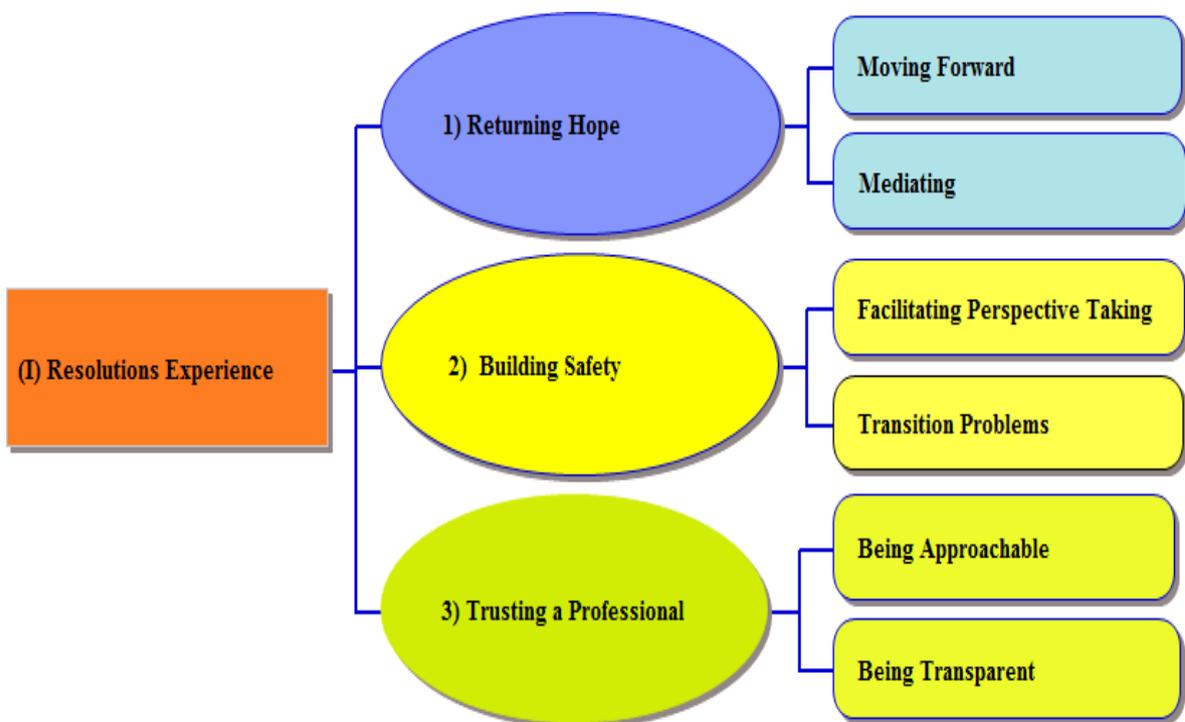


Figure 1: Resolutions Experience

1) Returning Hope – ‘A Light at the End of a Tunnel’

Within this first theme, I report how moving forward and the mediation with Social Services made the biggest difference to the lives of the interviewed network members.

Having long been surrounded by negativity, members of all family networks described how participating in *Resolutions* renewed their hope in relation to returning the child to their family. This provided a sharp contrast to their previous experiences with Services.

GF As far as the Resolutions was concerned, I don't think there were any negatives at all. I think that a lot of that was because there was so much negative beforehand.

I So the contrast was...

GF It's chalk and cheese, you know. Completely different attitude. A positive attitude instead of negative all the time. And that made a big, big difference. Hazel [therapist] gave you hope where the others gave you no hope at all.

Grandfather and Interviewer, Jones Family

The support network members described the perceived changes in attitude towards them very vividly using metaphors of light and nature.

F A difference like day and night. It was a conflict. It was really, them and us. Not agreeing. Everything is doubted. And then she [therapist] came in. I found her very, very helpful.

Friend, Patel Family

Following *Resolutions* noticeable factual changes occurred. All children successfully returned to their families/mothers (see Table 2). Four mothers left their former partners – *Resolutions* made it obvious that two of the ex-partners couldn't live up to the guidelines attached to full parental care. In one case the perpetrator was suspended from work following letters from the therapist.

Members of two families highlighted the mediation between the family and Social Services as the outstanding function of *Resolutions*. The arbitration by a respected professional authority facilitated finding helpful solutions within the families in order to deal with the raised child protection concerns satisfactorily.

I What was it like having Resolutions involved? What was the difference?

F When she [therapist] came in she said, "I'm going to try to build bridges", so that you understand their point of you and they understand your point of view. [...] When she came in, although there was disagreement, she found a solution.

Interviewer and Friend, Patel Family

2) Building Safety – ‘With a Sceptical Eye’

Within this second safety centred theme, I am going to concentrate on describing how *Resolutions* was able to facilitate perspective taking but struggled with transition issues. (please refer to Appendix A6 for a description of the remaining codes).

In line with its mediator function and general systemic work, which emphasises the co-existence of multiple narratives, *Resolutions* helped some network members to a better understanding of other peoples’ concerns thereby enhancing future child safety.

During the interview one family realised how particularly the ‘similar but different role play’ (Appendix 1), provided them with the opportunity to understand the perspective of the authorities. This allowed the mother to move on from predominantly feeling angry which in turn could have been interpreted as being in ‘denial’ by the authorities.

GM For probably the first time, we [mother and grandmother] could look at it and understand why the people on the outside thought what they thought, and the reasons why they did what they did, because they didn’t know what was going on, although we did

I You had to work it out.

M Why they [Social Services] had to get in the way and then work it out.

I A very important moment, that one, is it, when you realised so much about what’s going on and how?

M [...] and you’re angry because you haven’t done anything and you think, “Why is this happening to me? Why can’t I just have him?”. You know you haven’t done anything, but that social worker doesn’t know you haven’t done anything.

Grandmother, Smith Family

Within another family, the network members shared how the given scenarios, made them reconsider some of their assumptions around ‘normal’ child-adult interactions. As a result, the protective capacity of the mother was further developed and a cautious stance towards future partners was internalised by the whole family network.

F “With a sceptical eye”, that’s what Brian [therapist] used to say, didn’t he?

Friend, Hughes Family

However, two other families described the role play as the most uncomfortable experience of *Resolutions*. One grandmother identified how she felt under pressure to give the right answers and within another family the mother and grandmother shared that

they did not understand the purpose of the role play and the interviewer gained the impression that they felt coerced into it.

M That was understandable, but then she [therapist] put us into what do you call it?

GM Like, play acting

M [...] But that was something where we thought, that's not helping anyone, acting to be someone else ... but it just didn't make sense to me to be honest with you. You know, we played along and did what she asked, you know, that's just her [therapist's] work and how people but ... yea.

Mother and Grandmother, Evans Family

In contrast to the achievements of *Resolutions* which the families were eager to share, the unresolved issues had to be identified more indirectly. They centred on transition difficulties such as introducing and ending the intervention well.

As such two families talked about their contact arrangements with the mother's ex-partner and paternal grandparents as an ongoing concern. In both cases Social Services showed no oversight or involvement in managing the changed circumstances. In another case the *Resolutions* therapist was not able to offer the regular follow up meeting thereby leaving the family with a sense of discontinuity of support.

GF She [therapist] laid out the final timetable, that was the end. Hazel was gone.

I Oh, OK. So did you have a follow-up meeting with her?

GF No. Never. As I said, I did phone her, just because we moved and I just phoned her to let her know that we'd moved and in case she ever wanted to get in touch.

GM Like a courtesy call really, wasn't it? We're doing fine. Thank you very much for all your hard work.

GF She did say to me that she don't follow up. Once the job's done, that's it, you know. Fair enough.

Grandfather, Grandmother and Interviewer, Jones Family

The initial introduction to *Resolutions* also seemed influential in creating a collaborative working atmosphere. Two families expressed strongly that *Resolutions* started too late.

GF Yea. I think that was a big, big mistake when they [Social Services] left it so long, and not giving you the information that's there.

Grandfather, Jones Family

3) Trusting a Professional – ‘He made us feel like normal people’

Trusting a professional was identified as a third theme. It illustrates how being approachable and transparent helped the *Resolutions*’ therapists to be trusted ‘despite’ being a professional.

The foundations of a trusting relationship were built as all network members felt listened to which in turn enabled them to listen to the therapists. Furthermore, most praised the therapists for the creation of an atmosphere of acceptance and normality. In particular, their inclusive working style of actively involving children was valued. Some network members likened their relationship to that of friendship. They felt at ease, opened up and were able to simply be themselves.

GM [...] you could just be open with him [therapist], be yourself, there was an ashtray on the table... .

M He was himself and he’d tell you about himself, like he had kids, didn’t he? [...] Hearing things like that makes you even more relaxed because it’s like you’re talking to a friend. You’re not looking at him and thinking, oh my God, he’s a professional. I’ve got to be perfect. [...]. **Grandmother and Mother, Smith Family**

Significantly, two families valued the non-blaming attitude of their therapists. Unlike their previous experiences, they did not feel judged.

M He [therapist] made us feel like normal people and what we went through wasn’t our fault. That was the main thing because I was the perpetrator in their eyes [Social Services]. He didn’t judge me and my helpful adults. **Mother, Hughes Family**

The therapists were particularly valued for their honesty and openness which was frequently contrasted with the intransparent approach of Social Services.

M But she [therapist] would tell you straight if there was a problem or anything.

GF She wouldn’t hide anything.

GM Yeah. Honest and open. **Mother, Grandfather, Grandmother, Jones Family**

Sharing a structured plan which transparently laid out a way forward was recognised as the most important input by virtually all families.

M [...] you had an actual plan which you could look at and think, right I’ve got to do this, this, this and this and then at the end of it, that’s what I’m going to get.

GM We actually felt useful then, didn’t we, when we were actually doing something.

Mother and Grandmother, Smith Family

3.2 Can *Resolutions* support the Creation of Family Resilience?

GM I do find that as a family, there's not a lot that we wouldn't be able to solve together.

Grandmother, Smith Family

As part of my second research question, I investigate whether *Resolutions* can help to create family resilience.

To answer this question, six themes *ongoing emotional struggles, re-negotiating parental roles, living with disadvantages* as well as *holding helpful beliefs, creating supportive patterns* and *communicating well* were identified (Figure 2). The first three themes relate to challenges that the family network members struggled with whereas the last three themes are based on Walsh's family resilience framework (2003) which was applied in order to operationalise how family network members adapted positively within the context of adversity. However, whilst coding the interviews using Walsh's categorical framework, I decided to adapt her terminology for some of the codes in order to achieve a better fit my data (e.g. Walsh's '*relational resilience base*' versus my '*raising a resilient child*' code).

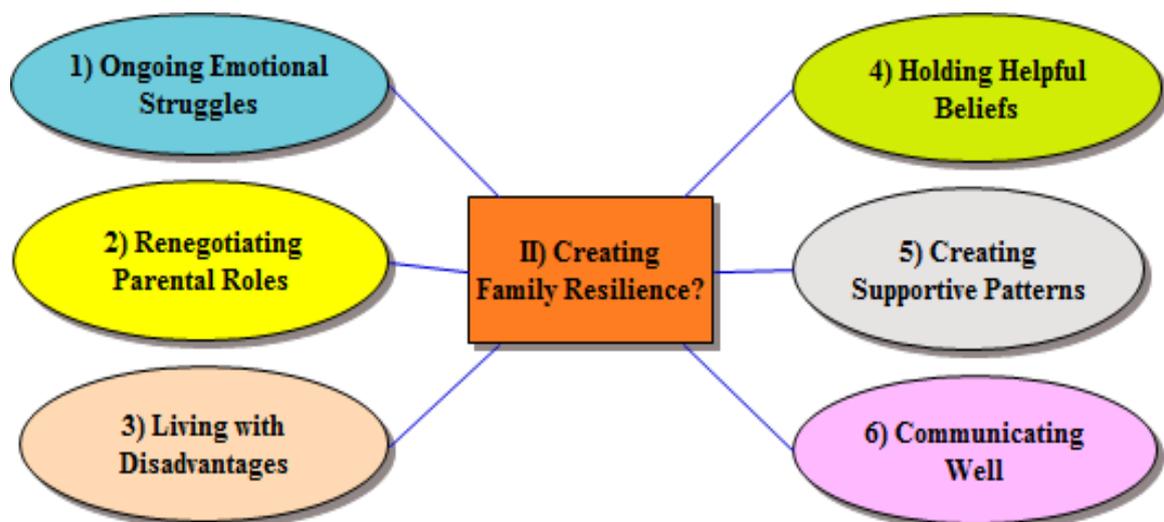


Figure 2: Creating Family Resilience?

Following a brief overview summarising the analysis of all support networks (Table 3), I will focus on comparing two contrasting case studies. They are comparable with regard to the interviewed family members (grandmother and young mother of two who left her partner following *Resolutions*) but demonstrate how in the case of the Smith Family *Resolutions* was helpful in creating family resilience whereas it was unable to do so for the Evans Family. In order to balance the families' tendency display family strength in a child protection context, I have deliberately incorporated deviant case examples (including as part of the family resilience themes).

Table 3 – Family Resilience Case Summaries

<p>Jones - ‘You’ve got to think positive.’ [grandfather]</p> <p>Having been surrounded by negativity which made them feel helpless and fearful, the Jones family members welcomed the hopeful attitude, acknowledgement of their abilities and discussions on managing complex safeguarding arrangements introduced by <i>Resolutions</i>. The grandparents shared how they needed to negotiate parental roles with their daughter as well as within the wider family and how parenting at an older age influenced their employment, housing and mobility situation. The family network came across as particularly well managed. This was characterised by the grandparents’ deliberate adaptation of an optimistic attitude combined with an admirable determination to use the opportunity to make things work.</p>
<p>Evans - ‘But we stood up, kept strong and just got through it.’ [mother]</p> <p>The Evans Family described the challenging times as a nightmare which left them exhausted and feeling vulnerable towards being judged. The family network members experienced the world as a bad place and appeared guarded towards me as a professional. They associated <i>Resolutions</i> and the interviewer with the other uninvited ‘Socials’ which entered their lives. The family continued to draw on already existing supportive family relationships, their health visitor and the resolute attitude of the mother.</p>
<p>Smith - ‘Whatever you’ve got, we’ll deal with it.’ [grandmother]</p> <p>Feeling constantly judged resulted in a generalised fearful attitude for the Smith Family. However, through a number of corrective experiences, the trusting relationship with their <i>Resolutions</i> therapist and the structured meetings they managed to return to a more ‘predictable normality’. The family network members came across as very reflective and open up to the interviewer. They gave examples of intensified family support, such as the strengthened relationship with the grandfather as well as examples of personal growth, such as a newly found confidence in job interviews.</p>
<p>Hughes - ‘He [the therapist] made you look at life differently.’ [friend]</p> <p>The Hughes family experienced the challenging times as a period of feeling blamed and blaming themselves. Given the nature of the case, they had to come to terms with powerful emotions, like blame and guilt. The family network members appeared to be in the process of gaining more confidence to make their voices heard which was reflected in the interview. Through a trusting relationship with their therapist and the creation of an open discussions space, <i>Resolutions</i> fostered cautious relationships towards men as well as time to reflect on intergenerational family dynamics and unhelpful blame attributions.</p>
<p>Patel - ‘Nothing came into this. The main mission was to get her back’ [friend]</p> <p>The Patel family described the challenging times as feeling on the edge and things being at their worst. Nevertheless, the male network members stressed that they were able to successfully reinstate family life. The father relied heavily on guidance from his faith. <i>Resolutions</i> helped by unsticking gridlocked positions, establishing informed decision making and negotiating cultural differences with Social Services. <i>Resolutions</i> also fostered openness within the close support network. The family network impressed me with their ability to trust me as a professional and actively offering help for other families.</p>

The Smith Family – Resolutions Helpful Support in Creating Family Resilience

In this first case study, I am reporting some of the difficulties which the Smith Family faced before highlighting how *Resolutions* supported them in strengthening family resilience. The family members came across as very reflective and open which was probably influenced by the long recruitment phase and the positive impact of *Resolutions* regarding the family's interaction with outsiders (Appendix A8).

Ongoing Emotional Struggles

Both mother and grandmother reported how the constant judgement of their parenting skills left them fearful of any childhood injuries. They expressed that they experience their emotionality as a weakness (see Appendix A10) and reverted to joking when wondering about the mother's future well-being.

M [...] I said I know, you just don't think about it at the time. I expect when I am 30 years old I will have a mental

GM breakdown [laughter]

M breakdown [laughter] I will just be sat there thinking about it.

GM Hit the bottle.

Mother and Grandmother, Smith Family

When the issue of passing the mother's file to a new social worker [due to her ex-partner going through an unrelated court case] was discussed the power imbalance between the different stakeholders became very apparent. The mother revealed her difficulty in voicing her wish for closure to Social Services whilst expressing it clearly in front of the interviewer.

M [...] And I thought, I don't want it to be on file. I want it to be closed. I want closure now. I've done everything that they wanted me to do for the last two and a half years, [...] and they've never had any concerns about me.

I It sounds a bit open-ended, where it should have an end?

M I know I could say to them, "I want it to end", but I don't want to put their back up like that. You almost feel like you have to allow them into your life still. [...]

Mother and Interviewer, Smith Family

She also shared her grief for the precious moments they missed out on as a family but stated that she is in the process of replacing traumatic memories with happier ones.

Re-Negotiating Parental Roles

Going through the challenging times coincided with the mother's leaving home stage within the family life cycle and delayed her experience of being a 'normal mum'.

M [...] the second Christmas we was allowed back but mum had to stay in the room. The third Christmas I could do whatever I want. I don't have to go to my mum's anymore.

GM I can't remember what did you do?

M I stayed here.

GM But you had the choice.

M [...] I could just be a normal mum with my child and have a fine time, do what I want to do.

Mother and Grandmother, Smith Family

Living with Disadvantages

The interviewees also discussed their differing perception on how the family coped with the financial impact of numerous hospital visits and court attendance.

M We always have felt though, if anything we needed, I mean we're not a well off family, don't get me wrong.

GM I mean, we struggled, didn't we, with court. Going to court, petrol money and...

M We didn't though, did we, because dad had savings, and then I put some money in, you put some money in sometimes, and...

GM But then, we didn't have anything, because we'd used up every resource we had.

M But no, we hadn't. If we'd needed the family to lend us money or anything like that, we would have had that then, but we just didn't want to ask, did we?

Grandmother and Mother, Smith Family

Holding Helpful Beliefs

Following what they described as a 'fresh start', the Smiths described themselves as a normal, happy family. Both stressed that they enjoyed more predictability and experienced the early years of subsequent children as healing and 'this time the way it should have been'. They also stressed the astonishing strength of the first born child which helped them to feel optimistic about his future.

M He's such a happy little boy. ... So happy, go lucky. Just...

GM He's like a miracle baby. To nearly be on death's door, and to come out the happiest, liveliest little child you'd ever meet. We used to say, "That boy could be hit by a bus, and he'd still get up and walk across the road, just because his determination and strength is absolutely unbelievable." [...]

Mother and Grandmother, Smith Family

Creating Supportive Patterns

Having always been close to her mum, the mother described how *Resolutions* encouraged the development of a closer relationship with her father. The grandmother added that their large extended family also realised that they can actively offer practical support. Nevertheless, the mother also stressed the importance of continued engagement in ‘normal’ friendships that were not linked to professionally facilitated meetings.

Most impressively, both interviewees shared examples of their grown confidence. As such, the grandmother asserted how she feels more positive about relating to outsiders attributing some of this to receiving feedback in the *Resolutions* meetings and the trusting therapeutic relationship.

GM I think it helped with Resolutions because I could speak honestly. If I was asked a question, by that stage I'd learnt, just be truthful and just talk honestly.

Grandmother, Smith Family

Communicating Well

In addition to being supportive, both affirmed their family relationships as loving and trusting which was reflected by their interaction during the interview. The grandmother also stressed her confidence in her family's collaborative problem solving capabilities.

I That's quite unconditional support from the family, isn't it, to give you that much money.

GM Yea, that's right. I do find that as a family, there's not a lot that we wouldn't be able to solve together.

M Unless it's something out of our hands, like the thing Thomas [child] was.

GM I think that's the thing that's made us realise. If we can get through that and we can get through the losses we've had, that at the moment, you feel like saying to the world, bring it on! Whatever you've got, we'll deal with it.

Grandmother, Smith Family

The Evans Family – Difficulties in Creating Family Resilience through Resolutions

In comparison to the Smith family, more intra-familial diversity regarding the development of resilience could be identified in this second case study. Additionally, the interviewees appeared to confront adversity more independently and associate *Resolutions* and the interviewer with the uninvited ‘Socials’ who had previously entered their lives.

Ongoing Emotional Struggles

On an emotional level grandmother and mother described themselves as sensitive and referred to a never ending nightmare from which the grandmother was only just beginning to wake up. Overall, the mother came across more resolute than the grandmother. However, when the grandmother shared how she experienced the world as a bad place, the mother seemed to have misunderstood the interviewer’s clarification question feeling perhaps labelled as inexperienced. Her reply also suggests that she shares her mother’s viewpoint in perceiving the world as becoming a more dangerous place.

GM It’s a bad world out there, isn’t it?

I Hmm

GM A lot of danger out there.

I Does it feel like there’s more danger now that you’ve had this sort of experience, or do you think it was always the same?

M No - it was nothing to do with being inexperienced and things, but it’s just getting worse out there every day, isn’t it?

Grandmother, Mother and Interviewer, Evans Family

Re-Negotiating Parental Roles

As in the first case going through the challenging times also coincided with the mother’s leaving home stage in the family life cycle. Whilst *Resolutions* facilitated the mother’s move to an independent flat, the interviewer got the impression that the mother was only starting the process of making the transition to more independence. As such, she described being well supported by her family when she returned to her mother’s house, which she continues to call her home, for the period around the birth of her second child.

M But I stayed here obviously for a few weeks when I gave birth. [...] I came back home here obviously when he was still a baby and when I felt ready then I moved down to my flat.

GM Yeah, you have gone back then, didn't you after a while.

Mother and Grandmother, Evans Family

Living with Material Realities

The grandmother expressed how she carried much of the burden, having to fit in work with supporting her daughter and the grandchildren, whilst the mother described getting a house as her first priority as the flat proves too small to live in with two young children.

Holding Helpful Beliefs

In comparison to the more overwhelming experience of the grandmother who described the world as a bad and dangerous place, the mother came across as a determined young woman in charge of her own destiny.

M But we're not people to go out and fight, we could have gone onto crime, we could have gone onto anything, rather than go through that situation, but we stood up and kept strong and just got through it.

Mother, Evans Family

Overall, the interviewer gained the impression that the Evans family did not form many helpful beliefs through the work with *Resolutions* as they experienced the interventions as 'the long arm' of Social Services. In contrast to the Smith family, who welcomed their therapist as the '*neutral helper who is going to sort everything out*' (see page 17) the Evans family talked about the '*nice lady who is simply doing her job*'. In their case, the initial introduction of *Resolutions* through Social Service seemed to influence the creation of a collaborative working atmosphere negatively.

M [...] We played along and did what she asked, you know, that's just her work

I So how was it for you, Jane [grandmother]?

GM Just as Emma [mother] just said. We basically went along because Social Services said we had to do it, and that's basically why we just played along with it.

Mother, Grandmother and Interviewer, Evans Family

Creating Supportive Patterns

Through the interview it came apparent that the mother felt supported by *Resolutions* during the facilitated return of the child and with regard to the endorsement of her choice of state nursery. She stressed, however, that the same family support would have been available to her without the involvement of *Resolutions*.

I And how would you describe your family life before Hazel [therapist] started to get involved?

M It was exactly the same, to be honest with you. ... I always used to come here, to my mum's, Sarah's [sister in law], all our family members and friends, because all my friends have got kids. [...]

Mother and Interviewer, Evans Family

Communicating Well

Both interviewees described their family as sticking together and being able to communicate differences in opinion openly. During this discussion, however, the interviewer experienced some difficulties to steer the interview away from a child protection assessment atmosphere which seemed to produce a list of desirable answers.

I What are the people who are part of this network good at?

M Sticking together and things like that?

GM My mind's gone blank. Well, if anybody wants something, we always - we're always there for each other, and if we need a favour, we're all there helping each other and things like that.

Interviewer, Mother and Grandmother, Evans Family

4 DISCUSSION

4.1 How did the Network Members experience their Participation in *Resolutions*?

Returning Hope

All family network members appreciated the optimism and focus on ‘what can be done’. In contrast to their experiences with Social Services, the *Resolutions*’ safety-based approach avoided the common negative narrative flow which seems inherent within a more conventional risk notion (Warner, 2009).

Building Safety

The *Resolutions* meetings facilitated the contact between family supporters as well as with professionals. Some programme components provided helpful opportunities for perspective taking. In many instances *Resolutions* functioned as a translator of how the system works and advocated for the families’ rights. Transition problems and the need to provide a clearer rationale for some of the intervention techniques were identified.

Trusting a Professional

Much of the interviews were filled with talking about the trusting relationship with the families’ therapists thereby underlining the value of relationship-based practice (Jones, 1996). In contrast to previous professional interactions, particularly with social workers, the participants experienced their therapists as approachable, respected and transparent. As such they functioned as an important role model on how professionals can treat ‘accused’ families respectfully whilst putting the wellbeing of the child first.

Based on the support network members’ feedback it can be concluded that overall *Resolutions* contributed to enhanced reflection, problem-solving, perspective-taking and ‘moving on’ from stuck situations. Through the internalisation of control by framing safety guidelines as a collectively shared responsibility, *Resolutions* seems to offer a solution to working with the often unspoken contradictions between criminalisation and partnership approaches (Wattam, 1996).

4.2 Can *Resolutions* help to create Family Resilience?

Identifying Family Resilience?

The six identified themes (see page 18) of my second research question reflect the ongoing challenges as well as the positive adaption of the interviewed families. Based on the examples which the families shared in the interviews, I was able to identify family resilience fostering processes within *all* support networks. These examples were prompted by the applied interview schedule which included aspects of Walsh's family resilience framework as well as the 'Three Houses' worksheet.

However, it needs to be stated that *varying degrees* of repair, personal growth and the ability to make positive attributions of the experienced hardships were identified *within* and *between* the support networks. Thereby, I encountered difficulty in quantifying the differing degrees in a meaningful way, reflecting the above described ambiguities within the family resilience definition as well as difficulties surrounding its operationalisation.

The joint summary discussions forming part of the 'Three Houses' worksheet, which were transcribed, coded and interpreted as part of the main interview, did not help to overcome this problem (Appendix A10). They supported, however, the resiliency examples which the families mentioned at earlier stages of the interview and added a more insightful understanding of their emotional challenges.

Finding family resilience also needs to be considered in light of the interviewed sample. The families were interviewed in a child protection context where it is likely that they communicated positive developments or tried to display family strength.

Linking Family Resilience to Resolutions

Four of the five interviewed families linked their successful adaptation to *Resolutions*. In order to show *how Resolutions* was able to influence the creation of family resilience two contrasting cases stories were discussed in more detail.

Within the Smith family, *Resolutions* was able to support the network members in strengthening their family resilience. Following the participation in *Resolutions* the family members reported feeling stronger because of the created hope, the positive feedback and the received respectful treatment. They also reported increased confidence to deal with professionals and strangers and attributed this to the facilitated professional contacts in the *Resolution* meetings, the improved information sharing and ability to take people's perspectives. The meetings also offered structured opportunities to model and foster open communication which helped to increase the extended family support.

In comparison, the interviewed members of the Evans family did not link *Resolutions* to the creation of family resilience. They seem to hold onto more negative beliefs about the world in general and some more pronounced intra-familial resilience diversity was identified. The interviewees confronted adversity more independently, relying on existing family support rather than opening up to professionals who were perceived as unwanted intrusion. Some difficulties regarding the development of a more trusting therapeutic relationship arose from *Resolutions* being introduced through Social Services but were also identified when the interviewees felt coerced into participating in the role play. Overall, the family seemed to experience their participation in *Resolutions* as a hurdle to jump through rather than a collaborative effort.

4.3 How do the Results extend existing Research and relate to Theory?

The present results which were gained from support network-based group interviews complement previous studies on *Resolutions* (Gumbleton, 1997; Hiles, 2002; Luger, 2003). My findings also support recent research (Pitcher and Arnill, 2010) on the communication processes between child protection professionals and extended families which Pitcher and Arnill originally derived from professionally-based case discussions. My research confirms their focus on the importance of clarity and information sharing within the families but also with professionals, the awareness of the professional impact (e.g. when working with denial) as well as a strength-based approach to family stories. Going beyond the Pitcher and Arnill's research, the present study was also able to gain direct feedback from the support network members on how support was created within the *wider* family support network as well as how communication processes between child protection professionals and extended family members were *mediated* through the *Resolutions* therapists.

The documented experiences also endorse recent policy reports (C4EO, 2010; Munro 2010). For example, just as my interviewed families expressed the wish to be informed about *Resolutions* early on in their dealings with Social Services, the 'resistant' families which were consulted by the Office of the Children's Commissioner (C4EO, 2010) called for more family involvement which should range from defining the difficulties to agreeing on helpful solutions. Similarly, Munro (2010) recommends a new duty for local authorities to provide sufficient early help services for families.

As part of this study, I applied Walsh's (2003) family resilience framework. Based on her process indicators I was able to identify family resilience processes within all the support networks. In this respect, Walsh's framework provides a comprehensive categorical structure which ensured the incorporation of a wide variety of processes into

my analysis. However, there are several difficulties with this. Above I described the uncertainty surrounding the formation of her family resilience process categories in the first place, and the complexities I encountered in determining varying levels of family resilience. Additionally it can be criticised that the titles of the key family resilience processes do not always reflect all the processes that Walsh incorporated into her categories and that their high level of generality doesn't always translate neatly to the application of specific family contexts (Gorell-Barnes, 1999).

For instance, I felt the need to use my own terminology (*healing, living a normal life* and *raising a resilient child code*) whilst coding the data as part of Walsh's '*making meaning of adversity*' belief process in order to reflect the idiosyncrasies of my sample. In contrast to Walsh's framework '*raising a resilient child*' turned out to be an important helpful belief for most of my interviewed families. Asserting that the child emerged relatively undamaged might allow network members to move on and could function as their way of dealing with fear or guilt issues. To me, it also reflects the UK's child protection context with its dominant individualised discourse on investigating *child* safety and well-being rather than focussing on a strength-based *family* rehabilitation approach.

4.4 Implications for Clinical Practice

This study aims to make a useful contribution to the practice-based evidence on child-protection interventions. By informing clinicians, policy makers and service managers (Appendix C) on how to intervene effectively and long-lastingly, it aims to improve future help which is offered to struggling families.

The following recommendations (Table 4) are based on the feedback of all five families.

Table 4 - Recommendations for Clinical Practice

Working with Support Network Members

Returning Hope

- Apply strength-based systemic interventions like *Resolutions* and raise their profile amongst authorities.
- Try to influence the manner in which authorities introduce therapeutic interventions to families (e.g. provide authorities with flyers including clear mission statements and recommendation messages from families who went through the intervention and valued its approach and mediation role.)

Building Safety

- Reflect on ‘inherent’ moral judgements within child protection work.
- Explore both directions – risk and safety assumptions, balance risk and ‘denial’ focus with shared protection responsibilities, mutual perspective taking and strength-based narratives (e.g. by creating respectful opportunities for mutual perspective taking)

Trusting a Professional

- Be aware of professional impact.
- Importance of working with ‘therapeutic self’ - being approachable, transparent, respectful and reliable (e.g. explain rationale of therapeutic techniques).

Creating Family Resilience

Ongoing Emotional Struggles

- Support families through emotional struggles following the traumatic events and child protection interventions.
- Acknowledge power imbalances and foster opportunities for involvement and regaining control.

Re-Negotiating Parental Roles

- Be aware how child protection procedures impact on family transition cycles.
- Foster open discussion of role reversals, dependency and independence issues.

Living with Material Realities

- Acknowledge the impact of social inequalities.
- Advocate carer's rights (e.g. employment and nursery support, adequate family living environments, race and gender equality).

Holding Helpful Beliefs

- Offer time to re-negotiate trust in self and others as well as spiritual sense-making.
- Create predictability and supportive family routines.
- Provide strength-based feedback and support development of an optimistic future orientation.

Creating Supportive Patterns

- Provide families with a ring-fenced opportunity to structure and reflect on helpful support. However, also recognise the importance of support networks outside professional remit which allow time to be 'normal' or reflect on interventions.
- Ensure sustainability of support (e.g. through funding arrangements which include follow-up sessions and well organised handovers with Social Services).

Communicating Well

- Role model open communication and joint problem solving.
- Be clear about your professional stance and responsibilities.

4.5 Limitations and Suggestions for Future Research

The above described sampling procedure is of course subject to various biases. Firstly, it is plausible that family members of more successful cases were more likely to be chosen by the therapists and/or be more willing to participate as a gesture of thanks to their therapist. Additionally, it was unfeasible to interview complete support networks due to the commitments of the numerous members (Appendix A9). Relying on parental choice regarding participating network members also added to the possibility of a positive selection bias. Given the focus on support network members and ethical concerns, children were also not included and their experiences were merely expressed through the interpretation of others. Although the therapists appeared genuinely interested in varied feedback and families with diverse - positive as well as challenging - experiences of *Resolutions* were explicitly invited in the introduction letter (Appendix B2) the data is likely to represent success stories of the *Resolutions* programme. This is largely due to the general practicalities in recruiting this 'hard to reach' client group ethically.

All findings also need to be considered in the light of interviewing the families in a child protection context where they are likely to feel the need to display a well-functioning family unit. Additionally, I would like to note that linking *Resolutions* to the creation of family resilience relies on the reports of the network members which is open to retrospective identification biases and impedes causality judgements.

Lastly, the predominance of 'success stories' may also be linked to my interest in positive psychology approach with its focus on human capacities rather than pathology (e.g. Snyder and Lopez, 2002). As such the network interviews offered a rich source to apply developments within the family resilience research (e.g. Patterson, 2002) to the child-protection context.

The modest scale of my research resources and the above described selection bias impede generalisations on the effectiveness of the approach. Nevertheless, the assembled practice-based evidence allows the generation of meaningful recommendations (Table 4) and prompted the following suggestions for future research (Table 5).

Table 5 - Suggestions for Future Research

• **Include Children**

Given the existing *Resolutions*' research focus on professionals, parents and supporters, future research would benefit from a follow up with the children whose families participated in the intervention in order to provide a more complete picture. Some of the children will soon reach adulthood and would be able to make an informed decision regarding their participation.

• **Base Research on Live Family Interactions**

To intensify the systemic focus of the research and avoid some of the above discussion operationalisation difficulties of the family resilience concept, future research could also analyse live family interactions. For example, a more detailed analysis of how hesitations and non-verbal clues are linked to (yet) untold stories (e.g. Rober, 2002). Video material, if ethically arranged, could be used.

• **Focus on the Context of the Child Protection System**

A more detailed investigation, (e.g. by employing a Foucauldian-based discourse analysis, Warner 2009) into the child protection system context would add more perspective on the institutional and professional roles and power dynamics which were apparent in all of the interviews. This would allow space to reflect on how helpful and unhelpful positions are constructed, resisted or taken up and how particular concepts like 'blame', 'denial', 'responsibility', 'power' and 'safety' are negotiated. This can be linked to the creation of possibilities around different identities and actions.

4.6 Conclusions

The present research was conducted in the context of investigating a systemic child protection intervention – *Resolutions*. Rather than totalising responsibility within individuals, it acknowledges inter- and intra-familial as well as material forces. This small-scale research project addresses the lack of research regarding the effectiveness of interventions that mobilise and promote change within informal support systems (Budde and Schene, 2004). Furthermore, it expands the provision of support network members' service feedback to the application of the family resilience framework (Walsh, 2003). The chosen approach aimed to derive data ethically and service user-centred way. A critical assessment of the employed concepts as well as investigated data has been provided.

Regarding my first research question, I investigated how family support network members made sense of their participation in *Resolution*. Based on their feedback, it can be concluded that *Resolutions* was experienced as a helpful intervention by most of the interviewed support network members. This adds some clinical evidence showing that *Resolutions* can be an effective example of rehabilitation and prevention based work compared to the conventional focus on identifying the (risk of) abuse. In contrast to previous professional contacts, the families experienced the *Resolutions* therapists as approachable, respected and transparent. Through a focus on strengths and shared responsibilities, stuck positions towards professionals were loosened and communication processes within the family improved. A further focus on ending the intervention well and paying attention to delivering the rationale for specific intervention components has been identified.

With regard to my second research questions, I investigated whether *Resolutions* can help to create family resilience. In order to contrast the varying degrees which were

identified between and within the support networks two case studies were presented. They showed that *Resolutions* could be linked to the successful creation of family resilience where the therapeutic relationship and meeting structure supported opportunities for increased perspective taking and confidence gain as well as the facilitation of open communication processes amongst the network members. However, *Resolutions* did not succeed where the network members did not gain sufficient trust in the independence of therapist and understanding of the used techniques, especially whilst it was compared to other unhelpful professional relationships.

Overall the findings of this study show that most of the interviewed support network members felt effectively supported through *Resolutions* and requested better future access to this systemic intervention. Within this research I was also able to identify relational family resilience processes that included helpful beliefs regarding the experienced adversity as well as working together with a variety of support network members and professionals. However, there was also data focussing on the survival stories of individual children as well as surviving the protection system independently of professional support. As my findings stem from interviews with adults, future research could move forward by employing observational studies which include children.

Reflecting on the research process, my adaptation of a strength-based and critical approach to my work provided me with numerous challenges not only in relation to conducting this psychological research but also regarding its practical implications for health and social care service provision. How can clinical psychologists best approach the inherent moral judgements within child protection work, acknowledge the impact of social inequalities and use research to promote better childhoods in the first place? So far, this research into *Resolutions* has begun to provide me with some answers.

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Appendix 1 PHASES OF THE RESOLUTIONS APPROACH

THE RESOLUTIONS APPROACH (adapted from Hiles and Luger, 2006)
<p>(1) Assessment and Preparation</p> <ul style="list-style-type: none">• Assessing indicators for successful outcome:<ul style="list-style-type: none">- Identification of one of the parents as a ‘safer carer’- Helpful adults around the child- Potential to create robust, sustainable support network- Willingness to place child’s welfare first- Commitment to programme aims and working in partnership with other agencies• Agreement and preliminary meetings of all parties/agencies
<p>(2) Engagement</p> <ul style="list-style-type: none">• Words and Pictures Storyboard (see Hiles et al 2008)<ul style="list-style-type: none">- Co-creation of hand-drawn pictures and short text passages to provide coherent and strength-based narrative which helps understanding of ‘difficult to talk about’ past events (“How come the things are the way they are”) for children and the (wider) family• Family Safety Guidelines (see Essex et al, 2006)<ul style="list-style-type: none">- Detailed identification of future safety arrangements (making sense of physical and emotional factors of the home environment), such as contact supervision arrangements, management of parental stress, communication/~ of concerns etc.- Contributions from parents, professionals, support network- Work in progress which is continuously refined- Evidence for commitment to considerable strains, set of rules, diary keeping etc. that prevent further allegations/misunderstandings
<p>(3) Similar, but Different Family Sessions (see Hiles, 2002)</p> <ul style="list-style-type: none">• Invites parents to co-construct an imaginary family, then to act and speak from the perspectives of different family members and agencies involved• supportive network member(s) function as participant observer
<p>(4) Reunification in Stages Phase</p> <ul style="list-style-type: none">• Stepped approach to increased access for parents• Continued feedback between agencies
<p>+ Follow - up</p>

Appendix 2 PARTICIPATING CHILD PROTECTION CONSULTANCIES

I) Resolutions - Child Protection Consultancy



Website: resolutions-cpc.co.uk

Resolutions Child Protection Consultancy specialises in offering expert opinion in complex childcare cases before the Court. We have many years' experience working with families regarding the rehabilitation of children who may have been removed from their home due to child protection concerns. In particular we are able to offer an opinion in situations where children have suffered abuse, usually physical and/or sexual abuse or are deemed to be at risk of significant harm, but where the child's carers deny responsibility. Our view is that while denial is a significant risk factor, it does not necessarily rule out rehabilitation. After assessment to ascertain the appropriateness of rehabilitation, we may also be able to offer further assessment and therapeutic work to enable children to return home in as safe a way as possible. To achieve this we help create a context where children's safety and their wishes and feelings are central. We work in partnership with the professional and wider family systems to help create current and future safety. We also offer a follow-up review three to six months after the work is finished. In addition, we can advise on contact with, or the return home of, a carer who is deemed to pose a risk to children.

The two primary consultants are John Gumbleton and Colin Luger who both have over thirty years experience in child protection and are both UKCP registered systemic family therapists. Together with a colleague, Susie Essex (associate consultant), they were responsible for developing a unique service in Bristol between 1992-2000 called Resolutions. Resolutions set out specifically to work with families who were in denial or in dispute with the child care authorities, the so-called 'untreatable families'. Resolutions gained considerable respect among both the social work and legal professions for its ability to move on situations that had become 'stuck' before the Courts for many months, even years. Follow up research was undertaken with families that had used the Resolutions service (Gumbleton 1997). Whilst this study was not large enough to be statistically conclusive, the results are very encouraging and indicate very low re-abuse rates in comparison to other studies, making the option of rehabilitation much more attractive. (Further qualitative research with families worked with in our private practice was undertaken in 2002 under the auspices of the University of Bristol).

The Resolutions service was only available to families living in the Bristol area until early 2000 when we went into private practice. We are now able to offer expert opinion in cases before the Court and direct assessment and therapeutic work with families anywhere in England and Wales.

Over the years, with others, we have written articles about working with families who deny responsibility for injuries to their children. These have been published in both legal and social work journals (see references on page 5).

In our first article published in 1996 *“Resolutions: Working with families where responsibility for abuse is denied”* we described situations where we were able to work with families after determining a “safer carer”. Although it often never became completely clear which parent might have caused a specific injury to the child concerned, after a broader assessment we frequently found ourselves much more worried about one carer as compared to the other. For example, one of the carers may have had a previous Schedule I offence or behaved violently in the past. In working with the family we would help co-construct additional safety for children around this “safer” carer.

Over the last 10 years, however, we have worked successfully with a number of families where it was unclear which parent posed the greater risk. Typically in these cases a Finding has been made that a child has been injured in the care of its parents, but it is not possible to indicate which parent, or both, is responsible on the evidence available. In these cases we are particularly interested in what other adults are available to help monitor the children’s welfare and support the parents. We have worked with a number of cases where there were few, if any, concerns regarding either carer prior to the injuries to the child that led to our involvement. We no longer stipulate therefore that one parent must be identified to be the safer carer or less safe carer. This does not mean, however, that we would always work with such cases. We have conducted assessments in such circumstances where we have deemed neither carer to be safe enough to consider rehabilitation.

In order to determine whether either or both carers might be deemed “safe enough” we take into account a number of factors:

- The parents must acknowledge that professionals have legitimate concerns, even if they do not agree with them. While denying that they have injured their child, parents often say that they can understand why professionals are concerned, given the medical evidence before the Court.
- Parents must be willing to work in partnership with professionals in an open and honest manner.
- They must be willing to examine the way they care for their child and be willing to make changes to care routines in order to help ensure their child’s safety.
- They must be willing to accept a high level of professional support and monitoring of their child’s welfare.
- It is also helpful to have a wider support network composed of safe extended family members or friends, who are willing and able to be involved in helping to ensure the child’s future safety.
- We are also interested in a number of factors from the parents’ and the wider family’s past. This includes their experience of childhood and ability to make secure attachments, any evidence of mental health difficulties, any evidence of drug or alcohol misuse, any evidence of previous abusive behaviour to children, adults or animals.

From a careful assessment of all of these factors we are able to make a recommendation regarding the suitability of the Resolutions approach to a particular situation.

We have given many presentations to professional audiences regarding the Resolutions approach to working with families, including:

- British Association for the Study and Prevention of Abuse and Neglect (BASPCAN) Congress in 1994
- The Economic and Social Research Council in 1997
- Family Law Bar Association at Cumberland Lodge in May 1998
- Western Circuit Family Proceedings Conference in September 1998 at Dartington Hall
- National Council for Family Proceedings Conference at the Tavistock Clinic, London in December 1998
- Family Law Bar Association & Solicitors Family Law Association at Leeds in November 2000
- The New Bristol Family Forum in January 2002.
- The Iscoed Chambers Family Law Lecture, November 2003.
- South West Family Therapy Association Conference, December 2004 (workshop)
- AFT Annual Conference, September 2005 (workshop presentation, with colleagues)
- Presentation to Bristol Systemic Practitioners, April 2006.
- Presentation at day conference, *Understanding child protection errors: fine judgments*, London (with Peter Dale and colleagues), May 2006.
- Workshop at South West Family Therapy Forum Conference, December 2006.
- "Protecting the Child" (a conference for lawyers), in London, on 13th February 2007.
- Kent Family Justice Council Conference – 22nd November 2007
- Association of Lawyers for Children National Conference – 20th November 2009

N.B. We are in private practice and totally independent.
We have no formal association with any other statutory, voluntary or independent child care agency.

To discuss the services we are able to offer or a particular case we can be contacted at:

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CURRICULA VITAE

JOHN GUMBLETON has over thirty years experience of working with children and families in residential, fieldwork and therapeutic settings. For over twenty years he has worked predominantly in child protection, including over ten years at the NSPCC in Bristol. He holds a Diploma in Family Therapy and Systemic Practice, an MSc in Child Welfare, a Certificate of Qualification in Social Work and the Advanced Award in Social Work. He is a visiting lecturer at both Bristol and Birmingham Universities and for a number of years sat on the Assessment Standards Board of the Top South West Post Qualifying Consortium. He is a UKCP registered systemic family therapist and a member of The Association for Family Therapy and Systemic Practice.

COLIN LUGER has over thirty years experience in social work and holds an MSc in systemic family therapy, a Certificate of Qualification in Social Work and a Diploma in Social Work. He has worked in the residential and fieldwork settings in a local authority, as well as over twenty years at the NSPCC in Bristol working with children and families. He sits on the Congress Scientific Committee for the British Association for the Study and Prevention of Child Abuse and Neglect. He is a UKCP registered systemic family therapist and a member of The Association for Family Therapy and Systemic Practice. Colin teaches occasionally at both Bristol University and the University of the West of England and is an honorary family therapist with the North Bristol NHS Trust.

As well as work with families, both John and Colin have considerable therapeutic experience working individually with children and adults who have experienced abuse.

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Website: resolutions-cpc.co.uk

II) Child and Family Solutions Service



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The Resolutions approach to working with denial

Summary

A risk reduction programme informed by the *Resolutions* approach works with families where parents are denying responsibility for abuse to their children (or the children of others). The approach is designed for families where a very young child experiences serious non-accidental injuries, or where an older child alleges sexual abuse. Most cases are the subject of care proceedings.

The work takes place in situations where reunification is strongly desired by family members, and where it seems probable that the alleged perpetrator will continue to live with or rejoin the family after a period of separation. The aim is to provide a means of planning with parents for the current and future safety of the children living with them.

The *Resolutions* approach originated within the NSPCC in the South West of England during the 1990's by Susie Essex (now a Consultant in the health service) and her colleagues. The techniques developed there for assessing sustained denial cases and producing improved reliability in risk reduction in such families has since been refined into a programme, known as the *Resolutions* way of working. This has been found particularly appropriate in cases where there exist serious concerns about the safety of a child, but carers are unwilling and/or unable to accept culpability for injuries or abuse and perpetrator identity is unknown or uncertain.

In many approaches to child protection, the existence of denial means that it is deemed unsafe for children to remain at home with potential abusers. A *Resolutions* programme considers denial as an important risk factor, but does not rule out the possibility of rehabilitation. The focus is primarily on present and future safety rather than continuing to try to attribute blame for past events. The programme seeks to create sufficient safety to enable families to care for their children.

Central to a risk reduction programme based upon the *Resolutions* approach is the identification of a 'safe' carer, usually one individual but in exceptional cases the role may be shared. The *Resolutions* work builds upon family strengths involving carers, other family members and professionals in the co-construction of a supportive network to provide additional safety around the child and the safe carer.

Experience has shown that it is sometimes possible to work with families where neither parent is seen as 'safe' enough, providing:

- parents/carers are willing to acknowledge the concerns that others, in particular professionals, have about the safety of the child
- there is openness, and a willingness to engage with professionals over an extended term
- parents/carers are prepared to examine in some depth the way they care for their children, and be prepared to sustain change
- the *Resolutions* assessment is able to identify safe adults among the child's family and friends who will be able to monitor the care given to the child, and who will be prepared to intervene to ensure the child's safety

The willingness of the safer carer to make the necessary changes to their care and monitoring of the child is essential to progress. There may be additional, or pre-disposing factors that inhibit or prevent progress in the work. These include lack of a support network, conflict within the broader family, alcohol, substance and drug misuse, mental ill-health, neglect, domestic violence, the potential impact of learning difficulties, and parents' own negative experience of being parented as children. The presence of one or more of these factors does not necessarily make the *Resolutions* approach inappropriate, but may require further assessment in or outside the sessions as to the potential impact on the child and their future safety.

Resolutions work in practice

- an assessment is made as to whether *Resolutions* is appropriate to the case
- an outline plan for the sessions is discussed with carers and professionals
- the programme is undertaken in stages, each of which has to be completed before moving on to the next
- work often proceeds within the legal context as defined by the Court, to underline the seriousness of the concerns
- a support network of family, friends and professionals is identified, both for the child and the 'primary carer' – the safe adult entrusted with their primary care
- appropriate members of the professional system are invited (with family members' consent) to observe the work
- session content varies, but will include some exploration of family issues and relationships using the model of a 'similar but different' family
- an explanation in 'Words and Pictures', created in collaboration with the carers, aims to place the concerns in context for the children
- written Family Safety Guidelines are agreed in collaboration with the carers
- the Family Safety Guidelines are explained in words and pictures for the children
- discussions focus upon communication between the parents, the wider family and professional systems
- the parents' understanding of issues concerning child development is explored

Carers and families need to be willing to address the concerns, even if they do not agree with them, and in particular the primary carer must be prepared to make the necessary changes and provide close monitoring of the child to ensure their safety.

In general, the evidence from research is that it is possible to work with so-called denial cases without benefit of an admission and to substantially reduce (though sadly not eliminate) risk of future harm. The *Resolutions* approach does not depend for its effectiveness on admission of culpability, however it does require close co-operation from the carers and their family network who must be prepared to agree with the aims of the programme, and willing to engage with it.

The risks of rehabilitation

The risks to children who have been abused when returning to their families are well known. Research summarised by the DoH (1995) found re-abuse rates ranging from 25-33%, with rates rising in line with the length of follow up. Several recent studies involved only children placed on child protection registers, of which 30% suffered further abuse (Farmer and Owen 1995). Some of the children in this study, however, were only made safe by their removal or that of their abuser. When only the children who remained at home with the alleged abusing parent were considered, the re-abuse rate was 43%. This indicates that re-abuse is endemic and persistent.

Gumbleton (1997) undertook a study to discover whether 38 children in 17 families who had used the *Resolutions* services subsequently remained protected. This study showed a re-abuse rate of between 3% and 7%, depending upon how the calculations are made.

Separation of children from their families also carries risks, including within the care system itself. Long term alternatives outside the family should only be considered when placement options within the family have been ruled out as being in the best interests of the child.

Development of the Resolutions approach

Resolutions practice is influenced by systemic ideas (Jones 1993) and the work of the Family Based services, Wisconsin, USA (Berg, 1991) which focuses upon support to parents and children following abuse.

In the early 1990's, studies emerged that suggested the best way of protecting children was to support the non-abusing parent (Berliner, 1991; Hooper, 1992; DoH,1995), also that children's' best interests are usually served by developing a working partnership, both with the child's parents and with significant others based on the child protection concerns (White, Essex and O'Reilly, 1993).

In these studies children stated that they wanted abuse to stop, yet many seemed to want to remain with their families, or wanted their alleged abuser not to leave the home permanently. In cases where children or alleged abusers had left the home temporarily, families often reunited against the wishes of professionals, who may have insufficient evidence to prevent this. (Essex, Gumbleton and Luger, 1996).

The *Resolutions* way of working was first used in 1993. *Resolutions* is described as *not changing the individual, but as changing the context*.

Parents' experience of the service indicated that they were able to develop a co-operative relationship with the *Resolutions* workers in nearly all cases, and considered the relationship with the *Resolutions* worker to be qualitatively better

than with other child protection agencies. Some parents found some of the techniques used uncomfortable or confusing, but nearly all felt they and their children gained from the work. The perceived gains included improved parenting, greater awareness in keeping their children safe, and more openness in their couple relationship. (Gumbleton, 1997)

The *Resolutions* approach actively seeks the wishes and feelings of children regarding rehabilitation to their carers, where children are of a sufficient age to express their views. In such cases, risk reduction work is commenced only if children are stating clearly that they wish to return home. If a child is unable to express its wishes and feelings because of age or impairment, information will be sought as to its likely wishes and feelings.

Publications about the Resolutions approach

Hiles, M., Essex S., Fox, Dr. A., Luger, C., *The Words and Pictures Storyboard: Making sense for children and families*, Association for Family Therapy and Systemic Practice in the UK, *Context* Issue 97, June 2008

Andrew Turnell and Susie Essex., *Working with 'Denied' Child Abuse: The Resolutions Approach*, open University Press, 2006
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Hiles, M., and Luger C., *The Resolutions approach: working with denial in child protection cases*, *Journal of Systemic Therapies*, vol 25, no. 2, Summer 2006.

Essex, S., Gumbleton, J., and Luger, C. and Lusk, A., *A suitable case for treatment?* *Community Care*, 20-26 February 1997, issue 1159.

Appendix 3 FAMILY RESILIENCE FRAMEWORK (WALSH, 2003)

Key Processes in Family Resilience

Belief Systems

1. Make Meaning of Adversity

- View resilience as relationally based vs. "rugged individual"
- Normalize, contextualize adversity and distress
- Sense of coherence: crisis as meaningful, comprehensible, manageable challenge
- Causal/explanatory attributions: How could this happen? What can be done?

2. Positive Outlook

- Hope, optimistic bias; confidence in overcoming odds
- Courage and *en-courage-ment*; affirm strengths and focus on potential
- Active initiative and perseverance (Can-do spirit)
- Master the possible; accept what can't be changed

3. Transcendence and Spirituality

- Larger values, purpose
- Spirituality: faith, congregational support, healing rituals
- Inspiration: envision new possibilities; creative expression; social action
- Transformation: learning, change, and growth from adversity

Organizational Patterns

4. Flexibility

- Open to change: rebound, reorganize, adapt to fit new challenges
- Stability through disruption: continuity, dependability, follow-through
- Strong authoritative leadership: nurturance, protection, guidance
 - Varied family forms: cooperative parenting/caregiving teams
 - Couple/Co-parent relationship: equal partners

5. Connectedness

- Mutual support, collaboration, and commitment
- Respect individual needs, differences, and boundaries
- Seek reconnection, reconciliation of wounded relationships

6. Social and Economic Resources

- Mobilize kin, social, and community networks; seek models and mentors
- Build financial security; balance work/family strains

Communication / Problem-solving

7. Clarity

- Clear, consistent messages (words and actions)
- Clarify ambiguous information; truth-seeking/truth-speaking

8. Open Emotional Expression

- Share range of feelings (joy and pain, hopes and fears)
- Mutual empathy; tolerance for differences
- Take responsibility for own feelings, behavior; avoid blaming
- Pleasurable interactions; humor

9. Collaborative Problem-solving

- Creative brainstorming; resourcefulness; seize opportunities
- Shared decision-making; conflict resolution: negotiation, fairness, reciprocity
- Focus on goals; take concrete steps; build on success; learn from failure
- Proactive stance; prevent problems; avert crises; prepare for future challenges

APPENDICES

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Appendix A1 CRITICAL REFLEXIVITY STATEMENT

A reflective diary was used throughout to record personal and epistemological reflexivity, including value judgements and attempts to distance myself from the data (Willig, 2008). Below, I have listed different levels that influenced my research in order to acknowledge the power dynamics inherent in all research processes (Smail, 2005).

On a theoretical level, I am influenced by the positive psychology movement with its focus on human capacities rather than pathology (e.g. Snyder and Lopez, 2002) and a broadly critical realist perspective. Both approaches resonate with my understanding of the world and therapeutic interactions as they emphasize agency whilst also acknowledging contextual restraints.

Professionally, I feel drawn to child protection interventions following my past experience in the area of trauma work within feminist-orientated services. As such this project is driven by my curiosity on how to move beyond individual healing approaches towards systemic interventions that engage extended family and community members. As a result, I need to deal with more contested aspects such as working with perpetrators or a managing 'safe uncertainty' of future risk. I am also attracted to adding meaningfully to the lacking availability of an evidence base of systemic interventions.

On a personal level, I have been influenced by the complexity of wider social movements having grown up in East Germany. Experiencing the fall of the Berlin wall contributed to my social rather than individual understanding of problems and solutions. Additionally, my identity as a new mother influenced the conduct of the research as I needed to request increased help from my social support network to cope with the challenges of parenting. As a result, I further increased my respect of all parents.

In sum, the families were faced with a professional, a foreigner and a mother, which influenced all the discussions that took place (e.g. Appendix A8).

Appendix A2 QUALITY MEASURES (adapted from Meyrick, 2006)

Stage	Strategy	Example
Design	Research question/ design ensure validity to people with lived experience.	Discussions with service user and therapists regarding which questions need to be answered and which voices are not currently heard in services.
	Ensure relevance of research to clinical setting.	Consultation with Susi Essex (CAMHS based clinical psychologists), research linked to recent child protection policy developments.
	Ensure relevance to clinical psychology theory development.	Thorough literature review incorporating, for instance, developments within the resilience research.
	Making aims clear.	Aims stated.
	Clarity of epistemological approach.	Rationale of chosen epistemological perspective stated and relevance to subject area discussed. Researcher's perspective specified in reflexivity statement.
Data collection	Thorough sampling strategy.	Sampling procedure clearly explained and justified given potential participant pool. Ethically based best attempt to recruit difficult to reach service users with different experiences. Sample situated through case and interview description.
	Thorough consideration of interview process issues.	Consultation with service user and discussions with supervisors on ethical practice in data collection and interview schedule development.
	Awareness of bias prior to data collection and monitoring throughout.	Clear, ethical overall approach. Explicit invitation of varied experiences as part of recruitment procedure and interview conduct. Likely bias regarding uptake/consent discussed. Use of reflective diary and supervision to illuminate 'blind spots'. Transcribing interviews during data collection, noting points to inform further interviews.

		Checking assumptions about meaning through participant feedback (individual feedback letters sharing research results)
Data Analysis	Maintaining connection to persons overall story	By being close to the data, for example through conducting interviews and transcription. Constant systematic referring back to the interviews facilitated through ATLAS. Gaining participants feedback.
	Awareness of bias/blind spots.	Use of reflective diary (internal validation) and supervision to moderate distance to research and throw light on these issues. Cross-coding with clinician and supervisor to increase awareness of other interpretations of the data (external validation, e.g. discussion on facilitation of perspective taking through <i>Resolutions</i>).
	Systematic and complete coding.	Development of coding frame based on <i>all</i> interviews subsequent recoding of initial interviews ensured coding of all data was given equal attention, followed a coherent procedure whilst being closely linked to data.
	Transparency of how codes were generated.	Coding procedure described. Use of supervision to check credibility and the development of themes from codes. Discussions with another clinician on codes and theme development. Example of coded interview excerpt given.
	Transparency of how themes were developed from codes.	Development of the coding frame structured around research questions in line with epistemological perspective and chosen type of thematic analysis. Use of triangulation method with regard to resilience concept (Three Houses Worksheet, Weld and Greening, 2004) as well as comparison with family resilience framework (Walsh, 2003) Tracking of initial thoughts kept through diaries and memos.

		All relevant extracts collated. Mapping the relation of codes to themes. Internal coherence, consistency and distinctiveness considered. Clarity about different stages and allowing enough time for analysis.
Results/ Conclusion	Clarity of how themes relate to data. Have a clear pathway of how conclusions were reached.	Themes grounded in data. Demonstration of how the themes relate to raw data through giving quotes. Going back to original research diary for reflections post – interviews to check development of ideas. Being transparent about choice of discussion focus. Giving enough information so the reader can draw conclusions regarding issues.
	Respondent validation	Participant feedback letter
	Applicability	Relevance of findings discussed

Appendix A3 ANALYTICAL PROCEDURE

A *Thematic Analysis* was applied in line with recommendations by Braun and Clarke (2006) whilst making use of the ATLAS/ti software. I adapted a combination of inductive and deductive theme development (Fereday and Mui-Cochrane, 2006, Braun & Clarke, 2006, p. 83-84) which allowed incorporating comprehensive service user feedback whilst also acknowledging my investment in the subject area through the application of a theoretically informed family resilience framework (Walsh, 2003).

Thematic Analysis allows principles of quality to be integrated throughout the research process from planning the design to dissemination of results. As such attention was paid at all research stages and in particular to systemacity, such as coding all data using the same coding frame, and transparency, such as continuously referring to a reflective diary (Meyrick, 2006). Appendix A2 lists all employed quality measures and evidence to allow the reader an independent assessment of the reasonableness of my findings

Data familiarisation was facilitated by verbatim transcription following the audio recording of each interview (Ritchie et al., 2003). Accuracy of the anonymised transcripts was checked before importing them into ATLAS and *coding* the entire data set to identify units relevant to the research topic. In the light of further codes initial interviews were re-coded to ensure that codes were exhaustive (Appendix A6 and Appendix A7). Cross-coding of one interview was completed with a clinical psychologist and my supervisor to check validity of codes for clinical practice and highlight assumptions (Appendix A2).

Codes related to the *Resolutions*' experience and struggles with the challenging times were organised into *themes* using maps (Spencer et al., 2003, p. 212). Whereas the identification of family resilience was guided by Walsh's resilience processes (Walsh, 2003). Codes and themes were reassessed in light of whether they were 'internally coherent, consistent and distinctive' (Braun & Clarke, 2006, p. 96) and whether they accurately represented the subtleties of the data by going through all quotations within all selected codes, re-reading interview passages, referring to the reflective diary and discussions in supervision. This

facilitated the interpretation and discussion of the data and allowed relevant conclusions to be drawn. Results were presented to participants (Appendix A11), therapists, clinicians (Appendix C) as well as to a number of research supervisors. Appropriate suggestions were integrated.

Appendix A4 USER CONSULTATION - RESEARCH DIARY (18 November 2009)

Met with Zoe in her role as a supportive aunt.

To start with we talked through the research and the related documents (summary of the research proposal, letter of introduction, information sheet, consent form, debriefing sheet and interview schedule) which I had e-mailed her beforehand. Zoe pointed out that the title of my research proposal surprised her as she never saw their case as 'denial'. She is concerned about privacy issues 'allowing a stranger to judge your life asks a lot of people'. I got a strong sense of how vulnerable and threatened her family feels with regard to any state power.

Consequently, our meeting focussed on going through the interview schedule and applying it to her family. She advised me to meet families as a 'human being' and clearly state my background and intentions at the very beginning (→ repeat information from info sheet when introducing the interview). We worked out that in her case an important support member would not have appeared on the network map as she did not participate in *Resolutions* programme due to health reasons at the time (→ ask who is missing). We discussed moving the three houses exercise to the end of the interview as a summary of the discussions and use the format of a joint brainstorming in order to avoid interviewees to feel tested.

Finally, we discussed the danger that the interview will become a tick box exercise where support network members play the game of being the 'perfect family'. (→ need to ask specifically for any negative aspects of creating an artificial network and supervising contact with children). Zoe said that she would be happy to be interviewed individually but that the parents want closure and would not volunteer for a group interview. (→ expect recruitment struggles in order to be able to research family resilience rather than limited focus on support network member experience)

Appendix A5 FINAL INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

Introduction: me, parents, network members

*Big thank you for attending. Restate confidentiality procedures and aim of the interview:
= not to go into case details but the experience of the approach and influence on your family life*

I) Background Information: Description of the Support Network

- Which supporters have joined the interview and why?
- Who have you decided to invite to the interview?
 - What is your relation to the family?
 - How would you describe the support that you are providing?
(e.g. listening, problem solving or supervising contact)
 - How often are you in contact with the family? How close do you live?
- Description of the whole support network
Could we arrange all support network members in circles putting the most supportive ones closest to the child in the centre?
(draw circles to record names, roles and support quality, acknowledge who is not there as well as difficult aspects of social support network)

II) Experience of Participating in the *Resolutions Programme*/Family Resilience

- How would you describe the family life before participating in the *Resolutions Approach*?
- How did you become involved in the *Resolutions Approach*? What did you think of the idea of creating a support network?
- Could you tell me about your experience of participating in the *Resolutions Approach*?
- What helped and what did not help you to bounce forward and adapt to challenges?
- Has your family life developed through the participation? If so, how?
- Which other events or people have influenced the family life subsequently?
- Has *Resolutions Approach* influenced your family relationships? If so, how?
(e.g. communication or conflict management)
- How would you describe your family life now?
(Which words, values, important routines or celebrations come into your mind?)
- What do you think would [therapist] say about your family?
- What do you think would [child] say about *Resolutions Approach* now and 20 years later?
- What kept you going as a family/support network?
- How do you make sense of the hard times that you have lived through? Did anything good come out of these hard times?
- If you could go back in time what would you change?
- What would you recommend other families?

III) Three Houses Summary

As a summary of how your family life has developed could we perhaps create houses of strengths, vulnerabilities and hopes for your family together?

Thank you - is there anything else that you would like to add? Is there anything you would like to ask me? How has the interview process been for you?

Appendix A6 CODING FRAME

Research Questions	Themes	Codes	Code Definitions
(I) Participating in Resolutions How family network members make sense of their <i>participation in Resolutions</i> ?	Returning Hope	<ul style="list-style-type: none"> ▪ moving forward ▪ mediating 	<ul style="list-style-type: none"> • change of tone, working together towards desired goal • arbitration between core family circle and social services, impartial position, putting things into perspective
	Building Safety	<ul style="list-style-type: none"> ▪ facilitating perspective taking ▪ creating a shared family narrative ▪ agreeing guidelines ▪ transition problems 	<ul style="list-style-type: none"> • fostering perspective taking and modelling of possible future developments using the ‘similar but different’ role play scenario • creation of shared narrative to discuss concerns with children at an age appropriate level by the used of storyboards • creation of safety guidelines around contact and supervision issues • conduction of introduction, follow ups and emerging contact issues
	Trusting a Professional	<ul style="list-style-type: none"> ▪ being approachable ▪ being transparent ▪ being respected 	<ul style="list-style-type: none"> • collaborative working style, therapist perceived as amicable human being, inclusiveness, e.g. involving children • explaining procedures, clearly outlining expectations, answering questions, open conduct • therapist being considered an authority by other professionals and network members, competent conduct, reliable, directive decision making
Context of Surviving the Child Protection System How did the family network members make sense of their <i>experiences in the wider child-protection system</i> ?	Coming to Terms with the Allegations	<ul style="list-style-type: none"> ▪ working out what happened ▪ questioned mothering 	<ul style="list-style-type: none"> • making sense of allegations • coming to terms with ‘failure to protect’ accusation
	Relating to other Professionals	<ul style="list-style-type: none"> ▪ relating to social workers ▪ relating to legal professionals ▪ relating to health professionals 	<ul style="list-style-type: none"> • relationships with social services • relationships with judges, solicitors, guardians • relationships with doctors, health visitors etc
	Positioning within the Child Protection System	<ul style="list-style-type: none"> ▪ understanding the system ▪ being uninformed ▪ being dismissed ▪ being monitored ▪ being silenced ▪ negotiating privacy 	<ul style="list-style-type: none"> • learning about social service and protection procedures • no information sharing • concerns not dealt with appropriately, visits not kept up • being assessed, supervised, controlled • jumping hurdles, playing along to the rules • references to privacy thresholds/‘keeping it in the family’ norms

Research Question	Themes	Codes	Code Definitions
(II) Creating Family Resilience? How did the family network members continue to <i>struggle</i> with the challenges they lived through?	Ongoing Emotional Struggles	<ul style="list-style-type: none"> ▪ feeling judged ▪ feeling angry ▪ feeling fearful ▪ feeling helpless ▪ joking ▪ grieving ▪ longing for closure ▪ dealing with reminders ▪ repeated history concerns ▪ changing assumptions 	<ul style="list-style-type: none"> • feeling judged in their community/by professionals • feeling angry towards ex-partners/the system • of risk to be misunderstood or judged by professionals • shattered trust in world and others/experiencing randomness • using humour, e.g. going mad or being good • mourning lost years/shared experiences • desire for closure, focus on past, end of social service involvement • relating to physical objects like photos/diaries, place of abuse • concerns of repeated allegations/child removal or abuse by perpetrator • changed world views regarding safety, trust, power
	Re-negotiating Parental Roles	<ul style="list-style-type: none"> ▪ negotiating roles ▪ living with embodiments 	<ul style="list-style-type: none"> • (re)-negotiating parental rights and responsibilities within family • bodily aspects of human subjectivity related to parenting, e.g. influence of age/gender/number of siblings, health, living conditions
	Living with Disadvantages	<ul style="list-style-type: none"> ▪ losing employment ▪ impinging on housing ▪ affecting mobility 	<ul style="list-style-type: none"> • work related consequences of caring for child • living conditions related to caring for child • financial consequences of attending hospital visits, court
How did the family network members <i>adapt positively</i> within the context of adversity?	Holding Helpful Beliefs	<ul style="list-style-type: none"> ▪ healing ▪ living a normal life ▪ raising a resilient child ▪ hoping for happiness ▪ being optimistic ▪ believing in god 	<ul style="list-style-type: none"> • corrective experiences, being believed, forgiving • predictability, experiencing ordinary family life • experiencing the child as strong/coping well • believes about happiness and hopes for the family future • positive outlook on future • spiritual support
	Creating Supportive Patterns	<ul style="list-style-type: none"> ▪ being determined ▪ growing confidence ▪ leading ▪ creating practical support ▪ offering moral support 	<ul style="list-style-type: none"> • hard-working family ethos, sticking to plans, display of strength • increased self-esteem or maturity • sense-making/direction-giving, capacity to understand situation • babysitting/supervised contact, financial support, transport • supportive relationships
	Communicating Well	<ul style="list-style-type: none"> ▪ trusting network members ▪ communicating clearly ▪ solving problems together 	<ul style="list-style-type: none"> • sharing of a range of emotions, pleasurable interactions, intimacy • ability to state disagreements, express clear/consistent messages • collaboration to overcome or prevent difficulties

Appendix A7 INTERVIEW EXCERPT

Date: 29/06/2011

P 3: The Smith Family.docx

Page: 1/4

227 I What did you think about the idea of creating the support network? Probably not many interventions, I don't know if you are aware of that, work with so many family members in different situations at different times. How did that feel?

228 L At first it was difficult but in the long run it was good because there was support there, lots of people to talk to and also you got a lot of positive feedback from the professional people that was there and also if there was any negativity or anything that we was doing wrong they then could also let us know and say perhaps do this or don't do that.

229 H And it was quite good as well that's why he brought in the other family members to the meeting. I can remember him saying because mum had been my main support and I had lived here and Thomas was now coming to live with me, she could no longer be that main support for me because I could not just come around here when I wanted.

L She used to come for half an hour visits.

230 H Then he brought the other family members in asked, can you be there for her and make sure if she needs somebody to go to.

231 I And did that actually happen?

232 H Yeah my dad came around a lot more and I had my own friends as well that I had seen a lot. They were not part of it.

233

 Introducing resolutions

234 I Would you have liked them to be part of it? Did Bruce consider that because you had your friend with you one time Lucy and sometimes friends are part of it?

235 H I think at the time you just want to keep it in the family you know. You want something. A lot of my friends knew what was going on and I spoke to them privately about it but I did not want to bring them into the kind of actual.

 negotiating privacy

I Official

236 H Official.

237 L They were your sort of escape, weren't they. Because here it was always talking about

238 H Because every day was all about it. So some nights I could just go home and speak to them. At the time I was only 17-18. And I could be a normal 17 year old and just sit there. I would talk about Thomas and what was going on but just not.

 living a normal life

I But it wouldn't be structured.

240 H Yeah, timed and planned and everything. So it was nice to sit with them and talk about normal stuff. Some of them have kids as well, so.

241 L But you got a lot of ideas from other people, as well. You could discuss things with them. You know the way that you felt about them, but you could also hear their point of view - what they thought, which was good because you didn't feel like you were on

242

your own then, like you were going through the whole process on your own.

243 H He did a board with us, and in the middle of the board he said there's a family. He named them, and said, "This baby, how many brothers and sisters have they got on each side?", and then, "Right - this child has been hurt, and it's either the mum or dad", and you had to do a scenario with him and tell him how you think it ought to go.

 role play experience

244 L You did this for a couple of weeks, and it wasn't until about the third week of looking at it that you thought, bloody hell, that's us! It wasn't us then, in no way did he put any input into it - we did it all. But you suddenly found yourself in a scenario where you thought to yourself, God, that's exactly what happened to us. One day, we were both looking at it, weren't we, in this meeting, and we got to a certain stage in it and both broke down in tears, because we realised that this was exactly what we had gone through. For probably the first time, we could look at it and understand why the people on the outside thought what they thought, and the reasons why they did what they did, because they didn't know what was going on, although we did, because I knew I never hurt Thomas, and Hanna knew she never, they didn't know that. So for the first time we could understand why they had to think the way that they thought.

 working out what happened

I You had to work it out.

245 H Why they had to get in the way and then work it out.

246 I A very important moment, that one, is it, when you realised so much about what's going on and how?

247

248 H I kind of knew at the time, you know, you hate the fact because all along you're knowing, "I haven't done anything", and you're angry because you haven't done anything and you think, "Why is this happening to me? Why can't I just have him?". You know you haven't done anything, but that social worker doesn't know you haven't done anything.

☀ feeling angry

L At the beginning, you're angry with them all.

249 H The courts don't know you haven't done anything, and nobody else knows you haven't done anything. You're the only person that knows. But at the same time, it doesn't make it better because you're still missing out on those precious moments you should be having. But at the end of it, you knew...

☀ grieving

L You were thankful that it had to happen like that, because if they hadn't been so strict...

251

H Then maybe I would have never known that it was Gareth...

☀ healing

252 L I always think, if they hadn't been as strict, what if I had hurt him? What if it was me? And all of a sudden they just gave him back? At least I knew that this way, they had done everything they can to find out who it was, and there was no way in the world they were going to let Thomas be hurt again.

253

Appendix A8 POST-INTERVIEW REFLECTIONS - RESEARCH DIARY

THE SMITH FAMILY

First Meeting with Lucy [grandmother] and Hanna [mother] (2 November 2009)

- Lucy talked about current financial hardship- different jobs with changing work hours, house improvement and related bills
- Paul [grandfather] was offered new job can't be part of an interview during the day time which is the better time for Hanna
- Info on study too much to take in – ended up with no babysitting cover.
- Talked through study, what happens with results and rearranged interview.
- Hanna arrived later than planned, developed first connection as mothers, Hanna seemed a little more reserved (influence of similar age?)
- Offer Hanna time to find her voice.
- Hanna also wanted to know whether I will take my findings back to Social Service possibly with a view to improve their performance.
- What is her message for Social Services?

Interview with Hanna and Lucy (29 January 2010)

Hanna and Lucy as well as Hanna's second son (who slept through the interview) expected me. Having already established a relationship through my previous visits clearly helped.

The home atmosphere appeared much more settled, e.g. pictures of all children and grandchildren are now on the walls. The grandmother was made redundant before Christmas whilst Harry was still recovering from breathing instabilities. She was offered a new part-time job starting next week. The mother reported to have enough sleep as Harry seems to need it himself, too.

There was a talkative, open atmosphere, where Hanna was able to find her voice. We shared our experiences of being pregnant and having a new-born baby. Lucy appeared confident and seemed in the process of coming to terms with it all. Compared to the two previous interviews there was more talk amongst themselves as well as a more pronounced focus on working out what happened during the court case and the (mis)interpretation of medical facts.

Themes that stood out afterwards:

Close emotional relationships, clearing Hanna's name, trust in self-confidence/others, honesty and distance to Social Services

Appendix A9 OVERVIEW SUPPORT NETWORKS

Family	<i>Resolutions'</i> Network Members	Other helpful Supporters	Unhelpful Contacts
Jones	<ul style="list-style-type: none"> • mother • maternal grandparents • grandfather's sister • social worker 	<ul style="list-style-type: none"> • nursery/school teacher 	<ul style="list-style-type: none"> • Social Services • father • extended family members at times
Evans	<ul style="list-style-type: none"> • mother • maternal grandmother • maternal grandmother's sister • sister in law • brother • health visitor • father • social workers • guardian 	<ul style="list-style-type: none"> • friends • contact centre/nursery 	<ul style="list-style-type: none"> • Social Services • father and his friends • paternal grandparents at times • <i>Resolutions</i> at times
Smith	<ul style="list-style-type: none"> • mother • maternal grandparents • maternal grandmother's partner • maternal grandmother friend • cousins? • guardian • social worker? <p><i>Separate meetings with:</i></p> <ul style="list-style-type: none"> • father • paternal grandparents 	<ul style="list-style-type: none"> • nurses at hospital • foster mother 	<ul style="list-style-type: none"> • Social Services • father • paternal grandparents at times
Hughes	<ul style="list-style-type: none"> • mother • grandmother • mother's friend • family friends • father • SW • Guardian 	<ul style="list-style-type: none"> • GPs • School 	<ul style="list-style-type: none"> • Social Services • ex-partner • other GP/ health visitor
Patel	<ul style="list-style-type: none"> • mother • father • family friends • family friends • social workers • guardian • maternal grandmother 	<ul style="list-style-type: none"> • Muslim community 	<ul style="list-style-type: none"> • Social Services • guardian • foster parents

Appendix A10 OVERVIEW HOUSES OF RESILIENCE WORKSHEET

Family	Strengths	Vulnerabilities	Hopes
Jones	<ul style="list-style-type: none"> • working together • supporting each other • talking about things • working things through/determination 	<ul style="list-style-type: none"> • mother wanting to have more kids • grandfather losing sight 	<ul style="list-style-type: none"> • proper relationship with mother • best life/education for daughter that she can have • understanding in wider family
Evans	<ul style="list-style-type: none"> • sticking together/ being close • being there for each other/helping hands • good at asking for help • sharing different opinions 	<ul style="list-style-type: none"> • being too sensitive 	<ul style="list-style-type: none"> • new house • good education/being what they want to be
Smith	<ul style="list-style-type: none"> • unconditional support • closeness • honesty • ability to talk • trust • reliable/things get sorted 	<ul style="list-style-type: none"> • being too emotional with close family members 	<ul style="list-style-type: none"> • healthy, wealthy long happy life together • no more hospitals and lawyers • time for normality/no shocks and surprises/predictability
Hughes	<ul style="list-style-type: none"> • closeness • coping/surviving/dealing with stress • strong daughter • kept together as a family 	<ul style="list-style-type: none"> • being too trusting • danger of creating problems when standing up for own rights 	<ul style="list-style-type: none"> • joke regarding to astrologer career/new car • health • confidence • new life and future • less issues regarding brother in law
Patel	<ul style="list-style-type: none"> • putting children first • working together • faith/prayers of family • better understanding of the system • determination 	<ul style="list-style-type: none"> • being at the edge/not knowing the UK social care system 	<ul style="list-style-type: none"> • life being ok • best for the children: good education and morals (UK based as well as religious studies)

Appendix A11 PARTICIPANTS FEEDBACK LETTER



FEEDBACK LETTER

Kirstin Lean
2 Knapp House
Kingsbury Episcopi
TA12 6AX
Tel. 01935 822 346 /e-mail: kl244@exeter.ac.uk

28 June 2011

Dear Family,

After many months of silence from me following the birth of our son, I would like to let you know that I am approaching the final stages of my research on the *Resolutions Approach*. Thank you again for talking to me about your experiences.

This is a letter about the results of the research.

Firstly, after changing all identifiable features like your names and home towns, I went through all of the interviews looking for themes about any helpful and unhelpful experiences of participating in *Resolutions* and comparing it with the wider child protection system.

Please refer to the summary below (4.1 and 4.4 Discussion). You may feel as though some of the themes don't represent what you feel was important to you, but overall there should be a sense that they represent some or most of your experiences.

Secondly, I summarised your accounts of the challenging times you lived through in order to focus on the creation of family resilience on a case by case basis.

On the attached sheets I have included a summary of what I found to be the most important ways in which *Resolutions* helped your and other families to get through the difficult times (3.4 Results and 4.2 Case Summaries).

If you have any thoughts/ideas/comments about the things which I found then please let me know and I would be grateful to hear from you.

Thanks again for trusting me with your stories. I am confident that your contributions will improve the help which is offered to other families in the future.

Please let me know if you would like a copy of the final report once it has been finalised by the university in September.

With best wishes for you and your family,

Kirstin Lean (Trainee Psychologist)

Appendix B1 ETHICAL APPROVAL



SCHOOL of PSYCHOLOGY
ETHICS COMMITTEE

Washington Singer Laboratories
Perry Road
Exeter
EX4 4QG

Telephone +44 (0)1392 264626
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Email m.l.dexter@exeter.ac.uk

To: Kirstin Lean
From: Cris Burgess
CC: Lynn McClelland
Re: Application 2007/145 Ethics Committee
Date: January 9, 2012

The School of Psychology Ethics Committee has now discussed the amendment to your proposal, 2007/145 – Creating Family Resilience? The support networks’ experience of participating in the resolutions approach of working with ‘denied’ child abuse. The project has been approved in principle for the duration of your study.

The agreement of the Committee is subject to your compliance with the British Psychological Society Code of Conduct and the University of Exeter procedures for data protection (<http://www.ex.ac.uk/admin/academic/datapro/>). In any correspondence with the Ethics Committee about this application, please quote the reference number above.

I wish you every success with your research.

A handwritten signature in black ink, appearing to read 'Cris Burgess', with a horizontal line underneath.

Cris Burgess
(Acting) Chair of School Ethics Committee

Appendix B2 LETTER OF INTRODUCTION



LETTER OF INTRODUCTION

Kirstin Lean
2 Knapp House
Kingsbury Episcopi
TA12 6AX
Tel. 01935 822 346 /e-mail: kl244@exeter.ac.uk

Dear Family,

My name is Kirstin Lean. I am a psychologist studying at the University of Exeter. In the past I have worked with families in crisis paying special attention to their strengths and available support. I am contacting you today as part of my research project on the Resolutions Approach.

The Resolutions Approach is a unique way of working with families that we do not know enough about. Rather than talking to professionals, I am interested in hearing about your and your support networks' experience of participating in the programme as well as learning more about how it affected the life of your family afterwards.

Your feedback, both positive and challenging, is needed to improve the help which is offered to other families in the future. Therefore, I am inviting *you and your choice of support network members* for an interview at your convenience.

Please return the enclosed response slip in the envelope provided or contact me by e-mail or phone if you would be willing to receive more detailed information about the study.

Thanks ever so much for considering taking part in this study. I hope that you will be interested in the research and am very much looking forward to meeting you and your supporters in the near future.

With best wishes for you and your family,

Kirstin Lean (Trainee Psychologist)

supervised by Colin Luger, John Gumbleton (Resolutions),
Margaret Hiles (Child and Family Solutions) and Lynn McClelland (Exeter University)

Reply Slip

Dear Kirstin, Please send me more information about your study.

Name:

Address:

Phone:

Appendix B3 INFORMATION SHEET



INFORMATION ABOUT THE STUDY

Creating family resilience?

The Support Networks' Experience of Participating in the Resolution Programme

You are being invited to take part in a research study funded by the University of Exeter. Before you decide whether you would be interested in participating, it is important that you understand why the research is done and what it will involve.

What is the purpose of this study?

The Resolutions Approach is a unique way of working with families that we do not know enough about. I am interested in hearing about your experience of participating in the programme, its effects on your family life and whether it can increase your ability to bounce back from stress and crisis.

Why have you been invited to take part in this project?

You have been invited as your family has gone through the Resolutions Programme. Altogether, I am hoping to speak to 6-10 families that have gone through this experience.

What will happen when you take part

If you agree to take part, a time at your convenience will be arranged for an interview at your home. The interview will last approximately 2 hours. The interview will be with me (Kirstin Lean), yourselves **and your choice of interested non-professional support network members**. These helpful adults could be extended family members, friends, neighbours etc. over 18 years who have participated in at least 3 resolutions sessions. You might need to make some child care arrangements to cover the period of the interview.

In order that the interview can be listened to and written down the conversation will be taped. Throughout the study, it will be ensured that you are not identifiable and the tapes will be destroyed after the project ends. You will be sent a copy of the results and asked for some voluntary feedback.

At any stage of the project you will be free to withdraw from the study without giving reasons or experiencing any disadvantages.

What are the possible benefits of taking part?

You will be asked of your experience of participating in the Resolutions Approach and how it has affected your family life.

It is expected that the study will be helpful for the families that are participating in the Resolutions Programme in the future.



What are the possible implications of taking part?

As I am interested in the effects of the Resolution Programmes on the life of your family and support network, **issues personal to you are not the focus of this study.**

If as a result of the interview, however, you feel the need to talk more about your feelings with someone, I can arrange for you to talk to Colin Luger, John Gumbleton or Margaret Hiles.

I am conducting the interviews under my professional duty to ensure safety for all family members and would discuss any concerns with you before approaching my supervisors.

However, if you wish to make a complaint or have any concerns about any aspects of this study please contact Exeter University on 01935 264695.

What happens to the results of the study?

The study will be finished in the summer 2010 and will be submitted to Exeter University. The final results will be proposed for publication so that the results are made available to as many people as possible. No identifying information will be revealed in the published results.

The anonymised results of the project will also be made available to the resolutions workers but no other professionals that might have been involved in your case. A copy of the final report will be sent to you if you wish.

Confidentiality - who will know that I am taking part in the study?

All information which is collected about you during the course of the study will be kept strictly confidential. Any information will have your name and any other identifiable features removed or changed so that you cannot be recognised from it. Following your consent, demographic background information will be shared with the consultancies. This study has been reviewed and approved by the Exeter University Ethics Committee.

If you would like any further information, please don't hesitate to contact me under 01935 822 346 or study@kirstinlean.com.

Thanks again for reading this information and considering taking part in this study. I very much hope that you will take part and am looking forward to meeting you.

With best wishes for your family,

Kirstin Lean (Trainee Psychologist)

supervised by Colin Luger, John Gumbleton (Resolutions), Margaret Hiles (Child and Family Solutions) and Lynn McClelland (Exeter University)

Appendix B4 - CONSENT FORM



CONSENT FORM

(Please return using provided envelope)

Names of the interview participants:

.....
.....
.....
.....
.....

Please tick as appropriate

We have read the information sheet provided. Yes No

We have received enough information of the proposed research and understand what is involved. Yes No

We understand that we can withdraw from the research at any time. Yes No

We agree that basic background information (demographics) will be provided to the researcher. Yes No

We understand what is going to happen with the information that is given. Yes No

We agree to take part in the research.² Yes No

Signatures (Participants) Date.....

.....

Signature (Researcher) Date.....

.....

² If I do not here from you within 2 weeks time, I might give you a ring in order to clarify any unanswered questions about the study that would help you to make a decision with regard to your participation in the research.

Appendix B5 DEBRIEFING SHEET



DEBRIEFING SHEET

Creating Family Resilience?

The Support Networks' Experience of Participating in the Resolutions Programme

Thank you very much for participating in the interview. I would like to use the opportunity to remind you of the purpose of my study and the support resources available to you.

As part of this interview, I was interested in hearing about your experience of participating in the Resolutions Programme as well as learning more about how it affected the life of your family afterwards. I was particularly interested to find out whether the programme can or cannot help to build family resilience. Your feedback, both positive and negative, will be anonymised and used to improve the help which is offered to other families in the future.

I would like to assure you that all information which is collected during the course of the study will be kept strictly confidential. You will receive a copy of the results and will be asked for some voluntary feedback once all the families have been interviewed.

If as a result of the interview, however, you feel the need to talk more with someone about any issues or discomfort raised, the following resolutions workers are ready to talk to you:

Colin Luger: Tel/Fax: **0117 9086039**

53 Quantock Road, Windmill Hill, Bristol. BS3 4PQ.

Email: colin.luger@resolutions-cpc.co.uk

Website: <http://www.resolutions-cpc.co.uk>

John Gumbleton: Tel/Fax: **0117 9141965**

53 Theresa Avenue, Bishopston, Bristol, BS7 9ER

Email: john.gumbleton@resolutions-cpc.co.uk

Website: <http://www.resolutions-cpc.co.uk>

Margaret Hiles: Tel/Fax: **07974 802498/0117 3706534**

22 Coombe Lane, Stoke Bishop, Bristol BS9 2AA

Email: enquiries@childandfamily.co.uk

Website: <http://www.childandfamily.co.uk>

If you have any concerns about any aspects of this study or wish to make a complaint please contact **Exeter University** on **01392 264695** or by email: E.J.Woodcock@exeter.ac.uk.

Thanks again for your participation. With best wishes for your family and all support network members,

Kirstin Lean (Clinical Psychologist in Training)

Kirstin Lean, 2 Knapp House, Kingsbury Episcopi, TA12 6AX, Tel. **01935 822 346**

e-mail: study@kirstinlean.com

Appendix C DISSEMINATION STATEMENT

The dissemination of the research aims to reach a number of different target groups, namely the participants, Clinical Psychologists, Family Therapists and (Social) Service Managers and Policy Makers (see Table 6).

Table 6 – Dissemination Strategy

- Participants have received results in an accessible way (Appendix A11)
- Results were shared and discussed with *Resolutions* therapist
- Consider use of research on websites of *Resolutions* Consultancies
- A summary of the literature review is already being used by consultancies
- A submission will be made to Journal of Family Therapy and Journal of Systemic Therapies to target systemically working clinicians and researchers
- Journal of Child Abuse Review to target clinicians and researchers working in the child protection field. This journal also publishes qualitative studies and is peer-reviewed
- Submission for presentation at the AFT South-West Conference
- Results were discussed with NHS-based Family Therapist
- Results were discussed with Clinical Psychologist based at a Parenting Assessment Centre and a presentation as part of a training day suggested.
- A summary of the research for Policy Makers was developed