

## **THE RESOLUTIONS APPROACH: WORKING WITH DENIAL IN CHILD PROTECTION CASES\***

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*This paper introduces a therapeutic approach, the Resolutions Approach (RA), that is a way of working with child protection cases where a child has been injured or where there is a risk of sexual abuse and where parental denial is an issue. The RA is a hybrid approach, using a systemic perspective in work that has a collaborative and solution-focused methodology. Commencing with a description of the RA, we place the approach in a practical context by way of a case study. We include participating parents' evaluation of the RA as well as the those individuals who referred cases to the program; finally, we discuss some of the difficulties, rewards, and differences associated with using the RA in practice.*

Parents of injured or abused children can have many reasons for not wishing to recognize or admit their culpability. They will furthermore be involved in a sometimes adversarial system that imposes severe consequences, both legal and social, upon those who are judged culpable of abuse. There may be a number of attempts by child protection professionals to arrive at an understanding of how the child has been injured. Typically the meaning of parental denial becomes further embedded in the family's narrative around the allegations, usually balanced by an equally strong reaction from the professionals involved. As a result, at the point

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of referral there is usually a feeling of “stuckness” in both the family and professional systems. Until relatively recently there has been a notion that, where evidence exists of child abuse within a family, parental denial of culpability for the abuse will compromise any possibility of a therapeutic approach. Treatment programs that rely upon admission of culpability as a trigger for change have therefore regarded cases involving denial as largely untreatable.

The purpose of this paper is to present the Resolutions Approach (RA), an approach that attempts to address this impasse through the concept of “safe uncertainty.” The term implies a systemic model for a safe, multidisciplinary framework within which uncertainty can be tolerated and therapy or change can also be achieved (Robinson & Whitney, 1999). The RA is therefore a risk management program which recognizes that some questions about the child’s injury or abuse may never receive clear answers. The program’s focus is to accept this, then to manage the uncertainties in a way that is demonstrably safe for the child. In doing so, the approach allows the adults and children concerned to move forward as a family.

The RA integrates ideas such as those of Berg & George (1991) or Jones (1993) and feminist principles to provide a creative way to help make children safer. Narrative family therapy and solution-focused ideas are used to create partnership with the family, while keeping the child protection concerns as the key focus (United Kingdom Department of Health, 1995; White, Essex, & O’Reilly, 1993). The approach, developed within a clinical agency by a team based in Bristol, United Kingdom (Essex, Gumbleton, & Luger, 1996), and refined in a private practice setting, has been successful in work with families where serious child protection concerns, for example, medically diagnosed nonaccidental injury to an infant or the management of the risk of sexual abuse, have arisen within the context of parental denial.

#### **A DIFFERENT ATTITUDE TO POSSIBLE PERPETRATORS OF ABUSE**

A recent study (Reichelt, Tjersland, Gulbrandsen, Jensen, & Mossige, 2004) shares one of the key differentiators of the RA from most other approaches, in that no attempt is made to investigate who committed the abuse. Concentrating instead upon the search for family strengths and available support networks, the RA philosophy is to expect children to be able to return safely to the care of their parents providing ongoing assessment during the program that demonstrates this is safely achievable.

Denial of abuse by parents does not imply that they are unwilling or unable to work toward the future safety of their children. From the evidence of our practice, parents do, in the majority of cases, recognize the imperative for their children to be kept safe and will cooperate in the therapeutic process. It may also be that parents see advantages to themselves in co-constructing a framework within which similar future allegations can be avoided. This framework seeks to support

parents while they develop skills to meet the needs of their children. In this endeavor the RA worker elicits the aid of safe, helpful adults to create a support network around the child. These adults, usually relatives, close friends, and professionals, can introduce narratives different to those dominant in the family; the aim is to punctuate previous ways of thinking and behaving. Roles, responsibilities, and lines of communication are identified, agreed, and practiced between carers and supporters within the framework.

RA work takes place within the context of a child protection arena, and is often supported by ongoing court proceedings to provide a clear “symbol of seriousness” acknowledging connotations of social control but driven by the overriding need to develop fairer and more equitable relationships within families (MacKinnon & James, 1992a). The incentive for parents to engage with and complete an RA-based program is therefore considerable: the family should be able to move forward from a stuck position, where parenting their children is constrained by a high level of external supervision, to one where they can regain parental control within a framework of safe behaviors understood and monitored by members of the support network. Parents may therefore view their engagement in an RA-based risk management program as a means of regaining control over their lives, particularly where the child has been temporarily removed from their care under an order made by the court. The RA worker acknowledges this context by maintaining a close relationship with the child protection and legal systems, participating in professionals’ meetings, child protection case-conferences, or case reviews, or attending court hearings as an expert witness.

### **THE PHASES OF THE PROGRAM**

The following elements are shaped into a program appropriate to each case, though the underlying approach is the same. The program may last for six to eight months, with reunification of the family typically occurring two-thirds of the way through.

#### **Assessment and Preparation Phase**

The program makes considerable demands upon family members. Not all cases fit the program entry criteria, and during the assessment we look in particular for family strengths and possibilities that are indicators to a successful outcome. These indicators include: one of the parents is a potential “safer carer”; other helpful adults surround the child; there is the potential for creating a robust network of family, friends, and professionals to provide continuing support; an availability of support exists for the foreseeable future; the adults are willing to place the child’s safety and welfare first; and participants are committed to the aims of the program and to work in partnership with agencies.

Before the program can begin, all parties must agree to participate. Preliminary meetings are held with parents, professionals, and other adults to explain the program and obtain their commitment to the work. One of the child's parents may have been identified by the court as the likely perpetrator of the abuse. In the face of denial by one or both parents, we seek to involve the likely perpetrator and the likely nonabuser in the work. Recently, we have found it is possible to work with cases where there is no identified parental "safer carer," but these cases require large support networks to provide extra reassurance.

The majority of the sessions take place in clients' own homes or those of the supporting adults, though the approach can also be applied in an agency. For families who feel that the balance of power lies with the statutory authorities, we find that changing the context of the work to family locations provides a welcome difference for parents and also allows us to assess the environment the child is returning to.

### **The Engagement Phase**

The program starts with an engagement phase of one or two sessions in which the parents, assisted by the adults who will form their support network, begin the co-construction of two key documents.

#### *The Words and Pictures Storyboard*

The Words and Pictures Storyboard is a tool that helps provide a coherent narrative expressly created to help children to understand events that are difficult to talk about. The format is simple, hand-drawn pictures accompanied by short passages of text. The storyboard attempts to create a context in which meanings attributed to events can be shared and a joint narrative agreed on, as an explanation for the child of "how come things are the way they are." This shared story then creates a firm context for the future. For example, it is often difficult for substitute and kinship carers (grandparents, aunts, uncles, and others) to explain to children in their care why they are now living with them and not with their birth parents. Through the medium of a storyboard the child can understand something of their birth parents' struggles and difficulties, within a positive frame that engenders hope and focuses upon family strengths.

#### *Family Safety Guidelines*

Expressed in words and illustrative pictures, the purpose of the *Family Safety Guidelines* is to identify in detail how family life will be arranged in the future to assure continuing safety for children. They include contributions from parents, professionals, and the support network and take into account physical and emotional factors in the home environment. The guidelines are a work in progress with

a draft created early in the program then tested and refined as the family progresses toward reunification.

The guidelines' scope encompasses arrangements for supervision of contact between the child and the adults around them (including the likely perpetrator), the management of parental stress, communication, the alleviation of the impact of temporary illness, and how worries and concerns will be communicated within the family network and to professionals so that early intervention can prevent relapse.

The guidelines can place considerable constraints upon parents, particularly where, for instance, one parent must never be left alone with the child without a member of the support network being present. However, parents' constructive engagement in the process is evidence of their commitment, and a secondary purpose of the guidelines is to establish a set of rules that will avoid further allegations or misunderstandings aimed at the likely perpetrator. Parents thus perceive their adherence to the guidelines as providing a way to ensure the future safety of their children and a means to achieve a measure of closure for what has happened, allowing the family to move on.

### **Similar, but Different Family Sessions Phase**

The "Similar, but Different Family" is a role-play where we invite parents to co-construct an imaginary family, then to act or speak from the point of view of parents within a family that is clearly "not them." In creating the scenario, we encourage parents to invent names, places, jobs, and other characteristics for the similar family, possibly with more or fewer children than in the real one. An element of playfulness is introduced as we find this assists parents in creating their characters. One of the invented parents admits that he or she has physically injured a child in the family. We then look at the issues from the perspectives of the abused child, siblings, parents, and wider family and then look twenty years into the future when the invented parents would be grandparents. Usually, the parents are supported in these sessions by at least one helpful adult acting as a participant observer. With very few exceptions, we find that families entering into these role-plays do so with curiosity and some enthusiasm. Clearly, families feel able to discuss the story of the other family, even though it is very much their own creation and faces challenges similar to their own.

### **Reunification in Stages Phase**

At the commencement of the program children have often been separated from the likely perpetrator; possibly either the children or the likely perpetrator is living outside the family home. As the program progresses, parents are given increasing access to their children. Contact progresses from initial meetings outside the family home supervised by the support network, through day and then progressive overnight visits, toward eventual reunion. Parents have an incentive to participate in and complete

the program, knowing there is a reward at the end of each completed stage. We maintain contact with the court and statutory agencies to report upon progress and recommend increased contact when an appropriate stage has been completed.

### AN ILLUSTRATIVE CASE STUDY

The case described here is a composite, intended to illustrate some themes relating to practice and research. (All names and identifying characteristics have been changed.)

#### *Family Background*

Glyn and Rhiannon have been together for three years, and they have a daughter called Ann-Marie. Glyn works long hours in his father's plumbing business and expects in time to take over the business. He grew up in a family where there was physical chastisement. Glyn sees his father as someone with very forthright opinions and expectations, though at times cold. Glyn is constrained and controlled by his father, but he finds it difficult to express his feelings face-to-face. Rhiannon found her parents' separation when she was 11 years old difficult to cope with; the relationship with her mother was at times distant as they adjusted to life as a single-parent family. Rhiannon is in frequent contact with her parents, also with her brother and sister.

#### *Abuse Occurs*

Glyn and Rhiannon's daughter Ann-Marie was injured when she was aged 6 months. At the time of the injury, she was teething and had colic. One Sunday evening, Rhiannon went to see her sister nearby for a break, leaving Glyn to feed and settle Ann-Marie. When Rhiannon returned, she asked Glyn how Ann-Marie was. He said she had cried a lot because of her teething but had settled eventually. Rhiannon looked in on Ann-Marie, who was asleep. Later, Ann-Marie was fretful in the early hours. Rhiannon went to change her, then realized there was something wrong with Ann-Marie's left leg. Rhiannon asked Glyn to have a look, following which he suggested they leave it until the morning and see how she was then. Rhiannon, however, was worried. She phoned her mother, who said Ann-Marie should be taken to the hospital. Glyn and Rhiannon took Ann-Marie to the hospital immediately, where a medical examination took place. The injury was serious: Ann-Marie's leg was fractured; the nature of the injury was suspicious and likely to be nonaccidental.

Over the next four months, further assessments and tests confirmed the injuries were indeed nonaccidental. When Ann-Marie had recovered sufficiently to leave the hospital she went to stay with her maternal grandmother by order of the court. Glyn and Rhiannon maintained all the way through that neither had injured their

daughter. The judge made a finding that Glyn had injured Ann-Marie and expressed a concern that Rhiannon had not been active enough to protect the child. The judge requested an RA assessment.

### **Participation in the RA-Based Program**

Of particular importance during the RA assessment was identification of a group of safe adults around the child including trusted relatives and friends. These adults supported the parents in their position, though naturally there existed a nuanced range of views about parental culpability, differences that would be explored later during the program. This group was the potential support network mobilized during the program sessions to monitor and support the parents toward reunification of the family.

Conversations with the family elicited a number of narratives, some heavily influential—for example, the parents' narrative about how Ann-Marie was injured might be a narrative they cannot even express between themselves or to others in their families. There were separate narratives from Glyn and Rhiannon's parents, each trying to make sense of what happened. Grandparents' relationships with children can be particularly strong where the grandparents have cared for the children. Convening parents and wider family members allowed these various narratives to be expressed.

Like most parents who are accepted into the program, Rhiannon and Glyn were prepared to change the way they live in order to demonstrate their adherence to the *Family Safety Guidelines* and thereby reunify their family. Ann-Marie was reunified with her parents two-thirds of the way through the program and remained at home, monitored by statutory authorities for a further six months. A review was carried out after one year indicating there had been no further injuries reported. The *Family Safety Guidelines* will remain in force until Ann-Marie is in full-time school. In other cases, such as those involving sexual abuse, this term may be much longer.

## **PARENTS' PERSPECTIVES ON THE RA**

The first author conducted interviews with parents who had participated in programs using the RA. She was unknown to the parents. She examined how effective the RA had been in engaging parents and forming a partnership between themselves and their worker, and she explored parents' overall experience of participating in the program (Hiles, 2002). A series of semistructured qualitative face-to-face interviews were conducted with ten parents from seven families in the parents' own homes. The families were white, were British, had children under seven years old, and came from varying socioeconomic backgrounds. All had completed the program conducted by RA private practitioners between one and six months earlier. In every case but one, allegations of abuse had been denied. The work took place in situations where reunification was strongly desired by

family members and where the alleged perpetrator was expected to continue living with or to rejoin the family. In each case, a “safer care” had been identified around which a support network could be established during the program.

Families were not obliged to participate in the program. Parents who agreed to engage with the program were hoping to escape the sense of stuckness, regain some control over their lives, shift the balance of power away from professionals, and be listened to.

### **Parents’ Experiences of Professionals**

At the point of referral, parental attitudes toward child protection professionals were largely hostile and reflected the sense of powerlessness, suspicion, and apprehension felt by parents, feelings well represented in research (Ban, 1992; Imber-Black, 1988; Pugh & De Ath, 1985). Parents’ experience of working with agencies had been one of division, imposition of control, and separation from the children and each other. They believed that if they were identified as abusing during the initial stages of contact with an agency it was difficult, if not impossible, to get workers to see them as capable parents later on, echoing Thorburn, Lewis, and Shemmings (1995). Because RA work was perceived by parents as having been initiated by the same set of professionals, the initial (and suspicious) assumption among some parents was that the result was predetermined.

### **Parents’ Involvement in an Achievable Plan of Action**

All parents identified their desire to live with their children together as a family. The link (reinforced in many cases by the court) between parents’ engagement in the RA and regaining access to their children was accepted by parents; completion of the program was something they had to do in order to get the children back, similar to “getting the child protection worker out of their hair” (Turnell & Edwards, 1999, p. 39).

The RA involved agreeing on a plan, with the end result an expectation of reunification of parents and their children. Progress within the program was measured in stages toward these planned goals, with successful completion of each stage providing an incremental reward for the parents. The development of the plan in partnership with the RA worker was a key motivation in the parents’ commitment to the outcome.

Many parents, having been the passive subjects of assessments for various purposes, expressed their relief that the RA worker encouraged them to take an active part in moving things forward. This is borne out in the literature; (MacKinnon & James, 1992b; Ryburn & Atherton, 1996; Weakland & Jordon, 1990) where a positive relationship was found more likely to develop when parents understood that the worker’s focus was to collaborate with them rather than oppose them in the care of the child.

### **Being Listened To and Not Judged**

Parents appreciated having their views listened to. They welcomed the nonjudgmental approach of the RA worker, and they found the worker's willingness to engage with them in discussion of personal feelings particularly helpful. All parents identified the RA worker's ability to mediate as an independent agent between them and the statutory authorities as being very important.

### **“Similar, but Different Family” and *Family Safety Guidelines***

All parents found the “Similar, but Different Family” role-play challenging, thought provoking, and sometimes difficult. One family could see no point to it. Families recognized their contribution in the co-creation of the *Family Safety Guidelines*, allied with an obligation to adhere to them; deviation was recognized as not worth the risk. The guidelines were seen as protecting parents as well as children. Mothers who were not implicated in the abuse felt that the guidelines benefited their male partners and themselves by providing a framework in which they could demonstrate child protection awareness to statutory authorities and the court.

### **Relationships with Professionals and within the Family**

All families noted the negative effect of restrictions on association and movement upon the relationship between parents and children. Some parents had undergone enforced separation from their children for extended periods. Most parents found that these trials had made them stronger as a couple, though two families noted difficulties living together. Recurring themes were a feeling of still being blamed or fear of losing the children again.

After participation in the RA, parents reported improved relationships between themselves and professionals. Some felt more confident as parents and people. Most felt they had an enhanced awareness of the need and their responsibility to protect their children, and in general parents felt better informed about the nature of problems they faced and about ways to respond effectively. All parents commented upon the increased amount of control over their lives following the intervention. One benefit widely acknowledged among them was the sense of movement, as opposed to the stalemate and stagnation experienced in each case before the program commenced.

### **Parents' Overall Assessment**

There was a high level of satisfaction with the RA. Parents who had despaired of ever regaining control over their lives, or of being reunited as a family with their children, found that involvement with RA workers enabled them to believe that a way forward could be found, one in which they felt a sense of partnership. These

results concur with earlier findings (Gumbleton, 1997) and support the view that it is possible to establish cooperative partnerships with parents where denial of abuse is a factor.

### **REFERRERS' HOPES AND EXPECTATIONS OF THE RA**

The second author interviewed seven referrers to RA-based programs in a study aimed at eliciting retrospectively the hopes and expectations of referrers (Luger, 2003). The referrers were seven solicitors and guardians (an official appointed by the court to represent the rights and interests of children), and the ten cases in the study had been worked with for lengths of time ranging from four to eight months. All families had one or more children successfully rehabilitated at the time of the research interview.

#### **The RA Worker as Expert and Therapist**

Any outside agency invited to join the professional system is bounded both by the expectations of the referrer and the linear nature of the way the child protection system works within the legal context. Respondents hoped that although the system they were in was focused around the court and the legal process, the RA worker's primary activity was successful therapy with families (to unstick the stuckness), someone who will bring about change within the family for the sake of the child who is the overall system's concern. However, the RA worker was also expected to be capable of working across the different parts of the system: for example, as an "expert" in court. Recent articles by family therapists working in the courts (Asen, 2003; Cooklin, 2003; Smith, 2003; Trowell, 2003) highlight the systemic issues faced by a therapist/expert witness.

#### **Attitudes Regarding the Statutory Child Protection Agency and Its Workers**

Referrers viewed the different parts of the system as being unequal in power, with the statutory child protection agency and its social workers seen as having to work within government-led frameworks and procedures mediated by the bureaucracy of the statutory authority. Some respondents reported that within the statutory agency subsystem, major changes in policy in a particular case resulted from changes in personnel; this was identified as confusing for others in the wider system such as the family or other professionals.

#### **Relationship and Engagement with the Family**

Referrers appreciated that the RA worker's practice is open to observation by other professionals, allowing the wider system to make sense of what is being done.

Professionals observing the RA worker in sessions with the family were able to see new possibilities arising out of the work. Referrers expected the RA worker to engage with the family in its own context of the family home and community, rather than a clinical environment. This allowed a rebalancing of power in the wider system, moving away from the context of the statutory agency and court, and empowering the family to be itself in its own territory.

### A CONVERSATION ABOUT THE RA

In this conversation, we discuss some of the difficulties, rewards, and our differences in working with the approach.

MARK RIVETT (MR): *Could you comment on what it is that makes the RA so helpful and useful in child protection situations?*

MARGARET HILES (MH): When I'm meeting families to make an assessment, part of that assessment is to say "I can work with you." Up to that point, families may have been assessed several times without an offer of help, seeing no light in the tunnel. Often families are initially unclear and worried about the nature of the RA. Taking time to explain the potential for the RA to give families a way forward can be powerful. It offers them real hope.

COLIN LUGER (CL): What families say to us is, "We never felt we had a future, we were so stuck." The approach was developed because families did get stuck in the system. Children living away from the family home for months are stuck too. Where the approach is powerful is that we can potentially turn the situation around. Paradoxically, the more stuck it is, sometimes the bigger the shift. This shift is noticeable, not only to the worker and families, but also to other professionals and to the judge.

MR: *This leads on to how you use a systemic perspective. How is it that you adopt and use such a perspective in this work, and how does this relate to a solution-focused perspective, and a collaborative one?*

CL: When we think about the system, we look at the wider potential and possibilities of the system allowing us to access parents and children in their context. We use a solution-focused brief therapy approach to advance the work; otherwise, we'd be very good at theorizing but less good at delivery. What matters is engagement, collaboration, and partnership.

MH: Not all parents we meet have an extended family network, so we ask them who are the people who could be supportive, whom they trust, on both paternal and maternal sides. Meeting these people forms part of our assessment. I think social workers can run out of steam—they have different priorities, and meeting extended family members isn't always seen as essential. So these meetings can sometimes be the first opportunity the extended family has had to ask

questions, get explanations, or give their perspective. We also look for ways to support the parents' position. If the child has been removed, the parents can feel marginalized and may not feel able to parent a child after a period of separation. We aim to put the parents into a leading position, supported by a network that includes the professional network. Up to the point of our involvement, assessments have concentrated on identifying problems. Our task is to get professionals to focus on strengths, not just problems, and how they are going to support this to move forward.

MR: *From research and case study, parents feel they are not being cooperated with or respected. On the other hand, the professional agencies want the family to have a coherent voice within court proceedings. Could you say something about the social justice themes within your work?*

CL: In our case study, parents like Glyn and Rhiannon whose child was injured in their care can't explain how it happened. They arrive at the hospital with an injured child, very anxious and worried—suddenly they can find themselves in a child protection investigation, often a criminal investigation as well. Children may be removed into foster care, and it can take several weeks before initial assessments are completed, when the child can perhaps live with a member of the extended family. Then there are a series of court appearances, case conferences, and assessments, but the parents are not sure how or when they will get their children back. The reports seem to keep reinforcing problems, and if parents challenge the reports or get upset, they are labeled "uncooperative."

MH: Once a label is applied, parents find themselves powerless to resist the label of "bad parent"; also the label implies "bad forever." A parent recently said to me, "We accept the finding of fact, but whatever happened to our child wasn't intentional." They are willing to work in any way to get their children back. If we can say to parents, "We have experience of working with families like yours toward getting your child back and keeping them safe from now on," that may be the first time the prospect of reunification has been mentioned.

MR: *The approach is reasonably unique in the UK. What are your ideas about why family therapists haven't found a more common role in child protection in the kind of settings you are working in?*

CL: Those using this approach in the UK have been child protection social workers before being family therapists. Traditionally, family therapists in the UK have worked in clinical settings, and perhaps their child protection training is limited. Also, perhaps family therapists see this work as being done by child protection professional specialists.

MH: I think there is also a dilemma for family therapists in the conflict between maintaining confidentiality when working therapeutically and the reporting requirements of the legal process with its attendant deadlines. RA work spans both assessment and therapy, and perhaps not many therapists would want to undertake such a broad approach. It is difficult work, it can be time pressured

and stressful, and not everyone wants to write court reports or appear as an expert witness. The rewards are there because of the constant possibility to effect positive change and, most important of all, the safe return of children to their parents.

### THE FUTURE OF THE RA

Assessment and selection of suitable cases are essential components of the RA, and we acknowledge that there is some way to go in fostering an understanding among legal and social work professionals of where the approach can best be employed. As the RA continues to prove effective in addressing the particular challenges of working with parental denial in child protection cases, however, we see growing appreciation of its place within the therapeutic interventions available to statutory authorities and the court. Current practitioners of the approach have a background in family therapy as well as extensive experience of child protection social work, and while this may not be essential to successful application of the RA, there is no doubt of the high-risk nature of the work or of the profound consequences for children and parents of getting it wrong. The article reflects current practice in the United Kingdom; we recommend that readers interested in adapting the work take into account their local context.

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