

**Love Barrow Families:  
A Case Study of Transforming Public Services**

Authors: Katrina Robson, Alison Tooby & Robbie Duschinsky

Corresponding Author

Katrina Robson

Love Barrow Families Project Lead

Brisbane Park Infant School

Blake Street

Barrow-in-Furness

Cumbria

LA14 1NY

[katrina.robson@cumbria.nhs.uk](mailto:katrina.robson@cumbria.nhs.uk)

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## Abstract

This chapter describes the development of Love Barrow Families a new way of working with complex families in the community of Barrow-in-Furness, Cumbria in England. The project recognises the significance of relationships and connection at an early stage i.e. before problems reach the threshold of services. This means that “intervening” can be thought about in a way that captures the assets which already exist in neighbourhood and community. Love Barrow Families is rooted in the community and has grown from the ground upwards. This chapter describes the role of coproduction in providing a framework and source of inspiration during the two years that the project has been running. It also shows how the project has been informed by The Dynamic Maturation Model of Attachment (DMM), a theory of human development and set of assessments which have helped us understand and respond to the complexities of families’ lives. The principles of co-production and the DMM have worked well together because both recognise the fundamental nature of relationships for the mental and physical well-being of families, neighbourhoods and communities.

**Love Barrow Families:****Transforming Public Services***The Problem*

In a small community like Barrow-in-Furness, families who face the most complex problems are comparatively easily identified. Although only a small percentage of the population, as in the national picture (C4EO 2011, DCFS 2009), local practitioners see that they receive a large number of services but often have the poorest outcomes. This picture has been reflected nationally: projects such as the government's 'Troubled Families Initiative' consistently highlight the cost to society and the need to find more effective ways of working with families with complex needs. Over the past fifteen years it had become increasingly clear that, although the number of services involved with these families had vastly increased the same families appear time and time again at the door of our agencies. This has often left the professionals feeling frustrated and perplexed. In the same period, frontline workers have felt the pressure of the increasing focus upon targets and paperwork, leaving even less time to get to know and understand families or communicate effectively with other agencies involved (Munro 2011).

For this small percentage of families with the most complex problems, the need to properly understand their situation before beginning any intervention plan is crucial, both in terms of better outcomes for the family, but also to ensure a more efficient, orderly, and economical use of resources. Effective understanding of the issues facing a whole family is reduced, and even sometimes seriously undermined, because assessments are undertaken by separate adult and child services, focusing upon either the needs of the parent or the needs of the child rather than both. Mental health and social care needs are also artificially split, reflecting the focus of different

organisations. Interventions are also usually determined by the services available in a team rather than what is needed from a family perspective. For many families, the interventions they have received in the past have not addressed their problems and any apparent progress has not been sustained. Too often this has resulted in years of futile (and expensive) work that has ended with children coming into the care system where they often do not fulfil their potential and are over-represented in mental health and treatment services (DES 2006).

Barrow-in-Furness is an industrial town with a population of approximately 70 000 and is located on the south west tip of the county of Cumbria. The County of Cumbria is in the North West of England and is predominantly rural, containing the Lake District and Lake District National Park which is considered one of England's most outstanding areas of natural beauty. The Local Authority is Cumbria County Council which came into existence in 1974.

Barrow-in-Furness is currently among the 10% most economically deprived districts in England. The town has a history of steelwork and shipbuilding and the main employer is BAE Systems. The effects of the major economic and political changes in the United Kingdom over the past five years have led to a widening gap in terms of the distribution of wealth, poverty, inequality and social mobility (JRF 2013). One result has been the further exclusion and isolation of a small number of families within their communities. Furthermore, in these times of austerity, cutbacks have meant that services across the country have had to focus increasingly upon tightening referral criteria and drawing lines between their service and other services – with the outcome of further fragmentation of service delivery and a "refer on" mentality. Some of these difficulties have been highlighted as failings in a number of

Serious Case Reviews which have resulted, locally and nationally, in professionals being urged to "share information and agree action" (Cumbria LSCB 2013; see also Vincent 2010)

### *The Idea*

The ideas behind Love Barrow Families have not developed overnight. Setting up a project like this has taken a lifetime of experience and learning within the community of families and professionals in Barrow-in-Furness, and close attention to the wider national and global context. Starting from what it means to be Barrovian and reflecting the unique strengths and issues faced by our community has been paramount. The French philosopher Simone Weil (1955: 40) wrote that "to be rooted is perhaps the most important and least recognised need of the human soul". This sense of belonging and knowing where we come from is something which has been passed on through generations of families in Barrow and remains true to this day. The loyalty, goodness and pride most people here feel in belonging to the borough of Barrow-in-Furness has been a strong foundation from which to build. Building resilience through connection with family, neighbourhood and community so that families who need extra help are supported before they come to the door of mental health or social services seems a more productive use of resources for everyone.

It has also been important to us to bring together and use theories, research and evidence to inform what we do in a way which connects to real life and makes sense to ordinary people. Dr John Howarth has been an inspiration and a source of knowledge and experience, encouraging us to bring to life ideas from asset based working (Kretzmann & McKnight 1993), thinking about the assets in our own

community. Dr Julia Slay from the New Economics Foundation helped us to understand and implement co-production principles (Boyle & Harris 2009).

Another major source of inspiration for Love Barrow Families has been the Dynamic-Maturational Model of Attachment and Adaptation (DMM, Crittenden, 2008). The DMM was introduced to the Barrow community at a well attended 5-day Attachment and Psychopathology course in 2005 and has since found a home here, becoming embedded in the practice and minds of many professionals across different agencies. A few of us have trained extensively with Dr Patricia Crittenden in using her assessments such as the Adult Attachment Interview, the CARE-Index, and the School Age Assessment of Attachment to understand relationships in complex families so that intervention can identify and address underlying problems (Robson & Savage, 2001; Robson & Tooby 2004; Robson & Wetherell 2011). This includes intervening in both practical and therapeutic ways and also targeting the intervention towards the child and/or the adults as needed. Furthermore a research study "The Validation of the School Age Assessment of Attachment" carried out in Barrow with the support of Cumbria Partnership Foundation Trust meant fifty families in Barrow assisted the development of the DMM ideas by volunteering to participate in the longitudinal research. Half of these families were complex and known to agencies. This research showed that attachment issues in children and, especially parents, underlay a large majority of children's behavioural problems; identifying these attachment issues offered a new and more effective way to understand the family problems and guided professionals in their interventions. In addition we discovered that the most troubled families were also the families that wanted to give the most to the research - in the hope that we could use their experience to help others.

*Implementing Ideas: The Love Barrow Families Project*

Support for the initial idea came from the Cumbria Partnership NHS Foundation Trust who employed Katrina Robson. The Cumbria Partnership NHS Foundation Trust is the largest provider of NHS services in the county of Cumbria. It employs around four thousand staff who operate sixty community and mental health services from around twenty main sites and other premises that are shared with other health and community services such as GP surgeries. It is one of 147 foundation trusts in England. NHS foundation trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital, mental health and ambulance services.

Foundation trusts are not directed by government so have greater freedom to decide, with their governors and members, their own strategy and the way services are run.

They can retain their surpluses and borrow to invest in services for patients and service users.

They are accountable to their local communities through their members and governors, their commissioners through contracts and Parliament. They are inspected by the Independent Care Quality Commission and overseen by Monitor, an independent regulator.

We also sought support from key stakeholders in Cumbria County Council which is the Local Authority for the County of Cumbria and was established in 1974, following its first elections held a year before. It is an elected local government body responsible for the most significant local services in the county including children's services.

A talk from Dr John Howarth, Executive Director for Integration, Cumbria Partnership Foundation Trust in 2011 led to further discussion and a plan for a short time-limited piece of work with frontline professionals and families. The plan won second place in an innovation competition held by the Trust, which granted funding for the preliminary piece of work. Co-production principles were followed in the design of the project and remain at its heart. This reflected the need for a new approach that recognised that people's needs are better met when they are involved in a reciprocal relationship with professionals and others, working together to get things done.

In these early stages, a group of complex families from Barrow-in-Furness was identified and asked if they would be willing to come together with Katrina Robson and Alison Tooby to share experiences and document the things that they had found the most helpful from services and the things that had been unhelpful. The work of John Seddon (2008) and Mark Friedman (2009) informed this process. The group included a spread of families, some of whom had had involvement with agencies for generations and had experienced significant health and social care problems, and some of whom were foster parents and had supported troubled children and their families. During a series of three meetings, this group used quality and service improvement tools like root cause analysis (NHS Institute for Innovation and Improvement 2011) to reach a consensus about how agencies could best help families and documented their five top priorities.

At the same time, a group of local multi-agency frontline professionals also had three meetings, going through a similar process of looking at what they felt was working currently and what needed to be changed in order to better meet the needs of complex families. This group included community and third sector organisations and

both adult and child services across health and social care. One of the interesting things that happened was a recognition from a number of professionals that some of our own families were also complex. From this, a small number of colleagues were able to influence the project by sharing their own experience of being on the receiving end of services. This demonstrated the power of the co-production principles and allowed professionals to acknowledge and think about themselves and the impact of their own history upon their work.

### **Families' top five priorities**

What do we need from services?

- 1) Compassion and understanding
- 2) A team that joins up services for children with services for parents and that provides 24 hour support if and when needed.
- 3) Services developed in our local community which are available for when families ask for help e.g. using older experienced members of the community to “foster” and support the whole family unit rather than children being taken into foster care.
- 4) To NOT have to live in fear of having our children taken away. We need honesty and clarity about what needs to change in order to keep our children safe and the right help to make these changes
- 5) An honest and equal trusting relationship with one main professional.

### **Frontline professionals' top 5 areas**

How can we best meet the needs of families?

- 1) A local initiative that joins up services for whole families, bringing together adult and child services.
- 2) One clear assessment tool for a whole family.
- 3) To have less paperwork and more time to spend with families so that we can respond when it's needed and for as long as needed.

- 4) To feel safe within a team that can work with families to hold and address risk as part of our day-to-day work i.e. services can be provided to families whether or not they need to be subject to safeguarding procedures.
- 5) To have high quality supervision, training and guidance provided by experienced professionals who can act as mentors and who can support ongoing care planning and evaluation.

The fourth meeting brought both groups together, with the families presenting their ideas to the professionals who also shared their thoughts. The meeting was also attended by one of the non-executive directors of Cumbria Partnership Foundation Trust, reflecting the need to ensure communication from the bottom to the top of the organisation. The families were treated as experts in their problems and in how services had affected them. The professionals were treated as experts in the work of their particular agency and how to identify and address problems. Both families and professionals appeared to feel good about this work. It was an auspicious basis upon which to build a new way of working together. Lessons learned from the integrating services in Torbay (Thistlethwaite 2011) underlined the significance of having a clear vision that is based on views of service users, bringing together frontline staff and the local community and having the support of early joint governance and senior management.

The next step was therefore to begin to engage senior managers from core Health and Local Authority Children's Services.

The project was awarded funding from an integration bursary through the Cumbria Partnership Foundation Trust which allowed us to begin this process. Engaging stakeholders began with identifying and building a relationship with key supporters based in the community who could use their relationships with others in

their organisations to highlight the work that we were doing. A broad spectrum of supporters at all levels emerged, with a common goal: a wish to improve services for families in Barrow. This enabled us to gain further funding from our colleagues in the Local Authority Children's Services, including funding for an independent evaluation of Love Barrow Families. The funding from Children's Services is sourced from the national 'Troubled Families Programme'; a large percentage of the families identified in Love Barrow Families also meet the current 'Troubled Families' criteria. Those who did not meet the criteria were families who had other significant difficulties such as long term parental mental health problems, physical health problems, or drug and alcohol misuse. Many of the referrals came from head teachers of local primary schools who were able to easily identify children who were already on the pathway to anti-social behaviour and significant emotional difficulties. Love Barrow Families was seized within the community as an opportunity to prevent problems at an early stage.

#### *Core approaches to service in Love Barrow Families*

The outcome of this extensive process of family and professional engagement is our project, Love Barrow Families, which has 6 core components:

1. Reorganisation of mainstream services to co-locate a team of workers from the Local Authority's Children's Services, Adult Social Care, Child and Adolescent Mental Health and Adult Mental Health services, thus bringing adult and children's agencies together (cf. Crittenden, 1992) into a wraparound service that "Thinks Family" (C4EO). Joint working arrangements were put in place through commissioning, with a specification, partnership framework and

contract that contributes to the joint approach of the Cumbria Partnership Foundation Trust and Cumbria County Council. Working effectively in a multi-agency model helps ensure families receive more coordinated and effective services to families, and also ensures best value from limited public funds .

2. One main key-worker for each family who functions as a “transitional attachment figure” (Crittenden 2008) for family members, coordinating all other services and maintaining contact with the family. A transitional attachment figure is someone held in affection and trusted by a family, who can be honest with them about what is needed in order to ensure needs are met. The key-worker is, as such, someone who is able to stand in the shoes of parents, providing practical and emotional support tailored to the needs of those particular parents until they begin to be able to do this for their own. Furthermore having one single keyworker means that families who are already chaotic themselves do not experience the added chaos which can be caused by multiple agencies all who may be well intentioned but arrive with different agendas and assessments..children.
3. One comprehensive assessment which includes the Adult Attachment Interview and School Age Assessment of Attachment; this assessment encompasses the social and emotional/mental health needs of both children and parents, rather than separating them. Having one assessment means that families do not have to tell their story repeatedly to different people and also crucially informs how the whole team work together to achieve the best outcomes.

4. A functional formulation i.e. an understanding of the function of behaviour for family members within their family their wider context and the professional system This includes identification of the dangers each family currently experiences, as well as the ‘critical causes’ of potential change, i.e., the crucial actions for professionals to take (Crittenden & Ainsworth 1989). Thus the Adult Attachment Interviews, the School Age Assessments of Attachment along with all of the other information provided by families, leads to a detailed understanding of why the parents and children in each family behave in the way they do and a guide as to which problems cause the most difficulty, which problems can be tackled first and how to go about addressing them in a way which can be shared with the family and is supportive of their strengths. Having such an understanding which all team members share and carry in their minds means that the family experience an approach which is cohesive and consistent as well as empathic.
5. A community Timebank, which supports families – but also harnesses their assets or skills so that they can give something back. Timebanking is a means of exchange where time is the principal currency. For every hour participant’s ‘deposit’ in a Timebank, perhaps by giving practical help and support to others, they are able to ‘withdraw’ equivalent support when they themselves are in need (Timebanking UK 2011). This means that all families are seen as having something valuable to contribute and are also connected with others in Love Barrow Families. Giving and relating are known to positively affect physical and mental well-being (Action for Happiness 2014). If accessed early enough, timebanking is one way of intervening at a community level prior to problems becoming so big that they require statutory intervention.

6. Experienced and qualified senior team members who a) provide clinical supervision and mentorship for the team and b) chair regular advisory 'panel' meetings of other relevant professionals for each family, thus supporting team members and expanding their range of skills.

### *Development phase*

During the months following the co-design phase, sustaining innovation has proven a challenge in the context of anxiety following Serious Case Reviews within Cumbria, and the extensive change in the scale and mode of service delivery following austerity cutbacks. The project took longer to establish than we had anticipated and at times this felt frustrating. We needed to spend time building relationships in order to have a firm foundation. The initial group of families and frontline practitioners had known what they wanted to do and were keen to get on with it. However, at that time, the connection between professionals on the ground and the most senior managers was not yet established. We had not recognised at the outset that, for the pilot to develop and survive, the participatory process that had taken place among frontline professionals, families and the Barrow community also needed to take place with our colleagues in senior management across both the Cumbria Partnership Foundation Trust and Cumbria County Council. This process has been extremely challenging, but exciting for us all.

A good example of this participatory process with senior management was the agreement we were able to reach with Cumbria County Council for a safeguarding social worker to be seconded from work in Child Protection to contribute to the Love Barrow Families team. This was something requested by families themselves who told us that it would not work for them to have to be passed back to another

agency/worker who did not know them if a child protection issue was to arise. It was their view that child protection concerns could be managed safely in a way that allowed them to be addressed day to day and they said that they felt better when workers were very honest about concerns rather than passing the matter on to someone else. This only happen with the support of senior managers in Cumbria County Council and also the ongoing support of the local Child Protection Manager who works with the Love Barrow Families team to safely manage any issues that arise. The multi-agency nature of the Love Barrow Families team allows for cross skilling i.e. professionals from different agencies learning from one another and facilitates close working relationships and communication between workers, thus closing the gaps between agencies - a recurring recommendation highlighted by many Serious Case Reviews in England, including the case of Baby P.

#### *Love Barrow Families in Action*

Starting in January 2014 we began to work with the first cohort of identified families from the two most deprived wards in Barrow, “growing” our team along the way. The Love Barrow Families team now consists of a project lead, a child and family social worker, a child and family worker, a community support worker for adult mental health and a care coordinator from adult mental health. We also have a social work student in her final year of training. The team is supported by a group of six “Barrow buddies”, volunteers who are matched with families to provide assistance as and when needed. From the beginning we have tried to build upon local connections and assets: for instance, we appreciate the generosity of Brisbane Park Infant School in providing us with an office that we have made home. The team is governed by a local project board made up of members from a number of agencies, third sector organisations and

Barrow Borough Council. This is important because it supports the work of the team in being true to the underlying principles of the project and the need to not lose sight of our place within our community. We also have a senior executive steering group which oversees the work of the project and ensures we are properly embedded in the appropriate reporting structures of Cumbria County Council and Cumbria Partnership Foundation Trust. Two of the parents receiving services from Love Barrow Families join us on the project board and steering group. We have recently been visited by the National Troubled Families team and regularly welcome visitors from Cumbria County Council and Cumbria Partnership Foundation Trust.

The team also have the support of a data analyst provided by Cumbria Partnership Foundation Trust who is assisting with the gathering of data through a weekly report completed with families. As well as this weekly report, an outcomes questionnaire has been developed based upon the original five top priorities identified by families, thus measuring whether families feel we are doing what we set out to do. Cumbria Partnership Foundation Trust have provided the team access to Ipads, which are given to families each week so that they can complete both the report and the questionnaire themselves. This data will inform family dashboards to give us a sense of how families are getting on, and also to feed into an independent evaluation of our project, which is being undertaken by Northumbria University.

One of our anxieties given the need for the work with stakeholders and the length of time it therefore took to begin to work directly with families was that funding would not enable the completion of the two year pilot and evaluation. In early 2013 we began a conversation with the Lankelly Chase Foundation whose fundamental goal is to help shift the way that people on the extreme margins are valued by society, so that policy, public debate and practice are focused on people's

capabilities and humanity. Talking with the Lankelly Chase Foundation led to an application for assistance with further funding. Very recently, an agreement has been reached for Lankelly Chase to provide enough funding to enable us to complete the full two year pilot. This relationship with the Lankelly Chase Foundation has also allowed us to link with other like-minded projects throughout the country and share learning with them.

We are continuing to develop ways of ensuring that the families we work with feel connected to Love Barrow Families and to the community of Barrow-in-Furness and to make the best use of ideas and answers that they themselves have. Over the last year we have been very aware of the isolation that families feel and the sense of acceptance and belonging that Love Barrow Families provides. Coming together as a group has been important and we have done this through links with other local projects and groups – such as taking part in community walks and using local facilities such as the Green Heart Den, a green space in the middle of the town centre where parents and children have enjoyed art activities and bug hunting. The parents in our project have recently decided to meet together every two weeks and are keen to assist in organising events which bring everyone together. Thus some of our families who have benefitted from the support provided are now in a position to provide support themselves.

#### *Summary of Learning so Far*

At the beginning of our journey we set out to ensure that Love Barrow Families was underpinned by co-production principles and we made every effort to involve local families, seeking their view of services and what they felt would be more effective. Involving people in partnership with professionals was understood to

itself have the potential for beneficial effects, including as a way of harnessing hidden resources which would otherwise be missed (NEF 2009). Coproduction provides a challenge for the way that services are currently set up and delivered but we anticipated that it could have huge benefits in terms of shaping an intervention which could occur early and effectively, helping families to access resources and receive support within their communities, thereby preventing them from coming to the attention of statutory services.

This past year, coproduction principles have gone from informing the design of the project to shaping the way that we work together in practice with families referred to our team. We strive to reflect that we do not have all the answers, that families themselves equally have skills and wisdom and that although they may benefit from our experience and training we need to come together in an equal partnership if change is to be effective and sustained. Remaining true to this is a significant challenge and team members have an agreement which allows them to challenge themselves and one another when needed. This way of working is not static; it is a constant process of learning and adapting what we do and how we work to each unique family that comes through our door. Families themselves appear to be proud to be a part of the pilot and have been involved in an extensive reciprocal process of feedback and change.

We started this chapter by highlighting the significance of both the coproduction model and the DMM. Love Barrow Families are a team of adult and child mental health and social care workers who are pooling our knowledge and skills so that rather than completing separate assessments for children and parents, we bring this together so that we assess the whole family. The DMM assessments are being used as a way of understanding the function of behaviour for individuals and the

meaning for the family. Thus the psychological understanding of each family, provided by the AAI and SAA's, is shared with the whole team by the therapist who has undertaken them and used to inform the day-to-day work for all team members in addition to any therapy that is provided. Furthermore this understanding is used at multi-agency meetings, informing the work of colleagues outside Love Barrow Families. Families are understood within their environment and any practical needs are addressed either before or alongside other support.

One example of a family who are being worked with within the Love Barrow Families pilot is the Brown family (a pseudonym). They came to Love Barrow Families at a point of serious crisis, when one of the children had been removed and taken into care as a result of his aggressive and threatening behaviour towards Donna, his mother and his siblings. The Adult Attachment Interview was completed with Donna, and School Age Assessments of Attachment were conducted with each of the three children. The AAI revealed a history of significant and overwhelming trauma and abuse, Donna having been removed herself as a child. The way in which she appeared to have coped was by psychologically escaping from her childhood i.e. disconnecting from her feelings and, in her own words, "putting things into boxes". The AAI helped the team to see how terrifying it was for Donna when her son became aggressive and to understand what meaning this has for her. Not only did the behaviour trigger memories of past abuse at the hands of her father and partners but, Donna had no way of being equipped or able to think about it because keeping these memories locked away had been the way she had managed to survive. When her son became aggressive, Donna became submissive, which was frightening for the son himself and his siblings. The situation ultimately resulted in Donna calling the police

in response to a violent incident, and her son being removed for his own and their safety.

Understanding all of this has been crucial to deciding how to proceed with this family. In the first instance, due to Donna's fragility we talked with her about her strengths and the things that she feels good about. This sounds simple but had a big impact upon Donna, who had felt judged and blamed in her previous encounters with professionals. Over a short period of time we provided one-to-one adult attachment work, which aimed at assisting Donna to feel more stable, before beginning the more painful and slow work of supporting her to "open the boxes" that needed to be opened in order for her to begin to see that, in reality, her little boy did not present the same threat as had her father and others. In the past, Donna had been directed by professionals to a number of parenting courses. She recently commented to us that she had been disappointed in these courses because she always felt as though she was being asked to do things that did not fit her family. However, the coproduction ethic of Love Barrow Families meant that she has been able to feel heard within the intervention provided, and she reports that it has been attentive to her needs and the needs of her children. She also told us:

I am starting to see things differently than before because I am accepted just as I am by the Love Barrow Families team. I feel like, if they can accept me, then maybe I can accept myself. In Love Barrow Families we all help each other and even though I know I am still struggling I know I am not on my own.

This coming together of the DMM assessments alongside coproduction principles means that the team constantly discuss and analyse the work, including the day to day interactions with Donna and her children. Having an understanding of Donna's attachment strategies means that we have been able to work together with a strong and shared sense of what she can manage, moving one small step at a time. Having workers in our team who see the family every day means that intensive and practical hands on support can be provided and then thought about in the context of the wider plan and "functional formulation"

In terms of outcomes it is early days for the project as yet and we are mindful of the time needed to ensure fundamental change that will be sustained, particularly when taking into account the impact of multiple disadvantage. The approach that we are taking is developmental and joins up adult and child mental health and social services. As a result, children who are on a pathway to mental health and emotional problems, and their parents, can be given the right help at the earliest stage before patterns become entrenched and become a core part of the family's mode of interaction. We are hopeful that children, such as Donna's son, benefit from the changes that their parents are able to make, and that this will free them to develop different ways of responding to others – including when they become parents themselves. Alongside this we continue to work with our partner organisations locally, enabling families who have felt excluded from and isolated within the community of Barrow-in-Furness to begin to develop a sense of belonging to our project. Building upon our connections with the many resources already present in the community, families are beginning to take part in activities and events which involve them giving of themselves but also connecting with their neighbourhood.

## References

- Boyle, D. and Harris, M. (2009) *The Challenge of Co-production* London:  
NESTA
- Centre for Excellence and Outcomes in Child and Young Persons Services (2011)  
*Improving the health, safety and wellbeing of children* London: C4EO
- Crittenden, P.M. (2008). *Raising parents: Attachment, parenting, and child safety*.  
London: Routledge
- Crittenden, P.M. (1992). The social ecology of treatment: Case study of a service  
system for maltreated children. *American Journal of Orthopsychiatry*, 62:  
22-34.
- Crittenden, P.M. & Ainsworth M.D.S. (1989). Child maltreatment and attachment  
theory. In D. Cicchetti and V. Carlson (Eds.), *Handbook of child  
maltreatment*, (pp. 432-463). New York: Cambridge University Press.
- Cumbria Local Safeguarding Board (2012) *Serious Case Reviews*  
[www.cumbrialscb.com/](http://www.cumbrialscb.com/)
- Department for Children, Schools & Families (2009) *Think Family Toolkit improving  
support for families at risk* London: DCSF.
- Department for Education & Skills (2006) *Care Matters: Transforming the Lives of  
Children and Young People in Care* London: DES.
- Ferragina, E., Tomlinson, M. & Walker, R. (2013) *Poverty, Participation and Choice:  
The Legacy of Peter Townsend* York: Joseph Rowntree Foundation.
- Friedman, M. (2009) *Turning the Curve* [www.raguide.org](http://www.raguide.org)
- Kretzmann, J. & McKnight, J. (1993) *Building Communities from the Inside Out; A  
Path Towards Finding and Mobilizing a Communities Assets*. Evanston IL:

Institute for Policy Research.

Munro, E. (2011) *The Munro Review of Child Protection* London: Stationary Office.

Robson, K. & Savage, A. (2001). Assessing Adult Attachment: Interview Course with Patricia Crittenden. *Child Abuse Review* 10 440-447.

Robson, K. & Tooby, A. (2004) Play Therapy with Looked After Children: An Attachment Perspective. *British Journal of Play Therapy* 1(1) 16-26.

Robson, K. & Wetherell, A. (2011). The use of the Dynamic Maturational Model of attachment and adaptation within a systemic setting in CAMHS. *Cumbria Partnership Journal of Research Practice and Learning*, 1(2), 48-52.

Rose, W. and Barnes, J. (2008) Improving Safeguarding Practice: Study of Serious Case Reviews 2001-2003. Nottingham: Department for Children, Schools and Families.

Seddon, J. (2008) *Systems Thinking in the Public Sector* Axminster: Triarchy Press

Thistlethwaite, P. (2011) *Integrating health and social care in Torbay* London: The Kings Fund.

Time Banking UK (2011) *People Can*. Stroud: Timebanking UK.

Vincent, S. (2010) *Learning from Child Deaths and Serious Abuse in Scotland* Edinburgh, Dunedin

Weil, S. (1955) *The Need for Roots*, London: Routledge