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Citation for final published version:

Roberts, Louise 2017. Time to change? Exploring the impact of time-limited service provision in a family support service. *Child and Family Social Work* 22 (S3) , pp. 21-30. 10.1111/cfs.12229 file

Publishers page: <http://dx.doi.org/10.1111/cfs.12229> <<http://dx.doi.org/10.1111/cfs.12229>>

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Time to change? Exploring the impact of time-limited service provision in a family support service.

Abstract

This paper presents data from a qualitative case study of a family support service, support care. As a time-limited service that aims to enable positive change within families and involves children and parents spending time apart, aspects of time feature prominently in understandings and experiences of the service. This paper uses the concept of time as a lens to explore some of the organising principles and underlying assumptions of this service.

Eighty-two qualitative interviews and twenty-two participant observation sessions were undertaken with stakeholders engaged in support care. This paper examines the variety of ways in which time was understood and experienced over the course of the research. This includes a conceptualisation of time as a resource, together with the hopes, expectations and concerns attached to the time provision. It is argued that the service specific questions regarding how much time to afford families, and the purpose of support have wider relevance within social work policy and practice. This includes debates about how best to respond to families with support needs, including those with enduring needs, how to manage tensions in respect of balancing need whilst seeking to avoid dependency and the sometimes competing nature of support and protection objectives.

Key Words: family support, children and family social work, prevention, children in need (services for)

Introduction

Sociological studies of time have highlighted its multiple meanings within our daily lives. Hassard (1990) has noted how time organises as well as constrains daily living. Adam (1990) has argued that time can be experienced as moving both quickly and slowly, there is a perception of being ‘on time’, having ‘lost time’ and picking the ‘right time’. The various ways in which time can be experienced and understood is of relevance to considerations of support care. Support care is a family support service for families at risk of breakdown and involves the provision of short breaks for children. Time is both a significant and defining feature of the service. The provision involves children and parents spending regular periods of time apart in an effort to alleviate family difficulty. This is facilitated by a support carer who is introduced to the family and provides short breaks for children. It is hoped that

through the provision of time and over time, i.e. the intervention period, family relationships will have improved and the risk of breakdown averted. However the provision is intentionally time-limited, with typical intervention periods lasting between six and twelve months.

This paper explores the importance of time within support care and is based on qualitative data generated as part of a doctoral research project. The paper considers the purpose and function of time within the service, together with the hopes and expectations attached to the time children and parents spent apart. Such issues are important to considerations of the delivery and experience of support care but also have wider relevance within social work regarding appropriate responses to families in need.

The remainder of the paper is structured as follows: An overview of the support care service is provided together with further details of the research study. The paper then explores how time featured within the support care research and includes analysis of both explicit and implicit time references. Finally the issues are situated and discussed in relation to current social work policy and practice.

Support Care

Support care is a supportive intervention for families deemed to be at risk of breakdown. It has been in operation since the 1990s and developed by local authority agencies and service providers across England and Wales. The service has been actively promoted by The Fostering Network (2008: 5) who describe it as being:

at the interface of fostering services and family support services, offering a preventative intervention that avoids families becoming separated. Planned, time-limited, short breaks away from home are combined with family support work to promote change. Resources offered are flexible and tailor-made to suit family circumstances, providing day, evening, overnight or weekend breaks that meet the needs of individual families.

The service involves families being matched with a support carer. The carer is responsible for providing short breaks for children. It is also envisaged that they will forge positive relationships with parents and offer emotional support, encouragement and / or parenting advice. The service attempts to be flexible and responsive to families' individual needs, although the short breaks typically involve one or two overnight stays per month. Brown, Fry and Howard (2005) noted the service developed in response to families who did not want to

be told what to do, who wanted to retain control of their lives, but who needed support through the provision of a break.

The term, 'support care' is used throughout this paper but services may also be known by other names including short breaks, support breaks, support foster care, family link placements or respite care.

The Research Study

A qualitative case study of support care was undertaken in an attempt to understand the 'doing' of the support care service. The research aimed to understand how support was delivered, perceived and experienced, and how it attempted to improve family relations. Ethical approval for the project was secured from Cardiff University's School of Social Sciences Research Ethics Committee. Three support care schemes operating in England and Wales participated in the research and ten individual support care placements were followed for their duration. Participating families were initially identified by the support care schemes following referral to the service. All key stakeholders were invited to participate in the research. Accessible information sheets were made available for potential participants which sought to answer any queries or concerns regarding participation in the observation and interview sessions. Written consent was obtained prior to the start of the research and parental consent was also sought for children to participate.

The core research methods used within the study were individual semi-structured interviews and participant observation. Qualitative interviews enabled insight into the way respondents understood and made sense of their experiences (Rubin and Rubin 1995). Participant observation was conducted at support care meetings and short break sessions. The complementary nature of qualitative interviews and participant observation has previously been recognised by Coffey and Atkinson (2002) who argued that social life is both performed as well as narrated. In this way, participant observation sessions provided insight into the interactions between different stakeholders, while interviews enabled individual reflection on their support care experiences.

Over the course of the research, data was collected from twenty two participant observation sessions and eighty two individual interviews were conducted. These included 18 interviews with parents / guardians, 11 with children (age range 4-15), 22 with carers, 18 with support

care social workers and 13 with children and families social workers. The data were analysed using a qualitative thematic approach (Seale 2004).

Limitations

The small sample, qualitative case study design enabled detailed insight into the delivery and ‘doing’ of support care. It is not suggested that the sample is representative of families engaged with support care. The potential for selection bias is acknowledged as families were identified by the support care schemes and had opportunity to decline participation.

Time in support care

In accordance with Adam’s (1995: 6) assertion that there are “multiple expressions” of time, references were numerous and multi-faceted over the course of the research. For example, stakeholders were interested in the time children were spending with the support carers, as well as how time was used by parents whilst away from their children. Within the delivery of the service, good times to structure the support were negotiated, as were good and bad times to conclude the intervention. At the start of the service, nine months felt like an eternity away for some stakeholders whilst at the end some were amazed at how quickly the time had passed.

The following sections consider the ‘multiple expressions’ of time within support care and have been broadly categorised as explicit and implicit references. The first section considers the explicit references to time and includes the allocation of time as a resource to families, and attempts to limit the amount of time available. In other words, time was used as an explicit organising principle in discussion about support care and in its model of delivery. Additionally, implicit references reveal some of the assumptions, expectations and meanings attached to the time families were engaged with the service.

Explicit references to time

The Fostering Network (2008) describes support care as a short-term, time-limited intervention, designed for families undergoing a particular crisis period. Over the course of the intervention children and young people spend regular periods of time with a support carer and parents are afforded time away from caring. The service is adaptive to individual family circumstances and carers do not follow a prescribed program when engaging with children and parents. As such, the time offered to families can be thought of as a resource designed to

alleviate difficulties. The conceptualisation of time as a resource has previously been noted by Coffey (2004). This is of relevance to considerations of support care as the provision of time for families has to be agreed, allocated and eventually curtailed. The following quotations provide examples of how decisions regarding the amount and allocation of time were made:

Chris [support care social worker]: *So initially the short breaks support was for ... that period when she (mother) was going to be in hospital. Obviously we set it up before then so that there is a lead in time and a chance for them to get used to each other; to get the children used to the carers. ... But on meeting mum there was the realisation ... that mum has some very serious health concerns... they needed more support, five days a week support nine til five really.*

Anne [support care social worker]: *We've been quite creative ... because initially we were looking at a Friday through until Sunday once a month. But with Ben being slightly younger ... it was going to work better for the family if we split the visits and provided Friday through until Saturday every fortnight. If he was older we probably would have stuck to once a month. It's on age and basically the needs of that particular child.*

The conceptualisation of time as a resource is helpful when considering the above quotations as there is an attempt to tailor the provision to the temporal needs of the families. Over the course of the research, there was variation in both the length of the support care provision and the structuring of the short breaks. Chris's comments suggest that additional resources or increased time were required to meet his family's support needs. Somewhat in contrast, Anne's comments suggest that the available time resource was restructured in order to better support the family concerned. The quotations can be related to wider issues within social work and social care which seek on the one hand to respond to service user need whilst also adhering to the scarce resources available.

Despite attempts to respond to families' individual support needs, the time-limited nature of the support care service required social workers to regulate and contain engagement with the service. This was enacted in one of two ways: sometimes a general limit to the intervention period was enforced or encouraged while on other occasions support was agreed to cover a particular period of time. For example, two out of the three support care services that participated in the research had a general expectation that placements would last between nine and twelve months:

Fahra [support care social worker]: *We make it very clear at the beginning that the placement's not going to go on forever and the placement will go on for around nine months.*

Rebecca [support care social worker]: *We are working to a model now where support care placements will not last more than nine months.*

In other instances, support care was confined to particular family circumstances. For example, Rosie (mother) was referred to the service in order for support to be provided during the period surrounding the birth of an additional baby, while Hannah (mother), was provided with short breaks whilst she was awaiting and recovering from an operation. Such examples can be related to Anne's conceptualisation of support care:

Anne [support care social worker]: *Well the way we actually see it is that in an ideal case study, would be that a support care placement would be the bridge between getting other services in if you see what I mean? It gives the family some respite at the point of crisis or where they actually need a break but what we also hope it does is give our colleagues in the area time to actually work on other resources on a long-term basis.*

Anne's comments confirm the time-limited, temporary nature of the service. Support care constitutes a temporary measure while longer-term responses are considered and operationalised. Considered in this way, as well as time being a resource to support families, the service is also a social care resource, providing relief within a pressured system.

The explicit references to time noted above highlight a tension within the support care service. Whilst there is an attempt to respond flexibly to families' needs, there are also efforts to limit and contain the amount of time afforded. Implementing such a balance sometimes had an impact on parents' experience. For example Emma (mother) expressed her frustration that "*everything is time-limited*" in social care support; comments which suggest she has not perceived social care support as responsive to her personal circumstances. Likewise, Sarah (mother) had tentatively attempted to raise the issue of more frequent short breaks for her children during a mid-point placement review:

The plans for upcoming visits are further discussed. Fortnightly visits have already been agreed and this process is to confirm future dates with everyone. It was clear from Sarah that she would, if offered the opportunity, increase the frequency of the visits. She states that Ben "*wishes he could come every week*". She argues that a fortnight is a long time for her and a long time for Ben to wait. None of the other stakeholders respond to this. Sarah gave an example from the previous week where Ben was waiting because he thought his carer was coming but then they realised they

had the date wrong. Again, no response given but the subject is moved on by the social worker who advised Sarah to make notes on her calendar with the dates that have been agreed (fieldnotes).

The fieldnotes highlight that as a parent, Sarah had limited power in influencing the amount of time available to her family. Had Sarah been able to modify or control the amount of time available to her family, she would have increased both the frequency and duration of the provision. Comparable sentiments were also evident for another of Sarah's sons, Aaron (aged eight). The following fieldnotes were taken from his final support care review meeting:

Aaron is engaged in discussions about the ending. ... The social worker asks him if he would like support care to continue for a bit longer. Aaron responds by asking if it can continue until he is 18. Everyone except him laughs. He then attempts to negotiate and requests the service continues until he is 15. 'Thirteen' is his final offer before the social worker takes over and says they can offer an additional three months.

Aaron's presentation during this meeting suggested that he had difficulty understanding the time-limited nature of his relationship with the carer. Comparable sentiments were expressed by other children including Ben (aged eight) who stated he "*felt sad*" about the conclusion of the service and Dylan (aged six) who stated "*I miss going there*". The examples have resonance with Morris and Connolly's (2012: 47) assertion, in respect of children's participation in family group conferences, that "being listened to is not the same as being influential". The examples highlight the disparity between stakeholders' ability to exert influence over the provision of time available but also demonstrate the tension between efforts to be flexible in relation to the amount of time available to families whilst also incorporating efforts to limit and contain it. Viewed in this way, stakeholders involved with support care have to navigate a delicate balance between providing support which meets the individual needs of families whilst attempting to incorporate a method by which time engaged with each family can be limited and contained. Whilst it could be argued that the service is rationed so that it can be offered to the maximum number of families that require the support, more complex reasons for such rationing also became apparent within the data. Such reasons form part of a belief system of what help should be for available for whom and for what purpose.

Implicit references to time

Over the course of the research, it became apparent that stakeholders frequently attached expectations, hopes and / or concerns to the time families were involved with support care.

These are discussed below and help illuminate what purpose or function the provision of time served for families experiencing difficulties.

- **Time to influence**

Adam (1995: 15) has argued that “our temporal being expands our personal boundaries to significant others and even to strangers. Our relationship to them constitutes who we are”. Adam’s comments can be related to some stakeholders’ suggestion that the time spent with a support carer could be influential on the child or young person. For example, social worker Anne reflected on the changes she had observed in Ben during the course of the intervention:

From the first meeting that I had with him – I’ve seen a significant change.this time he was so focused and he sat and did the evaluation for me and he joined in and participated in the discussions. ... Whereas before when I met him he was chaotic and literally under our feet. He wasn’t calm. But I saw a completely different child and he was more responsive to me. ... I just found him to be much more open and confident, completely different. But I’ve seen that with all of Denise’s placements actually. It’s quite interesting.

Anne’s comments suggest that the time children spend with support carer, Denise is visibly influential in terms of them displaying more socially acceptable behaviour and developing more positive communication skills. Likewise carer Paul reflected on the impact on children and young people having regular periods of time with him and his family. Paul stated that when families are referred to the service, the young people are often portrayed as having behaviour difficulties and part of his role was to try and address such issues over the course of the intervention. Reflecting on his approach Paul stated:

Paul (support carer) I’m not going to jump right in and say ‘don’t be doing that here’. ... You know but after a couple of months suddenly it ... like that it changes, and you can see the total difference in them. They are more relaxed and – whatever it was.....or was supposed to beit stops and they tend to go down a different track.

Paul’s comments suggest that the time young people spend with his family environment can be influential on their wellbeing, attitude and / or behaviours. Rather than overtly instructing or educating young people about acceptable behaviour, his experience suggests that over time changes will occur organically. Such comments suggest that relationships developed between carers and young people over time are of particular importance in the achievement of change. This has resonance with relationship-based social work which propose that positive relationships between professionals and service users can in itself facilitate change (Howe

2009). However, while Paul's reflections are interesting and thought-provoking, it should be recognised that changes in behaviours and attitudes may be influenced by other factors aside from support care. Alternatively, the child / young person may have adapted to the setting as opposed to having made changes that would be visible in other contexts.

The potential for support carers to influence children and young people over the course of the intervention was more broadly discussed by Susan:

Susan [social worker] ... they give the child something to hold on to ... when they come to support care they can see a different way of family life. They can think this isn't the only way of life. There is something different out there, it is a different way of doing things. So that is positive for them.

In contrast to the theory that support care helps families through a temporary period of family difficulty, Susan presents support care as an opportunity for children and young people to experience 'a different way of family life'. Her comments suggest that by showing children an alternative way of living and relating to each other, they may choose a different way of living / relating for themselves in the future. This has resonance with developments in the sociology of childhood, summarised by O'Kane (2008: 125) as: "a move away from seeing children as passive recipients of adult socialization, to a recognition that children are social actors in their own right". The sentiments can also be related to Adam's (1995:18) suggestion that as individuals "we are able to imagine the world in a projected future – present upon which we can reflect and make our choices". In this way, Susan's comments reflect beliefs that futures can be created and can be influenced by individual wishes and actions (Adam and Groves 2007). Such theory has relevance to recent social policy strategies which sought to invest in children and prevent generational cycles of family dysfunction (Featherstone 2004, Allen and Smith 2008)

- **Time for change**

Together with hopes that support carers would influence children and young people over the course of the intervention, expectations of change were also sometimes evident for parents. As a short-term, time-limited provision it was important for stakeholders to assign purpose to the time parents were spending away from their children. In other words there was an attempt to stress that parents' time away from their children was not simply a break from caring but something purposeful with specific aims and objectives. The need for parents to have a break when caring for disabled children is generally recognised within society (e.g. Department for

Education 2011b, Robertson *et al.*2011). However over the course of the research such recognition did not routinely extend to parents of non-disabled children.

Rebecca [support care social worker]: *No one is going to benefit from long-term respite because when they get to 15 / 16 it will be taken away and the family hasn't changed or hasn't learnt anything.*

Claire [carer] *We are not here as baby sitters, we are not supposed to be caring for him because it is convenient for you [parent]. We are supposed to be having him so that she [parent] can do what she needs to do with her other children.*

For Rebecca, families needed to change over the course of the intervention in order to benefit them in the long-term. Such thinking resonates with task-centred models of social work practice which emphasise focused working relationships, where service users are involved in the formulation of goals and achievement of change. For support carer Claire, expectations of change were also important as a way for her to differentiate support care, and her involvement in it, from a babysitting or respite service.

Examples of change expected from some parents over the course of the support care intervention included engagement with drug and alcohol, mental health and domestic violence support provisions. Viewed in this way, the time offered by the service acted as an enabler as it allowed parents to do a particular activity. The ability to do this activity was portrayed as rectifying problems and facilitating change within the family. As well as allowing parents to access support for their own needs, short breaks were also sometimes provided in order that parents would spend 'quality time' with other children in the family. For example, Nicola (mother) approached social services for help as her sons were displaying challenging behaviour. Due to the care needs of their younger children, Nicola and her partner struggled to give the boys the attention they demanded and they had spoken of feeling unloved by their parents. Together with other specialist services, support care had been offered to the family in order that Nicola and her partner could spend some dedicated time with the children in an attempt to improve family relationships.

In other instances, the change envisaged over time was reliant on external factors aside from parental efforts. For example, support care was offered to Sarah and James' family to ease difficulties resultant from overcrowded living conditions. Through the provision of short breaks it was hoped that family difficulties and tensions could be managed while more suitable social housing was sought. For Sarah and James, the provision of time served to bridge the gap and offer support as the local housing office addressed their needs. This can be

related to the previous discussion of time as a resource to ease family difficulty but also as a resource to ease pressure on the wider social care support system.

- **Time for prevention**

The overarching aim of the support care service is to prevent family breakdown and long-term separation (The Fostering Network 2008). Through the provision of short breaks, it was hoped that household tensions would be diffused. The following quotations were offered by parents mid-way through the support care placements and provide some insight into the preventative impact they experienced:

Georgina [mother]: *I just think we've got time to just stop. So he's there and we're calm and able to have a break and things just tick along. If it was all the time, things would just blow up again. ... You need that time just to have a break from it.*

I would have battered him I think. (laughs)No seriously, it would have got so bad, so, so bad.

Emma [mother]: *Yeah it has been a lifesaver. ... They've helped my mental health, my physical health. Yeah it's been brilliant.*

Sarah [mother]: *He'd have been in care. I've said it to social services; I've said he'll go into care if it carries on.*

The perspectives of fathers was under-represented in the research. This may have been because mothers were most often the primary care-giver for the child/ren. For example, some mothers were single-parents and reported no father involvement. In other cases, adult males living in the home were not the biological fathers of the children engaged in support care. Work commitments sometimes inhibited fathers' participation and some seemed reluctant to discuss their involvement with the service. Nevertheless, the mothers' comments suggest that the time afforded to them through support care had prevented further escalation of problems and could be considered as having healing, relieving or repairing benefits to family relations. As argued by Cree (2003:165) the provision of practical help, in this instance the provision of time, "has preventive value and can mean that the consequences of more serious intervention are avoided". Carers and social workers also acknowledged the preventative aspects to the time children and parents were apart:

Claire [support carer]: *It gives the parents or carers a break which if they can have a break and be a bit happier or a bit less stressed, ultimately that has an impact for the child and gives them a more stable life.*

Fahra [support care social worker]: *We just acknowledge that things can be difficult in families and that's not a problem. We just put in a bit of support, a bit of respite, some breathing space and things hopefully will improve.*

Claire's comments can also be related to the perceived benefits of providing short breaks to parents of disabled children (Robertson *et al.* 2011). Despite efforts within support care to assign purpose to the time parents were without their children, the comments above recognise the preventative value in simply affording parents a break. This resonates with Brown, Fry and Howard's (2005) assertion that the service developed in response to families who wanted to retain control of their lives, but who believed they could be supported through the provision of a break.

- **Time as dependency**

In addition to positive hopes of change and prevention over the course of the support care intervention, stakeholders were also concerned about the potential for problematic consequences resultant from affording families time apart. The potential for families to become dependent on the time provision or upon support more generally was highlighted as a particular concern.

Rebecca [support care social worker]: *Mum is very difficult. ... She wants things done for her. ... I said 'you need to be the adult and you need to take control'. ... But she does have a bit of this sit back attitude like she can't be bothered and other people should do it for her.*

Sandra [support care social worker]: *Mum can actually do more than she is saying.*

Susan [support care social worker] *I think it [time-limited support] is good in one respect because it stops the family becoming dependent on the service. And in order to stop them becoming dependent on it the social workers look for other things for them in the community that are more long-term and don't have the attachment issues that can be part of social care services; services like after school activities, youth clubs, things like that.*

Rebecca and Sandra's comments imply that time was being afforded to parents who were over-exaggerating their support needs. In contrast to ideas that parents or families would progress over time towards independence, the comments imply that in order to retain the service, parents would overstate their needs. Such suspicion with regard to need and dependency has been evident in other areas of social welfare provision such as

unemployment benefit entitlement (e.g. Philp 2013, Centre for Social Justice 2013). Susan's comments also highlight a concern that over time dependency will develop. Such sentiments were echoed by some child and family social workers who were concerned that extended periods of intervention resulted in parents being overly reliant upon reassurance and assistance. Within the literature, Trevithick (2012: 49) has argued for a "fundamental review of the way that dependency is portrayed in health and welfare contexts". She makes a distinction between "growth inhibiting dependency" and a more positive form of dependence which enables service users to progress positively. For social workers involved with support care, it would appear that concerns regarding 'growth inhibiting' dependency remained dominant and the time-limited, temporary nature of the support was an important factor in warding against such perceived tendencies. Such tension resonates within social work practice more widely as efforts are made to support people in need, but not to relieve them of personal responsibility or unwittingly prevent them from leading an independent, autonomous life. This fits with Howe's (2009) categorisation of the social work task as encompassing care, change, cure and control elements. In this way, families are initially responded to with care as their needs and difficulties are recognised. They are then provided with services such as support care to facilitate change. However over time, imperatives to cure or control come to the fore, whereby service users are encouraged towards independence or risk more intrusive forms of intervention.

- **Time as monitoring and assessment**

During the course of data collection it was evident that for some social workers the ability to monitor the functioning and stability of families, through their time with support carers, was an important attribute of the service. For example, the following quotations highlight the uncertain nature of some families' situations:

Chris [social worker]: *At the moment it's very up and down with mum. She needs support and we are hoping that she will use the time the children are with the carer to visit the local women's centre and get some help for her alcohol issues. But as I said it is very up and down.*

Beth [social worker]: *There has been a long, long history of involvement with this family. The carer is working on routines and boundaries and you know hopefully that can be passed on and used by mum. Unfortunately mum has a long history of involvement with parenting support and there are still issues so we'll have to see...*

The comments can be related to previous discussions of how expectations of change and purpose were attached to periods of time parents were without their children. However they also prompt consideration the difficulties faced by child and family social workers who navigate a delicate balance between seeking to support families as well as safeguard children. It has been suggested that pressures within social work practice have resulted in less contact time and weakened relationships with families (Dominelli 2009, Munro 2011). Likewise it has been argued that social workers become more risk-averse in response to much publicised social work failures to protect children (van Heugten 2011). Viewed in this way, engaging the families with support care could be understood as assisting social workers as it enables efforts to both support parents whilst lessening the risks to children. Information gleaned from support carers over time could provide a more detailed and comprehensive understanding of family functioning than social work visits alone.

For one family, the monitoring aspect of the service helped confirm to social workers, a single father's ability to care for his son. Social worker Julie stated that the family's engagement with support care had provided "*some really good information in terms of Dad's ability to provide a stable safe environment for him [his son] and to engage appropriately with different professionals who are involved in the case*". However it should also be noted that the increased ability for social workers to monitor and assess family life was not always apparent or appreciated by other stakeholders. For example, Nicola (mother) stated her support worker was "*like a friend really*" while support carer Lucy stated she actively encouraged parents to trust her and sought to reassure them that she was "*not there to monitor and report back all of the time*".

Discussion and Conclusion

Time is a prominent feature of current social work policy and practice. For example, it has been suggested that time pressures and performance indicators have reduced contact time and weakened relationships between social workers and families (Dominelli 2009, Munro 2011). Fahlgren (2009) has argued linear time frames are dominant within the profession, whereby goals and targets for change are set against particular time targets. Similarly, Holland (2011) has noted that social workers have increasingly been required to work within specific assessment time frames. Such demands are particularly evident in relation to adoption reforms in England (Department for Education 2011a) and the Public Law Outline procedures in England and Wales (Ministry of Justice 2014). Likewise, in accordance with

Emma's (mother) assertion that 'everything is time-limited' individual family support services are often structured around time. These include parenting courses delivered over a set number of sessions to more broad expectations of intervention timeframes for intensive family support services. For example, the average duration for Family Intervention Projects in England is eleven months (Lloyd *et al.* 2011). Similarly in Wales, Integrated Family Support Services typically deliver intensive support over 4-6 weeks as part of a broader support plan lasting around twelve months (Welsh Assembly Government 2010). As such, there is little emphasis or recognition of the need to support families over long periods even when problems are chronic, inter-generational and difficult to resolve.

Importantly the paper has highlighted the potential to use time as a means to support. Over the course of the research, the scarcity of time was problematic for families as well as for professionals. Used as a resource, time was flexible and adaptive to a range of family circumstances and needs. It enabled some families to access specialist services, offered rest and recuperation to others and allowed behavioural / developmental opportunities for children. Likewise for social workers, the time afforded to families with carers provided additional safeguards in terms of monitoring family functioning and children's wellbeing. Viewed in this way, the time provided through the support care service supplemented the time pressures experienced by both families and social workers.

Determining how much time to afford families and how long they should be supported for were integral questions within the delivery of support care. As discussed above, current policy and practice is heavily focussed upon working with families in the short-term. Whilst seeking to respond flexibly to families' needs, support care services nevertheless had clear expectations around the time families could and should be involved with the service. Such expectations reflected concerns for limited resources but were also related to efforts to avoid families becoming dependent upon the service. In this era of time limited interventions there is little acknowledgement of the relationships that develop through care services for families, except to negatively label them as 'dependency'. Similarly, the implicit references to time evident over the course of the research can be understood as indicative of a broader belief system within society about the nature of the state / family relationship and what help should be available for whom, for how long and for what purpose. Some disparity was evident between stakeholder understandings and expectations of the time engaged with the support care service. Professionals were more likely to define the time provision as purposeful and had expectations of change linked to the intervention. In contrast, parents more commonly

understood the service as providing practical support which enabled them to cope. In other words, parents were not always aware of the changes expected of them and didn't necessarily share social workers' vision of improved family functioning by the end of the intervention period.

Conclusion

The analysis of time in this paper has provided a lens through which the nature of attempts to help families can be understood. Aspects of the support care service can be related to Holland's (2013) proposed 'slow social work'. Families are provided with meaningful support and are afforded time to build supportive and trusting relationships with carers. However if services are to truly aspire to respond flexibly and meaningfully to individual families' needs, a re-evaluation of the merits of time limited support and notions of dependency would be beneficial.

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