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Are Intensive Family Preservation Services Useful?: A Study in the United Kingdom

Marian Brandon and Jo Connolly

This evaluation of the first year of an Intensive Family Preservation Service in England is based on the analysis of eighty-six families: fifty-seven families who received the service and a comparison group of twenty-nine families who did not. The study considered whether the program was fulfilling its objectives of reducing the number of children and young people in the public care system; offering a safe, supportive service for children who need protection; integrating the program into family support services as a whole, and improving family functioning. The findings were complex to interpret. Child protection was improved but there was not a reduction in the number of children needing out of home care (indeed there was an increase) meaning that short term savings in costs could not be made. Nor were there lasting improvements in the children's behavior. There were instead a number of more subtle, arguably more sensitive outcomes: parents' capacity to tolerate their child's behavior was greater and overall family functioning was better for most families who received the service. Also families were, on the whole, able to make better use of follow up services.

Introduction

'The aim of the .. intervention is to protect children by strengthening, empowering and preserving families rather than by removal from home.' (NCH 1998:1)

The concept of intensive family preservation services has aroused renewed interest in recent years in Europe, and specifically in the UK, as a means of translating the rhetoric of 'refocusing from child protection to family support' into action. The family preservation aims of keeping children safe at the same time as keeping families together and strengthening family bonds chimes well with English national policy and guidance. In addition these services aim to increase the families' skills and competencies and facilitate their use of a variety of helping resources (Berry, 2001). Intensive family preservation services differ from other models of family support in that they are home-based, of brief duration (usually one month) and intensive, with one worker being available, in person or on call, to a family 24 hours a day, 7 days a week (Kinney, et al, 1991). The over-riding principle is to invest as many resources in preserving birth families as might be invested in providing substitute care (Whittaker, 1993).

Intensive family preservation is also attractive to service developers as a potential means of reducing the escalating costs of out of home care. This factor, coupled with the poor outcomes for older children leaving care (DH 1998), have made family preservation services attractive propositions to some English local authorities and voluntary organizations.

Early studies of family preservation services tended to show effectiveness in the crude measure of preventing out of home placement in between 40 and 90 per cent of cases. US studies from the 1980's and early 1990's, however, showed that many children in comparison groups (i.e. not receiving FPS) also stayed at home (Schuerman, et al, 1994). Since some children in the comparison groups had received no services at all, this highlights the possibility that these were not the children most at risk of placement. Given the problems in predicting imminent risk of placement and the possibility that placement can be a positive experience, it could be argued that measures of success should also take into account the child's developmental trajectory and the functioning of the family, including its stability.

Feedback from families who have experienced a family preservation service tends to be very positive. Studies have indicated that this is largely because they find the service less stigmatizing and prefer work directed towards keeping the family together rather than assessing their competence as parents (Jackson & Thomas, 1999). These authors maintain that if problems can be resolved without separation from the family, the chances of the child experiencing continuity and stability are much higher than if they enter the care system.

The Study

The study considered the extent to which a 4-week intensive family preservation program, based on an adaptation in the Netherlands of the 'Homebuilders' model (de Kemp, et al 2003, Kinney, et al, 1991) and being piloted in England, was fulfilling its objectives. These included: reducing the number of children and young people in the public care system; offering a safe, supportive service for children who need protection; achieving the integration of the program into family support services as a whole, and improving family functioning. The evaluation was commissioned by the two English local authorities and the non-governmental organization who were jointly running the pilot scheme. The evaluation began in April 1998 and was completed in April 2001.

Methodology

The Sample

In the twelve months of the program, a total of eighty-six families were referred to the program and were considered to have met the threshold for the service. Variable amounts of data have been collected on these 86 families. The cases have been broken down into two research groups, the Project Group and the Comparison Group as summarized in Table 1.

Table 1: Sample Groups (n=86)

Comparison Group Cases (did not complete the program)	Project Group Cases (completed the program)
14 families unallocated 8 families failed to complete 7 families refused the program	57 families Intensive sub-group 24 families agreed to further interviews
TOTAL 29	TOTAL 57

In fifty-seven cases, a project worker was allocated to the family and the program was completed - these 57 cases are the 'Project Group'. An intensive sub-sample of 24 families was drawn from the Project Group Cases. This was made up from families who agreed to be interviewed, and about whom more data were collected. The 'Comparison Group' comprised the 29 families who did not complete the program about whom data was collected at referral only. It was not possible to allocate a project worker to fourteen of these families at the time of referral. In another 8 cases, families commenced but failed to complete the program. A further seven families were offered the service but refused to join the program.

A criticism of most studies of intensive family preservation services has been the lack of a comparison group. By studying a group of families assessed as eligible but who did not receive the service, alongside those who did, the possibility arises for better claims to be made about the success or otherwise of the program. The Comparison Group and the Project Group were compared on key indicators to see if the two groups of families were similar at referral. Marked similarities were found between the two groups in terms of family characteristics and referral profiles. However, there were important less 'tangible' differences, such as attitudes towards accepting help. Hence it is important to stress that this is a comparison, and not a control group.

The key research questions were: does the program reach the intended target group, are the intended treatments/programs provided and are the intended results achieved? The measures used in the evaluation are explained below.

Interviews

Semi-structured interviews were carried out with members from up to twenty-four of the families who attended the program. Interviews were carried out with all project staff and also with a small number of area team caseworkers who referred families to the service. When analyzed as a whole, the interviews helped to draw together diverse pieces of information into a more unified interpretation of events.

Quantitative measures

Structured file searches were carried out from the case notes of all families in the study sample (n= 86) ¹. Information about services to families was collected from files for all 86 families at Time 1 - one year leading up to referral to Families First service and one year later (Time 4). Information about the 57 families who completed the program was collected at Time 2 - at the start of the program and Time 3 – immediately after the program. Additional questionnaires and interviews were undertaken with 24 families at times 2 and 3, and at Time 4, one year later. From all these data details emerged about child protection investigations and child protection registrations and about levels and types of services provided by Social Services and other agencies. Data were coded, loaded and analyzed using the statistical package SPSS.

Questionnaires: The set of questionnaires compiled for the evaluation were used with the twenty four families as a measure of four aspects of family functioning: child conduct, parent wellbeing, family and environment and child and family interaction. The measures sought to distinguish differences and similarities between the families studied for the evaluation and the general population. Individually and together, they also identified the changes in children and families' functioning over time in order to indicate, potentially, whether there was evidence of families being strengthened to help them to meet the needs of their children.

All questionnaires used in the evaluation are standardized and have psychometrically acceptable characteristics with evidence to show that they are sufficiently reliable and valid.

Child Conduct: Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997). The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire that provides balanced coverage of children and young people's behaviors, emotions and relationships. The SDQ poses questions about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales of 5 items each – covering conduct problems, hyperactivity, emotional symptoms, peer

¹ Whilst every effort has been made to extract accurate information from client files, the inconsistent nature of file recording left some doubt about total reliability.

problems and pro-social behavior. All but the last are summed to generate a total problem score.

Parent Well Being: Rutter Malaise Inventory (PHQ) (Rutter, et al, 1970). This provided a broad indicator of the degree of depression and emotional distress being experienced by the parents/carers since a parent overwhelmed with unpleasant feelings of anxiety and depression is likely to be less able to cope with the ordinary stresses and strains of parenthood, let alone with serious problems. The 24-item questionnaire was adapted for use in a British community setting and its validity has been strongly maintained. The questions concern emotional and physical symptoms and must be answered 'yes' or 'no'. A point is awarded for each positive response. Scores of seven or more mark a cut-off between the normal range of reactions and those that might be regarded as evidence of clinical disturbance.

Family and Environment: Gibbons Family Problem Questionnaire (FPQ) (Gibbons, et al, 1990). This was a measure of the parents' problems, parents' needs for support and an indicator of how they used newly-created support provision. It was based on the most commonly mentioned reasons for referral to English Social Services Departments. This questionnaire is sensitive to changes in environmental circumstances, for example improvements in housing.

Parenting Stress Index (PSI) (Abidin 1995) This measure assessed a variety of dimensions of parenting. It is a screening and diagnostic instrument designed to identify stressful areas in parent-child interactions and to assess facets of the parent-child system i.e. child characteristics, parent characteristics, family context, and life stress events.

Most questionnaires were completed by the main carer and an index child (the child identified as most at risk of immediate admission to public care) in all families who had participated in the IFPS. The SDQ was completed by the child at three time points: at the start of the intervention, immediately after the service and one year later. All other scales were completed by parents at the start of the program and one year later.

Findings

Key findings are presented in response to the research questions:

Does the program reach the intended target group?

Previous studies have indicated that family preservation services are not always targeted at high threshold cases where families are at the point of breakdown. This issue was examined in terms of the following factors: risk of entry into public care, risk of serious impairment to child's health and development, nature of concern, and pathway to referral.

Almost two-thirds of the referrals met the established criteria for the service clearly. In the remainder, the high risk of out of home care and /or crisis was not made explicit. Three quarters of the children who received the service were in the formal child protection system. In almost half of all referrals the identified problem was child conduct and its deleterious impact on family life. Concerns about parenting capacity were expressed in a third of referrals and the breakdown in family relationships accounted for the remaining cases.

Findings from the children's Strengths and Difficulties Questionnaire showed that, when compared to the general population, the conduct of more than three-quarters of the project group children was significantly 'abnormal'. We know that children with serious conduct problems are often further handicapped by school difficulties and are at a

higher risk for criminal conviction (Farrington, 1995). That these problems are serious risks to optimum development were borne out by the various data collected. The children's profile further showed troubled and troublesome behavior at school, at home and in the community. Almost a quarter of the children were excluded from school, and the same number experienced mental ill health.

The high incidence of the children's conduct disorders and overall problems with emotions and relationships provides evidence to demonstrate that the service was appropriately reaching children with a very high need of services to contain further serious impairment of development. Taking all these factors into consideration, the service was, for the most part, provided to the intended target group of high threshold cases.

Are the intended treatments provided?

The program generally ran for 28 days (as planned) and there was evidence that the project workers (all of whom were well qualified social workers) were accessible and engaged well with all family members. We found that workers and families set commonly agreed goals, and that specific behavioral techniques were employed. The most commonly agreed goals set by workers and families were: safety and protection of children, improving communication skills, setting boundaries, establishing daily routines, anger management, school attendance, dealing with stress, confidence building, negotiation skills, and achieving practical results. The skills and techniques most frequently employed included skills teaching, modeling, role play, behavior charts, advocacy, project exercises and project homework with the overriding principle of engaging all family members in the work.

The families interviewed were unanimous in their praise of the project workers saying they 'valued being listened to' and 'trusted the project worker'. It appeared that the nature of the relationship was central to the work. The relationship was routinely referred to by families as 'special' and 'different to a social worker'. A high level of closeness and trust appeared to develop quickly between the worker and the family members.

"it was wonderful, just to have somebody that I knew I could ring up when things started going wrong and she would be there for me – it was absolutely brilliant – I can't tell you what a feeling that gave me." (Parent)

Although the families spoke highly of the service, there was a variation in which service aspects the families found helpful. Some parents welcomed the intensity of the program, while others found the commitment required of them too onerous. One year after the program ended some parents and children gave examples of behavioral techniques that had worked for them and some recalled feelings of sadness when the service had ended.

Social workers who had referred families to the service regarded it as very useful claiming for example that it had "*helped things from deteriorating a lot further*". Project workers were highly regarded:

“.....some excellent workers who have brought about.... some very effective changes in very difficult cases in terms of risk and man hours involved – cases which have since closed.” (Social Worker)

There were however concerns about the scarcity of follow up services and lack of flexibility in providing a longer service.

“The difficulty is that they will do a lot of good work which will be undone because we are not in a position to follow up.” (Social Worker)

Are the intended service results achieved?

‘The importance of the Families First Program is a) its integration into family support programs as a whole, b) the reducing of the number of children and young people in the public care system and c) a reduction of the need for formal child protection procedures’ (NCH, 1998).

Integration into family support

The ‘wish list’ of wrap around services drawn up by project workers and families at the end of the service was frequently not met by hard pressed social service departments and voluntary agencies. However it was not always the case that additional services failed to be offered, since families sometimes refused further support – either because they felt confident in their abilities to cope unaided or because they were skeptical of professional help. One referring social worker was critical of the strict time limits applied by the service:

“ Some families are borderline, where with just a little bit more input (they) would not require longer term input”. (Social Worker)

Numbers of children in public care:

In the year following referral, the numbers of children in out of home care in the Project Group actually *increased* from 22% to 35%. In the Comparison Group who had not received the service, there was a slightly larger increase from 20% to 40%. At first sight it appears that continuity and stability is disrupted for children in both groups. But what appears to be different in the two groups is the pattern of accommodation. More children in the comparison group were moving into potentially harmful unplanned, non time-limited accommodation in the period after referral to the service, whereas Project Group children’s entry into public care was planned with re-entry home featuring as part of the plan.

It is possible that the rates of admission to care increased overall, in both groups in the community during this period because the level of difficulties in the children were already very high and the problems were entrenched. Resistance to change is always a risk with late intervention services as opposed to early intervention which aims to catch problems before they become severe. However, we will demonstrate later that some families in crisis with severe and entrenched problems did achieve the most lasting success.

The use of child protection procedures:

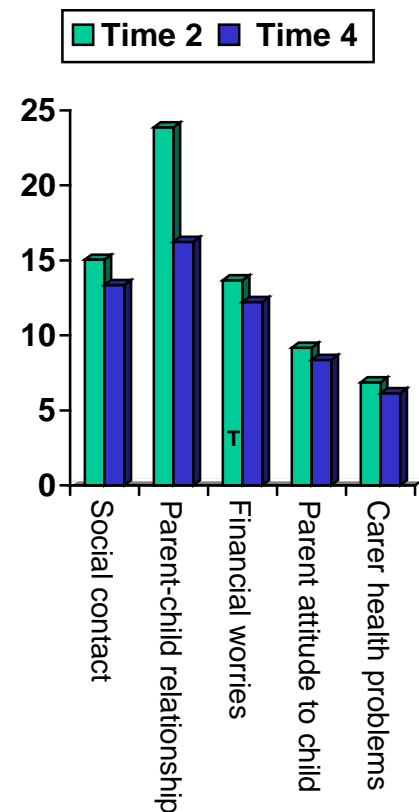
The incidence of formal child protection procedures decreased in both the Project Group and the Comparison Group at the end of the research period but the reduction was greater in the Project Group (child protection enquiries were halved in the Project Group and reduced by a third in the Comparison Group). In both groups it could be surmised that the most difficult children to look after, who were most at risk of maltreatment, were those who entered public care. This would explain the decrease in enquiries alongside the increase in admission to public care. However, although we know that the children's problems in the Project Group did not really subside over time, we did learn that the parents' relationship with their child and their capacity to tolerate their child's difficult behavior improved (see next section). This heightened tolerance arguably translated into better child rearing and lower levels of maltreatment than in the comparison group.

Improved family functioning:

Analysis of the completed schedules for an intensive sub-group of up to 24 of the families who had participated in the program provides a fuller set of quantitative and qualitative data. It gives a broad picture of improved family well being the year after the service where overall, as Figure 1 shows, family problems declined.

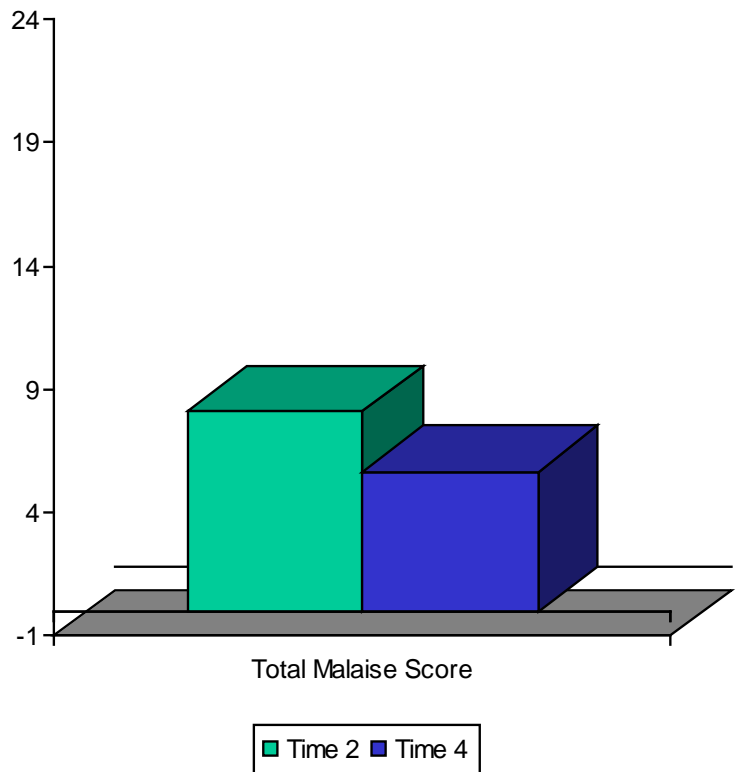
Figure 1: Family Problems sub-scores at Time 2 (at referral) and Time 4 (one year later).

N=22



A lasting improvement in parent-child relationships was also confirmed by the Parenting Stress Index (see Figure 2). At the beginning of the intervention 30 (77%) of parents were scoring above the clinically significant stress threshold but one year later this had dropped to 23 (65%). Family health and well being also improved overall, as chart 6 shows, with more main carers reporting better health one year on.

Figure 2: Parent Health Total Scores at Time 2 (at referral) and Time 4 (one year later) (N=18)



The pattern was less straightforward in relation to the children's conduct. At the end of the program there was a marked improvement in the children's conduct, but one year on, conduct had reverted to the same level as at the beginning of the program. A similar pattern was evident for pro-social relationships, which improved initially, then slipped back. There was however a lasting improvement in hyperactivity and peer relationships.

The modest overall improvement in the children is perhaps to be predicted because the children in the sample had severe and multiple problems at the time of referral to the program. Although we learnt that difficulties in the child's conduct were still apparent one year on, interestingly, the 'impact' scale in the SDQ revealed that the parent and /or child were mostly saying "this doesn't affect my life so much anymore". This was corroborated by the other measures like the Family Problem Questionnaire, and Parenting Stress Index, which showed that the parent/ child relationship had improved for many families who had used the program. Even though the child's behavior may not have changed dramatically, many parents were less distressed by the behavior, or were coping better, rendering the child less vulnerable to maltreatment and possibly expulsion from the family.

We cannot link the overall improvement to the intervention, although there was a perception by family members and area team social workers that some of the improvement was attributable to the program.

Tentative Outcome Findings

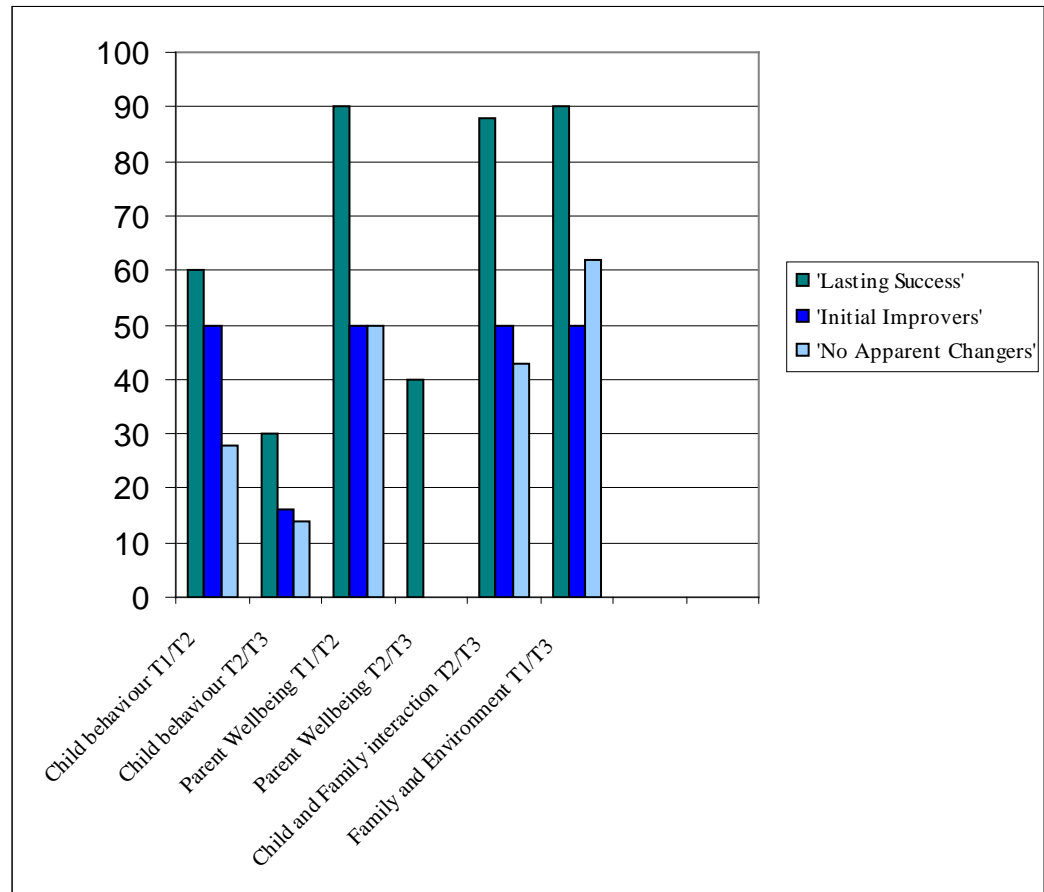
The overall findings from the intensive sub-group of 24 families revealed different levels and patterns of improvement in families who had used the service. To determine these patterns data were assessed in relation to family functioning, consumer satisfaction, level of stability of the index child, pattern of support for the family, risk of child maltreatment, risk of entry into public care and family profile at the time of referral.

Research ratings from the data elicited three main categories of family, which indicated the varying levels of successful outcome for the families one year on. These were:

- 1) **'Lasting success'** where 10 families (42%) made immediate improvement and consistent and continuing progress
- 2) **'Initial improvement'** where 6 families (25%) improved after the program but the progress was not sustained over time, and
- 3) **'Apparent change'** where 8 families (33%) showed little or no improvement.

In the 'Lasting Success' group family functioning improved in all 4 areas immediately after the program and progress was maintained one year later (see Figure 3). There were smaller improvements in family functioning in the 'Initial Improvers' group with some gains in child conduct and parent health over time and a slight move in the direction of 'better' on the remaining two scales. While children from the 'no apparent change' group made small improvements in behavior, there was no change in parent health, although some evidence that families were interacting slightly better. There were however some signs of improvements in their environment.

Figure 3: Family Functioning: ‘Lasting Success’, ‘Initial Improvers’, ‘No apparent Changers’ – Overall Improvement Rates at One Year Follow-up.



It was notable that families in the ‘Lasting Success’ group expressed most satisfaction with the program and were the most cooperative participants.

Stability

The pattern, nature and number of moves experienced over two years within the research period formed the basis of three criteria of the child’s level of ‘felt security’. Findings indicated a marked peak, or crisis, at the time of referral to the service in the stability of children from the ‘Lasting Success’ and the ‘Initial Improvers’ groups. This was not the case in the third ‘no apparent change’ group. It is only the ‘Lasting Success’ group of children whose security and consistency of residence remained stable after one year.

Pattern of Support for Families

In the ‘Lasting Success’ group where the program appeared to have most impact, the level of support to families decreased three months after the service and remained at that level after one year. In both the ‘Initial Improvers’ group and the ‘No Apparent

Change' groups, the percentage of families getting an 'intensive' level of support one year after the service is higher than that in the year leading up to referral.

Risk of Child Protection Registration and Risk of Accommodation

Changes in levels of risk in the 'Lasting Success' group suggest a crisis time in terms of Child Protection Registration and risk of accommodation coinciding with the referral to the program. The level of risk is minimal one year on. In the 'initial improvers' group, the trend is also downwards with a reduced risk of registration and accommodation. It is however less markedly reduced with 76% of children remaining at high risk of either registration or accommodation. For the 'No Apparent Change' group, the risk of registration improves in a similar way to the middle group. There is also slight reduction in the risk of accommodation.

The level of risk of Child Protection Registration and out of home care appears to decrease most markedly in the 'Lasting Success' group of families with crisis at the referral stage alleviated.

Family Profile at Time of Referral to Families First

At first glance the profiles of families do little to help distinguish the type of families who appear to benefit most from the Families First program. On closer examination, however, there is a difference in the referral category criteria – all families in the 'lasting success' group met the threshold for the service, unequivocally, that is they were at the point of breakdown. This is not so clearly the case for the other two groups where 50% and 37% respectively come into the broader 'general concern' criteria. This would seem to suggest that these families may not have been ready to accept and work with this kind of intensive crisis intervention program. The message appears to be that the service was most effective for families in crisis, with serious difficulties, who met the threshold for the service unequivocally. This is shown in Table 4.

Table 4: Risk of Child Protection and Risk of Public Care

(Accommodation)

	'Lasting Improvers'				'Initial Improvers'				'No Apparent Changers'			
	Time of program		One year later		Time of program		One year later		Time of program		One year later	
Level of risk	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low
CPR	60%	40%	-	100%	33%	66%	16%	84%	62%	38%	50%	50%
Accommodation	80%	20%	-	100%	84%	16%	50%	50%	75%	25%	38%	62%

Discussion

It has been argued that the objective of delivering more effective services will be furthered, if there is more rigorous evaluation of pilot projects prior to their being fully implemented (Axford, et al, 2005). The two authorities who commissioned this study followed this route by making the decision to pilot and evaluate the first year of the program before making longer term decisions about its future.

The findings from the pilot, however, were complex to interpret. Child protection was improved but there was not a reduction in the number of children needing out of home care (indeed there was an increase) meaning that savings in costs could not be made. Nor were there lasting improvements in the children's behavior. There were instead a number of more subtle, arguably more sensitive outcomes. Although the children's behavior had not improved, the parents' capacity to tolerate the child's behavior was greater and overall family functioning was better for most families who received the service. Also families were, on the whole, able to make better use of follow up services (where they were available). As one area team worker put it, "*we used to dread working with this family but they're much easier to work with now*".

The study findings informed the authorities' decision not to continue the service which was disbanded after its first year. This was a difficult decision to make as the more sensitive outcomes were valued by the two local authorities who felt compelled to make the decision largely on financial grounds. The program might also have been a victim of poor timing in relation to access to funding. Shortly after the program was disbanded government funding became available to combat child poverty and social exclusion for children aged 5-12 (Children's Fund). This was aimed primarily at voluntary organizations working in partnership with local authorities and could have offered a life line to this particular project.

Another possible explanation for the lack of success in preventing out of home care is the high level of thresholds of entry into social services in England. This is a longstanding concern for English policy makers (DH, 2002; 2005) and thresholds for services appear to be higher than in neighboring European countries. In the Netherlands where a parallel program had been implemented family functioning improved, as in the UK study, but levels of out of home placement were much lower (Veerman, et al, 1997).

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