



This is a repository copy of *How do you solve a problem like Maria? Family complexity and institutional complications in UK social work* .

White Rose Research Online URL for this paper:
<http://eprints.whiterose.ac.uk/129815/>

Version: Accepted Version

Article:

Walsh, J.C., White, S orcid.org/0000-0001-9003-5968, Morris, K. et al. (1 more author) (2019) How do you solve a problem like Maria? Family complexity and institutional complications in UK social work. *European Journal of Social Work*, 22 (6). pp. 1050-1061. ISSN 1369-1457

<https://doi.org/10.1080/13691457.2018.1461068>

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>



How do you solve a problem like Maria? Family complexity and institutional complications in UK Social Work.

Journal:	<i>The European Journal of Social Work</i>
Manuscript ID	CESW-2017-0031.R2
Manuscript Type:	Original Article
Keywords:	Child welfare, Family relationships, sense-making, decision-making, qualitative research

SCHOLARONE™
Manuscripts

How do you solve a problem like Maria? Family complexity and institutional complications in UK Social Work.

Introduction

This paper is based on one part of an international comparative project, funded by NORFACE (New Opportunities for Research Funding Agency Co-operation in Europe 'Welfare State Futures'), involving eight countries: Bulgaria, Chile, Ireland, Lithuania, Mexico, Norway, UK, and Sweden. The Welfare State Futures programme seeks to stimulate multi-disciplinary and comparative research to 'rethink' welfare states by asking and answering fundamental questions about how they are designed, delivered and experienced in the 21st century. The broad research questions addressed are: if and how social workers' conceptions and/or definitions of family impact on the way social workers engage with complex families; If and how social policies that frame social work context impact on the way social workers engage with complex families. Discussion here draws on data from 24 focus groups held in England, Wales, Northern Ireland and Scotland.

Given the contested nature of what, or who, constitutes 'family' in contemporary society (Hantrais, 2004; Weeks et al., 2001; Smart, 2007; Morgan, 2011), debates about who can and will provide familial support and, therefore, who should be in receipt of state provision, are complex. For social workers, family complexity arises from multiple and intersecting needs and risks (Author, 2008), assessed by considering how families *do* family and *do being* a family in receipt of services, or subject to scrutiny (Author, 2002; Rankin and Regan, 2004; Author, 2008). The gallimaufry of services in contemporary welfare systems, combined with the blurred nature of familial boundaries (Paul & Spencer, 2004; Smart, 2007), impacts upon how family is considered from a practice perspective. The ways social workers perceive and make sense of contemporary family practices (Morgan, 2011), displays (Finch, 2007) and shared biographies (Smart, 2007), will therefore have material effects on how they organise, categorise and carry out their work. This will, in turn, impact on the experiences of family members as recipients of services. This paper adds to the research in this underdeveloped area (Author, 2008) offering an overview of social work responses to 'complex need' families across traditional silos of provision and practice.

The current era of globalisation is characterised by the emergence of increasingly diverse family forms (Smart, 2007; Morgan, 2011) and changes to the welfare state landscape. Grounded in economic arguments that marketisation leads to increased efficiency, competitive commissioning of provision has led to the fragmentation of welfare services throughout the UK (Carey, 2014). Provision across a range of service areas is, then, delivered by public bodies, such as local authorities and the National Health Service, but also private, for-profit and not-for-profit sectors. There is also concern that welfare provision has undergone "fragmentation by specialisation" (Baldwin, 2009); individual social workers increasingly specialise in a specific field (Carey, 2014) - for example, child welfare or adult mental health - and within service areas, there is a tendency for services increasingly to be functionally specialised. As such, areas are typically 'parsed' into short-term and long-term teams, or subject to criteria based on chronological age, or legal status (Seddon, 2008; Author, 2015). Whilst specialisation is recommended in reports produced as a result of the deaths of children in the UK (Laming, 2003; Laming, 2009), there is concern that this shift

1
2
3 has resulted in reductive provisions that generate new risks for families experiencing
4 multiple difficulties (Carey, 2014; Baldwin, 2009).
5

6 This paper begins with an outline of the policy context, followed by an overview of the
7 study, illustrating the vignette approach used and analytical processes employed. The paper
8 then presents empirical data, collected from 24 focus groups with practising social workers
9 in the UK and culminates with a conclusion that highlights the limitations of the current
10 settlement for families living in complex circumstances.
11
12

13 **The Policy Context**

14 Throughout the UK, there is a disparate mix of instruments and no discrete and explicit
15 family policy. Instead, the aims of policy relating to family overlap and embed a range of
16 conditionalities for eligibility. (For example, UK policies relating to paid maternity leave
17 make eligibility contingent on tax and national insurance contributions (Gov.uk, 2016b) and,
18 whilst access to free childcare is universal, this is limited in hours and dependent on a child's
19 age (Gov.uk, 2016a)). Further, the UK consists of four countries – England, Scotland, Wales
20 and Northern Ireland – each having some devolved power to develop and implement
21 differing policies and legislation. The complexity of this terrain means it is not possible to
22 capture here the full range of policy relating to family, but it is useful to offer a summary of
23 the broad direction of travel and key elements of the current family and child welfare policy
24 landscape.
25
26

27
28 Current family policy across all four nations is generally underpinned by individualism and is
29 grounded in the supposition that all family adults have equal agency in assuring the well-
30 being of their families (Author, 2015). Policy related to family is therefore routinely pro-
31 employment in nature and links private choice, parental responsibility, childcare, child well-
32 being, and family responsibilities. Further, since the election of a Coalition Government in
33 2010 and a Conservative Government in 2015, the UK government has, and continues to
34 implement, wide-ranging austerity measures. Although the impact of these cuts varies
35 across UK nations, all have experienced diminished public service provision for families.
36 Consequently, preventative family support services within communities are significantly
37 reduced and remaining services are stretched (Hastings et al., 2015).
38
39

40
41 Policy places children as the most central and highly deserving of recipients of state
42 provision (for example: 'Working Together to Safeguard Children, 2015' - England; 'Getting
43 it Right for All Children, 2017' - Scotland; 'Our Children and Young People, 2015' - Northern
44 Ireland; and 'Programme for Children and Young People, 2015' - Wales (NSPCC, 2017).
45 Alongside the obvious, strong moral arguments for an effective system to protect children
46 from harm, states also present economic arguments; ~~This is a discourse in which~~ children
47 are an economic investment for a productive future (Holt and Kelly, 2013) and, thus, the
48 state should promote early intervention in family life (Author, 2015). Consequently, when
49 guidelines encourage an integrated approach that considers the welfare of all family
50 members, for example, in substance misuse services (Gov. scot, 2006; Public Health
51 England, 2017; Gov. wales, 2014), this is overridden by concerns for the welfare of the child.
52 As noted in the 2015, "Working Together to Safeguard Children" policy document: "a desire
53 to think the best of adults and to hope they can overcome their difficulties should not trump
54 the need to rescue children from their chaotic, neglectful and abusive homes" (HMGov,
55
56
57
58
59
60

2015: 24). Agencies working with adults who have, or live with children, are thereby both statutorily and morally tasked to make children a central focus of their practice.

The combination of this child-centred approach, a drive to avoid risks to children as future adults, and retrenchment of state support, has resulted in a policy discourse that mandates intervention by the state into family life, not only for moral reasons, but also to avoid later, costly dysfunctionality (Communities and Local Government, 2012). The aspirations of the current UK policy settlement have cross party, UK wide support and emphasise the 'moral, scientific and economic case for the importance of the conception to age 2 period' (Parliament.uk, 2015). Thus, the state must act 'now or never' (Author, 2014) to prevent damage to children. This terrain forms the backdrop for the practice narratives revealed by the research, demonstrating both implicit and explicit links to a strong policy song.

Methodology

The study was shaped by two overarching research questions:

- if/how social workers' conceptions and/or definitions of family impact on the way social workers engage with complex families;
- if/how social policies that frame social work context impact on the way social workers engage with complex families.

Methodologically, the study primarily addressed these questions by conducting focus groups with social workers, using a complex case vignette and, also, semi-structured interviews with individual social workers. Focus groups are suitable for exploring decision making processes and examining professional discursive dynamics (Mitropolitski, 2015). They also capture consensus, contention, and processes of collective sense-making (Kitzinger, 1994). The standardised nature of the vignette approach supports comparison in the cross-national context (Soydan, 1996). The vignette was developed by the international team to depict a plausible and sufficiently mundane, complex case that social workers in the different countries and service areas might come across in their everyday work. It is recognised that the use of focus groups alone has some limitations and cannot capture the contingencies of everyday reasoning in the way ethnographic methods might. These limitations were, to some extent, reduced by also conducting interviews, as noted above. Nevertheless, whilst acknowledging the limitations of focus groups – for example, participants may influence one another – there were advantages in holding the case information constant, in that it created the conditions to examine similarities and differences between nations and service contexts.

The vignette was depicted in three stages to present developments in the family's situation. To achieve a level of verisimilitude with real practice, the vignette was constructed as a series of telephone calls and conversations, supported by audio recordings of an actor taking the roles. When in the focus group setting, researchers presented each stage chronologically and participants were asked to discuss the decisions they might make, on the basis of the information provided. Standardised prompt questions, also developed by the international team, were used to encourage group discussion. Overall, the focus group and case vignette methods were designed to address the research questions by simulating thinking 'on the ground'.

1
2
3
4 Discussion here draws on data from 24 focus groups held in England, Wales, Northern
5 Ireland and Scotland, in which social workers from across four service areas (child welfare,
6 addictions, mental health and migration) were asked to discuss a three-stage case vignette
7 (about Maria and her family). Each focus group was approximately 60 – 90 minutes in
8 length, and conducted with between three to eight social workers. There were 108 UK
9 participants in total, 91 (81%) female and 17 (19%) male. Participants also represented a
10 range of ages and years in practice. Most participants (80) were employed in state services,
11 with 28 participants from voluntary organisations. The focus group sites reflect a mix of
12 urban and rural, and deprived and less deprived local authorities. All necessary ethical
13 approvals were sought and secured.
14
15

16 17 **Synopsis of Case Vignette**

18 Maria Williams and David Bey live with their three children, Beth (5), John (8) and Thomas
19 (20, has a different father with whom he has lost contact). Maria is unemployed. David
20 usually works unpredictable hours. David migrated to the UK and has no relatives living in
21 the UK/Ireland. Maria and David often argue, and their relationship is volatile. Maria has a
22 history of heavy drinking and drug use. Sometimes Maria and the children have gone to stay
23 with Maria's brother (Paul) and his wife (Hannah). Hannah has four children (ages 8 to 15)
24 from a previous relationship. Maria and Paul have a younger sister (Lisa) who lives in
25 another part of the country and has little contact with the family. Maria and Paul's parents
26 live outside of the city, had expressed negative views about Maria and David's relationship
27 and there is also little contact between Maria, David, and the three children, and the
28 maternal grandparents.
29
30

31
32 Stage 1 is a telephone call from Maria to the social worker. Maria describes difficulties she is
33 experiencing (which include arguments with David), Thomas's mental health problems, a
34 little about David's situation, and reports that she receives some support from Paul and
35 Hannah.
36

37
38 Stage 2, is presented as a telephone call between a social worker and a mental health
39 worker, who expresses concerns about Maria's progress in relation to her mental health and
40 drinking, her relationship with David, and the family situation. Maria, Beth and John also
41 frequently stay with Paul and Hannah.
42

43
44 Stage 3 is presented as a social worker talking to colleagues about the case. Factors such as
45 the children's behaviours in school, Maria's drinking (she was reported as attending Beth
46 and John's school drunk), the family's accommodation and David's potentially precarious
47 immigration status are included. This stage also discusses David's wish to take the children
48 to see his extended (birth) family.
49

50
51 All focus groups were recorded and transcribed. Data were analysed inductively, via a
52 process of data 'saturation', codes were identified and systematically applied to the data.
53 Coding was organised using the framework method, which supported cross-national
54 comparison (Mason et al., forthcoming) and the emergence of 'identifiable themes and
55 patterns of living and/or behaviour' (Aronson, 1995: 3). This generated three areas of
56
57
58
59
60

analytical interest relevant to the research questions: institutional talk shapes the way in which a family (a case) is organised; practitioners recognise the diversity of family practices but shape interventions to match services available and the institutional priorities, interventions are informed by statutory context but demonstrate routinized case 'disposals' which tend to fragment family

Institutional talk: the family as a case to be *organised*

By asking social workers to talk about the case vignette the aim was to interrogate their preferred responses to the family situation presented. The data show, that across the four nations, and service areas, social workers consistently approach the family as a case to be investigated; they must find out about family history, experiences and needs, in order to make decisions about how to respond.

Extract 1 (FG7), Mixed Social Care Professionals, Northern Ireland.

SW1: [...] I would look at the house and what's going on in the house. I'd look at the systemic support systems that's going on there with the family and who's doing what and what supports are actually there and not there. And look at the house and also look at Thomas's needs, assuming he's the young boy I thought. What I see and knowing this, he has mental health issues, but I'm thinking of this from autism. Any groups that we would have or services that we would have to try and improve his mental health and improve his overall way of re-entering, integrate him into the local community and look at him from that point of view. I would also look at programmes for mum in terms of Women's Aid who run courses, and I've had this with one of my own ones, and try and get her into one of those Women's Aid counselling courses, and courses which promote self-confidence, and look at the whole situation of domestic violence to try to break the cycle. Women are continuing to put up with this. I'd be looking at there for her as well. Then, you know, I'd be looking at dad and I would be arranging a joint visit then with gateway, because we are already involved.

Extract 2 (FG4) Substance Misuse, Scotland

SW1: I'd be working with Maria to support her, she has distant family members, with the different things going on, so probably I would be, you know, signposting her to mental health. Charities for Thomas. I'd be signposting her to [name of organisation] which is the err, erm, the addiction service. Erm for her husband, so I think I'd, yeah I'd maybe be looking at getting her training or something. If we're, you know, thinking about, looking to see what kind support we can give her that way. As well as working with her on coping with addiction, she's obviously not, you know, coping. It would help her with skills and things like that. So giving her more skills, to maybe, because we don't, we wouldn't work with Thomas on his mental health. We wouldn't work with David on his addiction issues.
SW2: There's a lot going on. It's all lumped together isn't it? So it's to say separating it. This is this issue. This is what you can do here and this is what we can do. This service can do this. Making it very clear for each member.

Here, it is clear that social workers know the institutional rules, which they interpret and enact in routinized and habitual ways (Lipsky, 1980): '*social workers are not 'nowhere men' (sic)...perform[ing] in a social vacuum...[rather they] connect government initiatives and the private lives [of individuals and families]*' (Hjörne et al., 2010). Analysis of professional case

1
2
3 talk, albeit about a fictional case, renders visible here and now social work sense-making,
4 dilemmas in decision-making, negotiation of policies, and framing of family life-actions as
5 relevant (or not) to the professional task and institutional context (Hall et al., 2010). In the
6 discussions, as is the case in much of everyday practice, meaning about the family's
7 situation was made 'in situ' by social workers (Morgan and Kreuger, 1993) where ideas were
8 negotiated and developed, problems, possible solutions and futures were discussed.
9 Discussions about individual and family situations are largely negotiations about how
10 problems are to be understood through definition, identification of relevant empirical
11 evidence and sorted into more generalizable categorizations (Mäkitalo, 2014 p41). Case
12 formulations are consequential. They shape responses and inevitably block alternative ways
13 of working.
14
15

16 Reasoning about Family Structure and Family Practices

17 We should first note that social workers across service settings showed a sophisticated
18 ability to reason about family and family practices (Morgan, 1996). Across all focus groups,
19 parenting practices were a key marker, along with speculations about intimacy between
20 different family members, family relationships and patterns of obligation. Family practices
21 were discussed in complex ways that drew on history and biography (Smart, 2007). Social
22 workers demonstrated that they were concerned with gaining an essence of the 'current
23 family', and part of this was to focus on the connections as lived at present. In the following
24 extract, for example, the current problems within the family are aligned with the stresses
25 resulting from David's isolation from his own biological family and presumed isolation from
26 more local support networks. As such, this demonstrates some taken-for-granted ways of
27 organising 'family' in terms of biological kinship ties, without which David is constructed as
28 having no one to turn to and this is signified as a strain for the family.
29
30
31

32 Extract 3 FG17, Child Welfare, Wales

33 *SW4: I think also that a key issue that's causing the domestic violence would be the*
34 *partner. He doesn't seem to be integrating very well locally and we don't know*
35 *whether there is language issues, cultural issues.*

36 *SW4: ...he's isolated himself from his own family and his own support networks. So,*
37 *there's quite a lot of stress that could be coming from that, from him and how he's*
38 *managing in the country, in a new setting.*

39 *SW7: I'd say...try and get some more specifics off her, find out more of some of the*
40 *problems and what's happening and I'm just curious really with her saying he's not got*
41 *any family here or anything and she's said that they've split up three times, so where*
42 *does he go, or where does she go.*

43 *SW3: Where does she go, yeah?*

44 *SW7: What do they do when that happens?*

45 *SW2: To her brother's she says, Paul.*

46 *SW7: So, he remains in the family home and it just makes you wonder, do they get*
47 *back together because he's, or because he's not got anyone here a factor for them*
48 *getting back together. Do they get back together because they want to, or what are*
49 *their reasons for continually going apart and coming back together?*

50 *SW5: and the impact of that on the children as well. Are they being uplifted from the*
51 *family home and what they've seen, to extended family?*
52
53
54
55
56
57
58
59
60

1
2
3 Extended biological family, on Maria's side, is invoked as a solution when the living
4 arrangements for Maria, David and the children are disrupted. As social worker 7 states so
5 *where does he go, or where does she go*, given that David does not have extended family
6 upon which to rely. Implicit in this exchange is the view that the wider biological family
7 network would provide alternative living arrangements and this is perceived as an assumed
8 - but not necessarily acceptable - family practice. By linking the fact that David does not
9 have biological extended family resident in the country with the current problems in the
10 family, and Maria and children leaving what is defined as an important space, 'the family
11 home', this transnational familial construct is problematized.
12
13

14 The impact of extended family members from two households coming together and the
15 number of children living together is also of concern in all the focus groups. It is depicted as
16 a potential source of instability and risk to the children – an unacceptable family practice -
17 which needs mediating by professional help.
18
19

20 **Extract 4 (FG6) Mixed Social Care Professionals, Scotland**

21 *SW1: and what affect is that having on their relationship with her brother and*
22 *sister. And what about the impact on their [Paul and Hannah] four kids as well. All*
23 *this toing and froing all the time. That's not going to be good. Most of us would be,*
24 *would we put up with that? Going backwards and*
25 *forwards all the time. So you've got the impact on everybody's family. She doesn't*
26 *have her parents to fall back on. They don't approve of her relationship and so she's*
27 *always going to be going to the brothers and//*

28
29 *SW2: and is she back and forward for emotional support, you know, if she*
30 *goes to her brother's, does her brother say come to me and I'll give you your dinner,*
31 *but don't bring him here.*

32
33 *R: So complex family dynamics*
34

35 **Extract 5 (FG7) Mixed Social Care Professionals, Northern Ireland.**

36 *SW1: Well, they have four kids of their own. You know, you'd want to ensure there's*
37 *some service and support and things in place for them.*

38 *R: The number of children living with Paul and Hannah you mean.*

39 *SW1: Yes. That's a houseful.*
40
41

42 **Extract 6 (FG17), Child Welfare, Wales**

43 *SW2: You'd have to consider what impact all that would be having on Paul and*
44 *Hannah as well because they've got four children, so, you'd be considering their*
45 *welfare as well and the impact on them.*

46 *SW1: The wider family as well, we'd be taking into consideration that there seems to*
47 *be some history there that all the children seem to have detached from them. Paul*
48 *and Maria, they're saying they don't really get on and the other one, Lisa, just moved*
49 *away and doesn't keep in touch with either of her siblings or the parents and so it's*
50 *about trying to get to the bottom of that as well, and see how that can be helped. The*
51 *part that's worrying me the most is David because he seems to be on his own and how*
52 *can we try and get some support for him.*
53
54
55
56
57
58
59
60

1
2
3 Social workers also consider it noteworthy that Maria's biological extended family do not
4 have contact. Here, there must be 'some history' (it is assumed that there is something
5 negative that has fragmented the family) and there is discussion about repairing those
6 broken family connections. Biological ties are thus constructed as enduring, but fragile. It is
7 also noteworthy that the possibility of support from those perceived by Maria or David as
8 'family-like', but not necessarily biologically connected, does not receive attention.
9

12 **Resolving Complexity through Institutional Disposals**

13 Despite practitioners having sophisticated understandings of assumed and acceptable
14 familial constructs and practices, when the conversation shifts from description to action,
15 these intricate understandings quickly modify to fit institutionally defined priorities, and
16 categories of entitlements. The consistencies in reasoning across the service areas were a
17 particularly striking feature of the corpus. Family complexity is met with system and service
18 complication; problems are identified, labelled and aligned with the most appropriate
19 service area. Most noteworthy, albeit less pronounced in substance misuse settings, was the
20 focus on the children, as a priority with scepticism about the parental account displayed
21 across service areas:
22
23

24 **Extract 7 (FG6) Mixed Social Care Professionals, Scotland**

25 SW1: You would be looking as well to contact the other services and agencies that
26 perhaps are involved with the children. That would be your first, your first, you know,
27 such as education, the people who are seeing the children on a daily basis to see what
28 their presentation's like and get any further information that you can.
29

30 SW2: That's what we'd do when it comes to us, to duty. We'd automatically look to
31 education, school, health, or a health visitor, looking at the ages of the children, you
32 might be looking at school health.
33

34 SW1: The ages of the children, and what they're witnessing at home with the violence
35 and the fact that they're farmed out to other family members on the other side of
36 town. Are they missing school? The way that she just feels that they're alright. Well,
37 you know, are they alright because they're sitting quietly and not saying anything or
38 what. Or actually are they being affected by it. So I think that is like the, as [SW?] was
39 saying, is the really, yeah, get in touch with education and health and find out how
40 they're presenting
41
42
43

44 The focus on the children and what they are witnessing and possibly copying is, therefore,
45 the warrant for any work with the rest of the family. Once this is established, 'problems' are
46 modified to fit services available and the family and its members as sources of initial
47 understanding are not mentioned. The following extract shows how organisational
48 information and the range of categorical needs are typically depicted as a list, with a focus
49 on gathering information from the various specialist and universal agencies.
50
51

52 **Extract 8 (FG 22) Child Welfare, England**

53 *SW2:... We look at social care's history and see if they are known to us erm, but*
54 *equally there's the DV potentially. We need to know what that is. Whether that's*
55 *ever been police involvement because say, it's possible physical [abuse] there's the*
56
57
58
59
60

1
2
3 *issue regarding the children being beaten potentially, so that could be, if its,*
4 *assuming not our area, somewhere else, it could be previous CP. There's the mum*
5 *with drugs and alcohol issues and possible mental health. There's the 20 year old*
6 *with the depression, and we need to understand a little bit more about that. Equally*
7 *dad, potentially may not be a perpetrator, but he could be, and we don't know if*
8 *there are any further issues regarding drugs, alcohol or depression with him*
9 *either. Also, we've got two small young children in that household who we actually*
10 *know very little about and so I'd want to gather more information from our universal*
11 *services, education and health, to see if they're actually known, whether these*
12 *children have ever had any injuries. Erm, whether there's an impact on mental*
13 *health from drug use and domestic violence on them. There you go.*
14
15

16
17 In the following extract, the use of diagnostic, legal and administrative categories to convey
18 entitlements is also illustrated.
19

20 **Extract 9 (FG4), Substance Misuse, Scotland,**

21 *SW1: ...Erm, the first thing that would need immediate attention I think is because*
22 *her, her partner said it's, he thinks it's ok to give the kids beatings. So that's a child*
23 *protection issue.... It's children and families social workers mostly that would be, they*
24 *would maybe work with children and families team. So, if Maria was contacting us*
25 *for some support and we are a substance abuse support service, the families that are*
26 *impacted by it, but I think if anyone here got a child protection issue then they need*
27 *to do something with it...I think it's just obvious how desperate, maybe for many*
28 *years. She really needs support. So, whatever we could do to support that, and I'm*
29 *not sure if her son, if Thomas, has substance issues, or whether, just to make sure she*
30 *gets information about where he can get support.*
31

32 *SW2: Thomas is 20, so we could technically work with him but we don't know that it's*
33 *because of, his issues are because of mum's substance misuse, so we wouldn't*
34 *necessarily, you know, we'd probably signpost to mental health services for him.*
35
36

37 The range of interconnected adult and child needs within the family is partitioned and
38 delineated, to determine who are the 'right' professionals to intervene. We can see the
39 seeds of organisational complication being planted, with initial forays into potential turf
40 wars of responsibility. Institutional categorisation apparently diverts practitioners from
41 holistic discussions about *family* needs (which would require complex relational analysis and
42 response), even though this is typically where the conversation starts. Families have also
43 recounted their frustration in navigating these institutional divides and the consequences
44 for them of social workers not engaging in relational recognition or practice (Author 2016).
45 We return to this theme in our concluding discussions.
46
47

48 **Sentinel Phrases: Getting over the Threshold**

49 Certain phrases within the vignettes acted as triggers for reasoning about entitlement, and
50 state intervention, focused on vulnerability and risk. In particular, references to 'beatings' –
51 possibly of the children - was a marker for the case to be the proper business of social work,
52 regardless of the service domain. Notably, this is clearly driven by a concern to protect the
53 family children, not Maria as a family adult, and unambiguously authorised state
54 intervention into family life.
55
56
57
58
59
60

Extract 10 (FG19), Mental Health, Wales

SW2: *It says that he's always shouting.*

SW3: *And he beats the children, she says, it's OK to give the kids beatings like*

SW2: *And the children are seeing violence towards Maria.*

SW3: *But she's told him, she's told us, sorry, that he beats the children and that he's got problems, so you'd want to know what the problems are.*

Despite this, 'beating' was consistently treated as a contestable concept and reasoning focused on what exactly was meant by 'a beating' and who was beating whom:

Extract 11 (FG12) Child Welfare, England

SW2: *There are a lot of unknowns as well, so we don't know what the appointment was for with the GP. Was it for her mental health? Was it because she acknowledges she has a drinking problem or not? Then, we don't know what David thinks. I think we should get his views as well because well, if her decision is to live together they have to work together with us. Then there are the children because she said, I don't think it's OK to give the kids beatings like he does and does she mean like he's giving her, or he's suggesting she gives the children beatings. Is he suggesting to her to beat the children and has he done that before. So we have to, I think we have to speak to David about this and we need to get everybody's views about it. We need to build a bigger picture because we don't have enough information at this stage. We just have Maria's view and she might have called because she feels guilty because she's in a crisis, which is fair enough, and, but I think we still need some more information.*

SW2: *Are they financial, erm, what are the dad's problems. She doesn't say a lot about that.*

SW3: *I'd ask her if he beats her. I would ask her that directly.*

Across all the focus groups, regardless of setting, or context specific complexities, the trigger words or phrases were reformulated into a professional argot. The previously expressed awareness of the complexities of family life, are modified to fit child focused practice. Thus, the institutional priorities to protect the children and be vigilant about risk are reproduced and strongly collectively affirmed. Whether something is, or is not, 'child protection' is pivotal.

The making of fragmented families

Institutional categorisations are not simply descriptions of people, rather they are often co-productions of the organisation's activities and priorities (Mäkitalo, 2014) which are 'worked-up' into organisational tasks. As part of the workings of the welfare state in action, the family were categorised (Hall et al., 2003; Hall, Slembrouck, and Sarangi, 2006) and thus transformed into entities social workers recognised, and with which they could work using established and habitualized practices. As the complexity is categorised and 'boxed off' into component elements of a family's situation, it is disaggregated into individuals with various problems, worthy/eligible (or not) of urgent specialised service intervention:

Extract 12 (FG17), Child Welfare, Wales

1
2
3 *SW2: Well we'd go out and assess wouldn't we initially. That would be our first port of*
4 *call, is that we'd go and assess and look at what support there is from the family and*
5 *look at what other agencies could offer support, so I think the first thought for Maria,*
6 *from me, would be domestic violence services like Women's Aid. She's obviously in a*
7 *domestic abuse situation and erm, so that'd be one outside agency that I would be*
8 *thinking about, that we'd use initially. I'd try and get her son to engage with mental*
9 *health services...*

10
11
12 **Extract 13 (FG7) Mixed Social Care Professionals, Northern Ireland**

13 *SW: 2. Say this was a boy that was given beatings... and there's concerns about the*
14 *mother's mental health, and again it's urgent. That needs to go through the*
15 *assessment centre and then our crisis team who would go and see her if it was urgent.*
16 *But not a crisis in terms of in the next 2 or 3 days. Then she would get a planned*
17 *appointment which may then be me seeing her because of me sort of feeding in to that*
18 *system. So in that sense, that could be a requiring a little phone call coming through to*
19 *me ... So we'd want to listen to that and take all that on board and then look at what*
20 *to do with it. So, but the warning signal is always the children are getting beatings*
21 *that would make us concerned.*

22
23
24
25 There were some limited examples of social workers being aware of, and also seeking to
26 mitigate the potential for a confusing gyroscope of state intervention

27
28 **Extract 14 (FG19) Mental Health, Wales.**

29 *SW1: I think the splitting up of the social worker teams, rather than having that, you*
30 *know, that's a challenge, because in terms of say like with this family, families*
31 *might have four or five professional coming in now, all focusing on different*
32 *things. It must be so frustrating for people not having one, you know.*

33
34 *R: Right, so you'd be wanting to see some joined up work with this*
35 *family?[agreement]*

36 *SW1: I think trying to get the unified process assessment is important.*
37

38
39 In these instances, the reduction of complexity was typically presented as a way of closing a
40 case:

41 **Extract 15 (FG19), Mental Health, Wales**

42 *SW3: We'd co work with substance misuse. Usually you would try to co*
43 *work. Sometimes we don't and it's a bit vague. Sometimes we just say, well it's a*
44 *substance misuse client and we'd close the file.*
45

46
47
48 Overall, however, this is not the case and social workers indicate an imperative to 'sort'
49 families in terms of organisational categories or specialisms. This ensures the families'
50 entitlements are clear and, consequently, team accountabilities and responsibilities and
51 their limits are defined. Consequently, the interrelated biographies of family members is
52 potentially lost.
53

54 **Conclusion**
55
56
57
58
59
60

1
2
3 [S]ocial agencies are, almost always, organized in accordance with areas of
4 intervention... the first services to be alerted request the intervention of others,
5 which, in a short time, can involve several agencies...The intervention of social
6 agencies in family life often implies the loss of connections between family members.
7 This effect is more obvious, for example, in cases where the children's physical
8 security is threatened, the necessity to protect the children becomes more important
9 than their relational needs, and the intervention directed to protect the child tends to
10 dilute family connections. The dilution effect is even stronger when the relational
11 difficulties within the family are separate and designated for 'treatment' in
12 differentiated social agencies. (Matos and Sousa, 2004 pp. 67).
13
14

15
16 In the data we can see different areas of social work involvement 'talked into being'. The
17 complexity is discussed, triggers/signals/markers become frames of reference which do
18 material work in locating what gets a focus, within the constraints of service boundaries. In
19 the 'conversion' of family situations into concrete actions or interventions, complex families
20 and extremely complicated organisations meet. Professional involvement with vulnerable
21 families appears to move across and between deficits premised on professional expertise.
22 The family is potentially 'everybody's and nobody's' business resulting in a lot of 'busyness'
23 for families. Family accounts that repeatedly point to the poor fit between their needs and
24 the services and practices offered provide insight into the consequences of these processes
25 (Author, 2016).
26
27

28
29 Social workers encounter the different trends in family formation and family living, including
30 changes as a result of globalisation and migration, with its inherent cultural, demographical,
31 ideological and economic transitions (Peterson and Bush, 2013). They encounter and work
32 with diverse households, changing patterns and forms of marriage, decreased birth rates,
33 and so forth. Social workers also operate within a complex welfare mix of public, private, for
34 or non-profit organisations. As such, their practices impact on how family is conceptualised
35 and on family members as recipients of their services. It is therefore imperative to
36 investigate how differing conceptualisations of family impact on the services provided for
37 families because how social workers perceive and make sense of family structure, family
38 practices and 'displays' of family will have material effects on how they organise, categorise
39 and work with families.
40
41

42
43 The complicated organisational responses to complexity provoke other concerns; the state's
44 response potentially produces 'over-intervention' *because* of the number of agencies
45 involved with a family. Further, *family* is reduced to a set of problems; a 'type' of family.
46 The implications are multiple, and suggest the value of exploring fresh approaches to service
47 design and the skills deemed essential for social work practice. That social work entails work
48 with families with complex needs is not news. And yet, we have seemingly developed
49 responses that render obsolete relational practice skills that engage and understand
50 *families*. They are, instead, replaced with focused individualised interventions, or needs are
51 alternatively 'signposted' elsewhere. The methodological approach adopted here has shown
52 how use of institutional categories and the associated ordering and fragmentation of need
53 occurred in all the service areas in all of the UK countries. Such a settlement seems to raise
54 questions about whether there are better organisational designs to support Maria and her
55 family.
56
57
58
59
60

Declaration

This project, ... is funded by NORFACE, a collaborative partnership of European national research funding agencies. Details about the project can be found here [... \(anonymised\)](#)

References (Authors' references removed in this draft)

- Aronson, J. (1995) A Pragmatic View of Thematic Analysis. *The Qualitative Report*, 2(1), 1-3.
- Baldwin, M. (2009) Authoritarianism and the attack on social work. In Ferguson, I and Lavalette, M. (eds), *Social Work After Baby P: Issues Debates and Alternative Perspectives*, Liverpool: Liverpool Hope University.
- Carey (2014) The Fragmentation of Social Work and Social Care: Some Ramifications and a Critique. *British Journal of Social Work*, 45(8): 2406-2422
- Finch, J. (2007) Displaying Families. *Sociology*, 41(1): 65-81
- Gov.scot (2006) Good practice guidance for working with families and children affected by substance misuse. Available at: <http://www.gov.scot/Publications/2003/02/16469/18712>
- Gov.uk (2016a) Helping Pay for Childcare. Available at: <https://www.gov.uk/help-with-childcare-costs/free-childcare-and-education-for-2-to-4-year-olds>
- Gov.uk (2016b) Maternity Pay and Leave. Available at: <https://www.gov.uk/maternity-pay-leave/overview>
- Gov.wales (2014), Substance Misuse Treatment Frameworks. Available at: <http://gov.wales/topics/people-and-communities/safety/substancemisuse/policy/treatmentframework/?lang=en>
- Communities and Local Government (2012) The Troubled Families Programme. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/11469/2117840.pdf
- Hall, C. and Slembrouck, S. (2010). Categorizations of child "in need" and child "in need of protection" and its implications for the formulation of "deficit" parenting. In Discourses of Deficit. Candlin, C. & Crichton, J. Basingstoke, Hants: Palgrave. 63-80.
- Hall, C., Juhila, K., Parton, N., and Pösö, T. (Eds.) (2003) *Constructing client-hood in social work and human practices: Interaction, identities and practices*. London, Jessica Kingsley Publishers.
- Hall, C., Slembrouck, S., and Sarangi, S. (2006) *Language practices in social work: Categorisation and accountability in child welfare*. London, Routledge.
- Hantrais, L (2004) *Family Policy Matters: Responding to Family Change in Europe*, Bristol, Polity Press.
- Hastings, A., Bailey, N., Bramley, G., Gannon, M. and Watkins, D. (2015) *The Cost of the Cuts: The Impact on Local Government and Poorer Communities*. York, Joseph Rowntree Foundation
- Hjörne, E., Juhila, K., and Van Nijnatten, C. (2010) Negotiating dilemmas in the practices of street-level welfare work. *International Journal of Social Welfare* 19(3): 303-309.
- HM Government (2015) *Working Together to Safeguard Children*. Department of Education.
- Holt, K. and Kelly, N. (2013) Rhetoric and reality surrounding care proceedings- family justice under strain. *Journal of Social Welfare and Family Law*, 34(2): 155-166
- Kitzinger J. (1994) 'The methodology of focus groups: the importance of interaction between research participants'. *Sociology of Health* 16 (1): 103-21.

- 1
2
3 Laming (2003) *The Victoria Climbié Inquiry*. London: The Stationery Office
4 Laming (2009) *The Protection of Children in England: A Progress Report*. London: The
5 Stationery Office
6 Lipsky M (1980). *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services*.
7 New York: Russell Sage Foundation.
8 Mäkitalo, Å. (2014) Categorizations, pp 25-43 in Christopher Hall, Kirsi Juhila, Maureen
9 Mason, W., Mirza, N. and Webb, C. (forthcoming) Using the framework method to analyse
10 mixed methods case studies, *Sage Research Methods Cases*
11 Matos, A.R. and Sousa, L.M., 2004. How multiproblem families try to find support in social
12 services. *Journal of Social Work Practice*, 18(1), pp.65-80.
13 Mitropolitski, S. (2015) Interactive Interviews: A Research Note, *Qualitative Social Research*.
14 16 (1)
15 Morgan, D. (2011) *Rethinking Family Practices*. London: Palgrave Macmillan
16 Morgan D.L. and Kreuger R. (1993) 'When to use focus groups and why' in Morgan D.L. (Ed.)
17 *Successful Focus Groups*. London: Sage.
18 NSPCC (2017) Child Protection in the UK. Available at: [http://www.nspcc.org.uk/preventing-](http://www.nspcc.org.uk/preventing-abuse/child-protection-system/)
19 [abuse/child-protection-system/](http://www.nspcc.org.uk/preventing-abuse/child-protection-system/)
20 Parliament.uk (2015) Conception to age 2; the first 1001 days Available at:
21 <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CDP-2015-0133>
22 Pahl, R. and Spencer, L. (2004) Personal Communities: Not Simply Families of 'Fate' or
23 'Choice' *International Sociological Association* 52 (2) 199-221
24 Peterson, G., and Bush, K. (Eds.) (2013) *Handbook of marriage and the family*. New York:
25 Springer Press.
26 Public Health England (2017) Service Users, Families and Carers. Available at:
27 <http://www.nta.nhs.uk/who-service.aspx>
28 Rankin, J., and Regan S. (2004) *Meeting Complex Needs: The Future of Social Care*. London:
29 The Institute for Public Policy Research and Turning Point. Available at:
30 http://www.ippr.org/files/images/media/files/publication/2011/05/Meeting_Complex_Needs_full_1301.pdf?noredirect=1
31 Seddon, J. (2008) *Systems thinking in the public sector: The failure of the reform regime... and a manifesto for a better way*. Triarchy Press Limited.
32 Soydan, (1996) Using the Vignette Method in Cross-cultural comparisons. In Hantrais, L., and Mangen, S. (eds), *Cross-National Research Methods in the Social Sciences*, London: Pinter, pp. 120-129
33 Smart, C. (2007) *Personal Life: New directions in sociological thinking*, Cambridge: Polity Press
34 Weeks, J., Heaphy, B., and Donovan, C. (2001) *Same Sex Intimacies: Families of Choice and other Life Experiments*. UK: Taylor and Frances
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60