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Supporting Families with complex needs: models and approaches in policy and practice

Apoyando familias con necesidades complejas: aproximaciones y modelos en prácticas y políticas

Dr. Nathan Hughes
Lecturer, School of Social Policy, University of Birmingham, UK. Email: n.j.hughes@bham.ac.uk
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Abstract
The family is increasingly recognised as an important component of support and intervention for policies and services seeking to meet the needs of service users with multiple or complex needs. However there appears to be a paucity of academic analysis of policy and practice concerned specifically with 'family', with insufficient coherence to the knowledge base regarding effective practice. This paper seeks to contribute towards the development of such a framework through a review of models and approaches to family-based policy and service provision.
Three distinct categories are suggested. In the first category, approaches seek to strengthen the ability of family members to offer support to a primary service user within that family. In the second category, family members are recognised as having their own specific and independent needs arising out of their relationship with the primary service user. The third category includes 'whole family approaches', focused on shared needs and strengths that could not be dealt with through a focus on family members as individuals. Each category is subdivided, with some approaches recognizing families as a resource in combating or countering the worst excesses of risk, and others presenting the family as the cause of risk for specific members.

Keywords. *Family, intervention, policies.*

Introduction

This article draws on a literature review funded by the UK Government (Morris et al, 2008) to inform an analysis of policies and practices intended to support 'families with multiple and complex problems such as worklessness, poor mental health or substance misuse.' (SETF, 2007: 6) This focus derives from a twofold understanding of the experiences of such families. Whilst recognizing that the 'vast majority of families are a source of strength and protection' for family members, providing the resources needed to overcome or deal with 'risk', the review also emphasizes the potential for the family to act as a site in which such 'risk' can be transferred between family members and generations, suggesting that 'family experiences can limit aspiration, reinforce cycles of poverty, and provide poor models of behaviour that can impact on a child's development and well–being'. (SETF, 2007: 1)

Interdependence within a family is therefore seen to position family members as key agents in their own and each other's exclusion: either as a resource in combating or countering the worst excesses of risk; or as the cause of risk for family members. An understanding of these two potential influences has led 'the family' to be perceived as a key site of intervention for policies and services seeking to tackle social exclusion. The SETF therefore sought to better understand the needs and experiences of 'excluded families' and to explore the potential for various departments, policies and practices to work more effectively with 'families with additional or complex needs'.

To inform this review, Morris et al (2008) examined international research evidence of approaches to, and effectiveness of, family-based policy and practice with those at risk of social exclusion. The review illustrates momentum towards family-minded approaches within policy and provision in relation to a number of service user groups. Despite this inter-

est, Morris et al (2008) illustrate a stark paucity of academic analyses of policy and practice concerned specifically with 'family'; that which exists appears fragmented, with insufficiently developed conceptual and theoretical underpinnings to this policy and practice, and little coherence to the knowledge base regarding effective practice. In considering the models and approaches to family-based service provision emerging from the literature review, this paper seeks to contribute towards the development of such a theoretical framework.

In the discussion below, policy, service and practice approaches are classified into three broad categories (as presented in Morris et al, 2008 and reproduced in SETF, 2007: 30):

- Category 1: approaches that work with the family so as to strengthen the ability of family members to offer support to a primary service user within that family.
- Category 2: approaches that identify and address the specific and independent needs of family members other than the primary service user, so as to maintain or enhance support to the primary service user.
- Category 3: approaches that seek to work with the family unit as a collective in order to focus on shared needs, and develop strengths and address risk factors that could not be dealt with through a focus on family members as individuals.

The polarized representation of families evident in the discourse of the SETF will also be seen to be evident in approaches within each of the three categories. Reflecting a conceptualization of families as offering a resource to address 'risk', one such discourse presents 'families with complex needs' as requiring and/or being entitled to the support necessary to effectively address these needs. This discourse will be seen to give rise to strength-based, empowerment focused approaches. The counter discourse constructs certain families as posing a risk to themselves and to others, and is instead based on a notion of 'failing families' who warrant and require state or professional intervention. Such a discourse will be seen to give rise to a deficit-based, pathologising, and professional-led response.

In presenting such a duality of conceptualisation it is not the intention to mask the contested nature and complexity of these discourses. Whilst this article is necessarily restricted to a mapping of what appear to be the dominant accounts in relation to the chosen practice examples, this dominance implies that these discourses are inevitably suppressing others. For example, a strength-based representation of the role of the young carer in supporting a family member implies an acceptance that the 'problem' arises from within the family, out of the needs of the care receiver. In doing so, it precludes an analysis that might seek explanation for the need for care provision in socioeconomic influences, insufficient or inappropriate service provision or failing policy. As such, a critical analysis of each discourse is required.

It is also not the intention of this article to offer evaluative evidence as to the effectiveness of the various policies, services, interventions and practices discussed. There is not the space to offer a suitably nuanced discussion of the complex and at times contradictory evidence base surrounding such approaches. Neither is there the evidence necessary to allow for comparable analysis, with evaluations varying greatly in their depth and their quality. Morris et al (2008) provide a more detailed account of such evidence in relation to each of the approaches discussed here, including additional references. In highlighting examples of approaches within each category, the discussion draws predominantly on Anglo-Saxon contexts. The extent to which this classification holds in a broader international context remains unclear, and I return to this point in conclusion.

Category 1: working with the family to support the service user

In the first category of models and approaches to working with families that emerged across the review, the family is seen as a basis for support for an individual within that family. As such, the extent to which a parent, sibling or spouse may be engaged by policy or services is determined by the ability of that family member to offer support and assistance, with the focus and purpose of provision remaining primarily on the service user within that family. The practice, service or intervention therefore retains a primary focus on the needs of an individual, but recognizes that the complexity of these needs may be best addressed (in part) by engaging a family network.

Such provision can be further classified on the basis of the mode of engagement with family members, reflecting the dichotomous representation of 'families with multiple and complex problems' presented above. In analyzing such approaches, it is possible to differentiate between those that are strength-based - looking to build the capacity of the family to support a member with specific complex needs, and those that are deficit-based - seeking to tackle problematic behaviour and reassert the 'proper functioning' of the family.

Reaffirming the family as a supportive network

Morris et al (2008) identified a range of services and policies that recognize and seek to enhance the presumed, inherent ability of particular family members to offer support to an individual within that family. The family network is seen to offer a strong foundation from which to develop support to address the needs of an individual member. Such support might be provided over a period of time in relation to a chronic difficulty, or at particular points of crisis. Family members facing complex and long-standing difficulties can therefore be supported by a strong and well-functioning family network. Such an understanding guides support services to identify and address any barriers to the support of the primary service user by relevant family members. The particular barriers to be addressed are many and varied, as illustrated by the involvement of family members in therapeutic support to substance users and by certain family education programmes.

The review of policy and practice in relation to families affected by drug or alcohol misuse highlighted a range of provision incorporating aspects of family therapy. Such approaches are predicated on the need to solidify supportive relationships as a means of addressing a family member's substance misuse. One such example is Social Behaviour and Network Therapy (see, for example, Copello et al, 2006), which involves working with an individual substance user to identify and develop a supportive network which can be drawn upon both in preventing or coping with a period of crisis for the substance user. This network may involve one or more family member, and could also include friends or other relevant acquaintances that are prepared to participate. A structured series of group sessions addresses particular issues, triggers or contributing factors, specific to the individual's substance use, as identified by the therapist, suggesting coping mechanisms and appropriate timely support.

A similar focus is apparent in a range of programmes and services that seek to educate or inform family members regarding the needs of a service user within the family. The review of family-based mental health provision, for example, revealed a number of such programmes, each of which sought to provide the family with a detailed understanding of a person's diagnosis, including triggers and external signs of distress, and effective coping strategies and medications (McFarlane et al, 1995; Beardslee et al, 2003). A similar rationale is apparent in relation to parenting programmes designed to assist parents to cope with children with emotional and behavioural problems, such as the Webster Stratton "Incredible Years" training programme (Webster-Stratton and Hancock, 1998; Herbert, 2000).

Tackling problematic family functioning

In contrast to the positive portrayal of potential family strengths implicit in the services described above, Morris et al (2008) also identify policies and services that discern deficits or weaknesses in particular families, and intervene in an attempt to address them. Rather than highlighting the potential to offer further, enhanced support, here the family is seen not to be providing the support or fulfilling the role that it should. Such intervention is therefore designed to 'correct' the perceived problematic functioning of the family network. The often coercive approaches to parental engagement within the UK youth justice system offer a clear example of such a deficit model.

Youth justice policy and practice in the UK (and elsewhere) is currently dominated by a risk and protective factor framework, within which family is perceived as a key influence (Prior and Paris, 2005). Large-scale longitudinal research has been used to identify a series of factors that, at the level of the population, can be used to predict future offending. For some young people, multiple risk factors are thought to cluster together and interact to place them at greater risk of offending. These factors are commonly organized around four key 'domains' of influence on a young person's life: the individual; the school; the community; and the family.

Whilst the family domain is not focused solely upon parents, parents and parenting are dominant themes. Risk factors within the 'family' domain include combinations of: maternal response pre-natally and post-natally; passive or neglecting parenting; family conflict; family history and/or parental attitudes which exhibit and condone anti-social and criminal behaviour; and low parental income. Although some consideration is given to important others in a young offender's life who may act as a 'protective' influence, the reviews of family approaches within youth justice provision carried out by Farrington and Welsh (2003) and Ghate et al (2007) illustrate an apparent conflation of 'parents' with 'family'. Parental attitudes and approaches are seen to be

responsible for nurturing negative values and behaviours, and for transmitting them across generations. As such, practice that engages families appears to predominantly be practice that engages parents. In particular the 'responsibilisation' of parents for the behaviour of their children is emphasized. A range of interventions targeted at young people at risk of offending therefore seek to reinforce the preventative role of the parent. This is particularly apparent in the introduction of Parenting Orders within the UK, as provided by the Crime and Disorder Act 1998.

A Parenting Order (YJB, 2002) can be imposed on the parent or carer of a young person who offends or truants. Conditions of the order might include attendance at counselling or guidance sessions, or formal liaison with the young person's school. Typically it would also include a responsibility for ensuring the young person is properly supervised, including maintaining curfews. Whilst this order does not mean a criminal record for the parent, failure to meet the requirements of the order can result in criminal prosecution. As such the court order is based on a compulsion on parents to monitor and change the perceived negative behaviour of the young person. Through coercion the parent is therefore forced to parent in a manner seen to provide the appropriate support to the young person at risk.

The emphasis on the role of the parent is further emphasised in the recently revised UK *National Standards for Youth Justice* (YJB, 2009) which place a requirement for all parents of a young person found guilty of an offence to be subject to an assessment of their parenting. The results of this assessment then inform the sentencing process. Whilst increasingly emphasised, it is also clear that such approaches are far from new. Goldson and Jamieson (2002) and Burney and Gelsthorpe (2008) both offer historical accounts of the focus on 'parents' and 'parenting' within youth justice.

Category 2: Identifying and Addressing the Needs of Family Members

In the second category of family-based policy and service provision emerging across the review, family members are recognised as having their own specific and independent needs arising out of their relationship with the primary service user. Whilst their relationship to the service user is still prominent, and typically the primary basis for intervention, the family member is identified as having previously unidentified needs that are separate, in addition to, and perhaps only indirectly related to those of the service user. As such, they are recognized as, and become, a service user in their own right. This is in contrast to the previous category, where the needs identified and focused upon were only those seen to directly impact on, or relate to, the needs of the service user.

Whilst the focus of services in this category has shifted to other family members, the models and approaches observed are broadly similar to those in the previous category. The response to the identified needs of the family member remains broadly individualized and can still be considered within the same risk/protection paradigm. However, rather than a consideration of the family member as a source of protection or risk for the primary service user, here the familial relationship with the primary service user is identified as a source of protection or risk for others within the family.

As with the previous category, it is possible to discern two modes of engagement of family members, determined by the discourse through which the family is constructed. The first example below illustrates an approach that seeks to address the specific needs of family members, so as to enable them to continue offering support to the primary service user within the family whilst protecting them against any possible negative implications arising out of that relationship. Such an approach is premised on an understanding of the interactivity of the needs that may be present within a family where one member may have specific complex needs. In contrast, the second example describes a service targeting family members seen to be 'at risk' due to their association with an offending family member. Here the emphasis is on the transfer of 'risk' or 'failure' between family members.

Supporting carers to care

Across a number of areas of social care and social welfare policy and practice, Morris et al (2008) identified policies and services that recognise that in order to maintain and solidify the support that a family network is able to offer a family member with complex needs, the needs of those family members must be identified and met. The focus of such services is therefore on the emerging needs of other family members resulting from the situation of the primary service user. As such, this approach extends that of the previous category, recognising the role of family members in supporting a primary or existing service user, but placing emphasis on the need to support family members to enable them to provide this support. The emergence of this category of provision is most evident in relation to those who provide care to friends or family members, including young carers and parents of children with disabilities.

Within the UK there is a growing recognition that young carers need services and support in their own right, at the same time as people with care needs require dedicated services and support (Aldridge and Becker, 2003). This includes the young carer's needs as a carer (such as, for example, appropriate support services, equipment and respite care), and their needs as a child (including the support needed to ensure their education is not disadvantaged by their caring role). As such, the recognized needs of the young carer are not limited to those directly related to their relationship to the family member with care needs. Recognition of the needs of young carers has resulted in a legal requirement on local authorities to undertake a thorough assessment of the needs of those who provide 'substantial and regular care'. Following this assessment, local authorities must then provide services in order to support them in their caring roles and to meet their own needs and circumstances.

As carers, parents with disabled children are also eligible for an assessment of need and subsequent provision. In addition, this service user group also offers a further specific point of comparison with Category 1 services that illustrates the subtle difference in focus. In contrast to the approaches to parenting programmes highlighted in the previous category, Morris et al (2008) highlight services that seek to identify and address the specific needs of parents with disabled children, beyond those associated with their parenting role. For example, specialist parenting programmes focus on parental mental health and social participation (Grimshaw and McGuire, 1998). Similarly support services such as *Contact a Family* (www.cafamily.org.uk, 18/Feb/10) provide a forum in which to share experiences and therefore tackle potential isolation, *whilst Working Families* (www.workingfamilies.org.uk, 18/Feb/10) offer training and support to parents who work or wish to find employment.

Family association as a predictor of offending

In contrast to the above services which seek to support family members offering care, Morris et al (2008) present examples of interventions targeting those seen to constitute a risk due to their association with a family member. Here a family member becomes the target of support aimed at preventing him or her from requiring a more extensive, substantial intervention in the future. Such services therefore represent an extension of the risk discourse presented in the discussion of approaches within Category 1, with the primary service user seen as presenting a risk to other family members. Again this is most apparent in relation to youth justice policy, where a sibling of a young person who has offended is targeted because they are themselves seen to pose a risk in relation to crime and anti-social behaviour.

In the UK, the Crime and Disorder Act 1998 established the prevention of offending and re-offending as the primary aim of youth justice policy and practice. This has given rise to a vast array of interventions targeting those at risk of offending, including those yet to commit a criminal offence. As noted above, the family is seen to represent a key 'domain' of risk for a young person. In particular, having an older sibling who has offended is seen as a key risk factor in identifying those young people likely to offend (Prior and Paris 2005). As such, a number of services seek to intervene with young people on the basis of offences committed by an older sibling. The most prominent of these interventions are the Youth Inclusion and Support Panel and the Youth Inclusion Programme, both of which aim to prevent anti-social behaviour and offending by young people who are considered to be at high risk of offending, with younger siblings of offenders constituting one of the key target groups. Both programmes seek to provide access to support that can challenge young people's attitudes towards crime by offering access to safe and positive leisure activities, education and careers advice, and positive role models.

Category 3: Whole Family Support

Whilst the categories above can be differentiated by their distinctive focus on primary and secondary service users, both categories share an emphasis on supporting specific family members. In contrast the third category highlights services and policies that seek to work with the family unit as a collective. That is, rather than addressing the needs of the service user or individual family members in isolation, provision recognises and focuses on shared needs or on the strengths apparent in inter-relationships and collective assets. Whilst aspects of provision within previous categories may have been delivered to the whole family together, this category is distinctive in that the needs to be addressed, and the strengths upon which solutions are to be based, are perceived to be held within the collective of the family. 'Whole family approaches' are seen to offer oppor-

tunities to focus on shared needs, develop strengths and address risk factors that could not be dealt with through a focus on family members as individuals.

Of the three categories presented here, this category is clearly the broadest and least well defined. This reflects the current policy and practice context. Whilst Morris et al (2008) suggest some momentum towards 'whole family approaches' in relation to a number of service user groups and contexts, such approaches are often tentative and yet to be evaluated. The following examples offer an exploratory discussion of such approaches, suggesting some apparent attributes that mark 'whole family approaches' as distinctive from previous categories.

As in the two previous categories it is possible to discern varying modes of engagement with families, representing differing perceptions of the role a family can (or cannot) perform. In the first set of examples, families are assumed to have a knowledge and expertise about their situation that can be utilised in addressing the particular needs or difficulties they face. In recognition of this, families are empowered and their role in decision-making and service planning emphasized. This is contrasted with a service in which control is taken away from the family, through coercion and sanctions. In such examples, the family remains pathologised and services professionally-led.

Family-led Decision Making

Across a range of policy and practice areas explored by Morris et al (2008), interventions were identified that sought to utilise the perceived expertise of family members in contributing to the identification and development of solutions to their own specific needs. As such, family members are given a central role in deciding the nature of support that is required. Morris et al (2008) indicate that family-led decision-making is being utilised in a growing range of contexts, including: child protection; transitions in leaving care; youth justice; domestic violence; and family conflict (see, for example, Brown, 2003; Marsh and Crow, 1998; Merkel-Holguin, 2004). Whilst applied in varied contexts, shared characteristics are apparent.

Whilst the process of family-led decision-making may be facilitated by an independent coordinator, the family is empowered to take a lead in decision-making with the role of the professionals primarily limited to resource provider and formal roles related to statute. Such an approach is argued to enable or encourage family-centred, multi-agency working that is 'pro-active rather than reactive' in meeting the needs of a family (Frank and McLarnon, 2007). Within a narrative of democratisation of decision-making and the relocation of rights and responsibilities, planning is more readily based on the needs of the family rather than being dictated by service frameworks, with no single service or professional likely to understand or be able to respond to all of the needs of each family member (Marsh and Crow, 1998).

In keeping with the empowering intention of such interventions, the 'family' is interpreted widely to include any member of a support network, with immediate family members encouraged to identify this support network. As such services tend to work with naturally occurring family structures, rather than those that are prescribed or predetermined by a professional or service model. Typically interventions will try to engage as large a proportion of this network as possible, with a specific focus on the engagement of families traditionally isolated from planning in social care processes (Marsh and Crow, 1998).

Pathologising 'failing families'

The relationship between professionals and service users inherent within joint planning and decision-making is in stark contrast to that identifiable within interventions based on coercion and sanctions, in which professionals intervene in order to take control away from families. Rather than seeking to empower, such approaches remain professionally-led. As in previous categories, this approach to supporting 'failing families' is apparent in responses to youth offending and anti-social behaviour.

In seeking to tackle anti-social behaviour in the UK, the Respect Agenda placed focus on so-called 'problem families'. According to Stephen and Squires (2004), the White Paper, *Respect and Responsibility* (Home Office, 2003) 'reinforces the family as source of disorder, and therefore the target for further intervention'. An example of how such a focus has impacted upon practice can be seen in the 'Family Intervention Projects'. These projects target families at risk of being evicted from their homes due to repeated and sustained complaints of anti-social behaviour. Government guidance talks of 'gripping the problem' by identifying 'the underlying problems' and 'changing behaviour' (Respect Taskforce, 2006). Such an intensive intervention is seen as the last chance to 'Break the cycle of poor behaviour' by providing 'alternative solutions where other … interventions have failed' (Department for Communities and Local Government, 2006: 2).

As above, a 'whole family approach' is seen to require a multi-agency response. Although a lead worker is assigned to each family to coordinate provision, the projects utilise a range of professionals so as to address the multiple needs identified within tailored support plans. However, in contrast to the previous examples of family-led decision-making, such plans are developed by the professionals with minimal scope for families to determine provision. As the service is intended to prevent eviction, families are necessarily defined primarily by a shared household, rather than being defined by the family. Intervention is then based upon 'a contract between the family and the project which sets out the changes in behaviour that are expected, support that will be provided and sanctions that will be imposed if behaviour does not improve.' (Respect Taskforce, 2006: 5) Government guidance states that 'Sanctions are key', providing 'both a way of curbing bad behaviour and also a lever for persuading people to accept and co-operate fully with the offers of help.' (Respect Taskforce, 2006: 5) Rather than empowering families to develop appropriate support, here families are controlled.

Conclusion

This article has reviewed models and approaches to family-based service provision, offering three broad and distinct categories. The first category included approaches that seek to strengthen the ability of family members to offer support to an individual within that family. Here the focus on other family members is determined by their ability to offer such support and assistance. The second category of approaches address the specific and independent needs of family members so as to maintain or enhance support to the service user. Such services highlight and deal with previously unidentified needs, often resulting in family members being perceived to be service users in their own right. The third category highlights 'whole family approaches' intended to address shared needs and strengths that could not be dealt with through a focus on family members as individuals.

It is not the intention of this article (nor the review of Morris et al) to suggest any particular category to be necessarily 'better' or 'more effective' than another. In particular, it is not assumed that 'whole family' approaches are always helpful or appropriate. Such a task is better left for analyses exploring comparable approaches to engaging with specific needs and contexts. Nonetheless the categorisation is useful in reflecting on the basis for certain approaches to working with families and/or individual family members, and in particular in considering what we might mean by 'whole family' approaches. Morris et al (2008) suggest that existing service provision finds 'thinking family' both challenging and controversial and that this has implications for professional knowledge and frameworks, training and ultimately the arrival at shared objectives. There is therefore great value in reflecting on the rationales informing family-focused policies and practices, and in questioning inherent presumptions.

In each category, two distinct discourses are evident in the extent to which families are perceived as able to affect change or offer solutions to the needs of family members. Where conceptualized as offering an untapped resource to address the need of a family member, the family is supported to develop assumed strengths. In contrast where families are seen to be 'failing' to fulfill an assumed normative role, services and practices seek to address this deficit through professionally-led responses.

Again, this article stops short of evaluating the impact of these dichotomous portrayals of the role of the family. However the potential to further exclude families experiencing multiple and complex difficulties through the delineation of those considered to be failing must be recognised. Where a deficit-model is applied, the discourse used in constructing the 'problem' may become a source of resistance for families in engaging with a service, as preservation of familial control in difficult circumstances may be a priority. To address this, the structural, material and attitudinal barriers faced by families at risk of social exclusion must be understood for family-focused services to deliver effectively.

Finally, there are assumptions within all of the examples presented here that the family is an appropriate (or even the appropriate) solution to 'the problem', which is implicitly understood to be within that family rather than the external environment. It is important to therefore question whether it is always appropriate to *Think Family*, or whether the problem and the solution may instead be found within socioeconomic inequalities, insufficient service provision, or ineffective social policy.

Whilst informed by a substantial review of literature by a team of expert contributors (Morris et al, 2008), the analysis presented in this paper remains 'work in progress'. As noted above, the research upon which it is based is drawn almost exclusively from an Anglo-Saxon tradition. There is a need to consider its application to broader contexts, cultures and traditions, particularly where theorisations

of family may significantly differ. This endeavour is at the centre of an ongoing European Union funded, researcher exchange scheme. Through a series of case studies the project will compare approaches to family-minded policy and practice across seven participating countries, in three different continents. Further information on this project is available on the project website (www.iass.bham.ac.uk/study/socialresearch/supporting-families.shtml), where, over the course of the project, a series of publications will be made available.

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La observación sistemática de vecindarios: el caso de Chile y sus perspectivas para Trabajo Social

Neighborhood systematic social observation; the case of Chile and its perspectives for social work

Guillermo E. Sanhueza[1] / **Jorge Delva** / **Fernando H. Andrade** / **Andrew Grogan-Kaylor** / **Cristina Bares** / **Marcela Castillo**

Guillermo E. Sanhueza, Profesor Escuela de Trabajo Social, Pontificia Universidad Católica de Chile. MSW, estudiante del Joint Doctoral Program in Social Work and Sociology, School of Social Work,University of Michigan.
Jorge Delva, MSW, PhD. Professor and Associate Dean for Research, School of Social Work, University of Michigan.
Fernando H. Andrade, MA Statistics, PhD student in Education, School of Education, University of Michigan.
Andrew Grogan-Kaylor, MSW, PhD, Assistant Professor, School of Social Work, University of Michigan.
Cristina Bares, MSW, PhD. Assistant Professor, Virginia Commonwealth University.
Marcela Castillo, PhD. Profesor Asistente Instituto de Nutrición y Tecnología de los Alimentos, Universidad de Chile.

Resumen

El estudio acerca de las características de los vecindarios y sus efectos sobre las personas ha llegado a ser un área de creciente atención por parte de investigadores de diversas disciplinas en países desarrollados. Aunque actualmente existen diversas metodologías para estudiar efectos del vecindario, una de las más utilizadas es la Observación Sistemática de Vecindarios –Systematic Social Observation, SSO– porque permite recolectar información acerca de diversas características del entorno físico, social, ambiental y económico de los vecindarios donde se aplica. El objetivo de este artículo es i) dar a conocer sumariamente algunas investigaciones influyentes sobre efectos del vecindario en Estados Unidos, ii) describir cómo se diseñó e implementó la Observación Sistemática de Vecindarios en la ciudad de Santiago de Chile, iii) señalar algunos facilitadores y obstaculizadores de la implementación del proyecto y, finalmente iv) enunciar posibles contribuciones y limitaciones que esta metodología ofrecería al Trabajo Social en Chile.

Palabras claves. *Vecindario, evaluación sistemática, Trabajo Social.*

Abstract

The study of neighborhood characteristics and their effects on individuals has become an area of increasing attention by scholars from various disciplines in developed countries. Although there are various methods to study neighborhoods and their impact on human populations, one of the most used is the Systematic Social Observation –Observación Sistemática de Vecindarios (OSV), in Spanish– because it allows the collection of information about various features of the physical, social, environmental and economic characteristics of neighborhoods. The purpose of this article is to i) briefly present some research on neighborhood effects influential in the U.S., ii) describe how they Systematic Social Observation was designed and implemented in the city of Santiago, Chile, iii) discuss some facilitators and obstacles of the implementation process and, finally iv) list possible contributions and limitations this approach would offer the profession of social work in Chile.

Keywords. *Neighborhood, systematic assessment, Social Work.*

Introducción

El estudio acerca de las características de los vecindarios y sus posibles efectos sobre las personas que los habitan ha llegado a ser un área de creciente atención por parte de investigadores de diversas disciplinas en el mundo. Una de las categorías claves

1 *Correspondencia puede ser dirigida a Guillermo Enrique Sanhueza: 1080 South University Ave. School of Social Work, University of Michigan, Ann Arbor, MI, 48109, USA o al correo electrónico gesanhue@umich.edu*

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