AFT, the Association for Family Therapy and Systemic Practice in the UK

Current practice, future possibilities

May, 2009
CURRENT PRACTICE, FUTURE POSSIBILITIES

This document from the Association for Family Therapy and Systemic Practice (AFT) offers an intentionally brief overview of work with children, young people, adults, older people and their families in the UK, offered by Family and Systemic Psychotherapists, systemic practitioners and others trained in a range of systemic family interventions.

It cannot be a definitive or detailed guide to all current practice - that would take many large volumes to describe. Rather, it offers an introduction to the range and depth of current practice, and suggests ways in which training might be extended and services developed for the benefit of families and those who work with them.

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WHY SUPPORT RELATIONSHIPS?

Close relationships are the keystone of individual and family resilience and happiness, and to social well-being. Depending on people’s relational resources and experiences within and beyond the family, small problems may amplify into serious ones, and relatively serious ones may be negotiated constructively.

Mental health and other concerns are frequently associated with relational difficulties. Close relationships sometimes fuel problems. Sometimes they break down under the strain. Yet close relationships can also be key to helping people recover from difficulties and improve their lives.

Working with families and other groups encountering difficulties, rather than solely with the child, young person or adult deemed to have ‘the problem’, is proving effective across an extraordinarily wide range of problems and circumstances, including:

- Addiction
- Adult, child and adolescent mental health difficulties (including schizophrenia, depression, eating disorders, bi-polar disorder, obsessive compulsive disorders and PTSD)
- Child and adolescent behaviour problems
- Childhood physical abuse and neglect
- Parental separation and divorce
- Sexual abuse
- Domestic violence
- Problems with attention and over-activity
- Self-harm
- Trans-generational and other relationship difficulties
- Impact of poverty and social marginalisation, including that associated with race and ethnicity
- Illness in the family
- Step-family issues

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i Asen, E. (2002) Outcome research in family therapy. Advances in Psychiatric Treatment. 8, 230-238


x NICE (2004d) Type 1 Diabetes: Diagnosis and Management of Type 1 Diabetes in Children and Young People. London: National Institute for Clinical Excellence
Fostering and adoption, and the needs of 'looked after' children
Changing family structures, beliefs and expectations

A relational focus is central to the development of caring and preventative services and risk assessment and referral processes that:

- Use the strengths and understandings of people in close relationship as a resource, supporting well-being, developing resilience and encouraging recovery from problems.
- Identify and challenge the serious difficulties and damaging behaviours in families (including abuse) that may lie behind child and adult distress, and support family members in recovery.
- Recognise the importance of relational and social networks - family, friends, peer groups, carers, teachers, neighbours, communities, professional networks - to well-being.
- Recognise that 'one size does not fit all'. Working in ways that acknowledge each family’s circumstances and culture, strengths and needs.
- Encourage families and communities to shape the design and delivery of services and interventions.

Family work is complex. Often, the children and adults we work with have many serious difficulties to negotiate. A child who refuses to go to school, for example, may not have the words, security or understanding to explain that he fears his Dad will hit his Mum if he is not there to protect her.

Family and Systemic Psychotherapists are trained to read the clues, recognise the complex interplay of family relationships and offer effective interventions that build people’s strengths, resiliencies and understandings and help those in close relationships help each other.

**WHY SUPPORT RELATIONSHIPS ACROSS THE LIFESPAN?**

Significant relationships within and beyond the family are key to a child or young person’s experiences of the world, what they hope and expect from others and what they feel they have to offer.

Family and Systemic Psychotherapists and systemic practitioners work with important relationships in children’s lives within and beyond the family, often extending to their wider communities. The form and nature of these potentially supportive communities of care will depend on each child’s circumstances, but may include extended family, carers, neighbours, friends, school staff, youth workers, faith groups and other family support professionals.

Clearly, adult difficulties can have serious and long-term consequences for children and young people close to them if they are not resolved and/or managed effectively. Adults experiencing relational and other difficulties can be supported in recovery and/or problem management by the understanding and involvement of those close to them.

The number of families with older relatives is increasing in the UK. While this often bring benefits in terms of close and supportive relationships, the pressures of care can also strain family relationships and finances, particularly if the older person has physical or mental health difficulties. Many grandparents are raising grandchildren - often because of parental substance misuse - or caring for them while parents work.

Family resilience, supported by open and constructive family communication, reduces the risk of long term and serious personal, family and social difficulties.

**WHAT IS FAMILY AND SYSTEMIC PSYCHOTHERAPY?**

Family and Systemic Psychotherapy, also known as Family Therapy, is an important resource in UK health, social and education services and many Third Sector organisations, supporting children, adults and families and also providing specialist support for other professionals wishing to develop
their work with families within and across professional disciplines. Unfortunately, provision is patchy and, in many services, remains a postcode lottery.

Family Therapy aims to work as far as possible in partnership with adults and children. Far from fuelling ‘therapy dependency’, Family and Systemic Psychotherapists work to build on family members’ understandings and to develop their strengths and resources to help each other. They have the skills to deliver high-quality interventions to families experiencing serious problems, and also the knowledge and expertise to provide training, support and supervision for those who provide family interventions with a lower level of training.

Family Therapists not only work with family groups but also with individual children and adults, couples and other groups and communities. People experiencing problems and those important to them are supported to better understand their difficulties, develop relational strengths, work together towards recovery and make improvements in their lives.

Most Family and Systemic Psychotherapists have advanced qualification and experience in another ‘core’ profession (for example, clinical psychology, psychiatry or social work) before training to clinical Masters level. Only fully qualified family therapists are eligible to register as accredited Family and Systemic Psychotherapists with the UKCP (United Kingdom Council for Psychotherapy)

They may work as individual therapists or in multi-disciplinary teams, particularly in clinical settings, and have played a leading role in developing successful models of multi-agency and multi-disciplinary team working in the UK.

**WHAT IS SYSTEMIC PRACTICE?**

Systemic practice is the generic term given to work with families and individuals that is mindful of and works with the relationships between people, across generations and within the context of all the systems within which people live.

‘Systemic practitioner’ is a term sometimes applied to those with a ‘foundation’ or ‘mid-level’ training in working systemically with families.

**WHAT IS AFT?**

The Association for Family Therapy and Systemic Practice in the UK (AFT) is the leading professional body representing those working with families in public and Third Sector services in the UK.

AFT is multi-disciplinary. As well as clinically qualified Family and Systemic Psychotherapists, AFT welcomes those trained or training in other related disciplines who wish to develop their understanding and skills in supporting relationships. Its members include clinical psychologists, child and adult psychiatrists, teachers, occupational therapists, primary mental health workers, community psychiatric nurses, social workers, parenting practitioners, mediation and CAFCASS (Children and Family Court Advisory and Support Service) staff, couple and family counsellors, GPs, health visitors and others working with and/or training and managing those who work with families.

AFT supports, registers and accredits foundation, ‘mid-level’ and advanced training in systemic practice and Family and Systemic Psychotherapy throughout the UK. Its training standards and guidelines are the basis for professional registration and accreditation. It also works to develop professional and wider understandings of strength and resilience in families and supportive communities, and the importance of these to individual and social well-being.

*Further details of AFT, its members and their work are available via [www.aft.org.uk](http://www.aft.org.uk)

The ‘family’ takes many shapes in our culturally diverse society. AFT takes ‘family’ to mean any group of people who define themselves as such, who care about and care for each other. We believe this underlines the importance of expanding training for those working with children and families, to better enable them to support and work with families and relationships in all their many forms and contexts.
CURRENT PRACTICE

Family and Systemic Psychotherapy in the UK has developed a rich and growing repertoire of creative approaches for helping people help each other, and for supporting the professionals who work with children, adolescents, adults and their families or other groups.

They have a number of therapeutic models at their disposal, in addition to psychoeducational and behavioural family interventions and the core competencies required of those working with families and in supportive therapies. Based on an assessment of presenting difficulties, they intervene using the model most appropriate to family and family members' strengths and needs. In other words, they fit their approach to the family rather than expect the family to fit the approach \textsuperscript{xii, xiii, xiv}.

In the following section, we take a closer look at Family Therapy and other systemically informed interventions for families experiencing particular difficulties. This is not intended as a comprehensive exploration of all that a relational, systemic family focus can offer, but rather as an illustrative guide to how the development of such work could improve life chances across the age range and in many different and difficult circumstances.

SUPPORTING FAMILIES WITH SERIOUS AND COMPLEX NEEDS

‘There is scope to link up the progress being made through public service reform in the children’s and adults’ sectors to create a coherent system of support for the most vulnerable families. A system that is incentivised at all levels to prevent families deteriorating and support those already facing the most chronic exclusion. A system that reintegrates families, putting them back on the road to success ... We need a system that thinks family from Whitehall to the frontline.’

‘Reaching Out: Think Family’:
Cabinet Office Social Exclusion Task Force Families At Risk Review, June 2007

Families as well as the children and adults within them can become caught in cycles of harm. Approaches that acknowledge transgenerational patterns and relational dynamics, and that work with families and their support networks to better support all family members, are essential if these families’ complex needs are to be met and family members’ life chances improved.

Many families in greatest need are the hardest to ‘engage’ with professional support. Developing services that work with people’s supportive relationships wherever they may be, inside or outside the home, is essential if vulnerable children and adults are to escape cycles of harm.

POSITIVE PRACTICE: REFRAME, A Conduct Disorder Outreach Team [Tier 3 CFCS/CAMHS] in Newham, London, works with 5 to 11-year-old children and their families at risk of social and educational exclusion. The team is staffed mainly by Family and Systemic Psychotherapists with the additional input of clinical & educational psychologists. They have played a valuable role in the development and success of the team’s work, not only for their skills in engaging and working with adults, children and adolescents but also for their skills in multi-disciplinary team management and supervision.

\textsuperscript{xiii} Organising and Delivering Psychological Therapies. Department of Health. July 2004
The team has won a NIMHE (National Institute for Mental Health in England) Positive Practice Award for its work with families with children with severe anti-social behaviour, who had not engaged with the Child and Adolescent Mental Health Service (CAMHS). It actively seeks out families who have not responded to standard ‘opt-in’ letters offering clinical appointments. Its ‘assertive outreach’ approach aims to be accessible, responsive and flexible, offering home visits, professional network liaison and a range of specialist services.

The team has found that parenting programmes alone will not sufficiently support children from families where there are severe/persistent/complex problems and that these children and families need a multi-disciplinary input with intensive work involving the complex networks in which they are embedded.

**SYSTEMIC THINKING AND PRACTICE ENRICHING SOCIAL CARE**

Systemic thinking and professional trainings lie at the core of key initiatives to improve social care services to children and families in the UK.

**POSITIVE PRACTICE:** In November 2007 the London Borough of Hackney launched a new model for children's social care to address the challenges facing social workers. This initiative, called ‘Reclaiming Social Work’, involved not just a change in structures but ‘a change in culture... a fundamental and whole systems change for social work intervention with vulnerable families.’

At the centre of the model is the Social Work Unit, lead by a consultant social worker supported by a social worker, a children's practitioner, a family therapist and a unit coordinator who together have the resources, support and time to meet families’ needs.

‘The unit shares a sense of ownership over the cases that they are working on. They can respond quickly and direct therapeutic and clinical involvement using evidence based methodologies means that they have the best chance of effecting positive change with families... Critical to our assessment of children’s needs is an understanding of the importance of emotional warmth, positive attachment and resilience and the role this plays in predictions of positive future outcome’ – ‘Reclaim Social Work’ - London Borough of Hackney, Nov 2008

The Hackney team believes effective social work practice requires the skills and knowledge to carry out effective assessments, implement intervention methodologies with families, understand both the physical and emotional development of children and young people, the ability to make positive relationships with families and other professionals and good communication skills.

To develop necessary skills and understandings, cohorts of staff are undertaking training in the Foundation in Systemic Family Therapy (provided by the Institute of Family Therapy, London) and Social Learning Theory (provided by De Montfort University). The entire management group across Children’s Social Care is taking a one-year Systemic Management and Leadership course, provided by the Tavistock Centre, London.

The London School of Economics and Political Science is leading an evaluation of Reclaiming Social Work, with the first interim report expected in Spring 2009.

‘There is every indication that the model we have implemented has already had a profound and positive impact on the lives of many families we work with.’

CULTURAL AWARENESS IN FAMILY WORK

Awareness of and ability to work with families and individuals from minority cultures is a key strand of training in Family and Systemic Psychotherapy. New and established services are developing ways to engage and work with minority ethnic communities visibly under-represented in mainstream services.

**POSITIVE PRACTICE**

The Centre for Cross-Cultural Studies, part of the Institute of Family Therapy, was launched in 2006 with funding from the Lloyds TSB Foundation, in partnership with the Medical Foundation for the Care of Victims of Torture, the Refugee Council and Nottingham University. It provides:

- Family work training for those working with refugees in their own communities
- Agency-based training on cross-cultural / refugee issues across the UK.
- Clinical services for minority ethnic children, adolescents, adults, couples and families.
- Training courses for those working with interpreters.
- Supervision / consultation on cross-cultural issues to individuals and organisations.
- Research and clinical audit, conferences and publications

The Marlborough Cultural Therapy Centre (MCTC) was created 12 years ago to bridge the gulf between mainstream Child and Adolescent Mental Health services and minority ethnic communities. An outreach service for the Bangladeshi and Chinese community was set up by the Marlborough Family Service (MFS), with personnel (with experience in community and mental health work) recruited from BME communities. These workers were offered an in-house tailored training programme which contextualised ideas about health and illness within a cultural framework alongside a diploma in systemic family therapy training. In turn, these workers trained MFS staff in the use of culturally appropriate interventions. Early work focused on raising mental health awareness in the respective communities and building links with community organisations to facilitate referrals. Clients and their families are now offered faith-based interventions (such as Islamic counselling), as well as systemic therapy in their preferred languages - Bengali, Syleti, Urdu, Punjabi, Hindi, Cantonese, Mandarin, Hakka, Arabic and other languages.

The team has developed therapeutic practices which consider how cultural processes impact on and are interwoven with the family’s dilemmas. The MCTC (2.5 staff) sees on average 120 new referrals per year, in addition to ongoing cases and provision of consultation to other agencies. A large percentage of referrals come from voluntary community organizations and self-referrals, as well as via GPs, schools and social services. Work is often carried out in clients' homes or community settings, and provides practical and social input as well as psychological interventions.

**FAMILIES HELPING FAMILIES**

The multi-family approach, where groups of families are brought together to share their experiences and to work jointly to overcome their individual problems, is an important development in services addressing the needs of children and young people with emotional well-being and mental health concerns.

Examples of effective multifamily work\(^\text{xvi}\) include family interventions in schizophrenia\(^\text{xvi}\), adolescent eating disorders, family discussion groups for severe depression\(^\text{xvii}\), groups where a family member

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has an addiction\textsuperscript{\textit{xviii}}, chronic physical illness\textsuperscript{\textit{xix}} and intensive multifamily day programmes for abused children\textsuperscript{xx} and children with emotional and behavioural difficulties in schools.

Multifamily approaches are highly collaborative and generally viewed very positively by families. Instilling hope, they are a powerful way of helping families mobilise their own resources.

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\textbf{POSITIVE PRACTICE} The Marlborough Family Service Education Centre provides assessment and treatment for children aged 5 to 16 years and their families. The Centre is staffed by teachers who are also trained Family and Systemic Psychotherapists. They endeavour to form a bridge between mental health and education services in order to make family-based intervention acceptable and accessible.

The Marlborough model \textsuperscript{\textit{xxi}}, developed over the last 20 years as part of the mental health service provided by Central and NorthWest London NHS Foundation Trust, is designed to help those families who are thought to be reluctant to seek help or who are hostile to the idea of professional intervention.

The success of the programme is due in part to the support that the parents give each other. They share ideas and skills which promote change in the parent-child relationship as well as challenging destructive behaviours and beliefs. Parents who have achieved success are actively encouraged to share their knowledge and experience with new and nervous parents. These "trained peers" have proved invaluable in the engagement of ‘hard to reach’ parents. They have become an important component of the Centre’s satellite family classrooms in mainstream schools, encouraging participation in these programmes and speeding up the development of trust.

The Child and Adolescent Eating Disorder Service (CAEDS) at the Maudsley Hospital in South London offers an intensive multifamily day programme \textsuperscript{\textit{xxii}} for young people with eating disorders and their families. The expertise of the team means that even quite severely ill adolescents can be included in the programme avoiding costly, prolonged treatment in hospital. High user satisfaction is reflected in a very low drop-out rate from treatment (less than 3%). The team has been invited to set up a number of trainings to enable the setting up of similar programmes in other countries (including Norway, Sweden, Canada, Czech Republic).

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\textbf{SUPPORTING FAMILIES WHERE A MEMBER HAS A DISABILITY}

‘Caring for a family member with a learning disability is a lifelong commitment. Our objective is to increase the help and support carers receive from all local agencies in order to fulfil their family and caring roles effectively’.

- Valuing People: A New Strategy for Learning Disability for the 21\textsuperscript{st} Century, DoH, 2001b


‘Giving care to the disabled family member brings stress into the family. It changes the family system and how each family member relates to all other family members’
- You, Your Family & Disability, American Stroke Association 2007

Developments in effective provision for children and adults with a disability and their families require that services acknowledge the experiences of all family members, including children and young people, and mobilise the family’s own resources as well as those of professional support systems to improve individual and family well-being.

A growing number of studies demonstrate the effectiveness of such work with families where a member has a Learning Disability.

Parents report that the transition from ‘child and adolescent’ to ‘adult’ services is often extremely stressful. Creative multi-disciplinary team-working that prioritises families’ needs above traditional organisational and service boundaries is helping bridge this ‘gap’ in some areas. Family and Systemic Psychotherapists are consulting to and participating in many such teams, encouraging acknowledgement of the impact of disability on all family members, working with systems of significance such as school and extended family, and exploring how to best use existing family resources and professional and other support networks for the good of individual family members and the family as a whole. Many families benefit from family-focused therapy when issues are difficult to resolve.

**POSITIVE PRACTICE**

Newham Primary Care Trust, for example, currently operates a family focused service for families with a child with learning disability. This highly valued home-based systemic service includes both family members and professional services in its work, developing support, encouragement and understanding.

Sussex Partnership Trust operates a Family Service within its Community Learning Disability teams. This service for men and women with Learning Disabilities, their families and significant networks employs a Family and Systemic Psychotherapist and is supported by a range of health professionals.

Sadly, the availability of such services remains poor and across many areas of the UK.

**FAMILY FOCUSED WORK IN ADDICTIONS SERVICES**

‘There is a need for close working between statutory and other agencies to ensure substance misuse prevention forms part of an holistic, family-based approach to vulnerable and disadvantaged children and young people’

Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people.

NICE public health intervention guidance 4, March 2007

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Staff should ask families and carers about, and discuss concerns regarding, the impact of drug misuse on themselves and other family members, including children.

Drug misuse: Psychosocial interventions, NICE July 2007

The need for family-inclusive services to support family members of all ages affected by addiction is clear. Increasing numbers of families are struggling with the consequences of drug and alcohol misuse. The number of young people displaying cannabis induced psychosis is increasing, as is the number of children and young people whose own mental health is affected by parental and even grandparental addiction.

Increasing numbers of grandparents are raising their grandchildren due to parental drug misuse. Family Therapists report increasing referrals involving tired and exhausted grandparents struggling to raise young people with complex needs and challenging behaviour, and whose relationship with their adult son/daughter is under increasing strain.

Avoidance of addiction relapse usually depends on developing positive roles and expectations in supportive close relationships in the family and/or beyond. While family and friends may sometimes contribute to the development and/or maintenance of addiction problems, they are potentially a major resource in the treatment and prognosis of people with substance dependence.

Treatments that fail to tackle associated problems will leave young people and those important to them much more vulnerable to relapse as these problems work to reinstate their felt need for drugs.

Public health guidance now recommends that interventions be targeted at vulnerable and disadvantaged children and young people and their parents or carers. Identified factors influencing substance misuse among children and young people include environment (for example, availability of drugs); family (for example, sibling and/or parental substance misuse and lack of discipline); individual experience (for example, early sexual encounters and peer group pressure to misuse substances); mental health (for example, low self-esteem, depression) and education (inc parental expectations).

Guidance recommendations include ‘family-based’ programmes ‘led by staff competent in this area’ within the NHS, local authorities and the education, voluntary, community, social care, youth and criminal justice sectors. It recommends these programmes include assessment of family interaction, ‘motivational’ interviews and parent support and referral to ‘more intensive support (for example, Family Therapy) to families who need it’.

Such specialist family and couple therapies have been shown to reduce relapse rates and ameliorate co-morbid problems associated with substance misuse.

The skills required at all levels to deliver programmes effectively to children and adults at risk of involvement in substance misuse suggest that staff would benefit from systemic training, and to have access to specialist systemic consultation and support.

POSITIVE PRACTICE
‘For far too long, services in the UK have been totally individualistic in their approach to working with people with serious problems such as alcohol or drug misuse, and teams such as yours, if established and appropriately funded, can and do make all the difference.’ - Richard Velleman, Professor of Mental Health Research, University of Bath, on Kent and Medway Alcohol Service

xxv Department of Health (2007) Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people, NICE public health intervention guidance 4


Asen, E. (2002) Outcome research in family therapy. Advances in Psychiatric Treatment. 8, 230-238
The Kent and Medway Alcohol Service Couple and Family Therapy Team were awarded the ‘Mental Health’ award at the 2008 Nursing in Practice Awards.

A report reviewing the team’s work over seven years with challenging couples and families who had enduring alcohol related problems concluded:

- Systemic therapy improves therapeutic engagement
- Working with couples and families is effective
- The team’s involvement in consultancy projects indicates that this systemic model is both transferable and adaptable.
- The model has the potential to benefit many and differing client groups

Meanwhile Family Therapy Service, Central and North West London NHS Trust, covers five inner London boroughs, offering family and systemic psychotherapy to family members affected by drugs and/or alcohol.

Non-using family members enjoy equal access to the service along with those who are either active or in recovery. A relatives’ support group, Relative Connections, enriches the range of therapeutic options for non-user carers.

South London and Maudsley NHS Trust is supporting the development of family interventions in addictions across 7 SE London boroughs. This work has been supported by Action on Addiction, which is funding a family therapy trained consultant clinical psychologist to develop this work.

The group recently received funding for a 3 year part time Family Therapy post to develop multiple family therapy in addiction services.

Its services benefit children and young people with or at risk of mental health problems connected with addiction by working with:

- Parents using or drinking
- Adolescent or young adult users and their parent(s)/family/carers
- Adult drug users and their family member(s), where family of origin issues appear to be significant factor in problematic continued drug use.
- Partners/carers on their own when the user is unwilling to attend.

SUPPORTING PARENTAL RELATIONSHIPS

Family conflict increases the likelihood of poor outcomes for children, whether within marriage or before, during and after separation. Quality contact with the non-resident parent can improve children’s life chances. Children for whom divorce means the loss of a valued relationship – of a parent, grandparent, step sibling or others close to them - find it particularly hard to deal with the emotional toll.

Many families experiencing problems do not or cannot access public services. Occasionally, difficulties develop into crises. Long-term family problems may impact on family relationships in ways that adversely affect child and adult health and well-being and the family’s capacity to cope.

AFT values the important contribution of many Third Sector services in providing relationship support, such as couple counselling, and recognises their importance in supporting children and young people’s mental health and well-being.


AFT also acknowledges and values the contribution of many Third Sector services in supporting particular client groups, including gay or lesbian parents and families with a gay, lesbian or transgender member; services for families within particular ethnic or faith-based communities; and families with a member with illness or disability.

As the number of Third Sector organisations providing family and parenting support increases, so does the need for adequate training of volunteer and paid workers, and for professional supervision to ensure safe and effective practice. AFT hopes these services will be encouraged to

- develop their skills, services and supervisory structures in ways that ‘think family’, mindful and inclusive of children and other family members,

- support staff, through training and supervision, to be alert to ‘low level’ and more serious problems in families (including domestic violence and abuse), and to refer to public and specialist services and statutory agencies when appropriate.

**POSITIVE PRACTICE**

A growing number of Third Sector organisations now provide systemically-informed services for families, parents and children, couples, blended and extended families and more to help them explore and hopefully resolve their difficulties. Many working in these services have ‘mid-level’ qualifications in family therapy and systemic practice, and have access to accredited systemic supervisors (experienced Family and Systemic Psychotherapists trained to train and supervise others in systemic practice). Some working in these services are themselves fully qualified Family and Systemic Psychotherapists.

Relate, for example, now provides family counselling as well as couple counselling in about half of Relate’s 80 centres around the UK, seeing in the main cases which would not or could not be seen in NHS services. A Relate training course and service in relation to homelessness prevention is being developed with Family Mediation Scotland, using systemic therapeutic skills to engage and work with family members in conflict.

The Wimbledon Guild, a south London-based charity, offers a family service staffed by volunteer systemic practitioners with at least two years systemic training who are working towards full clinical qualification. All therapists are supervised by fully accredited systemic supervisors. Families can self-refer or are referred to these services by GPs and other counselling organisations. Common presenting difficulties include issues between parents and children of all ages, couple relationship problems affecting all family members, child and adolescent behaviour difficulties and step-family issues.

**ENHANCING PARENT-INFANT RELATIONSHIPS**

‘Parents and carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe... Children, young people and families receive high quality services which are co-ordinated around their individual and family needs and take account of their views.’

‘Standards: National Service Framework for Children, Young People and Maternity Services, Executive Summary, DoH, 2004c, p14

The importance of a relational and family focus for those working with new parents and their babies is reflected in NICE guidance on ante natal and post natal mental health. This requires health care professionals, where appropriate and acceptable, to involve a woman’s partner, family members

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and carers in supporting her, and for healthcare workers to assess and address the needs of the partner, family members and carers where the woman has mental health difficulties.

The value to adult health and child development of interventions that support and help develop parent-infant relationships, rather than focus solely on treating the parent, is being increasingly recognised. Mothers suffering from clinical levels of anxiety have difficulty responding to their infants' cues and this can have a deleterious impact on the formation of the infants' mental health. There is emerging evidence that babies of depressed mothers are at greater risk for later psychopathology. There is also growing understanding of the emotional costs to the child and the economic costs to society that such later disorders will incur.

Studies suggest that these mothers can benefit from a therapeutic focus on enhancing their reflective capacities about their babies and which facilitate maternal responsivity, sensitivity and engagement.

Psychological interventions for these parents, and parents who have a very sick or extremely premature baby, is best provided by practitioners with specialist knowledge of infancy who have abilities to work with parental mood disorders and who are trained to support the relationship between parents and child.

Family and Systemic Psychotherapists may, for example, share video recordings of parent-infant interactions, encouraging parents to reflect on the relational 'dance' that develops between themselves and their baby as they grow in confidence and ability to 'tune in' to their baby's needs.

The importance of involving fathers and partners in care of the mother and infant has been widely recognised over the last 30 years, as has the potential benefits to most families of fathers' greater involvement in family life. Systemic approaches which acknowledge such relational resources, and which support and nurture healthy family relationships, are an important element of preventative services in the early years.

All those working with families and family members during children's first years would benefit from training that promotes respect and understanding of parent-child relationships rather than a focus solely on individual well-being. Training needs also to encourage understanding of different families' ways of coping and sensitive ways of engaging with parents and infant(s)/child(ren).

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MEETING FAMILY NEEDS IN HOSPITAL

Family and Systemic Psychotherapists offer a range of knowledge and skills in working work with children, young people and families facing acute and chronic illness and life threatening disease.

Department of Health (DOH) and Social Exclusion Unit reports emphasise the importance of seamless access, reliable consistent support and information for families of critically sick or injured children, children with a disability, children who are palliative or with life threatening diseases and issues involving the transfer of care.

Children and young people with acute and chronic illness are often from vulnerable families: attendance rates and severity of illness and injury are higher in children from more deprived areas. Some may be seen as “hard to reach” families outside the hospital setting. Systemic practitioners in hospital paediatric services engage with families at admission in ways that can help destigmatise supportive interventions.

Systemic and family psychotherapists offer consultation and supervision to a wide range of medical and non medical professionals involved in patient care, aiming to improve working relationship between individuals and systems, facilitating open dialogue between staff and a greater coherence of bio/psycho/social approaches to patient and family care. This work needs to be expanded across the UK.

POSITIVE PRACTICE

The multi-disciplinary Paediatric Liaison team at Queens Medical Centre and Nottingham Healthcare Trust offers direct psychotherapeutic work and assessment to children, young people and their families who are inpatients on paediatric wards or in paediatric intensive care. It also provides supervision, consultation, and teaching to medical staff on psychosocial issues relating to children, adolescents and their families with chronic and acute illness.

The team facilitates inter-disciplinary collaboration between professionals from disparate backgrounds. This seems crucial in supporting families facing complex and serious conditions, including Medically Unexplained Physical Symptoms (MUPS). MUPS affect 10 per cent of all children. In some areas of the UK, it accounts for between 35% and 40% of referrals to the paediatric liaison department (CAMHS) from hospital paediatric wards.

Children and young people with MUPS have very often endured profound symptoms yet have no discernable clinical diagnosis. Many define MUPS as disabling. The impact on families and the way families respond to the problems form an important part of the complex picture. Yet work with families is not yet a core and consistent element of care for these children in medical inpatient and outpatient settings. Family psychotherapeutic provision is woefully patchy.

Where it does exist, welcome, constructive and effective support is being offered to these children, young people and families, and the medical teams who work with them.

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xxxv Department of Health, (October 2006) The critically sick or injured child in the District Hospital Setting.
xxxvi Department of Health, (October 2006) The critically sick or injured child in the District Hospital Setting.
xxxvii Department of Health, (May 2007), Aiming high for disabled children; better support for families.
xx Slavescu-Hollis, K. and Fletcher, P (2006). Presentation of Paediatric Liaison Team, Queens Medical Centre and Nottingham Healthcare Trust
The Queens Medical Centre team’s experiences echo those of other clinicians and researchers who have highlighted the importance of harnessing the resources of a sick child’s parents and siblings, seeing them as crucial members of the medical team.

LOOKED AFTER CHILDREN

When family relationships rupture, children may be taken into care. It is known that mental health outcomes for Looked After Children in the UK are dramatically worse than those of even the most economically and socially deprived children in society. The services of skilled and experienced professionals are beneficial to the child and their carers, social workers and schools yet there remains an acute shortage of specialists, such as Family and Systemic Psychotherapists, to provide support for looked after children and others in serious and urgent need, including those who have experienced abuse or neglect.

Looked after children and their families and carers need opportunities to talk together about their shared and separate histories. Children may also need separate opportunities to explore their past, and their relationships to their birth and current families.

POSITIVE PRACTICE

The Fostering, Adoption and Kinship Care Team at the Tavistock Clinic, London, is a multi-disciplinary team working with foster families, adoptive families and friends and family care constellations. It also offers consultation to other professionals. Its work demonstrates the importance of Family and Systemic Psychotherapy in this complex field. The profile of clients accessing its services has changed in recent years and includes:

**Kinship Care:** The number of children living in kinship (family and friends) care is significant and increasing, yet remains largely invisible at key national policy and funding levels. Kinship care families include asylum-seeking young people caring for younger siblings, plus grandparents, aunts, family friends and members of the wider family network as carers. Siblings may be placed with different extended family members. Family and Systemic Psychotherapists with the service work to help children maintain important connections whilst also ensuring they are safe.

Kinship care relationships are often more complex and stress-prone than non-relative care relationships, and a commitment to and awareness of family and friends networks, family systems and systemic interventions is required for good and effective practice.

**Children in Care:** Looked after children and their carers may need both relationship and individual therapeutic work at different times to help them make sense of their experiences.

**Adoptive families.** The average age of adoption in the year ending March 2007 was 4 years 2 months. Because of the small number of babies placed for adoption, adults may choose to adopt from overseas or adopt older children who have suffered complicated experiences in their birth families and several changes of carer. While the service works with prospective adoptive parents and social workers prior to placement to consider children’s needs, most of its

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xlv British Association for Adoption & Fostering Statistics 2007.
work with adoptive families starts some time after the family has come together when parents and children are struggling with their relationships.

Family and Systemic Psychotherapy is an essential component of the Tavistock Clinic Service, providing support responsive to families’ changing needs and working with the wider family network, schools and professionals.

**VIOLENCE IN THE FAMILY**

The impact of domestic violence is felt for generations. A large proportion of children, adolescents, adults and older adults who experience serious emotional, behavioural and mental health difficulties have experienced domestic violence. Families can be supported in recovery from its aftermath.

Despite greater awareness of ‘domestic’ violence and its consequences, and the excellent support provided within many refuges for individual women and children experiencing the immediate practical and psychological consequences of abuse, there remains:

- a shortage of professionals trained to identify risk and support family members who have experienced domestic violence. Too often, a diagnostic label is applied to adult or child distress while the background violence remains unrecognised.

- a shortage of services to help children and their families recover from the long term effects of violence.

- an urgent need to develop staff training and supervision structures supported by professionals skilled in domestic violence and family work.

We need to address urgently the impact of identified, hidden and masked trauma due to violence on all family members and across generations. We need to support family and other potentially supportive relationships if we are to protect and serve the best interests of vulnerable children, young people and adults.

Working with families can help identify children and adults living with domestic violence and/or its aftermath, and help children and adults recover and build healthier, safer relationships. Helping children talk with their mothers and receive support from them through their acknowledging of the child’s experience can be key in the important task of rebuilding relationships and supporting recovery.

While a child’s distress may be recognised by referring frontline professionals, this can mask problems linked to violence within the family or other significant relationships. While the ‘bigger’, relational picture too often remains unexplored in routine assessment, child support professionals risk failing to explore whether children live in contexts of violence or fear. Neglect of these issues can leave children vulnerable to the inappropriate application of psychiatric labels and all family members without appropriate and effective support.

In supporting vulnerable family members, we need to support the safe relationships that can help sustain them (with parents, grandparents and other close and extended family members, with foster and adoptive parents and wider supportive networks) and to provide services to perpetrators (female and male). Safe work is sometimes possible with couples and families who have

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experienced domestic violence in the past, supported by rigorous assessment and management of risk xlviii.

Early identification and assessment of the needs of children and their families can be promoted through Family Therapy practice. Family and Systemic Psychotherapists can also provide training and consultation for other professionals.

We know that many professionals find it difficult to talk to families about violence and that children/parents often find it shameful to discuss. Without robust and supportive structures of staff supervision and consultation with more highly trained professionals skilled in family work, initiatives to train workers to ‘talk’ with services users about violence risk becoming tokenistic or even ‘silencing’. Many staff will have experienced violence themselves and need support to work constructively in this area. Without trainings and support, many may not have the skills or confidence to talk with children and adults about violence in ways that invite rather than close down possibilities and conversation.

**FAMILY SENSITIVE WORK IN ADULT SERVICES**

Adults with serious mental health and other problems often require multi-disciplinary and multi-agency support. Well functioning professional networks can promote recovery, while badly functioning ones can be counter-therapeutic. At the extreme, they may be institutionally abusive.

Family and Systemic Psychotherapists are important members of teams that attend to the complex interactive systems of multi-disciplinary and multi-agency services, as well as to the complexities of personal relationships.

The impact of parental mental health on children and families is well-known. Children of a parent with a mental health diagnosis may have much to contend with – perhaps a mother or father attempting suicide, or being repeatedly separated while their parent has in-patient stays. Children and young people may struggle to make sense of what is happening to a parent who is emotionally withdrawn, or highly anxious, or agoraphobic, or has rituals or delusions. They need help with this process.

Yet most Adult Mental Health workers are not trained to recognise the impact of parental mental health problems on children, or the background family violence or other difficulties that may fuel them. Some workers receive training to recognise ‘children at risk’ but not ‘low level problems’ which may develop into more embedded, chronic difficulties.

Even if children’s distress is acknowledged, few if any services are available for them until their distress has escalated. The current high eligibility thresholds to CAMHS and other services mean that children have to become symptomatic in their own right before accessing support. There is clear and urgent need for ‘whole family’ provision and trainings within the AMH system, inclusive of and sensitive to the needs of family members of all ages.

Such ‘whole family’ provision includes:

- facilitated groups for children to share their experiences with other children and learn from each other
- family and systemic therapy for parents, carers and children and others
- therapeutic and other support for grandparents juggling dual roles of surrogate parents to their grandchildren and looking after their adult child who has a mental health difficulty
- systemic ‘family focused’ consultations and supervision for staff teams and professional networks


Family-focused interventions for adults experiencing difficulties and those close to them have been shown to be effective in a broad range of circumstances, including:

- Couple, family and other relationship difficulties
- Mood disorders, including depression and bipolar disorder
- Drug and alcohol misuse
- Chronic pain
- Psychosomatic difficulties
- Agoraphobia with panic disorder
- Psychotic disorders, including schizophrenia
- Eating disorders
- Chronic physical illness.

Policy guidance already highlights the importance of actively involving relatives and carers in mental health care generally, in the mental health of older people, for family members with a learning disability and those in Adult Acute Inpatient Care and other psychiatric care environments. At a minimum this requires relatives' involvement in assessment and care planning; some families may be invited to join in psychological therapy. Guidelines stress the importance of addressing relatives' and carers' own mental and physical health needs.

Families are profoundly affected by the physical and mental disabilities of old age. A family oriented approach to the care and support of older people can often help families continue to care for or support them at home, in hospitals and care homes. Attention to the family experiences of older people can also enhance their lives at home or in residential care.

**POSITIVE PRACTICE** In Exeter, an Integrated Adult and Child Services Family Therapy Clinic now provides early intervention in complex cases where there are serious concerns for the mental health of both adults and children in a family.

The clinic has two qualified Family and Systemic Psychotherapist CAMHS (Child and Adolescent Health Service) practitioners and one Chartered Clinical Psychologist from Adult Mental Health services, and students on observation placements from both services. Family members are first...
seen individually, then invited to family group sessions where parents, sometimes grandparents, and children are able to share their stories, ask questions of each other and make sense of their experiences.

In south Bristol, two members of CAMHS and two members from AMHS join up across two mental health trusts to run a clinic that crosses the divide between young people’s and adult mental health. The clinic, which works to harness and maximise family strengths, takes referrals from either service where there is or potentially could be a referral to the other service as well. The work is ever mindful of the young people’s and the adult’s perspectives, for example the impact of parental mental health on the children and/or the impact of the children’s difficulties on the parents. The service networks widely and involves other professionals (CAMHS, AMHS, CYPS, Education Welfare, Drugs projects, Young Carers) in clinics where relevant. Many of the cases are very complex with additional risk factors around potential suicide and/or child protection issues. But the joined up working helps manage and address these risks more effectively.

Clinicians within the service recognise the commitment necessary from managers to support staff in working across health trust and service sector boundaries.

Similar collaborations between Adult and Older Adult Mental Health Services and Child and Adult Mental Health Services are developing elsewhere, with Family and Systemic Psychotherapists often taking leading roles in such integrated clinics and facilitating supervision and consultation to support colleagues from different disciplines in sharing experiences and expertise for the benefit of the individuals and families with whom they work.

BEYOND BORDERS: MULTI-DISCIPLINARY, MULTI-AGENCY WORK WITH FAMILIES

Access to specialist services and practitioners skilled at working with children, young people and families with more complex and serious difficulties is crucial, for families AND FOR THE WORKFORCE SUPPORTING FAMILIES.

National policy guidance highlights the importance of specialist consultation and supervision for mental health workers at all levels, and the importance of access to specialist and more experienced practitioners\(^\text{\textsuperscript{i}}\).

Workforce training and access to specialist consultation and supervision in family-sensitive, family-inclusive working are essential if staff are:

- to intervene effectively with ‘low-level’ problems
- to recognise when individuals and families may need more specialist support
- to support families in getting the specialist support they need, when they need it
- to work safely, ethically and effectively within their competencies

Without robust structures of training, supervision and consultation, staff can find themselves in roles they are neither trained nor qualified to perform.

Large gaps still exist between many child and adolescent and adult services. The recent swathe of changes to services, including service fragmentation and funding crises, have increased that distance in some areas.

Professionals, service users and families point to the need for more effective liaison between services, especially when young people are moving into adult services, when children and young people are moving from in-patient to out-patient care, and when a parent has mental health problems.

A ‘whole family’, multi-agency and multi-level approach, so necessary if the needs of families with complex and serious problems are to be addressed effectively, requires much more than ‘information sharing’ across service boundaries. Each service will have statutory duties, professional anxieties, and beliefs about the best way of problem solving that may conflict with other agencies also working with the same family. Therapeutic network meetings, facilitated by supervisors skilled in working systemically with the ‘family of professionals,’ are key if those competing agendas, anxieties and beliefs are to be identified, processed and resolved so healthy, positive and co-ordinated cross agency working can function.

**POSITIVE PRACTICE** Training programmes in systemic, family inclusive working are already being cascaded to staff teams in public services in some UK areas.

Working in partnership with families and carers, a team in the Somerset Partnership NHS and Social Care Trust, for example, has developed and delivered awareness and skills training in family inclusive working to staff at all levels in mainstream mental health services, acute inpatient units, and community and older adult teams[^xii].

Staff report feeling significantly more confident, skilled and supported in working with families and a pre- and post-training audit showed increased consideration of families’ needs[^xiii]. The development has been welcomed by services users, carers and families, including children and young people. Carers of all ages say they feel more supported, included and heard. Family inclusive services are now embedded in the trust structure, with training schemes supported by on-going consultation and supervision led by Family and Systemic Psychotherapists. Specialist family services have also been developed, with a multi-disciplinary Family Interventions in Psychosis Service, and Family Therapy clinics for those with complex and severe needs.


Effective support for families and the professionals who work with them is a core social task without price. It is also ‘value for money’\textsuperscript{lxiv}.

Government and health policy reports highlight the importance of family-focused interventions to better support individual family members and family relationships.

While it is heartening to see this emphasis on enhancing family and other significant relationships, including relationships between professionals and services and between professionals and families/carers, quite how this can be achieved has yet to be clearly defined.

Children, adults and families with urgent and multiple needs require services and skilled professionals who acknowledge the complexity of their difficulties and circumstances and who work to develop their relational resources.

Yet provision of family-focused services across the UK remains woefully inadequate. Surveys by AFT confirm an acute shortage of specialists who can deliver and support therapeutic work with families in many service and geographical areas. Some trusts have not a single designated Family Therapy post in Child and Adult Mental Health Services (CAMHS)\textsuperscript{lxv}. There are even fewer employed in the Adult Mental Health (AMH) system\textsuperscript{lxvi}.

As the Commission for Social Care Inspection (CSCI) report states: “Increasing financial pressures are resulting in high eligibility criteria and thresholds for access to services. Children and families are not always getting the help they need, at the time they need it.”\textsuperscript{lxvii}

Too often, children and adults receive treatment as an individual but their important relationships are not considered or involved. They may return to the same relational environments that fuelled problems. Parents, partners and others may be left feeling unsupported and desperate in their felt inability to improve the lives and life chances of the people they love. Or they may feel too emotionally dislocated or overwhelmed by their own problems to care. Put simply, too many vulnerable children, young people, adults and families are falling between the gaps in services.

UK families need:

• Active political encouragement for a sea change in attitudes, training and service provision, so the UK becomes truly ‘family friendly’.

• A training strategy to develop staff competencies and understandings of family-sensitive, family-inclusive working throughout ‘frontline’ services, to better enable staff to support and work with families and relationships in all their many forms and contexts in our culturally diverse society


\textsuperscript{lxvii} AFT (2007). Service Mapping Exercise. \url{www.aft.org.uk}

\textsuperscript{lxviii} Ayres, G (2008). Family Therapy in Adult Mental Health Services. Copies available on request from \url{G.Ayres@hssd.gov.gg}

• Expansion of designated posts for fully trained Family and Systemic Psychotherapists to support families with more complex problems and to support staff supervision, training and service development. At present, provision for families and the staff supporting them is a postcode lottery.

• A strategic shift in mindset to ‘think family’ in and across services and at all levels in relevant public and Third Sector services. The current emphasis on developing whole family interventions for vulnerable ‘at risk’ families, while warmly welcomed, does not address the needs of families not yet ‘at risk’ but who would welcome effective support before difficulties escalate.

• Collaborative and multi-disciplinary team working across service boundaries, facilitated by staff skilled at working systemically with different professional cultures, to better fit services to families’ needs.

• Accessible, self-referral relationship services in the public and Third Sector, including parental relationship support mindful and inclusive of children and other family members, with staff supported by robust training, supervision and referral structures

• A continued commitment from Government to tackle the structural social inequalities that impact on family life – including poverty, discrimination, social marginalization, loss of aspiration and hope.
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AFT welcomes your comments on or additions to this document. Please email these to AFT Communications Officer Jan Parker via janparker@aft.org.uk. Thank you.

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