

Accounting for change in family centres: Making sense of outcomes in Clayhill Family Centre in Southern England

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Abstract

This paper reports on a small exploratory case study of family centre practice examining in particular the nature of proximal or process outcomes claimed by a mother and two practitioners following two productive years during which a mother and family have been in contact with the centre. This study looks to understand proximal processes from an outcome perspective through case study and particularly by examining the narrative accounts of practitioners and mother. The national and local contexts are explained along with the centre's programmes and aims. The author acknowledges the components of a theory of change as a basis for the search for outcomes as "sensitive outcomes" or "steps-on-the-way". Thereafter the paper reflects on the methodological challenges involved and considers issues a research team or collective might take into account in exploring the domain of sensitive or process outcomes in centre-based practice.

Key words: family centres, children's centres, theory of change, process outcomes.

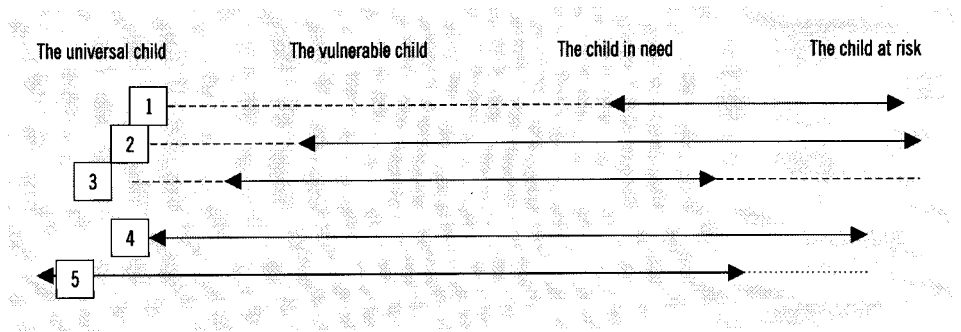
Introduction

This paper reports on a small exploratory case study of family centre practice examining in particular the nature of proximal or process outcomes claimed by a mother and two practitioners following two productive years during which mother and family have been in contact with the centre. Bronfenbrenner asserts that developmental change relies upon proximal processes, influenced by ever widening and connected systems (his theory of nested systems – Bronfenbrenner, 1979). This study looks to further understand proximal processes from an outcome perspective through case study and particularly by examining the narrative accounts of practitioners and mother. I am concerned to know what story such an enquiry tells us about change. In the foregoing I shall endeavour to give an account of the development of family centres in the UK looking at the uneven picture of centre practice provided by research. I shall then proceed to explain the centre in question, to give the family's background story, summarise methods and their relationship to a theory of change, and report on early findings and discussion. First, Jessie's story.

Jessie had a lifetime of difficulty and much of her adult life in touch with welfare agencies. When a social worker referred her to the family centre she had lost a partner, was in debt, her four children 6-16 were beyond her control, one rejected in care, protection concerns, and she had intermittent depression. Jessie engaged with the centre despite her resistance and antagonism. An early parent group held her, as well as some recreational events. Thereafter, there were periods of intense contact with the centre and periods of her rejection of the centre. Gradually, whilst repeating a pattern of love and rejection for the centre, she developed a new self-respect, made important relationships with centre workers, regained some new respect from her children, took initiative and some sort of control, collaborated with her son and his foster-home, became a shared parent, and enjoyed herself. For Jessie, centre-based practice appears to have been transforming.

Centre-based practice

Centre-based practice embraced initially family centres, family support centres, family resource centres, and some residential family centres. In the UK, under New Labour, children centres, early years centres, and activities associated with extended schools, have equal claim to be part of the centre-based movement. Centres in this context are associated with a community building or base, early years intervention, multi-method, multi-activity, are ‘ecological’ in their approach spanning child, parent-child, family, neighbourhood and community. Centre-based practice targets children needing protection and those “in need” (Children Act 1989 UK S47/S17) – categories traditionally associated with child welfare services – and a broader category known as “the vulnerable child”. Such children merge into the mandate of education authorities. See Figure 1 below.



Designed by Mark Greening, Chimneys Family Centre, Brighton and Hove Council.

Figure 1
Varying targets of family centres.

Experience would postulate that most family centres embrace the spectrum of need as in (2) and sometimes (3) above. A minority of centres as in (1) occupy a very specialist space. Some highly integrated centres associate more with (4). Children’s centres (5), whilst risk aware, are, for the moment, clients of a social education movement which does not specialise in managing highly disorganized families with children at great risk.

The national context

Success has many parents and any amount of people will claim to have run the first family centre, or to have been in the first cohort. The Children's Society has a good case to claim to be the initiator of the first centres in the UK, in or about 1978 (see Phelan, 1983). Such was the success of the family centre that it became enshrined, with a duty to provide, in England and Wales legislation a decade later (Children Act 1989, Schedule 2 para 9). So, there has been a pre- and post-Children Act era in the lifetime of what might be called 'the family centre movement' (Warren, 1986). However, the movement has lived also in two political contexts, 1979-1997 and 1997 onwards, and if anything these have been more significant. In context one (1979-1997), centres were run by or sponsored by social services departments and, whilst associated with the preventive and risk agenda of those departments, centres also associated themselves with social justice, pre-school and community development. It was nonetheless the era where the welfare culture rather than mainstream education took on supporting families at the margins. There has always been something of a tension between the agendas of welfare and education and many early years/early education protagonists saw the family centres as supplanting pre-school development, in tune with the politics of that era.

In context two (post 1997), under New Labour, we celebrate for the first time the development of a child care strategy (Lewis, 2003; Lister, 2003) and the leadership of education in early child care and family matters. In this era, family centres have been challenged by the changing leadership, the approaching end of social services departments, and by the reductionism of welfare, and its preoccupation with risk. A new centre-based practice emerges at the start of the new millenium, associated with children's centres, early excellence centres, early years centres. With the emergence of the new centres we appear to have the basis of a centre-based practice which embraces the whole spectrum of need (see Figure 1). Family centres and children's centres occupy various positions on the spectrum in terms of their primary activities. Some have covered the range, others occupying more specialist positions. But all have found themselves embracing the whole of the spectrum in terms of secondary activity, for example, in their concept of 'family', in inter-agency work, in extra-centre and community development, and in inter-disciplinarity.

Research studies of family centres

Centre-based research faces the ecological problem – how to measure change in complex systems of care. Typologies abound in early studies of family centres (Phelan, 1983; Warren, 1986; Gibbons, et al., 1990; Cannan, 1992; Smith, 1996). They are characterised by a large number of descriptive studies and user voice. Two of the strongest of these have been Gibbons (1990) and Smith (1996) arguing the case for the maintenance of open access as a way of approaching the wide needs of families without deterring many through stigma. Batchelor, Gould and Wright (1999) reflected rather more robust findings in a case study of two centres and made recommendations which argued for the continued development of a centre model which was integrative and needs-led. In the re-balancing of protection and support debate, family centres have a part to play. Spratt (2003) interviewed practitioners and families, and Pithouse and Tasiran (2000) used statistical methods to show how centres adopted a support paradigm in their approach. There was no control group though outcomes were compared with comparable studies in other settings. As for outcomes, Fernandez (2004) describes her multi-method approach as outcome research. She, and Warren-Adamson (2002) employed scales and reported on their ineffectiveness over time as well as insufficient negotiation with stakeholders. Pithouse, Holland and Davy (1999) tracked the progress of 41 families who attended a referral-only centre for up to two years. There has been a serious lack of outcome studies which this collection seeks to address.

Centres as complex systems of care

Centres are complex systems of care and, whilst client and practitioners' narratives time and time again attest to change, progress, protection and increased well-being, understanding change is immensely difficult. As we have said, the focus of our attention is upon that domain of activity which goes beyond the known effects of specific interventions. Elsewhere in this collection (Lightburn and Warren-Adamson) we have begun to develop and extend our theory of change by endeavouring to understand the sum of all who participate in the centre, a synergy, or something greater than the sum of the parts. We call that the milieu. It is a particular place and it implies a number of characteristics. All of the above implies a complex reciprocal, reflexive system which cannot be explained in linear terms. It is a developmental system and, according to Bronfenbrenner (1970), development relies upon proximal processes, the active involvement in progressively more complex, reciprocal interaction with people, objects and symbols in the individual's immediate environment, which he likens to the complex reciprocity of a game of ping-pong.

Towards a conceptual framework

Thus, in order to begin to make sense of the centre's developmental world and what works for people, we would do well to find ways of identifying these constituent qualities, Bronfenbrenner's proximal processes. With other colleagues in this collection we have called them sensitive outcomes or steps-on-the-way (to longer term outcomes). Our focus of study is family and children's centres. We are trying to capture the constituent elements – as sensitive outcomes – of a complex culture of care which we can consistently claim results in unique but broadly acceptable outcomes for families required by agencies. Identifying such outcomes is a challenge to which I now turn by examining the narrative of a mother and two practitioners in an inner city family centre.

The study

Organisational/Community context

This is a local authority resource, with a remit to assist those of highest need within the Children and Families section of the City Council. There are ten staff – a manager, reception worker, social workers, family support workers – and additional sessional workers. The centre engages in child protection work, children in need, and elements of preventative/support services. Its aims are,

- To provide a range of early intervention and to support therapeutic service to families, thereby hoping to maintain children safely within their families and preventing the need for them to be looked after or left at risk of significant harm.
- To make links with other family support services promoting a range of services at all levels to ensure the help they need.

According to the agency, Clayhill Family Centre offers a range of services to promote the welfare of children within the family. "We provide a welcoming and friendly environment to enable us to work in partnership with children, families, carers and the agencies. We aim to offer a flexible service, which respects the cultural and individual needs of everyone who is involved with the centre. Our approach is very much about enabling service users to engage, contribute, be heard and understand what is happening by involving them in contract/agreement meet-

ings, planning meetings, completion of and signing assessment and re-assessment plans and completion of questionnaires once work is completed. The work entails setting specific and hopefully realistic objectives in the work as well as setting timescales linked to expected outcomes" (Clayhill Family Centre, 2005). Approaches include Family Work, Parent/Child Game, Group Work, Parenting Skills Group, Positive Parenting Group, Stepping Stones Group, Men's Group, All Day Group, Positive Behavioural Group, Women's Group, Learning Disability Group.

The referral

Jessie is dismissive of the contribution of "office-based practice" to her progress, and our only image of it is fleeting, procedural and regulatory, although there was a brief but crucial episode when an office-based worker conscientiously took trouble to introduce Jessie to the centre. I do not think we know much about the inter-relationship between the two practice sites. Looking at sensitive outcomes may help to show the differences between these two sites.

Jessie's long-term involvement in the centre is unusual. Agency pressure is for defined, often short timescales. Jessie on the other hand is long term – because of the nature of her family issues and because she is experienced as rewarding and making progress. In this long-term world, the review process has drifted and with it the opportunity to negotiate agreement between centre and family about what have been longer-term satisfactory outcomes.

Jessie has had contact with the centre for more than two and half years. Her contact has included introductory key worker discussion, membership of women's group, social events, problem solving a series of critical events – managing her two adolescent daughters, managing her son in a foster home, debt, depression and getting out of bed, and disastrous relationships with temporary partners. There was a second phase where practitioners co-worked; Farida concerned herself with Jessie's practical world, visiting her at home and escorting her to a variety of agencies, and Tom pursued a more formal counselling/therapeutic relationship.

In the study phase, Jessie is continuing with her monthly counseling sessions with Tom, and she is preparing for a family session with the one-way mirror, involving several centre staff, to tackle the enmeshed, triangular tension existing between her, her oldest daughter and her boyfriend, who live with Jessie. Farida is involved in escorting Jessie to school to negotiate on behalf of her early adolescent daughter, and in the coming month will accompany Jessie to the foster placement review. This is anticipated with less anxiety because understanding between Jessie, her son, and foster carer has reached a new harmony.

Method

Enquiry consisted of two primary approaches a) interviews with manager and key staff and review of documentation in order to understand the general context of the centre, and b) a collaborative enquiry approach (Heron & Reason, 2001) involving mother Jessie and her co-workers Tom and Farida. I met with Jessie over four and a half months, at the beginning, middle, and end of the period to tape our discussion of her experience, sessions of about an hour and a half. Also, I met with co-workers Tom and Farida fortnightly for an hour and half over more than four months to tape case discussion. Grounded theory and thick description offered the discipline at this stage to engage in an iterative process – agreeing the shape of process outcomes, through discussion, dispute, agreement (Glaser & Strauss, 1967; Silverman, 2001; Charmaz, 2006). Tom and Farida received copies of the transcripts. Jessie reads with difficulty and did not receive transcripts; instead she attended a feedback meeting. We categorise our material simply as follows:

The centre milieu and its outcomes

Parent frame

Examples

... best thing I ever did... I don't have much to do with the social services... and I know these are (Social Services too)...but I wanted to be left with these and not like social workers... [3]

... back then it was like oh we'll take the kids... nowadays its let's keep the kids with the families... I really rebelled against them... I hated them... [3]

(Re child in foster care... Reviews... for like two weeks before their actual meeting they're there for you... oh do you need us for anything you know we'll arrange this?... the minute the reviews are over you don't see them for dust... [3]

... she tends to help me with the children side of it... she's tried to get finance for like to help my kids go swimming... and the D group where they do furniture [4, 14]

... (re therapists) I never got hardly anywhere with them but this time round with A he just takes all the crap that I give him and he's very good at what he does sometimes he's a bit oh I dunno too and I was like ooh yeah but other times he's like you know he's really good... [7, 14]

Re therapy (with A) it's more friendly and the environment it's more, it's not like constantly looking at the clock going hh you know... he's more flexible...it's more their whole environment... [4, 6, 9, 14]

Practitioner frame

Examples

... I think M loves coming here because it is so different from what she has at home, what she had as a kid and she and it makes her feel valued I think... but you cant carry on doing it for the rest of... life, can you... or for that childhood length of time... so therefore we start tightening up and trying to be more specific... [4, 6]

... she was very tearful and everything seemed to get on top of her and she was not feeling well in herself and feeling bored with her life... disappointed she hasn't been able to get a job... [6]

(re potential partner)... she wants someone to come and take command and surprise her and go for meals and do all those sorts of things... the sort of things she has never really had... the treats and surprises... [6]

... one of the things I found really useful this week was the fact that I'd seen J on the Tuesday and I knew you were seeing her on the Wednesday and we were able to have a quick chat because there were things that wanted you to address with her... [7, 8, 9]

... so I am going along with her on Thursday to the Lone Parent Employment to explore what she can do... [4, 14]

... in some ways she is still as a young child, wanting her parents to sort it out... [4]

The family journey and outcomes

Parent frame

Examples

... this time round about 3.5 years ago... I desperately needed the help... I think (son) was going to therapy because he'd got ADHD and he was like "go counselling and I was like oh I've been to a family centre before but I just rang up... [11, 14]

... I was in dire straits and they just came along and they magically wanded... [11]

... I was a total wreck and I think what woke me up was my oldest daughter at the time... took over the role of my job, she as dealing with the kids... and a year and a half down the line I started getting better and I was like waking myself up... all that schooling she's missed out on... [11]

... all the control I had before just went out the window... this time round... I'm not saying it's fully back but I have some control now rather than no control... [11]

... he said try it and his approach would be "talk, talk to them, don't scream at them" and I goes they don't know no different... and he goes" that's the point they start screaming at you... and you're doing exactly what you were doing" [8, 14]

Practitioner frame

Examples

... she seemed to sort of get the idea that she was actually splitting off these bits of her and giving them to somebody else and um because she couldn't actually bear herself and um y'know sort of reclaim some of these bits but deal with them and um in that way she might actually end up happy with herself... [8, 14]

... we talked about how actually when she asks him to do something which is an adult thing, in an adult way he actually can change... which I think is a healthy thing to do... [8, 11, 14]

... but I think she thinks more about what she does... she's still able to go back and recognise so that in itself is a move... [11, 14]

... last week she took them all swimming which was a great achievement... that included C the eldest daughter... I remember her describing taking the family out and what a nightmare it was... (just) going down the road... [11, 14]

... the larger outcomes I can see in terms of "right we want to get J back home", are very clear. But in terms of oh well, some of them are plannable like "getting M to phone up the school rather than us phoning up the school" (and some are unplannable) [9]

... rather than keeping it up I slip again but I know that it works when I do it... [6]

... I mean I'm illiterate I can't, em, I have writing equivalent of a 6 year old... and she helps me fill forms out, she helps me, em, she advises me and stuff... [8, 14]

... I'd like to think there are emotional outcomes as well as practical outcomes... [11]

... help her not to shout... that to me is a small clear outcome... [11]

(... re child fostered)... she's carrying on seeing him regularly... now she's seeing him over the weekend... that was her decision... she seems to be more relaxed in talking about it now... [11]

... I'm in quite close contact with the school nurse about A and because there are lots of problems about her personal hygiene and self esteem... so she is currently seeing her and giving her some support... [3]

... particularly separating out the counselling and the practical parenting... I think in (centre's practice consultant's) eyes that's a dangerous sort of separation in terms of "splitting" [8]

Whereas now I think we've moved on a little bit with that, with the practical bits anyway and because she's, we've talked, so much about how you should do it, she does now know... [11]

... business of getting them to school... is a medium outcome... [11]

... I often find that I make suggestions and talk through the idea and she'll rant and rave at me and tell me how impossible it is and that I have absolutely no idea what it's like living there and the next week I'll go and she'll say "oh by the way, I tried such and such and it did work, but it's almost that she's got to think it through and she won't accept it immediately... [8, 11]

... the larger outcomes I can see in terms of "right we want to get J back home, very clear. But in terms of oh well, some of them are planneable like "getting M to phone up the school rather than us phoning up the school"[6]

... (coming to the centre) it made her days shorter... she likes to have a purpose every day... if there's nothing happening she doesn't see any reason to get up... [8]

... I saw her on Tuesday and it was a difficult session really... very tearful... talking about J & A's education and their frustration at the system... and I came out immediately and rang the school nurse and said, "How are things, they must be really bad", and she "No, no, things are going fine, really." [3]

... I think the rest of my work will be looking at the Easter holidays and exploring what she can do with the children and encouraging her to get up in the mornings rather than leaving A in charge of W. [8]

... and try and plan ahead so she doesn't get anxious about what's coming so she can plan it herself and work it through... [8]

... I'll wait for her to come up with alternatives or her own ideas but if she's struggling well I can say "oh that'd be nice but what I could do is I could pick you up and drop you off" ... [8]

Figure 2
Examples of sensitive outcomes.

So, I met with the two workers fortnightly, as full partners in the enquiry. They have read the theoretical material about a theory of change above and are deeply curious about the idea of sensitive outcomes. They talk together about the progress of the intervention and initially tried to talk in terms of outcomes. They found that difficult and opted for a more discursive, storying of their work. They enjoyed the re-focus the research process brings with it, enhanced by the tension of the ever-present tape recorder. The researcher occasionally prompts, and sometimes there is threesome talk. At the end of the session we discuss outcomes and goals for the coming fortnight's intervention. Before long they seem and claim to be relaxed and un-selfconscious.

Talk with the practitioners is laced with the assumptions of centre-based practice and it is not easy for them to make explicit what they do. They talk about Jessie and her children and what they need in order to change behaviour. Tom considers Jessie's behaviour and reflects on the counseling process. He is concerned with 'splitting' at the moment (a term drawn from object relations theory describing a process used to set one helper or parent up as the good parent, the other the disappointing bad helper/parent). So, too, is Farida, but she is also concerned about one of the children and the link between home and school. And she is pleased that her efforts to encourage Jessie to go swimming are successful. That which is in place, the centre and its warm receptiveness, its resources, its impact on their intervention, is more implicit. Tom and Farida's exchanges are characterised by their close knowledge of each other and seem to engage in a three-fold process a) quest for meaning in family behaviour b) a place to table doubts and c) planning and agreeing intervention.

Three interviews to date with Jessie offer insights into the assumptions of practice. Initially she tells her story, but later gets the idea the researcher is interested in the whole centre and its impact on her. Initially she talks of Tom and Farida – for her they are parents, “one on each shoulder” – and we elaborate that. Then we consider what is different about this service at the centre from previous times' settings; e.g. she has had counseling before. How can she account for her current receptiveness? How the centre helped her overcome major resistance? We talk of the building, its walls, its colours, its story of activity, Billy on reception, always there, reliably, a front door which she now feels easy to push on, and so on.

Findings

Jessie's narrative provides a more immediate and explicit account of her process world. Initially she is preoccupied with a historical account of her journey of empowerment (Warren, 1997) and its extraordinary success. Thereafter she settles and paints a vivid picture of the day-to-day successes. Jessie's talk is largely constituted of 'steps-on-the-way' talk.

Tom and Farida are different and whilst there is overlap – they mention in passing small and important steps – their talk is interpretive, of changing behaviour, and their quest to understand it and influence it. For example:

Jessie's emphasis:

- Engagement

“The beginning group, it was just about this group, how we could help each other with our problems... well I sat there like a mute most of the time... I enjoyed it... friendly... and I didn't feel I was on my own... the whole lot of us felt it wasn't long enough... it was nice hearing that what men suffered is what us women suffered too...”

Jessie identifies the group as especially formative although the narrative in general points to a process and a host of events, attitudes, and repeated symbols influencing engagement.

- Invisible parent

"I can't remember who the social worker was who introduced me, showed me round, introduced me to the staff, and the second I walked in the door..."

This is a consistent theme; as well as Tom and Farida there are several unremembered people who contribute to Jessie's journey.

- Holding as sustained commitment

"... I think what keeps me going with this place, they just don't give up..."

- In control

"All the control I had before just went out the window... this time round... I'm not saying it's fully back but I have some control now rather than no control ... he said try it and his approach would be 'talk to them and don't scream at them' and I goes 'they don't know no different...' and he goes 'that's the point they start screaming at you' and 'they're doing exactly what you were doing'."

- Proceduralism

"(Re: child in foster care)... Reviews... for like two weeks before the actual meeting they're there for you... oh do you need us for anything you know we'll arrange this?... the minute the reviews are over you don't see them for dust..."

In a policy context which presses for adoption or reunification, the parties instead are able to construct a negotiated, shared care arrangement.

- Containment as management of anxiety and a sense of being parented

(Re: therapy and Tom) "I hardly get anywhere with them but this time round with Tom he just takes all the crap that I give him and he's very good at what he does... sometimes he's a bit... I dunno... too and I was a bit like oh yeah but other times he's like you know really good..."

"... It's more friendly and the environment it's more, like, not constantly looking at the clock going hh you know... he's more flexible... it's like their whole environment."

"They're like my parents... one on each shoulder..."

A powerful message, mindful, amongst others, of Shuttleworth's clarification of the idea of the parent containing the challenge from the maturing child. It applies as much to the overall role of the centre as to that of the parent (Shuttleworth, 1991).

- The sensitive delivery of a range of interventions – the practical and not only the what but the how

"... she tends to help me with the children side of it... she's tried to get finance for me, for like to help my kids go swimming... and the D place where they do furniture."

- The centre as more than Tom and Farida, as a sustained beacon in Jessie's life

"I don't know, it's just where I feel so comfortable...and I walked in the door today and I can't think of her name but she goes 'Oh alright Jessie? How are you?'"

Farida and Tom's emphasis:

- A quest for meaning and understanding in their intervention

"In some ways she is still a young child wanting her parents to sort it out."

- Thinking about needs

"... she wants someone to come and take command and surprise her and go for meals and do all the sorts of things... the sorts of things she has never really had... the treats and surprises..."

- Thinking about outcomes – planned and unplanned

"the larger outcomes I can see in terms of 'right we want to get son back home' are very clear. But in terms of oh well some of them are planneable like getting Jesse to phone up the school rather than me...some are unplanneable."

- Measurement of satisfactory outcomes in terms of emotional change, being and being purposeful

"... I think J loves coming here because it is so different from what she has at home, what she had as a kid and she and it make her feel valued I think... but you can't carry on doing it for the rest of your life, can you... or for that childhood length of time... and so we start tightening up and trying to be more specific."

- Examples of adult behaviour and improved negotiation

"we talked about how actually when she asks him to do something which is an adult thing, in an adult way he can change... which I think is a healthy thing to do."

"(Re: child fostered)... she's carrying on seeing him regularly...now she's seeing him over the weekend... that was her decision... she seems to be more relaxed in talking about it now..."

- Jessie's emphasis above is also reflected in Tom and Farida's account but it is more implicit. Farida says:

"... last week she took them all swimming which was a great achievement... that included C. the eldest daughter... I remember her describing taking the family out and it was a nightmare...just going down the road."

"I'll wait for her to come up with alternatives or her own ideas but if she's struggling well I can say 'oh that'd be nice but what I could do is I could pick you up and drop you off... trying to deal with those little things which are huge (to her)."

Discussion

Haigh's (1999) components of a therapeutic community resonate in the above. In summary they are: a) attachment and a culture of belonging b) containment and a culture of safety, c) communalism – in which it is easier to make mistakes and not to feel persecuted, d) participation, e) a culture of empowerment which recognizes the deep power of the individual, and resists proceduralism. They are promising categories. However, complexity has been a consis-

tent theme of this small study, and complexity theory may further illuminate a theory of change.

Complexity theory (Cilliers, 1998; Pascale, et al., 2000; Sweeney & Griffiths, 2002) is concerned to distinguish that which is complicated, reducible and capable of being re-assembled in its original form, from that which is complex, transforming, synergistic, irreducible, as may be claimed for Clayhill Family Centre. Complexity helps us to understand that human agency and reflexivity is responsible for the fact that there may be different chemistries and clusters of factors which arrive at apparently consistent and similar outcomes, and which are "good enough" (to borrow from Winnicott).

Complexity theorists offer vivid illumination in metaphor. David Whyte, poet and consultant to corporate America, presses us to consider the starling!

"The starlings drove along like smoke... misty... without volition – now a circular area inclined in an arc... now a globe, now... a complete orb into an ellipse... and still it expands and condenses, some moments glimmering and shimmering, dim and shadowy, now thickening, deepening, blackening!"

Coleridge 1779 (Cited in Whyte 2002: 215-216)

This ordinary bird – *sturnus vulgaris* – has proximal instincts, to keep up, to keep distance, to strive towards the middle, and so on. The long term outcome – despite the oblivious starling – is a glorious, glorious flocking. Whyte's strong advice is that we should not strive to control the flock but rather to understand, trust and encourage the constituent qualities of the birds to flock, which is constantly transformative, and unique.

Thus, in order to begin to make sense of the centre's developmental world and what works for people, we would do well to develop ways of identifying these constituent qualities. With other colleagues in this collection we have called them sensitive outcomes or steps-on-the-way (to longer term outcomes). Our focus of study is family and children's centres. We are trying to capture the constituent elements – as sensitive outcomes – of a complex culture of care which we can consistently claim results in unique but broadly acceptable outcomes for families required by agencies.

In this reflective study, both accounts – parent and practitioners – reveal clusters of small successes which together contribute to identifiable outcomes. Examination of storying may reveal more insights into the nature of interventions. Understanding storying in this context requires time, multiple case examples, and researcher experience. Moreover, understanding storying also includes multiple opportunities to return to all involved to clarify and deepen understanding of the story, to go beyond the confines of professional discourse that limits description of helping experiences. It may be useful to develop narrative theory and deconstruction to facilitate a more complete story/picture of what has occurred.

International colleagues in search of a shared protocol to enquire into the message of sensitive outcomes face opportunity in researching numbers of sites, and in the potential for finding cultural consistency. We also face a challenge in collecting, categorising and forming associations between such outcomes.

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