

# The application of complexity thinking to social work:

Does having a complexity-informed theoretical approach to practice with early neglect enable a different approach to ideas of change and management of risk?

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## **ABSTRACT**

The aim of this research was to explore how complexity thinking might inform social work with families in need of support around early neglect. Complexity theory has begun to be applied to social work practice, but its practical application has been inhibited by the combined pressures of an emphasis on evidence-based practice, a risk dominated discourse which has driven practice down a managerialist route, and a neoliberal political agenda which has driven a case management model. Using ethnographic methods, participant observation and unstructured interviews, the research followed a team of family support practitioners within a voluntary sector project in South Wales working in early-intervention social work whose practice was explicitly informed by complexity thinking.

This thesis responds to three questions: how complexity thinking informed team members' understanding of practice and how they worked with families to foster change; what characteristics impacted their ability to effect change in families and manage turbulence within the team and in what ways complexity thinking impacted their understanding and management of risk. Findings suggest that the strong theoretical base of the team, underpinned by complexity thinking, was instrumental in the creation of an environment conducive to effective practice, and a model of practice that encouraged collaboration, consistency, containment, challenge and contingency, for practitioners as well as for families. In addition it enabled the team to be anti-fragile to the significant churn they experienced, a challenge that will be familiar to many in social work. Using Beck's theory of a risk society the thesis explores the idea that risk is an inescapable component of a fast-changing, reflexive modernity and argues that the assessment and control of risk is something that can never be definitively accomplished. Where risk is unpredictable, especially in such a contested area as child welfare, the most useful methods are those that encourage creativity and adaptability, and this is facilitated by complexity thinking.

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# Chapter 1 – Introduction

## 1.1 Background to the research

As a social worker employed in a South Wales valleys community I became interested in how cases of child neglect were identified, assessed and addressed. It appeared to me, at the time, that neglect cases were characterised by drift, with intervention frequently being sporadic, *ad hoc* and ineffective. During this time I had the opportunity to undertake a piece of practitioner-based research which entailed interviewing respondents, drawn from various agencies<sup>1</sup> about their understandings and experiences of neglect (Drury, 2000). Among the recommendations arising from the research was the suggestion that intervention should take place far earlier, that it should be based on an ecological model involving the whole family and that there should be a move away from a crisis-intervention, quasi-forensic model of social work to allow more proactive family support to develop.

As I shall discuss at greater length in Chapter 2, since this piece of research was undertaken in 2002 there have been numerous research studies focusing on neglect. It is now far better defined and there is a corresponding increase in awareness of, and emphasis on, neglect among social workers. Whilst significant attention had been paid to stronger definitions and more rigorous assessment of neglect, less focus had been placed on addressing the nascent patterns of neglect before long-term damage is done to children. Early neglect will not, alone, reach the threshold for statutory intervention and when the neglect is early it is unlikely to be identifiable through a problem-defined system. Not only is the current rigid focus on assessment - 'is this 'neglect'?' – a blunt approach to recognising the formation of

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<sup>1</sup> Social services, health services, schools, the Local Education Authority, police and guardian *ad litem* service.

neglect in families but, as Forrester *et al.*'s(2007) research indicates, it is also problematic at a practical level as it may alienate and stigmatise parents, undermining the relationships which are the basis of effective intervention.

The second factor informing this research project was my interest in complexity theory which began in a management context when I was introduced to this theory while undertaking an MBA. I became interested in how these ideas might translate to a social work setting. I was familiar with systems thinking from social work theory and I was intrigued by the way complexity theory advanced beyond some of the key elements of systems thinking. As I will show in Chapter 3, complexity thinking is particularly relevant to problems that are difficult to define and delineate, where there are no simple or single solutions and where there may be a plethora of issues which might be causal or symptomatic (or both) of other related issues and problems. In my view emergent neglect falls into this category.

As Cilliers (2005) states, complexity theory does not provide specific solutions or easy tools to solve complex problems but what it can help with is a robust approach to understanding, and then articulating, why these problems are so difficult. Mitleton-Kelly (2011) observes that, when faced with complex problems which appear intractable, those with decision-making responsibility can feel overwhelmed by the enormity of the list of issues and problems and, in order to manage this complexity, they tend to focus on a single dimension when in fact it is the interrelationship *between* a range of factors that is likely to need addressing.

This seemed a good description of what happens in neglect cases. Thus, in Crittenden's (1999) typology of neglect we find parents described as: disorganised – characterised by chaos in families; depressed – characterised by passivity; and emotionally neglectful – characterised by parents' failure to connect emotionally with

the child. These, she says, typically elicit the following practice responses: an over-focus on the parent at the expense of the child in the first case; despair in the second; and, especially where there is no 'event' to trigger it, no intervention in the third. This mirrored my own experience in practice and I became interested in whether complexity thinking might, potentially, have something of value to offer practice in neglect, especially in relation to early intervention where the purpose is to initiate change in parenting and remediate the impact on the child.

Around this time I also came across a project that was unique both in terms of how it worked with neglect and how it used complexity thinking. The Family Intervention Team (FIT), ostensibly, worked with families who were presenting with emerging difficulties and appeared to be using a theory-based model of intervention that explicitly drew on complexity ideas to inform practice. In addition, the evidence from a number of independent evaluations of the FIT identified it as effective in achieving change with the majority of families with whom it worked. Given the limited availability of research on the practical application of complexity thinking, especially in the field of social work, this made the FIT an extremely valuable resource for researching the relevance of complexity theory to social work and neglect.

## **1.2 Policy context**

The chronic nature of neglect means that, frequently, patterns of parenting have become entrenched and that poor parenting - and in particular poor attachment which is routinely present in neglect cases - has already had a long-term damaging impact on children before intervention and support is offered. Early intervention is, therefore, particularly important if we are to work with families effectively and so reduce the incidence of neglect.

In the final report on her review of child protection Eileen Munro recommended a radical reduction in the amount of centralised prescription, a move away from a compliance culture and the enablement of practitioners to use their professional expertise (Munro, 2011). Advocating the development of relationship-based practice and a learning culture, the review further recommended that there should be a duty on local authorities and their statutory partners to ensure that early intervention and preventive support is provided before children, young people and their families reach the threshold for statutory intervention. To achieve these, as well as other outcomes, the *Munro Review* recommended having guidance that is underpinned by principles (like timeliness) rather than rules. Prescription, Munro (2011) suggested, should be reserved for mandating effective joint working.

The timing of this research was especially opportune as it coincided with the implementation of the *Social Services and Well-being (Wales) Act 2014* (SSW-bW Act 2014) which came into effect on 06 April 2016 and which reflects many of the Munro recommendations. This Act has major implications for the way social services are delivered in Wales and represents a potential step-change for social work. The SSW-bW Act 2014 is underpinned by five principles: voice and control – putting people and their needs at the centre of their care and support and giving them greater control over the outcomes that will help them achieve well-being; prevention and early intervention – ensuring access to advice and support at an early stage in order to maintain or improve quality of life, and reduce or delay the need for longer-term support; well-being – supporting people to fulfil themselves; co-production – involving people as equal partners in the planning, design and delivery of support and services; and multi-agency – which emphasises the importance of partnership working between agencies to improve the well-being of those in need of care and support, including carers.

The SSW-bW Act 2014 makes reference to the need to provide appropriate preventive services in a timely manner (Welsh Government, 2016b). With its emphasis on co-production, empowerment and family-focused intervention, the SSW-bW Act 2014 (Welsh Government, 2016c) promotes the relationship-based practice Munro advocates. Participation, collaboration, well-being, prevention and partnership working are, of course, not new but the Act uses these principles to create a context for practice that is novel. The Act places different expectations on practitioners and the people who use services. It positions people as experts in their own lives and professionals as bringers of expertise. Where before those in need of support were 'service-users', 'clients' or, more latterly, 'customers', now they are people in need of information and advice, time-limited support or a care and support plan. The Act is predicated on the assumption that people, including children, are rights-holders and should, with support from a wide range of partners, be active participants in creating their own solutions.

One of the most significant differences conveyed by the Act, and set out in the *Part 2 Code of Practice (General Functions)*, is a shift away from the problem-saturated approach of 'What is the matter with you?' to a solutions-focused approach which asks, 'What is it that matters *to you*?' (Welsh Government, 2016a). Instead of starting from the perspective of considering a person's eligibility for a particular service the Act invites practitioners to engage people in conversations about what matters to them, look at what support they already have access to – what is known as a 'strengths-based' and 'relational' approach – and only then to consider what else might help to promote their well-being. Even then there is not an assumption in the Act that this will necessarily be a single solution selected from pre-existing services as practitioners are expected to work collaboratively with people to develop bespoke packages of support driven by what matters to the recipient rather than by what services currently exist.

The team that became the focus of this research was delivering a non-statutory service that was very much in accordance with the aims and aspirations of both the *Munro Review* and the SSW-bW Act 2014. As a result it provided a very timely opportunity to explore the features of practice of a team that already worked in line with the expectations of the Act and to consider the implications of complexity ideas for social work practice.

### **1.3 Research aims and questions**

I approached the FIT with a very broad research question in mind; 'How does complexity thinking inform practice with families in need of support around early neglect?' My aim was then to refine and reshape this question through dialogue with the practitioners because it was my intention to take account of the principles of complexity in the research design, including the development of the research question, and so it was important that the research question was not too detailed or specific at this point. I wanted both the methodology and the research question to be emergent, with the design of the research taking shape through a process of discussion and negotiation with the participants during the early phase of the research. To have approached the research in an inflexible way would have, potentially, limited the features of complex systems that I was interested in exploring, and so it was very important that the methodologies used were compatible with the complexity ideas being explored.

Through the progress of the fieldwork and the ongoing feedback and collaborative approach to data analysis, the research focus was subsequently refined to three sub-questions:

(i) How did complexity thinking inform team members' understanding of their practice and how they worked with families to foster change?

(ii) What were the characteristics of the FIT that impacted on their ability to manage change and turbulence within the team?

(iii) In what ways did complexity thinking impact on the team's understanding and management of risk?

#### **1.4 Thesis structure**

In this introductory chapter I have presented the background to the research and explained my interest in social work, neglect, and complexity thinking. I have also discussed the policy and legislative context and outlined the research aims and the development of my research questions.

Chapter 2 provides a literature review which includes a brief history of social work and an introduction to the economic, ideological and policy context it currently operates within. It discusses a growing concern expressed in social work literature and research, as well as among some policy analysts and advisors, that the standardisation of social work practice, implemented as the favoured means of managing risk, is actually undermining professionals' ability to effectively engage with circumstances that are inherently complex, fluid and uncertain.

Chapter 3 outlines the key principles of complexity thinking and reviews the current literature on complexity theory's application and relevance to social work. Complexity theory has developed over the last few decades as an attempt to make theoretical sense of the role of risk, uncertainty and instability in modern social life. This chapter suggests that this theoretical paradigm, which has been rarely used in the social work field, may be particularly pertinent to seemingly intractable social welfare problems such as neglect.



Chapter 4 sets out the research design and methods used over the 12 months of the research fieldwork. I explain how my research participants used a systemic model that embodied complexity principles at the heart of its practice. Focused on early intervention, and with a theoretical underpinning based on systemic practice and attachment theory, the project I studied had a robust evidence base supporting its practice and seemed the ideal place to explore how complexity ideas were implemented in a professional and accountable service. The chapter outlines how the research methodology was congruent with complexity theory, describing the collaborative approach to the research, the emergent nature of the research questions and the interpretivist epistemology. The chapter also addresses the ethical issues encountered in the research, in particular, the 'process consent' used.

Chapter 5 presents some initial findings and describes how specific findings emerged directly from the methodology. It describes the first few weeks of fieldwork, the challenges of participant observation, the building of the research relationship, the three phases of guided conversations and how these helped me develop and refine my research questions.

Chapter 6 responds to the first of the three research sub-question and deals with FIT members' theories of change, their understanding of their practice and how they worked with families to foster change. It explores their understanding of change and, in particular, their use of the concept of 'second order' change, or 'double-loop learning' (Horwath, 2013) which is illustrated through FIT Family Support Practitioners' (FSP) descriptions of their practice. The concepts of 'slow-knowing' and 'safe uncertainty' are discussed, as is how these were seen by the practitioners as the most ethical, and most effective, ways of working. This chapter also introduces the idea of 'fractal' practice; a term I use to describe the way team

members used modelling to communicate preferred behaviours within families, within the FIT and within the organisation as a whole.

Building on the previous chapter, Chapter 7 addresses the second research sub-question and looks at how the characteristics of the team impacted on their ability to manage change and turbulence. It illustrates how the FIT managed the change they experienced when, over a relatively short period of time, both the management tier and the FSPs left and were replaced. There were significant challenges to overcome in managing such a lot of change over such a short period of time; the chapter describes the impact of the changes and how the team co-evolved to be 'anti-fragile' as a response. It explores how a combination of features, including management style, the strong, shared value base of the team and its theoretical underpinning contributed to a situation where it was more likely that a constructive working environment would be sustained and recreated.

Chapter 8 deals with the issue of risk and responds to the third research sub-question, assessing how complexity thinking impacted on the team's understanding and management of risk. This chapter describes the manner in which risk has become the organising structure for social work and is the lens through which the social work task is increasingly seen. Using Beck's (1992) theory of 'the risk society', the chapter explores risk from a complexity perspective, which recognises risk as inevitable and unpredictable and focuses on connectivity and the ecology of systems, i.e. the relationships across and between systems and the interconnections that are influencing them. The chapter describes the FIT's approach to risk, how this was informed by complexity, and the impact of this theoretical framework on their practice. This is illustrated with a case-study.

Chapter 9 concludes the thesis, drawing together the final arguments to answer the research questions and reflecting on the process of the research. It situates the research within current policy and legislation and considers the implications of the research for social work in terms of policy and practice.

## **Chapter 2: Social Work, Managerialism and Neglect**

### **2.1 Introduction**

This chapter starts by briefly exploring the origins of social work and principles that have shaped its direction as a profession. It describes how the role of social worker became professionalised and increasingly dominated by a risk discourse. The rise of neoliberalism and managerialism is explored and the paradox of a neoliberal agenda of empowerment and individual autonomy creating an environment of audit, scrutiny and risk-averse practice is discussed. The impact of managerialism on the social work task is explored and the degree to which this may have contributed to a culture of practice that is contractual and service-focused rather than relational and person-focused is considered. The chapter moves on to discuss social work in relation to Beck's (1992) concept of a risk society, exploring how a risk-saturated discourse now frames social work practice. The chapter finishes by considering practice in relation to neglect, exploring, in the light of the more managerialist approach to social work in general, and risk and uncertainty in particular, what impact this may have had on practice in relation to neglect.

### **2.2 The roots of social work and the role of the state**

Social work, as a profession, has its origins in early voluntary and charitable organisations established as a reaction to perceived inadequacies in the provision of welfare for children under legislation such as the 1834 Poor Law Amendment Act. Payne (2005) explains how concerns about its impact on children brought pressure to bear to provide a different form of welfare to children; what he refers to as '...child rescue and moral welfare work' (p.29). Philanthropists and activists such as Thomas

Barnardo, Edward Rudolf, and the founders of other voluntary and Christian organisations believed that children in need should be 'rescued' from their surroundings or bad (feckless/immoral) parents and provided with a fresh start. Administrative county councils, empowered to offer financial support to the unemployed, replaced Poor Law Unions in 1930, and these administrative county councils increasingly assumed a statutory responsibility for the welfare of vulnerable people. With increasing responsibility passing to the state, especially after World War II, church-based and other charitable organisations lost influence. Payne (2005) describes how the involvement of the middle-class bureaucratic elite in local Poor Law Unions, municipal and charitable organisations and the organisation of charitable and welfare work undertaken by women came together to form 'social work' as a recognised activity. Charitable welfare work was characterised by its voluntary nature and by ideas of benevolence and of the personal, usually Christian, duty placed on the rich to fulfil a moral obligation toward the poor. What set the activity of social work apart, and made it distinct from other forms of social-welfare work, was its increasing concern with issues of validity and efficacy and, therefore, recognition of the importance of developing a theoretical base, identified methods and an emerging concept of shared values.

That the state had a role in ensuring the well-being of the vulnerable in society became increasingly accepted in the UK. This was driven, in part, by publicity surrounding child abuse scandals such as the death in 1945 of 12-year-old Dennis O'Neill at the hands of the foster carers. The public enquiry that followed, chaired by Sir William Monckton, identified poor co-ordination and communication between agencies and inadequate supervision by untrained workers. At the same time the then Labour Government was seeking to introduce a national welfare system to replace local public assistance arrangements. Parker (1983), describing the early development of the welfare state, explains how the Monckton Report, together with

other reviews into substitute care for children, increased pressure for a coherent approach to children's social care and led to the introduction of the Children Act 1948 which established a separate children's service in each local authority. The professional focus of social work away from a charitable/voluntary model and towards a public service delivery model meant that British social work became statutory social work. As Ward and Rose (2002) show, the development of policy and legislation that followed continued this trajectory, increasing the state's responsibility towards children. Increased statutory responsibilities were matched by an increasing emphasis on inspection and formalisation of training leading to high-level training provision and the formation of professional associations such as the National Institute for Social Work Training, the British Association of Social Workers (BASW) and the establishment of the Certificate in Social Work.

Social work in the 1960s saw the promotion of the child's 'best interests' and ideas of early intervention to prevent family breakdown. This concept was given greater salience by concerns about the economic and social cost of residential care, fostering breakdown and the impact of theorists such as Bowlby. Social services departments were subsequently created in the 1970s promoting the idea that state intervention by professionals, with the right social-scientific knowledge and technical expertise, could address social problems. Parton (2009) describes the increasing concern at the time about juvenile delinquency and family breakdown and an emphasis on rehabilitation and social work, incorporating ideas from variants of neo-Freudian psychology and casework methods. The Children and Young Person's Act 1963 Section 1 gave local authorities powers to provide advice, guidance and assistance to children living at home in order to prevent them coming into care (Ward and Rose, 2002). Ferguson and Woodward (2009) suggest that this illustrates how poverty was beginning to be seen as being caused by systemic disadvantage rather than by feckless parents.

Through the end of the 1960s and into the 1970s the emphasis in children's social work was on prevention. However, child abuse began to receive more attention with the work of Kempe and his identification of 'battered baby' syndrome and high profile child abuse scandals such as the death of seven-year-old Maria Colwell in 1973 (Kempe and Helfer, 1968). Payne (2005) describes how the enquiry into the death of Maria Colwell again highlighted systemic communication problems and inadequate training for social workers involved in case-work with children at risk of abuse. The recommendations led to the establishment of new administrative procedures and protocols designed to reduce risk to vulnerable children. Although studies such as the Barclay Report (1982) into the role and tasks of social workers underlined the importance of a generic model, and promoted a community social work approach, high-profile child abuse public inquiries contributed towards a push towards increased specialisation, causing what Webb (2006) refers to as the 'silo effects' (p.194) of creating barriers to integration, communication, knowledge-sharing and organisational learning. Parton (2004) highlights that, in the decades following Maria's death, numerous reports have been published concerning the deaths or serious injury of children as a result of abuse and neglect. He describes how, by the late 1990s, the public and political image of social work was inextricably linked to scandal and failure in relation to protecting children.

The implementation of the 1989 Children Act and the 1990 National Health Service and Community Care Act saw social services directorates in the 1990s being organised into clearly differentiated services for adults and children/families. Parton (2009) describes how this reorganisation did away with the idea of community-based, generic area teams, replacing it with a case management model in relation to adult services, where the role of the social worker was to co-ordinate the provision of services rather than to provide services directly. Research by Dustin (2007) shows how the case management model increasingly transformed the social

work role through the development of increasing amounts of administrative procedures that emphasised targeting, financial assessments and the co-ordination of care packages.

Social work today is situated between conflicting political ideologies that seek to explain social problems and determine the solutions. It is seen by some, such as Ferguson and Woodward (2009), as a vocation with a mission, ideology and progressive theory and explicit purpose to overcome structural barriers and transform society. Others argue that social work is an activity dependent on events and ideas where the dominant discourse shapes what it is and how it is done. For Webb (2006), Kemshall (2002) and others the dominant discourse has become risk. They argue that the trajectory of social work, described above, has created a context for social work where it has become an activity predominantly concerned with handling and assessing risk, as opposed to focusing on social need and justice.

### **2.3 The emergence of neoliberalism**

Following the Second World War the UK, along with many governments in developed countries, sought to tackle post-war problems of unemployment, economic growth and the well-being of the general population through a process sometimes referred to as 'embedded liberalism'. Harvey (2005) describes embedded liberalism as an interventionist approach which surrounded market processes and entrepreneurial and corporate activities with a plethora of regulation and social and political constraints. Munro (2008) states that the high rates of economic growth, high rates of welfare spending and increase in public services had a considerable impact on improving children's welfare. However, the economic boom of the 1950s and 1960s was followed by a period of fiscal chaos with rising unemployment and inflation. Ferguson and Woodward (2009) suggest that it was



under these economic conditions and pressure from business a series of governments, most notably the Thatcher government but also the Blair Labour government, introduced a series of monetarist measures intended to protect business and reduce spending deficits. Neoliberalist ideas began to emerge as the dominant economic ideology. At the heart of neoliberal ideology is the concept that free markets and trade will achieve the best human well-being; the wealth created will 'trickle down' resulting in benefits to rich and poor alike.

In relation to the public sector, Harrison and Smith (2003) point to neoliberalist ideology underpinning the idea that applying business models to public services would produce more efficient and effective public services. Ruch (2010) calls this the 'marketisation of welfare' (p.23). As Aronson and Smith (2011) point out, the enthusiasm for neoliberal policies resulted in an increased use of the private and voluntary sector in the delivery of public services, and a move away from the provision of universal services, to the delivery of more targeted and referred services.

One way in which the neoliberal agenda has manifested itself has been through the state project of new public management (NPM), often referred to as managerialism (Gilbert, 2005). Shanks *et al.* (2016) state that there is no real consensus on exactly what NPM comprises, however they would agree with Burton and van der Broek's (2009) view that whilst there are various manifestations of NPM the core principles are private sector managerial techniques, the introduction of information technologies in the provision and distribution of public services, measurable standards of performance and pre-ordained output targets. Bevan and Hood (2006) describe how, in the 2000s, governments in the UK, particularly in England, developed a system of governance of public services that combined targets with, what they describe as, an element of terror. Centrally determined Key Performance

Indicators (KPIs) became increasingly used as the basis for rating services with rewards and sanctions administered accordingly. Burton and van der Broek (2009) argue that while the intention of such technologies was ostensibly to promote accountability, consistency, transparency and preserve service legitimacy, the evidence to support this is strongly contested and much of the discourse argues that public services have been eroded rather than supported and improved (Hough, 1995; Rees, 1999; Jones, 2001; Parton, 2004; Munro, 2004; Kirkpatrick *et al.*, 2005; Bevan and Hood 2006; Wastell *et al.* 2009).

Decades of neoliberal reforms have seen once public social programmes transferred to mixed economies of public, private and not-for-profit welfare. It is because of this, Broadhurst (2012) suggests, that social work has been drawn deeper into market-orientated ways of thinking and practising. Left-wing academics such as Ferguson and Woodward (2009) and Butler and Drakeford (2001) describe how the broad approach of successive Conservative administrations between 1979 and 1997 was to regard state intervention as a barrier to progress, undermining entrepreneurship and independence; welfare was seen as exacerbating, rather than ameliorating, social difficulties.

Neoliberalism carries with it implicit assumptions about the poor and vulnerable, portrayed in the media and political rhetoric as the undeserving poor who prefer to produce numerous children whom they cannot parent rather than work (Rogowski, 2011). The dependence of such families on the state is interpreted by neoliberalism as a burden caused by lack of moral character. The primary poverty lies, therefore, with the individual, rather than with poverty and systemic disadvantage. Neoliberalism posits that markets are necessary within social work because the resulting competition drives up quality and reduces cost. However, it conveniently ignores the fact that recipients of social services' intervention are rarely the

empowered or willing 'customers' that a neoliberal agenda suggests. In her case study research Miraftab (2004) illustrates how neoliberalism uses the language of empowerment and inclusion to legitimise coercion of the vulnerable. In addition, the inevitable power imbalance that exists between the service user and the social worker/service provider, as highlighted by Harris (1999), is ignored.

In spite of the neoliberal critique of welfare as creating unsustainable dependency Schram and Silverman (2012) argue that paternalist policy tools, aimed at addressing the issue within the neoliberalism, of individual, personal responsibility - such as financial penalties imposed on noncompliant clients - have been implemented within the context of organisational reforms driven by a neoliberal agenda. Schram and Silverman (2012) refer to this as 'neoliberal paternalism' which, they say '...represents a societal wide movement to marketize the operations of social service organizations' so that the most vulnerable are forced, through a combination of reducing support and punitive sanctions, into a position of accepting the positions allotted to them at the bottom of the socio-economic order: Neoliberal paternalism, they say, 'is transforming the human services into a disciplinary regime for managing poverty populations' (pp.128-129).

## **2.4 Managerialism, control and compliance**

Like neoliberalism, managerialism champions ideas of economy, efficiency and effectiveness in the provision of social care, promoting marketization and performance management. In spite of apparent contradictions between neoliberalism and managerialism, the discourse of neoliberalism is, say Harlow *et al.* (2013), made manifest by managerialism. Clarke (2004), in particular, makes a strong argument for linking managerialism and neoliberalism, suggesting that managerialism is the means by which neoliberalism is implemented.

The link is evident in the way the introduction of business models in social work have necessitated the establishment of bureaucratic procedures to manage compliance. Whilst ostensibly intending to increase efficiency and reduce risk, Garrett (2008) cautions that the focus on targets and contracts jeopardises vulnerable people by placing people's needs in competition with business priorities such as meeting targets, cost minimisation and contract management. The increase in procedure also compromises social workers' freedom to use their own professional judgement and discretion which has left many, according to Baines (2010), feeling demoralised, de-professionalised and de-skilled. In addition, Ruch (2010) suggests the managerialist and performance management culture of practice has created a context for statutory social work where contact is frequently short-term, task-focused, goal-orientated, and governed by the demands of procedures. Howe (1998) sums up the prevailing complaint that the culture which managerialism has created is fundamentally antithetical to a profession that relies on depth-explanation, creative practice, professional judgement and the ability to live with complexity and uncertainty.

Whilst much of the critical discourse in the social work literature is informed social commentary rather than robust social science there is also empirical evidence to support these claims. Pithouse's (1998) ethnographic research into social work noted the changes between his first observational study in the mid-1980s and follow-up research a decade later. Over the intervening period he observed that social workers had become increasingly office-based, becoming record-keepers rather than practitioners. He noted that child protection had introduced a plethora of procedures designed to help predict, and thereby eliminate, risk (Pithouse *et al.* 2011). Ruch (2013) also presents research findings from an empirical study undertaken with social workers showing that social work practice has become constrained to a significant degree by the twin forces of neoliberalism and

managerialism. She attributes the decline in relationship-based practice, in part, to increased pressure caused by the cumulative impact of greater scrutiny, cuts and increased demand. These have combined to ensure that practice is necessarily resource-led and system-focused rather than needs-led and person-centred. These conditions have created a culture where practice is contractual and service-orientated. However, there is also a growing recognition of the importance of management and leadership in creating conditions which enable practitioners and good practice to flourish (Ruch, 2012; Wilson, 2009; Horwath, 2016) which will be discussed briefly later in the thesis. Horwath (2016), for example, argues that practitioners are more likely to develop effective relationships with families if their own needs for a safe and supportive working environment are met. Leadership that can create an organisational culture that recognises and meets practitioners' needs is, according to Horwath (2016) central to the improvement of outcomes for children.

Reviews of social work intended to identify features of best practice or models of effective intervention, such as Ferguson (2004), Moran (2009) and Thoburn (2009), have also shown that, despite countervailing pressures, there is much high-quality, relational practice being delivered in the statutory sector. Daniel *et al.* (2011) have argued that one of the emergent themes in this literature is evidence of the importance of the therapeutic relationship - the 'who works', they argue, is as important as 'what works'.

## **2.5 Risk, judgment and standardised practice**

As mentioned above, one of the major impacts of managerialism has been the introduction of standardised practices and procedures which reduce social worker discretion. The explicit intention of these procedures according to Baines (2010) is to increase efficiency, eliminate error and assess risk. The idea that statutory social

work has become 'saturated' by the language and techniques of risk is commonly made in the academic literature (Horlick-Jones, 2005; Webb, 2006; Stanford, 2011; Munro, 2004). Children's statutory social work, in particular, has become wholly preoccupied with the elimination and management of risk, leading to the production of a range of standardised assessment tools with risk replacing need as the focus of social and economic policies. The introduction of standardised and time-scaled risk assessment instruments is intended to direct and organise individual practitioners' judgements. Their use is expected to correct bias, remedy fallible heuristics and ensure that evidence-based risk factors are considered. Uniform structures, national formats, procedures and processes are set within timetabled inspection regimes that seek to further manage performance. Metrics and measurements are privileged over experience and judgement.

Broadhurst *et al.* (2010b) point out that, in spite of this managerialist approach, practice still generates serious errors. As may be remembered from the case of baby Peter Connelly, the social services department responsible for his well-being had recently been inspected by Ofsted and judged to be performing satisfactorily with respect to child protection. Following the child's death at the hands of his caregivers it was identified that this inspection had relied too heavily on quantitative, performance management data relating to targets and timescales and had not explored sufficiently the underlying quality of service provision (Rogowski, 2011). Broadhurst *et al.* (2010b) point out that the variables involved in any case of child abuse are highly complex. The validity of assessment tools intended to predict which parents will injure their children may be undermined by problems of definition, lack of clarity of key ideas and an inability to identify appropriate objective conditions that generalisations can be based upon. In addition, few risk assessment instruments are empirically verified and in many cases practitioners may not be sufficiently skilled or knowledgeable about their use to choose the best instrument.

Munro (2008) argues that this emphasis on standardised administrative systems and performance management priorities has led to a distortion of social work practice leaving social workers unable to exercise their professional judgement. Relationship-based approaches, which involve seeing the person in his/her broader context, and building trust, are all valuable tools in building relationships that effect change. Relationships rely on contact and time; this cannot be replaced by performance management systems which seek to standardise practice (Rogowski, 2011). In addition, there is a concern expressed by some that the reduction of direct work, and the emphasis on following standardised processes, will not only ultimately reduce practitioner confidence in their abilities to undertake face-to-face work with service users but will also reduce the capacity for the profession as a whole to develop innovative practice that responds, not to timescales and performance targets, but to the particular needs of an individual service user in a fast-changing social world (Baines, 2010).

### **2.5.1 *Risk as social work discourse***

Ulrich Beck's (1992) concept of 'the risk society' argues that risk has become so all-encompassing and omnipresent in late modernity that it has become the chief organising principle of contemporary Western society. Increasing globalisation, technology and constant access to information, he argues, has created a world in which change and uncertainty is experienced as ever present. The more predictable structural logics of family, social class, gender roles, even the nation state have, he argues, ceased to be relevant any longer, having been supplanted by risk.

Risk, Beck (1992) states, threatens destruction and this threat increases as trust in the established safety systems based on previously existing risk calculations are rendered irrelevant by contemporary hazards. The calculus of probability can never

fully exclude catastrophe and thus, Beck maintains, in the risk society the relationship between the past, present and future is changed. If decisions about what action should be taken now can be based on evaluating what happened previously then the past can determine the present. In a risk society the focus is on not what has happened, but on what might happen if some action is not taken; it is the future, as yet non-existent, that becomes the basis for decisions about action. It is the perception of risk, therefore, rather than the actual occurrence of catastrophe, which determines thought and, therefore, action. Beck explains that the concept of risk expresses a state of 'no-longer-but-not-yet'; no longer secure, trusting or safe but not yet at a point of destruction or disaster.

Beck argues that awareness of risk brings with it certain responsibilities; firstly, to decide what risk can and cannot be borne and secondly, it requires consideration of how it should be resolved. This, Beck suggests, can only be decided by the individual and, therefore, he argues, experts can no longer be relied upon. Under these conditions 'experts' lose their claim to certainty and the authority they once had. This leads to trust diminishing and thus the perception of risk increasing. Since risk indicates what should not, rather than what should, be done, this produces an atmosphere of alarm which contributes to risk becoming the all-embracing context for perceiving the world. Ultimately this creates a sense of powerlessness and paralysis whilst at the same time creating a contradictory sense of responsibility for the risk. In a risk society, Beck suggests, the question of whether to take action becomes a choice between two extremes. If, on the one hand, only certain knowledge can compel action then there must be an acceptance that denying risk causes it to grow; there is no better breeding ground for risk, he says, than denying it. If, on the other hand, the trigger for action is a lack of knowledge then everything becomes risky. Both these states, demanding too much or doing nothing, transform the world into an environment of unconquerable risk. This neatly describes the



dilemma social workers find themselves in navigating the twin criticisms of intervening too much and, potentially, unnecessarily in families' lives and intervening too little and too late. In order to mandate intervention courts, understandably, demand certainty. Social workers must provide enough hard evidence to pass, at the very least, the balance of probability test required in civil law. However, situations are very rarely that clear-cut, leaving social workers caught in a position of uncertainty, and needing to make a decision based on whether that uncertainty directs action or inaction.

Whilst Elliott (2002) and others have criticised Beck's sociology of risk, arguing that his work is dependent on objectivistic and instrumental models of the social construction of risk and uncertainty in social relations, social work academics such as Ferguson (1997) and Hood (2014) find resonance in the concept of the risk society within social work. The concept of risk has long been central to social work discourse and practice; however, the significance of the concept of risk in the field has grown dramatically in recent decades. A simple count of the number of articles containing the word 'risk' in the title in the *British Journal of Social Work* tracks an increasing focus on risk in social work academic discourse. In the decade 1975 to 1985 there were no articles that contained the word 'risk' in the title. In the next decade (1985 – 1995) there were seven. This rose to 11 in the decade 1995 – 2005, and from 2005 – 2015 there were 55; 10 in 2015 alone. It may be contested whether the 'risk society' exists generally in Western society but it is undeniable that, within social work at least, risk has become the means by which social work is organised, increasingly dominating thinking and practice in the field.

According to Beck (1992), in the first stage of modernity – industrialisation - risk was a way of calculating uncertainty; a way of making the unpredictable predictable. The world was determined and co-ordinated by the traditions of family and the

institutions of the church and state. In this largely predetermined world, risk could be seen as predictable or else as an unavoidable act-of-fate. As long as tradition and custom were sustained experts and science could be trusted by the public with key decision-making. As described above, child-welfare social work emerged during this period as a response to the perceived failings in provision for destitute children. Gradually moving away from its early roots in voluntary, charitable work, social work increasingly became a function of the state. The death of Dennis O'Neill in 1945 is described by Parker (1999) as a pivotal moment in the history of child protection, placing children's social work clearly within the remit of the state and emphasising, for the first time, formal training, qualification and inspection. From this point onwards each decade has seen an increase in awareness of risks facing vulnerable children and a corresponding increase in the legislation and the power of the state.

Media and public attention has repeatedly been drawn to the role of social work in protecting children considered to be 'at risk' of abuse. As a response to public criticism social services departments began to organise themselves in terms of risk, moving first from generic to separate children's and adults' social services departments and then from childcare teams to specialist child protection teams. This specialisation has continued with specific services being developed to address the new risks of late modernity such as child sexual exploitation (for example the Barnardo's SERAF service - Sexual Exploitation Risk Assessment Framework).

Ferguson (1997), writing nearly 20 years ago, reflected then how child death inquiries were reshaping the core of how children's social work is organised and delivered. He linked the changes in child protection to changes in the environment of trust and risk, and argued that these radicalised conceptions of security and danger are evidence of Beck's (1992) risk society. Whilst the world that we live in is not necessarily any more risky today than it was in the past, major social changes

have created an environment in which a concern with risk and its management has become central to everyday life and this, he suggests, can be seen most acutely in child protection. The NSPCC report *How safe are our children?* (Jütte *et al.* 2014) provides a comprehensive 'state of the nation' report into child protection across the UK and is compiled from the most up-to-date child protection data available. Overall the data shows that, whilst children are increasingly less at risk of death from their caregivers, the numbers of children being harmed by their caregivers because of neglect and abuse appears to be increasing. As the report itself notes, it is hard to know whether this is an accurate assessment of the actual amount of abuse and neglect, or whether it reflects changes to our understanding of what constitutes abuse and neglect, better assessment and identification and a general population more aware and ready to report.

Likewise, the decline in Wales, and increase in England, of referrals to social services or the higher numbers of Looked After Children in Wales relative to England, does not necessarily reflect the actual numbers at risk; it might indicate increased levels of concern, or increased awareness of risk, or changes in legislation, policy and practice. Certainly data from the NSPCC Helpline and ChildLine suggest there is increased public awareness and willingness to report suspected abuse. This is an example of what Beck would refer to as the 'reflexivity' of the risk society, and it illustrates how greater knowledge and awareness leads to more, not less, uncertainty. According to Beck our confidence in science has been shaken, we know that all social facts are social constructions, figures can never be completely trusted and knowledge cannot deliver certainty.

From the 1980s onwards notions of risk were becoming central to assessment and practice. Corby (2005) reports that, during the 1980s, the number of children registered as 'at risk' of abuse or neglect increased fourfold. Christie and Mittler

(1998) suggest that, in line with Beck's idea of manufactured uncertainty, this has more to do with new risks being identified and definitions of risk being expanded than more children being 'at risk'. This is not to suggest that the risks are not real but that uncertainty, and subsequently risk, are manufactured, in part, through technological development that creates global threats - such as the risk to children posed by child sex abusers grooming and abusing children online - and also by the ways in which we construct and make sense of this threat. It is the very things that were meant to control the world – science, technology, economic growth, knowledge – which have made it more uncertain.

One measure of the growth of the risk society is how understandings of welfare have shifted from discourses of 'need' to those concerned with the management of 'risk'. This is reflected in the SSW-bW Act 2014 which frames need entirely within the context of risk. Part 7 of the act is devoted to safeguarding both adults and children. Safeguarding is framed entirely in the language of risk, and risk governs investigation, assessment and eligibility. Under Part 3, local authorities are required to investigate where they suspect that a child or adult with care and support needs is at risk of abuse or neglect. Part 4 of the Act directs local authorities, where they suspect a child/vulnerable adult is experiencing or is at risk of abuse, neglect or other kinds of harm, to carry out an assessment and meet any identified eligible care and support needs. Risk determines eligibility and consideration of need for children and adults at risk.

The definition of a child at risk within the Act extends beyond the Children Act 1989 definition, which stated that a child must be suffering, or likely to suffer, significant harm; and that the harm, or likelihood of harm, must be attributable to either the care given to the child or the child being beyond parental control. In Part 7, s.130 of the SSW-bW Act 2014 a 'child at risk' is a child who is experiencing, or is at risk of,

abuse, neglect or *other kinds of harm*, and has care and support needs, whether or not the local authority is meeting any of those needs. Here the 'at risk' category is expanded to include not just abuse and neglect, but also 'other kinds of harm' - although what these might include are not identified. This lowers the threshold of risk from the definition contained within the Children Act 1989. The categories of children 'at risk' in the Children Act 1989 appear to be replicated in the SSW-bW Act 2014. The category 'in need', however, is not explicitly included within the 'at risk' category of the SSW-bW Act 2014. This, therefore, drives an apparently contradictory imperative which broadens the concept of risk to include undefined 'other kinds of harm' whilst focusing the attention of statutory social services solely on risk. Thus the discourse of risk provides the framework for consideration of all children who might require social services care or support.

Ferguson (1997) proposes the paradigm of the risk society as a useful analytical framework for late-modern social work and child protection but his analysis is more optimistic than many of his fellow commentators. He suggests that critics of contemporary social work (such as Parton, 1996 and Thorpe, 1997) who argue that the traditional role of social workers has shifted from relational, family-focused practice to practice driven by procedure which focuses on risk, ignores the ways in which social workers can, and do, work alongside and against the top-down pressures of legalism, bureaucratisation and managerialism. He points to evidence of developments in social work practice that offer alternative narratives in modern child protection systems and argues that experiences of social work, from both the social worker and client perspective, are diverse and multi-faceted. Using Beck's theory of risk Ferguson (1997) suggests that the same individuals who are increasingly subject to, and the subjects of, social control and regulation are also becoming increasingly critical and reflexive in regard to it, re-appropriating knowledge and planning their life-projects and identities on the basis of it (p.222).

Engaging with Beck's ideas around reflexivity, Ferguson offers an optimistic perspective of social work within a risk society as being not just fraught with difficulty, but also providing for alternative ways of thinking about, and engaging in, the practice of social work.

## **2.6 Understanding neglect and its impact on social work practices**

Neglect lies at the root of social work; it is both at the heart of the social work task in child welfare and has proved to be one of the most durable categories in professional social work. It has been the impetus behind much of the childcare legislation that currently underpins social work practice (Horwath, 2013). As the NSPCC report *How safe are our children?* (Jütte *et al.* 2014) indicates, recent interest in neglect has followed increasing evidence that the prevalence and consequences of neglect have been underestimated and suggestions that the longer-term effects of neglect on children may be even more serious than sporadic physical injury as a result of abuse (Jütte *et al.* 2014). The outcomes of neglect are devastating and well-documented in the literature (Crittenden and Ainsworth, 1989; Dubowitz, 1999; Howe, 2005; Stein *et al.* 2009; Daniel, 2015; Pithouse and Crowley, 2016; Taylor *et al.* 2016) yet Stevenson (2007) argues that children who are being neglected routinely fail to get support at an early stage, with intervention frequently only occurring after an incident, often of physical or sexual abuse, which is seen to legitimise action for children about whom neglect has long been the primary concern.

Inconsistent data collection systems, and variations in definitions and thresholds, mean that the exact numbers of children being neglected is impossible to gauge with any precision. However, Burgess *et al.* (2012) cite an extensive study published in 2011 which presents new research findings on child maltreatment in the UK

(Radford *et al.* 2011 cited in Burgess *et al.* 2012:4). This identified 10% of the sample group experiencing at least one problem with parental care and 2% experiencing multiple difficulties. Jütte *et al.* (2014) note that child neglect is now recognised to be the most common reason for a child to be referred to social services or to be subject to a child protection plan. However, Swift (1995) argues that neglect is not merely a child welfare concern; the concept of neglect is complex, implicitly containing ideas of child welfare meanings, public usage and informal understandings. There are clear, horrifying cases of neglect that come to light and lead to prosecutions; however, it is with the more humdrum, commonplace neglect that those working with vulnerable children and families are faced daily. These are not usually dramatic cases; they are routine, involving the minutiae of everyday child-caring work.

One of the major concerns expressed within the literature on neglect is the inherent difficulty of identifying any consistent definition of what exactly constitutes neglect. Dubowitz *et al.* (2005) are among many who highlight the difficulty of finding an agreed definition. A plethora of reasons are given for this: that it is problematic to define the absence of something; that it is inconsistent in its presentation; that the conditions necessary for providing a child with sufficient nurturing to ensure their reasonable health and development cannot be exactly measured or quantified and; that clear empirical standards for parenting do not exist.

The issues potentially encompassed within neglectful parenting are numerous and overlapping. Iwaniec (2006) argues that this lack of consensus causes problems both in research and practice. In Wales, the SSW-bW Act 2014 provides the following definition:

“neglect” (“*esgeulustod*”) means a failure to meet a person’s basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person’s well-being (for example, an impairment of the person’s health or, in the case of a child, an impairment of the child’s development); (p.145)

This definition covers areas necessary for a child’s healthy physical, emotional, psychological and social development. However it does not differentiate between cognitive and emotional psychological needs, which, as Stevenson (2007) suggests, is important in any definition. Nor does it, unlike the definition contained in *Safeguarding Children: Working Together Under the Children Act 2004*, which remains a working document, refer to the chronic nature of neglect, nor the impact of chronic neglect. This gives the following definition:

The persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold, starvation or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child’s health or development, including non-organic failure to thrive. (p.6)

Munro (2008) argues that one of the difficulties in reaching a consistent and robust definition is that neglect is too multi-faceted to be reduced to a set of identifiable behaviours. This is due, in part, to the fact that what constitutes acceptable care is contested (as illustrated by the current debate on smacking).<sup>2</sup> In addition, as Gershoff (2002) argues, the meaning afforded to particular actions is dependent on context. Daniel *et al.* (2010) in their overview of a systematic review of the literature suggest that neglect can be seen on a continuum of care which ranges from excellent to grossly inadequate. Care that falls at either end of the spectrum is far

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<sup>2</sup><http://www.childrenareunbeatablecymru.org.uk/wp-content/uploads/2014/03/Why-Wales-should-ban-smacking-now-International-Human-Rights-pressure-and-the-Rights-of-Children-and-Young-Persons-Wales-Measure.pdf>



easier to identify than that which falls somewhere along the mid-range. This creates another difficulty in defining neglect; whether a definition should specify good care or merely a minimal acceptable standard of care. The Children Act 1989, with its concept of 'good enough parenting', leans towards the latter and definitions have, therefore, been developed to enforce minimum standards rather than promote the ideal. It is suggested by Horwath (2007) that these difficulties combine to ensure that recognition of neglect is somewhat inconsistent and neglect referrals are frequently triggered by specific events which make evident the risk to the child.

A further issue impacting on definition is the purpose for which the definition is intended. Daniel *et al.* (2011) draw a distinction between neglect as a term that captures what the child who is not getting their needs met is experiencing and neglect as a classification of a particular form of child abuse, where it is used as a label to serve a particular operational, policy or legislative purpose. They argue that, where definition is intended to form the basis of civil or criminal proceedings, then the definition, by necessity, needs to be specific, narrow and allow for as much consistency as possible. Where definition is intended to guide understanding of the nature of the environment required for a child to thrive and flourish then a broader, more generic, definition is more helpful. Likewise, where a definition acts as the gateway to services and access to scarce resources, then a narrow definition will be required but where the definition is being used to guide the delivery of a service aimed at early intervention and prevention then a broad definition is more likely to be used. The US *Child Neglect: A Guide for Prevention, Assessment, and Intervention* (DePanfilis, 2006) addresses this same issue by classifying neglect into three levels of severity: mild – necessitating a community-based intervention such as failure to use a car-safety seat; moderate – for example the repetition of mild neglect or where some moderate harm to the child has occurred and where community support and child protective services are involved; and severe neglect –

where severe or long term harm has occurred and child protection services might need the involvement of the legal system.

### **2.6.1 *Effective intervention in neglect***

In spite of a recognition in social work of the importance of evidence-based practice Allin *et al.* (2005) observe that there are relatively few evaluated interventions specifically focused on neglect. Moran (2009), in her review of research on interventions in neglect, critiques what is available; pointing out that the evidence that does exist draws heavily on research undertaken in the US which may not be directly transferable. There are also difficulties in terms of a lack of consistency around definitions of neglect and little research is focused solely on neglect. Other shortcomings include small sample size and a limited explicit theoretical base in social work. Issues of gender, class and race are rarely addressed. In spite of these limitations there is some agreement in the literature on the principles of intervention that seem to be helpful. These include: relational and attachment-based; long-term rather than episodic; multi-faceted intervention; the importance of intervening with teenagers as well as young children; strength-based social work and; systemic and ecological interventions that involve the whole family (Crittenden and Ainsworth, 1989; Howe, 2005; Daniel *et al.* 2011; Stainton Rogers *et al.* 1992; Tanner and Turney, 2003; Taylor *et al.* 2012).

Research by Crittenden (1988) and Crittenden and Ainsworth (1989) provides empirical evidence of the impact of neglect on attachment. It also indicates that secure attachments are a protective factor both in building children's resilience and in effecting change. Building on this research, Howe (2005) suggests that as parents, neglected children are likely to experience difficulties when it comes to identifying and responding to the needs of their own children. The literature

recommends that interventions should draw on attachment theory as their basis in order to maximise the potential for change (Daniel *et al.* 2011; Stainton Rogers *et al.* 1992). Howe (2005) draws on empirical research which suggests that poor attachment engenders a general lack of trust which impacts on parents' abilities to engage with services and which may undermine the success of any intervention. Where parents feel judged, blamed and ashamed this is likely to both increase parental stress and reduce parents' ability to get the most benefit from any intervention. Practitioners need, therefore, to work respectfully, with empathy, and in collaboration with families. Intervention from statutory services in particular can be experienced as threatening and some research suggests that services offered by non-statutory agencies may be seen as more acceptable.

Research undertaken by Gardner (2008) suggests that, in cases of chronic neglect (and all neglect is, to a greater or lesser extent, chronic), the deep-rooted pattern of neglectful parenting cannot be addressed through short-term interventions not least because establishing the trust required to build the relationships that will effect lasting change takes time. Tanner and Turney (2003) similarly advocate approaches that provide support over the longer-term, what they refer to as 'managed dependence', rather than assuming that parents can effect change after brief, intensive interventions.

Because neglect is a complex issue, with a plethora of causes and presentations, DePanfilis (1999) and Daniel *et al.* (2011) recommend approaches that are multi-faceted, tackling multiple risk factors. Different packages of care will be needed for different families and this may include a combination of interventions to address differing needs. Interventions, DePanfilis suggests, should '... increase the ability of families to successfully nurture their children by enabling families to use resources

and opportunities in the community that will alleviate stress, overcome knowledge and skills deficits, and build and maintain care-giving competences' (p. 220).

The importance of preventive work and early intervention is well-recognised; indeed it is a fundamental principal of the SSW-bW Act 2014. Whilst the focus of much of the research and service response to neglect has been into systems to identify neglect, systems to capture early neglect are less well developed and are not addressed here, however there is work being done across the UK to consider early identification and an appropriate policy response (Gardner and Cuthbert, 2016; Daniel *et al.* 2016; Pithouse and Crowley, 2016; Taylor *et al.* 2016; Devaney and McConville, 2016). Tanner and Turney (2003) maintain that, in reality, intervention in neglect frequently occurs relatively late in terms of the development of the problem, often occurring after a triggering incident and only after a pattern of entrenched poor parenting is well established. Stevenson (2007) agrees and further states that intervention tends to be prioritised where children are very young. However, as Stein *et al.*'s (2009) research on adolescent neglect shows, neglect is damaging irrespective of the age at which it occurs and so there is a need for intervention late, relative to the child's age, as well as early.

The academic discourse supports the idea that intervention that takes account of, and builds, individual and family strengths and resources can help build resilience and reduce risk (Daniel *et al.* 2011; Horwath 2007; Iwaniec and Herbert, 1999). Enabling opportunities to cultivate supportive relationships that develop self-worth and feelings of self-efficacy can help create an environment that is conducive to healing and to change. McAuley *et al.* (2006) present evidence that suggests that providing isolated parents with opportunities for social support, as well as positive relationships with professionals, may also serve a protective function for parents.

Given what we know about the consequences of neglect and, in particular, that some neglected children at least are likely to repeat the pattern of parenting they have experienced when parenting their own children, it is important that interventions address the needs of parents and their parenting as well as the needs of children in their own right. There is evidence of what works in improving children's emotional health and well-being (McAuley, Pecora and Rose, 2006) but limited information on interventions that will help address the specific impact that neglect may have on a child. Daro (1988) and Iwaniec and Herbert (1999) suggest that provision of services such as play therapy, educational support and speech and language therapy may help address specific deficits around social skills, education and learning and communication. Howe (2005) stresses the importance of play in particular in order to help neglected children develop interpersonal and reflective skills to enable them to communicate what they have experienced and how they feel.

Research evidence presented by Macdonald (2005) suggests that therapeutic interventions in neglectful families are more likely to be successful if they take account of the broad range of factors outside the family that also have an influence on family functioning. The 'ecological' model is widely used in helping understand child neglect in that it enables practitioners to consider the broad range of factors that affect parents in common and then to focus on the specific features that are of particular importance in a particular family. This model recognises that, just as individual family members interact and are influenced by each other, so they also interact and are influenced by the wider family, their local community and wider society. This view of family functioning is holistic and identifies that change occurs across a number of dimensions.

## **2.7 Summary**

This review of the literature has revealed a growing concern about the way statutory social work has become increasingly preoccupied with, and organised around, risk and how the management of risk, informed by neoliberal discourses and a culture of managerialism, has become bureaucratic and procedural. It is suggested that anxiety around risk, and an assumption that a robust process, applied in the correct way, will ensure a positive outcome has created an environment which emphasises the enforcement of procedure rather than the relational element of practice. This is not to say that the importance of relationships in any human service system is not recognised, nor that relational practice does not remain at the heart of the practice of many of those working in statutory and non-statutory social work, but that the human elements of relational practice cannot be quantified, measured and incorporated into performance indicators and targets. Managerialism has not reduced risk; it has brought with it its own risks and is as much a contributor to, as it is a remedy for, the uncertainties of the risk society.

In spite of a managerialist context which emphasises control, measurement and prescriptive adherence to set procedure, we still appear to struggle to define neglect, especially when presented with parenting where neglect is at an early stage. Although the literature abounds with descriptions and definitions there is no agreement on whether neglect should be defined in terms of actions or inactions, outcomes, or family characteristics and behaviours. Not only are definitions inconsistent and varied, identification of the absence of something is further complicated by the fact that it is not possible to exactly measure or quantify 'good enough parenting'. That neglect is highly damaging, significant in its prevalence and a major challenge in terms of effecting lasting change, is uncontested. The literature on impact is extensive yet we still struggle to intervene early enough in many cases

to avoid the resulting harm to children or effect lasting change in families. Whilst there is not an extensive literature on the effectiveness of specific interventions, much is understood about the features of effective practice; and yet we struggle to create the conditions that enable this to flourish. If definitions are contested, and dependent on purpose and context, then perhaps defining neglect ever more clearly is not necessarily the most helpful focus in terms of guiding practice and promoting change. In the next chapter I will consider whether 'complexity thinking' provides an alternative theoretical approach that is more useful to understanding and addressing risk and neglect in families.

## **Chapter 3 - Complexity and Social Work**

### **3.1 Introduction**

This thesis seeks to explore the relevance of complexity theory in a non-statutory social work/therapeutic setting. The setting was selected because the model of practice was explicitly underpinned by systems/complexity thinking. The research that this thesis is based on explored the ways in which staff engaged in practice and whether there was evidence of a complexity informed approach. It is not a traditional ethnographic account of a social work setting but explores how the setting uses complexity ideas and considered the question of whether having a theoretical approach to practice that was informed by ideas of complexity enabled a different approach to change and the safe management of risk. Therefore, this chapter starts by providing a basic overview of the term 'complexity thinking' based on relevant literature. It then moves on to consider what a 'complex' problem is and how neglect, as seen from a complexity thinking perspective, might be understood. It finishes with a discussion of the implications of this for social work practice.

There is no single theory of complexity, and no definition that explains or describes exactly what complexity theory is. Uprichard and Byrne (2006) describe the term as having multiple meanings and Stevens and Hassett (2007) refer to it as a meta-theory that draws on a number of disciplines. The term 'complexity thinking' is used here to describe some of the ideas and ways of seeing the world that are drawn from such complexity theories. Byrne (1998) describes complexity thinking as based on the idea that the social and natural worlds are interconnected in dynamic open systems; the resulting interactions, he suggests, lead to the emergence of new and unforeseen properties. Complexity thinking builds on 'systems thinking' which has



been prevalent in social work since the 1950s, and this chapter opens with a description of systems thinking and its role in the development of social work theory and practice. It moves on to set out some of the principles of complexity thinking in order to provide a working definition for the thesis. Finally, complexity thinking is considered in relation to social work in general and children's social care in particular.

### **3.2 Systems thinking in social work**

Systems theory and systems-orientated approaches have been influential within social work for decades. Bringing together concepts from ontology, computer sciences, natural sciences, sociology and social work, systems thinking has its roots in ecology and functionalist social theory. Tew (2012) defines systems thinking as a problem-solving approach which emphasises the influence that aspects of a system have on each other within that system. From an organisational perspective systems are made up of people, structures and processes that work together to create an organisation. Problems are viewed as being part of this overall system; problem solving must, therefore, take account of whole systems rather than individual components.

Chetkow-Yanoov (1997) credits systems theorists such as Kurt Lewin and Gordon Hearn, working in the 1950s, for popularising the notion that the 'system' was a central construct for social work theorising. Social work academics writing about systems theory suggest that it provides a way to consider events or phenomena in order to understand the relationships between them - not in order to predict or explain but rather to analyse and understand a specific reality (Boston, 2000; Payne, 2005; Ferguson, 2011). Understanding that people are situated within systems (families, their immediate social environment and wider social networks)

demands that these are taken into account by social workers in their practice. It encouraged a move away from linear, reductive cause-and-effect explanations that individualise problems, towards a recognition that context, environment and relationships are of crucial importance.

Since it avoided the constructs of normality/deviance found in many psychological approaches systems theory was seen to have potential to encourage alternative, less stigmatising ways of working. Payne (2005) suggests that systems thinking also responded to the increasing dissatisfaction with psychodynamic theory, counteracting its perceived failure to adequately address the 'social' within social work. He argues that professional agencies welcomed systems theory because it accepted and analysed existing social orders, unlike radical social work theory which sought to reject them, and because its broad focus also allowed for the incorporation of other theories.

The importance of working holistically, and understanding relationships between people, communities and environments, has remained a fundamental principle of social work policy and practice (Stepney and Ford, 2000; Hood, 2014). However, the application of systems thinking within social work is not without its critics. Academics such as ten Have *et al.* (2003) and Ho and Sculli (1994) suggest that systems thinking and soft-systems, in particular, can be time-consuming, overly complex and abstract. The assumption that systems thinking makes, that all elements within a system are necessarily interdependent and affect all other parts of the system, can, suggests Yeoman *et al.* (2000), make developing a systems view of issues seem impossibly complicated.

Dominelli (2009) and Newman *et al.* (2002) point to what they see as an increasing preoccupation with evidence-based policy and practice and the privileging of

'scientific' research over other forms of evidence. However, systems approaches are expository and are, therefore, difficult to evaluate with standard social scientific methods and makes them hard to test empirically. Payne (2005) suggests that it is for this reason that they are less likely to be included within the canon of evidence-based practice. In addition, as systems approaches are not prescriptive, and provide no guidance as to what should necessarily be deemed relevant or important, they rely, says Ferguson (2011), on individual practitioners determining the focus. Not only are they inherently inconsistent, therefore, in how they are implemented, this also means they could fail to appropriately address issues such as risk. Green and McDermott (2010) make a strong case that, although systemic approaches were intended to challenge linear, reductive cause-and-effect explanations they are, in fact, used as the basis for numerous assessment frameworks and protocols that are crafted along linear, cause-and-effect pathways.

### **3.3 Complexity theory**

As identified by Green and McDermott (2010) complexity thinking incorporates and builds on systems thinking. It has emerged as a new theoretical approach to organisational analysis and is beginning to attract the attention of social work practitioners and scholars. Whilst, as Byrne (1997) suggests, complexity thinking shares with systems thinking the rejection of traditional linear cause-and-effect thinking, and uses the concepts of emergence, connectivity, interdependence and feedback (described in more detail below) academics such as Johnson (2009), Wolf-Branigin (2009) and Stevens and Cox (2008) argue that it develops beyond systems thinking. It not only recognises that the component parts of open systems are interrelated and interconnected but also acknowledges that those interconnections are inherently unpredictable and prone to change. Thus emergent

phenomena can appear without warning and in the absence of any apparent central co-ordination.

Complexity thinking is an emerging paradigm in social work. Writers on complexity and social work, such as Stevens and Cox (2008), Adams (2005) and Green and McDermott (2010), suggest that effective practice takes account of, and responds to, the complexities that people encounter in their lives. The diversity of problems, relationships and biographical narratives encountered by social workers make complexity thinking a helpful framework for the profession because this thinking recognises that human behaviour is unpredictable and that people can change their rules of interaction and expected outcomes. Understanding organisations as complex, evolving systems that operate and co-evolve within a social 'ecosystem' provides alternative ways of acting and relating that bring with them the potential for different and, potentially, more effective, forms of management, strategy, decision-making and understanding of risk.

As Johnson (2009) and others have identified there is no rigorous, unified theory of complexity; it is a conceptual framework rather than a particular methodology. Mitleton-Kelly refers to 'theories of complexity' to reflect the range of ideas that are drawn on. Johnson (2009) agrees, suggesting it is more helpful to understand complexity as something that is characterised by the features it demonstrates rather than attempting to provide a definition. Mitleton-Kelly (2002) identifies a series of features as being generic characteristics of complex adaptive systems; these are: connectivity, interdependence, co-evolution, far-from-equilibrium, historicity, path-dependence, exploration-of-the-space-of-possibilities, feedback, self-organisation and emergence and creation-of-new-order. These are described in more detail below.

### **3.3.1 *Connectivity and interdependence***

Johnson (2009) describes connectivity as relating to how individuals within a system are connected to each other and how systems themselves are connected. Interdependence between systems means that, as one system evolves and changes, it inevitably effects changes in connected systems. The higher the interdependence, the greater the chances are of disturbance from other connected systems. High connectivity requires a high level of interdependence but, Mitleton-Kelly (2002) warns, this will not automatically produce positive benefits. 'Each 'improvement' in one entity, therefore, may impose associated 'costs' on other entities, either within the same system or on other related systems.' (p.5). Kauffman (1993) argues that biological ecosystems are not totally connected. Each species typically interacts with a limited number of other species. Likewise, in human systems, there are networks of relationships with different degrees of connectivity. Individuals may be connected to many different groups; the impact any individual has will depend not only on that individual but also on the others within these groups. The degree of connectivity varies over time and is dependent on the diversity, intensity and quality of interactions and so it is not uniform, constant or predictable. The degree of connectivity determines the network of relationships that exists and this, in turn, determines the level of creation and sharing of information and knowledge.

### **3.3.2 *Co-evolution***

Co-evolution is described by Mitleton-Kelly (2006) as the dependence of one entity on the evolution of other related entities, the reciprocal changes that each experiences in the context of other entities and the changes they are experiencing. Each entity is influenced by, and influences, related entities in its ecosystem.

Complexity thinking, applied to human systems, places emphasis on the relationships between co-evolving entities. For Johnson (2009) and Axelrod and Cohen (1999) it is this interaction and interdependence which creates co-evolution that is the defining feature of complex systems. Change, from a complexity perspective, is not the result of a system adapting to its environment but of co-evolution with other related systems; relationships are not isolated and unidirectional but reciprocal and connected. From the perspective of a human system, therefore, managers cannot make definitive responses to changing environments without recognising that any decision has the potential to affect any or all other parts of the social ecosystem in which it is taken. Mitleton-Kelly (2002) suggests, therefore, that it is not enough for organisations to seek to be proactive since this assumes the world is ordered and predictable. What is required is something far more subtle; the ability to recognise, and be sensitive to, changes in the environment and the potential consequences of reciprocal change on micro, meso and macro levels.

### ***3.3.3 Far-from-equilibrium, historicity and path-dependence***

The term 'far-from-equilibrium' stems from Prigogine's work on cell formation. According to Prigogine (1996) far-from-equilibrium states are those subjected to energy causing the system to lose stability and, ultimately, to evolve and create new order. What ultimately occurs is not predictable, and is only one of a range of possible occurrences, and it is this that creates a historical dimension (historicity). Meyer, Gaba and Colwell (2005) transfer this concept to the social sciences to describe the type of equilibrium in which human life exists. This is, they suggest, an environment subject to volatile, unanticipated changes and shifting boundaries. They maintain that it is often assumed that the most desirable state for an organisation is one of stability and equilibrium, where acting influences cancel each

other out, resulting in a stable and unchanging system. Complexity thinking suggests that the opposite is the case and that systems in equilibrium stagnate. As Byrne (1998) states, creating disorder to de-stabilise a system pushes it far-from-equilibrium and this enables transformational change to occur.

Stevens and Cox (2008), writing about complexity in social work, describe how historical events are conventionally assumed to move in a linear, cause-and-effect direction. However, it is only when viewed in hindsight that this is how things appear. An individual may make a series of decisions from a range of possible alternatives; the decision is neither predictable nor inevitable but the alternative options are also not infinite, they are limited by the basis of previous decisions taken. Each decision determines a particular path, referred to as 'path-dependence'. Future choices are constrained by the individual's current state and the environment they live in; the emergent behaviour is not coincidental but the result of their past decisions (historicity), current environment and on-going choices. Subsequent evolution may be dependent on the particular decision made, so that the making of that decision creates a historical element. However, up to the point that a decision is finalised, the possible alternatives remain as sources of innovation and diversification. Smith and Jenks (2006) point out that the fact that far-from-equilibrium systems are evolving entities means that the way they behave cannot be predicted from an examination of past behaviour. If such prediction is not possible Prigogine and Stengers (1985) would be correct in suggesting that strategic planning based on direct extrapolation from past experience is a potentially flawed model.

Although organisations can be deliberately pushed into a state of far-from-equilibrium to bring about new order, attempting to design new order in detail risks limiting the possibilities for self-organisation. Mitleton-Kelly (2002) argues that

change managers often unintentionally limit or constrain emergent behaviour by attempting to control outcomes. She suggests that organisation re-design should instead focus on creating the conditions that enable the emergence of new ways of working. '...the provision of *enabling infrastructures*...allowing new patterns of relationships and ways of working to emerge' (p.14). These new organisational forms, she suggests, would be more robust and sustainable in competitive environments.

#### **3.3.4 *Exploration-of-the-space-of-possibilities***

McMillan (2004) maintains that the search for a single, perfect solution is seen, in complexity terms, as neither desirable nor possible. To survive and thrive, an entity needs to create variety by exploring the space of possibilities. Any ideal solution will only be appropriate for a particular time and set of circumstances; as those circumstances change so the solution that was ideal is likely to become less fit-for-purpose. Mitleton-Kelly (2002) suggests that, therefore, when an entity is confronted with a barrier to survival, it must experiment to find alternative ways of working. If the environment an organisation is operating within is highly dynamic and unstable then the organisation itself also needs to be highly flexible and able to constantly adapt and co-evolve.

#### **3.3.5 *Feedback process***

Gharajedaghi (2006) describes a feedback loop as being formed when an event occurs in an environment to which a system responds and that response has an effect back on the environment. This effect then forms a new event to which there is a further response. Negative feedback balances or moderates impact, thus maintaining stability. Positive feedback amplifies or reinforces the impact of an



action and drives change. Numerous feedback loops can be in operation at any given time. Writing about the application of complexity ideas in social work, Wolf-Branigin (2009) explains how monitoring and quality assurance processes trigger negative feedback loops, whilst an organisation's ability to use information from outside its system can trigger positive feedback. Feedback processes are non-linear and their inputs and outputs are unpredictable due to the effects of connectivity, time and context. According to Wolf-Branigin (2009), because stability is seen as an advantage, large organisations, like social services departments, are frequently concerned with using feedback to maintain the status quo. He argues that, ultimately, this makes them less likely to create the conditions where they can respond adequately to concerns or opportunities.

### **3.3.6 *Self-organisation, emergence and creation of new order***

For many writers on complexity (Coleman, 1999; Plowman *et al.*, 2007; Johnson, 2009; Holland, 1998) self-organisation, that is the spontaneous order that arises from the interaction of individual elements to create something greater than the sum of its parts, is a universal feature of complex systems. Together self-organisation and emergence form the process that leads to the creation of new order. Whether self-organisation will occur, how it will manifest, or what it will achieve, is not predictable. Complex systems comprise many agents interacting with each other, each acting according to its own rules. It is from this interaction, and the subsequent self-organisation, that new order emerges and positive feedback is an important component in driving this. When a system is pushed beyond established ways of working – or far-from-equilibrium - at a certain point the pressure on the system becomes critical and this can cause the organisation to collapse into disorder ultimately leading to the creation of new order.

Within a social work context Wolf-Branigin (2009) uses ideas of self-organisation to explain how individuals can spontaneously come together to achieve a purpose with no apparent external direction. Similarly, Stevens and Cox (2008) suggest that the principles of self-organisation can shed light on how behaviour results from interactions between individuals and their environment and thus should be taken into account when interventions intended to support and help children and families, especially where the intention is to facilitate change, are being designed.

As Plowman *et al.* (2007) argues, social work research aims to understand how and why change occurs and how small changes can sometimes have radical, unintended and unpredictable consequences. Those writing on complexity, such as Mitleton-Kelly (2002) and Stevens and Cox (2008), suggest that, although behaviour appears to emerge in a chaotic way, it is actually responding to the laws of complexity. For example, teams working to identical structures and organisational requirements may act in entirely different ways which cannot be predicted or understood from the behaviour or properties of the individuals.

### **3.3.7 *Neglect as a complex problem***

Devaney and Spratt (2009) point out that, in spite of considerable attention, investment and concern, child abuse and neglect continue to remain intractable issues, nationally and internationally. Certain forms of abuse do appear to have declined; for example, Pritchard and Sharples (2008) present evidence which suggests a reduction in the numbers of violent deaths of children, and Finklehor and Jones (2006) suggest a similar decline in child sexual abuse. Nevertheless, the numbers of children made subject to child protection plans for child neglect remains stubbornly high. As noted in Chapter 2 (see p.28) a recent analysis of UK child protection statistics undertaken by the NSPCC identified neglect as the most

common reason for a child to be put on the child protection register or to be made the subject of a child protection plan (Radford *et al.* 2011).

Devaney (2009), writing about the UK child protection system, states that it has developed to focus on a series of interlocking objectives around the following: the idea that preventive services will reduce the incidence of child abuse and neglect; child protection systems (better identification, assessment and intervention) will reduce child mortality; addressing issues of re-referral/repeated abuse/neglect; improving outcomes for children by providing services intended to ameliorate the effects of the abuse/neglect and; taking whole-family approaches so that families are better able to meet the needs of, and protect, their children. These objectives can be seen in policy and legislation including The Children Act 1989, which placed the provision of family support on a statutory footing, The Children Act 2004 which set the child protection agenda within the broader notion of safeguarding and a range of family support policy initiatives such as Sure Start, Flying Start and Families First; all of which provide a range of targeted services based on the principle that the best way of supporting children is by working with the whole family and, most recently, in the SSW-bW Act 2014 which has prevention as a central tenet. In spite of this apparent family support agenda many social work commentators, including Devaney and Spratt (2009), Macdonald and Macdonald (2010) and Hayes and Spratt (2009), argue that the focus of statutory social work remains on protecting children from risk, rather than on family support. As was argued in the preceding chapter this concept of risk, long central to social work discourse and practice, has increasingly dominated as an organising principle in recent decades. Beck's sociology of risk would suggest that this is because social work activity takes place within an environment of public and media concern such that the needs of vulnerable children are always viewed through the prism of risk; child protection frameworks, policy and procedures reflect this, irrespective of

whether the initial reason for referral is support or protection. Social work has become preoccupied with low-probability, high cost events and its organisational structures, policies and procedures are dominated by this. Whilst some see this as appropriate and necessary, others, such as Macdonald and Macdonald (2010), see it as problematic:

... on any plausible model of predictive competence - a preoccupation with low-frequency events will inevitably mean a dangerous misallocation of scarce resources, due to the unavoidably high rate of 'false positives'. (Macdonald and Macdonald, 2010, p.1176)

In order to manage concern and reduce the risk to children there has been an increasing emphasis on performance management and the identification of quantifiable measures that will provide robust evidence as to the quality of services and practice. Supporting Beck's (1992) theory of a risk society in social work, Webb (2006) states that managerialism, and a fear of the complexity of risk, has increasingly led to practice becoming more defensive, including a reliance on assessment tools and adherence to rules and procedures. This perspective is supported by Hood (2014) who argues that, '... risk can be seen as a cultural phenomenon and as a kind of probabilistic technology to help us make rational decisions about potential threats.' (p.33).

Risk assessments are a central pillar of social work practice and are key to how social work as a profession seeks to manage uncertainty. This is predicated on the assumption that there is a definable, controllable, 'correct' way to manage child abuse and neglect and that this should be measurable in terms of performance. It assumes that policy and service intervention outcomes, if they are well thought out and appropriate, are predictable and that the families and practitioners who are the targets of such policies and interventions are manageable and controllable.

Webb (2006) and Devaney and Spratt (2009) question this premise, arguing that the traditional, linear approach to problem solving, in which data is gathered and analysed and a solution then formulated and implemented, is based on a flawed linear and mechanistic view of the social world. For problems that are intractable, difficult to define, highly contextual, dynamic and changeable, with no consensus about what they are, what to do about them, who should do it or how anyone will know when it is done - what are frequently termed 'wicked problems' - a number of social work commentators argue that a different organisational paradigm is required (Rittel and Webber, 1973; Webb, 2006; Devaney and Spratt, 2009). The argument is made that, in the attempt to solve one problem, other issues of equal or greater complexity are frequently revealed. As a result, approaches that attempt to reduce such problems into their constituent parts in order to tackle them systematically and thus 'fix' the bigger problem are not only unrealistic but ultimately doomed to failure.

Defining neglect is problematic and definitions are contested. Daniel *et al.* (2011) suggest that one of the key difficulties lies in the fact that neglect is the aggregation of small omissions over time none of which, individually, are cause for concern but collectively, over a long period, may cause significant harm to a child. Identifying the difference between small omissions that could be understood to be early neglect and those that are part of otherwise 'good enough' parenting is fundamentally a value judgement and, particularly in the early stages, highly subjective. There are no clear, quantifiable, empirical standards for parenting. Compounding this difficulty is the fact that any facet of a child's physical, emotional, developmental, social, medical and mental needs can be neglected and so each neglect case will be unique, and how it presents in one case may be entirely different from another. The solutions that may work with one family, because of circumstances that the social work practitioner may be unaware of, may be wholly ineffective in another family who appear, on the face of it, to be in very similar circumstances and facing very

similar challenges. This makes learning from practice or applying ideas of 'best' or 'good practice' extremely challenging. This is similar to the concept that Webb (2006) refers to as 'irreducible uncertainty' (p.191) which makes error inevitable and traditional problem-solving methods inadequate.

Another issue that makes neglect difficult to separate from the other issues that might be present, and the environment and context in which it occurs, is motivation. Dubowitz (1999) suggests that 'good enough' parenting relies on three factors being present. Parents must have the opportunity (i.e. the right socio-economic conditions), the ability and the motivation to provide good enough care. A parent living in extreme poverty may have the ability and motivation to provide an adequate environment for their child but may lack the resources to do so; a parent with learning difficulties may, similarly, have the motivation but lack parenting ability and the capacity to develop or retain the necessary skills. Separating out these elements is not straight-forward and, again, relies on subjective judgement.

These three factors may be individually or collectively compromised by other difficulties; many social work commentators draw on research which shows that many neglectful families live in highly stressful, deprived and impoverished environments (Stevenson, 2007; Iwaniec, 2006; Cohn, 1983). These include mental health issues, substance/alcohol abuse, learning disability and domestic abuse. Neglectful parents tend to be engaged in adult relationships which are characterised by instability, discord and domestic abuse; because of the instability of these relationships single parents dominate among parents identified as neglectful. Many neglectful parents coming to the attention of the authorities have low educational achievement, poor literacy and numeracy and higher rates of special educational need. Such families are often very socially isolated with limited social support networks. Many also suffer from alcohol or substance abuse which is also closely

linked with domestic abuse, poverty and debt. Research by Browne *et al.* (1988) identified parents, particularly fathers, as being more likely to have a criminal record and to be unemployed. Where parents are themselves vulnerable, and their own needs are not being met, they are likely to find it difficult to meet the needs of their children. Stevenson (2007) suggests that these parents exhibit a need to be loved and wanted and may show greater concern and provide better care for their cohabitees than they do for their children.

Social work commentators on neglect point out that neglectful parents frequently perceive themselves to be helpless, and others to be uncaring and unhelpful. Parents may recognise that others manage better than they do but they appear to lack the motivation, or they fail to understand, that individual effort can generate these conditions. Instead they act as though luck alone determines who has what. They are also likely to be poorly equipped to be aware of, or to be able to access, formal support services (Stevenson, 2007; Faver *et al.*, 1999; Horwath, 2013). Stevenson (2007) argues that this compounds the lack of motivation and feelings of powerlessness, despondency and chronic low self-esteem experienced by neglectful parents. The degree to which any of these issues will be interrelated, causal or dependent on any other will be difficult, if not impossible, to determine and the information required to understand or resolve them is likely to be difficult to get, unstable and/or unreliable and difficult to apply.

### **3.4 Applying complexity to social work**

Approaches based on systems theory imply that a practitioner needs to identify all of the component parts that are impacting on the family, analyse these to see how they interact and then implement an appropriate intervention which will have a manageable and predictable impact. A complexity thinking perspective suggests

that this is treating a family as a closed system where all elements can be known and are relatively static. As Webb (2006) argues, 'wicked problems' like neglect are made up of 'interrelated components of organised complexity' which 'cannot be solved in isolation from each other' (p.193). Human systems are open, co-evolving, and dynamic and, because they are far-from-equilibrium, they are prone to abrupt and unpredictable change. As a complex co-evolving system a family may be responsive to feedback but not in a way that is predictable; a relatively small or large change in one aspect of the complex co-evolving system can lead to no change, unanticipated changes and/or change disproportionate to the intervention. Critics of systems thinking, such as Thomas (2011), argue that, whilst a traditional systems theory based approach risks encouraging reductionism and an overreliance on assessment to create 'evidence', complexity thinking suggests a more intuitive and collaborative approach as the practitioner understands themselves to be a necessary part of the complex co-evolving system.

Complexity thinking can be applied both to the complex worlds that social services service-users inhabit and the complex organisations that service the social needs of those who access such support. Academics in complexity and social work point to complexity thinking as providing an explanatory framework for understanding and dealing with problem situations that are not easily defined, have no definite solutions and where there is a high human activity component such as is characteristic of social work (Webb, 2006; Stevens and Hassett, 2007; Steven's and Cox, 2008). Families, communities and societies are all complex co-evolving systems and child abuse tragedies such as the killing of Dennis O'Neill, Victoria Climbié, Peter Connelly and others, are the product not only of individual action, but also of the interaction between people and their environment. It is suggested that the possibilities offered by complexity thinking for exploring the space of possibilities, understanding co-evolution and seeking - not a 'right' answer but possible and



relevant answers - have potential to help our understanding of the current state of social work practice and the twin contradictory criticisms that Munro (2010a) states are faced by social workers of both intervening too much and too little.

We know there are a range of factors present in neglectful families. However, as Munro (2010a) points out, even the most robust and in-depth analysis of all these factors cannot predict precisely the next child to be seriously harmed or killed. Attempting to predict outcomes on the basis of identifying each factor and then adding them up to calculate risk is based on reductive, linear thinking in terms of cause and effect. The notion that risk can be calculated in an actuarial fashion is attractive from the managerialist, neoliberal environment that social work has been operating in. Reductive explanations are comforting in their simplicity and ability to attribute blame. Such approaches do have some benefit. Risk assessment toolkits and checklists can provide useful frameworks and helpful memory aids, encouraging practitioners to consider issues they may not otherwise have thought about. However, Munro (2004) points out that working from an assumption that outcomes are predictable and risk is entirely assessable is itself risky, since risk will never be entirely knowable.

Stevens and Hassett (2007) suggest that the complexity paradigm offers a fundamentally different way of seeing risk. If families are seen as complex co-evolving systems which are dynamic and non-linear then it is understood that the effect of any agent within the complex co-evolving system can have unpredictable or unintended consequences; and that these may or may not be cumulative. Small occurrences in one part of a complex co-evolving system can have disproportionate effects in other parts of the system. Risk assessment, therefore, can only be, at best, indicative and not predictive. Stevens and Hassett (2007) and Munro (2010a) argue that such linear-reductive approaches to risk may actually increase risk since

they provide a false sense of security, suggesting that, if all the procedures have been followed, then the outcome is knowable, desirable and manageable. As Beck's sociology of risk sets out, the contemporary world is characterised by unprecedented forms of risk, uncertainty and instability. Social work as a profession grapples with some of the messier aspects of this complexity. Understanding families as complex co-evolving systems, operating according to complexity thinking principles, can help the sector expand its understanding of risk and develop new and potentially more effective ways of working.

Another concept used in complexity thinking is that of fractal scaling. Stevens and Hassett (2007) describe fractal scaling as:

... a mathematically based pattern built from a simple repeated rule. The rules lead to patterning in which shapes are reduced in size every time they are repeated. (Stevens and Hassett, 2007: 507)

McMillan (2008) points out that the natural world is filled with fractals (ferns, trees, snowflakes, rivers, veins) but, using this idea within the social sciences, Stevens and Hassett (2007) suggest that fractals can be understood to be regular patterns which, when combined, can result in different structures which resemble the original components. The idea, from a complexity perspective, is that there is a relationship or connectivity between the base component and the end result. McMillan (2008) suggests that an understanding of fractals allows us to visualise things existing on different scales, both spatially and temporally. Thinking in terms of fractals can allow a different insight into how systems (such as social work teams, families etc.) are structured, operate and behave. McMillan (2008) cites, as an example, an organisation which has a particular strong ethical or value base. It is likely that that ethic or value base will be evident, and will be repeated at every scale from senior

management to frontline staff. Thinking about neglect as a fractal might go some way towards developing a better understanding of the generational aspect of neglect and how workers can adopt different standards for difficult communities where neglect may be present. Wheatley (2006) suggests that looking at an organisation as a fractal allows organisations to better understand their communication and knowledge flow.

Macdonald and Macdonald (2010) recommend caution in applying these ideas in social work. They criticise Stevens and Cox (2008) for failing to be sufficiently robust in their exploration and explanation of the use of fractals as an idea in practice, and argue that they make unfounded and unverified assumptions that patterns *will* necessarily scale up and scale down. Interconnection of risk treatment across organisational levels is, they say, something to be empirically examined, and not asserted. Whilst agreeing with the principle that concepts like fractal scaling cannot be uncritically transferred from one discipline to another, I would agree with McMillan (2004) that this idea does have resonance within other settings, including social work. In relation to neglect, for example, perceiving connectivity between the base component and the end result can be a helpful way of seeing patterns across generations of families where neglect has been present, and of seeing this in the context within which they are situated. As Crittenden (1989) notes, some parents who neglect their children feel disempowered and overwhelmed by the enormity of the challenges life brings; likewise, suggests Horwath (2013), a practitioner can share this sense of lack of agency, feeling overwhelmed by the task of effecting change with a parent who is, seemingly, unable to do so. Repeated with numerous practitioners and numerous families over time this can create a policy context where policy makers, politicians and practitioners alike see whole communities as being ineffective and 'troubled'. The impact this has on practice is that acceptable standards of parenting are lowered within certain communities, or even certain

streets; since all the parents in that community are seen to be less adequate, less-than-adequate-parenting becomes normalised and accepted, both by the community itself and by those responsible for ensuring the well-being of children.

As Morrison (2002) points out, connectivity is a key feature of complexity thinking and implies relationships which are mutual, trusting and collaborative. From the perspective of child neglect it is easy to see how the principles of connectivity and interdependence might impact on practice. Connectivity is not just relevant to the lives of children and their parents but also to the ways that different professionals involved in the child's life interact and connect with each other, and numerous protocols, guidance documents and other procedural requirements have been established to predict and control these relationships. However, complexity thinking argues that connectivity varies depending on the state of each system and that this is not uniform, constant or predictable. Kauffman (1993) states that in human systems there are networks of relationships with different degrees of connectivity but, as Mitleton-Kelly (2002) points out, high connectivity does not automatically deliver positive results since any decision taken by one entity has the potential to impose associated 'costs' on other related entities.

One aspect of connectivity and how this works can be seen in relation to the sharing of information. As is evident from the numerous inquiries into child deaths over decades, concerns about the failure of professionals to share information with each other, and the failure of professions to talk to (or sometimes even to see) the child concerned, are raised again and again (Waterhouse, 2000; Laming, 2003); from a complexity perspective this can be understood as weak connectivity and interdependence. The organisational response to this has been to focus on the establishment, storage and sharing of explicit information as opposed to (and somewhat at the expense of) the sharing of tacit knowledge (Parton 2008). Parton

argues that this has contributed to a shift from a narrative to a 'database' way of thinking and operating which has not necessarily been useful in helping social workers with the critical reflection that is essential to safe and effective practice. Whilst Parton (2008) acknowledges that access to technology has undoubtedly brought with it significant potential in terms of storing, accessing, and sharing large amounts of information quickly, he raises the concern that it has also brought risks in terms of information overload (being over-connected) and the promotion of a highly rationalised form of decision-making and service delivery. The degree of connectivity determines the size and strength of network of relationships and this, in turn, determines the creation and sharing of information and knowledge (Mittleton-Kelly, 2002).

Warren-Adamson and Stroud (2014) use the term 'complex evolution' rather than the more commonly used 'co-adaptation', what Mittleton-Kelly (2006) terms 'co-evolution', to describe the effect of change in one entity on other related entities and the reciprocal, on-going changes that continue to occur in response to reciprocal, on-going change in related systems. In order to understand how complex systems evolve there has to be a way of making sense of the interactions and networks in play. Families where there are concerns for the well-being of children often experience high levels of stress and rapid change in terms of living environment, household composition and relationships. Practice based on assumptions of stability and consistency, therefore, is likely to be unsuccessful in the face of such uncertainty and volatility. Understanding the nature of the complexities of a child's life is more than an aggregation of the specific issues faced by that child. Complexity thinking argues that the future is largely unknowable and subject to periods of unpredictable change. Haynes (2003) maintains that the search for a single, perfect solution under these circumstances is not achievable. A solution will only be fit-for-purpose for a particular set of circumstances and as these change, so

what is required to resolve an issue will also change. Practitioners and managers cannot predict the future for children's social care, nor the nature or range of services that may be required to support vulnerable families as the environment changes. However, Mitleton-Kelly (2002) argues that, in being open to the ideas of those who work directly with service-users, and to the ideas of service-users themselves, the organisation will have the best chance of being as flexible and adaptable as it will need to be to create new and more appropriate ways of working.

Commentators on the application of complexity theory to the public sector suggest that understanding feedback, rather than attempting to determine linear cause-and-effect, is central to complexity thinking approaches (Haynes, 2003; Morrison, 2002; Mitleton-Kelly, 2006). As described above, positive feedback amplifies/reinforces the impact of an action and drives change; negative feedback balances or moderates it, thereby maintaining stability. They argue that negative feedback brings about diminishing returns since it is regulatory. Positive feedback, however, has increasing returns since it not only regulates but has the effect of amplifying. Under far-from-equilibrium conditions, positive feedback amplifies variables so that the impact they have may be disproportionate for something that appears relatively minor. Multiple factors can create feedback loops (both positive and negative) at any point in time. The interaction between factors can be just as important, if not more important, than the factors themselves. Mitleton-Kelly (2006) maintains that organisations have traditionally used feedback to maintain stability and this limits their ability to deal with problems and grasp opportunities to do things differently. In thinking about the intractability of neglect there is potential for identifying positive feedback loops and using these to maximise the potential for change.

Self-organisation and emergence are linked but separate ideas. Self-organisation refers to how individuals or systems organise themselves without external control or

direction, while emergence describes the behaviour that arises from interaction between parts of a system. For example, if one agency struggles to share information and collaborate with another agency then emergent behaviour will occur as a response. It is likely that one form of emergent behaviour will be the self-organisation of some individuals to circumvent the perceived deficiency of the processes. Human interaction in organisations always demonstrates an element of self-organisation determined by the individuals concerned. Applying the concept of self-organisation to organisations such as social services departments allows us to understand that behaviour is the result of interactions between individuals and their environment as much as individual action (Stevens and Cox, 2008). Together, self-organisation and emergence form the process that leads to the creation-of-new-order (Mittleton-Kelly, 2002).

### **3.5 Summary**

This chapter has set out to describe the characteristics of complexity thinking and to apply them to social work practice. The importance of whole systems approaches is a fundamental principle in the understanding of social work practice. Systems thinking, long established within social work, makes the case that, by understanding the component parts of a whole system, and how these relate to each other, interventions can be successfully applied and the impact on a system as a whole managed and understood. However, whilst complexity thinking builds on systems thinking, it criticises systems thinking approaches for treating human systems as closed systems. This limits the ability of professionals to properly grasp the temporal and spatial contexts that contribute to the properties of self-organisation and emergence. These processes ultimately, therefore, become linear and reductive and limit the ability of professionals to improve outcomes. They also risk

encouraging practitioners to assume that error is avoidable when, in fact, the opposite is true.

The proponents of complexity theory argue that attention should be paid to the constantly changing nature of a complex, co-evolving system including the impact of individual practitioners as they become part of that system. Complexity thinking approaches problems in terms of relationships and connectivity between interrelated and interdependent aspects of a whole system rather than as a reaction to an outcome or event. This understanding enhances practice by providing different ways to conceptualise some of the issues faced on a daily basis.

There is little currently written on the practical application of complexity and how it might add value to social work practice. Stevens and Cox (2008) use complexity thinking as a theoretical framework to review practice and the management of risk. They argue that it offers a helpful way to view, understand and work more effectively in child protection and residential childcare. However, although they suggest that complexity thinking is moving beyond theoretical frameworks and into practice, this is currently more evident in the field of business than the public sector (McMillan, 2004). Although helpful in introducing the ideas of complexity thinking into a social work setting the work of such academics as Stevens and Hassett (2007), Stevens and Cox (2008) and Munro (2010b) identifies possible changes for discussion or suggestions for practice rather than giving a description of the impact of any actual application. Similarly, Devaney and Spratt (2009) draw on complexity thinking to understand existing practice, identify flaws in traditional social work practice and suggest alternative responses at policy and practice levels which will address problems more effectively and in ways that will avoid them becoming entrenched.



Mitleton-Kelly's (2011) work does draw on practical application using interviews and workshops to provide a theoretical insight into practice. By observing two different enabling environments she uses the features of complex systems to understand how the organisations create and embed sustainable change. Her research highlights the importance of leadership styles, insofar as they facilitate or constrain creativity and learning, and the benefits which accrue when leaders understand their organisations as complex systems. Academics such as Wolf-Branigin (2009) suggest that a dialogue is beginning but the development of functional models is more apparent in social innovation than in social work. In spite of the fact that complexity as an approach is a paradigm that is still developing, particularly in its application to social work, it is argued by the proponents of complexity thinking referenced here that it offers a promising approach to making sense of contemporary social work (Wolf-Branigin, 2009; Stevens and Cox, 2008; Munro, 2010). These arguments are heavy on theory, however, and comparatively light on empirical evidence. It is this which forms the context and justification for this current study, and for my initial, orientational research question, which is:

How relevant is complexity theory to understanding the challenges, failures and possibilities of social work practice?

Given the focus of this research on complexity thinking and social work it was important to generate a research design that could both explore the culture and oral traditions in the setting on the one hand but also consider how, and to what extent, practitioners understood their practice to be explicitly informed by ideas from complexity thinking. What follows therefore is not a traditional ethnographic account of the setting, nor does it seek to evaluate practice. What it does do is to consider how workers explain their understanding of practice and the extent to which they understand complexity thinking as being relevant and significant. Whilst I am

interested in normative accounts of practice, the focus here is not on the construction of meaning but rather on the extent to which the team's routines, approaches and practices can be seen to reveal complexity thinking and in turn whether these can be aligned to a conceptual model of working in which complexity thinking does, or can, inform social work practice.

## **Chapter 4 - Methods and Methodology**

### **4.1 Introduction**

This chapter starts by describing the research setting and explaining what made it appropriate for this study. It sets out the purpose of the FIT, its evidence base and theoretical model. The chapter then sets out the epistemology and methodology of the research. The research methods used - participant observation and the guided conversations - are described and I set out how these are congruent with complexity thinking. There is a brief discussion of how these methods drawn on ethnographic approaches but were not ethnographic in the sense of understanding the occupational world of FIT but more about how the FIT's particular approach to practice can be used to understand the applicability of complexity thinking. I go on to explain the importance of reflexivity in guiding the research and how the study was structured to facilitate this. The chapter describes how access to the research setting was negotiated and explains how issues that arose at this early stage were resolved. This is followed by a discussion on consent and why a process consent model was the most appropriate and ethical for the research. I describe the methods of data analysis and discuss the ethical implications raised by the research and how these were addressed. Finally I conclude by orientating the research within the paradigm of complexity thinking.

### **4.2 The research setting**

The FIT was a voluntary sector project operating in a Welsh valleys town. Until the mass closure of the pits under the Conservative government during the 1980s, mining had been the primary source of male employment here. The scale and

rapidity of the pit closures, together with the limited opportunities for alternative employment, have had profound social consequences. The borough in which the project was located struggled with particularly high levels of deprivation and social inequality; according to the Welsh Index of Multiple Deprivation, levels of economic inactivity, unemployment and the number of Job Seekers Allowance claimants were consistently above the Wales average. The various strategic plans<sup>3</sup> developed for the borough provide statistics showed it to have one of the lowest disposable household income in Wales, one of the lowest rate of lone parents in employment in Wales, one of the highest percentage of pupils entitled to free school meals in Wales and higher rates of economic inactivity and benefit claimants than the national average. In addition, nearly 23% of residents in the borough had no qualifications compared to a national average of 14.8% and the percentage gaining the level 2 threshold at age 16 was below the national average.

The local Single Integrated Plan for the borough identified mental health as a particular barrier to employment. Parental mental health issues were also identified<sup>4</sup> (alongside domestic abuse and substance misuse) as significant contributory factors to child neglect which remained, in line with the rest of Wales, the cause of most child protection referrals and the reason for the majority of child protection plans. The borough remained consistently, over the preceding five years, among the top Welsh counties for rates of children on the Child Protection Register for child neglect and while other counties were showing a decline in registrations – in line with the national trend (Jutte *et al.*, 2014) – in this borough, after a sharp dip in 2012-13, rates had steadily increased.<sup>5</sup>

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<sup>3</sup>The Single Improvement Plan. The Children and Young People's Plan

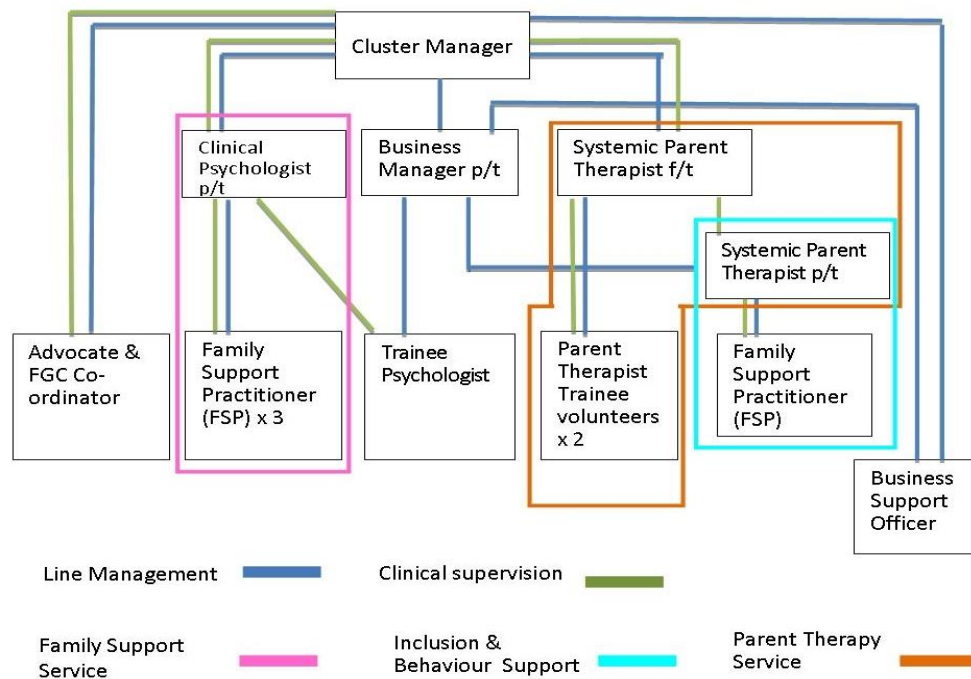
<sup>4</sup> Source: Single Improvement Plan

<sup>5</sup> Source: <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-in-Need/childreninneed-by-localauthority-categoryofneed>

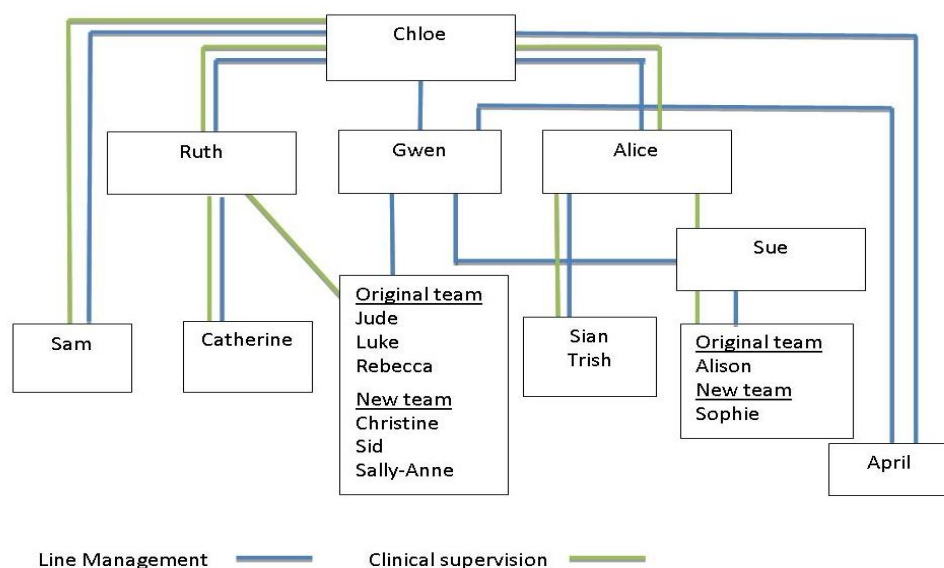
#### 4.2.1 The Family Intervention Team

The FIT project comprised three separate, and separately funded, services: Family Support, Behaviour and Inclusion Support, and Parent Therapy (see figures 1 and 2).

**Figure 1: Management structure**



**Figure 2: Research participants**



The job roles of research participants are given in Appendix A. During the period immediately prior to the start of the fieldwork there were a number of staffing changes, the most significant being the promotion of the project manager, Chloe. This meant that she was responsible for a number of projects across the region in addition to the FIT. Although various elements of the service were financed through different funding arrangements<sup>6</sup> the project operated as a single entity with project workers seeing themselves as part of one service with a unified identity. The core service offered was a referral-based brief<sup>7</sup> intensive intervention for families experiencing emerging mental health problems and/or emotional and behavioural difficulties. The interventions offered included solution-focused approaches and behavioural techniques and, crucially for the purposes of this research, practice was systemically informed and underpinned by attachment theory.<sup>8</sup> Additional services offered included parent/family therapy addressing parent mental health, group-work, and periodic play sessions/family fun days. Groups offered included Non-Violent Resistance (NVR), Well-being (using principles of mindfulness) and Post-natal Well-being.

Family Support Workers (FSPs) had the flexibility to work at times and locations that suited the families. The service also worked collaboratively with a range of other services, in particular other voluntary sector projects and Child and Adolescent Mental Health Services (CAMHS), and team meetings were frequently opened up to other professionals such as statutory social work team managers, consultant child psychiatrists and project managers from other services. The FIT provided information, signposting and referral to other services within the borough as well as consultancy and support for professionals working with children and young people.

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<sup>6</sup>Department of Health, Welsh Government Families First, Big Lottery Fund.

<sup>7</sup>Twelve-week programme of support.

<sup>8</sup> The service employed a full-time systemic family therapist, two systemically trained volunteers volunteered in the project on a part-time basis, and all team members were trained to at least intermediate level in systemic family therapy.

#### **4.2.2    *The purpose of the service***

Project information (leaflets, service level agreements and referral criteria) set out the purpose of the service as being to provide support to children aged 5 to 14 years old inclusive, and their families/caregivers within the borough. The service worked with families where parents were struggling with their children's emerging behavioural difficulties and/or where families had limited ability to protect or nurture their children to the point where their welfare might be compromised. Work was focused, time-limited (up to three months) and provided as one-to-one with parents, caregivers and children or, where appropriate to meet identified need, as group work.

#### **4.2.3    *Early intervention***

As the FIT was funded to provide an early intervention, eligibility criteria were intended to exclude families with complex needs eligible for higher tier support, such as CAMHS and social services support. To be eligible for a service, children needed to be resident and educated in the borough and exhibiting mild to moderate emotional and behavioural difficulties. These might include difficulty in making/maintaining relationships with family and/or peers, self-harm, being on the margins of anti-social behaviour but not yet eligible for Youth Offending Services (YOS), being on the point of being excluded from school and being in a situation where their parents needed support in managing/understanding their child's behaviour. Children already receiving complex levels of intervention from other agencies (in the care of the local authority, excluded from school, subject to a Child Protection Plan, or diagnosed with Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD) where short-term intervention would be unlikely to provide beneficial long-term effect, were ineligible. The service was

aimed at families who had been experiencing problems for less than a year and who did not meet the threshold for a higher tier of intervention. The eligibility criteria were aligned with the Children Act 1989 definition of ‘children in need’.<sup>9</sup>

The FIT was developed as a service fitting within Part 3 of the Children Act 1989, now superseded in Wales by the SSW-bW Act 2014 (discussed in Chapter 1). The services provided by the FIT delivered to the Welsh Government (WG) focus on prevention, early intervention and the promotion of well-being in Part 2 of the Act SSW-bW Act 2014 which emphasises strength-based work and co-production. Part 3 of this Act highlights the importance of what are referred to as ‘what matters’ conversations, which place the identification of personal outcomes, as well as the responsibility for achieving them, with the family rather than with the service provider. In this relationship, the service provider has the role of enabler and facilitator rather than being responsible for ‘fixing’ a problem. The FIT approach, set out in more detail below, was aligned with these core principles being an early intervention service, driven from an asset rather than a deficit model, working collaboratively with families on issues identified by them as being of importance and helping them to achieve the outcomes they set for themselves.

#### **4.2.4 A family’s journey**

The flow chart below sets out a typical family’s engagement pathway with the FIT service. It was unusual, even within the wider organisation that the project was part of, for assessments and reviews to be undertaken by both a clinical psychologist and a FSP, and this is a position that has had to be defended since it represents a significant time-commitment for the psychologist and a financial cost to the

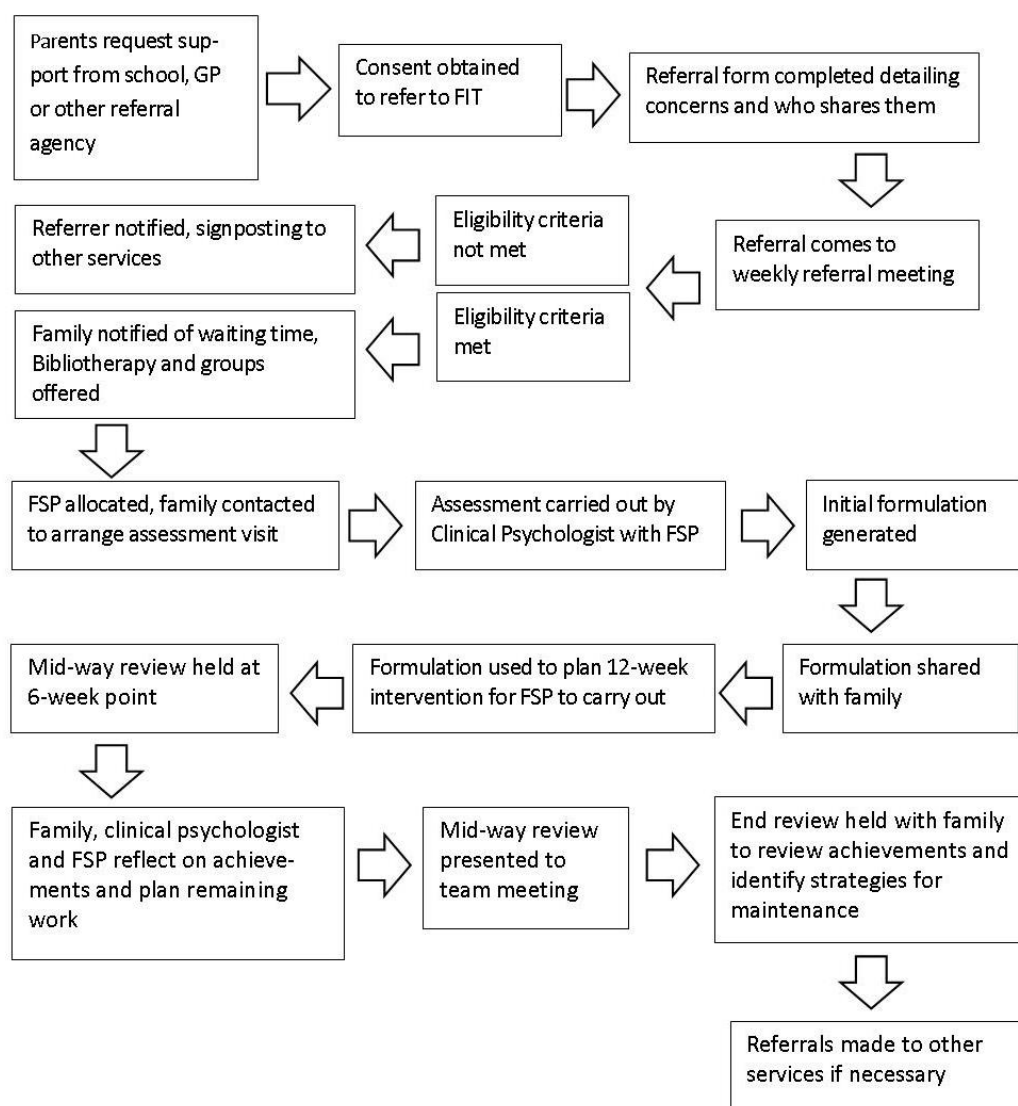
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<sup>9</sup>This was superseded in Wales in April 2016 by the Social Services and Well-being (Wales) Act 2014 which removed the category of child in need. However at the time at which the research was taking place the Children Act 1989 still provided the legislative basis for statutory support and intervention.



organisation. The team placed significant value on this approach, however; it was believed that this joint approach brought a number of benefits not least in terms of managing risk.

**Figure 3: Typical FIT intervention pathway**



Assessment and formulation were shared at the weekly clinical team meetings where FSPs and therapists could reflect, share ideas, theories and suggestions for activities that might encourage children to think and talk about a particular issue that was worrying them or to think in a different way about something that had

happened. The case would also be brought to the team meeting after the mid-way review and again at the end of the intervention. This reflective approach was underpinned by monthly clinical supervision.

30% more boys were referred to the service than girls. Most referrals were received from GPs and schools although other agencies, including social services, also referred families to the project.

Table 1 below lists the main problems indicated at referral to the FIT project.

Table 1: Reason for referral to the FIT – 2014-15

<b>Main reason for referral indicated on referral form</b>	<b>%<sup>10</sup></b>
Child's behavioural issues	57%
Help for parent in managing/understanding the child	28%
Child's reaction to separation and/or loss	17%
Child exhibiting behavioural problems at school	12%
Child displaying mild/moderate anxiety	9%
Child having insufficient stimulation at home	6%
Child's reaction to trauma	6%
Child presenting problems with eating	2%
Child displaying problems with concentration/attention	2%
Child displaying aggression/violence towards parents	2%
Child experiencing difficulties in making/sustaining relationships	1%
Parent indicating stressful attachment to child	1%
<b>Total referrals</b>	<b>119</b>

#### **4.2.5 Project efficacy**

The project has been subject to a number of independent evaluations.<sup>11</sup> The New Economics Foundation (NEF) undertook a Social Return on Investment (SROI) Assessment in 2008. The SROI is a measurement framework that is based on a

<sup>10</sup> In some cases multiple reasons for referral were given so the total % is greater than 100%

<sup>11</sup> Crowley, A. Payne, H. and Smail, P. (2008) 5+ Family Intervention Team: Evaluation of the 5+ Project – The First 12 Months. Final Report April 2008.

form of adjusted cost-benefit analysis which takes into account a range of social and environmental benefits. It places a financial value on outcomes such as family resilience and prevention. The SROI used a range of methodologies to collect data, including interviews with parents and children and the use of 'Strengths and Difficulties Questionnaires' (SDQs) and 'Parent Daily Hassles' (PDHs) before and after intervention. PDHs were filled in by parents/caregivers and SDQs were completed by children, parents/caregivers and schools. The economic model NEF used for the SROI has measures in place to avoid, wherever possible, the double-counting of benefits and the counting of benefits that would have occurred without the intervention. It also took account of how much of a benefit could be attributed to the service and the extent to which outcomes decreased over time. Impact was measured to ensure that the organisation did not over-claim benefits. The cost-benefit model used calculated that the SROI ratio for the intervention was 7.6:1, indicating that every £1 invested annually generated £7.60 in social value, some £3.3 million over 3 years.<sup>12</sup> According to NEF's calculations, the state will recoup its investment in the project after three years.

The project has continued to use SDQs and PDHs, as well as its own end-of-intervention evaluation forms, with parents and children. The in-house and independent evaluations that have been undertaken are remarkably consistent in terms of parent/child satisfaction with the project and identified positive outcomes post-engagement. Quantitative data collected provided on-going evidence of decreases in children's problem behaviours following intervention, and qualitative data indicated a high level of parent/child satisfaction with support received. Targets for the numbers of children were normally exceeded and referrals were in excess of

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<sup>12</sup> For comparison an SROI undertaken by NEF on the British Red Cross revealed an estimated return on investment of approximately 3.5, an SROI analysis of a Responsive Parenting Programme ChildFund International in Ecuador identified a return on investment of 2.08, and an evaluation of the impact of the Westcountry's Rivers Trust (WRT) river improvement projects in Cornwall and Devon which identified a, SROI return of between 1.87 – 5.06.

capacity; as a result the service operated both a waiting list and a system of referral and redirection to other services where appropriate.

An additional three year follow-up study of families referred to the service found that families who received a service from the FIT continued to display positive outcomes (Salter and Williams, 2014). This evaluation was based on semi-structured telephone interviews with a random sample of 15 families who had been referred to the service between three and four years previously. The study included interviews with both caregivers and children/young people and looked at a range of outcomes including engagement with school, involvement with the youth justice system, school exclusions, referrals to social services and involvement with CAMHS. 87% of caregivers rated the intervention as helpful. All reported that the intervention had led to improvements for the family, at least initially, while 85% reported that these changes had been maintained. In summary, finding a research site that was already using ideas from complexity to underpin practice, and whose efficacy was evidenced by independent evaluation, made the FIT project really valuable as a research setting.

#### **4.2.6 *Theoretical model***

Practice within the project was based on attachment theory and systems theory, the latter being closely aligned with complexity thinking. Understanding of attachment informed both the practice within the project and its management; this is described in more detail in Chapter 6.

The project employed a full-time systemic psychotherapist and two part-time therapists who, collectively, offered a therapy service to parents who had identified mental health needs (with or without a diagnosis) and parents who felt that therapy

would be useful to them. The service was also a resource for systemic consultation and so FSPs working with children and families had access to consultation, guidance and supervision from a systemic (systems thinking) perspective. Systemic ideas were routinely referenced within practice and within the language of the team. The FSPs were also trained to intermediate level in Systemic Family Therapy. Systemic practice places relationships at the heart of any intervention and complexity thinking builds on this in seeing the understanding of relationships between systems as crucially important (Payne, 2005). The family is understood as a system continually influenced by other systems within the ecosystem, albeit in ways that are unpredictable and dynamic; what complexity thinking labels as 'complex adaptive systems' (Cilliers, 2005).

#### **4.3 Epistemology and method**

Complexity theory, and the theory of reflexive modernity with which it shares an intellectual affinity, argues that social scientific knowledge is contingent and precarious. This is because social actors are themselves knowledgeable agents who revise their actions in the light of both the collection and dissemination of social scientific knowledge and social scientists are also social actors, embedded in social structures, relationships and cultural traditions which, as they change, alter the conditions and presuppositions of knowledge. These theoretical insights have both epistemological and methodological implications.

Epistemologically, they suggest that the 'truth' of the social world cannot be studied apart from the understanding of that world which social actors have of it, and that social scientific knowledge cannot claim an 'objective' status that is independent of the social conditions of the researcher and the research. Methodologically, these observations imply that the techniques of social science research should give the

maximum possible latitude to enable the voices of those who are studied to be heard. Moreover, as the methods by which knowledge is acquired are themselves forms of disciplinary knowledge which, in a complex and reflexive society, are and must be, subject to reflection and change, a methodology faithful to the insights of complexity thinking would have to be one that embraced uncertainty, being open to adjustment and revision in the course of the research.

With this in mind I began my study with an open research question which I hoped to refine through dialogue with the participants as the research progressed, and a preliminary commitment to using participant observation and unstructured interviews as the most epistemologically appropriate methods for collecting data.

#### **4.3.1 *Ethnographic approaches***

The research methods drew heavily on ethnographic principles. Brewer (2003) defines ethnography as 'The study of people in a naturally occurring setting in order to collect data' (p.99). Hammersley and Atkinson (2007) state there is no sharp distinction between ethnography and the other labels such as 'the case study', 'interpretive methods' and 'fieldwork'. As a result they define it largely in terms of what ethnographers do, the sorts of data they collect and the kind of analysis they deploy. Ethnography is characterised by the researcher engaging directly in the setting in order to understand the social meanings and activities of people in that setting. People's actions and accounts are studied in everyday contexts and not within structured situations controlled by the researcher. Whilst data may be gathered from a range of sources, the primary forms of data collection in ethnographic research are participant observation and relatively informal conversations; clearly, the methods of data collection used in this present study – participant observation and unstructured guided conversations - fall very much

within the cannon of ethnographic research. In addition, the categories used for interpretation/data analysis were not designed *into* the research, but were generated *from* the analysis. However, the research was not a traditional ethnography as such. The participant observation and guided conversations were used less to understand the occupational world of the FSP than to detect whether staff used complexity when speaking about their occupational rationale. It was used as a method to identify whether complexity thinking was present in their day to day occupational talk and how the particular approaches used in the setting could be used to understand the applicability of complexity thinking.

#### **4.3.2 Participant observation**

Thompson and Brewer (2003) describe participant observation as ‘research-led observation of the social world’ (p.222). Participant observation has its roots in anthropology and, in particular, the work of anthropologists such as Malinowski and Mead who promoted the value of ethnographic approaches that involved researchers becoming insiders, participating in the setting being studied rather than seeing themselves as objective outsiders looking in. Tedlock (2005) explains how participant observation was created during the late 19<sup>th</sup> century as an ‘ethnographic field method for the study of small, homogenous cultures’ (p.467) and ethnographers were expected to actively participate in the daily life of the communities they were researching for extended periods of time. Spradley (1980) in particular talks about participant observation as being a tool for gathering ethnographic data to understand ourselves in the modern world. In participant observation, behaviour is interpreted through observation and conversation which, together, should enable data to authentically reflect the vantage point of the research participants as far as possible. Floersch (2000) agrees, stating situated language, specific to the research setting, needs to be observed first hand. His

research on oral and written narratives in social work shows how, without analysis of oral accounts, the situated remains hidden and that both types of knowledge are important to understand practitioner activity.

One aspect of participant observation is the ability to observe naturally occurring phenomena in a way that interviews cannot. Observing the team during meetings, informal conversations in the offices or over lunch enabled me gather data that would not have been available simply through the guided conversations. It also offered a measure of triangulation as my observations and my inferences could be later explored or tested out with respondents in the guided conversations. As Spradley (1980) points out, because language is the primary means for transmitting culture from one generation to the next, and this is as true for organisational culture as for any other form, much of this will be encoded in linguistic form. In other words, cultural knowledge is communicated by language. The guided conversations were a way of gathering explicit knowledge, participant observation was a way of gathering more tacit knowledge based on what people did but this was also frequently revealed through speech.

My role as participant observer was aligned to Thompson and Brewer's (2003) description of 'classic' participant observation, where the researcher comes from outside the research setting. However the setting was not entirely unfamiliar; not only were the FSPs engaged in direct work with children and families which was familiar to me, but I was also familiar with the setting from my role as Children and Young People's Partnership Manager in the borough.<sup>13</sup> McNeill and Chapman (2005) observe that the need to balance 'insider' and 'outsider' status is an

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<sup>13</sup>I had overseen the commissioning of an element of this service and had been responsible for overseeing the monitoring of this service from a performance management perspective.



important consideration for researchers engaged in participant observation and it was one that I was keenly aware of here.

Lofland *et al.*, (2006) suggest that participant observation is more congruent for a researcher who is an 'outsider' to the setting since over-familiarity with the social processes of a setting may leave the researcher too habituated to note the tacit properties of routine interaction. Pithouse (1998), writing about undertaking ethnographic research in a social work setting as a social worker, argues that familiarity does not preclude good research; the potential issues created by familiarity with a research setting, he suggests, can be managed by a researcher who is both aware of such issues and sufficiently skilled to address them. In the case of my research, although there were elements of the setting that were familiar, there was also significant 'strangeness'. I had been out of practice for a number of years and my experiences as a field social worker were in a statutory, not voluntary, setting; a very different environment. In addition, my very identity as a social worker, and my explicit interest in 'neglect', marked me out as different in a team where both terms were repudiated. As Sophie stated in the first guided conversation that we had:

*Right now I'm happy to not be known as a social worker, that's how I feel.*  
(Sophie)

Even at the end of the research this distinction remained. In one of my final guided conversations with Ruth, the clinical psychologist, was gently teasing me when she observed:

*You do fit very well with this team, don't you, in spite of being a social worker.* (Ruth).

Even where the researcher is an outsider McNeill and Chapman (2005) point out the risk that becoming absorbed *by* the research setting will blur into becoming absorbed *into* it, so that the curiosity and criticality of the observation of the mundane is lost. My prior knowledge of the project, together with my social work background, made this especially important to be aware of. It is worth noting that I was not undertaking an evaluation of the project but was accepting the independent evaluations referenced above. This enabled me to approach the setting from a non-judgemental stance in relation to the quality of the outcomes achieved but potentially made it more difficult to hold my position as a critical and curious researcher. The fact that the research setting itself saw these qualities as essential to their own practice and therefore also important to my role as a researcher was helpful in this respect. This awareness was facilitated by the overt nature of the research which enabled me to create and retain my 'researcher' identity.

#### **4.3.3 *Guided conversations***

In addition to participant observation I also engaged the team in guided conversations. Robson (2011) describes the interview as 'a kind of conversation' (p.281); I have called my interviews 'guided conversations' because this better reflects the directed reciprocity of the interaction. The word 'interview' implies a unidirectional flow of information from informant to researcher, in addition to a well-defined beginning and end-point. My interactions with the research participants involved, at certain points, a mutual sharing of stories and information and had a level of reciprocity, informality and an on-going continuity that is better captured by the word conversation, with participants referring to earlier stories, both mine and their own, so that these wove into each other, overlapping other conversations and interactions. The word 'guided' differentiates these conversations from the normal, everyday interactions that took place as part of the participant observation. These

conversations were guided insofar as I provided an overarching theme to the conversation but the direction of exchanges and the areas covered were then largely, though not entirely, in the control of the research participant. The guided conversations were always initiated by me and, although I set the overarching theme, I made it clear that other conversations could take place should the participant wish.

The value of such unstructured interviewing, which is essentially what the guided conversations were, is that, as Fontana and Fey (2005) suggest, they provided me with greater breadth than I felt that other types of interview could offer. I asked questions to encourage the development of the stories being told, to clarify meaning and to explore ideas. I also responded to questions asked of me, shared my own stories where appropriate and engaged in discussion at various points. The three phases of the guided conversations are described in the following chapter.

#### **4.4 Negotiating access**

I became aware of the FIT service from my time working in the local authority area where the project was based. I had been invited to visit the project when it was first opened and was also involved in the commissioning of the 5+ Project.<sup>14</sup> I knew that they were theory-driven and that practice was underpinned by systems thinking, which is closely aligned to complexity thinking. I was aware that the project had been the subject of a number of independent evaluations identifying the model as being effective. In the year prior to starting my PhD I approached the project manager, Chloe, as the 'gatekeeper' (Cresswell, 2009) to discuss my interest in the practical application of complexity theory and to ask whether she would be open to

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<sup>14</sup> 5+ was a service commissioned by the Children and Young People's Partnership. The tender was awarded to the charity running the FIT project and became part of the services offered by the FIT.

the possibility of my basing my research in their project. At this point I was uncertain about the exact nature of the research but was interested in pursuing a collaborative methodology in line with the principles of complexity that I understood to be central to the theoretical underpinning of the FIT project. Chloe was interested and suggested I return to discuss in more detail closer to the start of the fieldwork.

In February 2013, during the first year of my PhD, Chloe and I met to discuss whether the project was amenable to being researched. Further meetings took place in April and June where Chloe introduced Ruth (the new-in-post clinical psychologist) who was to become the primary contact within the project for the research (Chloe had been promoted and was no longer the operational project manager although in her role as children's services manager she still retained overall management of FIT).

These early meetings were important in exploring the collaborative nature of the research and how this might work in practice. A number of factors significantly helped this negotiation. Firstly, having worked in the borough I was already known to the key 'gatekeeper', Chloe, and, as Lofland *et al.* (2006) point out, having connections in the field can be a significant asset in building the trust necessary to get access. We had also had the opportunity to collaborate on the development of services for children in the borough. As well as giving her some confidence in the potential of the research my status as a practitioner helped Chloe to get agreement from her line managers for the research to go ahead.

During the negotiation period I created a research contract (see Appendix B). Research contracts are normally only used between a research funder and a research setting (Grinyer, 1999). However, as Robson (2011) points out, there is a distinction between what is formally necessary to gain access and what may be

needed to gain acceptance and support. The research contract, therefore, served a number of different purposes. It was intended to address any anxieties that the gatekeepers might have, such as confidentiality and child protection. It was also intended to start a dialogue, rather than determine the exact nature of the research, since at this early stage, and given the methodology, it was neither appropriate nor possible, to do this.

The research contract enabled the exploration of some mutual expectations and addressed some specific issues in greater detail such as confidentiality, intellectual property and consent. It gave Chloe a written document to consider with her team and line-managers, provided a vehicle to explore how ethical issues would be managed and gave Chloe and others the opportunity to have addressed any of their own particular concerns. My approach to their feedback gave Chloe and Ruth an opportunity to explore how flexible I might be with respect to the research and how open I was to challenge and input. Critically, it enabled us to build trust.

Trust matters because it fosters research relationships which generate more qualitative information about people's beliefs, attitudes and interpretations of the world. It is particularly important if the researcher is to penetrate the 'fronts' that are put up for an outsider (McNeill and Chapman, 2005, p.111). At this early stage a lack of trust could have meant that access to the research setting was limited or that restrictions were imposed which might have compromised the research. One of the most important aspects of a trusting research relationship, according to McNeill and Chapman (2005), is that it allows the researcher to remain critical and separate in the researcher role. Given the nature of the collaborative approach to the methodology I was using, without trust it would have been impossible to have retained the critical independence required as a researcher. Chloe (and the other respondents) needed to trust me sufficiently to grant me access, to share their

perspectives, views, ideas and practice with me and then to engage without defensiveness with my analysis and research findings.

In researching complexity in practice it was important that the epistemology and methodology were congruent with complexity. Writing on using complexity theory for research, Wolf-Branigin (2013), states that imposing a top-down, clearly-defined research question, and heavily structured methods, can limit the scope of qualitative research; this would have inhibited the very features of complex systems that I was interested in exploring. The systemic underpinning of the FIT meant that Chloe was comfortable with an approach that was 'uncertain' (Mason, 1993). Her confidence in embracing the uncertainty of the research enabled her team to suspend their own anxieties about having a stranger in their midst and helped me hold my own nerve in proceeding with a research strategy that was far less-structured than I was used to as a researcher.

Having secured permission from the key gatekeeper I needed to engage the team and build sufficient trust with them that they would consent to engage; while Chloe and Ruth were supportive of taking an uncertain approach to the research, without the support of the whole team this would not have been possible. I met with the FIT team in August 2013 and gave a short presentation (see Appendix C) which introduced my research interests in neglect, change, complexity and social work. This presentation touched on the wider context of social work, some of the concerns in the literature about the managerialist direction of travel in statutory social work and the difficulties of effecting change in neglectful parenting. A very brief overview of some ideas from complexity thinking was given, including non-linearity, feedback, co-evolution, emergence and connectivity. Finally, I posed two tentative questions:

Can changing the way we think about neglect –by seeing it as a complex problem - change social work practice?

What might this piece of research look like?

Chloe and Ruth were present, along with the FSPs (Rebecca, Jude, Luke and Alison), the family therapists (Alice and Sue), the business manager (Gwen) and the business support officer (April). The presentation met with a somewhat mixed response. Jude and Alison robustly rejected the idea that they were engaged in 'social work' or that they worked with families where 'neglect' was a relevant concept. Gwen and Jude expressed concern about what a collaborative approach might involve, the nature of their involvement in the research and the amount of time it would take. They were not unfriendly or unwilling to engage, but they wanted me to understand clearly that they had neither the time, nor the interest, to become my research assistants or undertake research tasks for me, and expressed relief when I assured them that this was not what was intended by a collaborative approach.

Levels of interest in the research varied. Luke was among the most enthusiastic whilst Jude and Gwen were more wary but still expressed interest. Ruth and Chloe had been previously briefed on the presentation, and had also had several conversations with me leading up to this, and so were supportive of the research and the idea of using an uncertain and collaborative methodology with the team. Chloe remarked later that, although she did not comment on it during the meeting, she had been surprised by what she saw as the team's negativity.

My research diary notes my own, somewhat mixed, feelings following this meeting:

*Well that was interesting. I am planning on doing research into social work with neglect, in a research setting where the practitioners are adamant that*

*they don't do social work and they don't work with neglect. They seem interested though, and I think (I hope) I gave them enough information to engage their curiosity without giving them so much as to confirm their worst fears. ....Ruth said I was very respectful and that that was very helpful, so it could have gone worse I suppose. It will be interesting to see how they react when I start the fieldwork and how they respond to me hanging around.*  
(Fieldwork notes – 13/08/13)

Fieldwork started a month later. I spent a year in the field, spending between two and four days each week in the research setting over a period of 48 weeks. In total I spent 136 days in the research setting, completing in excess of 800 hours of fieldwork. I undertook 79 recorded unstructured interviews/conversations with team members, described in more detail in Chapter 5. Each conversation lasted between three quarters of an hour and an hour and a half, depending on the time available and the course of the conversation. The length of each conversation was determined by the staff member. All members of the team were involved in the conversations, including business support, volunteers, family support practitioners and managers. Although the conversations could be grouped into three phases, earlier conversations informing and providing the context for later conversations (as described below), these phases were overlapping rather than being clearly sequential. The time spent in the setting observing and interacting with the team also fed into, both directly and indirectly, the conversations that took place. Field notes were used to note observations and I used these at the end of each day to contribute to my reflections on fieldwork in my fieldwork diary. Ideas, reflections and observations routinely came up in the guided conversations. This worked as an informal method of triangulation, enabling me to invite participants to reflect on my observations and to check out with them whether they agreed with my observations and discuss any areas of difference.



In total I undertook over 120 hours of guided conversations and this resulted in well over 100,000 words of transcription. As mentioned above, Chloe, Ruth and I met bi-monthly for formal research reviews. This enabled me to formally feedback ideas, gave Chloe and Ruth the opportunity to raise any concerns, and allowed both sides to address issues as they arose.

#### **4.5 Consent**

Informed consent is one of the guiding principles of ethical research and is one of the key questions that must be addressed when seeking ethical approval for research. Informed consent requires that those involved in the research should be given full details right from the start about the research purpose, methods, questions and procedures being employed. At this point research participants would normally be asked to sign a consent form indicating their understanding of the project and how their data will be used and giving their agreement for it to be used for the purpose identified.

The British Sociological Association's code of ethics maintains that, without full disclosure consent cannot be truly 'informed'. However, as Hammersley and Atkinson (2007) point out, in ethnographic work this may not be possible or desirable; for example, where the knowledge would change participant behaviour to such a degree as to jeopardise the validity of the research, or where the research problems, demands, implications and consequences may change over the course of the fieldwork. Similarly Burns (2007) notes that, as the detailed requirements of participatory research cannot be specified in advance, it is not possible to give research participants sufficient information before the start of fieldwork to enable them to be fully informed. Furthermore, Wiles *et al.*'s (2015) research on informed consent suggests that, even where the process of explaining a study to participants

is careful and detailed, participants frequently disregard or disengage with such explanations, making the degree to which the participant is, in fact, informed, questionable.

My research was collaborative and the methodology was co-evolving; the research was contingent upon the engagement of the team as collaborators. Burns (2007) rightly states that there are still issues of power that need to be addressed but these are not answered by a consent form. Even though this research was overt, the nature of participant observation is that the researcher is so frequently present in the research setting that research participants 'forget' they are being observed. Asking research participants to sign a consent form at the start of the research, therefore, seemed disingenuous. In addition, as team members leaving and new members joining during the course of the fieldwork, those people who joined the team when I was already there did not experience me as any more a 'stranger' than anyone else in the research setting. I had already built up strong research relationships with the existing team members; I had a prior relationship with Chloe, the senior manager, and Ruth (my primary link within the research setting) was also a manager. This created a dynamic where I was relatively powerful in relation to the new staff members. Irrespective of how I positioned myself, and explained the research, it would still have been potentially difficult for them to have refused consent had I followed an approach that requested them to sign consent forms at the start of the research relationship.

The relational aspect of consent was equally important and part of the research process. I set out with the intention to engage the research participants in shaping the research and then in the analysis and findings. Although recognising we had different roles and responsibilities, myself as researcher and team members as collaborators/participants, I wanted the FSPs to feel a shared ownership of the

research project and I knew I had achieved this when, at a team meeting during one of my regular updates on the research, Sophie remarked, 'Well, it's our PhD really, isn't it?'

Taking such an approach, and being in the research setting for an extended period, meant that it was likely that a number of ethical issues could arise, what Guillemin and Gillam (2004) might refer to as 'ethics in practice'. As the research evolved, and the relationship between myself, as researcher, and the team being researched developed, there were always likely to be numerous 'ethically important moments' (Guillemin and Gillam, 2004). Although the relational and collaborative elements of the research were important, equally so was retaining the identity of social scientist and doctoral research student. If research participants were to see me as a friend, rather than as a friendly researcher, the power dynamics within the research relationship would not be sufficiently explicit to allow research participants to give informed consent; in fact, the perceived 'friendship' might have made it difficult for them to refuse consent. It was important ethically, therefore, for me to continually present myself as researcher and social scientist, regularly reminding participants of the different role that I occupied.

In her paper on informed consent in longitudinal research Rooney (2015) explores these issues. She observes that obtaining written consent after data collection helps facilitate a reflective engagement with ethical issues throughout the research process as it means that the researcher must renegotiate the meaning of informed consent at each stage and consent can be understood within the context of each ethically important moment. The imperative of research ethics is to 'do no harm'. Taking a process approach to consent in this study allowed respondents to be empowered within this process and truly in control of their own data. They had not signed away control at the start of the research but remained part of the decision-

making about what was to be included. The ethical implications of any ethically important moment were discussed as they arose and this helped me build confidence in both the research and myself as someone who could be trusted as an ethical researcher.

Consent was first addressed in the research contract which set out the parent organisation's willingness for the research to go ahead subject to the agreement of project staff involved; this was important in ensuring that the parent organisation could not restrict access once the research was underway provided that those in the setting itself were in agreement. The research contract stated that individual project staff could refuse their consent to be involved in the research project and could withdraw at any time, and they were regularly reminded of this. The research contract notes that, because of the nature of the research, a process-consent approach would be adopted. It was explained that this meant that participants would not be asked to sign consent forms but that consent would be gained through an on-going dialogue and written consent would be asked for only at the end of the research process.

The contract went on to explain that, once data had been collected and anonymised to the satisfaction of the organisational lead (Chloe), and provided that no harm to the research participants could foreseeably arise from the use of the data, consent to use that data could not be withdrawn. There was some discussion with Ruth initially about this statement. I reminded Ruth that the organisation would be actively involved in all stages of the research, that written drafts would be made available and that every research participant would have control over their own individual data. As the research was written up, on-going feedback and access to written drafts, chapter summaries and presentations were provided to participants. This was partly to test the accuracy of my findings and incorporate the participants' views

into the data analysis, but it was also in order to ensure that they were confident that the research was in line with ethical standards in respect of consent, confidentiality, and the management of potential harm. Once chapters were completed, participants were emailed with a copy of the completed draft chapters with their data extracts highlighted. This was to enable participants to not only see what data was being used, but also to understand *how* their data were being interpreted, understood and appropriated. The email provided a list of page numbers directing them to the location of their data extracts and asked them to confirm that they were happy for these to be used or else to provide any additional clarification or corrections that might be needed if they felt they had been misrepresented or misunderstood. Thus they were asked to respond giving their consent not only for their data to be used, but for their data to be used in a particular way.

Part of the discussion on consent involved exploring 'ownership' of data. Clearly research participants had ownership of their own data extracts however, much of the data collected involved respondents telling stories that involved others in the project. Data-sharing is an issue routinely faced by social workers when clients ask to see their files. Data protection requires that personal data can only be shared with the person to whom it refers. Sharing data about siblings without their consent, for example, would be in breach of the Data Protection Act 1998. Siblings may share the same stories, and their individual stories may be intertwined at times in such a way that to separate them, and treat them as if they are discrete and distinct, may render these stories difficult to fully comprehend. For the purposes of this research I needed consent to use both the stories of the project and consent to use the resulting data extract. After some discussion with the team we decided that consent for the stories should lie with Chloe whilst the individual speakers would keep ownership of, and therefore have to give consent for the use of, their data

extracts. This is the basis on which this, and subsequent chapters, have been written.

Taking a process consent approach involved a degree of calculated risk. Robson (2011) points out that, as annoying or inconvenient as it may be, ethical research must allow participants the right to withdraw consent at any time; and if participants withdraw at a late stage then this can compromise the research design or quality of the data. Crow *et.al.* (2006) lay out the arguments for, and against, the trend towards a more careful and rigorous approach to informed consent. There are concerns that the process of achieving fully informed consent can potentially inhibit the rapport necessary for the collection of authentic data. However, there is a counter-argument that suggests the opposite is true, and that researchers taking this approach must pay more careful attention to the research relationships and this is likely to create more equal and more trusting relationships which in turn will result in better data, since participants will potentially be more open and honest about the aspects of their lives being researched.

Providing participants with full drafts so that they could see how their data were being used was an important aspect of the process consent, since this allowed the participants to be fully informed. However, leaving final consent until this late stage meant that any research participant could request that their data extracts be removed, potentially compromising my ability to finalise the thesis. In addition allowing participants to request clarifications and amendments could have influenced and undermined the integrity of the data analysis. Of the 19 individuals who contributed to research, I used data from conversations with 15 of them. The majority of these (11) did not request any changes and confirmed that they were happy for their data to be used as it was. One person asked that I remove her job title from the data extract to make her less identifiable. Two further individuals

requested that some additional information be included to provide clarification and aid understanding, but they did not request that any data be removed, or ask for any significant amendments that affected the findings in any way. One person chose not to consent to her material being used. In my initial email I had invited participants to contact me to discuss anything they were unhappy about, or where they felt I had misinterpreted them or where my analysis was inaccurate; however in this case the individual did not provide any specific criticism, did not wish to engage in any kind of discussion and requested no further correspondence. I therefore removed all data extracts and identifiers in order to break the link between that individual and the data.

Whilst the participant exercising their right to withdraw from the research was inconvenient, I was fortunate in having a wealth of data from which to draw and so I was able to remove the data extracts and replace them with others from guided conversations with respondents who were happy to remain involved and who had made similar points. In addition, the congruent organisational culture of the FIT meant that the comments made were not reflecting views that were unique and so substituting these data extracts for others from different respondents did not affect the thesis significantly.

Withdrawing consent at such a late stage raised an interesting ethical and methodological issue. The individual had engaged with the guided conversations, I had transcribed these conversations and the data had formed part of the analysis. Whilst removing the material and ensuring that I did not inadvertently create a profile of the 'missing' participant was relatively straightforward, I was still left with the inevitable consequence of 'knowing' that data. It is obviously not possible to become un-informed, and it would have been unethical to pretend that I did not know the content of that data. Had the data been at odds with contributions from

other participants then this might have created an ethical dilemma of continuing to use the product of that individual's data in my analysis, without the supporting data extracts. This calls into question whether there are limitations to consent and whether, once a participant has made a contribution in a qualitative study such as this, if it is ever really possible for them to be fully removed from the research. I am confident that in having removed the individual's data extracts and removed references to them in the text in such a way that their input cannot be identified, I have undertaken what was requested of me and have fulfilled my ethical obligations. However given that the participant was present during some of the stories given as examples, even though the individual is anonymised and only general observations are made, it is possible that the end result might still be something that they would not have consented to had consent for the use of the 'stories' lain with the individuals who were the actors within them, rather than with the project manager. This ethical dilemma notwithstanding, and as frustrating as it was to lose someone's contribution at such a late stage, I was content that it had not significantly impacted on the research and that the value of the process consent approach outweighed any inconvenience I suffered.

#### **4.6 Ethics**

Ethical considerations were integral to the design of the research and were a primary consideration of the research contract described above. McNeill and Chapman (2005), in their discussion of the question of ethics in ethnographic research, observe that the close proximity of the researcher to her research subjects makes the adoption of an ethical code that respects the subjects of paramount importance. I was guided in consideration of research ethics by the British Sociological Association's *Statement of Ethical Practice* (2002) and was bound by the normal ethical requirements of PhD research, including seeking and



gaining ethical approval from the School of Social Science Research Ethics Committee at Cardiff University (see Appendix D).

One of the most important aspects of any research is managing the risk of harm to participants (McAuley, 2003). Hammersley and Atkinson (2007) point out that ethnographic approaches have the particular capacity to create tension and conflict. Lauder (2003) agrees, suggesting that ethnography is fraught with ethical challenges with regard to informed consent and privacy. Informed consent has been dealt with above; however, issues of confidentiality and privacy are relevant here. The research setting and research participants have been anonymised as far as possible. However, the project model is relatively unusual and so it is not inconceivable that my descriptions may be recognisable to those very familiar with the sector. In addition, in a small research setting with relatively few roles, I was aware that research participants would, irrespective of the use of pseudonyms, know who was being referred to. It was important, therefore, that I was careful in the handling of the stories I was telling to ensure that risk to individuals was minimised prior to chapters being shared with the team. This was one of the primary responsibilities I shared with Ruth and Chloe and was the main reason that minor changes were made to the text.

One of the primary ethical considerations I encountered during the research was being clear about my role as a researcher. As a qualified and experienced social worker I was aware that I could have presented as authoritative in a professional, social work role. With the new staff who were coming into the research setting after the research had begun I was already something of a 'fixture' in the project. In addition, the guided conversations were reflexive in nature and invited participants to reflect on their practice and identify challenges they were facing. Unless I was very careful, staff could have been tempted to see me in a quasi-supervisory role

and to seek guidance and professional support in relation to casework. In addition to being risky (giving inaccurate, inappropriate or incorrect advice outside of formal structures of clinical supervision or professional indemnity), this could also have acted to undermine relationships between staff and managers.

There were several occasions when I was asked for my professional 'social work' opinion on cases or where I was invited to engage in discussion from the position of being a social worker. There were three specific types of occasion where this happened: team meetings where cases were being discussed, the therapy team and in general conversation in the office. Although not working in the setting as a social care practitioner, as a registered social worker I am bound by the Code of Practice for Social Care Workers.<sup>15</sup> In team meetings the situation was relatively straightforward; I never offered an opinion unless invited and I never gave advice about practice, although had I had any concerns about safeguarding I would have expressed these as required under the code of practice. As a researcher and an experienced social worker I felt it would have been a conceit to deny my professional expertise and potentially insulting to refuse it when it was asked for. However, there were risks in this and so I tried where possible to avoid it. When it felt unavoidable I always made it clear that I was giving advice as a fellow social worker, not as a researcher, and that this very exchange would be a recordable component of the research process.

There were two occasions when my professional opinion was invited in team meetings. In the first, Sophie (also a registered social worker) had expressed safeguarding concerns about a child and invited me to support her views. On the second occasion I was asked my opinion about whether a particular case met the threshold for statutory intervention (not safeguarding) and I confirmed that, from the

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<sup>15</sup> Replaced in June 2015 by the Code of Professional Practice for Social Care

information given, it did, but that the local social work team may well have a different view. There was always a manager present during team meetings who was accountable for decisions being made. On both occasions the managers present indicated that they were happy for me to express a view; my input was uncontentious and was not intended to change the outcome of the discussion. It was for these reasons I felt comfortable contributing an opinion. Similarly, on one occasion when I observed a therapy session, one of the therapists present was a manager as well as a registered social worker. The therapy team used a model of practice where the therapy session would be observed by other therapists through a one-way mirror. This 'reflecting' team would provide additional insight into the therapeutic session, giving their own observations and reflections on the sessions. I observed a session with a parent who was struggling to build a relationship with her daughter who was the subject of a full care-order as the result of neglect. During the session the mother stated, 'I was a good mother' and the therapist replied, 'Yes, you were a good mother, you *were* a good mother'. After the session I was invited to become part of the 'reflecting team', a role I did not feel equipped to fill since I am not a therapist. However, since the parent was not part of this and I was interested in studying the reflective practice, I consented to participate. I asked the therapist why she had said that, because it had not felt congruent to me. The therapist agreed and said that she had been aware of that at the point at which she had said it and suggested that what she should have said, and what she had meant, was that the mother had been the best parent she had been able to be at that point. My contribution was not intended to provide feedback to the therapist and was not received as such. In addition, given that it was offered after the session had ended I was aware that any question I asked could not have any direct impact on the therapeutic session.

The occasions I had to exercise most care over my input were those when managers were not present, such as during informal conversations in the office. There were a number of occasions when less experienced FSPs sought my professional advice. This was done in two different ways: as general feedback and reinforcement and for specific, professional advice. An instance of the former, for example, was an occasion when one of the FSPs had returned from a visit and wanted to talk about what had occurred. I listened and asked questions about the visit, such as why she had chosen a particular methodology and what purpose did she think the tool had served. She asked what I thought about the session. This FSP was new in post at the time and I felt I was being invited to reassure her. I responded by expressing interest and photographing the tools she had used and inviting her own reflection on the session and what she felt had been achieved. I was very careful not to present my interest as being 'supervisory' in any way and reminded her of Ruth's role as her line manager and the role of supervision in developing her practice.

On a number of occasions I was invited to provide a professional social work view. For example, Sophie returned from a visit and asked me what I thought she should do. I directed her immediately to one of the managers. After Sophie had spoken to the manager, the manager came and spoke to me about the case, asking whether I thought that she had missed anything. As I always did, I reaffirmed my role as a researcher, but then also gave my opinion as a fellow social worker (and not as a researcher). My social work view was in accordance with the manager's. I am uncertain if I would have been as comfortable in expressing it had I disagreed with her position; however, I doubt it would have prevented me from sharing it and this might have had an impact on the research relationship. The manager concerned, also a social worker, was seeking my opinion as a fellow social worker in order to check that there was nothing she had missed; in this situation it would have been

disingenuous, and unethical, to have refused to share my views. However, it was important that the FSPs, especially those who were less experienced or not social work qualified, did not see me as a substitute manager and I was very careful to make sure that this did not happen.

In order to ensure my research practice remained ethical I had to be aware of the potential for harm that behaving as a social worker rather than as a researcher could do. I used the formal research reviews to discuss with Ruth and with Chloe any concerns I had about any ethical issues in the research. This was an important part of keeping my research ethical and safe, especially as I became more immersed within the team. Towards the end of the research in one of my final conversations with Chloe, I invited her to reflect on this:

*I think it probably was harder once you were right in there, not to overstep the mark; because you became almost part of the team. ... But you did keep it [the boundary] clear. And that was clear to me, and it was also clear at times that was quite difficult .... Yes, I think you did it, but I think there is a very fine line between doing what you did and tipping over that line and doing something that is not ethically correct. (Chloe)*

The final ethical consideration was that of ending the research. McNeill and Chapman (2005) point out that there are a range of ethical issues here and suggest that an exit strategy should form part of the research design. Brewer (2003) argues that withdrawal from a group should be gradual in order to avoid distress to informants. In my case all the research participants were professionals, I had been careful to avoid creating any dependency and participants were clear about when I was leaving the field. In addition, my withdrawal from the field was graduated over a period as my time in the project reduced from regular attendance during the main

period of field work, to monthly attendance at team meetings during the data analysis, and then to more infrequent visits to feedback draft chapters.

#### **4.7 Reflexivity**

As D'Cruz *et al.*, (2007) note, personal experience frequently impacts on research, giving the researcher a particular interest and, therefore, perspective on the research they are undertaking. Delamont (2002) stresses reflexivity as fundamental to issues of reliability and validity. As with many terms in the social sciences the definition of reflexivity is contested. It is sometimes used interchangeably with 'reflection'; however it is more than critical reflection. Ferguson (2003), drawing on Beck's theory of a risk society, sees reflexivity as a competency, defining it as 'the ability to act in the world and to critically reflect on our actions and in ways that may reconstitute how we act and even reshape the very nature of identity itself.' (p.199). According to Beck (1992) reflexivity requires active engagement, what Elliot (2006) calls 'reflexive scanning', through monitoring of and reflection on psychological and social information, of the opportunities around us so that we can shape our futures. From this perspective reflexivity is seen as a tool that enables individuals to engage their tacit knowledge and self-understanding to exercise choice.

Throughout the course of the fieldwork I met bi-monthly with Chloe and Ruth. These formal research reviews became an important part of the reflexive process in this study. Denzin and Lincoln (2005) emphasise the importance of a reflexive dialogue between a researcher's own knowledge(s) and the phenomena they 'seek out' to 'explain' or describe. The research reviews provided structured opportunities for me to engage in a reflexive dialogue, exploring, questioning and challenging my assumptions about my theoretical framework and methodology. Research reviews differed from academic supervision in that they were focused on the process rather

than the academic nature of the research. The collaborative nature of the research facilitated the reflexive process. As Webb (2006) states:

The reflexive process is inter-subjective in the sense that individuals monitor their own, and others' behaviour, not as isolated acts but as instances of shared understanding of how to make sense of a complex life. Their monitoring is not just a passive check but is strategic, allowing them to order the rules of interaction and challenge them in doing so. (p.36)

In this context, the research reviews became such instances. Chloe, Ruth and I explored the research process, the data gathered and the early findings to co-create meaning. That the practitioners in this setting were reflective (thoughtful and critical about their own practice) was helpful but the reflexivity of the research reviews allowed for an altogether different kind of engagement that enabled issues such as the ethics of the research boundaries, for example, to be explored. Coming to this research as a social worker meant that I brought with me my own preconceptions, experiences and assumptions which influenced the shape and direction of the research and my understanding of the phenomena I observed. Being reflexive required challenging and justifying the choices and decisions taken through the research, especially where my personal history and biases might influence the analytic process (Taylor and White, 2000).

#### **4.8 Data analysis**

As noted above, data were collected through observation, note taking and recording of guided conversations. Observations were recorded in a research diary which also contained my thoughts and more detailed reflections after each day in the field. Because I had so many taped conversations (79) I initially anticipated doing general transcriptions to save time. However, I found that I needed to do verbatim

transcriptions in order to avoid sifting out potentially significant data too early. Such a wealth of data could have made it difficult to make sense of what had been collected. Listening to the conversations whilst I was transcribing helped me familiarise myself with the data, some of which had been collected many months previously, and get a sense of the whole of the data. Pseudonyms were used throughout the transcripts.

After an initial trial that was unproductive, I chose not to use a CADAQ software package to facilitate data analysis. I acknowledge that the use of such software in qualitative analysis has significant merit and, possibly with more expertise than I possess, I might have found it more useful than I did. However, as Lee and Fielding (1995) point out, software packages do not make analysis of qualitative data more rigorous, nor the claims of qualitative research more valid. Computer analysis does not fundamentally change the role of the researcher in the analytic process. After a number of days using NVivo I began to feel that I was becoming lost in the exercise of data entry and the process of data analysis was feeling mechanistic and uncritical (Coffey, Holbrook and Atkinson, 1996). I therefore abandoned it for a manual model (see over) which allowed me to code my data according to themes and categories in a way that felt more productive and suited my purposes.

Maxwell (2005) states that, for the purposes of analysis, data should be organised into what he calls 'organisational', 'substantive' and 'theoretical' categories. Organisational categories are the broad areas, or observations, that are identified. Substantive categories are descriptive of participants' concepts and beliefs and may be, but are not necessarily, emic categories. Theoretical categories place data into an abstract or general framework, usually representing the researcher's rather than the participants' concepts. My coding frame loosely used these categories with organisational themes being collected in the third column (headed Sub-theme), the



Respondent's name & recording identity number for identification		The complexity idea associated with the data extract		Hyperlinks to memos & notes	Additional comments/thoughts that occurred to me whilst reading the transcripts
711 0018 Sue					
LN#	Complexity theme	Sub Theme	Comments	Data Extract	
92-93	Connectivity and interdependence	Team story Leadership	Respectful, not cliquy or gossipy	in other projects I've been there can be a culture of people talking a lot about other people behind their backs it feels quite ethical here	
113-118	Exploration of the space of possibilities		Safe Uncertainty, creativity  Difference from the way other teams work  <a href="#">Change\anti fragility.docx</a>  	curiosity generates ideas and opens it up a bit I think rather than it being kind of fixed and very linear. It's much more open I think. It doesn't generate that awful fix it free-for-all that I've seen in other places. I think it's more difficult to ask if you're asking for a fix it, it's also unsatisfactory because sometimes you get an answer that you think [pauses] it puts you in a position of being able to say 'yes, but', whereas when they are just ideas, you can hold many ideas can't you	
126-127	Far from equilibrium		State social work, when pushed far from equilibrium state social work attempts to regain control <a href="#">diag.docx</a>	when you're under pressure often rigidity is a way a system responds.	
129-132	Exploration of the space of possibilities co-evolution	Standpoint	Doing the 'right thing' Engaging with the standpoint of the family holding off from knowing too quickly adapting to being useful to the family in a way that suits them, family at the centre, rather than needs at the centre. Strengths-based model	there have been many times in our working life where we have to go away and do 'this' [meaning a specific task], there are systems that we have to attend to aren't there? But there are many more moments where you go away and think, what can you do that is most useful for a family? and you fit it with your own style of working	
138-141	Connectivity co-evolution Emergence	Relational practice	The person as the resource, not the tool as the resource, somewhat undermines the usefulness of toolkits'???' The difference that makes a difference Confidence in the model (systemic) rather than the 'solution' lying in any one tool or 'thing' that is done	How you use yourself in your practice is consistently the part that families find really useful, the relationship is what seems to make the difference for people rather than the specific tool and the belief in your own model or belief in what you're doing is often seen to be the change that makes a change	
227-228	Exploration of the space of possibilities	Change theory Co-evolution Emergence and self-organisation	Keeping things in the space of possibilities, or holding uncertainty, as they might call it in the project, this is in relation to the team as the team was changing and her approach to the change that had happened and were about to happen	If you don't ever see something as fixed in the first place then it is much easier to accept the change, and I've kind of tried to roll with it.	
186-190		Targets and	Impact of cuts, more with less, managing targets	they have almost doubled some of the targets but	
The line number of the data extract so that the original can be easily located should it be required		Other ideas identified within the data		Preliminary codes, colour coded	Verbatim data extracts taken from the transcripts

The line number of the data extract so that the original can be easily located should it be required

Other ideas identified within the data

Preliminary codes, colour coded

Verbatim data extracts taken from the transcripts

substantive categories being collected via colour coding in the fourth and fifth columns (headed Comments and Data Extracts) and the theoretical categories being collected largely in the second column (headed Complexity theme). Column four allowed collection of 'etic' categories. This column also enabled an element of triangulation since it was here that I incorporated notes and observations from the participant observation and my fieldwork diaries where they were relevant which enabled iterative analysis across different these data sources. Column five allowed collection of 'emic' categories; the colour coding allowed these to be linked.

The conversations were analysed in date order which allowed the emergence of themes over time. Each transcript was given an identity code and each line of the transcript was numbered allowing me to note the exact location of every data extract. Using my own coding frame also enabled me to hyperlink to other documents, scribbles, drawings, memo notes and diagrams for easy retrieval. Research notes, observations and research diaries were analysed concurrently and included where relevant, into the coding frame.

Although I was interested in ideas from complexity thinking I held these lightly, being open to the emergence of other ideas alongside these. My intention was not to impose a 'top-down' analysis driven by theory, but rather to create findings that would be data-driven using an inductive approach. Sense was made of the data by repeated reading of the transcripts and the use of a number of data analysis techniques (Coffey and Atkinson, 1996). I interrogated the data questioning how I was interpreting and representing the stories I was being told. The data were analysed sequentially; I took each transcript in turn, reading it with reference to my fieldwork notes. The coding frame I created enabled me to identify the broad patterns and themes (organisational categories) as well as the substantive and theoretical categories. Each transcript was read through numerous times and, as

data extracts were pulled into the coding frame, additional notes and observations were added. Once all the transcripts had been coded I then searched for patterns. The colour coding was useful for a number of reasons; it allowed me to very quickly identify the topics most frequently referenced and it enabled me to see, and then link, ideas across columns and locate the same theme across different conversations. Reflexivity was maintained throughout the data analysis process to help build rigour into the analysis.

Given my interest in the language used by participants and the research methods used, consideration was given to use of discourse or narrative analysis. As Hall and White (2005) state, 'how we speak and write has a major effect on how we construct our personal and social worlds' (p.381). Stubbs (1983) defines discourse analysis as the analysis of text and language; more specifically the organisation of language especially the interaction or dialogue between speakers. Hall and White (2005) also point out that discourse analysis has a performative orientation in that people 'do' things with language and speaking and listening, or reading and writing that are more than merely passing information. Language is a critical aspect of how we construct our personal and social worlds. Narrative enquiry, according to Chase (2005), is retrospective meaning-making based around an interest in the biographical particulars as narrated by the individuals who are living those narratives. Denzin and Lincoln (2005) point out that narratives are socially situated performances and ways of acting in and making sense of the world. Accordingly, narrative analysis can offer a voice to people, and for the socially marginalised it can have a role in terms of social justice and in advancing social change. However as Reissman and Quinney (2005) warn, not all communication is narrative. Whilst numerous stories were told through the course of the research, especially in relation to the difficulties experienced within the project immediately prior to the start of the research, and by Sophie about her recent experiences in statutory social work,

given the focus of my research, neither narrative analysis nor discourse analysis were an appropriate fit for understanding my data and whether they revealed the application of complexity thinking.

This was because my approach was to inductively seek the presence of complexity thinking in their accounts and interactions rather than explore their narratives in order to detect their motivations and meanings in relation to some specific event, activity or encounter at hand. Thus, the focus was not on the mundane sense-making activity within occupational talk but the ways in which talk can be interpreted as demonstrating complexity thinking and ideas. In order to detect if my interpretations made sense at a more abstract level I shared the thematic analysis with the research participants and incorporated their feedback into that analysis. This was done in two ways. Ruth and Chloe were provided with draft chapters together with notes highlighting key areas. I then met with them to go through each chapter, page by page, responding to challenges, answering queries, adding in relevant points that had been missed and clarifying issues. Chloe and Ruth used these opportunities fully and, although many points were clarified, and a few added, they did not ask for the removal of any data. Revised drafts were then provided and agreed.<sup>16</sup> Once drafts had been agreed summaries of each chapter were produced and shared with all members of the team.<sup>17</sup> These were then followed up approximately one week later with a presentation and the opportunity for team members to seek clarification, ask questions, challenge findings and share their thoughts and ideas. These were incorporated into the data analysis and provided a vital check on the accuracy of my analysis.

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<sup>16</sup> This was in line with the research contract and the agreement about consent giving the project manager the authority to give consent for the use of the research stories.

<sup>17</sup> All participants had access to complete chapters at any stage. However, given how busy team members were and the length of the chapters, it was anticipated that few would have the time, or inclination, to read them. Therefore chapter summaries were produced as a way of ensuring that participants had, at least, an overview of the main themes and arguments contained in each chapter.

## **4.9 Summary**

As noted in Chapter 3, there is relatively limited literature exploring the implications of using complexity thinking for research methodology. Hetherington (2013) suggests that this may be, in part, due to the fact that complexity thinking is not a unified discipline and, therefore, there can be no single methodological approach to exploring complexity. Complexity thinking challenges linear methodologies and views of causality and demands that phenomena be viewed holistically, with a focus on interaction and contextual approaches. The research process and production of knowledge, therefore, needs to be congruent with this underlying philosophy and method. Based on her own research into the potential of complexity theory for educational research, Hetherington (2013) states that a complexity-informed methodology must provide a clear link between the methods and data and the complexity theoretical perspective informing the work. As I have described the various methods used in this research I have sought to show how these have drawn upon, or relate to, the principles of complexity theory. My intention has been to show how the lens of complexity thinking has informed the methodological challenges presented by the research.

This chapter introduced the research setting, describing the local environment and the challenges faced by a local population struggling with multiple deprivations. The purpose and delivery model of the service was described and the early intervention model explained. The prior evidence base for the project's positive impact has been outlined, and provided the basis on which I held the assumption, through the course of the research, that the project was effective; albeit my own study intended no evaluation of this evidence or the service. The theoretical models, systems theory and attachment theory, which underpin practice in the project, have been explained.

The chapter moved on to present the epistemology and methodology. The research approaches used: ethnography and participant observation, were described and justified within a complexity thinking paradigm. The use of the term 'guided conversation', the key method of data collection, was explained and justified and a description of how these conversations were undertaken was given. I then described how access to the research setting was negotiated, including how the research contract was used as a tool to build trust and develop rapport. The challenges faced in the early stages of the fieldwork, and how these were resolved, were set out. A discussion on consent and why a process consent model was the most appropriate and ethical for this research was presented followed by a description of the other ethical issues that arose during the project and how these were addressed. The importance of a reflexive approach was addressed and the ways in which this was achieved were described. Finally, the method of data analysis was explained and the data analysis framework used was presented.

It was important that the methodology used was congruent with a complexity thinking paradigm. Given the limited research in social work using complexity thinking as a practical model there were some methodological findings from this research, which are presented in the following chapter, before the thesis moves on to address the substantive findings of the research.

## **Chapter 5 – First impressions: conversations in the field**

### **5.1 Introduction**

This chapter presents preliminary findings in brief, describing the outcomes that emerged from the methodology and providing a basis for moving into the subsequent detailed findings chapters on change and risk. The chapter starts with a description of the first few weeks of fieldwork, outlining the challenges of participant observation (PO), reflecting on how these were resolved and making the links with complexity thinking. Observations are noted in relation to differences in practice between my experience of the FIT and previous experiences in statutory social work. The chapter then moves on to describe the three of the four overlapping phases of the guided conversations undertaken and how these enabled the progress of the research, impacted relationships with team members, some of the challenges this presented and how these were addressed.

### **5.2 Entering the field**

During the first three weeks of my fieldwork I spent my time sitting in on any team meetings that were taking place, occupying any desk that was spare and trying not to get in the way too much. The team had met me at a meeting about five weeks earlier and some of them had expressed a considerable level of disagreement with the idea that they were engaged in social work with families where there was, in some cases, evidence of early neglect.

It was a busy team; all FSPs had full caseloads and, whilst they were, to varying degrees, interested in me and what I was doing, there was a level of observable

unease, with conversations stopping as I came into rooms and surreptitious glances cast in my direction when FSPs were concerned that I was 'listening in' to their conversations. I resolved my initial discomfort by endeavouring to be useful. I made cups of tea, took letters to the post-box in the town, took, and typed up the minutes of the team meetings and generally attempted to present myself as helpful and not too much of a nuisance. I happily offered to vacate the office if people needed to have confidential conversations. I responded to any questions but kept quiet whilst people were trying to work. In my final conversation with Chloe she reflected on this period, noting the part this had played in building trust:

*I was just thinking; when we were up to our eyeballs and you would say something like, 'Can I do that?' or 'I'll do that', and that was really, really welcomed and we were grateful for that. We might not have said it, but we were. (Chloe)*

My fieldwork diary captures the difference between being a new starter in a job and being a new researcher in the field. I wrote;

*I don't feel like the incompetent newbie, I feel like the stranger in the midst. Not unwelcome at all, but people (including me) are uncertain about what my role is and there is wariness about what I am doing. People are friendly but guarded – to varying degrees. (Fieldwork notes – 26/09/13)*

As Pithouse (1998) states, 'all acts of participant observation produce reactive effects on those observed and the observer' (p.30). In complexity terms this might be understood to refer to the ideas of connectivity and interdependence which describe how individuals within a system are connected to each other and how systems themselves are connected. As one system evolves, changes are effected on connected systems. The FIT was one system, the research another; each connected to other, interrelated, systems (families, other partner agencies, the



University, other researchers). I was adopting an explicitly collaborative approach to my research and anticipated that, even if this had not been the case, my presence in the setting would result in change to a greater or lesser degree, to myself, the research and the members of the team.

The rhythm of the FIT week provided some structure to the participant observation. For example, every Monday morning started with a short 'diary' meeting where team members shared their plans for the week; printouts from the Outlook calendar were then kept in the admin room so that team members could check where people were. Tuesday mornings started with what was called a 'Referrals Meeting' and, while this was the meeting where referrals were reviewed in order to see whether they met the eligibility criteria or not, it met a range of other functions as well, including training, communications from the parent organisation, mid-way and end-case reviews and team issues. My offer to take minutes was normally, if reluctantly and slightly guiltily, accepted. This resistance lay in an expressed concern that taking the minutes was 'not my job'. However, once this hurdle was overcome, this was a task I regularly undertook. It was a particularly useful activity since it allowed me to take copious notes of any observations I had made during the meeting without my writing activity appearing strange or intrusive. FSPs' time was split between working with families or administration, arranging visits or recording. Family work could take place in the building in the family room or the therapy room where work could be filmed or observed through the observation window, in families' own homes, or in school or community venues. I observed sessions both in the building and in families' homes. As Ferguson (2014) reminds us, social work is a mobile profession and practice with children and families is 'intimate practice', being undertaken as it is, in families' most intimate spaces and with practitioners therefore having to use their skills to get close enough to children and their families to enable this to occur. Because much of the work undertaken took place outside the project building, the offices often felt busy

with people coming and going, gathering resources for sessions or de-briefing and reflecting on a session with colleagues. It was extremely rare for all the FSPs to be in the office at one time. This is in contrast to the findings of Broadhurst *et al.* (2010) and the Munro Review (Munro, 2011) that found that social workers were spending a significant amount of their time at their desks completing bureaucratic tasks in order to comply with performance management goals and processes.

I was struck by the difference between the referral meetings in the FIT project and similar team meetings I had observed, or been part of, in other settings, including statutory social work settings. In my field notes I describe the content and process of the meetings and go on to observe:

*In most cases there is only limited discussion, although sometimes an observation might be made. One of the managers, in response to an assessment of a 6-year-old girl, [I give case details here in my notes] commented, 'So maybe there might be some attachment issues there?' Discussion is gentle and quiet; reflective. Not at all like the free-for-all it feels like in statutory social-work, where everyone pitches in with suggestions about what the problem is and what to do about it. (Fieldwork notes – 24/09/13).*

I was similarly struck by the tone used in relation to families and, again, I note the difference between my previous experiences in practice and the FIT team:

*Parents are usually described in positive terms; 'They're a lovely family', 'Julie is a lovely mum'. This feels different to me to how we [in statutory social work] used to talk about families. I think we saw families in terms of problems, rather than as 'lovely' (Fieldwork notes – 24/09/13)*

In addition to these regular meetings there was an expectation that everyone would stop for lunch and would eat together in the meeting room. Research undertaken by

Rees *et al.* (2012) on food in care settings shows the significance of food to the 'doing' and 'displaying' of family. The research illustrated how mealtimes could provide reassuring structure reinforcing a sense of care and sharing; mealtimes were seen to promote sociability, communication and interaction, and it could also be used as an opportunity to monitor family members providing an element of control or surveillance. Craik (1989) (cited in Rees *et al.* 2012, p.107) refers to the kitchen as the 'panopticon of the home'. Sue referred to lunchtime in the FIT as an 'anchor point', indicating that it did indeed provide a structure to the FIT day that was intended to be nurturing as well as providing an opportunity to interact in an informal setting. It would be an exaggeration to suggest that lunchtime in the family room was the 'panopticon' of the FIT; however it undoubtedly also provided an opportunity for managers to check up on team members' general wellbeing.

Whilst staff would occasionally eat at their desks whilst working, this was not encouraged and although lunch breaks were frequently brief, and not everyone would eat at the same time, this provided an important aspect of the daily routine for staff. To reiterate, these meetings and the lunchtime rituals were referred to in a later conversation with Sue as 'anchor points', indicating that the routine was explicitly intended to provide a supportive structure to the team, especially during periods of significant change (this is discussed later – see Chapter 6). These mealtime opportunities also provided me with the opportunity to deepen relationships that I had built up with some team members to build trust with those I had been less successful with.

### **5.3 Guided conversations – background**

In the fourth week of the fieldwork I started to engage the team in the guided conversations described in Chapter 4. The project offices were arranged over the

first and second floor of a Victorian house which had been converted into offices. The first floor held a waiting area with toy boxes and a sofa. There was a small kitchen and a toilet adjacent to the waiting area. A corridor then led to 'the family room' – a room with a large table where team meetings and work with children and families took place - and three offices. One office was occupied by business support staff and contained locked filing cabinets where client records and other confidential data were stored. This office also housed the telephone answerphone and team diary identifying where members of the team were at any given time. The FSP were based in the second office. This office contained desks allocated to specific workers and book cases filled with resources and reference material. Initially desks were positioned facing the wall, but when the officers were rearranged, shortly after the fieldwork began they were rearranged to enable workers to sit facing each other. This was done intentionally by the managers to encourage a more comfortable working environment. FSP were frequently out of the office, since much of the work took place either in schools or in families' own homes. FSPs used the office base as a place to de-brief after visits, to do their case recording on computer and to prepare for sessions. The third office was occupied by the managers and also housed a desk that was used by the psychology student. This office felt more spacious as it had fewer desks and the desks were larger. During the fieldwork I based myself at any available desk or in the 'family room' if none was available.

The second floor held another office, a therapy room with a one-way mirror and, on the other side of the mirror, a large space which was used for groups and which could be partitioned to allow privacy for the therapy team to observe the therapy room. The guided conversations normally took place in the family room or the therapy room, although any empty office was used when these were not available. On a small number of occasions guided conversations also took place in other locations such as a local café and the Family Therapy Institute. Because the team

were extremely busy, guided conversations had to be carefully timetabled and were limited according to how much time the respondent had available and, especially with certain members of the team, were regularly interrupted and sometimes had to be moved from one room to another if the space we were using was needed.

I always opened the guided conversation with a reminder to the participant that the data collected would remain anonymous, that they could withdraw their data if they wished and that they were free to interrupt, object, ask for clarification or end the conversation at any point. I asked for permission to record interviews, explaining that I would be the only person to hear the recordings. There were several occasions when respondents asked that parts of the conversation were not recorded, and there were times when I made the decision myself to turn the tape recorder off due to the sensitive nature of the conversation. There were also times when the conversations became very personal and, if the recording continued, I made it clear at the end of the conversation that those parts of the recording would not be transcribed or used as part of the research.

#### **5.4 Three phases of the guided conversations - phase one**

The guided conversations took place in a series of overlapping phases. As the last of these occurred towards the end of the research, and invited the participants to reflect systematically on the research process, I shall discuss this fourth phase at the end of the thesis.

The timing of the start of the guided conversations was important. Because the research process co-evolved, and I was not using an interview schedule but was expecting respondents to engage with the research process more directly, I felt that I needed to wait for relationships and trust to begin to be built before I began asking

people to set aside time for me. However, starting to spend time with people in a one-to-one setting accelerated the development of trust as well as cementing me in my role as 'researcher'. Reflective conversations were at the heart of the team's practice and so most team members engaged readily and easily with the methodology. Such conversations were routinely observed during the course of the research between team members talking about their work, or during team meetings. The following extract is typical. It was observed in the office after Luke had completed a session with a family. Whilst Luke was aware that I was present in the office, he was not talking to me, nor did he appear to be overly conscious of my presence. Luke was engaged in an informal conversation with Jude after he had returned from a home visit. In this extract, the FSP is describing some of his thinking and reflections on the interaction between a mother (Kyra), her child (Tayleigh) who is resident with her mother (the child's grandmother), and her mother (Sarah).

Luke            *I was thinking about Kyra, and how she seems to get upset when her mum starts to manage Tayleigh better, and I wonder what that [the upset] is about? I wonder whether she feels a failure because Sarah manages Tayleigh better than she feels she does? I wonder whether Kyra feels let down because she feels Sarah is being a better mum to Tayleigh than she [Sarah] was to her [Kyra]? I wonder if Sarah feels her parenting of Tayleigh is different to her parenting of Kyra and why that might be? And I wonder where Tayleigh is in all of this? It feels very highly charged, lots of high emotions. I wonder how she feels?*

Jude            *Hmmmm, that's really interesting, there's some interesting dynamics there.*

Luke            *Yes, in my last session Kyra was talking about her relationship with her mum and we spent a bit of time doing some thinking about how she had felt when she was Tayleigh's age and I was thinking about how Kyra might*

*experience Sarah's parenting of Tayleigh as possibly a betrayal almost. And I was thinking about how Tayleigh might be feeling in the middle of all these warring adults who are responsible for making decisions about her and taking care of her. Kyra is thinking about possibly having Tayleigh back to live with her so we were doing some thinking together about what Kyra thinks she needs to change for that to happen and how Tayleigh might be feeling about that.*

In the above extract Luke was not seeking solutions or ideas from Jude about what might be happening and Jude did not offer any. In this exchange the FSPs were thinking together and tentatively exploring possibilities that could be used as the basis for further exploration with the family in subsequent sessions. It was not the intention of this thesis to explore in any depth the discursive properties of language, however it is interesting to note how Luke's 'wondering' drew on the psychological supervision and systemic training he had received. Spradley (1980) emphasises the importance of not overlooking language differences and Luke's repeated use of the term 'wonder' is an example of what Spradley (1980) calls 'language variations' (p.65). As Floersch (2000) observes, social work case records may write the history of social work practice, but they are limited insofar as they can never represent the totality of practice. Floersch's (2000) analysis of social workers' written and spoken narratives identified that the spoken narrative enables meaningful and powerful aspects of practice to be revealed that are missing in written accounts. In my guided conversations with Luke he spoke about the importance of being uncertain; of 'wondering' and not concluding. This observation of Luke's conversation with another FSP is not included here as evidence of his direct practice but it does show congruence with how he typically spoke about his practice with families.

The next extract is taken from a guided conversation with Chloe at a midpoint in the fieldwork when we were discussing the progress of the research. I had invited Chloe

to reflect on how she felt the team were engaging with the research and responding to having a researcher in their midst. Here Chloe is reflecting on the shift, as she saw it, once the conversations started, and how team members responded:

*I guess, initially, it did feel - not sticky – I mean, you were around – I think it felt like you were a bit of a spare part! It was obvious you were around; you stuck out, for want of a better word! It was very clear that you were in the team; and you were new to the team; and you weren't really fitting in the team. And then, I don't know what happened, but it all started to shift a bit. ... .. you started interviewing people, and I think that's when it began to change. So it didn't feel like you were an add-on to the team, it was a process of you blending in, I think; that's what happened. You kind of like "blended in". So what happened in that bit, where you were beginning to meet with people, is that you gained the trust of people, it wasn't only trust; I think people gained from the experience of talking with you. (Chloe)*

In the initial guided conversations I invited respondents to tell me their personal story of the project; how they had come to be working there, their background, how they experienced it. I started these guided conversations with Chloe, the cluster manager. This provided an institutional context for everyone else's stories in that she gave a detailed chronology of the project from its inception to the current position. Her account also included her strategic decision-making in relation to the inception of the project, the negotiation it had involved and her own personal passion and commitment to the systemic and attachment model of service delivery. Starting with Chloe also gave the research methodology credibility with other team members and helped build the team's trust in me.

The next guided conversation was with Jude (FSP) who had initially been vocal in her rejection of the idea that the team were engaged in social work with families where there was neglect. Jude, who was leaving to take a more senior role in



another organisation, used her initial conversation with me to give an acutely observed description of the recent changes to the team and the impact this had had on her and her decision to move on.

The following week (week five) I undertook guided conversations with Ruth (clinical psychologist) and Luke and Rebecca (FSPs). Gwen (the business manager) and April (the business support officer) were the hardest to get time with.<sup>18</sup> My first guided conversation with April took place in week seven and was interrupted for various reasons (people asking for help or for information) five times, reflecting the pressure that April was under to meet the demands of her role. I was also able to have a guided conversation with Gwen in week seven; up to this point Gwen had been polite but had not really engaged with me or with the research. My research diary notes:

*... she [Gwen] seems a whole lot less interested in the research and me than anyone else in the project. (Fieldwork notes 08/10/13)*

Being relatively new in post, and working only 19 hours a week, meant that Gwen had to be very focused on completing tasks within her allotted time. This left her with limited time to engage in things that were not directly work-related. In this first guided conversation I was very lucky to engage her interest sufficiently so that she felt that the research was worth giving time to. Had I not done so I think it very likely that she would not have agreed to further meetings with me and I would have lost a valuable informant. Guided conversations on their stories in/of the project also took place in week seven with Rebecca, Luke and Sue.

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<sup>18</sup> Guided conversations also took place around this time with a team member who later withdrew consent for her data to be used.

In the run up to Christmas Luke, Rebecca, Alison and Jude were all preparing to move on; Alison to pursue a career in school counselling, Jude to take a management post in a different project, Luke to train as a systemic family therapist and Rebecca to go on maternity leave. Alison left during week nine. Although I made several arrangements to meet with her, and three appointments were agreed, we never managed to meet. Jude left in week 12 and Luke in week 14.

The Christmas period provided a number of other opportunities to build relationships with the team. The FIT ran themed 'family fun days' at Christmas, Easter and during the summer holidays; these were half-day events intended to provide families with the opportunity to engage in activities together and enjoy each other's company. Being involved in the set-up, facilitation and clean-up of the Christmas event enabled the team to see that I was happy to 'muck in' and also provided the opportunity to observe the way in which the whole team collaborated to support the families with whom they worked. As Pithouse (1998) observed in his ethnography of social work, over-rapport with senior members within a setting can hinder access to lower levels of the employment hierarchy. Given my prior relationship with Chloe, and previous role within the borough, this was potentially a risk. However, just as Pithouse (1998) did, I too, came to be seen as a resource, not just in doing minutes, making tea and baking the occasional batch of brownies, but also by providing a useful 'reflecting' space which the participants seemed to value. As Chloe noted:

*I think it was quite therapeutic, actually, to be able to talk – and I can say that from my point of view – but also, I know, from other people's point of view, 'cause they've said to you. ... I've heard them, and they've said to me. So there was - two-pronged, really; it was therapeutic; they felt that they were really listened to. (Chloe)*

One team member was particularly difficult to engage and later withdrew her consent. Reflecting on her reticence to engage, I observed in my fieldwork notes:

*Finally managed to talk to [team member] today. She gave me a very hard time about the whole social work/neglect thing. I tried to reassure her that I wasn't trying to force these definitions on the team and was genuinely interested in her take on these ideas. She seemed very guarded throughout and it was noticeably shorter than any of the other conversations so far. (Fieldwork notes – 20/11/13).*

Sophie joined the team as a FSP in week ten. Unlike all the others up to this point, for Sophie, I was a given part of the structure of the project she was joining, which gave her a different perspective on me and the research. Unlike the others, in whose eyes I was initially something of an interloper, Sophie was newer to the team than I was and so it was much easier to build a relationship of trust with her. This was further facilitated by the fact that Sophie had joined the team from a statutory social work setting and so we had some shared experiences of the challenges of statutory practice. Sophie's early stories focused initially on the stress of working in the statutory sector, her feelings of uncertainty around being new to the team and her apprehension and excitement about a very different way of working.

Not long after I arrived I introduced the FIT to the International Federation of Social Workers' Global Definition of Social Work and used this as the basis for informal conversations about what social work is:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities

and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being. (IFSW, 2014)

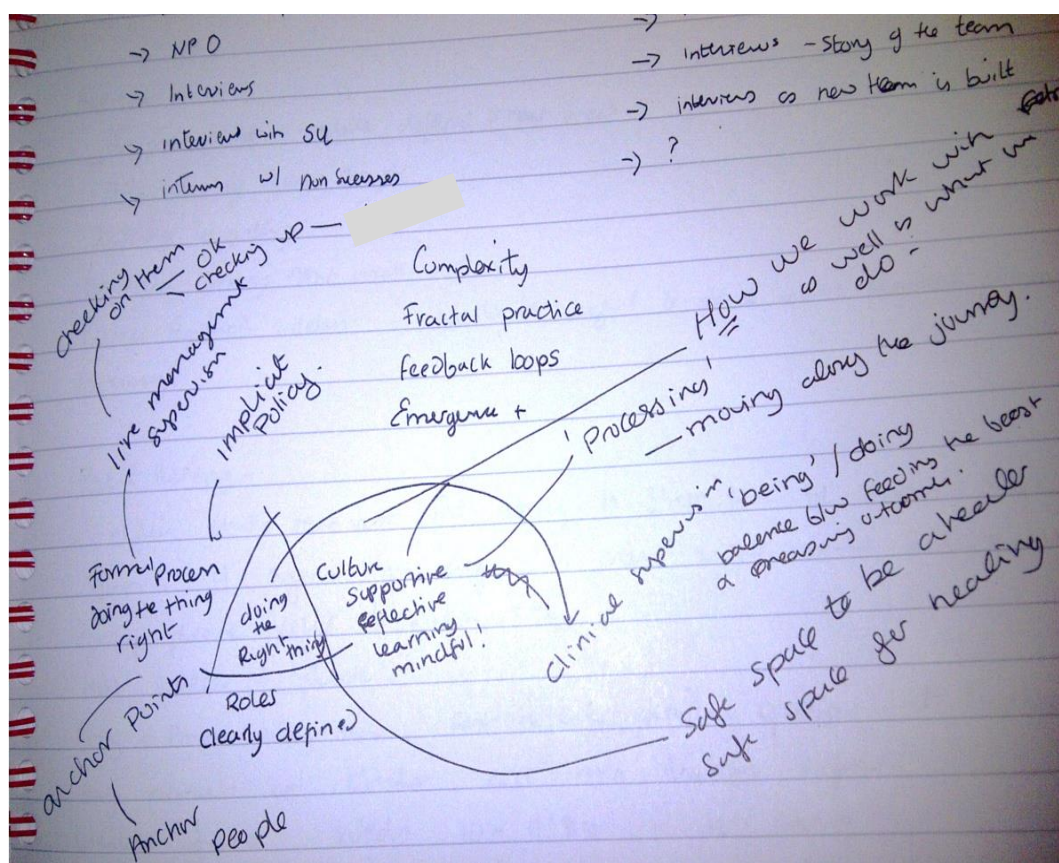
When engaging FSPs with this definition they were in agreement that it did encapsulate what they felt they did. However, this did very little to alleviate their concerns about the use of the term 'social work' and after a while there seemed little to be achieved by pursuing this. Two team members, Alice and Sophie, were registered and qualified social workers, and therefore entitled to call themselves by the protected title 'social worker'. However, they chose not to do so and were aligned with the rest of the FIT in their rejection of the term 'social work' to describe their work. The others, whilst recognising that the work they undertook did fit within the IFSW definition of social work, remained resistant to the notion that what they did was 'social work'. The team felt, and they were very likely correct in this, that the term 'social work' was a barrier to engaging families in the service so it was at best unnecessary and, at worst, actively unhelpful, as a label for their activity. Indeed as Pithouse, *et al.* (2012) argue, although statutory social work's core purpose ostensibly remains focussed on rights-based approaches that protect the vulnerable and place the service user as central to any effective intervention – the ethic of care – there is evidence of, what the authors refer to as:

... a worrying gap between the rhetoric of a humane-orientated project of care and the actionable decision-making of professionals drawing on administrative targeting systems that seek to reduce organisational exposure to error, blame, reputational damage and unwanted external scrutiny.  
(p.159)

It is in part at least, the precariousness of systemic trust that Pithouse, *et al.* (2012) refer to, that has created a situation where the FIT both accept the definition as

being reflective of their practice and yet find the nomenclature inappropriate to them as practioners. Similarly, in their research on UK social work, Wastell *et al.* (2010) show how social workers use their professional language both to sustain their professional identities and resist the bureaucratic imperatives they experience. Here the FIT had their own argot which worked to reinforce their own professional identity and enable them to reject an alternative that they were collectively highly resistant to, that of social worker.

**Figure 4: Emergent understanding of FIT workings**



These early conversations enabled me to build relationships with the team and get an understanding of the history and ecology of the team. It was whilst this phase of the guided conversations was taking place that I produced the diagram above, (see figure 4) which formed the basis of the model used in Chapter 6 and which maps my

emergent understanding of how the team worked. This diagram starts to bring together features of team practice that I felt contributed to its effectiveness and how these related to complexity thinking. I used it and developed it across subsequent conversations with a number of team members. This phase was critical, both in developing relationships of trust and in my initial understanding of the philosophical context of the practice of the team, which formed the next phase.

## **5.5 Three phases of the guided conversations - phase two**

The phases of guided conversations were over-lapping rather than sequential. Conversations in the second phase were focused on the practice of the team and were undertaken between weeks 10 (26/11/13) and 23 (25/03/14).

I invited respondents to talk about their work; they talked about the context of their work, the environment, relationships with other agencies, their theories of practice and how they understood what it was they did, illustrating their talk with stories about families with whom they had worked. Themes of risk and change came up frequently and are discussed in later chapters. Neglectful patterns of parenting were identified over and over again in the families described. In one guided conversation with Jude she described a series of five cases she had worked with. In every single case neglect was featured. In some instances children had previously been removed from the primary care-giver for neglect and placed with a substitute care-giver - the team was providing support for the new family in coping with the aftermath of neglect. In other instances interventions led to referrals to social services for neglect. In most cases, there was early neglect although it was not post-threshold for statutory intervention.

Jude was amused by her inability to come up with a case where neglect had not, to some degree, been present and she reflected on this and the nature of the intervention in neglect cases. She drew the distinction between working with a family because neglect was present - which was not what she felt the team did - and working with a family because they were requesting support and were communicating distress, one of the features of which might be some aspect of neglect. Jude explained this thus:

Jude            *I would say that we don't work on neglect. We do work with it, absolutely ...*

*I think that particular family, if I'd have gone into that family and said, 'Right, we're going to work on the fact that sometimes your kids go to school grubby, your house is a bit of a tip, you're still in your dressing gown and it's 3 o'clock in the afternoon...' - you know, those types of things - I would have been back out of the door again and not got back in. But I think having that recognition and understanding of what contributes to neglect, if you can address that bit, so; Mum's mental health and well-being; Mum and Dad's relationship: a better understanding of her children's needs; the other bit follows through. And actually, when we went for the end review, Mum was dressed, the house was tidy, she was picking things up off the floor, so without ever having a conversation about [neglect]... I'm not saying you would do this in every case... but in this particular case, without having to have that conversation about neglect; about tidying up, it happened... because I worked with the stuff that was kind of causing it, if you like. Because otherwise it's like... I've got an infection, I'm going to take antibiotics - that might clear up the infection, but I don't know what caused it, so it's going to come back again. So yes - when those children were removed<sup>19</sup>, Mum and Dad stayed up all night and cleaned the*

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<sup>19</sup> The children had previously been removed by social services for neglect.

*house, and the kids came back. Now, I'm sure it was in a worse state than it was when we went out for the assessment, but it was still pretty shabby when we went out. So it didn't... that didn't solve anything, other than make Mum hate social services more than she already did. So we do... yeah; we don't work on it, in the sense that we don't work with that terminology, but we certainly work with it.*

Charlotte *And you don't work because of it?*

Jude *No, we wouldn't... no. Well, no, we wouldn't get a referral for a child because of neglect but we would go into a family where there was neglect, but obviously not neglect that had reached a [child protection] threshold...*

Jude also noted the impact of the research I was doing on how members of the team thought about the concept of neglect. She told me that it made FSPs more conscious of, and careful about, their use of language around neglect once the research had started. It made Jude consider what she meant by rejecting the idea that they worked with neglect. This was explored further:

Charlotte *That's interesting, because it strikes me then, that what you are interested in isn't whether it fits the criteria of neglect, although somewhere rattling around in your head there's that stuff about Child Protection Thresholds?*

Jude *Yeah, and we'll throw the word around; 'It's a bit neglecty' It comes out every sort of... 'It's a bit neglecty!'*

Charlotte *I wonder if me being around has changed how you talk about it?*

Jude *(laughs) Yes, It's like, it's Charlotte! Shhh! Don't say the 'N' word, Charlotte's here!*



In the extracts above Jude used an example from her practice to illustrate her argument that the FIT worked 'with' rather than 'on' neglect and explained how families where early neglect was present might be understood as 'neglecty'. As Hammersley and Atkinson (2007) explain, in everyday talk, as in interview situations, and in these guided conversations, people are *performing* social actions. Jude is, for example, offering an explanation for her rejection of the notion that the FIT worked with neglect whilst making a justification for her use of the term "neglecty". The term "neglecty" is an example of the language variation referred to above (Spradley, 1980). Jude was using the everyday language of the FIT which had coevolved within the FIT, being informed by the individuals in the team as well as the systemic training that FSP had received and other dominant influences (such as the psychological language brought by the clinical psychologist). The term "neglecty" is interesting because it illustrates Jude's discomfort with the label 'neglect' whilst still recognising that the technical social work language remained relevant to her and her practice.

In this next extract, a later part of the same guided conversation, I was exploring with Jude the idea that, rather than the FIT assessment being used to identify whether the problems identified met certain criteria, the team were focused on building a relationship with the family, understanding their lives in context and exploring ideas of change. However, FSPs are also bearing in mind the child protection thresholds:

Charlotte      *So there's something about: what is it that creates the conditions that enable the environment where children are exhibiting distress? Not 'does it meet a definitional diagnosis' because what you're actually interested in is 'How do we*

*change these [conditions] in order to achieve this?’ Does that make more sense?*

Jude                *Yeah. Definitely, yeah.*

Charlotte        *So the definition of whether it is or it isn’t is only relevant insofar as it’s become an exclusionary criterion: ‘Is it so worrying that we need to make a referral?’ Other than that, it seems that definitions are kind of irrelevant because you’re not dealing with diagnosing; you’re dealing with what you see the conditions – the environment – as being.*

Jude                *Yeah. Because... and that’s the sticking plaster, isn’t it? We need to get your children back [home], or to not have your children on the Child Protection Register; [so] you need to do this, this, this and this, as opposed to thinking about, ‘Why have those things happened?’ ... It just doesn’t seem to pay attention to how it’s got there, because it’s not like this person got up one morning and their children were neglected! It’s a gradual thing.*

This stage of the guided conversations allowed me to unpick the team’s discomfort with the term neglect. Whilst the FSPs acknowledged their practice did fit within the IFSW’s definition of social work since most were not qualified or registered social workers, and it was not a statutory social work team, they felt that the notion that they were doing social work was largely irrelevant to them. The reluctance to engage with the term ‘neglect’ was slightly different. The FSPs did use the term to describe both poor parenting that was post child protection threshold and parenting that fell within the remit of early intervention (e.g. Jude’s use of the term “neglecty”).

However, although they understood that they needed to be able to recognise when neglect was post-threshold, other than that, the focus of intervention was not problem-saturated (not entrenched in the idea of eradicating problems by focusing on what is wrong with a family). My research diary notes:

*We know what it [neglect] is but we struggle to define it. We know the damage it causes but we struggle to intervene early enough. We know what helps but we struggle to create the conditions that enable effective practice with neglect. If we want to intervene early, because this is most effective, then why is the focus on defining neglect? Surely by the time it fits that definition then it is no longer early intervention. If this team is early intervention, which it is, then how is parenting that is neglectful understood and addressed? Neglect is common in most of the cases discussed by FSPs and in team meetings, but often not directly named. The focus is on the relationships, on the distress being communicated, on the meanings, on triggering human agency, on small change, on difference, not on what's wrong. (Fieldwork notes, 09/12/13).*

This second phase of guided conversations also enabled me to continue building trust, which was of particular importance with the more guarded members of the team. One person refused to talk about any direct case work stating that she was uncomfortable talking about cases, even anonymously, because she did not have clients' permission to share their stories. She continued to challenge me and question why I was researching this team and not a team based in a statutory service. This challenge was helpful for a number of reasons. Firstly it kept me from becoming too subsumed within the team, and reminded me of my 'strangeness'. Secondly, and more importantly, it kept the question of what I was doing, alive in my thoughts and reflections.

## **5.6 Three phases of the guided conversations - phase three**

The third phase of the guided conversations, which took place between approximately week 21 (03/03/14) and week 36 (18/06/14), was slightly more structured in that I had some specific questions rather than just an overarching theme. These questions were intended to engage the respondents in a more focused way in the complexity ideas I was interested in and the extent to which these overlapped and intersected with the systemic principles of the team. Although I had a series of questions, and the questions were numbered (see appendix 2), I did not use it as an interview schedule nor were they asked sequentially or consistently in every conversation. The direction that each conversation took was emergent, dependent upon the respondent and, to some degree, the dynamic created in the guided conversation space.

I had started to transcribe my recordings by this point and so this phase of the guided conversations enabled me to check out whether the things I thought I was seeing were recognised by team members and also to test out some of the themes that were beginning to emerge from the guided conversations that had taken place so far. It also was an opportunity to engage with the team in some reflection on their practice in a more structured way. By this point in the research Jude, Luke, Alison and Rebecca had left and Sophie and Christine had started. During this period a psychology student studying for a Doctorate in Clinical Psychology had undertaken a six month placement and was about to leave and another psychology student was due to start. Gwen was also about to go on maternity leave and so the team was again in a state of churn. The fact that the team regularly offered student placements to the Clinical Psychology doctoral programme meant that the team was familiar with students coming in, being part of the team for a period, and then leaving. From a fieldwork perspective, this was interesting because it meant that it

was not long before I was no longer the person who had most recently come into the research setting. There were strangers who were stranger than I was.

## **5.7 Summary**

It was congruent with the principles of complexity that the research question guiding this study should be emergent. This was particularly important in the research setting, not least because the research participants were highly resistant to the notion that they were undertaking social work with neglectful families. Through the course of the research this resistance dissipated, partly due to the developing relationship between me as the researcher and the research participants and also because I began to see how they understood what it was they were doing. This is discussed in more detail elsewhere but it is significant in terms of the development of the research question. The FIT's focus was on relationships, not on 'the problem' (neglect or any other problem). My framing of the research question in terms of neglect made it difficult for them to engage with me; as Hammersley and Atkinson (2007) note, finding the right research question to ask can be more difficult than answering it.

The initial phase of guided conversations developed my ideas about how organisational culture is created and re-created over time, especially through periods of rapid change, and the degree to which the theoretical underpinning of the team's practice might have also contributed to their resilience in the face of the challenges they faced. The second phase raised questions about team members' practice, especially in relation to early neglect. The team members' narratives brought into the frame questions about change and human agency. As discussed in Chapter 2, neglect is often described as a 'wicked' issue in that the multiplicity of presentations and causes of neglect make it an intractable problem. Those

attempting to effect change are doing 'social work' within a managerialist and risk-saturated environment which encourages a reliance on tools and procedures. The way in which the FIT team was applying complexity thinking appeared to provide a conceptual framework that allowed them to think and work in ways that engaged and empowered families differently in a dynamic process of change. The final phase of the guided conversations enabled me to unpick more explicitly their ideas about theory.

Ultimately, the FIT did not contribute directly to a refining of the research question. Rather, the process of the guided conversations, and the collaborative approach to data analysis, enabled a gradual move towards greater clarity about what it was the research was focused on and what questions it was seeking to answer. The overarching aim of this research was to provide an in-depth understanding of complexity thinking in practice, exploring the perspectives of a team of FSPs undertaking support work with families in a valley community in Wales. As a result of my initial conversations with the participants three sub-questions emerged which helped me orient myself to the practice setting, guide my interactions with, and observations of, the participants and code and interpret my data:

How did complexity thinking inform team members' understanding of their practice and how they worked with families to foster change?

What were the characteristics of the team that impacted on their ability to manage change and turbulence within the team?

In what ways did complexity thinking impact on the team's understanding and management of risk?

The next three chapters will address each of these questions in turn. Chapter 6 will look at how complexity theory informed the participants' work with families and their efforts to foster change. Chapter 7 will look at the 'change' the team itself experienced and how complexity thinking was drawn on by the participants to sustain their practice during a period of considerable turbulence. Finally, Chapter 8 will explore the relationship between complexity and risk, and how this relationship was managed and understood by the team.

## **Chapter 6 - The Family Intervention Team as a complexity approach: creating an environment conducive to effecting change**

### **6.1 Introduction**

This chapter deals with ideas of change. Over the course of the 79 conversations that I engaged practitioners in over the year that I was based in the project, one of the most significant and recurring themes raised was that of change: theories of change, change as a dynamic and relational process, how and why change occurs and the 'difference that makes a difference'.

Change is such a major and recurrent theme that it is dealt with over two chapters. This, the first of these chapters, deals with the underpinning theories of the team that provided the epistemological context for their practice. These include theories of change as well as attachment theory and systems theory. This chapter looks at team members' understanding of their practice, their team identity, and how they see theory translating into practice with families. Chapter 7 goes on to address the story of the FIT project, team relationships, the team as a dynamic concept and the contribution of the team's underpinning theoretical base to their resilience.

### **6.2 Change in social work**

Whilst it seems self-evident to say that change is a fundamental aspect of social work in general and, therefore, at the heart of the practice of the FIT, in statutory social work, and certainly in teams that engage in family support rather than child protection, the language and understanding of what is taking place tends to be around support, assistance and help, rather than change. Horwath (2013) also



notes that the recent focus of attention on improving definition and assessment in neglect has created a situation where practitioners, at times, view assessment as the intervention; and whilst good quality assessment is crucial, this on its own, she points out, will not generate sustained change. Millar and Corby (2006), in their empirical study of 34 sets of parents, identified that in some instances assessment was helpful in enabling parents to understand the need for change, but this was not routinely the case and studies of parents in the US (Sykes, 2011) and Australia (Harris, 2012) found that assessment did not necessarily facilitate change, nor even assess readiness for change.

Chapter 2 described the origins of social work and how it has increasingly been seen as the business of statutory social workers who, due to the political, economic and legislative framework within which they work, and the case management model of modern statutory social work, have become increasingly preoccupied with administrative process, potentially at the expense of relational practice. It has been argued that the current neoliberal/managerialist context has made the tension between social work as social justice and social work as social control increasingly difficult to manage. Lees *et al.* (2012) and others suggest that practice has been forced into a culture driven by contracts and compliance, where statutory social workers spend more time in ritual task accomplishment than working relationally with families in a way that empowers them to effect lasting change. Chapter 2 concluded by suggesting that, in spite of an obsession with identifying and quantifying neglect, definition remains contested and, although there is an emphasis on the importance of evidence-based practice, and consequently we understand much about the nature of effective practice, we struggle to create the conditions that enable it to flourish.

Chapter 3 used ideas from complexity theory to begin to explore social work practice in relation to how and why change occurs. Complexity theory rests on the premise that change is non-linear and more helpfully understood as a series of overlapping relationships creating patterns, rather than a sequential process with a beginning, middle and an end (Byrne, 1997; Johnson, 2009; Wolf-Branigin, 2009; Stevens and Cox, 2008). The chapter argued that human systems, like families, operate as complex webs of interdependencies, with behaviour being determined by repeated patterns of interaction which conform to rules that evolve over time. Since knowing and understanding every aspect is impossible, focusing on relationships and interrelationships can offer some useful information about how interventions can be organised to make them more effective. From the perspective of complexity thinking, it is in these interconnections and interrelationships that transformative potential exists.

### **6.3 The FIT's understanding of change**

The theoretical approaches to change that underpinned the FIT's practice interested me, not least because some of the FSPs had previously worked in statutory social work teams (as I had done), where the need for change in families was taken as self-evident with little thought or reflection. Such change that was required was identified by the practitioner and it was assumed that families would agree to the same goals. Moreover, theories of change were not explored or discussed; ideas of change were typically implicit, rather than being articulated or theory-driven. This is very different to the practice of the FIT which was based on an explicit theoretical view of change.

The FIT's model of change drew heavily on ideas from systems thinking and academics and practitioners such as Nicols (2014) and Mason (1993). Change was

understood as a process within a relationship, not an event or an outcome. In particular, the momentum for change was seen as residing in the hands of the family which was seen to have agency within the relationship, rather than being at the end of a uni-directional intervention in which they merely followed the instructions of an 'expert'. To reiterate, change was understood to be a process that can be made sense of through interaction, moving the practitioner from the position of 'expert' or 'director' to one of participant-observer. Unlike the notion of an independent expert directing the family where the problem is seen to be located, in the FIT the presence of the practitioner was understood to bring difference into the system simply by being there. The social constructionist ontology of the FIT meant that objectivity was not seen as an ideal, nor even as possible. Practitioners were required to be aware of their own beliefs, expectations and perceptions, and were encouraged and expected to continually reflect on how these influenced the families with whom they worked. This is not to say that practitioners within the FIT did not appreciate their own, and others' expertise and did not recognise the power they held in relation to families (see Featherstone, *et al.* 2014). FIT members recognised that they brought expertise into relationships and practice however their orientation was to what Rossiter (2011) calls 'unsettled practice'. That is the understanding that social work is the practice of ethics and is defined by a deliberate intention to identify and engage with the tensions and contradictions that come with working within a professional status with particular knowledge claims. The FIT's discomfort with normative social work and its occupational nomenclature fits with this notion of 'unsettled'. Thus, its service ethos acknowledged the inescapable tension between holding authority whilst accepting the fallibility of a practice that can never adequately capture the singularity of a person and eschewing the fantasy of complete comprehension in respect of a family and its social world.

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The language of change used within the project was rooted a therapeutic language in that practitioners talked, not of single solutions to individual problems (nor indeed of a series of specific solutions to defined problems) but of 'first-order change' and 'second-order change'. Nicols (2014) describes first-order change as that which takes place in one part of the system leaving the system itself essentially unchanged; second-order change is where changes in the structure or functioning of the system take place and are caused by changes in the underlying beliefs or rules governing the system. In other words, first-order change addresses a symptom, and may be short lived; second-order change alters the rules that allow change to be sustained. The concept of second-order change moves away from the systems theory approach of emphasising patterns in families in general to a more ecological model where the difficulties a family is experiencing are seen within the context of the community and wider society.

In an early conversation about the general practice of the team Jude, one of the FSPs, described what she saw as the limitations of much statutory social work intervention which focuses on first-order change:

*So you've got a chaotic family and someone goes in and they pay for a spring clean. The house is clean for a while but it is changes around the periphery, they are not changing the things that will lead to lasting change, and this leads to fragmented service. So somebody will say, now Home-Start you're doing this, you're [another agency] doing this, you're [another agency] doing this, you're [another agency] doing this and actually you don't need all those agencies to be doing, you could have one agency working with the core issues then you might find that actually the family can do it for themselves and home conditions improve as a by-product. ... Maybe [you] would not need all of the services if a project is really working with the core issues that a family is struggling with, maybe with more intensity and over a longer period with families that have struggled generationally. (Jude)*

In a later conversation about her practice with families, Jude explained how she had come into the team with an understanding that her role was to deliver a specific service which would “fix” families. She described how this changed over time to seeing her role as a facilitator. In terms of change theory, her initial approach to addressing the problems presented by a family (or identified by the referrer) was problem-saturated and often pathologising - seeing problems as located ‘within child’ or ‘within family’ (first-order change). Over time, and as a result of the systemic training she received, Jude came to understand her role less as delivering a programme and more as that of collaborator in a change relationship and so engaged in second order change:

*In statutory, that's very much the expectation is 'you'll fix it, that's what you're here for, that's your job.' But just being able to understand that no, my job is to facilitate change. .... I look at the work as more collaborative, and very much guided by the family. (Jude)*

Similarly Sue, the part time systemic parent therapist, compared the practice of the FIT with statutory intervention, identifying statutory services as focusing on first-order change and FIT as focusing on second-order change. In an early conversation, Sue and I spoke about the theoretical underpinning of the team and its approach to change, which is strengths-based, relational and uncertain and how this differed from our experience of statutory social work. She was talking about a specific family she was working with who were also involved with statutory services and I had invited her to reflect on the purpose of intervention:

*And I think it can only come with second order change; are you going to work on everything on a checklist, individually? ... you support a parent; and I think I've worked from the position of first ... that idea of 'OK, it's winter, and the child needs socks now'. Ok, so the parent puts socks on the child; then it comes to spring, the child no longer needs socks on; but the parent's still*

*putting socks on, you know? There is no point in teaching every check on the checklist; you've got to work with a parent around second order change - working to understand what the child's needs are - and because you understand that – having some kind of empathy and relationship with your child – then you are more able to meet their needs. (Sue)*

Sue pointed out that following an instruction was not enough. Although first-order change was necessary in the short term, and achieved the immediate goal identified, it would not, potentially, make any difference to the longer term outcomes. The issue is not that the child is wearing inappropriate clothing but that the parents are unable to identify, adapt and respond to the changing needs of their child. There may be any number of reasons for this: poor attachment; drug and alcohol issues; extreme poverty; depression. The FIT recognised that an understanding of the ecology of the family, as well as the family's own perceptions of the difficulties and solutions, were important features of any change and this would be most effectively achieved through relationship-based work. In my last interview with Jude before she left the team, she talked about the importance of practice that was based on an understanding of clients in the context of their lives, rather than being organised around the issue identified by the referrer:

*I think that puts us in a privileged position of being able to look at these parents, or this family, in a context, and think about their experiences; and I think that helps us to understand a bit better why they're doing what they're doing, or why they are being particularly defensive, or shutting us down, or whatever it is. (Jude)*

The importance of understanding the family ecologically within their specific and wider context is significant in the theoretical approach of the team. Dunk-West and Verity (2013) state that ecological perspectives view human needs and problems as generated by interaction between individuals and the social context within which

they live. This fits the psychological theories brought to the team's practice by Ruth (the psychologist who was based in the FIT), in particular not taking a problem-saturated approach which situates the presenting issues as being 'within child/family'.

### **6.3.1 *Fractal Practice, feedback loops and small change***

The FIT's specific, theoretical understanding of change sat within a social constructionist framework. Second-order change (also known as double-loop learning) refers to the kind of change that occurs when people have shifted their mental models and internal perspectives in such a way that new insights are achieved leading to sustained change. In her work on introducing a complexity-based change process McMillan (2008) advocates second order change and argues that complexity principles can be used to facilitate the change process. One key principle, argues McMillan (2008), is the utilisation of small change; this, she suggests, requires little in terms of resources but is potentially powerful in terms of impact. The notion that small changes have the potential to trigger larger, more transformational change lies in the complexity idea of 'feedback loops'. As described in Chapter 2, a feedback loop is created when an event occurs in an environment to which a system responds, and that response has an effect back on the environment. This effect then forms a new event, to which there is a further response. Positive feedback amplifies or reinforces the impact of an action and drives change. Negative feedback balances or moderates impact, thus maintaining stability. As Stevens and Cox (2008) note, feedback processes are non-linear and, due to the effects of connectivity, time and context, their inputs and outputs are unpredictable. Positive feedback explains why sometimes small changes can have a disproportionate impact in any given situation. FIT team members, coming from a systemic perspective, were aware of the concept of feedback and of its

transformative potential. In an early conversation about the practice of the team, manager Chloe spoke about the value placed on small change as a lever for triggering agency:

*We are very good at engaging. We understand how important it is to engage the family, and that takes time, and that's okay. And we don't look for huge changes; small changes are absolutely fine and we can celebrate them.*  
(Chloe)

Small change was identified as important for a number of different reasons. Ruth, in one of our last conversations, spoke about the importance of families having ownership of the change:

*... that idea of the less we can do, minimal intervention, is the most ethical intervention. So we're not supposed to go in 'all singing and dancing', you know? We need to do the minimum. ... Families need to be able to feel that they have made the changes. Families need to feel that they can own the intervention and they can maintain the intervention after the worker leaves.*  
(Ruth)

The systemic approach of the team enabled them to value small change as a lever for triggering human agency which, observes Stevenson (2007), is sometimes limited in cases of child neglect. Noticing small changes can enable families to feel empowered and engaged; it can make further change feel achievable and the possibility of sustained change more likely. This is particularly important for time-limited interventions like those of the FIT. Because it was seen to respect and promote human agency as the trigger for sustainable change, and potentially for larger changes, small change was seen as ultimately the most ethical.



In the following excerpt, taken from one of my first conversations with Sue, she explains how second-order change must begin with the families because practitioners can never fully understand the complexity and distinctiveness of their lives. Second-order change must work on the ideas, beliefs, and identities of the family members, not simply on their behaviour:

*The project it doesn't focus on individuals in the system, it doesn't focus on the child in a way that excludes the impact of the family relationships and it doesn't focus on the family relationships in a way that excludes the challenges of social deprivation and other pressures within society ... it is so difficult to imagine a lifestyle different to yours that you have grown up in, ... so if you bring that down to, how does a family living in financial poverty imagine living a life where they would be working? The steps to change don't come from somebody [telling you] when you need to apply for this job. They don't come that way - they come from a change in your perception of yourself, [a change] in your agency, I think. ... The woman who came last week said 'I can't change because it's just my personality, I'm just an angry person' and so I said, 'All that is just really interesting. Maybe you can't change but I don't believe that'. You are giving back somebody responsibility. We don't believe that you can't change. It's strengths-based rather than problem-saturated. You are identifying small resources and trying to build on those. (Sue)*

The use of modelling behaviours is both a way of understanding fractal practice and a good example of how feedback is used and understood. Haynes (2003:41) describes fractals as 'units of similarity in organisations'. The idea is that each pattern is an individual entity and the patterns that are created are evident on different scales. For example, uncertainty, and holding off from knowing too soon, was a central idea to the way the team practiced. It was not just part of the way that the practitioners worked with families, it was also how the practitioners worked with each other and how managers worked with practitioners. Whilst the FIT did not use the language of fractals, they did understand how it might apply to their practice in

terms of modelling. I witnessed this on many occasions in the Tuesday morning referral meetings. Here, in addition to new referrals being reviewed against eligibility criteria for acceptance, practitioners presented assessments, mid-way reviews and end-reviews. The purpose of this was to share information and get feedback from the team with regard to progress. At times practitioners might feel 'stuck' with a case and be seeking input and ideas. My experience in social work led me to expect, in this research setting, a supportive, and sometimes raucous, 'we can fix-it free-for-all'. However, in statutory social work practice, asking for assistance can sometimes be seen as placing the worker in a position of unsafe uncertainty as practitioners are typically expected to seek safe certainty; 'not to know' is not something that is acceptable. Sophie, a new FSP, who had recently left a statutory social work post, described how she felt under similar circumstances:

*In social work, I'd be worried that they'd be questioning my practice if I had to ask how to do stuff. (Sophie)*

Referral meetings here, however, were very different. Requests for help were met with curiosity and interest. Solutions were rarely offered and questions were tentative and respectful, allowing the shared exploration-of-the-space-of-possibilities. Again, although the language of complexity (the exploration-of-the-space-of-possibilities) was not used, the idea itself was one with which team members were very familiar. FSP Rebecca described this behaviour and how it was a pattern that repeated itself within the team between practitioners, with managers and also in practice with families:

*We are respectful, non-judgemental, as a team.... The family find solutions and within that, within the team, we do the same things [so] rather than saying, 'I think you should work like this with a family', they'll give you different ideas, if that's what you want, ... I guess it's the same [way] as*

*things are modelled within the team, but also within supervision. We have the same space where you can think about your practice but also to come up with other ideas as well, and that can go into the work that you are doing, if you so wish. I think within the team and team meetings, these are the same things that we model within the team. (Rebecca)*

Modelling was also used as a way of triggering positive feedback loops. The parents stuck rehearsing their own personal tales of woe, too focused on their own trauma and distress to look at the needs of their children, will be familiar to many social workers. Attempts to divert their attention from themselves and onto the areas they needed to address are frequently unsuccessful or un-sustained. The expectations set, which appear to be straightforward and self-evident to the practitioner, may be experienced by the parent as an impossible ask given the situation they feel themselves to be in. This reinforces their sense of helplessness and powerlessness and the negative feedback loop thus created maintains equilibrium and the status quo. Addressing family tension by modelling respectful, reflective, relational, collaborative and uncertain practice, was seen by the team as enabling family members who were feeling defensive and embattled to open up to alternative understandings and actions. The idea and belief was that the sense of agency this can create may enable change in other entirely non-related areas.

#### **6.4 Systemic training**

At the point at which I joined the team all the FSPs were trained in systemic family therapy to intermediate level. Chloe, Sue and the parent therapist were trained to an advanced level. The psychologist was also familiar with these ideas. Newer team members were exposed to systemic principles and ideas through team meetings, supervision and team discussion, and formal training was provided for them towards the end of my fieldwork. This training was provided by the same person (Steve) who

had provided the earlier training and it was developed and delivered in a similar way on both occasions over an extended period of time<sup>20</sup>. Training days took place at the project offices, and the content was co-evolutionary in that the trainer agreed some overall parameters with the project manager but the detailed content of each session was determined by the needs of the team members themselves:

*Chloe and I put together the initial training course before anyone was even here and she said, 'do you think it will work?' and I said, 'I don't know, let's see what happens'. One of the key principles for me was this, I would say to Chloe, 'So you want something specific? ... Why don't you ask them [the practitioners] what they think they need for the job?' and that's how we constructed the training. People came up with ideas and I attached some theories to them. (Steve)*

The training was explicitly designed to model the team's practice. The first training programme was built around a twelve-week model to mirror the family interventions. The second training programme was shorter in duration, but both were built around a relational approach and determined by the team's developing understanding and needs. Chloe described how she wanted the training (both the early training and that provided at the end of the fieldwork period) to incorporate ethics and values.

*... it's about building a team, and building an ethos and values within your team, actually bringing people together where they learn together. (Chloe)*

In my first conversation with the trainer, Steve, early in the fieldwork, he referred to the team as a 'community of practice'. He spoke about how the team had developed over the time he had known them and how he saw systemic ideas being embedded in their practice. He noted how the team's emerging shared language and ideas,

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<sup>20</sup> In the first instance training took place over a period of six months. The training that took place at the end of my field work took place over a two-month period and is on-going.

and the development of a reflexive approach, became central to their ability to adapt practice to meet the needs of families:

*If you could bottle the development of this team it was probably its consistency in thinking and reflecting on its practices and its ability to introduce new ideas and to handle change ... You're going to be more successful - if you are on the edge - if you can tolerate uncertainty, and tolerate being on the edge. (Steve)*

Team members reported that the quality, quantity and style of training made them feel valued, Rebecca said that it had made her feel “*really privileged*” to have had “*all that investment in us as a team*”. Team members recognised the investment made in them and appreciated what training brought to their knowledge and skills as well as a shared epistemology, theoretical underpinning and common language.

Whilst the training involved specific models and working with tools, particularly around externalisation, it was largely non-instrumental in that it encouraged the practitioners to reflect, think about and create a toolkit for themselves rather than providing a ready-made resource. Both the trainer and the participants described the training as being determined by the dynamic needs of the team, reflecting their changing knowledge and skills. At the end of my fieldwork I attended the training in systemic practice provided to upskill new team members. The training was open to all team members irrespective of their role.<sup>21</sup> Rather than teaching the practitioners ‘how to do’ practice, the trainer was explicit that the approach was about ways of making meaning with families in a way that opened up communication and, therefore, possibilities for change. In my conversations with Steve, and in my participation in the training, he emphasised the importance of the team’s role not

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<sup>21</sup>Including the business manager, trainee psychologist, volunteers and existing systemically trained and qualified staff.

being to provide solutions to people's problems but rather as that of co-investigators alongside the families for the 12-weeks of intervention. He argued that this enabled the FIT to provide a relational, non-stigmatising resource that was led by the needs of those using it rather than being determined by the service provider.

*If we stick label on people then we will close the door on other people - they will see the label and think 'This is not for me'. If you are saying, 'What makes it effective? How was it effective?' then I would say complexity, it values complexity, complexity makes it effective. And de-pathologising lots of things. ... What's privileged for me is the practice that is privileged, the doing of relationships is privileged ... (Steve)*

In line with the trainer's understanding of the focus and expectations created by the training, the team approached problems as a 'system' rather than pathologising the individual. The following two excerpts were taken from conversations with Rebecca and Ruth about their practice. In the first, Rebecca describes her own practice with families as not being located in the practitioner but within the family. In the excerpt that follows, Ruth explains how a non-pathologising approach is taken, focusing on strengths-based, client-directed work.

*We are looking to help families to find solutions for themselves ... [the training] built on our understanding of systemic working and that's become very much part of how we work and understanding within the team. (Rebecca)*

*Frequently referrals come to us stating that a child has got behavioural problems. Language is very important and that sounds as if the behavioural problems belong to the child or are "within child". Therefore one logical consequence would be that parents may think we would work with the child to "fix" or "treat this". In our team, we take a psychological model and would be thinking, what is the meaning of the child's behaviour? The child is showing their distress through the way they are acting, and depending on*

*factors such as the child's temperament, relationship with parents and others, context in which they live, they will have learned certain ways of showing, or sometimes disguising their distress. We would therefore involve parents (as adults with more power than a child to change) to work with us and the child in making changes. Coproduction means that we are not expecting families to be passive recipients of help; we are expecting to work with them enabling/facilitating them to make changes they want to make. For some families, this is very different from the support they have previously received and therefore can need some explaining. (Ruth)*

In a much later conversation, towards the middle of the fieldwork and not long before she left the team, Rebecca spoke of her observations of the team's practice. She observed that:

*... this [systemic thinking] has become kind of who we are, part of who we are and the way that we work. (Rebecca)*

#### **6.4.1 Common language**

Friedman (2005) states people who work together need a common language in order to be successful. The FIT's shared theoretical framework facilitated communication and understanding within the team, giving them both a shared way of seeing the world and a common language to describe it. In an early conversation with Sue she commented on how useful this was:

*... everybody's got the same ... theoretical background ... if you work from different modalities I think you could say something, and people would think, 'What?'. There is a shorthand here, a shared common language which makes it easy, really, for work, I think. (Sue)*

As new members came into the team they were introduced to these ideas and concepts through tacit and explicit methods of transmission. I observed numerous team meetings, as well as one supervision session, and was interested to note how ideas were interwoven with case reflection. Practitioners were invited to challenge and question ideas they did not understand and peer-to-peer learning was formally encouraged by using more experienced team members to mentor new recruits. Team members shadowed each other on visits regularly and the system of having a double-handed approach to assessment and mid-way review was also critical in communicating ideas, sharing knowledge, and teaching both formal theories and the more tacit social norms of team practice.

Although occupational talk was not chosen to be a topic of significant analysis in this thesis it is worth noting that as well as team-talk and common language creating a common sense of identity and the performance of team, this can also have an adverse impact on external communication. As Dingwall (1977) states, the concept of 'profession' has become organised by 'attempts to legislate its meaning rather than examine its use' (p.372). Taking an anthropological approach to a study of health visitors as a 'tribe', Dingwall (1977) looked at their own identification of themselves according to the features which they identified as justifying their occupation as a profession. One of these features was their relationship to other occupations. In Dingwall's study, he identified that part of the way in which health visitors defined themselves as a separate tribe was through the mechanism of telling 'atrocious stories' (Stimson and Webb, 1975 cited in Dingwall, 1977). The term 'atrocious' is not meant to imply that the story itself is one of disaster, merely that it is a dramatic account transforming a story into a moral tale inviting the listener to make a moral judgement about the worth of the teller and the failings of the other characters. Stimson and Webb define atrocious stories as dramatic devices whereby patients trade on a shared knowledge to retrospectively interpret their encounters



with the medical profession, negotiate norms for behaviour and redress the imbalance in the doctor patient relationship by voicing complaints through the telling of stories where the patient is positioned as hero and the doctor as villain. Dingwall (1977) extrapolates this idea to the professional relationships that he saw between health visitors and their professional colleagues, such as social workers, nurses and 'subordinates'. The stories he observed health visitors telling were less accounts of 'fact' than they were elements of an oral culture within the group that epitomised aspects of their culture and potentially played a role in transmitting the group culture to newcomers. Similarly, part of the way in which the FIT identified themselves was in relationship to other occupations, principally psychiatrists and social workers. Although the FIT held as a moral position the importance of being respectful towards other professionals, there was evidence of the telling of 'atrocities' stories in the colleague group (see p.139).

White and Featherstone's (2005) paper which reflects on the findings of an ethnographic study of inter-professional communication and social relations following service co-location emphasises the importance not only of considering how people think about communication, developing what they refer to as a 'communication mindset' (p.215) but also the moral dimension of talk and how they use talk to construct their own, and others', professional identities. For example, White and Featherstone (2005) argue that professionals make judgements about how and when to act not just based on the information offered but on the *moral* adequacy of the account offered. Tacit assumptions of occupational identity are reinforced and in turn, affect this judgement. As professionals come together to engage in multi-agency working, they will each have their own tacitly accepted social identity. Direction to, and acceptance of the importance of, collaborative working and understanding of the importance of effective communication especially in the field of child protection, does not necessarily lead to better practice in this

area. Reynolds (2007) agrees with White and Featherstone's conclusion that if welfare professions are to properly understand the 'rationalities' of other professions and genuinely improve the information-sharing essential for safe practice, then exploring the professional narratives that tacitly underpin ritualized ways of working is essential, especially insofar as these practices have a moral and emotional component that reinforce professional boundaries. Housley's (2000) paper on team talk would also support this, suggesting that the micro-political function and rhetorical dimension of stories within talk and interaction in work based contexts such as social/care work is underdeveloped and he notes how narratives are part of how teams accomplish tasks such as meetings and how members express opinions and exchange information. Stories are embedded and situated within the tasks and activities of the team and as such are also part of the apparatus of moral inference. White and Featherstone (2005) argue that what is needed is the creation of conditions where everyday practices are open to challenge and scrutiny and practitioners are reflexive about their own identities without miring them into indecision. Accepting that any single rationality is incomplete is a starting point for subjecting our own and others' stories to ongoing reflection and scrutiny. As Taylor (2006) suggests, talk is more than a medium for expressing inner thoughts and feelings, it is a way of constructing client and professional identity. There was an acknowledgement of the need to be open to challenge and scrutiny in the FIT, and to the different pressures, demands and drivers experienced in other settings. However although I observed little 'othering' of other professionals it was clear that there were times when this was communicated unconsciously and moral judgements were indeed made about the 'problem-saturated' approaches of colleagues from other services. .

#### 6.4.2 *The team as a learning organisation*

Sophie had been a social work practitioner in a number of different statutory social work teams. Early in the fieldwork, when the experiences were very fresh in her mind, she would regularly draw comparisons between her previous experiences and her experiences in the team. In the following excerpt we were talking about team meetings. I had noted that the team meetings in this project were very different from others I had experienced. This was Sophie's response:

*I never really remember being in a meeting where you felt that the team were there, you know, and being able to share your thoughts and the information on the family. I just think it's really useful and there's never been a moment [pauses] yet, that I feel like, hmmmmm, like, down, [laughs], like this [what she is contributing to the team meeting] is rubbish, I'm being told off, or something like that. (Sophie)*

Luke described the learning environment within the team in a conversation early in the fieldwork:

*... in terms of the training model, I actually go from seeing 10 cases every three months to, when you're a team of six project workers, seeing 60 cases every three months. That's essentially what you're doing and are you doing it in a supervisory context of, 'Yeah okay, so I haven't worked with someone who's dog-phobic, or whatever but, oh yes, Jude did this, Rebecca did that'. So it's an opportunity to share practice as much as celebrate success or get advice ... you get to have an insight or you get to look into other cases and that allows you to build your repertoire quicker and that 'choosing' what I'll do here, oh yes, Rebecca's done this, I'll go and ask her. (Luke)*

Observing interactions between practitioners, their enthusiasm to share theories and ideas was evident. However they appeared to be careful not to offer solutions

too quickly, and sometimes not at all, preferring to provide a reflective space for the questioner to sit and ponder where they were stuck with a family. When ideas were offered they were most likely to be in terms of understanding the meaning of the interaction rather than in the offering of a solution, unless this had been specifically asked for, such as, 'Can you tell me how you use this technique'. Questions were perceived, not as demonstrating a lack of competence nor as an opportunity to show off skills and knowledge, but as an opportunity for shared learning and reflection. In the following excerpt Sophie described a piece of direct work that she had been instructed to carry out with a very distressed and angry teenage girl with whom she was working whilst she was as statutory social worker:

*... I went in there thinking, 'I don't know how to do this work', though I was being advised by a family therapist in order to work with her [the client] and whilst I was with her [the family therapist] I would go through this and I would say, 'That sounds brilliant', at times, 'brilliant', but when I got there it was very much like, 'Why do the work?' and she'd [the client] be like, 'I don't really understand how this is helping me', I think because I could maybe do the task, but I struggled to know how to do the talking bit, because I felt that, I don't know what I would say that wouldn't do more damage. (Sophie)*

Sophie was carrying out the task as directed and understood what the task was intended to achieve. However, without understanding the theory underpinning it, the accomplishment of the task had become the focus and practice had become instrumental (focused on the task) and non-relational. She felt that in statutory social work *"the point has become the process"* rather than on effecting change.

#### **6.4.3 Breaching social norms**

While helpful and important, having shared language and norms through which to communicate a common theoretical framework can also be problematic if there are

team members who are, for whatever reason, excluded from it, either because they are too new to have picked up on enough of the social norms or because they struggle with, or misunderstand, the ideas or concepts being used. This can lead to unintended breaches and impact on the connectivity of the team. Ideas of uncertainty (discussed in more detail below) were an important part of the theoretical framework of the team. In the FIT team, to be uncertain was not the opposite of being certain (as in sure). Rather, it meant to be curious, to hold off from knowing too quickly; when practitioners were uncertain they were holding any number of possibilities in mind. However this idea, like any other, also has potential to be misunderstood. Through the conversations with practitioners it became apparent to me that one of the newer participants was struggling with the idea of being uncertain. She equated certainty with “knowing what you are doing” and uncertainty with “not knowing what you are doing”. This became problematic for her, not just in terms of the social breaches it caused within the team as team members used the same term to describe different ideas, but in terms of how she communicated her need for support, and in her practice.<sup>22</sup>

*I thought we were allowed to be uncertain and it's turned [out] not be the case and I wish I never got like that because they think I'm uncertain with everything. ... it's made me apprehensive ... now I feel less close, ... I feel I've been too open and it's made me step back. (Christine)*

## **6.5 Safe uncertainty**

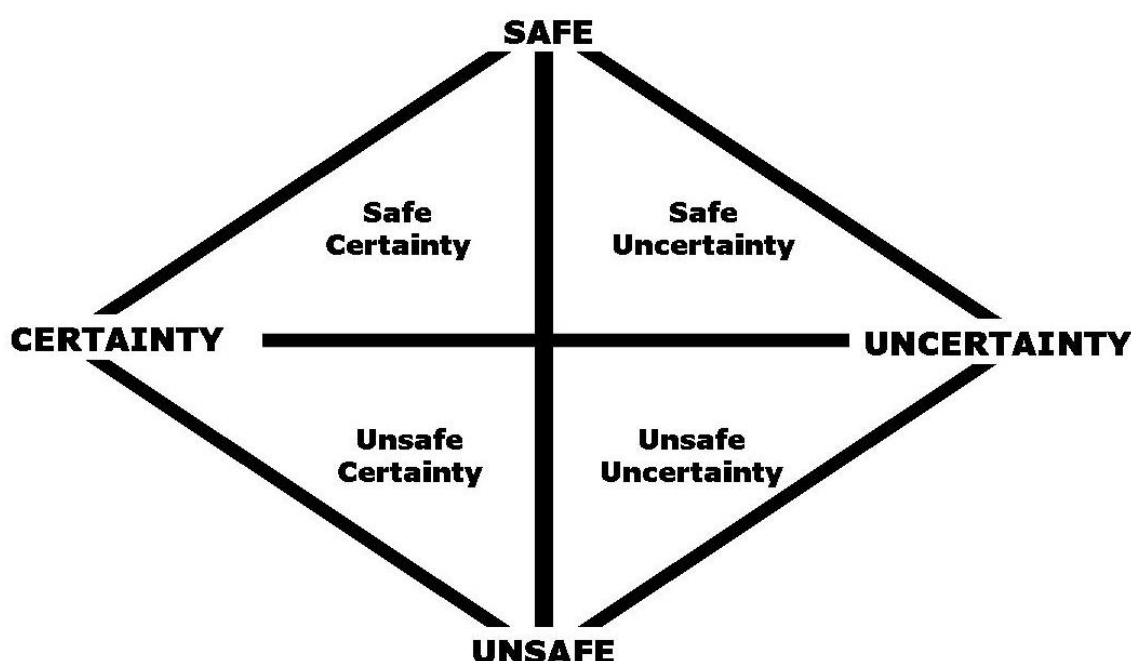
One of the concepts at the heart of both the psychological model of practice and the systemic practice used by the team was the idea of uncertainty. The team had a particular understanding of ideas of certainty and uncertainty. Anderson and

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<sup>22</sup> It is important to note here that this was picked up and addressed through supervision and a supported Personal Improvement Plan.

Goolishian (1992) explain 'safe uncertainty' from a therapeutic perspective as being able not to know too quickly or, indeed, ever. The team believed that the quicker they, as practitioners, 'understood', the less opportunity there was for dialogue and the more possibility there would be for misunderstanding. They believed that remaining respectfully curious allowed them to remain open to possibilities. The team drew heavily on Mason's (1993) ideas of safe uncertainty, and his model of positions of safe uncertainty, see figure 5 below.

**Figure 5: Towards positions of safe uncertainty**



From: Mason, B. (1993) Towards Positions of Safe Uncertainty *The Journal of Systemic Consultation & Management*. Vol. 4: 189-200.

Luke was the first practitioner to talk formally about the idea of safe uncertainty in the context of his work. We were talking in the team office which he shared with the other FSPs about the complexity theory idea of 'exploration-of-the-space-of-possibilities' and he spoke about how this idea resonated, for him, with the idea of

safe uncertainty. He provided me with Mason's (1993) paper on this. The paper was also provided to the new FSPs during the training I observed at the end of the fieldwork. Mason points out that uncertainty is not the same as not being confident in your own expertise or not recognising the imbalance of power between client and therapist; rather it is about owning one's expertise but doing so in such a way that does not set the practitioner up as the 'expert' whose role it is to 'fix' the problem.

Systemic practitioners start from the premise that, for change to happen, there is a need for 'difference' to be introduced in a way which makes practitioners and clients less certain of the positions they hold. Mason suggests that becoming less certain makes practitioners, and ultimately clients, more receptive to other possibilities and understandings about events and that this in turn makes them more open to the possible influence of other perspectives, opening up space for other views to be stated and heard. Effective practice that allows for second order change is positioned in a place of safe uncertainty.

By contrast, unsafe uncertainty is the position where options for change have closed down; the individual does not know what to do and seeks a way of making that feeling go away, often looking to someone else to provide a solution. Unsafe certainty, on the other hand, is the position where the individual is very clear about what they think should be done; the position is fixed. In both these positions the individual is seeking safe certainty but safe uncertainty is a position that is in line with the theory of change used by the team. It yields a position that is not fixed but always in a state of flux. It is consistent with the idea that a narrative is unfolding as the relationship between the therapist and client develops and is emergent, contextual and collaborative. As new explanations emerge these sit alongside, rather than replace or compete with, the explanations that therapists and clients bring. Mason (1993) describes a position of safe uncertainty as a framework for

thinking about work that moves you away from certainty and a 'fix-it' approach. In safe certainty the therapist leads the way to a solution; in safe uncertainty the therapist is alongside the client, using his or her expertise to facilitate the emergence of new meaning.

In Chapter 2 it was noted how statutory social work has increasingly become preoccupied with risk; uncertainty is increasingly managed through the development of check-lists, frameworks, toolkits and procedures as if risk is not situated and contextual. Social care policy has developed as if the environment is one of unsafe uncertainty and the need is to create safe certainty.

In Wales the SSW-bW Act 2014 marks a departure from this. Whilst the Act still makes use of assessment tools and scales these are much more focused on co-production between the practitioner and client, and a rebalancing of the power relationship in favour of the client. There is a focus on identifying needs in order to enable the client to take control and responsibility, rather than creating a dependent relationship where the client expects her or his needs to be met by social care agencies. With regard to children's social care, as described earlier, the word 'significant' has been removed from the definition of risk, lowering the threshold in terms of risk in relation to children and framing all contact with children in need of care and support in relation to risk. How this will work in practice for children's social care remains to be seen, as the Act has only just come into force and will not be subject to inspection for compliance until 2017.

The contrast between the ethos of safe certainty and the management of uncertainty in statutory settings was highlighted in one of my conversations with Jude. She talked about the culture shock she experienced coming to the FIT from



an education psychology background where her role had been to deliver set programmes to families in order to achieve specific and predetermined outcomes:

*It took me probably about two years to get my head round the fact that 'I don't have to fix this!' because, in statutory, that's very much the expectation. [It] is 'you'll fix it, that's what you're here for, that's your job'... and, as a result, I probably wasn't terribly effective. (Jude)*

Ruth described how uncertainty worked in her practice. Being uncertain was not about being muddled or unclear so much as being open to other possibilities and meanings. This was seen as critical if practice was to be truly collaborative, respectful, and as effective as possible:

*... coming in with not wanting to impose, just wanting to go alongside, to respect what's good; to be mindful in changing things, or suggesting change ... I think there's a more ethical, probably a more effective [way]... there are things like that to be taken into consideration. But there's not a, "This is the one way that's going to work." So I think I've got quite an openness to possibilities and I think the team have; not knowing too soon, because if I know, then I have made a decision and that might not be a fit for the parent and it might not be the right solution and it wouldn't be the parent's solution - and it has to be their solution because they are doing the work. (Ruth)*

These ideas were threaded throughout the conversations I had with the more experienced team members and managers, as well as those I witnessed as new team members began to engage with the dominant discourse of the team.

#### **6.5.1 Exploration-of-the-space-of-possibilities, uncertainty and slow knowing**

Fullan (2001), writing about leadership in a culture of change, points out that change within complex adaptive/co-evolving systems is rapidly occurring, non-linear and

unpredictable. Managing within such an environment, he suggests, requires a number of features, one of which he refers to as 'slow knowing.' He argues that under conditions of complex co-evolution it is easy to become panicked by escalating complexity and to suppose that, the faster things change, the faster one has to think. He argues that this leads to the serial adoption of fashions and fads as solutions are offered, tried and failed, and so are replaced by the next 'big idea'.

Fullan (2001) suggests that, in this frenetic rush to the next solution, we lose the time and ability to attend patiently to the range of experiences. What is necessary, he argues, is to respect the complexity of a situation that does not have easy answers and which requires inner confidence and 'moral purpose'. He advises we should be wary of leaders who are 'certain' for they are likely to make up their minds prematurely and with insufficient time given to listening. Failing to listen limits the amount of information that can be gathered but, more importantly, it also leads to a failure to build relationships. Fullan describes 'slow knowing' as a disposition that can be learned and practised. It is not, he says, so much that leaders practising this approach take their time, as much as that they understand that things do take time and do not rush to conclusions in order to appear decisive.

In a very early meeting at the start of the fieldwork, Chloe described her role as manager and the importance of maintaining a balance between being an expert with a job to do and holding off from being too certain or from knowing too soon:

*It is important not to jump to conclusions too quickly, but sometimes we do need to be able to take an expert view. There is a balance to be struck between doing that and having that exploratory space and a safe space not to know. (Chloe)*

In a later conversation Jude described what she saw as a key difference between the FIT model and statutory social services. She described the FIT as taking a different position from the 'expert' position adopted by those working in statutory services (education, health and social services). This allowed her to set aside a preoccupation with her own expertise and, critically, to hold off from being certain and knowing too quickly:

*I think there is a tendency – sweeping statement alert! – to be more judgemental, I think, in social services. That's my experience, and the position [of social services] is an expert one; 'I know. I know what this family needs'. ... We're not in the situation where we have to do that and I think the culture in the team of 'not knowing' is OK. That we can say 'I don't want to understand this too soon' [is accepted] [it is different from my previous role]... coming from education, 'We're experts; we know everything'. ... I think families pick up on that, a lot. We've had that in feedback so many times from parents, that they've said, 'We've had umpteen services and you're the first one that's actually listened to us'. (Jude)*

Holding off from knowing too soon and embracing uncertainty reduced the pressure on a practitioner to identify the 'right' answer since it acknowledged that there was any number of possible answers. It allowed practitioners to focus on hearing the family's story and exploring with them the most possible and relevant answer for *that* family in *their* specific circumstances.

## **6.6 Connectivity, interdependence and relational practice**

One of the things that struck me in terms of the practice of the team was that, although the practitioner was seen as significant, in practice it was the *relationship* between the practitioner and the service user that was privileged rather than the *role* of the practitioner. This is aligned with the complexity ideas of connectivity and

interdependence. From a complexity perspective it is the relationship between things, rather than the things themselves that are of significance and warrant attention. In the following excerpt Jude explained the need to listen and hear the family's story before they could 'start working together':

*If it took four weeks for a family to tell me their story, and feel confident enough that I understood what it was like for them, and now we can start working together, that was OK. I didn't feel that, 'No, I need to be giving you strategies; you need to be doing things' because I could see that that is part of the process as well. Just having those conversations; listening, for a lot of families, I think, it's the first time they have that, somebody just listening to them and not saying, 'Actually, what you need to do is...' or, 'What we need you to do is...' I think that is really important in the work that we do with all the families that we work with; just giving them that time, and that space, to tell their story without having an opinion about it or heaping anything on them about, 'Well, OK, but actually we need to, you know, get moving.' And I think being able to do that means that, if change is going to happen, it tends to happen a lot more quickly, and I think that just investing in getting alongside families, it really builds that relationship with them. (Jude)*

Another important by-product of privileging the relationship over the practitioner is that it serves to moderate the potential for egoism in the practitioner. I observed an interaction between one of the managers and a new FSP who had recently joined the team. The practitioner was reporting on a meeting with a family where the parents were expressing their gratitude for the support provided by the FSP, saying that the FSP had been wonderful and had made a significant difference to the child. The manager expressed some reservations about the view that the parents held about the leading role of the FSP and in a later conversation with me expressed her concern that this FSP might be making the intervention too much about herself. This was a subject that came up throughout my conversations, especially with managers. The following excerpts are taken from conversations with the clinical psychologist,

Ruth, the first in an early conversation and the second nine months later towards the end of the fieldwork:

*You put your ego to one side. It's not about me or the person, well the bit that is about me is about noticing the process and using every skill available to you, to be able to get that family.... it's not about ego; we need to make ourselves as minimal as possible, because we [the relationship between worker and client/s] are the intervention (Ruth)*

Privileging the relationship was also seen to be an empowering way to work with families. Work was not problem-determined nor was the family pathologised; the problem was not privileged over the person (child or parent) or located within child or parent (the problem is the problem; the child/parent is not the problem). Problems were seen as predominantly relational. For example, a referral might come in requesting support for a parent with a child who is exhibiting anger and behavioural issues. Seeing behaviour as communication, the FSPs would work to improve the relationship between the parent and child using, as motivation for change, the clarification of what the parent and child wanted to be different. Another feature of practice was the understanding that families would frequently be in a state of being far-from-equilibrium at the point of referral; in fact this was often the reason why a referral had been made. It was recognised that this could be a useful opportunity for exploring the changes the family wanted. Working collaboratively with the family, drawing on their experiences and strengths, and situating the solution within their control, was an empowering and hopeful model of practice.

In one of my early conversations with Ruth she reflected on the difference, as she saw it, between practice in the team and the practice of other professionals in statutory agencies (health and social work). She was talking about how the team

understood behaviour as communication and their work as being to collaborate with the family to create meaning from what was happening:

*I find it really interesting when professionals are talking like that about anger management, as if anger is a stand-alone emotion and is not linked to any other emotions, and comes from nowhere. And it's 'within child, - 'oh my goodness, let's cure him with a course of anger management'. With some of the older, secondary school or year 5 or 6, they wear it like a badge of honour; 'I'm so tough I need anger management.' So for me it doesn't work on any level whatsoever ... (Ruth)*

Whilst the practitioners may have had some hypotheses about the world which a service user inhabited they held these very lightly, with curiosity, and were similarly curious about their own position in relation to the service user and what they, as practitioners, were bringing to the relationship. If a strategy or intervention did not work then the practitioner's position was one of genuine curiosity rather than a judgement that the parent had failed to implement it or was not ready for change.

The following excerpts come from a conversation with Jude about her practice with families. I had asked her to just talk about some of the families she had worked with and in talking about one of her cases she described a family where the mother had spent a lot of her own childhood in care, having been neglected and physically abused by her mother and grandmother. She reported her daughter's behaviour as bizarre, aggressive and very challenging and believed she had ADHD and/or autism. At the start of the intervention Jude described how the mother was quite confrontational, presenting evidence of her 'broken' child and demanding a medical diagnosis to 'fix it'. However, this very quickly moved onto her telling her own story of neglect, trauma and abuse which needed to be heard before she could start to look at her child's needs. Jude described how the parents directed the intervention,

engaging only in the aspects that they felt were a good 'fit' for them, and how the small, incremental changes gave the parents confidence in themselves as parents and allowed them to move away from viewing the child as 'the problem' for which the solution was treatment for a medical diagnosis:

*I think I spent the first 3 weeks just listening to Mum's story, because it was a massive story, and it was quite horrific. But it seemed really important to her that I knew about her, before I could even start talking about this little girl. ... We kind of came up with something that would work, because they were up for it, but they weren't going to give me an easy ride, and they would tell me in no uncertain terms if that wasn't going to work, and they would not try it.... it was a slow process, but there was enough – they could see enough change, week by week – to keep trying. (Jude)*

In a conversation about the practice of the team early on in the fieldwork Sue compared what she saw within the team to her experience of working alongside statutory social workers:

*And that kind of idea that you 'fix it', you hear something, you decide what the intervention is, and then you 'fix it'. When actually we have a belief that if you [engage] in the process of thinking, ... it might generate more ideas, more questions and you might then be able to bring that back to the family with more ideas and more questions, and that can help untangle a very tight ball of things being stuck and starting the process of unravelling things a bit, the space to think. (Sue)*

Several team members, including Jude and Ruth, reflected that crediting the family and their relationship with change, rather than the practitioner, was liberating in that it removed from them (as practitioners) ideas of success or failure. They described how parents were treated as responsible individuals with agency, rather than being 'othered' as inadequate. As Jude described:

*The change is up to them. If they want to make that change, and I can kind of help them with that, and facilitate that, but it's very much about what they want to do, and not taking that... yeah, just not taking it personally.*

There was an understanding within the team that, whilst they were effective in their work, and their work was about creating change, the actual work was the work done by the family.

### **6.6.1 Attachment theory**

As well as being underpinned by systems theory and systemic approaches, practice within the team was informed by attachment theory.<sup>23</sup> The FIT did not just use attachment theory as central to their practice with children, however, but also used it as an approach to building relationships with families and as a management tool. Chloe described how she had, historically, sought to create a space for practitioners that would provide them with a 'secure base'. Providing a safe space for practitioners where they could feel psychologically held (Siegel 1999), she believed, would nurture practice.

In attachment theory, a secure base is identified as the primary attachment figure to whom the infant can turn for reassurance, warmth, comfort and safety at times of anxiety, allowing them to explore their environment with confidence (Bowlby 1988). Attachment theory sees a secure base as fundamental to any successful caregiving environment, and it was understood by the team to be central to the therapeutic interventions they offered. Just as in a secure attachment relationship, where parents provide a place of trust and emotional safety from which the child can

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<sup>23</sup>Attachment theory has long been a central theory within social work training and the National Institute for Health and Care Excellence (NICE) has recently consulted on guidelines for training all key workers in children's social care in assessing and improving attachment in parent/child relationships, as well as supporting children displaying attachment difficulties.



explore and learn about the world and then return for reassurance, so the FSPs sought to provide this for caregivers; enabling them to practise new and potentially challenging ways of thinking and acting with their children, and then return to the practitioner without fear of reproach or judgement.

Managers, likewise, saw their role as providing a secure base for practitioners enabling different ideas to be explored with families. This is another example of what I have called the “fractal” practice of the team. Hence Ruth described how:

*... you can go out and do your work and then you can come back to your secure base, the physical building and a person and the team. (Ruth)*

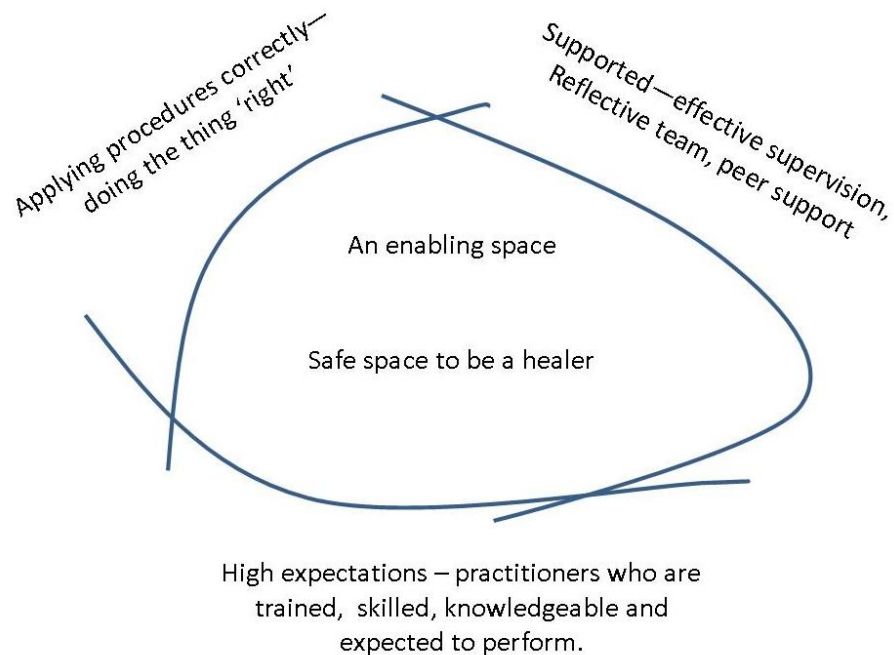
A secure base relies on there being high trust and good communication so that people are supported to meet the high expectations placed on them. Chloe described achieving this through a combination of nurture, expectation and boundaries:

*Management is about being nurturing but not too nurturing, so not creating dependence, so it's also about knowing when to be firm and clear about expectations/boundaries , it's about identifying areas for development and nurturing people in a way that treats them like grownups. (Chloe)*

The importance of having the safety provided by a secure base in order to work effectively with families came up in numerous conversations. Within the first few months I produced the following diagram (Figure 6) which seemed to me to capture the model that the team were trying to create - a nurturing, supportive and highly reflective management style, alongside consistent application of procedures, with a staff team who were skilled and provided with on-going training within an expectation of high performance, seemed to me to combine to create what was

referred to by Sue as a 'safe space to be a healer'. The idea was that the right support, high expectations and appropriate policies provided boundaries within which the team members could safely experiment with uncertainty.

**Figure 6: Safe space to be a healer**



For Sue, the creation of this safe space lay partly in the systems in place - like good quality clinical supervision - and partly in what she called 'anchor points'. These were the small rituals and routines of the team that created a sense of safety and security and built the rhythm of the team: the Monday morning diary meeting where everyone came together to share information about their movements through the week; the Tuesday referral meetings; the lunch break where the team gathered to eat together. There was an expectation that people would attend these meetings and that at lunchtime, work would stop and people would share this time together. The attachment model of the team meant that the rhythm of practice was acknowledged, understood, and actively used as part of intervention. Each case

followed the same rhythm of assessment, midway review and end review and this rhythm was used to guide and help practitioners to deal with their own emotional connection to the families, reminding them of the need to prepare families for the end of the service, and so enabled it to be planned and purposeful. The importance of paying attention to the rhythm of team life included how the team managed loss and endings, including members of staff leaving. There was an acknowledgement of loss and the importance of 'ending well', both in terms of practice with families and in relation to team members moving on and in the closure of a service within the project. Reflecting on the closure of one of the FIT's services, Chloe spoke of the importance of acknowledging loss:

*We did the goodbyes – that was really important marking endings, we're good at leavings I think - we acknowledged what we missed, because we missed [the Five Plus Project Manager's] input to the team, that social work/safeguarding perspective that she brought, she brought that expertise with her, so we acknowledged that. (Chloe)*

As Solomon (2012) notes, endings are different from outcomes and in the current climate of social work, where the focus on is on procedure rather than process, attention is insufficiently paid to ending well. However, social work is full of endings; children move from one service to another, they move from home to foster placement to adoptive placement or back home, they may move from referral to a long-term team and experience numerous changes in their case-holding social worker. Solomon (2012) points out that each meeting with a child or family has a beginning, middle and an end and that these provide useful opportunities to gather information about how service users have experienced or managed previous issues of loss and separation. Many of the referrals received by social work teams, like those received by the FIT, will involve issues of loss in various ways: bereavement, separation, divorce, poorly handled transitions. With a focus on outcomes rather

than endings and, often, an organisational imperative to close cases quickly, shift risk and move on, social workers in a statutory setting can lose sight of the importance for both service users and practitioners of ending well and with purpose. Loss can often be experienced as abandonment and it can trigger, not just grief, but a sense of loss of control. As O'Shea and Simpson (2014) observe in their description of practice with families, understanding that endings can trigger separation issues enables practitioners to productively use this experience with families to help them explore and better understand their own and/or their child's emotional reactions to separation times like bedtime, or going to school or nursery.

During the course of fieldwork three FSPs and the parent therapist left, two psychology students came on placement and left, and two staff (one FSP and one manager) went on maternity leave. This followed a six-month period in which the clinical psychologist had retired, the previous parent therapist had left and the project manager changed her role in relation to the team - this last event causing a huge sense of loss. Whilst each person leaving was celebrated for their past achievements and future opportunities, the sense of loss was also recognised and departures were used as opportunities for reflection on what this meant for the team as well as for individual practitioners. I was present at a number of these reflections during the course of the fieldwork. In most cases people's leaving the team was recognised by having a shared lunch together, referred to as a "bring and sling". People brought food in for a shared lunch together. The food usually involved a variety of home-cooked food, cakes and snacks. Everyone who was able to attend would crowd round the table in the meeting room, sharing stories and expressing loss as well as pleasure at the opportunities being accessed. Cards, flowers and gifts were usually presented and short speeches made.

The need to plan for ending, and the importance placed on ending well, was brought home to me in a conversation with Chloe approximately four months before the end of the field work when, somewhat to my surprise, she raised with me the need for me to consider this. She noted the team's relationship with me and brought to my attention that they would feel the loss of my presence after I had gone. It provided me with an opportunity to reflect on my own feelings about leaving the field as well as considering, from a research perspective, the impact I had had on the team, illustrated by the following comments from Sid - one of the new FSPs - and Ruth in our final conversations:

*It's fascinating isn't it? It's so exciting and just to get these times to talk, and to think about all the things that are happening within the team processes. It's so valuable. ... the things that are being discovered, it almost feels as if they are known but they are being over-laid by somebody else. I find it really powerful, and really exciting, and energising. ...I think by allowing people that and asking them to think about specific questions or to think about their own process, or their own journey within that, you are allowing people to, to either form or to clarify their ideas so it helps people to think about what sort of person they are, what sort of worker they are. ... It's almost like being that kind of expectation that we are a team that thinks about what we do. We are a team that thinks about the journey. We are a team that thinks about the families that we work with, we are a team that thinks about ourselves. (Ruth)*

Similarly Sid, who had joined the project at a relatively late stage in the research, observed the usefulness of this kind of reflective space:

*I hope the people, whoever is receiving the research, ... are able to appreciate it, ... and how much impact it's had; ... because that's been the real big thing; like emotionally; how it's helped the morale of the team. ... Who's going to help me unpick my thoughts now? (Sid)*

## 6.7 Summary

In this chapter I have laid out the theoretical base of the practice of the FIT. The FIT felt that this base provided a range of benefits both in terms of the identity of the team - how they saw themselves and understood their work - and also in relation to the creation of a culture conducive to effective practice. Unlike many statutory social work teams the FIT had a shared theoretical approach to change that underpinned its practice with families. This was different from my own experience and from the experiences of those practitioners within the team who had worked in statutory social work. The FIT is what Dunk-West and Verity (2013) might call, 'sociologically literate'. Using sociological and psychological theories, the team aimed to move beyond the purely interpersonal into the social world inhabited by their clients and colleagues. In reflecting on how they took a position in practice team members intended to critically engage with their own beliefs, ideas and values and, fundamentally, with the purpose of social work, i.e. change.

Whilst frequently not using the language of complexity, they did use systemic language which has a degree of overlap, and when talking through complexity ideas the concepts were readily grasped and applied to familiar ways of working and seeing the world. Having a systemic approach as the dominant discourse within the team provided members with a common language to communicate their ideas about families and about their practice. This was important in creating a team identity and in ensuring that members were understood in respect of their accounts of practice. The one observed occasion when a team member did not share this common understanding created difficulties for her and for the team. It left her feeling that she was misunderstood and frustrated that she had been aligned to an idea that she felt had turned out not to be true, undermining her confidence both in the team and in herself. However, this example was isolated and the shared ideas communicated

according to shared social norms and with a common language usually served the team well, providing them with clarity of purpose and a robust rationale for intervention. It enabled practitioners to move from approaches that were focused on specific tools and techniques to relationship-based practice, where tools might be used, but where relationships were always privileged over tasks.

The theoretic literacy of the team enabled its members to describe their positions as practitioners, both in terms of the power they wielded and in relation to their own subjectivity. In rejecting the notion of themselves as objective experts they saw themselves as using their subjectivity as a virtue both in terms of facilitating reflective practice and in developing their own understandings of the families with whom they worked, situating practice within a wider societal context as well as an interpersonal one.

In many situations family support workers, like those in this team, are seen (and see themselves) as unqualified social workers. Because most family support work is done in the third sector where the pay is lower, and the job roles do not require a professional social work qualification, the status of these roles is often lower than social work roles. However, this was not the case in the FIT where team members identified themselves as being highly professional, effective and different-but-equal to professionals in other fields. They felt that the theoretical base of their practice gave them credibility, not just in their own eyes but in the eyes of other professional colleagues who referred families to them and with whom they worked. Interestingly, the team would have regular visits from other professionals, especially from health, who used such visits as part of their induction programme for new staff or to share information about service users who might be moving between different services (such as families who were waiting for assessments from Child and Adolescent

Mental Health Services). The project was also used in a consultation capacity by other services from time to time.

As described above, team members had an understanding of the theory which provided an explanatory framework for their practice. They were not engaged in activities - what Luke referred to as 'doing, doing, doing' - so much as engaging with families and using sociological and psychological models to understand and communicate what was happening in order to create a shared way forward. The more experienced and confident team members were, the less reliant they were on specific tools or practical resources, although all used such resources to a greater or lesser extent. There was a strong sense of self-efficacy and agency amongst team members which included, and was communicated to, families.

The theoretical underpinning provided a common thread joining together the theory and practice of the team. The privileging of the relationship, understood from a theoretical perspective, sees interaction as both the foundation and heart of practice. The way in which the team interacted, and the content of those interactions, created a self-replicating notion of an effective team. The team was not just effective because it used a theoretical approach which informed the practice of the team and how they understood who they were and what they did; it was also effective because they saw the theoretical approach as contributing to their effectiveness. Patterns of behaviour, patterns of understanding and ways of interacting were interrelated, symbiotic and self-replicating. The next chapter goes on to look at how the team managed their *own* transitions and how these theories and ideas were applied to the team in a time of significant organisational change.



## **Chapter 7 – Managing change in practice**

### **7.1 Introduction**

As described in Chapter 4, in the year immediately preceding the start of the fieldwork, and during the first six months of it, the FIT experienced significant staffing changes. Over this period, almost every single member of the team moved on and was replaced or changed roles. In spite of this, the team displayed a surprising level of continuity and cohesion and this chapter explores how this was achieved. It considers how these changes impacted on the FIT and how the values and ethos of the team, which were seen to be so fundamental to practice, were sustained and transmitted to new staff. With an overarching research aim to provide an in-depth understanding of complexity thinking in practice, exploring the perspectives of the FIT following, and during, a period of significant change, enabled me to explore with them the characteristics that impacted on their ability to manage change and what it was that made the team, as an entity, resilient in the face of such turbulence.

### **7.2 The Family Intervention Team in change**

During the six-month period prior to the start of my fieldwork the FIT experienced significant staffing changes. During this period all those in the management tier left and were replaced. The most important of these was the change in status of the project manager, Chloe, who was promoted to cluster manager. This meant that, in addition to the FIT, she was also responsible for a number of projects across the region. Although Chloe, in her new role as cluster manager, remained physically based in the same building, her relationship to the project was necessarily different.

Her promotion came shortly after the retirement of Jan, an experienced clinical psychologist, who had worked alongside Chloe since the project was established in 2004, and also coincided with the departure of the parent therapist. Within a very short period of time the whole management team had been replaced (see timeline below - Figure 7).

**Figure 7: Research timeline**

Research timeline																	
2013									2014								
April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	Sept
Managers leave																	
	New managers in post						FSPs leave										
					Fieldwork starts				New FSPs in post								
							Phase 1 of guided conversations										
									Phase 2 of guided conversations								
												Phase 3 of guided conversations					End of field work

### 7.2.1 Management style

Financial constraints on the wider organisation as a whole meant that the original management structure was not replaced with an identical model. The new management structure had fewer management hours in total as well as being slightly more fragmented. All FSPs had received separate clinical and line management supervision and this separation was retained in the revised structure. In the original structure line management was provided by Chloe, a manager with a background in mental health nursing and family therapy; in addition to this she also

worked in practice, undertaking joint assessments, midway reviews and end reviews. Systemically trained, her experience, knowledge base and skills were such that she provided additional clinical supervision as well as line management. This supervision was reported by the FSPs to be of an extremely high quality. The quantity and quality of supervision provided at this time was described by Luke, one of the FSPs, as a, 'necessary luxurious position'. The revised structure that replaced this separated the line management function entirely from clinical supervision.

Gwen, the manager undertaking this new role, was an experienced manager and practitioner in her own right. However she did not come from the same theoretical knowledge base and had not been exposed to any of the systemic ideas that the FSPs had been trained in, or as the manager she replaced. Her reduced hours also meant that she did not have the time to get involved in practice in the same way as her predecessor. In addition, her approach to management, as I observed it, tended towards a more compliance-oriented style - what Pearce *et al.* (2002) would call 'transactional'<sup>24</sup>. Certainly initially her focus was on ensuring that organisational systems and procedures (such as rules on carrying service-users in cars) some of which had been allowed to lapse during the period in which managers were retiring/leaving and replacements were being recruited, were being complied with.

Leadership is not explored in this thesis in any detail, however there is an extensive literature on the role leadership plays in shaping and facilitating organisational change and Chloe's role as leader is touched on here. The dominant typology in leadership research is the transactional (leader/follower interaction is a social exchange relationship) verses transformational (focussing on charisma and vision) typology (Bass, 1985; Pearce *et al.*, 2002). Although Lawler (2007) notes the

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<sup>24</sup>Pearce *et al.* 2002 define transactional leadership as a relationship between leader and follower which involves the leader providing a set reward for followers who successfully complete an agreed goal.

increasing interest in concepts of 'distributed leadership' (Gronn, 2000; Spillane *et al.* 2001), which is a model of leadership where there is a focus on developing leadership capacity and potential across an organisation (Boaden, 2006; Weynes, 2002). Tafvelin *et al.*, (2010) note that interest in social work leadership has been growing in both social work practice and research, especially insofar as it relates to organisational change. It is increasingly recognised that knowledge of how leaders can work to lead, what is referred to as 'transformational' change in organisations, is crucial. Lawler (2007) maintains that there is an increasing recognition that effective leadership can contribute to creating environments where practitioners want to work and where the increasing pace of change in social care is managed effectively. However, Tafvelin *et al.*, (2010) point out that there is little in the way of empirical research on this. Whilst Lawler (2007) notes that the notion of leadership is contested and lacks clear definition, he does argue for better leadership or leadership skills within the public sector generally in order to address such concerns as recruitment and retention of staff and change management. In essence, as Spinelli (2006) puts it, leadership is an essential element to organisational success.

Chloe's leadership style tended towards a 'post-heroic' model. Fullan (2005) describes post-heroic leadership as a leadership style that is not based on an underlying assumption that leadership is about a concentration of knowledge, skills and expertise in a single individual. Kakabadse and Kakabadse (2005) differentiate post-heroic leadership from transactional leadership, stating that the latter relies on positional power, and the charismatic/heroic leader model which focuses on 'selling a vision'. Post-heroic leadership represents a more discretionary leadership style which aims to influence the mind-sets of others in a network and move towards a shared, co-created philosophy. It moves away from a unidirectional idea of a single leader directing activity, to a model that is participatory and engages followers as partners recognising, as Ford (2005) and Dearlove and Coomber (2005) point out,

the importance of collective intelligence, strategic alliance and knowledge creation. Similarly Fullan (2005) and Harris (2008) argue that post-heroic leadership supports the idea that the quality of leadership is a factor, rather than the key factor in achieving organisational effectiveness.

My observation of Chloe's leadership, supported by the views of team members, was that it both mirrored and modelled the practice expected within the team. ten Have, et al (2003) state that, leadership requires, amongst other things, the role-modelling of a culture of excellence. In our conversations she acknowledged the positional power she held in terms of the designated authority inherent within the hierarchy, but she also recognised the power in relationships, which she saw as building mutual respect and giving her leadership credibility. She was keen to identify and develop expertise across the team and to promote the leadership qualities of individual staff, part of what she referred to as 'treating people like grown-ups', whilst recognising that not everyone would chose to embrace this and neither would it be appropriate for all situations. Interestingly Bennett *et al.* (2003) refer to distributed leadership approaches as an 'emergent property' of groups of people interacting with each other which fits with a complexity thinking understanding of the team dynamics at play in FIT.

Luke described this in an early conversation. We had been talking about the differences between the FIT and other organisations that he had worked in, and he was explaining how power was understood and used in the FIT. He spoke about how the authority of managers within the team was vested less in their positional power than in their credibility which had been developed as part of a negotiated relationship:

*By empowering someone and valuing their ideas you build the relationship with them, and there is power in that, and also authority. ... you can have positional authority ... but, potentially, there are other sources of authority that people can exercise which don't have to be authoritative and I think that extremely rarely was an authoritative position taken or used. ... If you have no relationship with anybody then you have limited authority to speak into their lives and actually only have an authoritative position. (Luke)*

He went on to talk about how this pattern of relationships was replicated in the management style of the project manager, Chloe, and Jan, the clinical psychologist who preceded Ruth, who between them, provided line management and clinical supervision to the team. Tsui *et al.* (2017) note that supervision is recognised as a key determinant in the quality of social work practice, the advancement of professional development and job satisfaction. The Munro Report (Munro, 2011) makes frequent reference to the importance of supervision and emphasises its significance as a critical mechanism for enabling 'good' practice and a significant forum for encouraging and developing critical thinking and analytical skills. Tsui *et al.* (2017) suggest that the past two decades have seen significant changes in approaches to the social services management, the role of managers and therefore in the role, nature and style of supervision. They argue this is due to the rise of managerialism and New Public Management with supervision in some cases being reduced to an accountability process emphasising administrative/managerial functions and focussed on task completion and job performance. Beddoe *et al.* (2014) argue that for supervision to bring real value to practice then it must be an interactive, relational and reflective process that focusses on practice, professional development and well-being; and holding as objectives the improvement, development and support of safe practice and safety for the practitioner. At its best, therefore, supervision is a transformational, enabling and empowering process. As Horwath (2016) observes that the increasingly managerialist organisational climate

and austerity policy context that social care has been operating within can inadvertently lead to the creation of a work culture that fails to meet the needs of staff, who in turn find themselves unable to meet the needs of service users. She argues that there is a lack of clarity regarding the complex interaction between practitioners, the workplace and their practice. Horwath argues that practitioners need physical space and practical resources (including having their educational needs met) and attention paid to their physical safety and emotional wellbeing sufficient to cope with the emotional labour of social work, this includes supervision that focusses on more than case management. Without this Horwath (2016) maintains that workers will struggle to develop the relationships with families that are critical to practical engagement; what Platt (2012) calls the necessary 'working alliance'.

Luke's description of the FIT management was of an empowering and participatory management style, not just in supervision but in team meetings and in the general day-to-day business and running of the team:

*I think it was empowering, I think, it made me feel that my judgements were noteworthy. It made me feel valued definitely ...They [the managers] modelled it really. What we do with parents is modelled by Chloe and Jan in everything that we do: the curiosity, the unconditional positive regard, all of that sort of stuff, it's inhabited by them ....* (Luke)

My observation of interaction between managers and practitioners within the team was of open dialogue more than negotiation. Negotiation implies communication aimed at resolving difference whereas what team members talked about, and what I witnessed routinely, was curiosity and openness to ideas. Whilst the management relationship was present and, at times, manifestly so, there always appeared, to me at least, to be the opportunity for disagreement and discussion about the way

forward. Fieldwork notes in the very early stages of the study record an interaction in a team meeting between a practitioner and a manager. A discussion was taking place between Ruth, the clinical psychologist, and Rebecca, an experienced FSP. Rebecca was talking to Ruth about a family with whom she was working and Ruth made an offer to accompany Rebecca on a visit to explore further the issues that Rebecca was outlining. The offer was gently but very clearly refused and the refusal was accepted gracefully. In a conversation with Ruth, at an early stage in the fieldwork, Ruth reflected on the confidence and competence of the team she had come into and how this had impacted on her management of the team:

*But I think also, their [FSPs] experience, in the way they talk about children and families, the way they talk about the work that they've done, it's very confident, very transparent. There's been nothing that I've thought 'Oh my God, I'm not happy about that!' ... I've been able to see very quickly that the standard of their work is very high, both through going out and seeing them with families and also through the way that they talk about those families in supervision. (Ruth)*

Later in the same conversation Ruth spoke more about her role as a manager coming into the team. She used the same language to talk about her work with practitioners that she used when talking about families, that is, getting alongside rather than imposing her ideas:

*I think there's something as well, isn't there, about coming in with not wanting to impose, just wanting to go alongside, to respect what's good; to be mindful in changing things, or suggesting change; I would be... it could be perceived as criticism, so I was quite aware of that. (Ruth)*

Her intention was to be respectful, just as she promoted this idea in practice with families she also sought to embody respect in her interactions with team members.



### 7.3 Creation of team ethos

The FSPs in post at the start of the fieldwork (Jude, Rebecca, Luke, Alison) described the team as having a strong, shared value base which provided the context for practice. The organisational culture, management style and practice of the team were seen as being congruent, connected and interdependent. Managers and FSPs alike emphasised the importance of behaviours such as reflective practice, speaking respectfully about families and colleagues, collaborative working and the importance of relational practice. There was a shared understanding that a management culture that embodied those principles would nurture those same principles in the individual practice of team members and, when embodied in practice with families, this would mirror the organisational culture of the team. FSP Rebecca described this in my first conversation with her at the start of the fieldwork:

*We are all coming from a similar ethos. We might approach things from a different way but we all have the same ethos, well I think we are. When we first started I guess we had Chloe and [the previous clinical psychologist] and, obviously, you know, what they embedded within this [the project] has become, kind of, who we are, part of who we are and the way that we work [is to] make sure that's quite strong and I think that comes through really strongly within the team as a whole. (Rebecca)*

Empirical research undertaken by Shim (2014) provides evidence that agencies with a more positive or constructive organisational culture and climate have lower staff turn-over. Masood *et al* (2006) suggests that organisational culture is intrinsically linked with the role of the leader, 'An organisation's culture is reflected by what is valued, the dominant leadership styles, the language and symbols, the procedures and routines, and the definitions of success that makes an organisation unique' (p.943). The congruent organisational culture was evident both in how team

members spoke about their experience of the team and in my observation of practice and behaviours.

The following data extract, taken from an early conversation with Luke, makes a point about how the environment of the team and individual practice was seen as respectful and how the notion of respect was seen as self-replicating:

*... a warm, nurturing, trusting, environment with ethics around trust and respect and honesty ... [these are] the big things that have helped this project become what it is. (Luke)*

The importance of trust and respect were routinely referenced by managers and practitioners in my conversations with them. Reflecting on my own experience of working in a busy social work team it was interesting to see how opportunities for respectful interaction were taken. As a social worker the respect I held for colleagues and families tended to be somewhat dependent on my assessment of their professional qualities. Noting, valuing or praising 'respect' and 'trust' within the social work team generally did not happen. This is not to say that social workers were not respectful, just that it was not generally given much, if any, explicit attention. Much interaction, including much of the humour relied upon within the profession, was not always entirely respectful about the families or other professionals with whom we worked.

The importance of respectful practice came up in several conversations. In our first conversation Luke recalled his experience in team meetings and supervision both as a new member of staff and observing a new manager coming into the team some years previously, saying:

*I can remember my first supervision ... it was empowering I think, it made me feel that my judgements were noteworthy, it made me feel valued, definitely, in those moments, and in supervision and in the group supervision which effectively takes place in the team meetings, I think that was the same, and right the way through.*

*... it [how the manager came in] was a position of respect. She could have come in and trodden on people's toes with the best of intentions but she didn't. (Luke)*

Similarly Sue and Jude both spoke about the practice of respect between team members, which I observed at the team meeting:

*We respect everybody's ideas, it's not like there is one expert and everybody seeks the expert's view, ... everybody's perspective is useful, and will build a picture, and will bring new ideas, and fresh ideas, and I think that's a big part of the team that makes it work. (Sue)*

*There was nobody that had that big ego; that thought they were better than anybody else – that they knew more than anybody else – I think everybody had a very healthy respect for each other, and where they'd come from, and the experience that they brought – not just work experience, but personal experience that they brought to the team ...(Jude)*

From a complexity perspective the creation of a common value base can also be understood as a manifestation of co-evolution. The behaviours of individual team members in relation to the performance and creation of respect are connected to, and interdependent with, their colleagues. Respect as a shared value base did not just occur; it was created and recreated through hundreds of interactions over time, each one creating a reciprocal reaction. Historicity and path-dependence meant that particular outcomes were more likely, although not predetermined. Given the environmental context and the team's underpinning systemic philosophy, it was

more likely that people would 'hear' each other's comments as respectful, but this was by no means an inevitability and it is equally possible that, given different circumstances, the meaning ascribed to colleagues' comments and contributions might be very different.

The FIT's emphasis on holding off from 'knowing too soon' and embracing of uncertainty provided a context where it was more likely than not that team members would be open to ideas and possibilities, rather than being rooted in their own certainty. The creation of respect could also be seen in terms of positive and negative feedback loops. Working in an environment where practitioners felt valued and respected helped create a sense of community with colleagues and this was certainly articulated by this team. Creating a respectful environment created the conditions where people were more likely to behave in a respectful manner. In one of our first conversations Jude spoke about coming from a statutory sector environment where the focus was on 'fixing' families and team members were not always respectful to, or about, each other, other colleagues or families. She described how the systemic training she received after coming into the FIT had challenged the team about the way in which they communicated. In the following excerpt Jude explained how this changed how she spoke to, and about, families to other professionals:

*... and you really had to be mindful about what you were saying [about other people], and I think collectively, when we came to team meetings after that, we were saying, 'That's a really respectful way to work' ... and it's more helpful to work in that way, that I know that what I've said here [about other people], or what I've said to a teacher on the telephone [about a family or a colleague], I'm quite happy if they then [repeat what I have said to them about the them and say] 'Well I spoke to Jude and she said blah, blah, blah, blah, blah'. Because I would be comfortable saying that to the family anyway. I think it stops this, 'Oh my God, I hope they don't say [to that*

*family] that I said that!', or writing stuff in a letter, or sending a referral off to CAMHS, when it's something that you think 'I hope the family don't see that!*  
(Jude)

Becker and McCall (1990) argue from a symbolic interactionist perspective that any human event can be understood as the result of the people involved continually adjusting what they do in the light of what other people do, so that their actions and interactions 'fit'. Individuals are not acting according to predetermined rules, but are responding by taking into account the meaning of what others do in reaction to their earlier actions. Dunk-West and Verity (2013) argue, therefore, that social interactionism has resonance for social work since these social exchanges reveal important knowledge about the social world. They suggest that individuals act according to the symbolic meanings they see within a given situation, the goal of interaction being to create shared meaning.

From an interactionist perspective, then, respect within the team was not generated by the inherent nature of the individuals, as pleasant as they were, nor from organisational rules prescribing appropriate behaviour, although these existed, but was created through the performed interaction between the individuals who assigned particular meaning to the interaction and responded accordingly - what might be understood from a complexity thinking perspective as an emergent property of connectivity and co-evolution. Team members had shared expectations about how others in the team would behave and a strong idea that these values were shared across the team. This assigned meaning to how they 'read' or understood the behaviour of others. Ruth, in an early conversation with her, spoke about this, saying:

*I trust when they speak they [the other team members] will speak in a way that resonates with my values and I want to move [new FSP] closer to these team core values. (Ruth)*

The act of being respectful was understood by the team as being part of their embodied practice, an essential component of who they were as practitioners. It was a reciprocal action that recreated itself in terms of both being practitioners and doing practice. They understood their own actions as respectful and also sought to receive the actions of others as respectful. An interaction became respectful because it was received and understood to be respectful and because prior interactions had been understood to take place within a context of respectful interaction. The single interaction could not be separated from either the environmental or relational context. The creation of a respectful environment was contingent on the relationships between team members and this had a temporal element in that these relationships changed over time. Ruth's observation, above, showed a deliberate intention on her part to understand the speech and actions of other team members as being reflective of her values at the same time as making a reference to these being aligned to the core values of the team.

I observed the following interaction between a manager who was presenting a case at a team meeting, and a new staff member who had recently joined the team. In addition to sharing information, referral meetings were used as an opportunity for practitioners to reflect on practice. The case had been described when the new team member intervened with a number of practical suggestions. The manager smiled slightly and kept a composed expression whilst the new team member enthusiastically described various resources which could be used and that she could help with. The manager responded to the new team member by smiling, thanking her warmly for the suggestions and saying that that they had given her

some things to think about and that she might follow some of them up. She refused a further offer of help by replying that she did not think she would need additional help, but would seek it if she did. The new team member was wreathed in smiles, apparently delighted at being helpful. I was struck at the time by the difference between what I observed to be the manager's initial reaction to the new team member's input, which appeared to be one of irritation, and her eventual reply, which I saw as respectful towards a young, inexperienced team-member. This did not always happen, and there were times throughout the course of the fieldwork where team members' behaviour towards each other was less than respectful. However, the explicit value placed on respect as a core team value, the expectations this created and the manner in which interaction was articulated, made it more likely that interaction would be understood as respectful.

Respect could also be viewed as a performative process. As Denzin (2001) states, action and intent creates reality through a complex process of performance. Team members' reaction to each other could be seen as a performance of respect that, in turn, created the respect it was a performance of. In the example given above, the eventual response belied the initial reaction which was one of irritation. The meaning that was ascribed to the input was that it was respectful (and not a disrespectful failure to acknowledge skills and expertise), and this allowed a response that was similarly respectful; this was a choice that was made, and not an inevitability. The element of human agency is important in the production of meaning and in the creation and recreation of the values of the team.

### **7.3.1 *Modelling practice and the use of humour***

The concept of modelling behaviour, discussed in the previous chapter, was used as a learning tool generally within the team. Core values were seen as embodied

within everybody in the team and the systems around it, rather than as being a separate set of beliefs or structures. Managers were explicit in communicating expectations, not just around behaviour - such as being on time for meetings - but also about values. As Chloe put it, "*You get the behaviour that you accept*". Team meetings, supervision, even lunchtimes, were seen as opportunities to explore ideas respectfully, to learn from others and engage in behaviour that was seen as congruent with the philosophy and value base of the team. This could be seen as evidence of a kind of occupational panopticon, similar to Craik's (1989) (cited in Rees *et al.* 2012, p.107) reference to the kitchen in foster homes as being the 'panopticon of the home'. Modelling behaviours also worked to create expectations around team norms. The culture of 'gallows' humour and team bonding through the 'othering' of other professions, often evident in social work and indicative of a slowly diminishing respect towards the people you work with, was notable by its absence in this team.

In his ethnography of social work, Pithouse (1998) talks about how social workers use stories to bolster self-esteem and deal with perceived threats to their occupational identity by creating an *esprit de corps* of embattled welfare practitioners, "*survival humour*" as one team member, recollecting her previous experience in social work, described it. She went on to indicate that she was now ashamed by some of the humour she had been engaged in. Such stories, Pithouse (1998) says, whether humorous or otherwise, are used to reinforce cultural identity and individuals' sense of their own agency in the face of perceived failures or disrespect from others. Smith *et al.* (2004) suggest that social workers' use of gallows humour is a reaction to threat. Gilgun and Sharma's (2012) research into social work humour in the US draws on numerous interviews with social workers, observations of meetings and case record reviews over a four-year period. It supports Smith *et al.*'s (2004) contention that humour is a form of 'adaptive coping',



either as a reaction to stressful situations to make them less threatening and overwhelming, or as a way of relieving frustration and managing the contradictions inherent in their work. Interestingly, Gilgun and Sharma's (2012) research identified different types of humour; that based in incongruity (for example where attire deviates from convention, such as the wearing of pyjamas to collect children from school); that based on negative judgements about others, often stemming from frustration, and that associated with relationships between practitioners and the children and families with whom they worked.

The FIT were certainly not without humour but this was never exercised at the expense of families or other professionals. I observed several instances of humour that fell into Gilgun and Sharma's (2012) category of relationship-based humour. For example, on one occasion, I was in the FSPs office when Sophie came into the room after finishing a session where she had been working with a seven-year-old boy. She explained that they had been drawing a family tree and writing down the things he liked about each family member. Against a particular family member he indicated that he found her funny and liked the treats she gave him. The combination of his handwriting and spelling meant that what appeared to be written on the drawing alongside the picture was "tits" and "fanny". Sophie told this as an amusing story to other team members and it was received with expressions of amusement and affection. I was very conscious of the difference in the use of humour that I observed within this team from the statutory social work settings I had experience of, and wondered if team members who had worked in statutory settings recognised this. I invited their reflections on the use of humour in statutory settings and they confirmed my experience and added their own observations of it as being, at times, stigmatising and lacking in compassion:

*I think there was a lot of stigmatisation towards certain families [in social work], certain areas that you might have to go and work [in]; about humour to do with the families; it's not that I didn't think that it was humour that was insulting, but I just thought it was a coping mechanism for social workers.*  
(Sophie)

I observed, on a number of occasions, newer staff members being gently but clearly pulled back from being indiscrete or lacking in compassion with respect to families and other professionals. For example, on one occasion a newly appointed FSP had returned from a Team Around the Family Panel (a meeting where professionals meet with a family to co-ordinate support and ensure that services are aligned rather than duplicating provision). The FSP was talking about the parent and used the expression, "you know what families are like". This was challenged immediately by Ruth who pointed out that all families are different and all had their reasons for behaving in particular ways that others might find difficult or misunderstand. The FSP was invited to consider how she might have experienced the meeting had she been the parent and how she might have responded. The FSP responded by reflecting on how difficult the meeting had been for the parent and the reasons why this might be the case.

#### **7.4 The challenge of change**

The core value base was critical in how the team adapted and managed the change in structure and personnel that took place before the fieldwork commenced as the three existing managers retired, left or were promoted. It was interesting to note how high the anxiety was amongst both FSPs. Luke talked about the expansion of the service into delivering parent-therapy, which had happened several years previously, and how that change had been managed. He recognised that the new role had represented a significant departure for the service insofar as parent-

therapy was aimed at meeting parents' needs, rather than working with the family as a whole. He described the process as collaborative, recognising the significant difference this could bring to individuals' practice with parents:

*I can remember them talking about their position as supervisors and how that would be negotiated. I don't remember the exact conversation but I remember ... we were asked what we felt about it and the negotiation continued after as well; things like, who the project worker would go and speak to, and what that would mean if there was a parent therapist who has more expertise than me. Does that mean I don't talk to parents about anything involving them anymore? (Luke)*

The project manager, talking about the same event, recollected her own emotions and feelings of uncertainty about how her role might change following the inclusion of another staff member with a similar skill set to her own. Chloe talked about the importance of paying attention to the differences and allowing space for new people, and also acknowledged the challenge of her being displaced as the most qualified and experienced person in terms of the systemic theoretical underpinning of practice in the team:

*...because [the parent therapist] came in, and she was very skilled, very knowledgeable, and I've got to say - I used to be the systemic voice here! She's much better at this than I am! [But] I know more about adult mental health than she does!' So there was a little bit of - like - 'Hmmm' - I don't know how I managed that - I think I managed it alright, but I remember feeling it in those meetings. How did I manage it? Gosh! I think I sat with it a bit, and - just let it happen, because I could see she was really knowledgeable - but I remember thinking 'hmmm, where's my role now?' ... I don't know how long that period went on for, but it was a little - little uncomfortable for a while. (Chloe)*

Later in the same conversation Chloe used the metaphor of a kaleidoscope to describe the staffing changes in the team. Just as when a kaleidoscope turns the pieces fall into place and create a new pattern, with the relationships between the pieces creating different shapes each time and altering the overall pattern, so individual team members must co-evolve within the team alongside other team members, creating new relationships and new patterns of relationships as the team changes. Chloe recognised that the behaviour of team members – whether managers or FSPs – affected every other member, and she explicitly used this as a way to understand relationships and the team as a dynamic and changing entity, and to encourage desired behaviours and inculcate a particular organisational culture. As indicated above, modelling behaviour was a big part of how the team, in particular Chloe, Ruth and Sue, as managers, worked to embed values as well as to teach and share skills, and this was used within the team as much as it was used by FSPs with families. Given that this was such a major form of communication it is not surprising to see how feelings were also picked up on, mirrored and impacted on behaviours. Here Chloe described how the feelings and behaviour of the managers were reflected in the behaviour of the FSPs:

*I think of it as a kaleidoscope, - so it turned again, and we were all in different positions, and we were all like 'Oooh, hang on a minute'; you have to work out what's happening now. So yes - I suppose the bit that I was - not shocked about, but I was intrigued about - was the way that everybody else played it out as well; so, you know, I was playing it out, wasn't I? By saying 'Ooh that felt a bit uncomfortable' and I sat with it, in the same way that the support workers did. But I suppose I was intrigued by that; that they were doing the same as what I was doing. So they were mirroring, really.*  
(Chloe)

Given the care with which the inclusion of this new post was handled it is, perhaps, somewhat surprising that more thought was not given to the impact that replacing

the entire management team in under two months would have, especially given the very different management styles of two of the three managers coming into post. Jude explained how Chloe's promotion to Children's Services Manager, followed rapidly by the retirement of the clinical psychologist and the departure of the parent therapist, left Chloe not only managing the FIT but several other projects as well and, therefore, unable to give the same amount of time and attention to staff as she had done previously.

Although the project as a whole had experienced almost constant change, with new projects starting and finishing, the four FSPs (including Rebecca, Luke and Jude) who were employed within the Family Support Team and the Behaviour and Inclusion Project had been a stable team for about seven years. The project's investment in staff had been significant and all had received extensive training in systemic approaches as well as in other, more specific tools and techniques. The manner in which the training had been delivered - over a period of time allowing for ideas and techniques to be tried out in practice and with supervision and team meetings providing opportunities for sharing and curious reflection - had enabled the team to become an on-going action-learning set. Independent evaluations and on-going monitoring provided the team with evidence of their value and effectiveness.

The strength of these relationships, coupled with a strong belief in their collective agency and self-efficacy, created a team culture of high trust which had in turn reduced emphasis on procedure. In the virtual absence of any management structure for a period of time the team adapted to provide a mutually supportive structure where they accompanied each other on assessments, mid-way reviews and end reviews, and where they used team meetings as peer supervision. It was into this context that the three new managers were introduced within eight weeks of each other.

## **7.5 Certainty and uncertainty**

### **7.5.1 Safe certainty**

The changes to management took place in the six months preceding the start of fieldwork and so the new management arrangements were still bedding in when the fieldwork started. The situation, referred to below by Jude as the 'wheels coming off', took place around the time I was negotiating access to the field, with the fieldwork starting some four months after that. I was not present, therefore, to observe the whole of this period although there were some tensions evident, especially during my early months with the team. The observations below are the recollections of team members who worked in the team through this period.

The introduction, with limited handover, of a new manager with a very different management style, was always likely to have been challenging. Gwen, the new manager, described her role within the team as providing 'organisational rigour'. When she came into post she was concerned about what she saw as a lax approach to processes and procedures and an organisational culture that was chaotic and potentially risky. She described herself to me as being 'all about organisation', a person who liked to run 'a tight ship, perfect, everything in its place'. The following three excerpts come from the same conversation where Gwen was talking about the culture shock she experienced coming into a busy and understaffed team that had been with only limited management for a period:

*... going from an office [to] yourself, with the door open, but to yourself, where I can come in and do my 'to-do' list, to an environment that, in the beginning I came in with earplugs, I thought 'I can't cope with this', ...*

*... I've had to step back and think, 'You're being a bit harsh you know' and it's kind of - but that's me - you know, 'You [the FSPs] have to do this, this is how it's done, I'll give you support in doing that', but, you know, repeating myself, I hate repeating myself. But we are adults, we've got responsibilities, we should be doing it. (Gwen)*

For Gwen the systems and structures were vehicles for keeping staff and practice safe: she wanted safe certainty. In a conversation I had with Jude, talking about how she experienced this period of time, she described how Gwen had started implementing Health and Safety procedures shortly after her arrival:

*There was a massive sign on the door that said, 'No unauthorised persons beyond this point' and I came into work and I thought 'No, we can't have that – this is a family-friendly place'... so I asked her to take it down, and she did. (Jude)*

Jude reflected on how the changes to management made her feel about the team and how frustrating she found it. Having become used to working more or less autonomously, she saw the very different management style as unnecessary micro-management and change for the sake of change:

*... it was change that I didn't understand why it was happening; how was that going to make things better?... you know, because sometimes there's change for change's sake rather than it's going to improve something. (Jude).*

Jude saw Gwen's risk-averse approach as a response to coming into a new and very different team culture to what she had experienced before. She described how her task-focused management style was perceived as blunt and abrupt and how this elicited responses that were sometimes fearful or resentful:

*... she's [Gwen] kind of stayed with that safety, because she knows that she's good at that, and actually 'I'll stick at doing this, because that bit is a little bit scary for me'. (Jude)*

*There was a real jar when Gwen started, ... you'd get an email – which perhaps, in another team, or another organisation, would be 'OK, I need to do that' – ... and there'd be a collective 'What? What? ... Is she cross with me? What's that about?' and there wasn't anything behind it; it was just a really, really different style, and that took some adjusting to, and it put people's backs up. It put people's backs up to the extent that people would say 'I'm not even going to respond to that now, for a couple of days' and it would get quite childish. (Jude)*

The importance Gwen placed on the need for safe certainty was a massive culture shock to the team's conceptual model of safe uncertainty. What Gwen intended to be supportive, the team saw as an abrupt and inflexible adherence to procedures. Her understanding of her own management practice was that she was keeping practitioners, and therefore families, safe:

*I like systems and process because they are there to safeguard you as well, make sure you safeguard children and families 24/7, but make sure you safeguard yourself ... because who knows? And if you decide to make a judgement call, and I'm saying 'No', then you need to be accountable and to be able to represent yourself in that. ... I do like structure. I like risk assessments, I like paperwork, I like all that too. Yes, I know my team is safe, but I go home today and I know that everything I've done is correct, that's how I am. (Gwen)*

Gwen described how the therapeutic nature of the intervention work with families was very different to the projects she had managed before, even within the same organisation. The theoretical underpinning of systems theory was entirely new to her, not only new ideas, but a different professional language and a different ontological framework:



*It was an eye-opener for me, the mental health strand, all that was new, and I don't understand half the approaches ... I didn't get therapy service at all - I couldn't accept it, it was kind of, 'Just tell me the answer, I'm not going to take three weeks to get there for myself, just tell me the answer'. (Gwen)*

It is interesting to note how the moral dimension of talk, explored briefly in Chapter 6, is relevant here. Members of the FIT who had been with the project over a long period of time and who had all trained together had created a micro-culture that enabled them to develop their own professional narrative and identity which served to 'other' Gwen; similarly Gwen's experiences in a different team had given her a different professional identity and the way she spoke about how she experienced this difference also had a moral component (Dingwall, 1977; Taylor, 2006). Just as White and Featherstone (2005) suggest, what was required was the creation of conditions where the FIT's everyday practices could be challenged and scrutinised and where practitioners could be reflexive about their own identities and accepting of the fact that there is no single rationality; without this there was significant opportunity for misunderstanding and miscommunication to occur.

### **7.5.2 And then 'the wheels fell off'**

This lack of shared understanding and common language exacerbated the difficulties between Gwen and the FSPs, creating an environment that felt challenging for all concerned. At this point Ruth was seconded into the team, followed very shortly by Alice. Ruth came from a very similar background, knowledge base and ethos to the previous clinical psychologist and had a prior history with the team and so was very familiar with their theories and ontology. This meant that she was able to adjust much more quickly into the team than Gwen.

However she still brought significant difference with her. This was described by Jude as:

*... different, just because they're different people, [and also] ... because of where Ruth is in her career, she [Ruth] still has very strong ties with psychology and the NHS, so it's just the approach is different. (Jude)*

The final manager to join the team, Alice, had come from a CAMHS setting that had used a very medical model. She came into the team at a point when the staff turnover was pushing it far-from-equilibrium. This may have contributed to the poor dynamic between the managers in the months following their joining the project. Certainly, the reduced management hours increased pressure on managers who were new to the team and who had, sometimes, very different management styles. This took the team culture from something that had felt secure and supportive to one that felt far more problematic. One of the team members, who requested that this quote remain anonymous, described how the deteriorating dynamics in the team changed the working environment:

*There are some management dynamics which unfortunately I've had to sit in ... There are very different management styles ... I don't want managers coming to me to air their grievances about other managers and you've got project workers coming to me because they don't like the new management style ... It was difficult for the project workers because it was such a different style of management. ... This has historically been a very compassionate service and it has lost some of that lately, not towards the service users, but the compassion between the staff.*

Talking about this time, Jude described how the situation, ultimately, reached a critical point:

*... I think I was in this really lovely world of, 'This is how teams are' – even though I knew it wasn't – it was like, 'All teams can be like this' but it actually only takes a little bit of 'difference' to make you realise, 'Crikey, that feels like a chasm' ... the team having been so strong, and settled, for such a long time, that, 'Ooh, do we really want to rock the boat?' but actually, in that office, the boat was going like this [waves her hands to indicate a boat being tossed from side to side] – it was 'God, what's going on?!'... you know, and you can sit with that for so long, and then you think 'OK, it's been a while now – things should have settled down and sorted out'.*

*... it - you know - wobbled on for a while before the wheels fell off ...  
... it just should have been thought through. Three - three senior managers starting within eight weeks of each other - and just kind of, 'There you go!' (Jude)*

Sometime after this, Ruth spoke about the challenges of this period and reflected how hard she had worked at the time to create a dynamic where team members could understand and empathise with each other, and to resist the invitations to respond and engage in a way that would have undermined this.

Jude described how this changing and challenging dynamic made her feel less settled in her role within the team. She talked of loving her job and feeling that she could have stayed doing that same job; however, the strained dynamics in the management tier, and between the managers and FSPs, created an environment which made her less content and prompted her to start looking for other opportunities:

*I wasn't unhappy, but I wasn't as comfortable. It was... you know... there were days where I'd think, 'Oh, I don't want to go to work today', you know, 'what's going to happen?' There wasn't a way of getting people to hear that, and I think I tried – I know other people tried ... I don't know whether it wasn't heard, or whether it was heard but nothing could [be done] ... there's been a lot of walking on eggshells. (Jude)*

Just prior to the start of the fieldwork, relationships at management level had deteriorated to the point at which issues of bullying were being raised. Team members described this phase in the FIT's history in some of the first guided conversations. Team members explained that, at this juncture, a number of different things happened. The managers decided that it would help if they were to set out explicitly what their roles and responsibilities were. Ostensibly this was to clarify to new staff, as well as to outside agencies, which manager was responsible for which aspect of the service. However, Ruth explained that this also made them consider how their roles intersected and supported the work of the whole team, including other managers. I also observed a team meeting in which it was apparent that, in order to achieve this, managers needed to discuss and negotiate with each other around their individual roles. This enabled practitioners and managers to see the value that individual managers brought to the team as a whole. The management team started to hold monthly managers' meetings, giving them a space to discuss their roles as managers in practice, as well as introducing another level of peer supervision and opening up a formal channel of communication. Although they all worked in close proximity to each other the reduced management hours across the team, the very task-orientated management style of one of the managers and the poor working relationship between them, meant that communication had been poor. Jude described how, eventually, communication did start to improve:

*... people had to sit down and then say, after six months, 'So how are we going to do this?' By which point we were just ready to kill people. (Jude)*

### **7.5.3 Boundaries, culture and expectations**

Chloe, who had, until this point, remained somewhat at arm's length from the project, said that she stepped up her presence in the team to actively manage the

difference that the team was experiencing. She described a meeting where two of the three managers who were experiencing particular difficulties were trying to resolve their issues with each other and how she used the values that the managers shared as a way of getting them to set aside their egos to focus on the work of the team and the purpose of their activity:

*Because I think - if you have a service where you've got the values, and the 'norms' - what we've just been discussing; so we haven't all got big egos, and it is about what we do rather than about us and our egos. (Chloe)*

The four experienced FSPs had all, for varying reasons (promotion, leaving to undertake training, maternity leave, leaving to pursue a career goal) made arrangements to move on from the team over the following few months. However, they were determined to leave the team as a functioning and effective body and they invested energy in doing so, in particular in modelling the ethics and values they held as important:

*I think I feel, and I think all the guys feel here, that we have a real investment in this team and in this project doing well after we've gone, because it's something we've helped build and we've been given the responsibility, and so I personally, I don't want to leave and I'd be really sad if I found out the team was not doing well in whatever form it takes, is not doing well and I definitely would not want to be part of that going wrong. It's not going to just happen [the project doing well], it is going to require paying attention. (Luke)*

The core values of the team were central to allowing it to see beyond personal differences and its systemic approach gave them a common language and shared world view, which will be further explored below, to understand and make meaning as the team co-evolved into a new entity. This enabled them to continue to deliver an effective, family-focused service throughout the turmoil. The following excerpt is

taken from a conversation with Luke at the point at which fractured relationships were beginning to be re-built and repaired. It is useful to understand here that the concept of relationship rupture-and-repair is also a central idea in attachment theory. A child needs to have a strong enough sense of personal worth that when a relationship is ruptured (for example, when they are told off or get angry with another child or a parent) they understand that this is not the end of the relationship, that the relationship will be repaired. Rebuilding fractured relationships is, therefore, a key element within the attachment and systemic approaches utilised by the team. For Luke, the shared values and ethical practice of the team were a crucial component in rebuilding relationships and the creation of a different but equally effective team:

*... you only get to see whether the values that you hold are genuine when they are put under strain ... My personal sense is that [with] other teams who haven't had the foundation that we have had, then I wonder whether those team ethics would have come across as strongly as they have in this team. (Luke)*

The same themes came up in conversations with Sue, the systemic parent therapist, and Chloe. These conversations both took place at around the same period in the fieldwork. Sue's reflection noted the collaborative nature of change; for her it was achieved, not just because people behaved respectfully towards each other, but also because people were compassionate, believing in the best intentions of others:

*It's a collaborative practice isn't it? It is a respect, it enables practitioners and families to acknowledge 'Yes, I know I have changed in my position to this', because I don't think other places that I have worked in have been so respectful of people. But it's not just a respect is it? It's a sense of - I think it's*

*that belief that everybody behaves; a logic that they feel is some sort of good intention.* (Sue)

A very similar observation was made by Sophie, the new FSP who stated that in statutory social work she felt she had struggled to balance the necessary function to protect children from abuse and neglect with supporting the capacity and abilities of families to take care of their children. Operating within a risk-averse and managerialist culture, her experience was that state social work had moved away from practice that might have been seen, at one point, as therapeutic and interpersonal, based on relationships of trust and support, towards a more contractual, service orientated approach. However, values of respect, compassion and a belief in the 'goodness' of people - recognising both their humanness and their humanity - were central to her practice as a social worker and she felt she had found these again in the FIT.

This '*performance*' of trust, in common with the discussion of respect, above, appeared to be a crucial element in the *creation* of trust. As Pithouse (1998) states in his ethnography of social work:

... it is in the organisational setting that sense is made of practice; it is here that work is 'seen' and understood. (Pithouse, 1998, p.5)

Pithouse (1998) argues, from a symbolic interactionist perspective, that social workers' perceptions of themselves and their colleagues create their occupational arena and make sense of their daily tasks and problems. Pithouse claims that group identity, as well as the meanings and intentions of practitioners, is constructed through verbal interactions. Team members are seen as competent by conforming to the social norms and oral traditions of the team. Pithouse suggests that this is not

about adhering to formal rules so much as grasping the contextual rules relating to the interpretation of a shared oral tradition which is informed by tacit assumptions.

Tacit assumptions in the FIT team were communicated through role modelling but, as noted above, were also made explicit when breaches were observed. In a conversation with Sue which took place towards the end of the fieldwork we reflected on the difficulties the team had experienced within the management tier and what had needed to happen to resolve these. She was one of a number of team members who spoke about the importance of approaching the situation with a belief that others shared the same value system and the same intention to achieve the best outcomes:

*There is a real need within the team to approach things in an open and face-to-face way that isn't, 'You have let me down on this' but 'This is a way that I can't work', and being open to the reason why. And there needs to be an openness, so if there is an issue it is dealt with in a way that doesn't personalise anything, or that lets them [issues and difficulties] fester, [but deals with things in a way that is] timely and respectful. (Sue)*

Sue reflected that ability of the managers to resolve their personal differences had lain, in part, in the 'honest' interaction, as she described it, and in part in the assumption she was choosing to make about the intentions of other team members. She was clear that this was something requiring collective and continual re-creation rather than an individual one-off activity. The FIT had, like any organisation, created its own oral code by which they collectively made sense of their professional world. This had emerged, not out of the formal rules of the organisation, but from interpretive processes co-constructed by the team over time. This oral code created an ethical framework within which team members understood their colleagues, the families with whom they worked, and other professionals. In this way it provided,



almost, a set of implicit instructions which were learnt, communicated and reinforced through practice, creating a collective sense-making of the team's work. In contributing to, and following, the rules of this particular oral code, team members were not only learning and re-creating the code but also showing their competence as a team member in that setting.

When members of the team breached this code, as described above where a new team member was reporting with enthusiasm how grateful the parents were for her support and how wonderful they thought she was, it was made clear that she was not providing a display of competence. The practitioner was not following the oral code of speaking of their practice from the perspective of the family's agency and was, therefore, not conforming to the organisational ideals and assumptions. The expected verbal reward was not forthcoming and the practitioner appeared disappointed.

It was clear from the difficulties the team experienced that the relationships between the people concerned were, initially at least, far from easy and that there was now a diversity of personalities and character traits in the team. A combination of re-establishing expectations and boundaries within a framework of ethical practice on the one hand, and common values of respect, collaboration, reflection, relationships and uncertainty on the other, facilitated effective co-evolution. Difference was not only acknowledged but seen as an asset, albeit one that sometimes caused challenges and difficulties. Chloe observed in a conversation towards the end of the fieldwork when she was reflecting on this period of time:

*... personalities are important as we know and you will always have people who are more challenging than others ... however, if they come into an environment where the expectations , values and roles are very clear, and*

*if you've got things in place like good supervision, training, clear management, then they are less important. (Chloe)*

She made the following observation in the same conversation, eloquently expressing the need for clarity of purpose and team boundaries at this time of turbulence as well as restating the 'fractal' principle of isomorphic iteration and modelling:

*There are times when an organisation can carry less clearly defined roles but I think, at the moment this isn't the time to, because too much can go astray. It's a bit like [what goes on in] a family isn't it? When things are really chaotic that's the time when you really need to tighten up the boundaries. Those are the times when it's really important to say 'Tea is at five, bed is at seven', and when you've got all those in place then you can move from that. They are called anchor points aren't they? And I think that anchor points within an organisation [like this] are really key. Otherwise everything just falls apart and becomes really chaotic. We need clarity otherwise it will get inefficient; the three of us will end up doing the same thing. (Sue)*

In a conversation towards the end of the fieldwork Gwen reflected on the impact the team, the team culture, and working within a systemic environment had had on her management style. The following excerpts are taken from different parts of the same conversation:

*I've always been a black and white person; and I'm not anymore. ... and I am enjoying getting grey if I'm honest with you, in the sense of not clouded judgement, but you know what I mean, the shaded areas.*

*This is what we want; an environment that is a learning process every day. And the support then, that you see from everybody ... there was always someone going up after, double-checking, and I thought 'Wow! This is a safe environment to be in.' And it's a privilege that actually you're in an environment that you can go up and ask somebody, or just ask the question,*

*and not feel out of place asking a question, but getting more than one lot of support, so that was really useful for me. Really useful. (Gwen)*

Gwen explained how she moved from a position of needing to re-establish the boundaries in terms of policies and procedures in order to keep the team safe (safe certainty) to relaxing, taking a more thoughtful, reflective approach, and seeing the 'safety' in the practice (safe uncertainty). This is not to say that Gwen did not still ensure adherence to procedures when necessary. However, her co-evolution with the team changed both her identification of what was important and her manner of communication and so these were both better understood and became more helpful than they had been previously. Likewise team members saw that her emphasis on policy and protocol stemmed from a deep commitment and passion to the people that the project served as well as a desire to ensure that everyone's practice remained 'safe'.

## **7.6 A continuation of the team**

Plausible testimony to the fact that, despite the turbulence, the team had successfully preserved its unique, professional ethos and culture came from Sally-Anne. She was the final practitioner to join the team but had previously worked in the FIT some years earlier. The team she re-joined was entirely different to the team she had left. All the staff, with the exception of the business support officer, were different; the rooms had been moved around and re-painted, so even the physical space had changed. However, Sally-Anne reflected in one of our conversations that the feeling of the team, its value base and the way it worked, felt, essentially, the same:

*When I came back ... it was completely new; most people were new. .... Everything was different! The rooms - absolutely everything! But it felt the same, the systems are all the same; the team meetings; the layout of everything; the way we do things, was all exactly the same, but the people, they were very different; there's very different personalities now that I'm here a little bit longer. I've got to know - the actual workers that were here before, and the workers here now, are very, very different. But the approach and everything is still the same. (Sally-Anne)*

Part of the similarity lay in the structure and rhythm of the work. My time with the project followed a period of considerable flux and change and this continued throughout the fieldwork. During the year I was in the field a total of eight people left and nine new people joined the FIT. It was a period of uncertainty and some instability as new members of staff came in and co-evolved to create a new and changing team, not always smoothly or easily. The fact that the rhythm of the team was retained, and that boundaries were clarified and made explicit, helped the team ride the turbulence. However, as Sally-Anne reflected, it was not just the organisation of activity that felt familiar; the culture and ethos of an entirely different team of people also felt very similar. The ability of the team to replace its entire staff and yet still retain a coherent organisational culture that embodies the values seen as essential to this model of practice was impressive, and did not happen easily or without effort.

Although Chloe reflected that, under different circumstances and given her time again, she would have done things very differently, there was enough of her leadership a sufficient amount of the time, combined with the leadership of the new staff and experienced practitioners, there was a common language and enough of a shared ontological framework and ethical practice, to allow the team to co-evolve into an effective team again.

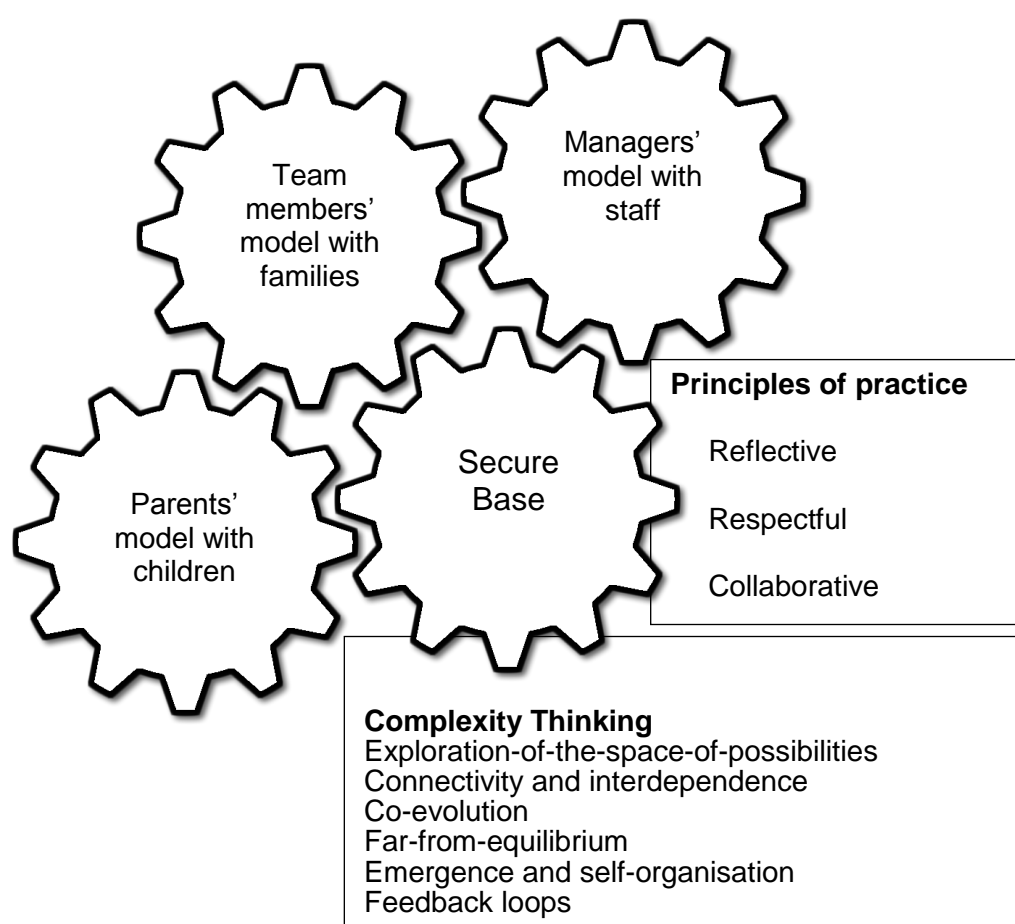
## **7.7 Stability, change and being far-from-equilibrium**

It is often assumed that the most desirable state for an organisation is one of stability and equilibrium, where acting influences cancel each other out resulting in a balanced and unchanging system. In a recent series of discussion pieces in the social work magazine, *Community Care*, various professionals cite having a stable and supportive team environment as being important in creating an environment where social work practice can flourish (*Community Care*, 3<sup>rd</sup> March 2015; 18<sup>th</sup> May 2015; 22<sup>nd</sup> May 2015). Complexity theory, however, proposes that systems in equilibrium stagnate (Byrne, 1998). Creating disorder to de-stabilise a system pushes it far-from-equilibrium and this enables transformational change to occur. Prigogine (1996) describes a far-from-equilibrium state as one where sufficient energy comes into the system to cause it to lose stability, and ultimately, to evolve and create new order. Whilst the exact outcome is unpredictable, historicity and path-dependence mean that what transpires can only be one of a range of outcomes. The team I researched had evolved in a particular way, with high connectivity and a culture where exploration-of-the-space-of-possibilities (safe uncertainty) was embedded and embodied within practice, making its members unusually comfortable with emergence and self-organisation. The team also had a shared ethos, language and ontology (connectivity) coming from systems thinking (also shared by two of the three new managers). This created a path-dependence where a positive outcome, in spite of the enormous challenges the team was facing at this point, would be more likely than not.

In his discussion about managing complexity in the public sector, Haynes (2003) talks about the usefulness of complexity theory in helping to understand social, economic and organisational change. He talks, in particular, about the need for leaders/managers to recognise that change occurs naturally and suggests that, for

organisations working to effect change, leadership is needed not just at the top of an organisational hierarchy (vertical leadership or positional authority) but *across* organisations (horizontal leadership). Horizontal leadership is employed by middle-managers and front-line workers and uses personal qualities and professional standing to achieve desired outcomes. These different forms of leadership are necessary at different times and horizontal leadership, suggests Haynes (2003), is especially important for developing teams and promoting collaborative problem-solving. I observed both these aspects of leadership throughout the course of my fieldwork and saw how they were used to address the difficulties being experienced as the team was changing.

**Figure 8: Attachment as a model of management**



Luke, Rebecca and Jude, as experienced practitioners working from a relational position, were explicit in the role they felt they had to play in enabling the team to rebuild itself effectively. Using her positional authority, Chloe addressed conflict both directly and indirectly through modelling behaviour. The theoretical underpinning of the team provided a common language and shared understanding of team dynamics, in particular, the ability to interpret tensions as communication, rather than personality, problems. The use of attachment theory and the creation and maintenance of a secure base, reinforced by the continued involvement, albeit less visible and frequent, of Chloe, helped to provide existing team members with a robust structure and necessary anchor points. The principles of practice embodied within the common value base, together with practice founded on complexity principles modelled vertically and horizontally, allowed the team to create an enabling space for practice, illustrated in Figure 8 above.

## **7.8 Summary**

In this chapter I have considered the place of complexity theory and its connection to the management model in play rather than to the wider organisation and related systems. I was not engaged with exploring the wider system and impact upon this by the service but was focused upon the internal arrangements of the setting. The story of the team presented here traces a journey of significant churn, with periods of high stress and considerable challenge. Building a positive team environment where team members can flourish is crucial in any sector, but especially so in a setting where practitioners are working with vulnerable families trying to effect sustainable change with them. This chapter has explored the experiences of team members and the challenges they faced in creating and recreating an enabling environment; what was referred to above as 'a safe space to be a healer'.

A number of features emerged as being significant. One of the important elements was that of leadership and Chloe's role in both contributing to disruption and in navigating, with the team, through this. A second feature was the creation of a shared team ethos. The understanding and approach the team had to change was a factor in developing a coherent and congruent value-base. The systemic/complexity stance meant that practitioners saw themselves less as being involved in an endeavour to effect a particular outcome with families, but more engaged in a relationship that involved them in a process of co-constructing new meanings. Just as practitioners worked with families, so managers engaged with practitioners and each other in a reflective and respectful dialogue, modelling the change, the culture and the values to which they wished to bring staff closer.

The common theoretical approach and shared language achieved, in part, through the training many had received, contributed significantly to this. However the shared values were created and recreated as much, if not more, through their 'performance' as through any formal training. Noticing, valuing and 'performing' values such as respect, and choosing to interpret interactions as respectful, created a virtuous cycle where the environment became respectful because it was understood to be respectful and this created respectful behaviour. In other words, the interaction created self-replicating social norms within the team. This did not happen by accident; indeed as noted above by Jude 'when the wheels fell off' it took effort and practice, and did not happen all the time, however it happened enough of the time for it to become the culture of the team.

Times of significant change are often seen to represent a risk to effective organisations. However, Beck (2002) argues that in Western societies working environments are increasingly turbulent characterised by a 'deregulated' and 'flexibilized' work society (p.3). Beck makes the point that, in an environment that is



characterised by rapid change, rather than seeing this as a crisis such constant change needs to become the basis of a new normality and one that can open the way for new ideas and models. If this is the case, then what we need is a better understanding of how organisations can evolve and flourish in environments of high and inescapable uncertainty. Haynes (2003) suggests that complexity thinking emphasises the benefit of understanding the tensions in an organisation and their possible causes. In systemic practice, remaining curious and relational allowed team members to hold what Luke referred to as a 'both/and' position, being open to and curious about paradoxes rather than seeking certainty and a fixed solution. As Ruth stated:

*It's not just about getting it wrong; it's about not always being right. I think there's a difference. (Ruth)*

I am not suggesting there is a direct causal relationship between any one factor and any particular outcome. However it is suggested here that the principles of systemic practice in an environment where they are modelled and embodied at every level within a relational framework has allowed for the possibility, or even, the probability, of the creation of new order which sustains the same values and culture, rather than the collapse of the team.

This is what Taleb (2012) calls '*Antifragility*'. Antifragility is more than flexibility or robustness; it is the ability to thrive on disruption. Rather than attempting to reduce risk - for example that created by high staff turnover which the team had experienced recently – the FIT had developed a structure less fragile to risk and more capable of taking advantage of the opportunities this creates. This was not easy and there were significant conflicts that needed to be resolved, but the

approach of the team, described above, made these challenges part, rather than the whole, of the story.

The next chapter, the final findings chapter, considers the relationship between complexity thinking and risk, and how this relationship was managed and understood by the team.

## **Chapter 8 - Social Work and Responses to Risk**

### **8.1 Introduction**

If change is a fundamental aspect of social work then the management of risk, the second major theme which emerged from this research, sits alongside this, not only as a dominant discourse within social work but also as a feature of practice that is inextricably linked with change. This chapter starts by exploring the organisation of social work in response to risk; although it has always been a major theme within social work, the significance of risk has grown considerably over time and has come to dominate current social work discourse and practice. Although the approach to risk taken by the research setting is described, as observed by the researcher, it was not intended to undertake a conventional ethnography which would have described team members' daily routines and rituals which maintain business as usual. Rather, the thesis uses participant observation to explore how complexity thinking may apply in a service setting. Complexity thinking suggests that management strategies which focus on the definition and measurement of risk are unlikely to be most helpful in situations of high uncertainty. Instead, if a relational approach is taken, an environment may be created that is actually more realistic about the true nature of risk and thus able to think more creatively, and potentially more effectively, about how to work with it. The chapter finishes by giving an example of the FIT's approach to risk management that is rooted in complexity theory. This example revolves around a family with whom the team worked over an extended period during the research. The ideas, discussed in Chapters 5 and 6, of slow knowing and safe uncertainty, are considered in terms of how they gave the practitioners involved in this case a conceptual framework to use when making decisions around risk.

## 8.2 Complexity and risk in children's social care

Munro (2010a) argues that the rationalist frameworks that risk assessment tools are frequently based on are predicated on an overly simplistic model of cause and effect, and on the belief that, by breaking things down into constituent parts and compartmentalising information, we can better understand what is happening. This destroys the sense of the whole ecology of the family and underestimates, suggests Munro (2010a), both the interaction and impact of this on sub-systems because attention becomes focused on defining and categorising. Similarly, Devaney and Spratt (2009) question this premise and agree that for intractable problems, or 'wicked issues', such as neglect a different organisational paradigm is required. If, as Munro maintains they should be, children's services are conceptualised as complex, adaptive (co-evolving) systems, this allows the focus of practice to move from reductive assessments and the analysis of individual elements of problems (being 'problem-saturated') to, as Dunk-West and Verity (2013) suggest, looking at relationships and context. This offers an alternative to the current approach to risk (Ferguson, 2011). If Munro and others recommend a systems approach in child protection services then it is surely equally relevant to services for children in need, since these also manage risk; Victoria Climbié<sup>25</sup> was, after all, assessed as a child requiring family support services. In Chapter 6 I showed how the FIT model used a complexity approach. It worked with families as complex, co-evolving entities and used, as Munro (2010b) recommends, double-loop learning (second-order change) and the exploration-of-the-space-of-possibilities to create enabling spaces for practice. It privileged relationships (co-evolution and connectivity) and used feedback loops, recognising the transformative potential of small change in

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<sup>25</sup> The killing of Victoria Climbié in 2000 by her caregivers produced major changes in child protection policies leading to the *Every Child Matters* programme and the *Children Act 2004*.

triggering human agency. So, to what extent does this manage risk safely and what are the challenges of taking a complexity approach to risk management?

A complexity approach demands, first and foremost, the adoption of a world view that focuses on the family as a complex, co-evolving entity rather than as a 'problem to be fixed'. Ferguson (2011) describes social work practice in the mid-1990s as being crisis-driven and focused on 'trigger' events. The government *Framework for the Assessment of Children in Need and their Families* (2000) was intended to address this by, as Garret (2003) points out, moving social work thinking away from an over-focus on risk, and assessment as a checklist, to a framework based on an ecological (or systemic) model. However, rather than reducing the use of checklists and forms the concern has been that the *Framework* has generated a proliferation of questionnaires and scales. Although ostensibly a systems model, Stevens and Hassett (2007) argue that, because the *Framework* does not see the family as a complex co-evolving entity it cannot help practitioners to understand or engage with the temporal and spatial contexts that contribute to self-organisation and emergence. This fundamental flaw, as they see it, ultimately creates a framework that becomes linear and reductive. By contrast, understanding a family as a complex-co-evolving entity in which uncertainty and risk are necessary elements, as Stevens and Hassett (2007) argue, allows attention to be paid to change, including the impact of individual practitioners as they become part of the system.

As Mitleton-Kelly (2011) points out, problems in human systems need to be approached in terms of relationships and connectivity between interrelated and interdependent aspects of a whole system rather than as a reaction to an outcome or event. This understanding enhances practice by providing different ways to conceptualise some of the issues faced on a daily basis. Burns (2007) states that social problems, such as the ones that the families being worked with by the FIT

face, are highly complex and affected by a myriad of factors which, as they interact, do not combine to produce predictable outcomes. It is only by looking at a problem in context, and finding ways to make visible some of the interconnections that are influencing it, that we can open up the possibility of interventions that can address risk and create the sustainable change that we are hoping for. This is, fundamentally, the approach taken by the FIT. Ruth, in her role as clinical psychologist, described the importance of not taking a diagnostic approach that might contribute to a 'blame culture' but encouraging a relational approach that recognised the complex challenges that families faced:

*'[it is important that we recognise] this family is going through a really tough time for lots of complex reasons, and there are some things we can do about those in relationship with the family' (Ruth)*

Later in the conversation Ruth spoke explicitly about how risk was managed in the FIT and how her active involvement in casework, and seeing families at the start of intervention (assessment) and again at the mid-way review, provided an additional level of safeguarding to help manage risk:

*... I think there's also a safety, in the sense of safeguarding, I know all the families that are being seen, so, I think that awareness of risk - what might be the risk – is quite safe within this project, because there's that overview of somebody who's not working directly in an ongoing way with a family, but can dip in, and knows the family to quite an extent. So I think from safeguarding and safety generally, that's a really good, safe model. (Ruth)*

The members of the FIT were conscious of a difference between statutory services and the work of a team such as theirs located in the voluntary sector (although funded by the health service) and they recognised that this allowed them, to a degree, to take a less risk averse approach and to be more comfortable with

uncertainty. However, they also noted that, sometimes, the difference was more semantic than actual. In a conversation about the practice of the team in relation to neglect, Ruth explained that working at an early intervention level meant that children who had involvement from statutory services were ineligible for support. However, the difference between a child who was eligible and a child who was ineligible could be negligible in terms of their experience and needs. The ultimate determining criterion lay in the level of 'current' risk to a child:

*Once they are on the CPR (Child Protection Register) for neglect they don't meet our criteria anymore, and so we wouldn't be working with them. It is an exclusionary criterion. But given that the other siblings are on the CPR for neglect [this child who they are working with] is not on the CPR for neglect because he's been removed and is now living with his dad. If he was living in that household where he was living, and he has been back and forth [then he would not be eligible for a service] ... it becomes semantics a little bit, this is a child that has experienced neglect (Ruth)*

Picking up on the same theme, Jude, one of the FSP who left part-way through the research, explained that, although the team was established to work at an early intervention/preventive level, her experience of the families that came into the project was that they were exposed to significant challenges:

*The families [we work with] are massively complex and, even though we are meant to be an early intervention service, I would say we're probably in single figures, percentage wise, of families that actually come to us with a problem that is early intervention. (Jude)*

Later in the conversation above with Ruth, she returned to the difference between her practice in the FIT and practice in a statutory setting. Here she emphasised the importance of seeing a family in context, of not taking a diagnostic/assessment approach and of remaining curious. This is illustrative of the systemic approach

taken by the FIT, which allowed them to see families as complex co-evolving systems; social roles and norms and the subjective, lived experience of the family are considered with an explicit resistance to any attempt to impose structure on the problem situation. This creates the context for working with a family and, therefore, for working with risk since, in order to be referred, a family coming into the project must have presented with some degree of concern:

*Our practice must be ethical and principled and caring, and seeing things in a developmental, normative, contextual - you know - talking about families in a way that isn't diagnostic ... we [in the FIT] don't get into those psychiatric and social work domains. These are things that seem to really help, these things seem to make a difference within the project and to the families, ... I think we provide an alternative dialogue in a way. ... it is normal, having problems is normal, and how you deal with issues and with problems is normal. (Ruth)*

### **8.3 The language of risk**

There is a tension between the concepts of risk and need within the *Children Act* 1989. While these can be understood to lie at different points on the same continuum of care a difference exists in the level and severity of need. As described in Chapter 2, the *Children Act* 1989 introduced the terms 'significant harm' to refer to children at risk of, or experiencing, abuse and neglect and 'child in need' for those who need local authority services to either achieve or maintain a reasonable standard of health or development or to prevent significant or further harm to health or development. The SSW-bW Act 2014 removed the concept of 'child in need' and also the term 'significant harm', the latter being replaced with 'abuse, neglect and other forms of harm', effectively lowering the threshold of risk. In effect, therefore, children who might previously have been identified as being at a high level of need, but not at risk of significant harm, are now grouped within the 'at risk' category. In



children's social work, within both the *Children Act* 1989 and the SSW-bW 2014, the language of risk is the language of abuse and neglect which, therefore, act as proxies for risk, an illustration of Beck's (1992) 'risk society'. Therefore, in spite of what might, initially, appear to be a renewed emphasis on family support and early intervention, in fact the focus of statutory social work is likely to remain, as Devaney and Spratt (2009), Macdonald and Macdonald (2010) and Hayes and Spratt (2009) argue, on risk.

In terms of how the FIT operated, it was not that they did not see their work as being engaged with risk as much as they rejected the idea that risk should organise their thinking about families. This was possible, in part, because of the early intervention nature of their work; however their rejection of the language of risk was more significant than this since they dealt with many highly complex cases, some of which did end by going into the child protection system. As noted above, the difference between need and risk is one of degree and many families move back and forth along the continuum. Assessment of risk - awareness of child protection and being sensitive to abuse and neglect - was, therefore, central to the team's practice. In addition, all team members were expected to be familiar with agency child protection protocols, all received regular, mandatory training and child protection was raised as a standing item at every team meeting; so on one level, child protection, and therefore risk, was ever-present.

One of the challenges of addressing risk in social work, as we have seen, is that our current conceptual model of risk tends to be problem-saturated and inherently linear and reductive (Munro, 2011; Devaney and Spratt, 2009). In focusing on 'the problem' practitioners are encouraged to think in terms of finding 'a solution'. This treats the world as real and fixed, rather than something created and interpreted within the relationship between practitioner and family. From the point at which the

word 'risk' (in a social work context) is uttered, it creates a frame of reference that encourages both speaker and listener to frame their thinking around a definitive formulation and this makes it difficult to take an alternative perspective to risk. As Ruth described in a conversation at the beginning of the fieldwork:

*I'm trying to be collaborative with the family and so I can't use that language, because immediately I use that language it's a barrier. ... it's about privileging another dialogue that is more helpful for how professionals talk about their work with families. ... We've chosen deliberately not to use those words; social work, neglect. (Ruth)*

Sue, one of the systemic therapists, similarly identified how the use of language could frame the lens through which the FIT viewed the world. In this data extract she reflected on having to complete performance management returns and how this required her to report in a 'problem-saturated' way which was at odds with how the FIT operated and how she worked:

*We are having to operate within different systems, but [have] a foot in both camps, so with the monitoring, it asks you to report in a way that is that is very 'problems – solution', 'problem – outcome'. So you are still having to talk that language even if you are choosing not to have your head in that place at times. (Sue)*

The FIT did not use the language of risk or neglect. Initially this caused some concern in the research since I was, ostensibly, there because of my interest in neglect, yet the team was vociferous in their rejection of the term. Given the complex nature of many of the cases referred to the team, and how frequently practitioners talked about the levels of distress that children and their parents were displaying (self-harm and high levels of aggression and violence were common), I was interested in how practitioners understood and managed the level of risk they

were encountering. I was particularly interested in this since the project was clear that it did not work with families who were high risk/post threshold for child protection services and that it especially did not work with neglect as a child protection category. Sitting in team meetings and listening to the referrals and numerous case discussions, I was struck by just how many cases contained elements of moderate, and in a few cases, severe neglect and I was, therefore, intrigued by the team's rejection of the idea that they worked with neglect as reflected in Jude and Ruth's comments below:

*We don't do neglect Charlotte. We are an early intervention team. We don't do social work and we don't do neglect, we don't. (Jude)*

*... where you hear neglect what do we hear? I'm thinking about attachment and relationships and about what is causing that distress within that relationship that means that mum's way of coping is to block something off, so she is not able to attend to certain needs. (Ruth)*

Although the team claimed that they did not work with neglect, in every case discussion I observed I heard stories of neglectful parenting, what Jude referred to in Chapter 5 as "neglecty". These may not have been beyond the threshold for referral to social services (although some were and were referred to statutory services if the FIT were not able to address the issues satisfactorily, and some had been or were being 'stepped down' from child protection) but there were certainly families where children were not being provided with all the resources necessary for them to flourish. In a conversation early in the fieldwork Jude described some of the families with whom she had worked. Initially the conversation started out as an attempt to justify the position that the team did not work with neglect. However, as Jude described the nature of the challenges the families faced, she admitted that almost all the cases held some element of neglect:

*So there's mum, and she's divorced from dad. There's a son and a daughter ... the little boy was referred because mum was struggling with his behaviour – she just couldn't deal with him. That's what it said on the referral form. When we went out, mum really downplayed the behaviour and actually, it's not that bad. I'm a bit worried about him at school. He gets into a bit of trouble out with his mates, but it's not too bad at home'. The house was pretty filthy, full of reptiles, which just added to the fragrance, which wasn't good at all! But you could tell mum was expecting us, and she'd cleaned, well, tidied. ... School were a little bit concerned about the way that he presented. He was very grubby when he came to school sometimes, a bit smelly. The kids were teasing him. His attendance wasn't fantastic. (Jude)*

In spite of Jude's initial position being that she 'did not work with neglect' the cases she described, of which the one above is illustrative, detailed neglect. In this specific case the family was referred to social services who became involved alongside the FIT. Through the course of the research neglect was a theme returned to on numerous occasions by FSPs despite their hostility to the word. Ruth explained her discomfort with the term neglect as being 'a *pejorative, value-laden, moral judgement*' in a very early conversation. She went on to explain that the philosophy of the team – a psychological, systemic and complexity-driven approach – provided, in her opinion, a very different perspective on working with families:

*It is distress and that's where psychology, or [where] I come from. My professional home has always held that position. We don't want referral criteria to be problem-based, we want it to be, 'Does that family want a psychological approach? What is the level of the child's distress, the family's distress?' (Ruth)*

Ruth's position was that the FIT took a position that privileged the relational and rejected a problem-saturated, diagnostic approach. She went on to challenge the validity of the diagnostic approach to risk-assessment and practice that she felt was

focused on definition and diagnoses. She argued that coming from a position of curiosity, and seeking to build an effective working relationship, is a more powerful and productive form of intervention.

Whilst Jude initially suggested that the category of neglect was not relevant because they were an early intervention team, increasingly in discussions with team members it became clear that the reality was somewhat different. It was not so much that the team did not work with neglect but far more that the starting point for intervention was so distinctly different that for them to even try and engage with the notion of neglect took them into an unhelpful, problem-determined space which they did not recognise in terms of their practice or understanding. The following excerpt is taken from an early conversation with Ruth in which we were talking about the conversations I had had with the team about the use of the terms 'neglect' and 'social work'; Ruth was gently teasing me about this, whilst explaining her position. Initially she struggled to explain her resistance to the term 'neglect' but, as the conversation progressed, her thinking became more clear about the inherent difficulties of using a vocabulary inherited from statutory services for a team coming from a systemic/complexity framework:

*We've chosen deliberately not to use those words, 'social work', 'neglect' and it's really important. We won't allow you to even bring those terms in here. Almost that, that's almost something itself to be written up. It doesn't negate your work and your chapter but it does put a different aspect on it. And because we've been processing it [the language they use around neglect]. ... there's something about going through the process, and processing, in order to find out what is important. And I think we knew what was important, but to be able to explain it again, in a different way, because we've had a different challenge to our thinking. (Ruth)*

In addition, the term 'neglect' is the language of statutory social work. This is a language that the families who worked with the project were resistant to and so using that language would have created an unhelpful barrier to the relational model of the team. As Ruth explained in our very first conversation:

*It has to be acceptable to the family. The definition doesn't drive practice, unless it means a category that means we can't work with a family. It is about framing it in a way ... that it should help the family. It should fit enough for the family [so] that they can recognise it, and it works for them, and they understand it, and it's a shared goal. (Ruth)*

For Ruth, the fundamental basis of the practice of the team was the privileging of the relationship. In working with a family, she was coming from a relational position which meant that her starting point was not, 'What is the most concerning problem here? Is it neglect? But more, 'How are this family experiencing the world and how can my engagement facilitate the changes they are looking for?'

*'Neglect' isn't a word I would use, I suppose, and this may sound very naïve to you. I think given that I've done, you know, over the years, I've done lots of child protection training and things; mandatory, compulsory, but ... I wouldn't use that terminology. I would say, 'There is some insecure attachment or difficulties in the relationship with mum's needs not being met and how will we be going to support her in meeting her daughter's needs and how we'll be going to help manage that?' (Ruth)*

The philosophy of complexity and systemic practice meant that the language that the team used could not be the language of neglect or risk. The team believed that the use of such language would have taken practice away from uncertainty towards an imperative to 'know' and then to 'fix'. In rejecting the goal of safe-certainty the team was instead able to embrace the idea that risk is both unavoidable and unknowable, and this allowed them then to concentrate on the relationship with the

family and on achieving change. Haynes (2003) and Devaney and Spratt (2009) agree that complexity thinking can usefully help practitioners understand their existing practice, analyse traditional social work practice and consider alternatives at both policy and practice levels that might ultimately be more effective when working with intractable issues such as neglect before they become entrenched.

There is a danger that such a robust rejection of neglect might indicate evidence of what Stevenson (2007) refers to as the 'rule of optimism'. This happens when there is overconfidence in the model and the work being undertaken. Assumptions are made that the intervention is working or will work; concerns are minimised and achievements are inflated. A positive interpretation is made of what is occurring so that what is observed is seen as progress or, at least, not as risk. In other words, a situation of unsafe certainty.

The FIT used a strengths-based/relational model; to some extent this meant that 'optimism' was part of the team's working philosophy and they certainly had confidence in their model. However, what I observed in their discussions about their practice in the guided conversations, team meetings and observed supervision was a rigorous approach to prioritising the well-being of children and, as a result, a continual challenge to their own, and others', practice. When practitioners had concerns about parenting practices, or other issues, these were routinely raised and addressed. This included several occasions during fieldwork when parents were informed that concerns were such that a referral was going to be made to social services. I was not present during these conversations, so I do not know how this was communicated or what language was used with parents. However, these conversations were reported in team meetings I attended, where practitioners described telling parents about their specific concerns. Practitioners reported being very specific with parents about what the concerns were and similarly clear that the

situation had to change. For example, parents would be told that a referral was being made because the worker was very concerned that the home conditions meant that the children were dirty and smelly and this was having an impact on friendships, how they felt about themselves and how they were coping in school. Interestingly, the term neglect was used in team meetings when child protection was being discussed. This was often in relation to thresholds and whether the concerns were such (not framed in statutory language) that the case had reached the threshold for statutory intervention.

#### **8.4 Complexity, risk and uncertainty**

Managing risk in social work is challenging because every situation is unique and there is often a lack of consensus about the nature of the concern that might constitute a risk. The factors and influences in play will be dynamic and unique to every case and will require solutions that are equally individual. Haynes (2003) and Devaney and Spratt (2009) agree that, if a definitive problem cannot be identified, then there can also be no definitive solution. This belief in a definitive solution was what Jude, Sophie and others suggested that they experienced in a statutory setting as the desire to seek safe certainty. The problem with risk in a social work context, however, is that there may be any number of solutions to a given situation and different solutions will be more or less appropriate based on many factors, not least the historicity and path dependence of the situation. Although child protection, at first sight, encompasses a relatively narrow range of issues - physical, sexual and emotional abuse and neglect - the particular combination of features of these issues (which may include domestic abuse, substance misuse and/or mental illness) and any counter-balancing protective factors, will require, as Devaney and Spratt (2009) state, the invention of solutions to endlessly metamorphosing and seemingly intractable problems.



Working in a collaborative (what in complexity thinking would be termed co-evolutionary) way with families was understood by the FIT to be the most ethical and appropriate way of working with the unique circumstances every case presented. As Haynes (2003) states, there is no correct solution, any intervention will only be appropriate in a particular context and even then will be only one of a range of potentially 'correct' ideas. As circumstances change, the ideas about what might be required to resolve an issue will also change. As Sue and Jude noted in separate conversations early in the fieldwork, holding off from knowing too quickly, encouraged genuine curiosity and reflection, and this was central to the practice of safe uncertainty:

*Curiosity generates ideas and opens it up a bit, I think, rather than it being kind of fixed and very linear.*

*If you don't ever see something as fixed in the first place then it is much easier to accept the change ....*

*[Knowing/being certain] shuts down curiosity because it assumes something is fixed. We have to have some terms, I think, to orientate ourselves (laughs) but as soon as something is assumed to be fixed then it shuts down curiosity ... (Sue)*

Jude compared this with her experience of working in a statutory setting where there was pressure to seek a position of safe certainty. This, she felt, not only created practice that was more judgemental but, by placing importance on 'knowing', it also limited opportunities for change and, potentially, created increased risk by discouraging curiosity and investigation of the unknown:

*My experience in education was that we had to be the 'expert'; we needed to 'know. I think that's quite a handicap, taking that position; because what happens if you actually don't know? You just make it up (Jude)*

As described in Chapter 5, the importance of safe uncertainty was central to the practice of the team. In terms of risk this is highly counter-intuitive and, as White (2009) points out, at odds with statutory social work practice. Although Spafford *et al.* (2009) suggest that the social work students involved in their research viewed the 'acknowledgement and examination of uncertainty as a touchstone of competent social work' (p. 155) and they were 'socialised to embrace uncertainty' (p.171), this finding is questioned by White (2009) at least insofar as it is generalizable beyond the cohort involved in Spafford *et al.*'s. (2009) study. In statutory settings being seen not to know could be equated with questionable competency and unsafe, as White (2009) states, 'uncertainty is rarely an option for practitioners.' (p.233). However, as Fullan (2005) points out, understanding that things take time, is critical to good decision making. The FIT worked within a framework where they understood risk factors to be dynamic, frequently interlocking and interdependent. In approaching risk with an attitude of certainty, statutory practice is predicated on the assumption that risk is knowable. If risk is knowable then a focus in social work practice on assessment and definition becomes central. Taking neglect as an example, if a practitioner is working from an assumption that the risk to a child is knowable then the starting point must be to assess what the risk is and the extent of that risk. In other words, the practitioner must assess whether the child *is* being neglected and if so, to what extent. This requires the practitioner to have a clear definition of what neglect is, in line with their agency's procedures, as well as being clear about where the threshold lies between early neglect (which requires pre-social work intervention), moderate neglect (which might warrant some social work support) and severe neglect (which would warrant immediate and potentially significant statutory intervention). The practitioner must necessarily, therefore, focus on assessment, definitions and an approach that is almost diagnostic in its attempt to measure the risks and their probability of occurring.

Whilst this focus does not necessarily result in a less relational approach to practice, as Ruch *et al.* (2010) argue, it does have the potential to compromise it, especially where practitioners are carrying significant case-loads and are not receiving effective support or supervision. In addition, it makes it harder to work from a strengths-based model or to hold a position of hopeful practice. This is not to suggest that it is impossible to practice in statutory social work in a way that is strengths-based and relational; however, as Sue suggests here, taking an approach that is dominated by identification and assessment of ‘the problem’ (or risk) is likely to inhibit thinking about alternative ways of looking at what is happening with the family:

*That’s where I feel we clash so badly with social services. I’m having a real struggle with a case with social services at the moment because of exactly that. The meeting is framed from that perspective [defining, categorising, assessing risk], and so rigidly, that you don’t ever work to build from a position of strength or resource. Because you’re forced into a route that, and it’s like, if you look for a solution down that track; if I try to think of a solution for the family – not that I would have the solution – but if I’m trying to think of a way forward, and I look down that track, there is no solution other than foster care. Whereas if you came at it from a different position, and mobilised some of the resources that were within the structure, then put a few more protective factors in place, there would be enough to sustain...[the family] (Sue)*

In focusing so narrowly on assessment, Sue was arguing, assessment becomes separated from intervention and this moves practice further away from the relational approaches that the FIT argues are fundamental to their work. In conversations with Sophie (the first FSP to join the team after the fieldwork began) not long after she joined the team from a busy, inner-city children’s social services team she described her very recent experience of this environment. These mirrored what Hood (2014) describes as an environment increasingly preoccupied with

performance management. As Webb (2006) states, managerialism, a blame culture and a fear of risk has driven a defensive approach to practice that is increasingly reliant on assessment tools and adherence to rules and procedures, what Hood (2014) calls 'probabilistic technology' (p.33). The excerpts below are taken from two different conversations that took place within a few days of each other after Sophie had been working in the team for about six weeks:

*I feel that, as a statutory social worker, that because of the processes there were lots of things I should have done that I didn't do, and I didn't get to do. My manager was saying, 'you can't do that because you have got to do this'. ... In statutory social work the point has become the process rather than the work that you do with the child. But the targets are attached to the processes aren't they? Which doesn't help.*

*I describe it as fire-fighting, not preventive work at all, working in crisis after crisis. They safeguard children, but usually too late. I feel that children are safeguarded too late in nearly every scenario; too late. And even when I have pushed and pushed and I said, 'I'm not happy with this, I want this to go to child protection' and then being told legal wouldn't agree, the threshold hasn't been met, I'm thinking, 'Yes it has; how risky does it have to be?' I feel that, how do I put it, I feel that nothing is dangerous until it's already happened. (Sophie)*

In the excerpts, Sophie identified one of the issues that lies at the heart of critiques of current approaches to risk in social work by social work researchers and commentators such as Munro (2010a), Beddoe (2010), Broadhurst *et al.* (2010a), Macdonald and Macdonald (2010) and Stanford (2010). Sophie was expressing her frustration at the way in which she felt that the procedures, which were introduced as a response to numerous Serious Case Reviews, had become an impediment to ethical practice. The focus on procedures introduced to manage risk had left little time for face-to-face case work and interventions built around relationships, and

this was to the detriment of safeguarding. The pressures on statutory social work also meant that the eligibility criteria set by the local authority created thresholds for intervention that were too high, in her opinion, leaving children in risky situations.

This exposes a troubling paradox; managerialism creates a procedural/rule-governed system designed to reduce risk by standardising practice and reducing the discretion that individual practitioners have over their own practice whilst, at the same time, using those procedures to 'gate-keep' services, limiting access to potentially vulnerable families. Sophie's concerns are echoed by Macdonald and Macdonald (2010), who argue that the increasing preoccupation with risk in social work is often counter-productive because risk is more likely to be missed when practitioners have less time to spend with children and families and to reflect on their work. The following case examples and longer case study explore, as an alternative approach, the practical application of complexity in managing risk.

## **8.5 Early Intervention and family support**

The families who received services from the FIT experienced a wide variety of difficulties and challenges. In most, if not all, cases the children's health and/or development could be said to be compromised and, in many cases, not achieving a 'reasonable standard'. From the referral forms that I saw, and the meetings I attended over the course of the year of fieldwork, all the children involved were referred because they were exhibiting distressed behaviour. Many were aggressive; self-harm was not infrequent, even among children as young as five or six; most had poor self-esteem and many were struggling to maintain peer relationships. Some of these children also had learning or physical disabilities. Parents were often coping with multiple disadvantages such as mental health issues, poverty, substance-misuse, disability, poor housing, and ill-health.

Many children referred could have been identified as 'children in need' under the terms of the Children Act 1989. However, the pressure that local authorities are under to meet the needs of more vulnerable children means that, in many instances, statutory support would not have been provided. Indeed, according to a recent survey of more than 1,000 frontline professionals carried out by the social work magazine, *Community Care*, 43% of practitioners said they had been 'pressured' to reclassify child protection cases as 'child in need' cases in the past year, supporting the suggestion that thresholds for social services intervention have been rising (Stevenson, 2015). In addition, the stigma attached to receiving statutory intervention might also have meant that some of these parents might not have sought, or accepted, such support had it been offered.

Although the FIT project's remit of early intervention was intended to limit the service to families who did not (yet) have complex problems, project staff struggled with both the label of early intervention and the meanings of 'complex'. As Chloe noted, the families that the team worked with frequently faced a range of challenges that meant that they were, in fact, far more complex than the team was intended, in theory, to work with.

Jude and I were discussing the nature of the work undertaken by the project in a conversation about practice early in the research. Jude described going out to do an assessment of a family with Ruth not long after she had come to work in the FIT:

*This was a family that Ruth and I worked with; there was a mum, dad, three girls, seven, five and three .... They had been known to social services, and the children have been removed overnight because of the state of the house on one occasion... It was Ruth's first case that we went out to, and she got*

*back in the car and she went 'Oh my God – what have I done?'<sup>26</sup> I think she was absolutely floored by the complexity of this, apparently, 'early intervention' referral. Yeah, Mum had spent a lot of time in care, had been abused by her mother and grandmother; she had an older daughter that didn't live with her - lived with her grandmother; and, basically, the referral was for the oldest daughter, ... she was stealing food, ... she'd ... gouge the plaster out of the wall ... , she would go to bed and wee in the bed; she'd climb out of the window... (Jude)*

In a conversation with Sue at a mid-point in the research, Sue was talking about the families that the project worked with and explaining how issues which, at the point of referral, might appear to be relatively straightforward frequently turned out to be far more complex than the referral initially suggested. Sue explained that, since difficulties tend to emerge and build up over time before reaching a point at which families sought professional help, most families were struggling with long standing and frequently quite serious problems:

*They are complex families. I don't buy the idea that 'early intervention' means 'not complex', to be honest, they've just not entered the system. 'Early intervention' is a really tricky concept. I don't know what I mean by 'early intervention' because I think the parent therapy service arose out of the idea of 'early intervention', ... It either is an emerging need, but you clearly have a lot of parents who haven't got an emerging need. They will have seriously embedded emotional and mental health needs, I guess, or this family has done really well and is not managing to get services for whatever reason. I don't think 'early intervention' makes a lot of sense*

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<sup>26</sup>As part of the process consent approach taken, all participants reviewed and commented on the draft chapters and were able to clarify and contextualise the data extracts used in order to ensure they were being used accurately. After reviewing this chapter Ruth stated that she recollected the visit that Jude refers to above because she has often used it as an example when talking about the work of the FIT. She wanted to make it clear that her exclamation was not expressing concern about coming into the role; but was referring to the fact that the term 'early intervention' did not necessarily reflect the complexity or the long-standing/intergenerational nature of the difficulties families are experiencing. She went on to explain that she uses the example as a tribute to the work done by the project and the skill of the workers and that she and Jude had talked about this visit in this context many times.

*because, by the time it meets the criteria to receive the service, it can't be 'early intervention'. But, even then, I don't know what 'early intervention' might be because the early emerging anorexia in a young woman is a symptom, so by the time the symptom has emerged, the factors [have] been there for a while. (Sue)*

The concept of early intervention is predicated on the assumption of a linear trajectory from less risk to more risk; this treats risk as a fixed position and ignores the fact that families, as events and circumstances change, will move in and out of risk. Sue's comment, above, reflects a frustration with this linear model which fails to understand families as complex co-evolving entities and risk as emergent, dynamic and non-linear. The FIT, using an approach based on complexity, sought to step back and understand the association, interaction and interconnectedness between agents, seeing presenting issues not as single events of specific problems to be fixed, but as communication and feedback loops emerging as the result of interaction between key variables.

Sue challenged the notion that, because the FIT was an early intervention service, this meant that the families involved were experiencing only moderate difficulties of short duration that required relatively straightforward and unsophisticated support. In this conversation, a continuation of the discussion above, she first disagreed with the idea that an emergent problem was, necessarily, a simple problem and then went on to suggest that focusing on 'the problem' rather than on the family and its ecology had led to a preoccupation with definition, assessment and categorisation which has moved practice away from a focus on understanding relationships:

*'Early intervention' implies a lack of complexity; it implies simplicity, quick fix. I don't know whether there is evidence to say that, just because something starts this week, whether it is easier to fix. 'Early intervention' doesn't mean less complex...*



*When you talk about tiers we think: higher tier, more experienced worker, lower tier, early intervention, less experience. Where did that come from? This seems to be the root of feeling like we need to be clear about what it [the problem] is and therefore we've become obsessed with definition, with the definition and the behaviours, and less curious. (Sue)*

## **8.6 Managing Risk in Case Work**

The families coming into the project were dealing with a wide range of challenges and difficulties. The approach taken was not to 'other' families, but to understand their behaviour as a way of communicating their distress and to see them as making the best decisions they were able to make within the limitations of their resources, skills and knowledge at any point in time. This perspective enabled the team to hold a both/and position, seeing that change was needed, whilst not being judgemental of a parent who was struggling. The systemic/complexity approach adopted across the team meant that they rejected the positioning of families as problem-saturated and their own roles as clinical and diagnostic. They challenged the idea that the best way to resolve the difficulties faced by the children being referred was by focusing on what was 'wrong' with them. This does not mean that the significance of these difficulties was discounted but rather that problems were treated as only part of the narrative.

The FIT's operational theory was that emphasising and concentrating on problems would lead to cognitive and emotional weight being given to events and situations which reinforced those problems, whilst contradictory events and situations would be downplayed. Exploring with a family ideas and understandings about events and situations that had the potential to bring an alternative perspective to a narrative - such as looking at times when a parent did not feel as they do now, or when a child's behaviour was not of concern - could provide a point of access for a different,

and potentially more complete, narrative which acknowledged family strengths and successes rather than being primarily focused on weaknesses and failure.

It is not that problems are dismissed or explained away in this model; they are situated differently, within the *environment* rather than in the individual parent or child. This, the team believed, opens up opportunities to engage in a dialogue that is more helpful in triggering change than remaining stuck within a problem-saturated story. In the following case study, I describe one particular client narrative and the action that was taken, exploring the team's use of complexity ideas to manage the risk in this challenging case. The purpose of this case study is not to evaluate the intervention; rather it is to show how complexity ideas were used in practice to hold and manage risk.

#### **8.6.1    *Albert's story***

Albert<sup>27</sup> was a seven-year-old boy living with his parents, Rhian and David, older brother Sam (aged 12), and younger sister Seren (aged 3). The child was referred to the FIT by his school and the family GP because of his violent outbursts (he was reported to be getting into fights at home and school, and hitting out at other children and adults). Although there had been problems with such behaviour in school at the time of the referral, these had subsided. The school assessed him as being above average intelligence but sometimes behaving much younger than his years. Albert's mother, Rhian, suffered from poor physical health, chronic pain and depression which impacted on her parenting as well as her general well-being. The referral from the GP noted that Albert had smeared for a year-and-a-half; however, this had gradually stopped happening. Rhian was requesting support because she was finding it increasingly difficult to manage his behaviour.

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<sup>27</sup> Names and biographical details have been changed to ensure anonymity

Consideration of the referral against eligibility criteria was the first point at which risk to the child could be taken into account. The referral was received in mid 2013 and accepted on the grounds of the child's behaviour, which indicated emerging emotional and behavioural difficulties. However, due to the extensive waiting list at the time, the assessment was not undertaken until four months later. During this period the family would have been contacted and kept informed of the waiting times and offered services such as the Well-being Group which were not subject to a waiting list. In line with the team policy on joint assessment, the initial assessment was undertaken by the clinical psychologist, Ruth, and the FSP who would be undertaking the work, Luke. The assessment was shared in the usual way at the weekly team meeting. Luke fed back that Rhian used powerful language to describe Albert, calling him 'evil and wicked'. Both parents were present during the assessment although David was very quiet throughout and Rhian became quite tearful. Rhian stated that she and David needed help to make her son better behaved.

The joint assessment and joint mid-way review provide important elements within the management of risk. The mid-way review was a meeting with the family, the practitioner and the clinical psychologist to review progress made, get feedback and plan for the remaining work. The following are excerpts from conversations with Sally-Anne, an experienced practitioner who had re-joined the team after an absence who I was interviewing towards the end of the fieldwork, and with Ruth from an early point in the research, both reflecting on the value of the joint assessments. Whilst Sally-Anne had not been the FSP working on the case, she had participated in meetings and discussions about the family. For Sally-Anne the value of joint assessments, and mid-way and end reviews, lay in the

encouragement they provided to reflect on practice whereas Ruth, as a manager, noted their value in terms of risk assessment:

*In comparison to other projects, [the work] starts with a joint assessment, then midway. The midway is so important. Having a second person going in is great; it's crucial, having that second pair of eyes, it helps you reflect on what had been achieved. (Sally-Anne)*

*I love being out with families; it brings a real richness to my understanding. So that when the FSPs are talking about the families, I really feel that I know them well, and that knowledge grows as they see the families more, and I also get to see them at midway. ... I think there's also a safety, in the sense of safeguarding, and I know all the families that are being seen, so, I think I'm sort of, you know, that awareness of risk, what might be the risk; I think it's quite safe within this project, because there's that overview of somebody who's not working directly in an ongoing way with a family, but can dip in, and knows the family to a certain extent. So I think from safeguarding and safety generally, that's a really good, safe model. (Ruth)*

The assessment was seen as the start of, not separate from, the intervention; with the input of the psychologist it became a psychological intervention in itself. Assessments were not intended to 'diagnose' the 'problem' but were an opportunity to explore with families their stories and how they made sense of life events, their fears about the past, present and future and their hopes for change, rather than privileging a 'professional' perception of these. The twelve-week intervention was then built around this co-construction, acknowledging the individual nature of the family's story.

Following the assessment Luke started working with Albert and his family. When feeding back to the team meeting after he had completed the mid-way review half way through the intervention, Luke described Albert as quiet, well-behaved and emotionally needy; he was a child who, far from needing to behave better, behaved

too well. Luke described the parents, Rhian in particular, as being highly articulate and intellectual, and as communicating in a way that could make professionals feel challenged and disempowered. He described how engaging with Rhian and David made him question himself and his judgement and this prompted him to reflect on how this might make the children feel. The intervention was interrupted because the parents were unable to make weekly sessions and, as Luke was leaving, the case was handed over to Catherine, a psychology student on placement as part of her professional doctoral training. In a conversation about her practice, Catherine talked about Albert as one of the children she was starting to become concerned about from a safeguarding perspective. She gave the following description of Albert and the family:

*It's a really sad case, a lovely little boy, and in sessions it's like he can't get enough of the positive attention. I went out to fill up the water thing because we were doing painting and I came back and he squished his chair right up to mine and in the sessions he was so tentative. There was a packet of colouring pencils and he wouldn't open them himself - he waited for permission even though I'd already said you can just help yourself. And school has said that he is really well-behaved at school, but he is, if anything, too anxious about getting everything right. Mum and Dad have been really difficult. They're a really hard family. They are quite intellectual and I guess that's something a bit different. Mum, in particular, says some really shocking things. Like in the last parents' evening she said that Albert was evil, and she'll say to me that she'll say things to her son that no mother should ever say to a child, but without any emotional connection there. It's really distressing for that little boy I think. (Catherine)*

Catherine's intervention with Albert focused on building his self-esteem and self-confidence and encouraging him to explore his creativity and self-expression. She described how she felt disempowered and lacking in agency in the presence of the parents:

*It's really hard to explain, but the kind of looks that she gives you and positions that she gets you into, I don't know how, when I've been in there that I feel that I'm so paralysed that it's hard to think about the next thing.*  
(Catherine)

Catherine was concerned about the environment of low-warmth and high-criticism that Albert was experiencing. Rhian, in particular, displayed no warmth towards Albert, describing him in negative terms and telling him that she was intending to leave David, taking Sam and Seren with her, but leaving Albert behind. Contact and communication with other agencies was an integral part of how the team worked and formed part of the consent that parents sign up to when they agreed to receive a service from the FIT. Catherine spoke to Albert's school to get their views on Albert and to explore their concerns. They expressed similar worries and described to Catherine how they were putting in place strategies to compensate for the lack of emotional warmth at home.

Multi-agency and inter-agency working was another feature of the team's practice. Other professionals routinely attended team meetings and team members were encouraged to seek advice and to collaborate with other teams; referrals were regularly made to other services where this was felt to be appropriate. Making connections, building relationships and opening up dialogue to co-create meaning was central to the systemic/complexity framework within which the team operated. This level of collaboration allowed Catherine to identify and promote strategies to support Albert within his wider community as well as to explore risk with the school and reinforce their approach of safeguarding Albert's well-being and seeking to meet his emotional needs. At this point, Catherine felt that the child protection concerns for emotional abuse were high enough to consider referral to the local authority for child protection.

Catherine discussed Albert and his family with Ruth in supervision throughout her work, explaining how the family made her feel and using it to explore what the family was triggering in her that was generating those emotions in order not to lose her sense of agency. This was also aided by the fact that assessments and mid-way reviews were held jointly, meaning that Ruth had met the family on two previous occasions and so was able to provide that useful 'second pair of eyes'.

The twelve-week programme of intervention with Albert, started by Luke and completed by Catherine, came to an end in February 2014 and this was when Catherine's contact with the family finished. The minutes of the meeting where Catherine presented the end-review recorded that the parents were accessing the parent therapy service also provided by the project. It was noted that the parents had sought support initially to help manage Albert's destructive and dangerous behaviour, how negative his parents were about him and how he had felt as though he did not fit into the family. The minutes reported that an example of his bad behaviour was putting his elbows on the table during mealtimes. It was noted that his parents' expectations of him were unreasonably high and that he was put on 'the naughty step' frequently. The minutes described Albert as chatty, but tentative and craving positive attention. Both Luke, during his time with Albert's family, and Catherine, had challenged the parents about their expectations of Albert, and the environment of high criticism and low warmth they felt he was experiencing. As her final intervention, Catherine wrote a letter to Albert's parents about the volatility of their relationship, their parenting styles and the impact that this was having on all the children and on Albert in particular. At this point, although the child protection concerns were acknowledged, it was agreed that the best way to address these was through engaging the parents in the parent therapy service, not least because it was felt that this would further reinforce the message that Albert was not the problem.

Although the direct work with Albert had ceased at this point the parents were still engaged with the project because they were receiving support from the parent therapy service and were attending weekly sessions with the parent therapy team. Two weeks later this case was brought to the team meeting by the parent therapy team as a safeguarding concern. A decision was taken to hold a multi-agency meeting with the parents to address concerns, but the fact that the parents were engaged in parent therapy and the child had on-going support from the school, were seen as significant protective factors.

The parents continued to access the parent therapy service and one month later this case again came to a team meeting as a safeguarding concern. The minutes of the meeting reported that Rhian and David were attending weekly sessions at the clinic with both parents describing the other as a risk to the children and Rhian stating that Albert was a risk to Sam and Seren. The systemic/complexity approach had provided a therapeutic space where the family's construction of 'the problem' could be explored. In this environment, what became evident was that the parents saw themselves as 'the risk', but were unable to acknowledge their individual responsibility - they were only able to articulate this by blaming each other. This was a challenging meeting for all concerned and was a good example of the team coming together to reflect on the risk to the children.

There were a number of features to this meeting that struck me as particularly interesting. The first was the absence of heightened anxiety at the prospect that this case had, potentially, reached the threshold for referral to statutory agencies; instead there was a reflective quietness. Team members were very familiar with the facts of the case since it had not only come to the team at referral, assessment, mid-way and end-reviews, as all cases do, but had also continued to be brought to team meetings due to the parents' ongoing engagement with the parent therapy



service. There was a lengthy discussion about the impact of the parents' behaviour on all three children, which included information from the school. The team agreed that the threshold for child protection had been met for referral. Interestingly, however, a decision was taken *not* to refer, exposing the team to organisational risk. Talking about that meeting in a review of the research with Chloe and Ruth, Chloe reflected on that meeting:

*There was a real carefulness about speaking, and being aware of what people were hearing, and people also, as well, being careful with, very clear about, what they felt they needed to say and making sure that they said it. And I think that other people were going through a similar process, so whilst there was risk in the air, everybody put themselves on the line to be open and honest with each other. There was carefulness, but there wasn't a sense of defensiveness or people trying to protect each other or themselves, it was a very open discussion. It was difficult and it wasn't a foregone conclusion so, although people came with very strong views, nobody came from a position of 'I am going to make this happen'. It was a genuine, thoughtful space. It was really respectful of different views. (Chloe)*

This decision not to refer was based on a number of factors. Firstly, and crucially, there were the protective factors in place for the children; these included the ongoing family therapy, schools being aware and providing a support for the children and the presence of the father in the family home, which was seen to be a protective factor. The team were optimistic that the parents' engagement with the parent therapy service would reduce the risk and that if a referral to social services was made they might choose to disengage from the service. The view was also expressed that, because it was a case of emotional neglect and emotional abuse, the local authority would be very unlikely to take any action and therefore they would be risking losing the ability to work with the family with no alternative support

in place. Advice had been sought from the local authority as part of this decision-making process.

This was an active decision-making process. It was not a decision *not* to act, but a decision to take a range of actions that included *not* referring to social services at this point. The decision took time to reach and, ultimately, it was a consensus decision; however, this was not how it had begun. Child protection and safeguarding was a standing item on every team meeting agenda and it was under this agenda item that the lead practitioner working with the family raised her concerns - not from a position of certainty but from one of inviting others to question assumptions and to bring their insights into what was occurring. Consensus was arrived at, not by individuals seeking to persuade others of their perspective but by collective reflection on the case. Those in a management capacity were required to 'hold the uncertainty' in an environment when not doing so would have been by far the easier option. As Ruth described the meeting:

*We were holding risk, managing risk, and it would reduce our [the FIT's] risk to have made the child protection referral but it wouldn't have been the best thing for the family and, because of my 'good-girl' nature, and I'm really aware of that because I like to follow processes, but it is more important to me that it is right for that family. (Ruth)*

Here, Ruth acknowledged the risk to the organisation (the parent organisation as well as the FIT team) in not referring on that day and, therefore, not following organisational procedures. However, her position was that reducing the risk to the organisation would have increased the risk to the family who might have disengaged from a potentially safeguarding intervention with no guarantee that social services would have offered any other service. It is important to note that the managers were explicit that the decision not to refer was a decision appropriate for

that moment; they were making a decision in the knowledge that it could, and would, if deemed necessary following reflection or further information, be revised. This decision was also taken in the context of having been told by the Intake and Referral team manager in the local authority that child protection referrals should be made only if a child was at risk of significant harm *on that day*, a threshold that the FIT found concerning.

It is worth mentioning that, as Hood *et al.* (2001) note, transferring responsibility for risk, whilst reducing the referring organisation's institutional accountability, does not reduce societal harm. Munro (2010a) calls this 'protocolisation' (p.1146) and describes it as a managerial strategy which provides the defence of due diligence in the event of a worst case scenario. Whilst the focus on procedural compliance might be reassuring, since it limits legal liability for harm, it is also constraining in terms of its use of professional judgement, discretion and decision-making and can, therefore, indirectly increase rather than reduce clients' exposure to risk. Munro (2010a) suggests that organisations that prioritise procedures may undervalue the professional skills needed to apply the procedures competently. Whilst such a defensive management style is, perhaps, understandable given the blame culture that social work experiences when errors in judgement are made, Munro (2010a) argues that courage is required to step away from this defensive response because it discourages learning and promotes the legal protection of organisations above the ethical (the interests of children and families).

The team generally rejected the individualisation of risk, preferring to see risk as situated and contextual, and this was an approach that they brought to the decision-making in this case. This allowed the team to 'hold uncertainty' whilst they considered the complexity of the case and the situated understandings of risk for Albert. In a later conversation about the case Chloe described how important

holding that uncertainty had been and also how difficult it was for her as the manager, feeling the tension between adhering to the procedures that she was obligated to follow and the desire to work in a way that the team believed would meet the needs of the family most effectively:

*I was just thinking that in team meetings sometimes it is difficult for us all at times, for example when we talked about Albert's family and I had to hold my uncertainty because I wanted to get it all sorted and in fact I did say we needed to speak to [a social services manager], and then when the guys [parent therapy team] came and said 'We are going to hold onto that because they are coming to family [parent] therapy I thought, 'Well okay, we'll do that, we'll do that, that's okay as long as I'm hearing what's happening, so it gets tested'. It's not that easy, it sounds easy to see doesn't it? That we work with uncertainty, but it ain't easy. We have to keep paying attention to it. But what it does, what it gave us in that instance was the opportunity to try something different, to be more creative but within a safe environment, if that makes sense, more contained; a contained environment. (Chloe)*

A short time later the situation deteriorated; the protective factors were no longer felt to be enough to manage the risk and a child protection referral was made for emotional neglect and emotional abuse. The parents were notified that a referral was going to be made and Sue, who was leading the work with the family, made the referral. The emotional toll this took on the individual making the referral was acknowledged. In one of the later conversations with Chloe she recollected that afternoon:

*Sue had done this session, and she had made the referral, and it was absolutely right and proper, and she was coming up to give me the referral to sign it and I said to her, 'Are you alright?' and she said, 'Yes, I just need to go home and we'll talk about it in the morning'. (Chloe)*

There was an air of sadness at the point of referral and this, too, was 'held' by the team. The team's belief that there was a likelihood that social services would not consider the threshold for statutory intervention would have been met, proved, in the end, to be well-founded. Fortunately, however, the family, although not happy about the referral, did not disengage from the parent therapy service and the work continued to a point where the parents were more able to meet the children's needs and the school began to feel happier about Albert.

## **8.7 Summary**

The FIT project was built on the belief that a different approach to risk could be achieved through conceptualising children's services as complex, adaptive (co-evolving) systems. The project rejected a problem-determined position, refusing to use the language of risk (child protection, abuse and neglect), believing that such language not only formed a barrier between the practitioner and the service user but that using it as the starting point for intervention would negatively constrain the work being done. This chapter has described the systemic model the team used that recognised the situated rationality of individual families. The strengths-based model worked to identify and promote resilience and agency, positioning families, not as repositories of risk, but as people with strengths and resilience that can be developed.

Although the project, ostensibly, was an 'early intervention' project, the work reflected the messy reality of human systems in that, for a family to have got to the point of requesting support, or to the point of having been identified as being in need of support, the difficulties they were experiencing had to have been present for some time. This chapter has described the level and nature of the complex needs some of the families using the project were struggling with - some of which were

safeguarding concerns - and the strategies employed by the team to manage risk from a complexity perspective. The team was not bound by a problem-saturated approach or driven by a reductive model privileging procedural compliance. This enabled practice to be curious and relational, using the notion of safe uncertainty to help manage the uncertainty inherent within social work. The case study example presented showed how the team managed risk in practice, not ignoring risks to this little boy but using the whole team as a resource to thoughtfully explore the risks and the ways in which they could be managed to achieve the best possible outcome. Far from being organised by a desire to transfer risk to minimise personal accountability and legal liability, the team chose a route which they believed would result in a better outcome for the family although in doing so they chose, initially, not to follow organisational procedure, thereby potentially exposing themselves to moral censure and possibly legal challenge. Creating an enabling space in which to challenge, question and explore the situated realities of risk to Albert enabled the team to reach consensus about a course of action that maintained the family's engagement with the service.

Risk is today regarded as an inescapable component of a fast-changing, reflexive modernity and the assessment and control of risk is something that can never be definitively accomplished. This is not to suggest that risk assessment tools do not have a place in social work, nor that risk assessment is unnecessary or unimportant; but predicating assessment on an assumption that risk is scientifically calculable is unwise because risk assessment tools do not, on their own, create safe management of risk and reliance on them may actually weaken the muscles of moral and professional judgement.

The FIT's assessment of the safeguarding 'risk' to Albert took into account the potentially unpredictable behaviour of actors other than the family as well as

expanding the category of risk to include disengagement from potentially safeguarding mechanisms. This nexus of risk factors cannot be arithmetically modelled. An over-reliance on actuarial tools and risk technologies may lead social care agencies to place unwarranted confidence in such tools and become overly-dependent on procedural compliance at the expense of nurturing the professional judgment of practitioners. Where risks are unpredictable, what are most useful are methods that encourage creativity and adaptability, especially in such a contested area as child welfare.

The case study discussed in this chapter is not an example of how to make the 'right' decision - indeed, given the fact that a referral was made a few weeks later indicates that possibly it was the 'wrong' decision - but it presented a different way to manage risk that still ensured safety, as far as was possible, whilst preserving and promoting the professional deliberation and judgement of the practitioners involved. This alternative approach has the potential to create opportunities for innovative and creative practice that are more humane, more sustainable, and which address more effectively the human suffering inherent in child protection cases.

## Chapter 9: Conclusion

### 9.1 Introduction

There is little written currently on the practical application of complexity in social work; however, social work academics such as Byrne (1998), Stevens and Cox (2008) suggest that complexity thinking offers practitioners a theoretical framework that can enable a different way of understanding, and ultimately practising, social work. This study was interested in how complexity thinking could be applied to social work practice. My interest lay not in the research focus, the FIT, in particular, but rather in how the theoretical underpinning of FIT affected their practice and, ultimately, whether this had anything to offer social work on a wider level.

My interest in this field was driven by an interest in child neglect, stemming from my own social work practice and the work of Eileen Munro and her review of child protection which drew extensively on systems thinking. One of the key findings of the *Munro Review* was the necessity for a more realistic approach to risk that recognises the futility of attempting to eradicate risk and uncertainty from practice. A system driven by anxiety, the *Review* concluded, leads to an increase in referrals and more invasive intervention taken in families with lower levels of risk – a lowering of the threshold for intervention (the Baby P effect). In attempting to eliminate risk, practice has become defensive, prescriptive and risk averse.

Munro (2010b) argued that, in the face of a world that is neither fully predictable nor fully controllable, there needs to be a 'risk sensible' approach which asks not, 'Is this a child protection case or not?' but 'Does this child or young person need help, and if so, which service is appropriate?' (p.135). Whilst understanding what constitutes a



child protection referral is important, adopting a starting point that focuses less on the identification of risk and more on the welfare of the family is likely, according to Munro, to lead to better outcomes for those children who are provided with support and not drawn into the child protection system, as well as better identification of those children and young people who are suffering significant harm. In addition, Munro states, the extra time spent with children and families that such an approach demands will enable the relationships that will facilitate this to develop.

The *Munro Review* (2011) showed how the cumulative effect of previous reforms had created a working environment for social work practice that was prescriptive, highly regulated and over-bureaucratised, with management focused on procedure rather than practice. This, she argued, limited the time practitioners had to spend with families, to build relationships, to work collaboratively and to understand the lives of those they sought to help. Abbott and Taylor (2013) warn that this new type of management has demanded a new kind of social worker - one who is concerned with work performance, appraisals, outputs and management systems. The *Munro Review* concluded that what was needed was a system shift from a compliance culture to a learning culture which would re-professionalise practice and give greater discretion to social workers to use their professional judgement.

The aim of this thesis was not to evaluate the efficacy of a particular model of intervention in child neglect, i.e. the FIT, but rather to use the FIT as a setting to explore how practitioners used ideas from complexity and how this impacted on their practice. Because a collaborative approach to the research was used, it was not possible, at the start of the project, to establish a definitive research question; instead the focus of my enquiry was informed by the literature on social work, neglect and complexity, leading me to the initial orientational research question

which was: “How relevant is complexity theory to understanding the challenges, failures and possibilities of social work practice?”

## **9.2 The research aims and questions**

The overarching aim of the research was to provide an in-depth understanding of complexity thinking in practice; exploring, in particular, whether having a complexity-informed theoretical approach to practice in an early intervention setting enables a different approach to ideas of change and risk. The research sub-questions were an emergent property of the research; this was important because it was not only congruent with the principles of complexity guiding this study, but also because of the research participants’ rejection of the idea that the FIT was engaged in 'social work' or that they worked with families where 'neglectful' parenting was occurring. The process of undertaking the guided conversations and the ongoing feedback and collaborative approach to data analysis allowed me, over time, to focus the research down to the three sub-questions which follow.

## **9.3 How did complexity thinking inform team members’ understanding of their practice and how they worked with families to foster change?**

The members of the FIT understood their practice in terms of change. Facilitating change with families lay at the heart of their work, and complexity thinking offered a framework that both explained the change process and, in offering a different way of understanding change, provided alternative ways of engaging families in the change process.

The *National Occupational Standards for Social Work* contain a standard (SCDSW17) based solely on the requirement to apply methods and models of

social work intervention to promote change. The FIT evidenced, as the standard demands, a comprehensive knowledge of a range of evidence-based interventions, together with the ability to adapt and apply these in order to meet a diverse range of needs and situations. Complexity thinking not only provided a framework that gave the FIT an understanding of change, and how individuals respond to change, but the collaborative nature of their complexity approach meant that solutions came from the families themselves, not from practitioners as 'experts' trying to 'fix' the problem. Change was seen as the purpose of each intervention, but allowing the nature of change to be an emergent property of the relationship between the FSP and the family created a situation where the change was owned and directed by the family, rather than being imposed by the practitioner. In this way, an assessment of readiness for change became unnecessary since the work was directed and driven by the family rather than by the referrer. This is a key difference between family support provided pre-statutory threshold and that which is often mandated at a post-statutory threshold. This demonstrates the kind of superior understanding of the change process called for by Howarth (2013), and echoes the wisdom of Senge's (1994) observation that resistance to *being* changed should not be mistaken for resistance to changing.

It could be argued that it is all very well to take a family-focused and strength-based approach in families where risks are low; however, the same principles cannot be applied where change is mandatory. However, the FIT did work, from time to time, with families where engagement was voluntary but 'with consequences'. In other words, the parents had the choice about whether they engaged or not but failure to engage would result in mandatory intervention from statutory agencies. That the FIT did manage to engage with such families, and did work with them in the same way as with other families to effect change such that mandatory intervention was not required (as evidenced by evaluations and follow-up studies), suggests that this

approach does have wider application for working with families on the cusp of child protection.

Assessment in the FIT was seen as the start of the relationship and, therefore, connected to and a part of the intervention. Assessment was not about identifying every aspect of the problem in order to identify 'the' solution at the outset. Instead it was the first opportunity for the family – usually the parents - the FSP and the clinical psychologist to start to build trust and explore ideas, explore motivation and the changes that the family wanted to make. In this way it avoided the pitfall that Horwath (2013) warns against, of seeing assessment as being the intervention. As she says, whilst good quality assessment is crucial, on its own this will not bring about change.

As the *Munro Review*, the *National Occupation Standards*, and other commentators on social work practice endorse, the FIT had an explicit theory of change and this theory of change was at the heart of the systemic/complexity informed practice of the team. Although the team did not, necessarily, use the language of complexity the principles common to definitions of complexity thinking (Mitleton-Kelly, 2003; Green and McDermott, 2010; Wolf-Branigin, 2009) were evident in their thinking and practice. The following table (see table 2 below) maps the principles of complexity thinking (Mitleton-Kelly, 2011) against the FIT model and some characteristics of effective practice discussed in Chapter 2. The features displayed by the team included many of those that, according to social work academics and policy makers such as Munro (2010b), Tanner and Turney (2003) and Taylor *et al.* (2012), are most effective in cases where neglect is present: relational and attachment-based, multi-faceted interventions, strength-based and systemic and ecological interventions that involve the whole family. Intervention was short-term rather than long-term (indicated as more effective in the literature); however the FIT was an

Table 2: Complexity, features of effective practice and the FIT

Complexity principles	Application to FIT practice	Features of effective practice
Connectivity and inter-dependence	The FIT's privileging of relationships (see 6.6) and use of attachment theory to create a secure base for families (see 6.6.1) and the team (see 7.3). Working collaboratively with families and adapting intervention to meet their particular needs, thus recognising and working with the family as part of a system (see 6.3).	<ul style="list-style-type: none"> <li>• Relational</li> <li>• Attachment-based</li> <li>• Participants have ownership of intervention</li> <li>• Holistic</li> </ul>
Co-evolution	Recognition that change results from the relationship between systems (for example, families and the FIT) that relationships are necessarily reciprocal and connected, being sensitive to changes in the environment, and that there may be consequences of reciprocal change on micro, meso and macro levels (see 6.3).	<ul style="list-style-type: none"> <li>• Relational</li> <li>• Participants have ownership of intervention</li> </ul>
Far-from-equilibrium, historicity, path dependence	Understanding that families are often in a state of being far-from-equilibrium at the point of referral and that this is a useful opportunity for exploring change; recognition that intervention needs to draw from, and build on, families' experiences and strengths; acceptance that, whilst a family's story is important, it does not necessarily determine future outcomes, enabling practice to remain hopeful (see 6.6).	<ul style="list-style-type: none"> <li>• Strength-based</li> <li>• Ecological</li> <li>• Attachment-based</li> </ul>
Exploration-of-the-space-of-possibilities	Emphasising the importance of choosing not to know too quickly; the idea of safe uncertainty which allows for high levels of flexibility, adaptation and co-evolution, and an understanding that there may be more than one possible/relevant answer to a given situation (see 6.5.1).	<ul style="list-style-type: none"> <li>• Flexible and multi-faceted intervention</li> </ul>
Feedback	Understanding the significance of small change triggering positive feedback loops that have an amplifying effect (see 6.3.1).	<ul style="list-style-type: none"> <li>• Strengths-based</li> </ul>
Self-organisation, emergence, creation of new order	A model of practice that allows for interventions to be directed by the family and guided by the practitioner who is not 'the expert' but who brings expertise and enables intervention to emerge as part of the relationship (see 6.3).	<ul style="list-style-type: none"> <li>• Multi-faceted intervention</li> <li>• Participants have ownership of intervention</li> </ul>
Fractal scaling	Recognition of regular patterns, where there is a relationship/connectivity between the base component and the end result. The FIT's use of modelling is an example of this, where preferred behaviours are modelled within the team by managers, and by FSPs in families and then encouraged within families (see 6.3.1).	<ul style="list-style-type: none"> <li>• Relational</li> <li>• Strength-based</li> </ul>

early intervention service which also offered top-up sessions as well as non-time-limited parent therapy and group-work, a combination which enabled the team to offer a service that was more long term than the initial 12-week model would suggest.

Being well-trained, and having a strong theoretical base, including a theoretical understanding of models of change, as the FIT had, is recognised as being characteristic of services that are likely to address emerging concerns about neglectful behaviours. A theoretical base underpinned by complexity thinking provided the FIT with an explanatory framework that helped their understanding of the problem situations that families presented which were challenging both in their definition and in the identification of possible solutions. Creating an environment conducive to effective practice, according to social work academics such as Horwath (2013), Howe (1998) and Gardner (2008), requires collaboration, consistency, containment, challenge and contingency, for families as well as practitioners, all of which are intrinsic to the FIT model.

The practitioners in the FIT found the theory-driven model of practice empowering. In reflecting on their practice, they explained how it helped them understand why certain practice behaviours were more likely to be effective than others. They felt that understanding change as a dynamic process within a relationship, rather than as an event, created a shared responsibility between the service-user and practitioner and released them (the practitioners) from the need to apportion responsibility if a particular intervention was unsuccessful.

One of the challenges of working with families which were deemed neglectful is that parents often feel lacking in agency and entirely overwhelmed by the difficulties they face in their lives. In addition, they frequently feel that those in a position to help do

little that they find useful, leaving them feeling further frustrated, abandoned and marginalised. Adhering to the principles of co-evolution and interdependence meant, as described by Jude in Chapter 6 (see 6.5.1) that power was shared between the FSP and parents and the relationship was one where the practitioner brought expertise but was not 'the expert'. The principles of complexity and second-order change that team members in the FIT applied to their practice enabled the team to create and sustain a learning culture; not just within the team, but also within families as described in Chapter 6 (see 6.3.1).

Taking a complexity-thinking approach to practice provided a specific conceptual framework to inform team members' understanding of their practice in which the idea of sustainable change was central. By using complexity theory to underpin their practice, the FIT developed a model of practice that privileged local knowledge and the voice of the family over the expert meta-narrative, as Jude noted in Chapter 6. Feedback from parents frequently included the comment that the input from the FIT was the first time they had really felt listened to and understood. Using the idea of small change, or feedback loops, the FIT sought to use the family's own motivation for change to generate small changes that they had ownership of. The role of the FSP was as 'facilitator' or 'co-constructor' of the change process, bringing difference and expertise, rather than being 'the expert'. As the project manager, Chloe described, in Chapter 6, practice was predicated on the assumption that working collaboratively to empower the family would result in them feeling more in control and, in being able to change one element of their lives, more able to both sustain that change and go on to initiate other changes to improve their lives. This was achieved through the development of a learning and enabling environment, developed by creating a secure base for practitioners which met their needs for intellectual challenge and nurturing support, and created high expectations. Fullan (2001) makes the point that an important element of a learning culture is the

creation of environments where individuals expect to have their ideas and practices scrutinised and where this is modelled by leaders. As is important in families, the FIT provided an environment of high emotional warmth and low criticism and coupled this with high expectations and high challenge. As Chloe said, in Chapter 6, the FIT was "nurturing people in a way that treats them like grown-ups"..

The SSW-bW Act 2014 provides an opportunity for local authorities to give serious consideration to how they think about, plan and deliver social work support at a preventive level. The intention of the Act is to create a legal framework which makes it clear what vulnerable children and their families can expect in terms of support and assistance, and which balances the need to safeguard with the importance of proportionate intervention that recognises that providing support at an early stage may well reduce the need for more intensive, and potentially invasive, intervention at a later stage. This research does not argue that the FIT provides a definitive answer on how to do this but it does suggest that the FIT model provides one possible approach which delivers the aims of Part 2 of the SSW-bW Act.

#### **9.4 What were the characteristics of the FIT that impacted on their ability to manage change and turbulence within the team?**

A stable staff team plays a significant role in creating an effective organisation. Webb and Carter (2012) cite the Social Work Task Force as blaming difficulties in retention for holding back the profession and making service improvement difficult to achieve. Concerns about high turnover of staff, both social workers and managers, and the associated negative impact on service-users and agencies, are long-standing. Webb and Carter's (2012) systematic review set out the costs of staff turnover: financial costs of recruitment and training, organisational costs in terms of



loss of efficiency, effectiveness and organisational memory, costs to relationships with service users and multi-agency working, and lower staff morale as increased pressure is placed on remaining workers. In the six months preceding the start of my research, and first six months of the fieldwork, every single member of the team, with the exception of the business support officer, moved on, or changed roles. What was interesting was not that the organisation did not experience the costs of this, but the way in which it managed this period of significant turbulence to achieve organisational coherence. .

The costs to the organisation of this churn were felt in a number of ways. As FSPs left and were replaced, the time taken to recruit and upskill staff increased pressure on the service, which was already feeling the impact of the tightening and raising of thresholds for statutory intervention (as noted in the evaluation of *Families First Year 1 Report*) so that, at one point, the waiting list was approximately 10 months long. Staff members in the team were well aware of, and very concerned about, the impact the delay would have on children and families. Practitioners found the waiting times demoralising and concerning, impacting on their sense of agency. It had the potential to feel overwhelming and unmanageable. The high connectivity of the team brought with it disadvantages as well as advantages. As one member of the team remarked at the point when waiting lists were at their longest, the shared ethos of the team meant that the responsibility for families being kept on the waiting list was carried by all team members and was not just seen to be the responsibility of managers. The shared ethos was a strength, as it meant that no individual carried the burden and that all team members contributed to managing the waiting list; but it also had the potential to be a weakness in that it spread a sense of responsibility, and pressure, across the whole team. A different management style and ethos may have mitigated the sense of responsibility felt by the team, but might also have

limited the creativity of team members who worked together to find ways to manage the waiting list.

That the turnover of managers led to conflict is unsurprising. Social Group theory proposes that any group, as it develops, will experience conflict, and that this is instrumental to a group's ultimate cohesion and success (Seck and Helton, 2014). Introducing one new manager would have changed the group dynamic; replacing the entire management tier effectively created a new group. In addition, as Fullan (2001) reflects, in a culture of change emotions frequently run high. Fullan (2001) embraces the complexity idea that dissent and resistance are to be welcomed as an indication that the system is being pushed far-from-equilibrium which is a potential source of creativity and new ideas. In the case of this team it meant that the existing FSPs left to pursue career goals and new FSPs came into the organisation. What is required to achieve sustainable improvement, according to Fullan (2001), is not stability or the elimination of conflict but the nurturing of high emotional intelligence,<sup>28</sup> so that as change and conflict inevitably occur these are used as opportunities and levers for improvement. In fact, rather than identifying change as being problematic, complexity thinking identifies stability as potentially leading to stagnation, entrenched ways of working and demotivation.

There is a balance to be achieved between getting enough stability to create a sense of safety and place value on experience and expertise, and permitting enough change and flux to enable creativity and challenge to established practice and patterns of thinking. What is required, and what the FIT achieved, was an established culture that could facilitate this for the whole team - a collective culture of emotional intelligence rather than an over-reliance on the high emotional

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<sup>28</sup> Emotional intelligence is defined by Fullan (2001) as comprising personal competence: self-awareness, self-regulation; and social competence: empathy, social skills and motivation - the emotional tendencies that guide or facilitate reaching goals.

intelligence of particular individuals. The FIT displayed numerous characteristics indicative of high emotional intelligence, in particular a participatory leadership style that was encouraging of open dialogue and discussion, curious about disagreement, respectful of difference and valuing of diversity. This contributed to the creation of a shared value base that provided a congruent organisational culture and a robust context for practice.

One feature that was especially significant in terms of emotional intelligence was the practitioners' belief that attachment theory could, and should, be used, not from a deficit model to diagnose difficulties within families, but as a feature to understand all human relationships, including management relationships. Attachment theory was, therefore, used as a management model and attention was paid to ideas such as secure base and 'rupture and repair' (Seigel, 2007) in relations between colleagues. These concepts facilitated the team's resilience at a time of turmoil and churn. In providing what Sue referred to as 'anchor points' (page 200), the creation of a secure base provided some stability and reassurance amid the changes the team was experiencing.

'Rupture and repair' is the idea that there will inevitably be, from time to time, breaks in the nurturing connection between a parent and child or, in the case of the FIT, between different colleagues. It is not the fact that ruptures occur which is problematic, but that, if ruptures are not dealt with appropriately, this can impact on a child's developing sense of self. Attachment theory provided a framework for both understanding that conflict in relationships is inevitable, especially during times of stress – such as the team was experiencing – and also that this is a temporary state and need not define the entirety of the relationship. Change is always possible.

The application of attachment theory as a management model came from the systemic and psychological basis of the team. As Rothbaum *et al.* (2002) point out, family systems theory and attachment theory have important similarities – not least their focus on relationships – and each enriches the other. Funding had, initially, come from a health funding stream via the Local Health Board rather than from a social care focused funding stream, and this framed decisions that were taken about how the project would be developed. That a primary mental health model, rather than a social work model, was selected was driven, in part, by the funding stream, and in part by the professional backgrounds of those who established it, including Chloe. Taking a primary mental health approach to a family support service inevitably meant that thinking, ideas and theories from social work and primary mental health came together to create a project that was more explicitly theory-driven than might otherwise have been the case.

One of the interesting features of the team was the way in which they conducted themselves as a team; how they ‘did’ being-a-team was not separate from how they ‘did’ practice. As noted above, the complexity principles that the FIT applied to their practice were also applied to their behaviour as team members. The expectations managers had about how they would treat colleagues (both within the FIT and in other agencies) were not significantly different to expectations about how they would treat families. From the perspective of symbolic interactionism, behaviour is seen as the constant adjustment of behaviour in the light of the behaviour of others – or, from a complexity perspective, co-evolution. As Becker and McCall (1990) note; people are not acting according to predetermined rules so much as responding according to the meanings they attribute to the earlier actions of others – from a complexity perspective this is self-organisation and emergence. Respect was socially constituted, created through the performed interaction between the individuals who assigned particular meaning to the interaction and responded

accordingly. It was an emergent property of connectivity and co-evolution. Team members behaved (usually) respectfully and assumed that others would behave similarly; therefore, even when the behaviour of others was less than respectful, it was received as if it were respectful and this encouraged a respectful response (from a complexity perspective this could be understood as the triggering of a positive – amplifying - feedback loop). The reality of the respectful behaviour of the team was manufactured through the continual performance of respect. The FIT practitioners' intention was to behave respectfully towards other team members, families and colleagues and, even more importantly, accepted that this was the intention of others. This was also true of other pro-social behaviours. This did not 'just happen'; this collective sense-making was an emergent property of a combination of the theoretical (complexity thinking) base of the team, collective expectation and performance and a shared oral tradition informed by tacit assumptions.

The shared reference points that complexity thinking provided for team members appeared to give a flexible, yet still boundaried, context within which a diverse group of individuals (in terms of personality, experience, professional background, orientation, etc.) managed to establish and maintain a notable, and highly valuable, degree of coherence and confluence. Complexity thinking provided them with a common language and conceptual framework for reflective/reflexive and effective practice which made them not resilient to change, but what Taleb (2012) refers to as anti-fragile, the ability to thrive on disruption. This finding has wider ramifications than might seem immediately apparent, for turbulence, uncertainty and change are increasingly seen by sociologists as features of modern life that are now inescapable. The 'brave new world of work' described by Ulrich Beck (2000), for example, is one of precarious employment, frequent career change, part-time work and widespread job insecurity, and even where employment contracts are

themselves secure, there are few job roles today that are not subject to regular appraisal, change and revision. If this is the new reality then, as Beck says, citing Andre Gorz, the 'pessimistic optimist', we need ways to adapt to this new 'normal' (Beck, 2000 p. 5). This research provides some possibilities for this and suggests that all organisations can learn something important from the way the FIT could adapt to and manage change.

A final point in relation to the characteristics of the team relates to the research and the congruence between the nature of team practice and the research/researcher practice. The principle of modelling was very important to the practice of the team but also significant in terms of the research methodology. Especially in the research reviews with Chloe and Ruth, I became aware that the research methodology was modelling the practice of the team. The FIT approached families with an expectation that change was not only possible but inevitable, likewise the research came from a position of accepting that I could not be present in the research setting without affecting it. Just as formulations were tentatively and respectfully offered to families – not from the position of 'expert professional' but from the position of professional with expertise – so I, through the process of data analysis, tentatively and respectfully offered my analysis.

Just as it was important for FSPs to approach families with uncertainty – for whilst they engaged in 'slow knowing' many things remained possible, and it allowed practitioners to build trust and engage families in a way that enhanced assessment and intervention – it was similarly important that the research was approached with an open focus and an initially loose and pliable research question, and this was a significant element in allowing me to gather an enormous volume of high quality data. Taking a more rigid and presumptive approach to the research is unlikely to have enabled me to develop the research relationships in the way that I did and

would not, therefore, have elicited the same quality of data nor would it have been congruent with the complexity thinking I was seeking to explore in the project. Qualitative research is about enhancing insight and understanding rather than, necessarily, providing definitive answers to questions that have been initially framed within a context of uncertainty, curiosity and, at best, partial knowledge.

#### **9.6 In what ways did complexity thinking impact on the team's understanding and management of risk?**

Attempting to reduce risk to vulnerable children is not only a laudable aim but, arguably, it has been, at least partially, a successful endeavour since child deaths at the hands of their care-givers are at an all-time low. In spite of this the number of children being identified as being 'at risk' of harm has risen consistently over the last decade, and the public and media focus on practice in high-risk situations has driven policy and legislation down an increasingly managerialist approach to risk management. Some of the responses to risk, argues Munro (2011), have created conditions that, rather than reduce risk, potentially increase it. The emphasis on performance management and procedural compliance, for example, has reduced practitioners' contact time with people and limited the time available for reflection and analysis (Munro, 2011). Long-term harm to children can be minimised by identifying or predicting those children who are most at risk and acting to remove or reduce that risk.<sup>29</sup> Alternatively, support can be provided to families with emerging needs, where children are not yet deemed at risk, thereby reducing the numbers of children who reach that threshold. It is this principle that forms the basis of Part 2 of the SSW-bW Act 2014. If the numbers of children being exposed to harm are to be reduced, then both these approaches are needed. However, as noted in Chapter 2,

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<sup>29</sup>Initiatives like the Integrated Family Support Services (IFSS) programme in Wales are designed to work with such families. The model uses the 'toxic trio' – mental ill-health, domestic abuse and substance misuse - as the trigger for intervention.

the focus on high profile tragedies has directed attention and resources, generally more towards the former than the latter. The focus on the acute end of child protection has also created a 'risk organised' context for all social work practice, leaving it dominated by linear rational planning and calculative judgment that is unattainable in a field where knowledge will always be partial, uncertain, and context-dependent.

What was unique about the FIT practice was that they recognised risk as dynamic and contingent. It was not that they did not engage with risk – they operated within the boundaries of their organisational child protection policies and procedures - so much as that they did not, as Stanford (2011) puts it, 'speak' risk into existence. In choosing not to 'know' too soon FSPs were very conscious of the existence of risk but did not allow it to organise, and close down, their thinking. The issue of risk in relation to children who may be exposed to it brought to mind the 'Schrodinger's cat' paradox<sup>30</sup> – 'Schrodinger's children', if you like. As quantum mechanics argues that an entity can exist in two quantum states at the same time, so children might be said to be both 'at risk' and 'not at risk' at the same time and it is not until you open the assessment box that you 'know' whether that risk is real or not. In addition, the complexity of the manifestation of risk means that you may not 'know' even then. Working on an assumption that either situation is true is problematic since it can lead to false positives and unnecessary intervention, or false negatives and the rule of optimism. Webb (2006) describes how social workers, encountering a new case, will typically focus in on 'critical cues' – a small number of observable issues – and then fit the new data to a pre-existing judgement. Because practitioners are faced with feedback loops involving multiple players in a complex system, there needs to

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<sup>30</sup>Schrödinger's cat is the paradox devised by Austrian physicist Erwin Schrödinger in 1935. The scenario presents a cat that may be simultaneously both alive and dead, a state known as a quantum superposition, as a result of being linked to a random subatomic event that may or may not occur.



be a recognition of the importance of interpretive sense-making activities in social work. I am not suggesting that this does not exist elsewhere but I am saying that this was what I found in the FIT. Choosing not to know, and to know slowly, becomes a really important aspect of safe practice, therefore, but it is difficult to achieve in a statutory setting when practice can be driven by timescales and targets. The SSW-bW Act 2014 does have the potential to open the possibility for 'slower' practice in Wales.

The application of complexity in practice was about more than applying ideas of uncertainty. Seeing families as complex, co-evolving systems, and recognising self-organisation and emergence and feedback loops, drove the way that the FIT worked inevitably towards a relational approach that made the practice in the FIT 'values-centred' - not just in relation to practitioners with those using the service, but also in relation to managers and FSPs and colleagues within and external to the team. As observed in Chapter 7 (see 7.5.3), this was noted by one of the team who spoke about how being part of FIT, and practising within its ethos, had enabled her to reconnect with her compassionate stance where she felt able to value and respect others, something she had found difficult to achieve in the setting she had come from. Being introduced to systemic/complexity ideas such as safe uncertainty and feedback meant that the FSPs were much more comfortable with uncertainty, more reliant on themselves as a resource and, therefore, less so on specific tools and techniques, although these were regularly used and shared between practitioners. Theorists of the 'risk society' argue that the things that were previously relied upon to provide a framework of common values – traditions, church, family, government – are no longer of much consequence; in a post-traditional world we need to find new ways to give values their due. The way in which the FIT used complexity appeared to provide this. It is not that complexity thinking is inherently

‘ethical’, rather than the understanding it brings and, therefore, the behaviours that it drives, created, at least in this setting, a values-centred ethic.

Complexity thinking provided the FIT with a conceptual framework that was fundamentally ethical and hopeful. I believe that complexity thinking enabled the FIT to recognise that people are interdependent and that people and communities are better off connected (interdependence and connectivity). The workers I studied understood that people acted, not according to predetermined rules, but in response to the meaning they attributed to the actions of others (co-evolution) and that in doing so they were making the best choices in the moment given the resources that they had; the right support might facilitate their accessing greater resources and potentially making more useful decisions (historicity and path dependence). In holding off from ‘knowing’ too quickly (exploration-of-the-space-of-possibilities) and in understanding the nature of feedback loops and the ethics of small change, the FIT team members understood the uncertain and complex worlds inhabited by those who used the service.

## **9.7 Reflections on the role of the research, final thoughts and limitations**

The co-evolution and connectivity between the research methodology is noted above. The final guided conversations that took place over the last two months of the fieldwork were interesting in how they were used by myself, and by the participants, as a way of reflecting on the process of the research, in a similar way to how the FSP conducted ‘end reviews’ with families towards the end of each intervention. In these final conversations, I encouraged participants to reflect on the research, how they had experienced it and what, if anything, they had taken from it. The investment that the project members made in the research, and the value people felt that they got from the time they gave, meant that the guided

conversations came to be seen as part of their work rather than as a chore to be squeezed in between 'real work'.

Most of the participants expressed the view that the conversations had been generally useful opportunities for talking about theory and reflecting on practice. In my last conversation with Ruth, she explained that the conversations had provided a '*space to stop and think*', not just about practice with families but also about team processes in a way that was useful and different from other opportunities she had had for reflection. Similarly, Sid, who had joined the project at a relatively late stage in the research, observed the usefulness of this kind of reflective space as a place to '*unpick*' his thoughts. As noted in Chapter 4, all members of the team who engaged in direct work with families received clinical supervision. A psychological and systemic model of supervision was used that provided a reflective and therapeutic space allowing the practitioner, with the help of the supervisor, to attend to the client, the practitioner and the wider systemic context so as to improve the quality of the work and the practitioner/client relationship (Hawkins and Shohet, 2012). Although supervision provided an opportunity for reflection, the guided conversations I conducted were different because they were more akin to action learning in that the participants were not accountable to me, and the conversations were reflective and sought to use collaborative questioning to gain insight.

The collaborate nature of the research was another way in which the participants found the research useful. All participants were aware that I met regularly with Ruth and Chloe and that the emergent findings would be fed-back in a confidential manner. Jude and Sophie commented that this provided a route to management that might not have otherwise been available at that time. The research was not evaluative and feedback was offered to Chloe without any judgement or expectation that she would act; it was offered as an opportunity to explore phenomena I had

observed that I had found particularly interesting or surprising and data I had collected. Although in most cases the observations were already known or readily recognised, this was not always the case and Chloe reflected that she had, at times, found the feedback challenging.

Providing feedback in this way throughout the course of the fieldwork, especially during a period of considerable change in the project, could have placed me in a position of being seen as an 'informer' by team members. Equally, it might have been perceived by Chloe that, in eliciting sometimes uncomfortable feedback, I was behaving in a way that was divisive, aligning myself with team members and against her. That neither perception was reported was, I believe, testament to the openness with which the project embraced the collaborative approach.

For Sophie, who had joined the team from a statutory social work role, the conversations provided an opportunity to think about the transition from a statutory setting into one where she was engaged in direct work - something which had been limited in her previous role. Reflecting on the process of the research as I wrote the thesis, I observed that my own reflexivity had been especially important in these conversations. I could see how I had wanted to share my own experiences of social work in a way that validated Sophie and made her feel heard and understood but did not overshadow her narrative. At the time of the research I was conscious that sometimes, when social workers talk about their experiences, it can become as Sophie described, 'battling monologues' of how awful statutory social work can be, and I was very keen to avoid this. As Ruth commented, my presence as a researcher in the setting introduced 'difference' and this inevitably changed the thing that I was researching; however, this is precisely what complexity theory, and theories of reflexive modernity and the risk society, argues will happen.

### **9.7.1    *Limitations***

The findings of this study do not promote a specific model of intervention. It would be reductive and simplistic to suggest that the FIT model could be applied to equal effect elsewhere. Its effectiveness lies in a multitude of interconnected factors, only some of which are replicable to a greater or lesser extent. What this study has shown is that complexity thinking can and does have practical application in a social work setting beyond its use as a theoretical framework. The research is necessarily limited by the fact that it focused on a single non-statutory setting. As the SSW-bW Act beds in, it will be important to evaluate the development of preventive work and how it supports practice at the more acute end of social work. The FIT had the luxury of being able to hold referrals on a waiting list in order to limit the number of cases carried by any individual FSP. It applied eligibility criteria that excluded certain cases due to their complexity.

Local authority social care departments bear an onerous responsibility. Since they cannot limit the complexity of cases they engage with at an upper threshold they seek to gate-keep the lower threshold to ensure that only those at highest risk access services. In addition, they operate within an environment of heightened scrutiny in this risk society and within the context of an austerity agenda; these elements, together, create an almost impossible tension as statutory services attempt to deliver more intensive services, to more children and families, with fewer resources. Community-based resources, such as children's centres and youth services, which do so much to support families at a preventive level, have been particularly badly hit by budget cuts in most local authority areas in Wales. The challenge faced by statutory services is significant and it will be important to explore how realistic these ideas are in practice as we move towards 2017, which is the point at which compliance with the SSW-bW Act will begin to be inspected.

## **9.8 Policy and practice implications**

Recent legislative changes suggest that policy makers are starting to realise the importance of professional judgement to the management of risk. If this is now the direction of travel for practice in Wales, services that are already operating with more complex understandings of risk, need, and intervention can offer important insights into the successes and challenges likely to be encountered by social workers in the future. This research study is a contribution to this important process. Macdonald and Macdonald (2010) point out that there needs to be a shift away from a focus on definition and identification of whether someone is being harmed towards ‘...the more prosaic goal of amelioration of present misery’ (p.1176). With the enactment of the SSW-bW Act, the legislative basis for social work in Wales is now underpinned by a focus on well-being, rights and empowerment. The Act talks about co-production, where practitioners and those in receipt of support work collaboratively as equal partners to find appropriate solutions to help people achieve their personal outcomes. Under the Act, a duty is placed on local authorities to promote the upbringing of children by their own families where this is consistent with their welfare, and local authorities must, therefore, provide, or arrange for the provision of, preventive and well-being services to support this duty. The Act clearly aligns itself with the belief that the provision of early intervention and preventive services will ultimately contribute to the prevention, delay or reduction of people needing care and support, including children suffering abuse and neglect.

Rather than drawing more children into the child protection system the SSW-bW Act 2014 is attempting to promote better identification of children whose welfare is being compromised, and to make better interventions in those families to address the causes of concern at an earlier stage. Despite the fact that, with the removal of the concept ‘child in need’ and the substitution of the child who is suspected of

being at risk of 'abuse, neglect or other kinds of harm', the Act is organised in relation to risk, there is a clear recognition of the importance of practitioners' skill and professional judgement. The all-encompassing term 'other kinds of harm' is not defined, and there is the re-introduction of professional judgement with ideas of 'proportionate' assessment, intervention and responses and 'appropriate' solutions and support. The emphasis in the Act is on relationships between those providing and those receiving support, and the idea of empowerment and co-production is central. The Act, therefore, fulfils what Munro (2010b) suggests is needed, a move away from increased standardisation and control and towards the creation of enabling environments that facilitate co-evolution, maximising the potential of connectivity and interdependence.

This research project studied an early intervention service that was found to be very much aligned with the core principles of the SSW-bW Act 2014 in terms of the model of the team's practice. Working at the preventative level identified in Part 2 of the Act, the FIT's application of complexity ideas moved these practitioners away from a problem-saturated, instrumentalist approach towards a relational approach which engaged professionals and families differently through the creation of an enabling environment, in this way allowing intervention in early neglect before problems escalated and became entrenched. Given that this is the direction of travel for practice in Wales, at least in terms of early intervention, the robust evidence-base of the FIT provides some optimism for the longer-term outcomes and impact of the SSW-bW Act 2014 in Wales. This thesis suggests that complexity ideas were an essential component of the FIT's successful functioning, and points towards the need for theoretically and empirically informed social work practice in a complex and uncertain world.

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## Appendices

## Appendix A

### Family Intervention Team Job roles, responsibilities and length of time in post

Alice	Parent therapist: in post approximately 6 months at the start of the fieldwork. Funding for the post came to an end four months before the fieldwork completed. She was a qualified social worker who left statutory social work to qualify as a systemic psychotherapist. She was line managed and clinically supervised by Chloe and provided clinical supervision to the volunteer parent therapists, Sian and Trish.
April	Business Support Officer: in post two years at the start of the fieldwork and had previously worked in a number of roles after returning from travelling. Although formally line managed by Gwen, since she worked very closely with Chloe she also received some informal line management from her.
Bev	Parent network co-ordinator: came into post six months after fieldwork started. Her role delivered a service in a neighbouring local authority. She was line managed by Gwen.
Catherine	Student psychologist on placement: she completed her placement during the fieldwork period. She was line managed and clinically supervised in placement by Ruth.
Chloe	Children's Services Manager and the original Project Manager. She set up the project and was promoted approximately six months prior to the start of fieldwork. She had a background in mental health nursing, CAMHS and Systemic Family Therapy.
Christine	Family Support Worker: she started in post 4 months after the start of fieldwork. She had recently qualified with a Masters Degree in Therapeutic Play. She was line managed by Gwen and clinically supervised by Ruth.
Erin	Student psychologist on placement: she started her placement during the fieldwork period and completed it shortly after fieldwork finished. She is line managed and clinically supervised by Ruth.
Gwen	Business manager: in post 8 months before the fieldwork started, she left to go on maternity leave midway and returned just after the completion of the fieldwork. She had a background in family support work in several projects, including both one delivering an open access service and one delivering an intensive support service. She had worked within the organisation as a practitioner and later as a manager of a different service. She was line managed by Chloe and provided line management to most of the team.

Jude	Family Support Worker - Family Intervention Team: in post for approximately 7 years before leaving to take a promotion 3 months after the fieldwork started. She had a background in Educational Psychology before joining the project. She was line managed by Gwen and clinically supervised by Ruth.
Luke	Family Support Worker – Family Intervention Team: in post for approximately 7 years before leaving to undertake full time training as a Family Psychotherapist 4 months into the fieldwork. Previously he had worked as a family support worker with children with disabilities and before that he worked with young offenders. He was line managed by Gwen and clinically supervised by Ruth.
Rebecca	Family Support Worker – Family Intervention Team: she had been in her current post for approximately 7 years apart from a 6 month break on maternity leave. She went on a second period of maternity leave 3 months into the fieldwork and was due to return after fieldwork was completed. Before joining the project she worked as part of a health team based in a school nursing team doing outreach work. She was qualified in Early Childhood Studies and Therapeutic Play. She was line managed by Gwen and clinically supervised by Ruth.
Ruth	Clinical Psychologist: seconded into post from the Health Trust approximately 7 months previously at the start of the fieldwork. She was responsible for clinical supervision of the Family Support Practitioners in the Family Intervention Service. She was line managed by Chloe with clinical supervision provided through the Health Trust.
Sally-Anne	Family Support Practitioner: she started in post towards the end of the fieldwork but had previously worked in the project under the original structure providing maternity cover for one of the Family Support Practitioners. She had previously worked in a family support project within Sure Start. She was line managed by Gwen and clinically supervised by Ruth.
Sam	Advocate and Family Group Conferencing Co-ordinator: she was line managed and clinically supervised within the project but provided a service within a neighbouring authority. She was line managed by Gwen and later, when Gwen went on maternity leave, by Chloe.
Sian	Trainee Systemic Family Therapist: She worked part-time alongside Trish as a volunteer in the Parent Therapy Service and running Well-being Groups. During the course of the fieldwork she was also employed as a sessional worker providing Parent Therapy. She was line managed and clinically supervised by Alice and, after Alice left, by Sue.

Sid	Family Support Practitioner – Family Intervention Team: he started in post towards the end of the fieldwork providing maternity cover for Rebecca. He had previously worked for the Connections Service working to engage young people not in employment education or training, and then worked in a local authority in a 16+ project working with foster carers and care leavers. He was line managed by Gwen and clinically supervised by Ruth.
Sophie	Family Support Worker – Inclusion and Behaviour Support: she had just been appointed when fieldwork started. She was a qualified and registered social worker who had previously been employed in a statutory social work role. She was line managed and clinically supervised by Sue.
Sue	Parent Therapist and Inclusion and Behaviour Support Manager: she had worked as a family support practitioner in a number of projects during her training in Systemic Psychotherapy. She worked part-time and was funded from three separate funding streams. She was line managed by Gwen and clinically supervised by Ruth. She line managed Sophie and then later Sian and Trish after Alice's post finished.
Trish	Trainee Systemic Family Therapist: She worked part-time alongside Sian as a volunteer in the Parent Therapy Service and running Well-being Groups. During the course of the fieldwork she was also employed as a sessional worker providing Parent Therapy. She was line managed and clinically supervised by Alice and, after Alice left, by Sue.



## Appendix B

### Research Contract

This research contract sets out the roles, responsibilities and limitations of the proposed research between the researcher - Charlotte Drury (Cardiff University) and the organisational lead named here.

Cardiff University School of Social Sciences requires all research that is conducted to have ethical approval from the School Research Ethics Committee. This has been sought. Ethical approval has been granted for all aspects of the proposed research project detailed here.

**Title of Project:** Can changing the way we think about neglect, by seeing it from a complexity theory perspective, enhance the conceptual framework for practice?

**Name of Researcher:**

**Name of organisational lead:**

**Signature of Researcher:**.....

**Signature of organisational lead:**.....

**Project Start Date:**

**Project End Date:**

**Academic supervisors:**

**Date:**

### Main Research Question

An exploration of the potential for complexity theory to improve outcomes for children and families in social work

Does changing the way we think about neglect (seeing it as a complex problem) change social work practice/improve practice?

### Research Overview and Research Aims

The research focuses on three interrelated areas; neglect, managerialism in social work, and complexity theory. Specifically the research seeks to explore the application of complexity theory to child neglect and how this

may increase understanding of the relationship between the lives and life chances of individual children and families and the wider societal and political environment.

### **Tentative Research Questions**

- How relevant is complexity theory to understanding the challenges, failures and possibilities of social work practice?
- Can changing the way we think about neglect – by seeing it as a complex problem - change social work practice?

### **Research Setting**

The Family Intervention Team and Parent Therapist projects. The projects work with families with children aged 5 – 14 who are experiencing difficulties that might cause social services to become involved if support and preventive intervention were not provided. Involvement is voluntary, and in some cases families go onto to receive statutory social work support. The team works closely with other agencies and referral routes, such as the Youth Offending Service, schools and educational services, Youth Service, health, CAMHS etc. The Family Support Practitioners are supported by a Consultant Clinical Psychologist and a Systemic Family Therapist who provide time limited (usually 3 months but it can be longer) intensive support. The project works across an area that includes many communities that suffer high levels of multiple deprivation.

### **Proposed Participants**

- Project staff
- Partners of the project such as staff working with the Youth Offending Service, local authority Social Workers, Health Visitors, schools etc.
- At present it is not intended that families will be involved, however for the purposes of this contract it is suggested that if it is *mutually agreed* between the organisational lead and the researcher that the involvement of some families would be advantageous to the research and not detrimental to parents or children then some families who are or who have been engaged in the project may be asked if they would like to be involved.

### **Research Methodology and Data Handling**

It is intended to develop the research methodology collaboratively with the setting to explore the research question so at this point it is not possible to detail exactly what the research methodology will comprise.

As indicated above it may be agreed to involve some families in group discussions or interviews. Given the nature of the setting it is highly likely that the researcher will be present during the discussion of personal and confidential information and will also be present in the centre at the same time as service users, including children. It is also possible that the research design therefore an enhanced CRB will be required.

Although the detail of the research has yet to be developed, proposed methods are suggested as follows:

- Meetings with staff to develop the research – all staff will be made aware of the presence of the researcher and the nature of the research. A process consent approach will be used ensuring that project staff give consent for each separate aspect of data collection. The researcher will check consent for attendance with project staff prior to attending meetings. With the consent of meeting attendees, meetings may be recorded and recordings may be transcribed. These will be anonymised and stored securely.
- Case file review – no non-anonymised data will be extracted, data will be stored securely. Consent from families to review files will be obtained, see below.
- Unstructured and semi-structured interviews with staff –Consent will be obtained prior to each interview. Interview data will be recorded digitally, transcribed and anonymised. All data will be stored on a password protected CD; any hard copies will be stored in secure (locked) storage.
- Non-participant observation - all present will be made aware of the presence of the researcher and the nature of the research. A process consent approach will be used ensuring that research participants give consent for each separate aspect of data collection.
- Case study approaches.
- Meetings, focus groups, interviews and/or non-participant observation with families or where family members, including children may be present. Parents and children will always be made aware of the presence of the researcher and the nature of the research. A process consent approach will be used ensuring that parents and children give consent for each separate aspect of data collection. The researcher will check consent for attendance with parents and children prior to any observation. With the consent of those present interviews, focus groups or meetings may be recorded and recordings may be transcribed. These will be anonymised and stored securely.

## **Consent**

The Charity gives their consent for the research to take place subject to the agreement of the project manager, individual project staff and any parents who may be involved.

Individual project staff may refuse their consent to be involved in the research project or may withdraw from the research at any time.

Families who may be involved may likewise refuse their consent to be involved in the research or may withdraw from the research at any point.

Parents will be asked for informed consent for review of their case files, as well as for any involvement in meetings, focus groups, interviews and non-participant observation. For any research involving children both parental consent and the child's consent will be required. Parental consent cannot override a child's refusal.

Case workers who work closely with families and know them well will be involved in the development of the research project and will therefore be fully informed about the research. They are therefore in the best position to explain the research to ensure that consent is properly informed. The researcher will work with the organisational lead and project staff to draw up a suitable, clear information leaflet to discuss with families. Consent forms will be provided for parents and staff to sign.

Because of the nature of this study (that the research is emergent in line with a complexity theory approach) a process-consent approach will be adopted. This means that it is not assumed that a single consent form signed at the beginning of the research process is sufficient, but provides for consent to be an on-going dialogue through the research process. Nevertheless participants will be asked to sign consent forms at the start of the research and will be reminded that their participation is voluntary and their right to withdraw at key points (such as meetings, interviews etc).

Once data has been collected and anonymised to the satisfaction of the organisational lead and provided no harm to the research participant can arise from the use of the data, consent to use that data cannot be withdrawn. It should be remembered that the organisation will have been actively involved in all stages of the research, written drafts will be made available and any research participant has control over their own data. As the research is written up, on-going feedback and access to written drafts will be provided to the organisational setting to ensure that the organisation is confident that the research is in line with ethical standards in respect of confidentiality, consent and management of potential harm. Potential harm includes emotional harm and this must be

considered where a participant wishes to withdraw consent to use data beyond this point. In this case the organisational lead, in negotiation with the researcher and the research participant, will make the decision about inclusion of data. Once the organisational lead is satisfied that research has met these conditions and has given consent for the research to be used in the production of a final thesis consent cannot be later withdrawn provided that the thesis conforms to the agreed parameters.

### **Child protection**

Case file analysis of children's case files will be undertaken. No contact with children / young people under 18 will take place without the informed consent of the parent and child. Any research activity that is undertaken that involves children will take place with either the parent or project worker present.

The researcher will make herself fully aware of and will adhere to the service's child protection procedures. Cardiff School of Social Sciences also has child protection policies in place that this research is required to adhere to. These are in line with and do not conflict with the service's policies on child protection.

The researcher is a qualified and registered social worker (Registration Number W/1008898) and will be subject to an enhanced CRB check prior to the commencement of the research which the organisational lead must have sight of.

### **Confidentiality & anonymity**

All research data generated for the purposes of this research will be fully anonymised. This includes the organisation, the project, the location, the project staff and families. The service's procedures regarding confidentiality will be followed. All data will be stored securely.

### **Intellectual Property and Dissemination**

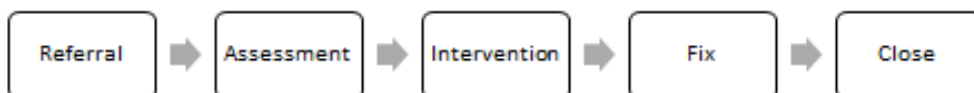
The research is being undertaken for the purposes of a PhD, therefore dissemination will include the production of a PhD thesis and such interim reports/presentations as are required by the funders. Subject to issues of consent and anonymity set out above, the service is in agreement for such usage and dissemination. However, no dissemination beyond this will be undertaken without the consent of the service.

The service is at liberty to use any the research findings as they choose and for whatever purpose however they must give credit to the researcher and the research organisation where they do so.

## Appendix C

### Managerialism

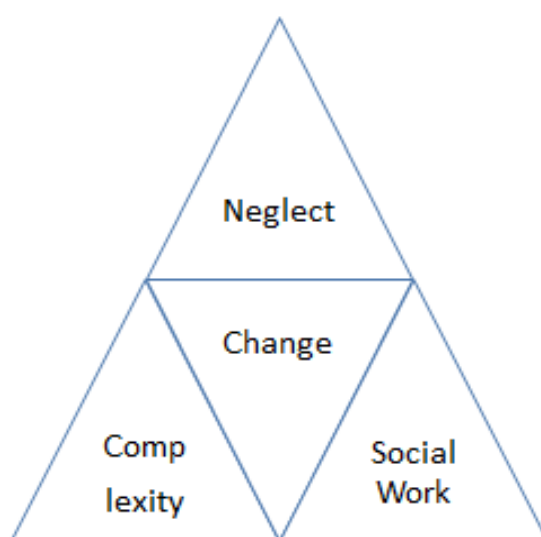
- All you need is the right process
- Managers don't need to be practitioners
- Focus on process and targets
- The problem is the individual not the system
- De-professionalisation of social work
- Linear, process driven model



### An exploration of the potential for complexity theory to improve outcomes

- Can changing the way we think about neglect, by seeing it as a complex problem, change social work practice?

## My areas of interest

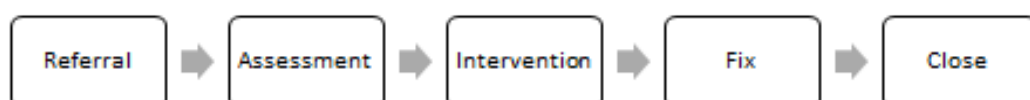


## Social Work

- Emerged in the late 1800s as a way of expressing humanity and anxiety about social disorder
- What we worry about and how we deal with is changes over time
  - Rescue and fresh start
  - Family support
  - Management by exception

## Managerialism

- All you need is the right process
- Managers don't need to be practitioners
- Focus on process and targets
- The problem is the individual not the system
- De-professionalisation of social work
- Linear, process driven model



## Evidence Based Practice

- What works is at the heart of policy

**BUT**

- Whose evidence?
- What counts as evidence?
- Not everything that can be counted counts, and not everything that counts can be counted!



## Neglect

- A major concern in social work, a major factor in child protection registrations
- Associated with poverty, poor mental health, substance misuse, poor educational outcomes, social isolation, resistant to change
- Effects are cumulative
- Generational
- Big families

## Neglect

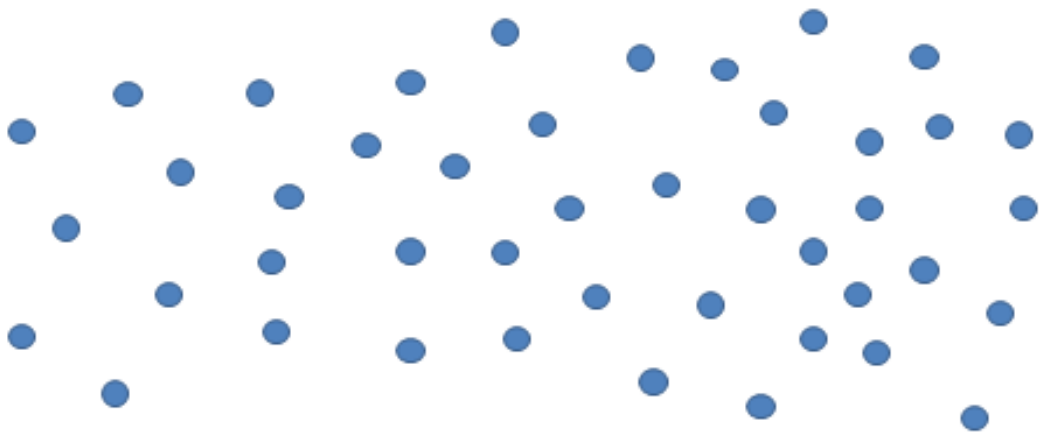
- Omission
- Inconsistent in it's presentation
- Variation in identification
- Response is to develop measurement tools to increase consistency BUT neglect is, by definition, inconsistent
  - Is this the real problem?
  - Are we asking the right questions
  - Will this help effect change?

## ?Complexity?

- Complexity science began in the 19<sup>th</sup> Century and draws from natural sciences, politics, social sciences, computer sciences etc.
- No such thing as Complexity Theory – better understood as complexity theories or complexity thinking
- An emerging understanding in social work

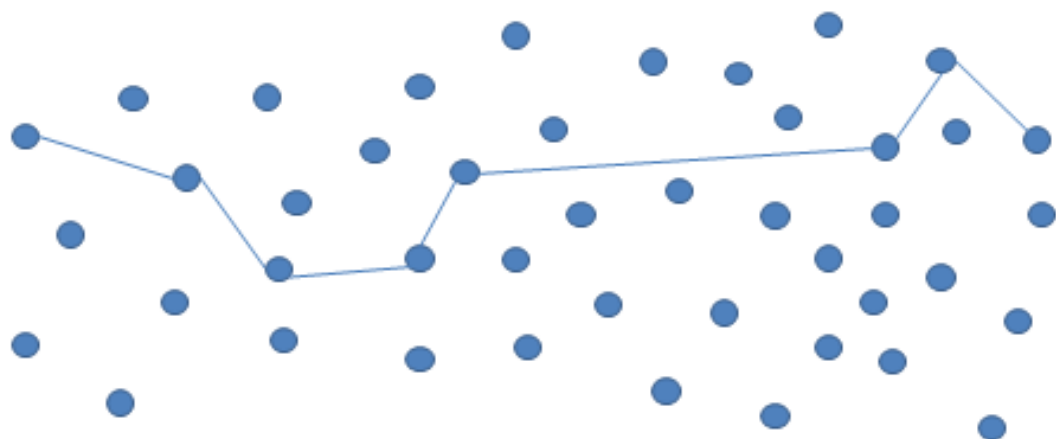
## ?Complexity?

- Prediction is only possible in hindsight



?Complexity?

- Prediction is only possible in hindsight



?Complexity?

- Prediction is only possible in hindsight



## ?Complexity?

- We know some things work, but how can we discover what will work for this family?
  - The Butterfly Effect
  - Feedback Loops
  - Co-evolution
  - Emergence
  - Connectivity
- We know some things work, but how can we discover what will work for this family?

## Change

- What makes practice effective?
- What makes change problematic?
- How can we create an environment conducive to healing?
- Do metrics help or hinder?
- Collaborating for change?

## The Research

- An exploration of the potential for complexity theory to improve outcomes -  
Can changing the way we think about neglect - by seeing it as a complex problem - change social work practice?

What might this research look like?

## Appendix D

### Cardiff School of Social Sciences

#### Ethical Approval Form

Staff, MPhil/PhD & Professional Doctorate Research Projects

**Must be submitted at least TWO WEEKS before a SREC meeting to:**

**Deborah Watkins, Research and Graduate Studies Administrator  
(WatkinsD2@cardiff.ac.uk / Extension: 79051 / Room 0.10  
Glamorgan Building)**

*[Making an application to the School Research Ethics Committee if you are a member of staff or a MPhil/PhD/PD student](#)*

There are six stages in preparing an application to the Research Ethics Committee. These are:

1. Consider the guidance on the SOCSI web-site in relation to making an application:  
<http://www.cardiff.ac.uk/socsi/research/researchethics/guidance/index.html>
2. Discuss any ethical issues you have about the conduct of your research with your co-investigator(s) and/or supervisor(s).
3. Prepare your submission. Use the **Staff/MPhil/PhD/PD student** proforma provided on the School web-site for your submission.
4. Append ALL required documents (see overleaf).
5. Sign and date the form and ask any co-investigator/ your supervisor to sign.
6. Submit one copy of your application to the secretary of the School Research Ethics Committee.

#### **PLEASE NOTE BEFORE COMPLETING YOUR APPLICATION:**

1. The School Research Ethics web pages can be accessed via:  
<http://www.cardiff.ac.uk/socsi/research/researchethics/index.html>

2. Illegible handwritten applications will not be processed so please type if necessary
3. Some NHS-related projects will need NHS REC approval. The SREC reviews NHS-related projects that do not require NHS REC approval. See following web-site guidance on this:  
<http://www.cardiff.ac.uk/socsi/research/researchethics/guidance/index.html>
4. You should not submit an application to the SREC if your research involves adults who do not have capacity to consent. Such projects have to be submitted to the NRES system.
5. Staff undertaking minor projects as part of a course of study (e.g. PCUTL) do not need SREC approval unless the project involves sensitive issues. This exemption does not apply to Masters dissertations or Doctoral research.

**1. Research with children and young people under the age of 18.**

- i) *One-to one research or other unsupervised research with this age group requires an up-to-date Criminal Records Bureau Check (CRB).*
- ii) *If your research is in an institution or setting such as a school or Youth Club and all contact with the children and young people is supervised you will still need to check with the person in charge about whether you need a CRB check; many such organisations do require CRB checks for all those carrying out research on their premises, whether this includes unsupervised contact or not.*
- iii) *You will need to have an awareness of how to respond if you have concerns about the child/young person in order that the child/young person is safeguarded.*
- iv) *You will also need:*
  - a) *permission from the relevant institution*
  - b) *consent from the parent or guardian for children under 16*
  - c) *assent from the child/young person, after being provided with age-appropriate information*

See following web-site guidance on this:

<http://www.cardiff.ac.uk/socsi/research/researchethics/resources/vulnerable-groups.pdf>

6. APPLICATION ATTACHMENTS: Please attach the following, without which your application decision will be delayed:
  - Full project proposal
  - Details concerning external funding

- (Information Sheets and consent forms are not obligatory, however, the Committee can comment on these if you choose to enclose them with your application) For interesting examples of information sheets and consent forms, please see: <http://www.cardiff.ac.uk/socsi/research/researchethics/goodpracticeexamples/index.html>

7. Information on data management, collecting personal data: data protection act requirements, can be accessed via: <http://www.cf.ac.uk/govrn/cocom/index.html>

8. Information on Research Ethics (including Ethical Issues in Research – informed consent etc.) can be accessed via the University’s Research and Commercial Division web pages via the “Research Ethics” link on: <http://www.cf.ac.uk/racdv/index.html>

**Title of Project:** Can changing the way we think about neglect, by seeing it from a complexity theory perspective, enhance the conceptual framework for practice?

**Name of Researcher(s):** Charlotte Drury **Application Date:** 21/03/13

**Signature of Lead Researcher:**

~~**Staff Project**~~ (delete as appropriate) **Student Project** (delete as appropriate)

**Project Start Date:** 01/10/12

**Student No.** C1141316

**Project End Date:** 30/09/15

**Email Address:** druryce@cardiff.ac.uk

**Supervisors:** Dr Sally Holland Dr Finn Bowring

**Signature of Supervisors:**

.....

## **Recruitment Procedures**

		<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>1</b>	(a) Does your project involve children or young people under the age of 18? <b>Case file analysis</b>	<b>x</b>		



	<b>of children's case files will be undertaken but children / young people under 18 will not be directly involved in the project.</b>			
	(b) If so, have you consulted the University's guidance on child protection procedures, and do you know how to respond if you have concerns? <b>The research will also adhere to and be guided by the organisation's child protection procedures.</b>	<b>x</b>		
<b>2</b>	(a) Does your project involve one-to-one or other unsupervised research with children and young people under the age of 18?  If yes, go to 2(c).		<b>x</b>	
	(b) If your project involves only supervised contact with children and young people under the age of 18, have you consulted the head of the institution where you are undertaking your research to establish if you need a Criminal Records Bureau (CRB) check?  If yes, and you do need a CRB, then go to 2(c); if you do not need a CRB, then go to Question 3.  <b>Although the research does not intend to involve under 18s the researcher will be based in a building where families and children will be present. The organisation has therefore requested that I have an up to date CRB check.</b>	<b>x</b>		
	(c) Do you have an up-to-date Criminal Records Bureau (CRB) check?		<b>x</b>	
<b>3</b>	Does your project include people with learning or communication difficulties?		<b>x</b>	
<b>4</b>	Does your project include people in custody?		<b>x</b>	
<b>5</b>	Is your project likely to include people involved in illegal activities?		<b>x</b>	
<b>6</b>	Does your project involve people belonging to a vulnerable group, other than those listed above?	<b>x</b>		

	<b>The project may involve observation of practice, interviews or focus groups, with parents who use the service and who, as service users receiving support, might be considered to be vulnerable.</b>			
<b>7</b>	Does your project include people who are, or are likely to become your clients or clients of the department in which you work?		<b>x</b>	

### **Consent Procedures**

		<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>8</b>	Will you tell participants that their participation is voluntary?	<b>X</b>		
<b>9</b>	Will you obtain written consent for participation?	<b>X</b>		
<b>10</b>	If the research is observational, will you ask participants for their consent to being observed?	<b>X</b>		
<b>11</b>	Will you tell participants that they may withdraw from the research at any time and for any reasons?	<b>X</b>		
<b>12</b>	Will you give potential participants a significant period of time to consider participation?	<b>X</b>		
<b>13</b>	Does your project provide for people for whom English / Welsh is not their first language? The project is an English language service therefore all service users and staff will be English speakers.			<b>X</b>

### **Possible Harms arising from the project**

**Please identify any potential for harm (to yourself or participants) that might arise from the way the research is conducted**(see related guidance:

<http://www.cardiff.ac.uk/socsi/research/researchethics/guidance/index.html> X)

Although felt to be unlikely since this research is not a project evaluation, it is possible that findings may emerge that could potentially reflect poorly on individuals within the organisation, or on the organisation as a

whole. The research setting and individuals within it will remain anonymous. However because the project is small and much of the data is likely to be generated as a group, maintaining complete confidentiality within the staff team is unrealistic. It will be important to explain this to research participants so they can give genuinely informed consent.

Undertaking any kind of research with vulnerable parents may mean that they disclose information that is damaging to them or may cause them distress.

The project is a staffed facility therefore I will not be undertaking lone working so there is minimal risk to me as a researcher.

**Please set out the measures you will put in place to control possible harms to yourself or participants**(see related guidance: <http://www.cardiff.ac.uk/socsi/research/researchethics/guidance/index.html> X)

I am a qualified social worker, fully aware of issues of safeguarding, child protection and client confidentiality. I work from a rights based perspective and understand the need to gain properly informed, written and on-going consent from all parties.

A research contract will be drawn up, based on this ethics form, to ensure that the organisation, participants and the research are aware of and understand the risks, boundaries and limitations of the research and proper procedures are in place to manage these appropriately. This contract will cover:

*Safeguarding children*

All research will adhere to the organisation's child protection and safeguarding policies and procedures. I will require an up to date Enhanced CRB check.

*Contact with parents*

To ensure that no harm comes to parents who may be involved a process consent will be used and I will ensure that consent is truly informed. Parents will be made aware, and will be reminded, that they have the right to withdraw consent at any point. They will be informed that I will be adhering to the organisations' child protection policies. In addition, I will be working closely with the project workers and will be advised and guided by them in terms of whom to include so minimising the risk to any parent. Any direct research with parents will be undertaken only with parents who have spent some time working with the project so they have

built trust and rapport with their key worker and their key worker knows them and their strengths and vulnerabilities.

#### *Informed consent*

See below

#### *Confidentiality & anonymity*

The organisation, project, location, project staff and families will be anonymised. The organisation's procedures regarding confidentiality will be followed. All data will be stored securely.

#### *Dissemination*

The research is being undertaken for the purposes of a PhD, therefore dissemination will include the production of a PhD thesis and such interim reports/presentations as are required by the funders. However, no dissemination beyond this will be undertaken without the consent of the organisation and any research disseminated will be fully anonymised as detailed above.

### **On the basis of your harm analysis, please complete the following questions:**

		Yes	No	N/A
<b>14</b>	Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort? <b>This is unlikely since the focus of the research is not the parents themselves, but practice. However in working with any vulnerable group psychological discomfort is possible and my methods to minimise this have been outlined above.</b>	<b>X</b>		
<b>15</b>	Is there any realistic risk of any participants experiencing a detriment to their interests as a result of participation?		<b>X</b>	

### **Researcher Safety**

		Yes	No	N/A

<b>16</b>	Are there any realistic safety risks associated with your fieldwork ?		<b>X</b>	
<b>17</b>	Have you taken into account the Cardiff University guidance on safety in fieldwork / for lone workers ?	<b>X</b>		

### **Data Protection<sup>1</sup>**

		<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>17</b>	(a) Will any non-anonymised and/or personalised data be generated?	<b>X</b>		
	(b) If 'yes', will it be stored beyond the end of the project/archived ?		<b>x</b>	

### **Please include details on how you will deal with data security**

**If there are any other potential ethical issues that you think the Committee should consider please explain them on a separate sheet. It is your obligation to bring to the attention of the Committee any ethical issues not covered on this form.**

<sup>1</sup>Sensitive data are *inter alia* data that relates to racial or ethnic origin, political opinions, religious beliefs, trade union membership, physical or mental health, sexual life, actual and alleged offences

### **Main Research Question**

An exploration of the potential for complexity theory to improve outcomes for children and families in social work

Does changing the way we think about neglect (seeing it as a complex problem) change social work practice/improve practice?

### **Research Overview and Research Aims**

The research focuses on three interrelated areas; neglect, managerialism in social work, and complexity theory. Specifically the research seeks to explore the application of complexity theory to child neglect and how this may increase understanding of the relationship between the lives and life chances of individual children and families and the wider societal and political environment.

## **Research Questions**

- What does detailed observation of practice with families who have a history of neglect reveal about the potential practical application of complexity theory and how neglect can be understood as a 'complex' problem?
- Does the current trend towards a managerialist approach to neglect and the use of increasingly sophisticated metrics help guide or hinder practice in relation to neglect?
- How do notions of effectiveness, pervasive in social work, impact on practice? Does complexity thinking have anything to contribute in terms of developing more effective models of practice in relation to neglect?

## **Research Setting**

The research setting is a voluntary sector project that works with families with children aged 5 – 16 who are experiencing difficulties that might cause social services to become involved if support and preventive intervention is not provided. Involvement is voluntary, and in some cases families go on to receive statutory social work support. The team works closely with other agencies and referral routes, such as the local Youth Inclusion and Support Panel (YISP), Youth Offending Service, schools, Youth Service, etc. The Family Intervention Workers are supported by a Family Therapist and Clinical Psychologist and provide time limited (usually 3 months but it can be longer) intensive support. The project works across an area that includes many communities that suffer high levels of multiple deprivation.

## **Proposed Participants**

- Project staff
- Partners of the project such as staff working with the Youth Offending Service, local authority Social Workers, Health Visitors, schools etc.
- Parents who are or who have been engaged in the project

## **Research Methodology and Data Handling**

It is intended to develop the research methodology collaboratively with the setting to explore the research question so at this point it is not possible to detail exactly what the research methodology will comprise. It is not intended to include direct research with children or young people. It may be decided to involve some parents in group discussions or interviews although. Given the nature of the setting it is highly likely that I will be present during the discussion of personal and confidential

information and I will be present in the centre at the same time as service users, including children. An enhanced CRB will be required and a research contract will be drawn up addressing issues of confidentiality and child protection. Should the scope of this research be expanded beyond this then additional ethical approval will need to be sought.

At this point it is intended that the research will involve the following methods:

- Meetings with staff to develop the research – all staff will be made aware of the presence of the researcher and the nature of the research. A process consent approach will be used ensuring that project staff give consent for each separate aspect of data collection. The researcher will check consent for attendance with project staff prior to attending meetings. With the consent of meeting attendees, meetings may be recorded and recordings may be transcribed. These will be anonymised and stored securely.
- Case file review – no non-anonymised data will be extracted, data will be stored securely. Consent from families to review files will be obtained, see below.
- Unstructured and semi-structured interviews with staff –Written consent will be obtained prior to each interview. Interview data will be recorded digitally, transcribed and anonymised. All data will be stored on a password protected CD, any hard copies will be stored in secure (locked) storage.
- Non-participant observation - all staff will be made aware of the presence of the researcher and the nature of the research. A process consent approach will be used ensuring that project staff give consent for each separate aspect of data collection.
- Case study approaches.
- Meetings, focus groups, interviews and/or non-participant observation with parents or where parents are present. Parents will always be made aware of the presence of the researcher and the nature of the research. A process consent approach will be used ensuring that parents give consent for each separate aspect of data collection. The researcher will check consent for attendance with parents prior to any observation. With the consent of those present interviews, focus groups or meetings may be recorded and recordings may be transcribed. These will be anonymised and stored securely.

### **Informed consent**

Consent will be required from the organisation that the project is part of, the project workers involved and from families. A research contract will be drawn up and agreed between the organisation and the researcher.

This will cover research ethics, including relevant issues such as child protection, confidentiality and consent.

Parents will need to be asked for informed consent for review of case files, as well as for any involvement in meetings, focus groups, interviews and non-participant observation. Case workers work closely with families and know them well. The case workers will be involved in the development of the research project and will therefore be fully informed about the research. They are therefore in the best position to explain the research to ensure that consent is properly informed. They will also be provided with an information leaflet to discuss with families as well as consent forms for families to sign.

Because of the nature of this study (that the research is emergent in line with a complexity theory approach) a process-consent approach will be adopted with project workers. This does not assume that a single consent form signed at the beginning of the research process is sufficient, but provides for consent to be an on-going dialogue through the research process. Nevertheless participants will be asked to sign consent forms at the start of the research and will be reminded that their participation is voluntary and their right to withdraw at key points (such as meetings, interviews etc).

This ethical approval builds on previous approval given to record meetings and discussions with individuals during the preliminary development of the research.