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Working with the Whole Family: What Case Files tell us about Social Work Practices

Abstract

Practice theories to support child protection social work in the United Kingdom, as in the United States and Australia, are being squeezed out by a focus on performance targets and procedural timescales. This study examines an innovative programme designed to reverse this trend initiated by an English local government authority. The programme aimed to embed systemic family practice in situations where children are deemed to be at risk of harm. The findings, derived from an analysis of a case file sample, indicate that social worker interaction with family members is predicated on who is living with the child in conjunction with the risk status of the case file. Conversely, practitioner interactions with family members are divorced from family structure and the lived experiences of kin relationships. This study concludes by examining why, despite training in systemic family practice, it was problematic for social workers to integrate it into their encounters with families.

Key Words: family, kin, child protection, social work, child maltreatment, whole family

Introduction

During the 2000s England experienced a series of national scandals after the deaths of young children at the hands of their carers, despite the involvement of child protection social workers. This occurred notwithstanding the government's introduction and subsequent tightening of national performance management targets, procedures and timescales for investigation, assessment and care planning by child protection social workers, which by

2010 ran to almost 400 pages of statutory guidance (HM Government, 2010). Recognition that ever increasing levels of bureaucratisation can impede good social work, while not remedying poor practice, has led to a renewed interest in practice theory as opposed to managerial approaches to improve inadequate performance in child protection (Social Work Task Force, 2009; Munro, 2011; Broadhurst, et al., 2010). This has spawned multiple departures from standardised responses towards greater experimentation and localisation of solutions to problematic child protection systems (Goodman & Trowler, 2014). The Department for Education (2014, 2016) which awards funding to local government for innovation in their children's social care services is adding impetus to the proliferation of new approaches.

Some English local authorities have sought to address under-performing services by ensuring that child protection practice is guided by a theoretically informed systems approach to families (Goodman & Trowler, 2014; Metheringham, 2016; Department of Education, 2016). This study draws on the evaluation of one such innovation undertaken by a local government authority confronted by a persistent rise in looked-after-children and feedback from parents indicating that they felt required to make changes without assistance from social workers. Senior managers were aware of the successful introduction of a systemic model in London (Forrester et al., 2013) and were keen to trial it in their area. This model is challenging to how the family is generally treated in social work practice.

Family practices in social work

Child protection social workers in the United Kingdom, as in the United States, have been persistently criticised for an over concentration on the mother-child dyad to the detriment of

direct work with fathers and wider kin (Farmer & Owen, 1998; Scourfield, 2006; Featherstone, et al., 2014; Strug & Wilmore-Schaeffer, 2003; Morris et al., 2015). The now extensive literature on working with parents attributes the side-lining of fathers primarily to social workers' gendering of childcare responsibilities alongside the construction of fathers and male partners as essentially risky to children. Studies on whole family practices mainly fault excessively child-centred interventions and the short timescales surrounding permanency planning in relation to children, for the lack of social worker engagement with the extended family (Morris, 2012; Morris et al., 2015). Focus on the mother-child dyad combined with a heavy emphasis on child-centred practice has largely confined the theorisation of family by practitioners to parent-child attachment predicated on the work of Bowlby (Featherstone, 2009).

Conversely, family group conferencing (FGC), first developed in New Zealand, and now gaining some traction in Australia, the United States and the United Kingdom (Frost et al., 2014:482), was designed to be inclusive of wider family and facilitate greater family participation in decision-making about children regarded as at risk of harm by child protection services. As a strengths-based model it focuses on family group generated solutions rather than remediating individuated parental deficits. However, research on FGC evidences preoccupation with process and outcome, particularly around the family's actual influence over child protection decision-making, resulting in little study of the interface between family practices and the FGC as a decision-making forum (Frost et al., 2014a, 2014b; Barn & Das, 2015). Even evaluations of FGCs overlook how social workers theorise family and comprehend family practices regarding who counts as family, how kin construe their relationships and the interactions which maintain affiliations (Frost, 2009).

This lack of engagement with the complexity of family comes at an historical point where typical family forms in Britain are undergoing radical transformation as: the rates of parental separation rise; single parenthood becomes increasingly common; and large numbers of reconstituted families are created as parents separated from other partners cohabit to build new family units. The normalising of serial monogamy among substantial sections of the majority white population has also led to the generation of transient family units. Cultural influences not only among the white majority, but also within Britain's many ethnic minorities adds yet further layers of diversity to family organisation (Laird, 2008; Featherstone, 2009:19-20, 2013). Similar trends are evident in the United States and Australia (Cherlin, 2010; Australian Institute of Family Studies, 2016).

Methodology

During 2013-2014 the local authority sent frontline managers, senior practitioners and social workers employed in its children's social care service on an intensive course in systemic family practice based on the approach of the Institute of Family Therapy which works only with couples or family groups, not individuals (see http://www.ift.org.uk/counselling-therapy-services/). This comprised of 8 days of training for managers and 18 for practitioners delivered by a highly qualified consultancy firm and undertaken in a series of cohorts, with managers and then senior practitioners receiving training followed by social workers. Senior practitioners received consultancy support once a week via skype for the first six months of the programme, while some managers engaged in monthly peer supervision, although this was found to be patchy across the authority. Initial cohorts of social workers were chosen for training on the basis of achieving an even geographic spread. The change programme was already underway when the research team was engaged to evaluate it, which ruled out a pre-

test, post-test design. Consequently, the study compared the practice of social workers who had received training in systemic family work with those who had not. This meant that untrained social workers acted as a control.

The full study which was the basis of a confidential report to the local authority, employed a mixed methods approach, which comprised a secondary analysis of local authority level quantitative data regarding children's social care alongside: semi-structured face-to-face interviews with families lasting 1-2 hours (23 families interviewed with the involvement of 36 family members); semi-structured telephone interviews with frontline managers of approximately half-an-hour in length (n=7); an online survey of social workers (n=45); and a sample case file audit for the year 2014 of *child in need* and *child protection* designated cases (comprising 110 children's files related to 56 different families). The online survey elicited a 23% response rate from social workers while 50% of the sample of managers who originally agreed to participate in the evaluation, actually did. The methodology was designed to gather the perspectives of all those affected by the change programme and to permit triangulation of data across a range of sources. The combination of a finite budget and time pressured professionals meant that face-to-face interviewing of practitioners and managers was impracticable and hence an online survey and telephone interviews were employed.

Ethical approval was given by the local government authority and was obtained from the researchers' own institution via the School of Sociology & Social Policy research ethics procedures set out in University of Nottingham (2013a) and framed by the research governance process stipulated in University of Nottingham (2013b). Informed consent was obtained from families to both interview them and to follow this up with an examination of their case file. Consents were also obtained from frontline managers prior to interview. Social

workers were deemed to have given their consent by completing the anonymous online survey which was entirely voluntary after receiving information regarding the evaluation.

The focus of this study is the case file audit. Case file research is an established method of data collection within social work and has influenced a number of policy changes in the UK and USA (Hayes & Devaney, 2004). As fixed written descriptions of encounters between practitioners and family members, case files record what social workers consider significant in terms of the environment, people's behaviours, interactions between family members, and the rationale for their own decisions. They also provide insight into practice through accounts of family problems and social work activity to address these. However, as documentation has become increasingly prescriptive, workloads higher and practitioners' time more pressured, recording has become highly regimented. The overarching organisational concern with risk to children has constricted what is recorded, often stripping out more narrative and holistic accounts of work with families (Broadhurst, et al., 2010; Featherstone et al., 2014). Consequently, case recordings are a partial account of what occurred designed to meet managerial requirements regarding the justification for particular social work actions. For this reason evidence from case files is triangulated with data from family interviews in this study.

The case files compared the work of 39 trained social workers against that of 19 untrained social workers. These were not randomised samples as they were selected on the basis of achieving an even geographical spread of trained to untrained social workers across the local authority area. The case files were analysed blind regarding which practitioners had undertaken training. It was conducted via an electronic template created in Microsoft Access to manually transfer from each online case file key numerical data and a shorthand version of relevant descriptive information relating to the pattern of home visits and work undertaken

with family members. Combined, this created a database within Microsoft Access from which data could then be extracted systematically and analysed. Descriptive statistics were used to analyse the numerical data from the case file audit. No evidence of difference between trained and untrained staff was found in relation to: the amount of time spent with families; the involvement of extended family; direct work with family members; or the use of systemic analysis in case recording. Therefore the data gathered via this method is treated as a whole. This element of the overall evaluation sought to answer the following two research questions:

What patterns of social worker engagement with family members do the sampled case files reveal?

What are the implications of these patterns of engagement for the introduction and embedding of a change programme around whole family social work practices?

Patterns of face-to-face contact with family members

An overview of family composition in the case file sample is set out in table 1 below. As would be expected the highest representation is of single mothers at 41% followed by co-resident parents at 29% with just a few families having single resident fathers. Kinship care in this sample constituted 13% of families and related exclusively to children living with a grandparent, which is broadly comparable with the population of *looked after children* (The Who Cares Trust, 2016).

{Table 1}

It is not possible to determine the duration of face-to-face meetings between social workers and family members from the case files. However, the data does reveal that meetings, predominantly home visits, but also office-based interviews, tended to average around 2-3 visits per month for *child protection* cases. This compares to 1-2 per month for *child in need* cases, with approximately one visit every six months for those files held as *children in need* due solely to the child's disability (as opposed to concerns around neglect or abuse). The number of meetings correlated with the status of the file and not family composition in terms of for example the number of fathers, whether a partner co-habited or the involvement of grandparents. The only exception to this, were peaks in the frequency of home visits when a crisis occurred or substantial change was taking place within the family. Participants in meetings were predominantly associated with household composition as opposed to family composition.

This meant that the family members engaged face-to-face by social workers related to who resided in the home with the child, as opposed to who was related to, or in frequent contact with, the child. Consequently, home visiting and office-based interviews were overwhelmingly with children and resident mothers, correlating to the breakdown of household composition set out in table 1 above. Nevertheless, in 19 out of the 21 households where the mother lived with either a resident father or a male partner, social work face-to-face contact with the father or male partner constituted between 50% - 100% of all encounters. While this research suggests a higher level of encounter with co-resident fathers and male partners than previous studies have indicated, accounts of practice recorded in case files still evidenced more intervention with resident mothers than fathers or male partners. Where there was a resident father or the child was living with grandparents, then the home

visits chiefly involved face-to-face contact with those family members, occasionally supplemented by office-based meetings.

Conversely, table 2 below displays the level of face-to-face contact with non-resident family members. Table 2 excludes one-off or very occasional visits and figures given constitute instances in which the pattern of face-to-face encounters involved 20% or more of total encounters with members of that family. Admittedly this is an arbitrary figure for the purposes of analysis. It has been chosen by the researchers on the basis that meaningful direct work with family members who do not reside in the same home as the child can only occur if there is a degree of frequency in terms of face-to-face encounters. We have set this at one fifth of the total number of social work face-to-face meetings with family members to try and eliminate the confounding effect of occasional interactions in which little substantive work can reasonably take place.

{Table 2}

Contrary to the accepted wisdom, these results indicate that non-resident mothers and non-resident fathers are almost equally liable to be overlooked during social work intervention. It is also remarkable, that with few exceptions, the only time that grandparents figured in social work contact was when they were resident in the same household as the child concerned. When extended family members are non-resident, but known to have regular contact with the nuclear family, in only 24% of instances was there substantive social work contact with these relatives. Family friends noted on file to be frequently in the family home and described as providing vital support, or as in one case believed to be causing harm, received virtually no social work face-to-face contact.

It is recognised that home visiting and other face-to-face meetings are not the only means of maintaining social work engagement with a family member. However substantive direct work with family members undoubtedly does necessitate a significant number of face-to-face encounters. For this reason home visits and office-based meetings are treated as a proxy for the degree of involvement of family members in care planning and implementation. Moreover even a cursory examination of the 110 case files revealed that the vast majority of family members left out of home visits or office-based interviews were not otherwise engaged, for example through multiple telephone calls or email contacts.

The involvement of extended family

The completion of a genogram for each family was an explicit expectation of the agency being primarily designed to summarise family structure for professionals. It appeared on the first page of each electronic file. Three genograms were restricted and could not be accessed. A further three genograms where incomplete, which was said to be due to family conflict, although in all these instances a reading of the related case files revealed that a genogram of extended family members could in fact have been constructed. Table 3 below sets out the number of kin showing on the genogram for each member of the nuclear family and their partners. It should be noted that the figure for 'no kin' includes seven families with multiple fathers, none of whom had named kin in their associated genogram.

{Table 3}

Admittedly not all of the 49 fathers, many of whom were non-resident, had contact with their children. But, even if only those non-resident fathers with regular contact are counted, the result remains largely the same, with the vast majority of fathers not having any kin networks identified on the child's genogram. For mothers, this pattern is less pronounced, though nevertheless it is salient that in almost half of cases, none of the mothers' extended family were named on the genogram. No genograms identified the kin of parental partners. It could be argued that the genogram is merely an administrative tool, which due to pressure on social workers' time is not always completed. However, preliminary analysis of the electronic files in respect of social work with extended family members revealed that in 76% of cases wider kin were never included in direct work, while 10% evidenced their occasional involvement and 14% their frequent inclusion. Yet in approximately 50% of the files there are references scattered through various separate documentation to relatives who either had some or substantial contact with the parents and/or their children. In some instances they provided vital practical support. These individuals were frequently not introduced into the genograms.

In at least 50% of instances kin were mentioned as providing assistance to the family, but were not involved by the social worker in any direct work. This conclusion is corroborated by data gathered from family members through the semi-structured interviews (n=36). Interviewees were explicitly asked to what extent social workers involved their extended family in discussion and deliberation about the child (ren). In response to this question family members cited non-resident fathers and partners, but only one mentioned a non-resident grandparent and another, an aunt. When asked a closed question at the interview's end, only 40% agreed with the statement 'my social worker works with other members of my family' while 56% disagreed with the statement. Essentially social work interaction with families was confined to the nuclear family unit or grandparents if they were co-resident with the

child(ren).This would indicate that the majority of families in the study experienced social work intervention as exclusively focussed on immediate family or solely their household, which is consistent with Morris et al. (2015).

Working with the family as a system

Recording across all files, regardless of the nature of the documentation, whether it comprised: assessments; the record of multiagency meetings; case notes; supervision records; the observation of family members; or the recounting of events during visits, lacked evidence of theorising around family dynamics and revealed minimal use of systemic tools. Most pro forma permitted large amounts of free text, which therefore should not have impeded more dynamic and analytical accounts of social worker observations and interventions. Notably in only ten files was theory referred to and when it was, this was in relation to mother-child attachment and constituted a mention rather than an analysis. As findings in table 4 below reveal, there is no evidence in the files of the construction of an analytical narrative which reflected a systemic approach to family relationships. Given the inherently incomplete nature of case file recording due to organisational imperatives discussed in the methodology section above, it could be argued that theorising and analytical processes did occur, but were not recorded. However, data gathered from families with trained social workers revealed little employment of systemic approaches or tools, while indicating improvement in core social work skills, such as effective listening, supportive practices, building on parental strengths and a reduction in castigatory responses.

{Table 4}

In the few instances where systemic tools were used with the family these were confined to cultural genograms. Contrasting with the online genograms required by the agency, these were pdf facsimiles of handwritten diagrams which included extensive family networks and had plainly been co-constructed with the families. They were usually annotated to indicate patterns of family interactions. Occasionally supervision records and case notes evidenced hypothesising about family dynamics, a core professional process in systemic family practice. Systemic thinking in commissioning work was virtually absent and only appeared exceptionally as an allusion to referring several family members to the same provider.

Commonly case files revealed extraordinary complexity in family organisation with sometimes up to three or more different fathers involved together with their current partners and that of the mother, further complicated by step grandparents or the partners of grandparents. In other families male ex-partners continued contact with their own children and sometimes acted as a parent towards the mother's children by another father. In many instances relatives, predominantly grandparents were frequent visitors to the family home. Genograms (even as starting points) in conjunction with the patterns of face-to-face social work with family members consistently failed to grapple with the multiplicity of figures in many children's lives. The sample files overwhelmingly depict social work practice as revolving round co-resident blood relatives of the child, with some bias towards mothers when interacting with co-resident birth parents. It was exceptional for social workers to explicitly undertake direct work, such as mediation with family members concerning their relationships with one-another.

The individuation of work with families is reflected in Core Assessments (and more recently introduced Single Assessments) together with records of multiagency forums. In all these

instances children of the family and parents are listed as a set of subheadings and their circumstances reported each in turn, with no evidence of an integrated narrative of family life. This is consistent with the predominant pattern of referring household members to different services for individuated problems, as opposed to the same service for joint work with family members. It was beyond the scope of this study to investigate the availability of whole family services. However, it is reasonable to surmise that the lack of systemic thinking in commissioning services in conjunction with atomising family problems, colluded with individuated services and may have failed to identify the possibilities of more holistic interventions that existing services could have offered families. Many family members described social workers as co-ordinating multi-agency inputs or advocating for the family to secure services. More commonly, social workers were portrayed as referring them on to other agencies and acting as case managers.

Discussion of findings

This study reveals that patterns of face-to-face interactions between social workers and family reflect procedural imperatives in relation to the level of perceived risk associated with case designation and appear delinked from the complexity and nature of family composition. Visiting patterns are also correlated to who is present in the household rather than who is a member of the nuclear or extended family system. Both the sample and population is of predominantly resident mothers, so this creates a bias towards social worker-mother interactions, accentuating the now well recognised gendering of social work activity (Scourfield, 2003, 2006; Morris et al., 2015). The findings also suggest that such bias cannot be rectified solely through the tweaking of qualifying training or cultural change within child protection agencies. This is because several other dynamics are in play. Social work attention

is given to fathers and male partners if they are present and visible in the child's home, albeit generally to a lesser degree than mothers. Conversely, there is evidence of the virtual exclusion from social work activity of those living outside of the home in which the child resides, be they non-resident fathers, non-resident mothers, their partners or extended family members. Practitioners are focussed on those living with the child, largely neglecting relationships and dynamics outside of this. While gender bias in social work activity is a factor in fathers and male partners receiving much less professional attention than mothers, the findings from this study indicate that the visiting patterns of social workers exacerbate this tendency. They also potentially exclude key family members from involvement in interventions and decision-making.

This constriction of practice is profoundly problematic in an era witnessing both the fragmentation and reconstitution of families as increasing numbers of birth parents separate, live apart, have a series of other partners, who may or may not adopt a parental role towards existing children, and may have children themselves with the original parent. When several generations of parents have split up and had second families or often more, the generational structure of families becomes exceptionally complex. As Featherstone (2013) argues, the social dynamics of such families are further complicated by fathers who: in some instances continue to be social fathers despite leaving the family home; for others being only the procreators of their children; and yet others who as resident or non-resident partners take on the role of step-father either in the absence of or in concord/conflict with a birth-father in contact with the child. The file sample revealed examples of all these phenomena, magnified in cases of multiple fathers.

Furthermore, these families can also be extremely fluid with multiple people moving in and out of the family system who can create benefits and/or dis-benefits for children.

Yet, practitioners took much less cognisance of and had very little face-to-face contact with the wider family system which frames the welfare and day-to-day experiences of the child(ren). This study evidences the inadequacy of social work visiting patterns with family members generally, but most particularly where there are multiple fathers and partners leading to numerous people coming in and out of the family system in conjunction with the complex social dynamics they give rise to. The confinement of home visiting almost entirely to the dwelling in which the child is living also has ramifications for understanding who counts as family and their position within it. In their study of the roles of extended family and friends in the provision of emotional and practical support, Allen et al. (2011) adopted a social constructionist epistemology and explored through semi-structured interviews with family members (n=45) how they actually interact and interpret their relationship with kin and friends. They discovered five practices which involved relational reinterpretation, which seem particularly pertinent given the fluid and complex family structures identified in the case file sample. These practices are considered each in turn and linked back into the research findings.

Kin promotion is the process by which non-biological kin are 'promoted' to a blood-tie relationship. In some instances a mother's partner was described as behaving as a father by the mother's children, in other instances the birth father of some of the children was regarded as a father by their half siblings. Yet, despite this acknowledgement in case notes or assessments, the visiting patterns remained chiefly wedded to the mother-child dyad. In other situations the partner of a grandparent appeared to be close to a child, yet the extent to which the child or parent experienced this as being comparable to a blood-tie was not explored with

family members. The files also suggested instances of *kin exchange* resulting in the reinterpretation of biologically related kin to indicate a closer or more distant relationship relative to their denotative hierarchical position. So for example a grandparent was regarded more in terms of being a mother or father rather than being an extended family member. While social work contact did reflect this when children were living with their grandparents, outside of this, there is little evidence of exploring children's relationships with grandparents who from accounts scattered through case file documents were clearly in very regular contact and sometimes providing overnight care.

Many case files evidenced vital emotional and practical support being provided by friends, who were often in regular contact with parents and children. But these were always scattered references, predominantly confined to a passing mention once or twice in a case note recording a home visit. It was exceptional for them to be alluded to in an assessment and they never appeared in care plans. Allen et al. (2011) refer to what they term *non-kin conversion* by virtue of which close friends become new family members by turning them into fictive kin. For example a parent or child may experience the same emotional bond with a friend as to a brother or sister. Where friends are incorporated into the family they clearly change the dynamics of the household. Yet in no instance did social workers appear to engage with family friends or interrogate the meaning they held for family members or their role in family life. Given that previous research cited above suggests a professional preoccupation with the mother-child dyad, it is probable that overlooking the importance of friends within family structures is another example of this general tendency.

The families in the file sample had plainly experienced momentous changes as parents separated and different parental partners moved in and out of the household. Sometimes

children were split across different households as grandparents and fathers took on the care of some children while others remained resident with their mother. *Kin retention* occurs when a blood relative or fictive kin member is lost from the family through for example parental separation or a death. It involves continuing to treat someone as a relative even when the relational connection with them has been broken. This could arise where the mother's male partner had taken on the role of a father and even after the breakdown of the parental relationship and the male partner's departure from the family home, contact continued with a number of children. Sometimes such figures were referred to in documentation as a step-father or the mother's ex-partner, but often interchangeably and without an evidential base as to how family was actually being practiced by child, mother and father-figure.

The loss of kin to children through parental divorce or separation, relocation of kin members, family conflict or the death of a family member was pervasive. For example in one instance a mother no longer wished to see her child. More commonly, male partners or fathers had moved out of the family home and often lived a distance away or their whereabouts was unknown. In one instance there was difficulty enabling a child to have contact with a father due to reliance on public transport. In other examples children lost contact with paternal relatives due to family conflict, even though they actually remained geographically accessible. Allen et al. (2011) conceptualised this as the fifth practice of *kin loss*. Although there were examples of social workers endeavouring to facilitate children's contact with relatives no longer living in the home, these were confined to contact with non-resident fathers and did not extend to other kin.

If the concept of the family is construed in such a fixed restrictive way then inevitably practice will fail to observe, explore, record, assess or engage with the fluctuating web of

inter-relationships which make for family. Lonne et al. (2012) and Strug & Wilmore-Schaeffer (2003) note the tendency of child protection social workers in Australia and the United States respectively to neglect wider family systems. But transforming social work in this respect necessitates more than embracing a practice theory focused on family practices in the context of the whole family. It also has to tackle the centrality of the home visit as a founding and foundational method of casework. While Ferguson (2011) argues for more mobile practices both within and without the family home, the findings of this research suggest a more radical re-appraisal of the paramountcy of the home visit itself.

At the time when Mary Richmond propounded her approach to assisting families in 1920s America based on the home visit, which was to become the template for casework, nuclear families generally resided in the one household. This was because prohibitive religious mores and economic necessity reduced the numbers of divorcing or separating parents. By contrast, contemporary Britain, like Australia and the United States, is witnessing the proliferation of family forms varying in their organisation and often spread across multiple households and dwellings (Featherstone, 2009; Cherlin, 2010; Australian Institute of Family Studies, 2016). The home visit has consequently become an inadequate format for full engagement with families. Social work practice needs to be much more peripatetic if it is to discover how parents and children do family and achieve insight into the supportive dynamics embedded in kin group interactions, alongside the detrimental ones. Practitioners stand to learn so much more from observations and conversations involving a range of family groupings, including fictive kin, outside of the child's home. These could take place in any location offering sufficient privacy. There is untapped potential for texts, emails and SKYPE to be employed to maintain regular contact with scattered family members in order to develop the depth and constancy of interaction necessary to elicit how they are practicing family. But, to undertake

whole family work, child protection practitioners need to be conversant with systemic practice theory which deepens comprehension and analysis of family relationships beyond the mother-child dyad. This includes utilising the tools of systemic practice, which better encompass fluidity and emic family perspectives.

Conclusion

In their interviews 67% of families agreed with the statement 'my social worker spends time with me to help build a working relationship' while 26% disagreed. Though a significant positive finding, the proposition set quite a low threshold. This explains why conversely, 78% of social workers surveyed cited time constraints as a key reason for having insufficient time with families to engage in direct work predicated on family systems theory. Overwhelmingly this was attributed to high caseloads and extensive administrative tasks in their open responses. These issues have also been identified as problematic for American and Australian child protection social workers (Lonne, et al., 2012; Berrick, et al., 2016). Concomitantly, respondents to the survey averred that the additional time required to prepare and develop systems-based interventions with families was prohibitive. Social workers therefore simply did not have the time to undertake face-to-face meetings with multiple family members. Instead they were forced to ration their time by focussing on those more accessible in the family home and who could be visited together at the same time in the one location. This is consistent with the finding of Ofsted (2016) which found that high individual caseloads resulted in less time spent with families.

Social workers need time to fully encounter and interact with whole family systems. Family members require time to build relationships of trust with social workers to the point of being

willing to reveal and discuss their practices as a family. Kinship groups then need time to work collaboratively with practitioners to bring about the changes necessary to safeguard children (Morris et al., 2015). In circumstances where administrative burdens and high caseloads remain in place, everyone runs out of time, regardless of training, underpinning theories and modes of intervention. This final observation perhaps explains why in contrast to the findings of this evaluation some comparable programmes have been more successful (Forrester et al., 2013). What has become known as the 'Hackney model' involved structural change within the organisation in tandem with training. The approach created pods of social workers each of which had a dedicated Unit Coordinator who undertook a substantial proportion of administration previously dealt with by practitioners, such as making referrals and liaising with other services. This was accompanied by modifications to procedures and pro forma to drive systemic thinking and free up practitioner time for direct work with families (Goodman & Trowler, 2014). The introduction of a whole family practice model, even when backed by first-rate training, may fail unless supported by corresponding organisational change.

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