Family experiences of children's social care involvement following a social work change programme

Social work change programmes rooted in a particular practice theory are increasingly a fixture of UK local authority social work and the focus of a small but developing body of research. However, in this research to date, there has been a lack of engagement with the perspectives of families. In this article, we detail findings from 23 family interviews undertaken as part of an independent evaluation of a social work change programme in a single local authority. These findings afford insight into the positive influence change programmes can have on engaging families and re-routing practitioners to work in a relationship-based way, as well as the limitations for reshaping practice in the context of rising levels of need, a scarcity of supportive provision and administrative burdens remaining the same as before a change programme was introduced. As part of the article, we also offer some reflections on issues surrounding the recruitment of families for evaluative study to assist other researchers or local authority professionals who may be involved with comparable evaluations in future. Keywords: child and family social work, family experiences, qualitative evaluation, social work change programmes

Introduction

Social work change programmes rooted in a particular practice theory and design are increasingly a fixture of local authority social work in the UK. They have been represented as advancing compassionate and confident social work practice in the wake of Munro's (2011) recommendations with popular examples such as Restorative Practice and Reclaim Social Work gaining local and central government funding (Department for Education 2016). In the small but developing body of research dedicated to change programmes, positive findings have emerged. Notably, two studies on Reclaim Social Work (Cross, Hubbard & Munro 2010a, 2010b; Forrester, Westlake, McCann et al. 2013), which deployed a range of methods (including surveys, interviews, practice and office observations, comparisons of generalised outcomes

against national indicators, and comparison with non-change programme authorities) found the model contributed to the development of cultures of reflective learning, support and openness, and a renewed focus on families. They also found evidence of improved interactions between professionals and service users, better decision making and consistency of practice and reduction in bureaucratic constraints on practice. To date, the research on change programmes has, however, lacked an engagement with the perspectives of families. This is regrettable as understanding families' views and experiences of social care involvement is vital for answering questions about the process and meaning of professional support and intervention, and the nature of relationships between social workers and families following a programme's implementation. It can also be said that any exploration of families' views on children's social care involvement is valuable, in and of itself, given the limited amount known about the lived experience of social work engagement with families more broadly (Morris 2012).

This article details findings from family interviews undertaken as part of an independent evaluation of a change programme in a single local authority. The article does not cover the entire evaluation (see, instead, Laird, Morris, Archard & Clawson 2017), but rather seeks to attend to these families' narratives of social care involvement in depth to afford insight into the influence change programmes have on engaging with and supporting families, service user-worker relationships, and the context in which these relationships are embedded. Furthermore, as part of the article, we offer some reflections on issues surrounding the recruitment of families for evaluative study as a means of assisting other researchers or local authority professionals who may be involved with comparable evaluations in future. We begin the article by briefly describing the local authority's motivation for implementing the change programme, the overall findings of our

evaluation, including the place of the analysis of family interviews in these, and the interview approach used. Thereafter, themes arising from the interviews are detailed and discussed before, lastly, considering issues around the recruitment of families in change programme research.

The change programme

The authority for whom the change programme evaluation was carried out introduced the change programme by virtue of a desire to improve outcomes for the children the authority served. Enhanced working practices would decrease the amount of unsuccessful repeat interventions and free up funding for service development. Although a traditionally high performing authority, there were concerns about rising numbers of children being looked-after, negative feedback from parents, evidence of capacity issues within substitute care and high staff turnover rates.

Such concerns can be said to be relatively widespread in statutory child and family social work in the UK (Ofsted 2016). A directive and sometimes adversarial style has been described as a default position in practice (see, e.g. Forrester, McCamridge, Waissbein & Rollnick 2008), and distrust and suspicion of social workers and criticisms about the lack of meaningful practical support are acknowledged in studies concerning parent and family experiences of children's social care involvement, including those undertaken after the intended reforms of the Munro Review (Dale 2004, Ghaffar, Manby & Race 2012, Smithson & Gibson 2016, Spratt & Callan 2004, Whitfield & Harwood 1999, Wills, Whittaker, Rickard & Felix 2016).

The innovation programme adopted by the authority derived from the Reclaim Social Work (RSW) model. This model anticipates most of practitioners' time is spent with families and practitioners work to 'bring authority for decision-making as close to

the family as possible' (Trowler & Goodman 2012, p. 21). The model's theoretical framework is systemic and relational in nature, emphasising circular, as opposed to linear, causality and the power of language in defining and maintaining problematic ways of relating (see Pendry 2012 Trowler & Goodman 2012). Family difficulties are understood as 'embedded within relationships' - as 'interpersonal rather than intrapersonal' – and judgements about families should be made sensitive to the impact discrimination and social disadvantage can have on people's lives (Pendry 2012, p. 28).[1]

The authority in this evaluation did not adopt what is sometimes referred to as the 'unit model' of RSW. The unit model involves case management being shared amongst small units consisting of a consultant social worker and social worker, children's practitioner, clinician (a qualified or trainee systemic family therapist who usually works across two units), and an administrator. Unit professionals have predefined roles, such as the consultants undertaking court work. However, these are broad-based and all are expected to collaborate and if need be, fill in for others. The consultants and clinicians guide an ongoing process of reflection and consultation within the unit and continuity is provided for families with them knowing everyone on the unit rather than having to access a single practitioner working their case (Cross *et al*. 2010b, p. 12, Mason 2012, Schiltroth 2012). The evaluation authority was of the view that area teams were relatively stable and reconfiguring the service for the unit model was undesirable. A systemic approach to practice could be implemented by way of training courses, consultancy, developmental workshops, and group supervision sessions led by senior practitioners.

The evaluation

Three years into the implementation of the change programme, the aim of our evaluation was to test the hypothesis that outcomes for children would be improved by requiring social workers and managers to train in a systemic family practice model of social work and by supporting this approach's implementations in practice through supervisory support. The evaluation was commissioned by the authority and undertaken by the authors of the article as a team of university-based researchers. It utilised a practice rubric developed in collaboration with staff in the authority and the RSW advisory group as a framework for gathering and analysing the data as well as elements of the Theory of Change and Realist Evaluation frameworks (Mason & Barnes 2007, Pawson & Tilley 1997). Alongside family interviews, we carried out a secondary analysis of local authority level quantitative data on child level outcomes (analysing data over a ten-year period 2005-2015); semi-structured telephone interviews with frontline managers; an online survey of social workers; and a sample case file audit. Ethical approval for the study was granted by the Research Governance and Ethics Board of the university department in which all the research team worked during the evaluation, and data collection and analysis strategies were approved by the local authority.

Overall, from these various methods, we found marginal improvements in some areas but mixed outcomes in others. For example, there was a decline in multiple periods of care in any one calendar year between 2009 and 2012, followed in 2013 by a rise in the number of children who had more than one period of care. The decline predated the change programme and increased during it. Similarly, the case file audit found no evidence of difference in approaches between those who were had received the systemic training and those who had not and whilst team managers spoke positively

of the training, they could only describe limited changes in working practices (see Laird *et al.* 2017).

The family interviews

The families interviewed for the evaluation were recruited purposively from cases identified by social workers and managers in the authority. Family members were, in the first instance, asked by their social worker if they would be interested in participating and willing to hear more about the study from a member of the research team. Prospective participants were then contacted by telephone to gauge interest and seek their consent for a member of the research team to visit them at home. Interviews were conducted with whoever a family decided it was appropriate to have present and composition varied amongst interview groups from one participant to four participants. Twenty-three families were interviewed in total, with 36 family members participating including grandparents (9), fathers (5) and mothers (14), and partners without biological connection to children (4). We did not seek to exclude children from taking part and contributing to interviews alongside other family members and four children (three girls and one boy) aged between nine and 18 were involved, most often for part of an interview. Consent to participate was obtained from all family members prior to interview, including in the case of children, their own consent and their parent or guardian's consent. Participants were informed they were free to withdraw at any time during an interview and if participants appeared upset at any time during interviews or particularly sensitive matters were broached which may distress them or other family members present, their willingness to continue was clarified.

We sought to ensure a range of presenting needs were represented as part of our sample including families with disabled children, parents who had been subject to child

in need and child protection involvement because of safeguarding concerns, and family members with whom children had been placed following their removal from their parents' care, as well as families residing in rural and urban areas covered by the authority. The local authority was county based, with a spread of deprived and affluent, urban and rural areas, including some pockets of considerable deprivation. The families that participated were predominantly white working class and living in circumstances of socioeconomic deprivation. The vast majority had complex needs arising from family violence, substance and alcohol dependence, mental health and family breakdown. Moreover, most had experienced previous social care involvement that could serve as a point of comparison for their current experience with services. Aside from two families, all had worked with social workers who had undergone the RSW training.

Interviews involved a series of questions aimed at eliciting experiences and changes participants perceived in their encounters, narratives of their involvement with social workers, and aspects of this involvement experienced as helpful and unhelpful. Questions were covered in an order contingent upon the flow of the emergent narrative, following an opening request that each member of family introduce themselves and describe, in their own words, how they became involved with children's social care (that they could answer in as much or little detail as they desired). Toward the end of interviews, family members were also asked to scale their responses to a short set of questions aimed at capturing whether the practices of RSW were evident (and drawing on the practice rubric developed with the authority). Scaled responses were completed by 27 participants.

The interview data was analysed using a 'framework analysis' (Ritchie & Spencer 1994) - a methodology widely used in health and social care research particularly that which is concerned with the exploration of service user views (Gale,

Heath, Cameron *et al*. 2013). Framework analysis is based on the use of qualitative data generated for a specific research aim and emphasises how insight can be built through systematic engagement with key stakeholders' perspectives around a policy or practice issue, including changes in practice or service organisation. Interview transcripts were, firstly, read and re-read and short memos taken regarding initial impressions of the data. then coded on a line-by-line basis. This coding was then used to create summaries on each family's views/experiences from which commonalities were sought to develop a set of themes addressing the meaning and experince of social care involvement for the families. These themes were discussed and refined amongst members of the research team and by reference to the interview transcripts and memos to ensure they were representative of the data generated..

In the summary report of the evaluation for the authority and resultant journal article (Laird *et al*. 2017), we noted the family interviews illustrated that social workers appeared to be building relationships as a principal focus of their practice with parents and with children and a perception of staff as accessible (workload permitting) and approachable. Moreover, whilst there was evidence of quick removal of children in cases where family care was deemed to have failed by the authority, a number of families spoke about social workers building plans aiming to retain a child within the family. Nevertheless, there was only minimal evidence of social workers using a systemic framework and displaying well developed knowledge about particular family needs. A few examples were given of social workers mapping family relationships with parents and working with families to take ownership in meetings. However, in general, these tended to be patchy and the data indicated effective use of core social work skills rather than systemic practice specifically. In addition, although support provided by children's social care was perceived by participants as helpful, it could be limited and

there were narratives of families struggling to cope in adverse situations with limited support. Family needs and problems were commonly ongoing, and input from children's social care appeared, at times, to reduce the level or intensity of these needs, but rarely did families feel these needs had been fully met or problems resolved.

This does not, however, provide an in-depth impression of the families' accounts, that is the particularities of what was perceived as helpful and unhelpful in social worker involvement and the nature of worker-family relationships, and it is to this that we will now turn.

Getting support and continuity

Families expressed views that helping families is a complicated business and referred to different factors bearing on a social worker's ability to do so. Observations were made about the number of cases workers held when involved with them, aggression workers could be subject to in practice and scrutiny they were under to manage risk, including in the public eye.

> You do feel sorry for social services after all that Baby P thing. I do because if they make one mistake ... one mistake and they know that is their job. They are being watched continually (Mother, Interview 3).

Families tended to be of the impression that there was a decreasing range of community provision available to provide practical help, for example in arranging for help with housing or financially, and appreciated when this could be put in place either by children's social care directly or other agencies social workers liaised with. While for most families, it was rare that individual needs were fully met, two families, one who lived on the edge of the authority boundary and another in a more rural part, spoke about feeling significantly disadvantaged because of, as the father in one family put it,

being 'backwater'. They were, they said, uncomfortable about not accepting the support offered, even if it was geographically a good distance away or had been experienced previously as ineffectual. They felt this could be held against you in terms of access to other provision. The father recounted how social care 'just push and try to give ultimatums, "you either have these or you don't have it"'. 'Fighting' to get suitable help for his autistic son seemed to be the only option, but went against his better nature.

> I had to get aggressive and I really had to get aggressive because that was the only way to get anything done. That hurt, to be honest. It changes you; it really does. You are not good enough, I want to go over your head. You had to dump people to get what you wanted to do. It was a tough time, but after that, I was scared to go out. You had to build your energy back up again, for the next fight. (father, interview 21)

In this context, the attitude and skill workers brought to help families get support was important. The four families with disabled children, who had greater involvement with coordinating provision through direct payments, spoke at length about valuing workers' proficiency in brokering access to other agencies and advocacy to secure services. A worker would, ideally, be well-informed about what services were available, including those that wouldn't necessarily help and allay some of the considerable administrative demands that could accompany seemingly convenient arrangements such as employing family members to provide care. This was not about being able to 'work wonders' just 'actually trying to solve the situation' rather than doing 'the minimum 'to tick the boxes' with 'no real commitment'. A mother with a child with disabilities, for example, recounted a 'turning point' in her case as being when the family's social worker had made it clear what social care were obliged to provide her and her son after being informed her son was due to lose hisshort break (respite) fostering placement (Interview 8). She had been struggling to sleep and 'crying a lot', anxious about what might happen following this and how she would cope. Her social worker explaining the

'legal obligation' to provide this left her 'able to sleep that night, thinking "That's okay, if they don't sort it out, I am going to take them to court"'. For her,

> ...just a weight had been lifted, absolutely. I knew then that I had still got the power, if you like, of knowing [son's name] wasn't going to lose his care plan. I wasn't going to lose my respite. Things were going to be in the same place for [son's name] (mother, interview 8).

Across the sample, families spoke about how it was favourable to work with someone who knew you and your situation well.

> You should have the one [worker] you are assigned to because they know with you and have dealt with you. ... It is more ideal really. You can't just swap them around as you then have new people coming in, who you then have to go through everything with, because they have only read through your notes (mother, interview 15).

There were a few examples of longstanding relationships formed with social workers and with whom a family had worked for many years. However, there were also descriptions of disruptive worker changes during cases, and how this absence of continuity led to being 'put right back at the beginning' with a new worker or 'dropped' by social care after children had been removed or placed. A grandfather and his partner for instance, who took on the care of his daughter's children, recounted how their social worker 'took more of a back step' after the placement was finalised when 'we actually still needed him' (step-grandmother, interview 5). Caring for the children who exhibited emotional difficulties was, for them, 'a big learning curve' and his remaining involvement, even if it was in a more low key manner, would, they said, have given them a point of reference to return to when they were struggling and required more expertise than universal services or the children's schools were able to provide.

The worker-family relationship and professional understanding of families' lives

Families talked in detail about the nature of relationships with social workers and other social care professionals. These qualities of 'good' and 'bad' relationships, respectively, were conceived of as multidimensional and interlinked with one another. For example, a social worker being gentle or easy to get along was helpful, but did not necessarily translate as them being a 'good' social worker. It could feel disingenuous if the matters to be addressed were serious. Good relationships involved, it was said, being able to put people at ease and relate to people regardless of their background. 'Everyone is different and I think they should be ... the same with you whether you are a millionaire or a tramp' (mother, interview 3). Workers needed to be able to empathise with caregivers' experiences of frustration and ambivalence without wanting to 'jump in' and 'fix' the situation, whilst also being able 'read' when families were in distress or reaching crisis point. They should also develop plans collaboratively, 'between us' as one participant put it (grandmother interview 18), and explain the processes they follow in clear terms 'because we are not all social workers' (mother, interview 3). The past had a role to play, it was said, in assessing risks and concerns. At the same time, people should not be typecast because of what had been read in their files, especially when this took place before meeting them. Such a style of working did not necessarily mean as absence of disagreement within the relationship, rather it contributed to a sense of relating to one another honestly in which there needed to be space for inevitable differences of opinion. Social workers should not sugar-coat bad news or concerns but concentrate on the best way to impart them.

There was, as we noted above, overall evidence that relationships were valued by social workers and service users felt the benefit of this, with the time workers spent on relationships appearing more problematic than the way individual workers worked. For example, regarding not shying away from constructive disagreement, there were

comments such as: 'We've had some right set tos me and her but we've always read off the same page' (grandmother, interview 3); and '[social worker's name] has always been upfront. She has never held back, the same as we have never held back with her. We have told her how it is, and she has been the same with us. That is what I appreciate' (father, interview 23). Concerning social workers not typecasting, there were comments such as 'She [social worker] came in and she said straight away, I have got a file here about you, but I am not interested. She sat down and found out, the here and now, not what happened five years ago' (grandmother, interview 17). There was also positive comment on workers who took the time to engage with all the family in a meaningful way including, for example, with disabled children who were visually or hearing impaired and for workers who worked well with children and were adept at pitching intervention at their level. Two of the children who participated commented that they appreciated their social workers had been 'fun to play with' and 'kind' and able to talk to them 'in a nice way that we can understand'. In response to the scaled questions, 80% of the participants completing them agreed with the statement 'I am satisfied with my social worker'. 67% agreed that 'my social worker spends time with me to help build a working relationship', 59% 'my social worker makes a real effort to spend time with me and my family', 85% 'my social worker can see the things that I can do well' and 69% 'I trust my social worker even when I don't agree with them'.

Whilst these ratings represented both male and female social workers, comments were made by a handful of participants that workers who were older, female, mothers tended to be more capable due to the life experience this entailed and differed from the 'academic' knowledge workers would be exposed to on training. 'Life isn't like a standard text book. You can't say 'she should be doing what is in chapter 3 on page 22' (grandmother, interview 13).

The qualities of poor working relationships tended to be defined in contradistinction to the qualities of good relationships. They involved workers behaving in an inconsistent way and turning up in different moods, for example sometimes grumpy and sometimes happy and this not being consistent with the family's situation. Cited also was a worker 'not being able to talk to different people', 'hav[ing] made their minds up before they get in what they are going to do or say' and coming in 'gung ho', 'barking orders'. Such an attitude and 'bullying tactics' could, it was volunteered, compound family worries regarding social care involvement and were unnecessary when there was no immediate danger to a child. Involvement could feel shameful enough.

> I don't mind him (the social worker) popping in, that is not the inconvenience. It is the meetings and stuff... I feel like I am being interrogated. I feel like, "Here we go, it is judgement day". Am I going to keep my kids? Am I a good enough mother? I feel interrogated. I feel a failure.... I am not glad they are involved. (mother, interview 19).

There was also talk amongst parents who had children removed about double standards in expectations of parents vis-à-vis those of social care, particularly concerning contact arrangements.

> Going from seeing your kids every day to only at certain times, and the fact that you are there and they are ringing you just then, telling you they are not coming, it is a piss take really. If we were to do that, they would be fuming at us, because you are letting the kids down. There was another visit and she didn't even tell us that was cancelled until the day before. (mother, interview 11).

Furthermore, comments were made by families who had been subject to child protection involvement about how the understanding of a family's situation could be too narrow and concentrated on the parent and their ability to make changes or act differently rather than the wider context. It was, for instance, important to think about

14

why a mother would be depressed rather than just that she was depressed and this negatively impacted her caregiving ability. There were also tensions between professional and service user perspectives around 'good enough' parenting, and what was perceived as a lack of recognition of the knowledge families possessed.

> I have been bringing kids up since I was 15. I had my own when I was 15. I looked after my sister's kids, so I know the ins and outs. I am not having anybody coming in my house telling me how to look after my kids. (Grandmother, interview 10)

Caregivers conveyed how workers relating to them in this way left them feeling more defensive and less likely to cooperate fully. An admission of distress or anxiety and conceding past mistakes or difficulties would be taken as a sign of vulnerability or risk, the 'system' would latch onto.

> ...once you are in the system, it is very hard to get out. No matter how well you do, no matter how much you progress, they are constantly going back into your past. "You did this, you used to be like this". (mother, interview 12)

> In the beginning, she (social worker) said, "Have you never been to the doctors?" I said "No". I was down and I wasn't out and I wasn't depressed. A week later, she said, "Have you been to the doctors about your depression?" I thought that is where it is leading. I said no.... I thought to myself, that is where it is leading. I always lock that door. I never used that front door until social care got involved, it has only been the back door. There is usually shoes behind the front door. I just automatically lock it when people come in. Bear in mind, I have got a restraining order against my daughter, and the kids can open the door anyway... I automatically lock the door. I lock it anyway. It was dark nights and she said "People with mental health problems lock their doors and lock people in." We aren't locking them in; the back door is open all the time for the dog to go in and out. It was scary because I didn't know where it was all leading. (Grandmother interview 4)

Discussion

15

The small sample size coupled with the specific sample of families interviewed and the fact interviews were conducted at a single point in time mean the views expressed should not be taken as representative of the experiences of families in other authorities implementing comparable change programmes. This analysis does, nonetheless, provide a point of comparison for other studies examining family experiences of children's social care involvement following Munro's (2011) review of child protection and which address the way relationships are approached and sustained by workers. The families interviewed comprise a more varied sample of families involved with children's social care than those of Smithson and Gibson (2016) and Wills *et al*. (2016) who interviewed, respectively, those identified by their local authority as requiring targeted support or subject to child protection involvement (and for whom, Smithson and Gibson 2016 note, some degree of dissatisfaction may be thought inevitable given the involuntary nature of such work). Nevertheless, all the families taking part in our study were or had been recently open to social care and needed, because the complex needs they described arising from mental health, substance and alcohol dependence, family violence and circumstances of socioeconomic deprivation, skilful practice to engage and help them effectively. In this sense, their satisfaction with the social workers they worked with offers a more a hopeful portrait than Smithson and Gibson (2016) and Wills *et al*.'s (2016) impressions of the continuing proclivity for directive and adversarial practices in statutory child and family social work. Our analysis points to the need for practitioners to avoid confusing transparency and clarity about the procedures one is working to and expectations of families involved with an overbearing style where families' voices become side-lined and the need for workers to reflect on the sense of shame social care involvement can generate for families. At the same time, it indicates, positively, the role change programmes can play in rerouting social workers to - and inherent value of -

core or 'essential' qualities of warmth, empathy, genuineness (see e.g. Howe 2010, Lefevre 2008, Millar & Corby 2006, Platt 2008). This echoes the findings of Forrester *et al*. (2013) and Cross *et al*. (2010a) in their evaluations of RSW who, whilst not interviewing families directly, observed a better quality of interaction, 'warmer' and more open and 'positive' relationships between worker and service users in the 'unit' based authorities they were involved with (Forrester *et al*. 2013 pp. 159-160, Cross *et al*. 2010a).

Like the families in Smithson and Gibson (2016) and Wills *et al*.'s (2016) studies though, the participants' narratives also attest to the filtering out of practical, material and limits of external supportive provision for families. In so doing, they highlight tensions around what change programmes and relationship-based skills can achieve for the wellbeing of families in the context of rising need and procedural imperatives with diminishing scope for face-to-face work and long-term engagement (Featherstone, Gupta, Morris, & Warner, 2016, Featherstone, White & Morris 2015, Hall, Parton 2014, Peckover & White 2010, Hingley-Jones & Ruch 2016, Howe 2010). Smithson and Gibson (2016) comment that change programmes offer some promise in terms of new directions in working, but these innovations 'still have to fit within current arrangements that provide the administrative and organisational burdens that make it difficult for social workers to focus on providing practical help and emotional support to families' (p. 9). One can, for example, acknowledge the concerns some participants in the study raised about family problems being viewed by workers in a de-contextualised way (for instance, in not asking why a mother was depressed just acknowledging she was depressed and this was a risk factor impacting on her parenting capacity) and link this to Forrester *et al*.'s (2013) finding that the 'unit model' of RSW factored, in apparently influential ways, in broadening professional understandings of family

situations. The 'blaming' of a particular person or persons was, they observed, circumvented by the unit framework and presence of clinical consultants providing a space for discussion, formulation and exploring different perspectives on a situation. On this basis, it could be assumed the unit model would have reduced the opportunity for families to feel their situations were being viewed in a narrow way or that they were being blamed. Yet, clearly some authorities will be better placed than others to reconfigure services to adopt the model in this form and lessen bureaucratic expectations to do so. What is more, whilst a context-sensitive approach may help service users to feel their problems are viewed in a less narrow way, without practical and supportive engagement for families, it is going to be challenging, at least in service user eyes, to claim that social work is context-sensitive in application and they are better served as a result. Indeed, in the summative account of the findings of this evaluation, we suggested that the focus on issues of implementation and fidelity around change programmes should be broadened. There needs to be exploration of whether reshaping practice, framed in terms of particular theories or practice frameworks, comprises a 'sensible' way to address the relationship between risk saturated systems and particular working cultures, and rising need linked to the impact of austerity measures and growing poverty and inequality. And in this vein, we asked whether it is fair to expect changes to social work practice in an authority to reduce levels of need amongst the families they work alongside (Laird *et al*. 2011, pp. 14-15).

Involving families in evaluative study

We were fortunate in the number of families we could interview as part of the evaluation study. By comparison, Cross *et al*. (2010a: 28) note in their evaluation of RSW that despite 'extensive efforts to gather data from families' secured only 'a very

small data set' able to achieve just 'anecdotal examples of eleven families' experiences from their interactions with units'. To complete 23 interviews with 36 family members for the evaluation, families were called at various times duringthe day and evening and weekend visits were arranged so as to not inconvenience families, and many interviews were rearranged that were agreed to but then forgotten about by families. Three members of the research team carrying out interviews and one member taking responsibility to contact families and co-ordinate interview arrangements, enabled families living in relative proximity to one another to be interviewed on a specific day and more interviews to be completed than if different members of the team had taken responsibility for different areas or groups of families individually.

Although there are clear benefits to services facilitating this type of research or incorporating it into a wider study as means of facilitating consultation with children and families as stakeholders in the development of services, there are also many challenges in carrying out research with service users in local authority and child welfare settings (Mirick 2016, Munro, Holmes & Ward 2005, Roesch-Marsh, Gadda & Smith 2011). These include convincing agencies to facilitate a study and the time for decisions regarding access to be made. As Mirick (2016) points out, agencies unfamiliar with research, and institutional ethical review boards can, mindful of the need to safeguard service users' rights, prefer indirect methods of recruitment in research concerning service users (e.g. public flyers, posters) to avoid the suggestion of coercion, but this can lead to low response rates and small sample sizes. Additionally, as the gatekeepers to participants, workers may not invest in the research. They may well see it as detracting from direct work, having the potential to negatively impact their relationships with service users and/or confuse it with audit or service inspection. Mirick (2016) observes that researchers often incorrectly assume that because an agency

has agreed to facilitate research, staff will value the research highly. Instead, she says, researchers need to work hard to maximise 'buy in' at the levels of agency, professional and service user, and consider carefully how and when to address the apprehensions different parties may have about a study. Studies of change programmes such as this one, which are solicited and commissioned by an authority allow, it is fair to say, allow researchers to start from a more secure footing as compared to if they were contacting a service to facilitate research of their own conception (cf. Roesh-Marsh *et al*. 2011). However, there are other reasons for professionals within a service to be uneasy about involvement. Alongside to the aforementioned concerns, they may, for example, be anxious about their portrayal in the research in the midst of a training and organisational emphasis on the 'new', in other words 'improved', way of working being introduced, and could conceivably influence the degree to which they will facilitate access to families on their caseloads. We would agree with Munro *et al*. (2005) who highlight the utility of a designated research facilitator within an authority restricts the potential for researchers to unwittingly 'antagonise' staff by failing to appreciate other work pressures or approaching them at inappropriate times. We found it worked bestto liaise with staff at the authority (who could be returned to when more prospective participants were needed) who took responsibility for communicating on our behalf with social workers in different teams and who, in turn, could broach with families the possibility of taking part and sharing their contact details.

Conclusion

In conclusion, the family narratives explored in this study reveal some of the scope RSW and other change programmes may have in rerouting social workers to the core relationship based skills that contribute to effective and humane practice with

vulnerable families and children. Yet, they also draw attention to challenges concerning the role change programmes can play in impacting family needs and changing what social care involvement feels like amidst local authority cuts and a challenging economic climate. The narratives of families involved with children's social care are an important medium through which this change should be understood.

Note

1. Pendry (2012), for example, represents RSW as following a fashion of concern for context evident in the 'relational frame' of the *Framework for the Assessment of Children in Need and their Families* (Department of Health 2000) and encouragement of 'joined up' support between adult and family services in Think Family approaches.

References

Cross, S., Hubbard, A. & Munro, E. (2010a) *Reclaiming Social Work – London Borough of Hackney Children and Young People's Services, Part 1: Independent Evaluation*, Human Reliability/The London School of Economics & Political Science, London, Available from: https://secure.toolkitfiles.co.uk/clients/28663/sitedata/files/Eileen-Munro.pdf [Accessed 4 August 2016].

Cross, S., Hubbard, A. & Munro, E. (2010b) *Reclaiming Social Work – London Borough of Hackney Children and Young People's Services, Part 2: Unpacking the Complexity of Frontline Practice – An Ethnographic Approach*, Human Reliability/The London School of Economics & Political Science, London, Available from: https://secure.toolkitfiles.co.uk/clients/28663/sitedata/files/Eileen-Munro.pdf [Accessed 4 August 2016].

Dale, P. (2004) ' "Like a fish in a bowl": parents' perceptions of child protection services', *Child Abuse Review*, vol. 13, no. 2, pp. 137-157.

Department for Education (2016) *Children's Social Care Innovation Programme*, Available from: https://www.gov.uk/government/publications/childrens-social-care-innovation-programme [Accessed 11 November 2016].

Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*, The Stationery Office, London.

Featherstone, B., Gupta, A., Morris, K., & Warner, J. (2016) 'Let's stop feeding the risk monster: towards a social model of child protection', *Families, Relationships & Societies*, DOI: 10.1332/204674316X14552878034622, Available from: http://www.ingentaconnect.com/content/tpp/frs/pre-prints/content-pp_frs-d-15-00034r2 [Accessed 9 February 2017].

Featherstone, S., White, S. & Morris, K. (2015) *Re-imagining Child Protection: Towards Humane Social Work with Families*, Policy Press, Bristol, UK.

Forrester, D., McCambridge, J., Waissbein, C. & Rollnick, S. (2008) 'How do child and family social workers talk to parents about child welfare concerns?', *Child Abuse Review*, vol. 17, no. 1, pp. 23-35.

Forrester, D., Westlake, D., McCann, M., Thurnham, A., Shefer, G., Glynn, G. & Killian, M. (2013) *Reclaiming Social Work? An Evaluation of Systemic Units as an Approach to Delivering Children's Services: Final Report of a Comparative Study of Practice and the Factors shaping it in Three Local Authorities*, University of Bedfordshire, Bedford, UK, Available from: https://www.beds.ac.uk/__data/assets/pdf_file/0011/258491/finalreport-RSWv3-19072013.pdf [Accessed 4 August 2016].

Gale, N. K., Heath, Cameron, E., *et al*. (2013) 'Using the framework method for the analysis of qualitative data in multi-disciplinary health research', *BMC Medical Research*

Methodology, vol. 13, Available from: http://www.biomedcentral.com/1471-2288/13/117 [Accessed 20 January 2017]

Ghaffar, W., Manby, M. & Race, T. (2012) 'Exploring the experiences of parents and carers whose children have been subject to child protection plans', *British Journal of Social Work*, vol. 42, no. 5, pp. 887-905.

Hall, C., Parton, N., Peckover, S. & White, S. (2010) 'Child-centric information and communication technology (ICT) and the fragmentation of child welfare practice in England', *Journal of Social Policy*, vol. 39, no. 3, pp. 393-413.

Hingley-Jones, H. & Ruch, G. (2016) ' "Stumbling through?" relationship-based social work practice in austere times', *Journal of Social Work Practice*, vol. 30, no. 3, pp. 235-248.

Howe, D. (2010) 'The safety of children and the parent-worker relationship in cases of child abuse and neglect', *Child Abuse Review*, vol. 19, np. 5, pp. 330–341.

Laird, S. E., Morris, K., Archard, P. & Clawson, R. (2017) 'Changing practice: The possibilities and limits for reshaping social work practice', *Qualitative Social Work*, DOI: 1473325016688371, Available from: http://journals.sagepub.com/doi/10.1177/1473325016688371 [Accessed 5 February 2017].

Lefevre, M. (2008) 'Assessment and decision-making in child protection: relationship-based considerations', in *The Carrot or the Stick? Towards Effective Practice with Involuntary Clients in Safeguarding Children Work*, ed. M. C. Calder, Russell House Publishing, Lyme Regis, Dorset, UK, pp. 78-92.

Mason, R. (2012) 'Liberated thinking within a social work unit', in *Social Work Reclaimed: Innovative Frameworks for Child and Family Social Work Practice*, eds S. Goodman & I. Trowler, Jessica Kingsley, London, pp. 111-124.

Mason, P. & Barnes, M. (2007) 'Constructing theories of change: methods and sources', *Evaluation*, vol. 13, no. 2, pp. 151-170.

Millar, M. & Corby, B. (2006) 'The framework for the assessment of children in need and their families – a basis for a "therapeutic" encounter?', *British Journal of Social Work*, vol. 36, no. 6, pp. 887-889.

Mirick, R. G. (2016) 'Challenges in recruiting parents to participate in child welfare research: implications for study design and research practice', *Child & Family Social Work*, vol. 21, no. 4, pp. 484-491.

Morris, K. (2012) 'Thinking family? The complexities for family engagement in care and protection', *British Journal of Social Work*, vol. 42, no. 5, pp. 906-920

Munro, E. (2011*) The Munro Review of Child Protection: Final Report*, Department of Education, London, Available at: https://www.gov.uk/government/publications/munro-

review-of-child-protection-final-report-a-child-centred-system [Accessed 10 February 2017].

Munro, E. R., Holmes, L. & Ward, H. (2005) 'Researching vulnerable groups: ethical issues and the effective conduct of research in local authorities', *British Journal of Social Work*, vol. 35, no. 7, pp. 1023-1038.

Ofsted (2016) *The Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2016: Social Care*, Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534008/ Ofsted_social_care_annual_report_2016.pdf [Accessed 12 August 2016].

Parton, N. (2014) *The Politics of Child Protection*, Basingstoke, Hampshire, Palgrave Macmillan.

Pawson, R. & Tilley, N. (1997) *Realistic Evaluation*, Sage, London.

Pendry, N. (2012) 'Systemic practice in a risk management context', in *Social Work Reclaimed: Innovative Frameworks for Child and Family Social Work Practice*, eds S. Goodman & I. Trowler, Jessica Kingsley, London, pp. 26-33.

Platt, D. (2008) 'Care or control? The effects of investigations and initial assessments on the social worker-parent relationship', *Journal of Social Work Practice*, vol. 22, no. 3, pp. 301-315.

Ritchie, J. & Spencer, L. (1994) 'Qualitative analysis for applied policy research', in *Analysing Qualitative Data*, eds A. Bryman & R. G. Burgess, Routledge, London, pp. 173-194.

Roesch-Marsh, A., Gadda, A. & Smith, D. (2011) ' "It's a tricky business": the impact of identity work in negotiating research access', *Qualitative Social Work*, vol. 11, no. 3, pp. 249-265.

Schiltroth, K. (2012) 'Preconditions: structure, continuity and momentum', in *Social Work Reclaimed: Innovative Frameworks for Child and Family Social Work Practice*, eds S. Goodman & I. Trowler, Jessica Kingsley, London, pp. 69-79.

Schwandt, T. A. & Burgon, H. (2006) 'Evaluation and the study of lived experience', in *The SAGE Handbook of Evaluation*, eds I. F. Shaw, J. C. Greene, & M. M. Mark, Sage, London, pp. 98-117.

Smithson, R. & Gibson, R. (2016) 'Less than human: a qualitative study into the experience of parents involved in the child protection system', *Child & Family Social Work*, DOI: 10.1111/cfs.12270, Available from: http://onlinelibrary.wiley.com/wol1/doi/10.1111/cfs.12270/abstract [Accessed 10 February 2017]

Spratt, T. & Callan, J. (2004) 'Parents' views on social work interventions in child welfare cases', *British Journal of Social Work*, vol. 34, no. 2, pp. 199-224.

Trowler, I. & Goodman, S. (2012) 'A systems methodology for child and family social work', in *Social Work Reclaimed: Innovative Frameworks for Child and Family Social Work practice*, eds S. Goodman & I. Trowler, Jessica Kingsley, London, pp. 14-25.

Whitfield, K. & Harwood, L. (1999) 'Good enough partnership? Parents' experience of child protection investigations', *Practice: Social Work in Action*, vol. 11, no. 2, pp. 49-58.

Wills, J., Whittaker, A., Rickard, W. & Felix, C. (2016) 'Troubled, troubling or in trouble: the stories of "troubled families" ', *British Journal of Social Work*, DOI: 10.1093/bjsw/bcw061, Available from: https://academic.oup.com/bjsw/article/doi/10.1093/bjsw/bcw061/2622502/Troubled-Troubling-or-in-Trouble-The-Stories-of [Accessed 10 February 2017].

Kate Morris is Professor of Social Work and Head the Department of Sociological Studies at the University of Sheffield. Prior to this, she was Director of the Centre for Social Work and Deputy Head of the School of Sociology and Social Policy, University of Nottingham. Her research interests surround family minded policy and practice, family participation in care and protection, the reform of safeguarding practice and child welfare inequalities.

Philip John Archard is a PhD Candidate in the Centre for Social Work, University of Nottingham. He trained as a social worker at De Montfort University, Leicester, qualifying in 2010. His PhD research addresses how parental suffering is understood and related to by children's social care professionals.

Siobhan E. Laird completed her PhD at the University of London and was previously Head of Social Work at the University of Ghana. She currently lectures in social work at the University of Nottingham. She has published widely on child protection in an international context and written books on cultural competence and managing conflict in child protection practice. Address: Centre for Social Work, University of Nottingham, University Park, Nottingham, NG7 2RD [email: siobhan.laird@nottingham.ac.uk]

Rachael Clawson is an Assistant Professor in the School of Sociology & Social Policy, University of Nottingham where she is programme lead for the undergraduate Social Work training. Her research interests concern the forced marriage of adults with learning disabilities and the safeguarding of disabled children and vulnerable adults.