Introduction
Intensive Family Support Services: Politics, Policy and Practice Across Contexts

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Introduction

The last twenty years have seen major international developments in welfare state support and services for children, parents and families. Increases in provision occurred within established areas such as welfare benefits, family allowances, child welfare services and maternity leave entitlements; and new 'forms and modalities of provision' were introduced (Daly *et al.*, 2015: 10), in particular parental and paternity leave entitlements; welfare-to-work programmes and active labour market policies; conditional cash support schemes; in-work subsidies for low income families; childcare and early education services; earlier intervention and prevention programmes; parenting and family support services; and inter-departmental, inter-professional and inter-agency models of service provision (OECD, 2009, 2011).

These social policy changes responded to wide-ranging moral, scientific, economic, social and political imperatives (Nett and Spratt, 2012) and incorporated multi-faceted child-centred, parent-centred and family-focused policy goals (Daly *et al.*, 2015). On the one hand, reforms reflected the modernisation of family policies and welfare states influenced by, and contributing to, macro socio-economic political trends, including increasing cultural diversity and changing social attitudes and practices in relation to childhood, parenthood and 'family'. On the other hand, social changes and social trends, including increasing demands on, and costs of, social welfare provision, were associated with social problems and constituted 'new social risks' for society and welfare states (Bonoli, 2013). Social trends fuelled concerns about 'welfare dependency', 'poor parenting', 'family breakdown' and 'problem families' as well as widening income, social and health inequalities. They prompted policy makers to address contemporary challenges such as work–family conflict, the ageing population and labour market skills shortages (*ibid.*). Prominent social policy responses and agendas were active social policies, social investment perspectives and early intervention strategies. Active social policies sought to promote 'active citizenship' especially in terms of economic activity and employment, including via welfare-to-work conditions and services for welfare benefit claimant groups such as for lone mothers with school age children. Social investment perspectives attempted to 'redefine the principles, goals and instruments of the welfare state to adapt to the post-industrial social, economic and political context' (Morel *et al.*,

2012: 1). Highly associated with Third Way social policies, although with neo-liberal versus egalitarian leaning positions, social investment perspectives inspired social policy programmes for 'investing in children' and their education, welfare, health, development and socialisation as 'child-citizens' and 'future adult-citizens' (Morel *et al*., 2012; Nett and Spratt, 2012; Bonoli, 2013). Given the emphasis on the primary roles and responsibilities of parents and families in relation to children and young people, there were accompanying reforms in children's and family services which sought to 'strengthen and support family functioning' (Devaney *et al*., 2013: 13) and 'strengthen the child-rearing orientations, skills, competences and practices of parents' (Daly *et al*., 2015: 12). These developments were informed by the increasing social research relevant to these areas. In addition, they encompassed greater emphasis on 'early identification' and 'early action' towards 'vulnerable new risks groups' (Hemerijk, 2012: 51). These rationales have also led to greater use of conditional welfare approaches and new forms of coercive, 'assertive' methods of engaging and working with youth, parents and families deemed to be failing to engage adequately with state support and/or actively fulfilling their citizenship responsibilities (Featherstone *et al*., 2012).

However, the scope and substance of welfare state support and services for children, parents and families remains complex, contested and differentiated within and across national contexts. These issues are 'ideological battlegrounds' (Cameron *et al*., 2007: 3) where 'fundamental differences in social values about children, family and society are contested' as well as fundamental differences in social and political values about social citizenship and child–family–state relations. In recent years, economic problems and austerity politics have refuelled debates in these areas. On the one hand, as in the UK, there have been significant cutbacks in expenditure and provision, and curtailment of social investment strategies. On the other hand, austerity politics and cost-effectiveness concerns have prompted greater emphasis on prioritising expenditure in activation, social investment and social prevention measures.

This themed section examines the changing and varied nature of family services and interventions in respect of the expansion and diversification of intensive family support services, family intervention programmes and integrated family services approaches. Focusing on policy and practice in the UK, France and Australia, the articles examine the relationship between service reforms and changing child–parent–state relations, and provide country case studies examining policy agendas, developments and frameworks as well as service approaches and frontline practice. This introduction considers some critical policy and practice issues in 'family support' and 'intensive and integrated family services', and introduces the key themes developed in the articles.

Family support and intensive family support: conceptual debates and the diversity of provision

We recognise that 'intensive' 'family' and 'support' are loaded concepts defined according to context, purpose and values. As descriptors of public services, 'family support' and 'intensive family support' are terms with currency in many welfare states and international debates, but alternative concepts with alternative meanings are also significant and, in other contexts and countries, both concepts have limited currency. It is therefore important to set out how we are employing these terms and the types of provision we are interested in.

Family support: definitions, approaches and perspectives

In one sense, we are using the notion of 'family support' to describe a wide range of formal services targeted at children, young people, parents and families. McKeown's (2000: 2) definition provides an example:

> Family support is an umbrella term covering a wide range of interventions which vary along a number of dimensions according to their target group (such as mothers, fathers, toddlers, teenagers), professional background of service provider (e.g. family worker, social worker, childcare worker, youth and community worker, public health nurses, community mother, psychologist), orientation of service provider (e.g. therapeutic, child development, community development, youth work), problem addressed (e.g. parenting problems, family conflict, child neglect, educational underachievement), programme of activities (e.g. home visits, pre-school facility, youth club, parenting course) and service setting (e.g. home-based, clinic-based or community-based).

This is both a broad definition and one that points to several sub-categories of services in terms of target groups, target problems, service providers, professional specialisms and roles, service orientation, service setting and types of provision (support and methods). In an international review of family and parenting support services, Daly *et al*. (2015: 36) noted further aspects of provision: 'ways of working with children, parents, families and communities'; 'principles and practices of partnership working'; 'scope and level of intervention'; 'sources of funding'; workforce 'conditions and training'; service 'standards and guidelines'; and 'modes of governance'. In this themed section, we employ 'family support' and 'intensive family support' similarly as broad umbrella terms. We also similarly differentiate between different forms and modalities of provision.

An alternative broad conception of 'family support' is the 'continuum of provision'. A traditional framework is that of universal, targeted, specialist and statutory services. Informed by notions of 'levels and types of needs and problems', broad target groups and broad service categories, this framework describes support and services provided on a universal basis (at various spatial levels such as nationally or locally, or according to broad target groups such as families with pre-school children) meeting perceived universal needs (often on the basis of entitlements). Examples include child benefits, health services, childcare and education services, community-based family centres and facilities, and widely available information and advice. Targeted and specialist services are selective, provided to children, parents and families with additional needs and vulnerabilities due to circumstances, disadvantages or difficulties. Statutory (targeted and specialist) services are those that incorporate mandated state interventions in families on the basis of social protection and welfare concerns (variously defined), such as child welfare concerns. These services could be conceived of as 'family/social intervention' or 'family/social casework' rather than 'family/social support', but often include family support provision. Devaney *et al*. (2013: 24) argued that across this spectrum family support aims to be: developmental (to 'strengthen the social supports and coping strategies' of individuals, family members and communities); compensatory (to 'compensate family members for negative or disabling effects of disadvantage and adversity') and protective (to 'strengthen the coping and resilience of children and adults in relation to identified risks and threats'). However, the aims, scope, substance and outcomes of universal, targeted, specialist and

statutory family support services are complex and varied – issues returned below and in this themed section.

There are several other ways to describe and organise the 'continuum of services'. An example would be a continuum based on broad target groups according to child and youth age groups. Public health discourses have also become highly influential. Developed from the medical model of health promotion, disease prevention and medical intervention, the public health approach is problem-focused and evidence-based. In the context of preventing 'the occurrence and re-occurrence of child maltreatment', MacMillan *et al.* (2009: 250) stated that the public health approach would:

> Define and measure the problem; identify causal, risk, and protective factors; develop and determine effectiveness of interventions; and implement interventions with ongoing monitoring.

Australian child welfare researchers Bromfield and Holzer (2008: 55) explained that the public health approach aims to 'target prevention and remedial programmes and services at different groups and communities with varying degrees of risk'. Primary prevention measures were 'universal interventions that target whole communities in order to build public resources and attend to the factors that contribute to child maltreatment' (*ibid.*: 53). Secondary prevention measures, conceptualised as 'early intervention', target 'children and families at risk due to the presence of one or more risk factors for child maltreatment' (*ibid.*: 56). Tertiary prevention, described as statutory, clinical, specialist, remedial, therapeutic and/or protective interventions, which are targeted at 'families where child maltreatment has occurred', are rehabilitating and aim to prevent the re-occurrence of child maltreatment, including 'state care and protection services to keep children safe and well' (*ibid.*: 56). MacMillan *et al.* (2009) and Bromfield and Holzer (2008) recognise and promote the importance of children's rights, family support and family/parenting education initiatives as promotional, preventative, protective and remedial strategies in relation to child development and welfare. However, as recognised by these researchers and others, the public health approach is deceptively simplistic and raises many critical issues for social policies and social services. It tends to re-orientate family support services towards evidence-based social prevention and intervention aims and approaches in the context of disputed notions of 'evidence' and severe limitations in the policy and practice evidence-base. It requires consideration of many ethical, conceptual, resources, ideological and practical issues (see Boddy *et al.* and Churchill and Fawcett, this issue). For many, and from our perspective, the public health approach is unlikely to be a cheap option and should be pursued along the lines of an integrated children's rights, human rights, social welfare and public health approach. In addition, other important issues are comprehensive analysis of problems such as child maltreatment; investment in social research and service evaluations; and comprehensive community, policy and practice consultation.

Although family support can be employed as a broad descriptive term, the discussion so far will have indicated that family support, as a concept and sub-field of social policy, is far from value-free and context-free. Social values, theories and assumptions inform interpretation and standpoint. It is therefore important to consider ideological and social influences, perspectives and contexts; and to acknowledge and evaluate one's own position. Ecological and sociological theories which conceptualise family, childhood, social policy and social services as embedded in complex social, economic, political,

moral and institutional systems and contexts are highly significant (Churchill, 2011; Featherstone *et al.*, 2012; Devaney *et al.*, 2013). Dominant ideologies of social welfare, notions of social citizenship, notions of children's rights and family policy paradigms particularly influence the scope and substance of family support services across welfare states. In the early 1990s, there were substantial systematic differences between residual, limited, 'high threshold' approaches to family support among Anglophone liberal welfare regimes. These approaches were based on notions of minimal state welfare and minimal state interference in families compared to, firstly, continental European conservative-corporatist regimes which provided more state support for families particularly for the traditional family and in the form of cash support; and, secondly, western and northern European social democratic welfare states with their more extensive social rights to family support and policies around gender equality and children's rights (Churchill, 2011). However, critical perspectives highlighted some disempowering aspects of professional paternalism and criticised the gender inequalities, social dualisms and social services deficiencies apparent across welfare states. Further, as discussed earlier, welfare states modernised and reformed their family policies in the late 1990s and early 2000s responding to increasing cultural diversity, family diversity and dual earner families; providing greater support for children's rights perspectives and introducing new forms of, and thresholds for, state support and interventions. As discussed in this collection, these changes revised notions of family support, family privacy, family functions and family rights.

It is necessary in these regards to further discuss social welfare and critical practice perspectives. Devaney *et al.* (2013: 13) set out the 'core principles' of family support in some detail demonstrating the centrality of social welfare and egalitarian principles for many researchers and professionals. They stated:

> The key goals of Family Support are to intervene early where there are difficulties, in order to prevent problems escalating, to strengthen families' capacities to nurture children and function well for all members, to integrate fragmented services and make them accessible to all families, and to encourage and enable families to solve their own problems. Prevention involves intervening early in the genesis of a problem or difficulty experienced, and also early in the life of a child.

This statement encompasses commitment to the continuum of universal, targeted and specialist provision with significant social investment focus on accessible and wide-ranging universal and early intervention services. Devaney *et al.* (2013) recognised the inherent social care versus social control dimensions of family support services and the limitations to parental engagement in some circumstances. They also recognised the ways in which state services and professional interventions can have harmful effects and be experienced as 'threatening, alienating or demeaning', issues related to service design and/or service delivery but also value-based differences and unintended consequences (*ibid.*: 12). They argue services and practitioners should recognise, counter and minimise these features ensuring 'family support is experienced as supportive' and responsive to family members own 'definitions of their own needs and problems' (*ibid.*). Additional core principles of family support, according to Devaney *et al.* (2013: 12–13), are 'working in partnership with children, families, professionals and communities'; 'combatting social disadvantages'; 'strengthening informal support networks'; 'undertaking community

development activities and promoting self-help'; 'promoting social inclusion'; 'promoting children's rights and the well-being of children'; 'involving service users and front-line providers in planning, delivery and evaluation on an ongoing basis'; and 'commitment to evidence-informed best practice'. Critical practice perspectives would also emphasise the importance of promoting children's rights to provision, participation and protection, as well as challenging gender inequalities and social disadvantages, such as those related to ethnicity, disability and poverty, in partnership with service users and communities (Featherstone *et al.*, 2012). From a critical perspective, these issues also include the need to evaluate assumptions around 'family'; be highly attentive to issues of abuse and vulnerability within families and communities; build alliances to promote social welfare and social equality; and practice family support in culturally competent ways (*ibid.*).

The core principles Devaney *et al.* (2013) propose are informed by an eclectic body of social research and social theories such as in relation to social support, social welfare, child development, ecological human development, nurturing child-rearing and parenting styles, family functioning, social prevention, social capital and health and well-being. Although further research is very much needed, many studies demonstrate how service effectiveness and service user outcomes are enhanced by working with individuals and families in empowering, enabling, responsive and supportive ways (McKeown, 2000; Cameron *et al.*, 2007; Boddy *et al.*, 2009). These approaches are associated with the promotion of family-state relationships, social values, social respect, self-esteem, personal and social resilience, personal motivation and behaviour changes that in turn strengthen service engagement and promote beneficial service user outcomes (Cameron *et al.*, 2007; Devaney *et al.*, 2013). Although personal versus state responsibilities for such issues are highly contested, many studies also indicate the ways in which limited access to social and material resources and support; and widening and changing patterns of social inequalities, social exclusion and social divisions have detrimental implications and impacts for children, parents, families and communities (OECD, 2009, 2011). Our social policy and social research interests are informed by these considerations. Moreover, based on social welfare and egalitarian perspectives about family support, distinctions are made between family support services and other family-focused services, including several of the intensive family support services we examine in this collection. Highly relevant distinctions for our purposes are those made between family support versus parenting support, family support versus family therapy, evidence-based programmes versus evidence-informed practice, and parenting support versus parenting education.

Intensive family support services: definitions, approaches and issues

In broad terms, we refer to 'intensive family support' as services, programmes and practice methods similar in respect of their relative 'intensity' of provision. In the context of Australian debates, Tully (2008: 3) defined intensive family support services as providing 'at least four hours of service provision per week', increasing to much higher levels of weekly access to practitioners and levels of service provision. This definition is also commonly used across anglophone and western European countries, although many would place the lower limit of intensive support at five to six weekly contact hours (Hellinckx *et al.*, 1997). In addition, practitioners tend to have single figure caseloads. As a method of practice, we are also using the term 'intensive family support' to refer

to aspects of provision and practice methods provided on a more intensive basis within multi-modal, multi-agency and multi-level services, such as intensive key worker support, intensive home visiting or intensive parental counselling. These broad definitions provide scope to examine the varied and changing nature of provision. However, we recognise these definitions are problematic, implicitly incorporating assumptions and orientations related to context and values. For example, four hours a week of service provision would be understood as standard levels of targeted family support rather than 'intensive' levels in many European countries.

Intensive family support services in England and Australia, and intensive family support methods in France, are examined in this themed section of articles. Services and programmes developed in the context of child welfare, social work, parenting education, social inclusion, education and health policies and services, and multi-agency integrated services approaches, are reviewed. Overall trends across these countries and contexts are the expansion and diversification of provision from crisis and 'treatment' focused interventions to incorporate early intervention and prevention approaches. They also demonstrate an emphasis on 'whole family support' and 'family-centred practice' where services aim to engage parents, children, young people and broader family and social networks to address inter-generational and multiple needs and adversities. The articles by Sen about an 'edge of care' family intervention programme in England and by Churchill and Fawcett about intensive family support reforms in New South Wales, Australia, consider debates and developments in relation to child protection, social work and child welfare. Anglophone and European child welfare services have well-developed traditions in intensive family support such as that provided via social work family casework and 'intensive family preservation programmes'. However, in the UK and Australia increasing and changing demands on statutory child welfare services alongside critiques of short-term, narrowly conceived, crisis-intervention orientated family interventions and family casework led to the introduction of longer-term, complex, multi-modal intensive family support services and evidence-based intensive family intervention programmes. The 'Family Intervention Programme' (FIP) model has been significant in this regard in the UK with its emphasis on 'assertive support', a key worker role, a structured programme of assessment and intervention, parenting education interventions, behaviour change techniques, family contracts and multi-agency agreements (see Sen, Ball *et al.* and Boddy *et al.*, this issue). In the Australian context, Churchill and Fawcett review the design and delivery of several intensive family support initiatives in New South Wales, including the introduction of state-wide targeted intensive home visiting services for families with young children; an early intervention programme targeted at children at risk of involvement in statutory child protection services; and intensive family support services designed and delivered in collaboration with Aboriginal communities. These changes in the UK and Australia are controversial for many reasons, not least because complex, preventative family support is being re-located to less professionalised services in the context of residualisation of social work and state welfare.

Join-Lambert reviews multi-agency children's and family support reforms in France where, similar to the UK, there has been greater emphasis on parenting and family interventions orientated towards 'increasing parents' child-rearing resources (including information, knowledge, skills and social support) and competences' (Daly *et al.*, 2015: 12). However, Join-Lambert considers the tensions between, and professional practices of, the new parenting and family interventions, traditional notions of professional family

support practice, and notions of 'partnership working' with children and parents as well as between professionals. Boddy *et al.* and Ball *et al.* take further the analysis of English FIPs and more recent developments in family intervention programmes and multi-agency intensive and integrated family support, respectively examining policy and practice in relation to health issues in families and the Troubled Families Programme.

Positively, there is a growing body of research that demonstrates many parents, children and families receiving intensive family support services value features of them. Aspects of intensive family support service provision which have been well received are the opportunity to develop close relationships with a dedicated family support worker; the combination of practical, material and emotional support from family support workers; the provision of professional parenting and child welfare advice; and specialist services to meet adult, child, couple and family support needs (Littell and Schuerman, 2002; Dagenais *et al.*, 2004; Devaney *et al.*, 2013). Such support can be provided in more structured and specified terms within social programmes or in more flexible, eclectic, ways in integrated family support teams. Family support workers can also have a critical role to play in better coordinating multiple services involved with families and in improving relationships between parents and other professionals and services, such as doctors, social workers and teachers (Devaney *et al.*, 2013). On a more critical note, many ethical, political and practice issues and challenges need consideration, including ethical issues around the intrusive and social control dimensions of intensive service provision and the challenges of inter-agency working between professionals and services. There are major questions regarding the robustness of the evidence base supporting intensive family support and the use of coercive methods of family engagement. There are many challenges and controversies about how best to evaluate multi-component family support services and many researchers raise concerns about the inability of services to meet particularly complex family needs; the common 'mother' focus of 'whole family support'; debates about which families are best served by intensive family support and problems of high 'drop-out rates' among some programmes.

Intensive family support services: critical policy and practice issues

This final section introduces the substantive themes developed in this collection. A central theme is the relationship between developments in intensive family support services, welfare state restructuring and changing child and family policy reform agendas, considering the significance of active social policies, social investment perspectives and new approaches to social prevention discussed earlier. The articles strongly take issue with the derogatory and stigmatising tone of some of the policy rhetoric towards the families who are the target groups of intensive family support services which serve strategic purposes to emphasise family responsibilities for children and social problems, and support welfare state reform agendas to reduce state welfare and activate responsible citizenship. In the UK context, rhetoric under the former Labour government (1997–2010) referred to a need to introduce more conditional and intensive services and programmes for problem families associated with long-term welfare reliance, chaotic lifestyles and anti-social behaviour. The Coalition government (2010–15) and current Conservative government went further in characterising these families as 'high risk and high cost' and 'troublesome and troubled families' (Levitas, 2012). Targeted family intervention initiatives in France and Australia have also been framed as new approaches and mechanisms to

engage and support the most problematic parents and multiply excluded families in more assertive and intensive ways (see Join-Lambert, and Churchill and Fawcett, this issue). Such discourses have been particularly associated with some of the more punitive aspects of intensive family support provision and has an ancestry in moral underclass theories (see Ball *et al.*, this issue). These issues are considered by Churchill and Fawcett in relation to Australian contexts and in France by Join-Lambert. They are explored within a UK context in the deconstruction by Ball *et al.* of the identification and definition of 'troubled families' within the former Coalition and current Conservative government's Troubled Families Programme. Boddy *et al.*, analyse the way in which the complexities of the health issues faced by families with multiple needs have been overlooked by the successive policy framings of UK Governments. Sen's analysis of an 'edge of care' service highlights the tension within attempts to support family preservation within a wider context of rising care numbers in England and the Coalition government's privileging of adoption as a way of safeguarding the future of young children coming from families with the most complex difficulties.

A less divisive family support ethos, however, is evident within policy and practice. Some of the articles analyse the approaches and activities of frontline practitioners, the features of practitioner–parent relationships, and how these mediate parental engagement and service user experiences. Evidence from the examination of intensive family support practice suggests that the empowering professional ethos and approach of frontline practitioners has often jarred with more deficit orientated policy problem formulations and/or explicit programme aims. Join-Lambert provides insight into the tensions between policy and practice through analysis of the nature of professional–parent relationships in the provision of multi-agency support in France. These tensions are also illustrated by Sen's detailed exploration of the practice of 'edge of care' intensive family support within one family. Despite the currently ambiguous place of family preservation within the current English policy context, the analysis highlights how one family's highly positive experience of intensive service delivery contrasted strongly with their prior experience of less intensive support provided by other child welfare services. Boddy and colleagues' discussions of family intervention practice similarly demonstrates how practitioners' sensitive responses to the needs of vulnerable families included consideration of the impact of health concerns. Such practice was evident despite the English policy inattention to the complex health needs of families who are framed as needing intensive family support. This divergence of policy narratives and practice realities is suggestive of the exercise of some 'street-level' discretion by frontline practitioners in the conduct of their role. In this sense, practitioners individually and collective have power to reframe and reconstruct policy and programme prescriptions to some degree. However, the analysis provided here also suggests that the practice discretion afforded by the construction of intensive family support services is also highly constrained due, for example, to the wider context of welfare restructuring and the lack of concerted investment, across different jurisdictions, in developing and maintaining a skilled, motivated and appropriately salaried family support practitioner workforce.

Conclusion

Taken together these articles critically illustrate and examine the divergent policy, programme and practice 'pushes and pulls' existing within the field of intensive family

support services. Attempts to improve child, youth and family outcomes through intensive and integrated family support have seen significant investment but have often been accompanied by a narrow focus on achieving particular pre-set outcomes for families and a policy rhetoric suggestive of a disempowering, punitive approach to families experiencing multiple and complex difficulties. Despite this uneven policy context, the articles in this collection provide evidence of the ability of family support practitioners to deliver empowering, valuable and valued family support practice. In analysing these tensions, the articles in this collection provide critical consideration of how policy aims and objectives may be reframed in more progressive ways to better meet welfare-orientated goals for families receiving intensive family support.

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