

# **Supporting Families in Need: A Qualitative Case Study of the Support Care Intervention**

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This thesis is submitted in the candidature for the degree  
of Doctor of Philosophy

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## **Declaration**

This work has not been submitted in substance for any other degree or award at this or any other university or place of learning, nor is being submitted concurrently in candidature for any degree or other award.

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This thesis is the result of my own independent work/investigation, except where otherwise stated.

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## **Summary**

This thesis presents a qualitative case study of support care, a supportive intervention for families in crisis and at risk of breakdown. The service involves families being matched with a support carer, who it is envisaged will engage with parents and provide regular short breaks for children and young people. The service aims to provide support that is responsive to families' individual needs. Although flexible, the service is time-limited with typical intervention periods lasting between six and twelve months.

Three Support Care schemes in operation in England and Wales participated in the research and ten individual placements were followed for their duration. Semi-structured interviews and participant observation constituted the principal research methods. The study included the participation of key support care stakeholders, including social workers, support carers, parents, children and young people. The thesis sought to understand how Support Care was delivered, how it was perceived and experienced, and how it attempted to alleviate family difficulty. In addition, the study provided a microcosm of how policy, practice and theory inherent in the relationship between the family and the State are enacted and experienced at the point of service delivery.

The empirical chapters are concerned with the functions and features of time within the service, the relationships forged over the course of the intervention and attempts to support families towards 'good enough' levels of functioning. The findings of the research suggest Support Care is valued by stakeholders. The service can be applied to support families with a variety of difficulties and the practical and relational elements of the support are appreciated by service users. However, the time-limited nature of the service is sometimes experienced as challenging and difficulties are not necessarily considered resolved at service conclusion.

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## **Chapter one: Introduction to the thesis**

For families experiencing a multitude of social, emotional and economic difficulties, the obligations and responsibilities of the State remains contested. In recent policy and media coverage, families with social care needs have been referred to as ‘vulnerable’ (Reed 2012), ‘complex’ (Thoburn 2009), ‘socially excluded’ (Cabinet Office 2007), ‘troubled’ (Casey 2012), and ‘problem’ (Express 2013). This gives some indication of the varying degrees to which families can be perceived as deserving or undeserving of state assistance. For example, Louise Casey (2012: 1), the Director General for Troubled Families under the Conservative / Liberal Democrat Coalition Government reflected that the families she had encountered “had entrenched, long-term cycles of suffering problems and causing problems”. Such comments suggest families are dually perceived to be victims of circumstance as well as perpetrators of continued difficulties. As victims, it could be argued that the State is morally obligated to assist, but as perpetrators, families retain some, if not full, responsibility for changing their situations. Consequently, in determining the role and relationship of the State towards families with social care needs, multiple tensions become apparent. These can be thought of in terms of the questions posed below.

- *What type of support should the State provide?* Support may consist of emotional, practical and / or financial assistance. In responding to families in need, a delicate balance must be struck between providing help which is effectual but which does not impede upon the need for individual responsibility.
- *What should state support aim to achieve?* Support provision may have immediate objectives to relieve hardship but may also have wider goals related to developing skills or addressing specific difficulties. Likewise preventative interventions may be related to longer-term goals of lessening the future burden on the State.
- *How should state support be provided?* In responding to the needs of families, state support may be directive and seek to tell families what they should do or what is best for them. Conversely, the State may seek more of a

partnership approach with families or be led by them in defining and responding to need.

- *When should state support be provided?* It may be argued that the limited resources available from the State should be reserved for those families deemed to be in the greatest need. However it is also feasible that targeting families ‘at risk’ of developing more intensive difficulties is more cost effective if further escalation is prevented.
- *How long and intense should support be?* Ideally families would be able to access support of sufficient intensity and duration to eradicate needs. However in practice this has to be balanced against pressures of limited resources and efforts to encourage independence and responsibility.
- *Who should state support be focused on?* Depending upon what the State aims to achieve through support provision, interventions may be primarily concentrated on parents, children and young people or the family as a whole.

The questions and dilemmas presented above are fundamental to the focus of this thesis, which is concerned with an intervention designed to support families with social care needs. Support care is a service aimed at families deemed to be in crisis and combines elements of foster care with preventative, family support objectives to prevent separation. Families are supported practically and emotionally for a limited period of time, after which it is hoped they will be able to resume independent function. The aim of the research was to gain insight into the delivery of support care; explore how relationships were developed, how the service was perceived and experienced by those involved. In this way, the study provided a microcosm of how policy, practice and theory inherent in the relationship between the family and the State are enacted and experienced at the point of service delivery.

The remainder of this introductory chapter is concerned with providing an overview of the support care service and outlining its development, structure and objectives. This is followed with an explanation of the origins of this research, and an overview of how the study was conducted. Finally an outline of the thesis chapters is provided.

## **What is support care?**

Support care is a service that has been in operation since the 1990s. It has been promoted by The Fostering Network and developed by local authority agencies and service providers across England and Wales. The service is described as being:

at the interface of fostering services and family support services, offering a preventative intervention that avoids families becoming separated. Planned, time-limited, short breaks away from home are combined with family support work to promote change. Resources offered are flexible and tailor-made to suit family circumstances, providing day, evening, overnight or weekend breaks that meet the needs of individual families (The Fostering Network 2008: 5).

Support care is targeted at families in crisis. Typically, families are referred to the scheme via a social work team and it is hoped the intervention will prevent children entering the care system and becoming separated from their parents long-term. It is envisioned that families referred to the service will be isolated and not have access to a supportive network of family or friends. Likewise, it is anticipated that families engaged with the service will also be supported by other professionals / services, with support care comprising part of a holistic package of care. Examples of such services may include, financial or employment support, drug / alcohol advice, counselling, housing support and parenting programmes.

Families wishing to engage with the support care service are matched with a support carer. Emphasis is placed on partnership and non-judgemental support. For example, Brown, Fry and Howard (2005) have argued that the development of the service came in response to the families who did not want to be told what to do, who wanted to retain control of their lives, but who simply needed a break. Support care is facilitated through mutual agreement and arrangements for regular short breaks are established. Such arrangements attempt to be flexible to the family's needs, although typically involve one or two overnight stays per month. Support care placements can have specific objectives and support carers may help address behavioural issues and / or engage children and young people in a range of activities. These may include home based activities, such as creative tasks or cooking, or more community based activities, which may be pursued following the conclusion of the service. Similarly, support carers are also considered to be a source of support for parents. This may

include the provision of parenting advice and encouragement, as well as more general support and advocacy. Regular reviews of the support care placement are conducted and the intervention typically lasts between six and twelve months.

The aims and objectives of support care are congruent with the Children Act 1989. Section 17 obliges local authorities to provide a range of services aimed at promoting the welfare of children and their upbringing within their families, while section 20 provides that in pursuit of that goal, local authorities may provide a series of short breaks with foster carers. Most commonly such breaks are associated with 'respite' care for disabled children and their families. However its use with non-disabled children and their families has been slower to develop (Greenfields and Statham 2004). Support carers have a largely similar role to traditional foster carers and the support care model resembles a part-time fostering service. Accordingly, services frequently require carers to undergo the same level of training and preparation as full-time foster carers. However, some services also use qualified child minders as support carers and provide them with additional training and support to manage the demands of working with vulnerable families.

The Fostering Network has promoted support care across England and Wales. It has encouraged local authorities and other appropriate organizations in the independent sector to establish schemes within their areas. A survey by The Fostering Network (2011b) found that there were three hundred and ninety one support carers across England and Wales, with an additional fifty two undergoing training, and five hundred and sixty eight children receiving the service at any one time. Additional funding was secured within Wales with the aim of developing five further support care schemes by 2014 (The Fostering Network 2011b). However it should be noted that while the charity provides support, guidance and training to receptive parties, it retains no authority or control over the scheme during or following its establishment. In other words, schemes are established and maintained within the umbrella services provided by the local authority or relevant organisation. The Fostering Network attempts to maintain an on-going advisory role with each scheme and facilitates regular forums, newsletters and conferences on the service. However engagement in such relationships and events is not obligatory. Consequently the existence of support care schemes across England and Wales is varied, as is the service size,

organisation and structure. The intervention may also be known or referred to by other names including short breaks, support breaks, support foster care, family link placements or respite care. Despite such differences, schemes remain related through the provision of short break support to families in need with the intention of preventing longer-term separation.<sup>1</sup>

## **Origins of the research**

For qualitative researchers “it is neither possible nor desirable for researchers to keep their values from influencing aspects of the study” (Lichtman 2010: 20). “Values are part of their own realities and part of the mutual reality that is constructed through their interaction with their research participants (Grinnell and Unrau 2011: 54). As such, I intend to make explicit the origins of my research interest and the thoughts and reflections that helped construct and shape the following project.

My interest and involvement with The Fostering Network and the support care service started as I was nearing the completion of my social work training. The structure and philosophy of the service was intriguing to me on a number of levels. Firstly as a social work student and in my previous social care employment, I was well aware of the struggles and stresses faced by a multitude of families. The critical importance of kinship care and support had been evidenced to me both through academic literature as well as my professional observations. Therefore any service that sought to replicate this type of support and provide some breathing space for families to ease tensions and work out difficulties, whilst at the same time enable children to engage positively and constructively with other adults, in my opinion, was much needed and should be readily welcomed.

My experiences as a mother induced more contradictory feelings about the service. Having been a teenage mother, I could understand the value, if not relief, for parents

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• <sup>1</sup> **A note on language**

In recent years the use of ‘short breaks’ has become the preferred term to ‘respite’ in order to avoid connotations of children as being a burden and parents needing breaks from caring for them (Stalker 2000). Therefore, the term ‘short breaks’ will be used instead of ‘respite’ for the remainder of the thesis. In accordance with the preferred name of The Fostering Network, this thesis has used ‘Support care’ to refer to the provision of short break support to non-disabled children and families. For the sake of brevity, children and young people are sometimes referred to as children, and families in need of social care support are referred to as families in need.

that are helped via short breaks. The emotional support and encouragement may prove crucial and carers may be viewed as role models or figures to aspire to. However my experiences as a new mother again over a decade later would lead me to be more anxious at the prospect of relinquishing the care of my child to a relative stranger. Not only would there be suspicion that the support was a criticism as opposed to an aid to my parenting abilities, but the implications for my child would also dominate. How would they react to the carer? Would they be frightened? What would they be doing? What if they were naughty? What if they were well-behaved and the carer did not understand my difficulties as a parent? Would they prefer the carer to me? Would they want to return home? The reactions of parents engaged with the service may be very different to those suggested here. However it was significant that my enthusiastic reaction to the service as a professional was not mirrored by those as a mother and the preventative, restorative rationale underpinning the intervention may not always be obvious and unproblematic to those involved.

As a researcher my interest in the service was wide-ranging. I had completed a small-scale study of support care as part of a previous qualification (Roberts 2011). That research had been concerned with the time-limited nature of the service and the ways in which carers emotionally and practically managed their withdrawal from families. The study provided a snapshot of the relationships and bonds that can be made over the course of the intervention. This PhD thesis provided increased scope and opportunity to study these relationships in more detail; to include the perspectives of all key stakeholders and compare and contrast their thoughts, and experiences of the service.

## **An overview of the research**

Despite its inception in the 1990s, relatively little is known about the support care service. The service has been subject to some research enquiry (see chapter three) which quantitatively indicated positive impact in terms of decreasing family tensions (Aldgate and Bradley 1999) and qualitatively highlighted positive stakeholder perspectives (Aldgate and Bradley 1999, Greenfields and Statham 2004). This research is intended to build upon the previous studies and make a contribution to social work and social policy debates about the most effective ways to intervene in families with support needs.



The research is a qualitative case study of the support care service, with a temporal design. Families' support care journeys were followed over the course of the placement period; the longest of which was fifteen months duration. While previous studies have attempted to capture the perspectives of stakeholders, this has been done via a 'before and after' design (Aldgate and Bradley 1999) or has not included the perspectives of all stakeholders (Greenfields and Statham 2004). The aim of this research was to engage with stakeholders during the intervention and to involve the participation of children, parents, carers, child and family social workers and support care social workers.

Ten support care placements (ten cases) were followed during the course of the research. A support care placement or research case refers to the establishment of short break provision for a family and involves a working relationship between a child / children, parent / parents, a support carer, a support care social worker and a child and families social worker. The aim was to gain insight into support care in action; to seek to understand how relationships were developed, how the service was perceived and experienced over the course of the intervention. Interviews and participant observation constituted the core methods utilised within the research. Individual interviews were designed to enable participants the opportunity to describe and reflect upon their support care experiences. This included the developing relationships between stakeholders and understandings of purpose and progress. In an attempt to facilitate the participation of children and young people, interviews were supplemented with additional materials. This included disposable cameras and art materials which the children and young people could use if they wished. Participant observation was conducted at support care meetings and reviews and provided for direct insight into the interactions between different stakeholders. The research also involved observing children at home and during their short breaks with carers.

In total eighty two individual interviews were conducted and data was also collected from twenty two participant observation sessions. The research was conducted at three geographical locations across England and Wales. Access to multiple services was designed to represent individual variances between service delivery and structure, and combat against location specific findings.

## **An outline of the thesis**

The remainder of the thesis is structured as follows:

Chapter two situates support care in the social work and social policy context. The service is related to social work theory in order to help understand how and in what ways support care aims to reduce family difficulty. The service is then considered in the practice and policy context. The chapter positions support care within the continuum of foster care services in the UK. Foster care has been the dominant provision for children separated from their families in the UK. However political approaches have also sought to limit the numbers of children entering the care system and provide support to families to remain together. The chapter shows that state interest in family life has increased and concepts of early intervention and prevention have been particularly significant. In accordance with the inclusion of support care schemes in England and Wales, the chapter discusses political responses to families in need over successive governments and compares and contrasts approaches between countries.

Chapter three outlines the research evidence considered during the development of the current study. This includes discussion of the available data directly concerned with support care during which it is argued that the service has been subject to relatively little research enquiry. The research design was further informed by material from the fields of foster care and family support research. This included reference to research regarding the use of short breaks for disabled children and their families, together with a more general consideration of support service aims, service user experience, professional approach and outcomes.

Chapter four details the research design and methods employed over the course of the study. The chapter is divided into two parts and addresses methodological issues prior to and following data collection. Considered within the chapter are the methodological underpinnings of the study, together with practical issues regarding access and sampling. The merits of the qualitative case study enquiry, use of semi-structured interviews and participation observation are also explained. Likewise the chapter details the ethical issues that were contemplated before, during and after the data collection process. Finally the chapter contains diagrammatic and table

visualizations of the data collected over the course of the research along with details of the analytical approach.

The remaining chapters present the findings and analysis. The first of these, chapter five, contextualises the research settings and participants. Through case study examples, the chapter provides insight into the families, carers and professionals that participated in the research, with key themes related to wider research and commentary. Finally the chapter examines the roles and relationships between key stakeholders and the ways in which they work together to deliver of the service. A model is presented to aid understanding of the variety of relationships that co-exist within the delivery of support care.

Chapter six focuses on children and young people's engagement with the support care service. Despite the framing of support care as a family support service, children are most affected by engagement with the intervention as they have to spend periods of time away from their homes and families. The chapter explores how the short break sessions with carers were emotionally and practically experienced by the children that participated and considers whether the service provided 'realistic' care or sought to enrich children's lives.

Chapter seven is concerned with the ways in which time features within the support care service. As a time-limited provision, time is both a significant and defining characteristic of the service. The chapter explores the tensions inherent in attempts to afford families the appropriate amount of time to provide meaningful support but not to encourage dependency. The chapter compares and contrasts stakeholder conceptualisations of affording children and parents time apart. This includes understandings of how time will be used by parents and what will be achieved over the course of the short breaks.

Chapter eight is concerned with the relationships which underpin and are central to the delivery of the support care service. The chapter problematises notions of partnership working and examines how such principles are enacted in practice with parents and children. The chapter also considers the development and dynamic of the support carer, parent and child relationship over the course of the intervention. This includes the ways in which relationships can be used to facilitate change as well as

examples of how supportive relationships can be ineffectual and / or deemed inappropriate.

The final empirical chapter, (chapter nine) examines notions of change and progress for families over the course of the intervention. The support care service attempts to support families in crisis and at risk of breakdown and separation. This chapter is concerned with outcomes and definitions of service success. The chapter re-visits stakeholder understandings of engagement with the service and compares and contrasts the extent to which family functioning was perceived to be 'good enough' or not 'good enough' over the course of the intervention.

The thesis is concluded in chapter ten with a summary of the research highlights and findings. Significant and cross cutting themes are revisited in relation to the purpose and objectives of support care. Such themes were foregrounded at the start of this chapter in relation to questions as to the aims and purpose of state funded support, and issues of time and timing. As a result of the research findings, suggestions are made in relation to the continued development of support care as well as areas for further research enquiry. Finally the chapter considers the implications of the research for social work practice. Questions are posed for continued debate about the ways in which families with social care needs should be supported.

## **Chapter two: Understanding support care within the social work and social policy context**

This chapter situates support care in the social work and social policy context of England and Wales. Firstly, the chapter explores how different social work theories can be related to support care. The service does not make explicit its theoretical basis and therefore an attempt is made to unpack the underlying assumptions and understand how the approach is designed to be beneficial to service users. Secondly, the description of support care as being at the “interface” (The Fostering Network 2008: 5) of family support and fostering services will be clarified and contextualized within the spectrum of services used to support children and families. This includes consideration of where support care is situated within the range of fostering placements. Likewise, the service will also be considered with regard to recent political approaches and debate regarding support for families in need. This will include discussion of the emphasis that has been placed upon preventative interventions together with some contrast and comparison of political approaches through successive governments and between England and Wales. The chapter concludes with a consideration of how the theoretical underpinnings and approach of the support care service accord with political trends and development.

### **Social work theory**

The relationship and relevance of theory to social work practice has been a recurring source of debate (Thompson 2000). For example, social work courses typically provide an overview of different theories and students are encouraged to conceptualise their learning in terms of a tool kit from which they can select and apply theories as appropriate to the practice situation (Gray and Webb 2009). This has also been referred to as a “supermarket approach” to theory (Stepney 2000: 25). However, it has been suggested that theoretical ideas and underpinning assumptions can become disconnected from practice, with social workers concentrating on ‘doing’ rather than ‘thinking’ (Thompson 2000, Gray and Webb 2009). Similarly, notions of ‘common sense’ have been used to downplay the role of theory (Stepney 2000). Contrary to such assertions, it has been argued that an absence of theoretical understanding can result in “incoherent and fundamentally contradictory” (Gray and Webb 2009) practice, as well as “muddled” thinking and confusion (Stepney 2000:

20). Social workers who are theoretically aware possess a framework for understanding the problems of services users and how they might be helped (Stepney and Ford 2000).

The appropriateness of applying social work theories to consider the support care service entailed both positive and problematic aspects. For example, texts on social work theory are primarily concentrated on interactions between the service user and practitioner. This was not wholly suitable for considerations of support care because of the more complex interplay between parents, children, support carers and social workers. While social workers will have been introduced to theoretical perspectives as part of their training, it is possible that carers will not have been. Likewise as support care does not make explicit reference to a theoretical framework, support care stakeholders may not be conscious of or united by a particular approach towards families. In this way, the 'common sense' approach (Stepney 2000) may have most relevance to service delivery, as support carers and social workers adapt and respond to the needs of individual parents and children.

Despite such issues, a consideration of the implicit theoretical influences evident within The Fostering Network's (2008) description of the service is contained below. This was intended to facilitate for a more coherent understanding of the service and provide a set of frameworks for reference over the course of the research. As discussed by Duncun (2007) competing theories can be applied to the same problem (or in this case applied to a service). While this can result in a confusing and contradictory analysis, it can also provide a valuable opportunity for reflection. In this way, it was anticipated that such reflection would be useful in analysing families' engagement with support care and aid understandings of attempts to improve family situations. As such the service is considered below in relation to some key social work theories. The discussion is not intended to provide an exhaustive list of approaches relevant to a study of support care. For example, it is recognised that the service resonates with other theories such as sociology of the family and childhood. However the theories presented below were most apparent to me from initial discussions and descriptions of support care, at the outset of the study.

- **Relationship-based social work**

Relationship-based approaches can be most obviously related to support care and the attempt to develop supportive relationships between support carers, parents and children. Put simply by Howe (2009: 155) “the way people treat us matters”. O’Leary, Tsui and Ruch (2013: 137) have recognised the critical importance of the social work relationship and have asserted that “the core skill required by social work is the capacity to relate to others and their problems”. If carers are able to engage positively within families, their encouragement, interaction and understanding may encourage change. In addition, the potential development of a supportive, encouraging relationship with a support carer may stand in contrast to relationships within the home and with other professionals such as social workers. As noted by Howe (2009) social workers often have to marry the complex roles of supporters and controllers in their work with service users. For families involved with support care, social workers may on the one hand have encouraged change and engagement with the service, but on the other, may have had to explain the potential consequences of continued difficulties. Viewed in this way the relationship developed with a support carer may be understood by service users as more genuine, helpful or less threatening. Conversely, it is also possible that families will consider carers to be agents of social services, much like social workers, and as such be cautious or mistrusting of their involvement.

Relationship-based social work is not the only approach to recognise the importance of the social worker / service user relationship. However, while advocates of relationship-based practice argue that it is the relationship itself which enables change, other theories rely on a positive relationship as a means of introducing other techniques to facilitate change (Howe 2009). Some such theories are considered below.

- **Crisis intervention**

The time-limited nature of the support care service would suggest that brief, focused models of practice have been influential in the development of the service. Crisis intervention work is relatable to support care due to the explicit targeting of families ‘in crisis’ or at the point of relationship breakdown. As noted by Chui and Ford (2000: 42) the model accepts that “no one is immune to crisis and at times... normal

functioning is disrupted for various reasons”. For child and family social work, crisis intervention involves the provision of support and guidance in order that service users can develop their own strengths and develop resources for more effective coping (Regehr 2011).

For support care, this can be related to an acceptance that family life can be challenging. Under this model, support carers could be considered the main facilitators of progress in that they support and encourage change in family functioning. More broadly they and the family are supported by social workers who in turn encourage and recognise efforts to change. Interestingly it has been suggested that individuals or families in crisis may be more responsive to support (Chui and Ford 2000). For families involved with support care this would suggest an acknowledgement of the seriousness of the situation and recognition that separation of children and parents is a real possibility. Such acknowledgement, it is suggested would in turn make parents / children more receptive to the involvement of an outsider in personal difficulties. However, this jars somewhat with the political emphasis placed on early-intervention, discussed below, as it is suggested that individuals need to reach a crisis point before accepting the need for change.

- **Task-centred practice**

A task-focused approach to support care is suggested through the service description which makes explicit that short breaks is used in combination with “family support work to promote change” (The Fostering Network 2008: 5). In this way, the plan for change is likely to be more specific than implied by relationship-based approaches. Goal setting and a plan for change could be explicit and individual to the family. For example, parents could be expected to complete certain tasks during short breaks or key areas of work may be highlighted for sessions between the child and the carer. According to Doel (2002) task-centred practice incorporates distinct stages which involve exploring the problem, setting goals for change, planning and implementing the changes, and concluding the helping relationship. Likewise, Marsh (2007) emphasises the involvement and participation of service users in all stages of the model. Such characteristics are again in keeping with the time-limited and voluntary nature of the service.



More in contrast to the theories above, the task-centred model emphasises the role of the social worker within the support care service. Before and during the placement they would be pivotal in exploring family difficulties and negotiating how and in what ways the service could be beneficial. In this way the review process would be of significance in updating progress, retaining a focus on future goals and the time-limited nature of the support.

- **Systems theory and ecological models**

Systemic and ecological theories are underpinned by recognition of the connectedness of individuals and their environments (Andreae 2011). Families can be considered as systems, with attempts to support them based upon an understanding that: “Parents and children interact and are in constant communication. What one family member thinks, feels, says or does affects what other family members think, feel, say and do” (Howe 2009: 110). Social workers applying systems theory with families need to gain understanding of the relational patterns ‘in and between’ family members (Andreae 2011)

The use of short breaks as a means to relieve tensions in the home, the supportive involvement of a support carer, together with the non-judgemental, non blame approach to family difficulty (Howard 2005) can be linked to systems theory. For example, parents and children could be supported and encouraged to make small changes to their behaviour with the intention of influencing and impacting on other family members and their behaviour in turn. The extent to which this role would be adopted by carers or social workers could vary. For example, as in task-centred practice, social workers could be instrumental in identifying and planning for change with families. Carers would be relied upon for additional support and as means of easing tensions through the provision of short breaks. Conversely, it could be the support carer who develops a systemic awareness of family stress and makes suggestions for change as deemed appropriate.

Ecological models enable a broader consideration of the family’s relationship with each other as well as with the wider community and society. As proposed by Jack and Jack (2000: 101) “By helping individuals to increase or strengthen their networks of both informal and formal support, social workers are also contributing towards the development of social capital, helping to strengthen communities in a

way that will have positive benefits to all residents”. On the one hand, support care can be thought of as seeking to strengthen the support network of a family through the introduction of a carer. As previously discussed, the service resembles support other families may receive from extended kin. However the service is time-limited and therefore the network is only strengthened by the carer temporarily. Consequently, if ecological perspectives are recognised within the support care model, some attention would need to be paid to improving supportive networks for the longer-term. In practice, this may involve a continued relationship between families and support carers following the conclusion of their ‘official’ relationship. Or, over the course of the intervention, carers and / or social workers actively seek to broaden the family’s local connections through engagement with other social, educational and supportive outlets.

As stated, the social work theories above do not represent a comprehensive list of models relevant to support care. It was accepted that during the course of analysing family’s journeys through the intervention, the importance of other theoretical frameworks could become evident. For example, the theories presented above are predominantly concerned with the roles and relationships between service stakeholders. It was anticipated that structural inequalities may also be of significance to considerations of family situations, aside from service specific attempts to alleviate difficulties. Such issues are addressed within the subsequent findings chapters with reference to family’s individual circumstances. Nevertheless, the theoretical considerations above have provided a useful foundation for a study of support care. It has highlighted a range of approaches that may be incorporated within service attempts to support families in need. This includes relational efforts to encourage change as well as more structured attempts to improve areas of difficulty. Such an understanding will be helpful for the remainder of the chapter in seeking to clarify and contextualise support care’s positioning at the “interface” of foster care and family support services (The Fostering Network 2008: 5). The service will be firstly considered within the context of fostering provision with a comparison between support care and other types of foster care placements. This will be followed by an examination of recent political approaches and conceptualisations of families in need.

## **Support care within the continuum of foster care services**

Foster care has been described as the “workhorse” (Kelly and Gilligan 2002: 9) of child welfare services and remains the dominant provision for children and young people who are separated from their families (Wilson 2006). The use of foster care or a ‘substitute family’ is positioned as the preferential means of care for children separated from their families within the Children Act 1989 and its accompanying guidance (Allen 2005). However it is important to note that such a value perspective (Fox Harding 1997) has been subject to change. For example, Nutt (2006) argued that the Children Act 1989 increased emphasis in favour of birth families and discussed foster care in terms of a support service, emphasizing both the wishes of children and the continuing responsibilities of parents. In contrast, previous expectations of foster care were to provide wholly substitute care for children and young people. Contact with birth families was discouraged on the basis that it would further damage the child’s development or limit the effectiveness of the foster carer / child relationship (Rees 2009).

Perceptions of the benefits and appropriate use of foster care has also been subject to change. For example, Wilson (2006) argued that in comparison with the 1980s far fewer children enter the care system for reasons of delinquency, truancy and parental difficulty. Rather “the care system has become increasingly concentrated on maltreated children” (2006: 174). Such changes may relate to the increased recognition of the importance of birth families. As Morris and Featherstone (2010) have suggested, the general trend of much of the 20<sup>th</sup> century was concerned with defending the rights of the family and supporting parents in raising their children. Similarly, attempts to limit use of the fostering system can be related to evidence suggesting that looked after children experience comparatively poor outcomes. For example, it has been recognised that looked after children have a range of needs that may have developed prior to their entry into care but also exacerbated by their care experience (Holland *et al.* 2013b). These include needs associated with physical and mental health, education, brain development, emotion and behaviour (Holland *et al.* 2013b). Related to this, the Social Services Improvement Agency in Wales (SSIAW) (2007) claimed that looked after children were:

- Several times more likely to have a statement of special educational needs, to be excluded from school, and to leave school with no qualifications compared with children in the general population.
- More likely to experience teenage pregnancy.
- More vulnerable to physical and sexual abuse.
- Fifty times more likely to go to prison.
- Eighty eight times more likely to be involved in substance misuse.
- More likely to lose contact with their families and communities of origin, and become socially excluded through unemployment and poverty.

For Forrester and his colleagues (2009) the negative connotations associated with foster care are unjustified as they insufficiently address difficulties experienced prior to entry in the care system or issues of change / progress whilst in care. Yet despite this, such negative associations have led to policy initiatives that have sought to reduce the numbers of looked after children (Forrester *et al.* 2009). Instead efforts are focused on preventing children becoming separated from their families through increased family support measures or by prioritising exit from the looked after system, such as returning children home or identifying an adoptive placement (Forrester *et al.* 2009). Robert Tapsfield, Chief Executive of The Fostering Network (2012) has argued that the Westminster Government has been overly focused on adoption when other permanence options such as long-term fostering may be in the best interests of the child. The concentration on legal orders as a means of securing permanence for looked after children was also noted by Boddy (2013). Yet despite initiatives which seek to limit the numbers of looked after children, the numbers have steadily risen in the UK between 2008 and 2012, from 81,315 to 91,667 (NSPCC 2013). Furthermore the system has been described as on the verge of crisis due to worrying shortages of foster carers (The Fostering Network 2011a, Harber and Oakley 2012).

To summarise the above, considerations of foster care have many negative connotations. As discussed by Ward, Holmes and Soper (2008: 16) the poor outcomes associated with looked after children “are compounded by information concerning the high costs of providing such a service”. In addition, there is a shortage of foster carers and a preference for permanent carers; either birth families

or adoptive families. Yet, more positively, and in keeping with foster care positioned within the legislation as a support service to families (Nutt 2006), modern day foster care encompasses a range of placements depending upon the needs of the child and family. These include short breaks care, short-term emergency and assessment placements, mid and long-term foster care together with other specialised arrangements (Kelly and Gilligan 2002). For example, the use of short breaks to support disabled children and their families can be considered a less intense form of alternative care. Yet at the other end of the spectrum, multidimensional treatment foster care enables young people with multiple needs, to live in a family setting but with a specially trained foster carer who is continually supported by a network of other professionals (Leve and Chamberlain 2007).

Within the range of fostering services, support care is best considered as a form of short breaks care. Section 20 of the Children Act 1989 provided for the use of short breaks as a means of supporting families, although in practice this service has tended to be more commonly used with disabled children and their families (Greenfields and Statham 2004). The distinguishing features of support care in comparison with other fostering services are:

- The supportive remit of carers towards parents as well as children.
- The time-limited nature of support and the expectation that families will resume independent function at the conclusion of the service.
- Service intervention at the point of crisis but prior to family breakdown, with its main objective to prevent the child's entry into the care system full-time.

### **Family support, prevention and early intervention**

Preventing children from becoming separated from their families has long been a goal of social work practice (Frost 2003a). Since the post-war period, methods of supporting families have evolved from individual caseworker skills to a wide variety of statutory and non-statutory led services (Frost 2003a). However family support as a concept, an area of political debate or social approach is still relatively new (Weiss 2003). For the purpose of clarity, it is therefore necessary to consider the meaning of

the terms, including reference to prevention and early intervention, as this has been subject to debate and discussion within the field. In doing so, some of the tensions regarding the provision of family support services by the State, become discernible. As discussed in chapter one such dilemmas include questions regarding the type of support that should be offered to families, when it should be offered, to whom and with what aim. For example, with regard to what type of support the State should provide, Dolan, Pinkerton and Canavan (2006) have suggested support may consist of practical and emotional assistance, the provision of advice and / or the encouragement and development of self-esteem and self-worth. In terms of how state support should be provided, Frost (2003b) has argued that family support in a social work context, can include measures that are done to, done with or those that enable families to do for themselves. Likewise, with reference to initiatives developed under the Labour Government (period in office 1997 - 2010), Morris, Barnes and Mason (2009: 34) referred to “initiatives designed to support, educate or police parents”.

Of relevance to questions as to who support should be focused on, Frost (2003b) acknowledged the potential tensions inherent in notions of family support, due to the sometimes inharmonious wishes and feelings of adults and children. In contrast, Dolan, Pinkerton and Canavan (2006: 17) have argued their model of family support has a “clear focus on the wishes, feelings, safety and well-being of children”. Similarly, Featherstone (2004) observed two different understandings of ‘family support’ within the policies of the Labour Government (1997 - 2010). More traditional understandings related to efforts to avoid family breakdown and the protection of children from abuse. However, according to Featherstone (2004), the primary focus was on a newer understanding of family support. This concept was based on the belief that children’s experiences were influential on their outcomes as adults. As such, notions of investing in children and seeing them in terms of their future social and economic potential were embraced. In this way, children and young people can be understood as the primary focus of support and viewed in terms of their long-term investment potential.

Notions of prevention and early intervention have much relevance to considerations of family support and are pertinent to questions regarding when the State should provide support to families in need. However, as highlighted below there is variation in the ways such terms are interpreted. With regard to prevention, Howe *et al.* (1999)

distinguish between three types of approach: primary, secondary and tertiary. It is suggested that primary prevention refers to universal services that aim to avoid exposure to, and / or the development of risk factors. Secondary prevention is described as intervening to tackle problems that are in the early stages of development, while tertiary prevention refer to approaches that seek to address or minimise already problematic behaviours or circumstances. Howe *et al.* (1999: 265) have argued that: “In social work, primary interventions are conventionally referred to as ‘preventative’ work, whereas secondary and tertiary level interventions are known as treatments”. Such a categorisation is in contrast to Sheppard’s (2004) suggestion that social workers typically associate secondary levels of support as preventative.

Prevention and early intervention are closely related concepts and the terms have been used interchangeably. Walker (2009) has attempted to distinguish between the terms and asserted:

‘prevention’ refers to activities to stop a social or psychological problem arising in the first place. ‘Early intervention’ is activity aimed at halting the development of a problem which is already evident. Thus the distinction between the two terms relates to the stage of problem development, rather than age of the child or length of time the child has been known to a particular agency.

In this instance, prevention and early intervention can be related to Howe *et al.*’s (1999) primary and secondary prevention definitions. In contrast, Allen and Smith’s (2008: 4) policy report on early intervention declared that it went “much further than prevention”. However Allen’s (2010, 2011) subsequent reports tend to use the term interchangeably with prevention and describe early intervention as encompassing both universal and targeted provision.

The varied definitions above suggest that services designed to be preventative or intervene early, may actually encompass a range of intervention points with differing objectives. This includes services designed to intervene before problems develop, through to those designed to minimise the severity of problems already in existence.

The support care service is described as a preventative intervention which seeks to avoid families becoming separated. As a service designed for families deemed to be

in crisis, support care cannot be considered a universal provision aimed at preventing the development of difficulties. Rather the service appears more akin with definitions that situate prevention and early intervention service as a form of targeted support for families displaying problem indicators (Allen 2010). For example, as discussed by Howe *et al.* (1999) a preventative service can seek to address difficulties with the aim being to avoid a more intrusive or punitive stage of intervention. This can be applied to considerations of support care in that families are engaged voluntarily with support care and given help and opportunity to address problems. In the event that help is not accepted or family difficulties do not improve, it is possible that social workers will intervene more decisively, such as the initiation of care proceedings, in order to protect children.

### **Family support in England and Wales 1997 – 2013**

The following section contextualises support care in relation to current policy and practice landscape. It is concerned with political approaches to family support in England and Wales from the start of the Labour Government's term in office in 1997 and the following transfer of power to the Conservative / Liberal Democrat Coalition in 2010. It is important to note that the process of devolution was initiated after the Labour Government was elected in 1997

(<http://www.assemblywales.org/abthome/role-of-assembly-how-it-works/history-welsh-devolution.htm>). Unlike England, the Labour Party in Wales has retained some level of political power throughout the period since devolution to the present day, either governing as a single party or in coalition with the Liberal Democrats or Plaid Cymru (Parry 2012). Social care represents a devolved issue for Wales and as such, reference is made to both Welsh and English children and family related policy.

The Labour Government's term in office (1997 - 2010) signified a more involved state in family life and investment in family support services. For example, Pithouse (2008) described preventative and early intervention services as a key feature of their term in power. Similarly Powell (2000: 44) argued that Labour's third way reforms attempted "to move from a passive to an active, preventive welfare state". Children and families were a key focus for preventative efforts, with a plethora of policies aimed at improving parenting and supporting families (Bell 2007). Notions of



investing in children and seeing them in terms of their future social and economic potential as adults, were embraced under the Labour Government (Featherstone 2004). In England, the aim was to “boost children’s resilience and protect them from potential poor outcomes” (DCSF 2010: 9) that would have a social and economic drain on future society.

Fox Harding’s (1997) classic value perspectives typology continues to provide a useful way of considering the relationship between the State and the family. The four value perspectives are presented in the following table:

<b>Laissez-faire and patriarchy</b>	<b>State paternalism and child protection</b>
<b>The modern defence of the birth family and parents’ rights</b>	<b>Children’s rights and child liberation</b>

**Table 2.1: Value perspectives of the State / family relationship Fox Harding (1997)**

As noted by Fox Harding (1997), successive governments tend not to adopt one position exclusively but their policies reflect elements of all the standpoints to a greater or lesser extent. For the Labour Government, it could be argued that the State became more involved in attempts to protect children from adversity. This could be interpreted as increased state involvement in family life; a state more involved in protecting children and supporting parents. The rights of children were also subject to increased recognition under the Labour Government. The Green Paper, *Every Child Matters* (HM Government 2003) outlined specific aims for the lives of children and young people such as being healthy, enjoying and achieving. The Welsh equivalent to *Every Child Matters* (HM Government 2003), *Children and Young People: Rights to Action* (Welsh Government 2004) was comparable in its aims to ensure children and young people were healthy, safe and happy, with opportunities to develop. Again, family and community influence on children was similarly recognised: “Without stronger families, in whatever form they take, and stronger communities, we cannot enable children and adults to achieve their potential” (WAG 2007: 2).

For parents, the importance of parenting and the influence over their child's future life chances was emphasised, but the difficulties and challenges of modern day family life were also acknowledged. Westminster Government policy recognised such stresses and encouraged parents to seek support:

Parenting can be challenging. It often means juggling with competing priorities to balance work and home life as well as trying to understand how best to meet children's needs, at all stages of their development. Parents themselves require and deserve support. Asking for help should be seen as a sign of responsibility rather than as a parenting failure. (HM Government 2006: 31)

Similar sentiments were echoed in the later *Every Parent Matters* (DFES 2007). For Knowles (2009) the Labour Government's approach in England suggested that raising children was the task of the community and not for parents in isolation. A community based approach to raising children is perhaps best illustrated in the development and expansion of Sure Start initiatives across England. Arguably the epitome of the Labour Government's investment in children and families, Sure Start centres were established in the most deprived areas and attempted to provide a range of support and advice services for families. This included the provision of childcare and services related to health, educational and family support. The initiatives had clear aims relating to improved developmental outcomes for children and the employment of parents but also sought to provide flexible and tailored support dependent upon family and community needs (Parton and Frost 2009). Sure Start centres were also developed in Wales, although since 2007 early years provision in the Welsh context has been delivered through the Flying Start programme (White and McCrindle 2010). Flying Start had much in common with Sure Start in terms of its establishment within areas of deprivation, flexibility of local provision with a broad focus upon health, child development and parenting support (Pope *et al.* 2013).

Critiques of the UK Government's initial investment in support services for families included suggestions that services for children and adults were segregated. For example, Morris and Featherstone (2010: 559) reflected that the "language of family" appeared only occasionally in English policy and there was "a tendency to conceive of relationships between children, their parents and wider family members as separate." Consequently, official publications (Social Exclusion Taskforce 2007,

2008: 7) encouraged active collaboration between children and adult services, emphasising that there should be “no wrong door”. As part of the encouragement to ‘think family’ the Cabinet Office commissioned a literature review into ‘whole family’ approaches to support vulnerable families (Morris *et al.* 2008). The review recognised the “momentum towards whole family approaches within policy and provision” (Morris *et al.* 2008: 6). Such momentum has been largely maintained in England and Wales. However in a recent speech to the NSPCC, Secretary of State for Education, Michael Gove arguably undermined the approach with a renewed emphasis of the need to ‘rescue’ abused and suffering children (Gove 2013).

Accusations that increased state support services hindered families’ independence and self determination were also commonplace during the Labour Government’s term in office (1997 - 2010). Parton and Frost (2009: 177) noted:

It is not easy to increase the support to families and encourage early intervention, prevention and the integration of services without creating the image of a ‘nanny state’ which both encourages dependence and increases surveillance.

Parton and Frost’s comments (2009) can be related to the tensions discussed in the previous chapter regarding the provision of state support to families in need. On the one hand supportive provision is intended to meet need and be beneficial to service users but on the other hand state support should promote independence and personal autonomy. Such tensions have recently come to the fore again with Michael Gove asserting that social workers are too ready to see individuals as victims of social injustice rather than recognising their individual agency.

The wider connotations associated with increased state involvement in family life have also been debated. For Furedi (2010) the approach was rooted in the belief of ‘parental determinism’; the idea that parents and parenting were primarily responsible for the outcomes and future prospects of children. The promotion of educating or supporting parents in their parenting role exposed a lack of confidence held by the State in parents’ ability to adequately and appropriately raise their children (Furedi 2010). Similarly, Kemshall (2010: 1252) argued that social work in the UK has increasingly been required to “responsibilise” parents, encourage them to make ‘good’ decisions and become “shapers of their own worlds”. Morris, Barnes

and Mason (2009: 35) referred to the “othering” of parents whose practices and behaviours did not comply with notions of ‘good enough’ parenting.

At the same time the UK Government made explicit its responsibilities towards families in need of support, it also had a “tougher side” which positioned families as accountable and included forcing parents to accept their parenting responsibilities in the form of parenting orders (Williams 2004: 408). Considered against Fox Harding’s typology above (table 2.1) the Labour Government outwardly professed a desire to support parents and families but at the same time became much more involved in attempts to protect children from poor outcomes. Some contrast with the Welsh context became evident as a commitment to social justice has been described as central to all Welsh policies and initiatives (Birrell 2009). For example, the Welsh Government (WAG 2007: 3) has directly associated poverty with the likelihood of requiring social care support and made explicit the aim of “enabling” families and individuals to secure and be in control of the help and support they require. In this way, the Welsh Government was more likely to position service users as victims as opposed to being responsible for their circumstances.

In 2010, the Conservative / Liberal Democrat Coalition Government took office and there has been both continuity and subtle shifts in family policy. On the one hand, it has been asserted that little has changed in views and approaches to families under the Coalition Government. The emphasis placed upon early intervention has remained (Lee 2011, Featherstone, Morris and White 2013) and a belief in parental determinism (Furedi 2010) has transcended the change in UK Government. According to Bristow (2013) the Labour Government’s increased involvement in family life institutionalised the idea that individuals should have a relationship with the State; a situation she claims has remained under the Coalition. Similarly the “tougher side” (Williams 2004: 408) of supportive intervention has also been visible, if not more significant. For example, following the riots in various parts of the UK in 2011 David Cameron declared that he would put “rocket boosters” (BBC 2011a) under efforts to tackle ‘problem families’ and that his Government would not be sensitive to allegations of state interference in family life. As discussed in the previous chapter, the policy language attached to families in need shifted to ‘troubled’ (Casey 2012). While there has been continued recognition that families in receipt of support have some genuine support needs, a more robust assertion has

been evident that such families are also responsible for some of their problems; namely unjustified welfare dependency, large families, drug and alcohol dependency, crime and anti-social behavior (Casey 2012). Again it should be noted that the ‘tougher side’ of service interventions has not been as visible in Wales, with families more likely portrayed as victims rather than perpetrators of their difficulties. For example, Families First is overtly stated as being an anti-poverty measure (Welsh Government 2011). Similarly the Intensive Family Support Service, the flagship intervention of the Welsh Government to support families with high level needs, aimed “to build family confidence, to enable them to self-advocate in determining the best way to overcome their problems” (Welsh Government 2012:1). In contrast to England, there was no mention or expectation of sanctions for families who did not comply.

More in contrast to the Labour Government’s period in office, financial issues have been a central concern for the Coalition Government. During and following the election much attention was paid to the budget deficit, the Labour Government’s supposed irresponsible spending and the need for cuts in outgoings from the public purse. For example, questions regarding the extent of the Coalition’s commitment to early intervention have been raised when it has presided over the closure of Sure Start centres (BBC 2011b). Despite such accusations, the newly elected Coalition commissioned an updated report on the benefits and costs of early intervention and prevention services. Graham Allen’s (2011) report for the Coalition constituted his third publication advocating the benefits of early intervention; the two previous commissioned under the Labour Government (Allen and Smith 2008, Allen 2010). Allen (2010) had previously suggested that the UK had two competing cultures in its attempts to tackle health, social and behavioural problems; early intervention and late intervention. He argued that late intervention was the dominant approach which had seen billions of pounds invested in programmes and services which attempt to tackle problems when conditions are developed and more difficult to correct. “Delayed intervention increases the cost of providing a remedy for these problems and reduces the likelihood of actually achieving one” (Allen, 2010: 4). In contrast, his promotion of early intervention was underpinned by the belief that through inputting supportive measures, early and consistently with children and their families, benefits will be passed onto future generations and replace the “vicious

cycle with a virtuous circle; to help every child become a capable and responsible parent who in turn will raise better children who themselves will learn, attain and raise functional families of their own” (Allen and Smith 2008: 5). Critics of Allen’s reports and early intervention policy more generally, have argued that its evidence base relies upon ‘dodgy neuroscience’ from studies of neglected children in Romanian orphanages (Lee 2011). Nevertheless, the reports asserted that investment in early intervention would lead to more positive outcomes and compelling arguments were constructed of future anticipated savings (Allen 2011). For example, in congruence with highly publicised financial objectives of the Coalition Government, Allen’s (2011: vii) promotion of Early Intervention services was phrased as a “structural deficit reduction programme” (2011: vii). However, scarce resources and cuts to public expenditure have remained a reality. For example, Higgs’ (2011) survey of Children’s Services directors suggested that regardless of the continued rhetoric in favour of early intervention and prevention strategies, budget cuts would impact on the ability of local authorities to offer such services. Related comments were also made in a report by Action for Children (2010: 20) in which the ‘double whammy’ scenario facing service providers was outlined; increased referrals and demand for supportive interventions combined with reductions in funding options for such provision.

### **A place for support care?**

The issues considered in this chapter suggest that the support care service has a number of positive attributes when considered within the social work and social policy context of England and Wales. Firstly, despite the absence of an explicit theoretical underpinning, key social work theories appear to have direct relevance to service attempts to support families in need. For example, the service appears to recognise the benefits of supporting and encouraging relationships, whilst its time-limited nature seems to entail a more focused provision with families encouraged towards independence. Secondly, support care constitutes a form of fostering provision; the dominant means of supporting children separated from their families. Considered in this way, the service has the potential to be easily replicated or further developed within the current infrastructure and its part-time, time-limited nature may have additional benefits in terms of reduced costs, increased capacity and improved

outcomes in comparison with longer-term placements. Thirdly, the service model broadly correlates with legislation and policy encouraging the preservation of family units and the provision of preventative support to avoid breakdown. For example, the Children Act 1989 was underpinned by the assumption that, unless proven otherwise, the best place for a child to be raised is within his or her family (Sheppard 2004). The Act was also important in terms of prevention as local authorities became obliged to anticipate likely outcomes for children and act accordingly if they were deemed to be 'in need'. Viewed in this way, support care fits with the general trend of much of the twentieth century in defending the family and supporting parents in raising their children (Morris and Featherstone 2010).

Despite this acquiesce, support care has been slow to develop across England and Wales (Greenfields and Statham 2004). This may be due to the juxtaposition of support care as both a form of fostering and preventative intervention. For example, with regard to local authority support care schemes, it has been suggested that the positioning of the service within fostering departments or family support teams may be significant (Greenfields and Statham 2004). It is also possible that large deficits in full-time foster carers (The Fostering Network 2011a) limits the priority afforded to the recruitment and training of part-time carers. However a more macro analysis would suggest that political concerns and conceptualisations of families in need may also be of significance. Under the Labour Government, the State became more interested in the lives of children, concerned to minimise risk and maximise future potential. Emphasis has been placed on intervening early and despite its preventative ethos, this may contrast with the 'crisis' point of entry for support care. In addition, Furedi (2012) has argued that on the one hand parents have been portrayed as 'demi gods' whose actions and behaviours held much influence over children's future life chances. Yet on the other hand, parents' willingness and ability to offer their children the necessary teachings for future success has been increasingly questioned. Furedi (2011) suggested that confidence in parental authority and the ability of ordinary parents to appropriately raise their children has become so low that the 'science' and 'evidence' of 'experts' has become routinely relied upon. For example, as discussed in the previous chapter, the Coalition Government was advised to launch a national parenting advice campaign to educate parents about five important tasks to complete per day with their child (Paterson 2011). Such tasks made explicit

the importance of ten minutes floor play, fifteen minutes reading and twenty minutes talking without the interference of a television. Similarly, as shall be further discussed in the following chapter, parenting classes designed to teach or develop parenting skills have been widely used in the UK and abroad.

In addition to diminished confidence in parents' ability and skills, a growing intolerance has been evident in the ways in which family difficulties are understood. For example, the media has repeatedly made reference to 'problem' families and there has been a process of "othering" of those who do not conform to notions of 'normal' or the 'hardworking' majority (Morris, Barnes and Mason 2009: 38). In England, although not in Wales, government policy has attributed families with partial responsibility for their difficulties and circumstances. This has led to the development of family support services, such as Family Intervention Projects (see chapter three), whose approach was more "muscular" (Frost and Parton 2009: 165) and "assertive" (Morris and Featherstone 2010: 560). Considered alongside these arguments, support care appears an uneasy fit with current trends of supporting families. Rather than directive or challenging, support care is based upon the provision of emotional and practical support, with an emphasis on relationships. Support carers and foster carers more generally are not afforded professional status (Harber and Oakley 2012) and in this way would unlikely be considered as 'experts' equipped to advise and inform families. Likewise, support care does not follow a curriculum and there may be much variation in the extent to which carers are involved in advising or teaching families. If as suggested by Frost (2003b), family support incorporates services done to, done with or which enable families to do for themselves, then support care in theory at least, appears more akin to partnership working and encouraging families towards independence. In contrast, more 'muscular' approaches, or those which incorporate sanctions, may be more appropriately related to services 'done to' families. Issues regarding service approach, roles and relationships between stakeholders are explored in empirical chapters five and eight. Likewise, such issues will be further considered in the following chapter. Chapter three considers the evidence available on support care and makes reference to literature from the fields of foster care and family support that were drawn upon in the development of the current study.



## **Chapter three: Researching support care: The empirical context**

This chapter is concerned with examining support care within the empirical research context. Firstly, the chapter is intended to collate and present the evidence already available on support care. It is shown that the service has been subject to limited research attention and little is known about the effectiveness of support care or the experiences of its participants. To supplement the limited evidence directly concerned with the service, literature from the fields of family support and foster care research were drawn upon to inform the development of the current study. This was intended to gain understanding of the evidence related to interventions and approaches that were comparable with aspects of support care. This included consideration of the literature related to short breaks to support disabled children and their families and examples of other support services designed for families in need. From the field of foster care research, the current study was informed by evidence related to positive and / or successful placements as well as the perspectives of children and young people.

### **The evidence related to support care**

The field of foster care research has been described as flourishing (Holland 2009) but short break support is a rarer research focus and there is little knowledge about the effectiveness of support care or the experiences of its participants. Only two major studies have been conducted on support care, although the evidence base also includes some smaller pieces of research and literature. Due to the dearth of academic literature directly related to the service, this first section discusses the evidence individually and in chronological order. This is intended to provide detailed consideration of the literature available prior to the current study and to identify the areas where subsequent enquiry would make a contribution.

Aldgate and Bradley (1999) conducted the first major study of the use of support care for families in need. Their study related to sixty children and their families accessing the service, across four support care schemes. A before and after design was utilised and included the perspectives of all stakeholders. Interviews and

psychometric tests were combined to give personal insight into the service as well as a quantifiable measure of progress.

Aldgate and Bradley's (1999) key findings are presented below:

- Families using the service were all living in very difficult and stressful circumstances.
- Parents reflected positively about Support Care and felt it had helped them gain more control over their lives. Parents valued the community and voluntary aspects of the service.
- Children were less positive than parents initially, although by the end of the placement, most were reasonably happy with the service.
- Arrangements for ending the service required further development.
- Social workers played a key role in managing the service.
- For parents with more complex needs, the involvement of other social work support, in addition to the short breaks, was highlighted.

Aldgate and Bradley's (1999) findings are useful in that they provide some evidence of positive impact resultant from support care intervention. For example, only two of the sixty children became separated from their families during the research period. The collaborative, non-judgemental approach with parents also appeared to be appreciated and can be held in contrast to the more assertive approaches to family support that were discussed in the previous chapter. It is however, significant that parents were more enthusiastic about the service than their children. While the service enabled parents to address a number of relational, health and emotional issues, children expressed anxieties related to rejection and concerns about the practicalities of staying in someone else's home. Furthermore, by the end of the intervention, when children had established close, trusting relationships with carers, they had difficulty understanding the conclusion of the intervention and perceived the ending to be somewhat sudden and abrupt.

In 2003 the Department of Health commissioned the second major study of support care. The Thomas Coram Research Unit undertook an investigation into the slow development of support care across England (Greenfields and Statham 2004). As a preface to their investigation, Greenfields and Statham (2004) highlighted the

congruency of the service model with the family support values and preventative objectives within the Children Act 1989. Similarly they outlined the potential savings to be gained from offering support care in the event that children were prevented from entering the care system. At the outset of their research the authors argued that theoretically it was difficult to understand why the model had not been adopted more widely.

The mixed methods study included questionnaires and telephone interviews, together with case studies of six established and two developing support care services. The case studies comprised of face to face interviews, document analysis and focus groups. While the views of service professionals and carers were included, the authors stated that there was insufficient opportunity to consult the opinions of parents and children. The investigation found that thirty four of the forty six councils that participated in the study did not have a designated support care scheme in operation, although a quarter added that their foster carers offered short break support informally to some families. However, of the twelve that indicated they did have an operational scheme, the research highlighted much variation between services in terms of size of scheme, operational structure and placement length. The sustainability of schemes was also noted to be challenging as continued funding was sometimes uncertain. For example, the authors stated that three of the four schemes featured in Aldgate and Bradley's (1999) study had since been closed. This concurs with Deacon's (2011) suggestion that allocating funds for investment in prevention and early intervention hasn't suddenly become problematic due to recent economic difficulties, but that investment had long been difficult to secure.

Greenfields and Statham (2004) attempted to build on the work of Aldgate and Bradley (1999) by establishing whether families in receipt of the service, were able to remain together and avoid long-term separation. Unfortunately, obtaining such information was beset with problems and it was reported that there was a lack of systematic monitoring of placements and an absence of statistical data. Moreover, the variation in schemes and the limited amount of information available, made a cost / benefit analysis difficult. For example there was variation in operational costs due to the differing size of schemes, as well as different rates of remuneration to carers who were themselves operating on discrete contact frequencies. In summary the authors (Greenfields and Statham 2004: 33) stated:

The evidence obtained in this study strongly suggests that providing short breaks for children in need enables them to remain with their families, and may avoid longer-term care. The service is valued by parents, and it can be used in a variety of ways (including alongside accommodation) to promote continuity and stability for children. However – as many of those interviewed were themselves aware – it is difficult, on the basis of the available evidence, to demonstrate that accommodation would have occurred even if short breaks had not been provided. There is a need for schemes to collect better information about the users of their service and what happens to them.

In addition to the two studies outlined above some smaller pieces of evidence are also available regarding support care:

- Brown, Fry and Howard (2005) collected a series of contributions on the development of use support care in parts of the UK. Although dominated by practitioner reflections, the collection also included chapters written by academics, a parent and a carer. The chapters reflected positively on the preventative potential of the service for both families in need, but also as a form of post adoption support.
- The Fostering Network (2011b) conducted a short, in-house survey of local authorities in England and Wales. The survey secured a 13% response rate and a total of twenty four operational support care schemes were identified. The schemes involved in the research were shown to vary considerably in size, with some schemes having as few as three carers with the largest having ninety two. The survey highlighted that families being offered support care were experiencing a wide variety of difficulties which included mental health issues, family conflict and substance misuse.
- Roberts (2011) revisited the issue of service endings that had been identified by Aldgate and Bradley's (1999) research. Roberts (2011) interviewed support carers on the time-limited nature of the service and the ways in which carers ended their engagement with families. The findings suggested variation in the ways endings were practically managed and also noted the potential for endings to be emotionally challenging experiences as a result of the close relationships developed over the course of the intervention.

- The Fostering Network (2013), in conjunction with the University of Loughborough pursued the issue of costs and benefits associated with support care that had been problematic for Greenfields and Statham (2004). Using a ‘bottom up’ approach, The Fostering Network (2013) used two real-life case studies of families who had engaged with support care to compare the costs of the provision with those of foster care. The study found that engaging families with support care and other community based services was considerably less expensive than providing foster care placements. In one of the case studies, foster care would have been four times more expensive, while in the other, nine times more costly.

The research and literature outlined above demonstrates that relatively little is known about support care, despite being developed across the UK for over twenty years (The Fostering Network 2008). However, encouraging aspects of the available evidence include the largely positive perceptions of stakeholders, a quantifiable measure of positive impact and the reduced cost comparison. More problematically, research related to the thoughts and experiences of stakeholders remains limited and only one research study has included the perspectives of children and parents. Similarly, the uneven development of schemes throughout England and Wales has resulted in varied service. Issues of model fidelity, together with an apparent lack of systematic monitoring of placements, have presented difficulties when attempting to obtain statistical data and establish a causal link between support care and the prevention of family breakdown.

Considering the limited research concerned with the support care service, it could be argued that any subsequent empirical contribution would be beneficial. This would include both qualitative and quantitative forms of evidence. The following sections detail the evidence considered from the fields of foster care and family support research which informed the design of the current study. This includes consideration of intervention aims, service user experience, professional approach and outcomes.

## **Family support research**

Dagenais *et al.* (2004) observed that family support programmes typically have three central objectives related to ensuring the safety of the child, improving family functioning and preventing separation. In North America the development of family preservation interventions has been widespread (MacMillan *et al.* 2009) and resultant from concerns that children were being separated too readily from their families with insufficient efforts to address problems (Tyuse, Hong, and Stretch 2010). Similarly, in the UK, poorer outcomes associated with looked after children have contributed to policy initiatives which seek to minimise the numbers of children entering the care system (Forrester *et al.* 2009). The family support literature discussed in this section was reviewed with the aim of situating support care within the wider spectrum of family support initiatives designed for families in need.

- **Short break provision for disabled children and their families**

Despite the uneven development of support care schemes across England and Wales, the provision of short breaks to support disabled children and their families is more established within children's services departments (Knight 2007). For example, £800 million was made available to fund short break provision between 2011 and 2015 by the Westminster Government (Department for Education 2011).

Within the literature related to short break support for disabled children and their families, important themes were apparent which were of relevance to the current study. These included questions of who should be considered the primary recipient of the support, what aspects of service delivery were valued by recipients and what was achieved as a result of the short breaks. These themes are considered in more detail below:

Thomas (2005) described short break provision for disabled children and their families as primarily designed to support parents and carers. He suggested that by supporting parents to feel better able to cope and manage their responsibilities, they would feel better and this would have a positive impact for children in their care. However, Thomas (2005) also highlighted the potential for children to have contrasting views about short breaks support and stressed the importance of making the experience positive for children.

Within Thomas' (2005) cautionary comments, parents are positioned as the principal targets of support; the theoretical basis of the argument being that if parents feel supported, well rested and / or more able to cope, the benefits will subsequently be experienced by their children who will be cared for by happier, less stressed carers. In this way the family is supported through a provision targeted at parents with children the secondary beneficiaries. However, as identified by Thomas (2005), the importance of considering short breaks provision from the perspective of children and young people has become increasingly important. Cramer and Carlin (2008) suggested that a concerted effort has been evident to position short breaks as equally if not primarily focused on the needs or interests of the child. In other words the potential benefits of support are no longer secondary considerations for children, but increasingly are at the forefront of deciding how and in what ways the child can be supported. For example, Robertson *et al.*'s (2011) review of the literature found that the majority of short break services were explicit in their aim that children with disabilities should have opportunities to increase their contact with people outside of their primary carers and immediate social circle, as well as to have opportunities to engage in activities which they may not otherwise have opportunity. Similarly, Cramer and Carlin (2008) and Swallow, Forrester and Macfadyen (2012) inverted the analogy suggested by Thomas (2005) above and argued that short breaks seek primarily to provide opportunities for children, which in consequence provide carers with a break from caring. In this way, children become the principal focus of the intervention and the benefits to parents are of secondary consideration.

Aside from debates as to who short break support should be principally targeted at, research on the provision for families with disabled children has stressed the need for flexible and responsive services. For example, practice guidance on providing short breaks for children with complex health needs and disabilities (Layfield and Sainsbury 2008) stressed the need for broad remits of support dependent upon the family's needs. This included groups and clubs in which children could experience everyday activities in the community, through to more specialised residential placements. In this way, the provision of short breaks cannot be thought of as a standard service but one which responds to both the individual needs of the family and the locally available resources. Similarly, Welch *et al.* (2012) reflected positively on the use of direct payments to fund short breaks for disabled children

and their families. Their research found that direct payments enabled families more control, flexibility and access to more support. This is in contrast to earlier research by Connors and Stalker (2003) whose research suggested that children and parents were largely dissatisfied with the short break provision they received. Increased service user involvement and control over short break provision can be related to Layfield and Sainsbury's (2008) argument that parents know what type of help and support they want. In this way, the provision of short breaks could, in theory at least, represent a heterogeneous, adaptive service, in which parents [and children] have the opportunity to be involved in tailoring to their individual requirements.

Despite the potential benefits of modifying short break services to suit the needs of individual families, the varied nature of the provision may have hindered efforts to empirically evaluate the impact of support. For example, the scarcity of quantifiable measures of impact and the absence of statistical association were highlighted in a literature review conducted by Robertson *et al.* (2011). Cowen and Reed (2002) incorporated pre / post measures of parenting stress to observe the responses of parents in receipt of short break support. The authors argued that parents showed significant decreases in their stress scores at follow up. Whilst such results can be thought of as encouraging and suggest parents perceived the breaks as helpful, the research did not include a control group and was insufficiently robust to demonstrate a causal relationship. Similarly, Action for Children published a report related to their provision of short breaks for disabled children and their families (McDermid *et al.* 2011). In it the authors acknowledged the pressures to demonstrate outcomes and value for money in an economically challenging climate (McDermid *et al.* 2011). However, the report suggested that this was impeded as a result of the varied nature of short break provision and the challenges inherent in isolating the impact of one service when families most commonly access a combination of supportive measures. More positively, qualitative evidence of effectiveness, from the perspectives of short breaks staff and partner agency professionals, found that the vast majority believed short breaks to have positive impacts for the children concerned (McDermid *et al.* 2011). Key areas of improvement related to reduced anxiety, improved well-being, communication and increased confidence; factors which invariably rely on human perception, reflection and observation. Similar findings were also reflected in a literature review of short break research which highlighted some evidence that short



breaks impacted positively on families (Robertson *et al.* 2011). This included parents feeling less stressed as a result of the breaks from caring, improvements in family functioning and opportunities that would otherwise be unavailable to disabled children and young people (Robertson *et al.* 2011).

The issues noted above were of direct relevance to considerations of support care and were influential in the design of the current study. The problems associated with quantitative designs aimed at highlighting intervention effectiveness are equally relevant for studies of support care. The Fostering Network's (2008) description of the service makes clear the expectation that families accessing the service will be engaged with a range of other services dependent upon their individual needs. In this way, support care is not positioned as a holistic solution for a family in difficulty but merely part of a coordinated, multi-agency approach to meeting families' needs. Such characteristics meant that a qualitative research design was more suitable in ascertaining how stakeholders understood the service and perceived its benefits. Similarly, a qualitative design enabled a more detailed consideration of the ways in which the service was delivered. For example, it is unclear whether the provision of a break for parents is the primary focus in aiming to decrease tensions and improve relationships. For example the Department for Education's (2011) publication was entitled *Short Breaks for Carers of Disabled Children*. It is possible breaks for non-disabled children will be similarly conceptualised. Or the delivery of support care may be comparable with wider trends in short break provision for disabled children and their families, in that children have become increasingly central to the placement objectives. It is also unknown whether families engaged with the service are involved and influential in the establishment of placements. Brown, Fry and Howard (2005) have argued that support care is able to respond to the needs of individual parents; parents who know the type of support that will best meet their needs. Such comments resonate with those of Layfield and Sainsbury (2008) above which do not position parents in need of support as passive in the process of assessing how families' needs can best be met. However, the practice realities of balancing the wishes and needs of families with the available resources may prove more challenging than anticipated.

- **Other evidence related to family support services**

As with research on short breaks for disabled children and their families, notable themes were evident from the wider family support literature which helped inform the current study. These included support service approaches towards families in need, the roles and remit of those responsible for delivering support, together with evaluations of impact and effectiveness.

Parenting courses constitute a popular family support intervention within the UK and have been used in both voluntary and compulsory capacities. For example, parents of young people who repeatedly get into trouble with the police, can be legally obligated to undergo parenting interventions in an attempt to control or prevent further criminal behaviour (<https://www.gov.uk/if-my-child-gets-in-trouble-with-police>). However, parenting courses can also be undertaken voluntarily by parents and carers. For example the CANparent website (<http://www.canparent.org.uk>) allows interested parties to search for parenting course availability online and in their local area. Similarly, the potential for universally available parenting courses is currently being trialed in areas of England (Cullen *et al.* 2013).

Triple P and The Incredible Years are examples of parenting courses that are well established and have been subject to rigorous evaluation (Ward and Davies 2012). For example, the Incredible Years parenting programme accumulated a substantial evidence base from its development in North America and its subsequent adoption in other countries (visit <http://incredibleyears.com/research-library> for full list of related evidence). The programme has also been subject to much research attention within Wales where randomised controlled trials have proven it to be an effective intervention for parents with children at risk of developing a conduct disorder (Bywater *et al.* 2009, Hutchings *et al.* 2007) as well for use by foster carers (Bywater *et al.* 2010). Such evidence and development in the UK was of relevance to the current study as it suggested that teaching parents how to parent was a popular and valid strategy in supporting families. For support care it was unclear the extent to which teaching or advising parents on appropriate parenting would constitute part of their role.

Parenting courses have wide applicability for families and the standardised format can be targeted at families both with and without difficulties. While the programmes may consist of a standalone provision, they have also formed part of more holistic

efforts to support families. For example, Sure Start centres in England and the comparable Flying Start programme in Wales offered a range of support services, including health, childcare and parenting support, to families of pre-school children in areas of deprivation and poverty. In comparison with manualised programmes with high model fidelity, such as Incredible Years, positive evidence of service impact is more difficult to capture in programmes with broad focus and which are adaptable to individual needs. For example, the evaluation of Sure Start centres has, to date, failed to demonstrate significant outcome change in all of the key areas (The National Evaluation of Sure Start Team 2010). The evaluation report detailing contact with children aged five determined that only eight out of twenty one outcome measures showed significant effects as a result of the provision (The National Evaluation of Sure Start Team 2010). More positively, early research from the University of Durham (2001) found that parents experienced increased confidence and self esteem as well a sense of purpose, connectedness and involvement within their community, following the establishment of the Sure Start provision. Qualitative evaluation of Flying Start in Wales (Pope *et al.* 2013: 65) was similarly positive:

parents reported that their child's language, independence and educational development had improved and that as parents they had become more confident about their parenting skills. In addition ... parents also reported that Flying Start had successfully helped them personally by helping to overcome isolation, provide support for health issues and encourage them to think about future aspirations. Finally, parents also reported their household was calmer and happier as a result of Flying Start, and that families had been encouraged to make changes to their eating habits.

The findings above can be related to the difficulties associated with objectively evidencing service impact discussed in relation to support care and short break provision for disabled children and their families. Sure Start and Flying Start provide umbrella terms for the provision or availability of a range of supportive interventions. Depending on need and preference, families' use of the service may be highly varied. Such an issue was noted in the Flying Start evaluation (Pope *et al.* 2013). As with support care, the provision of short breaks may constitute only part of a package of support. In this way, objective evaluations of impact prove difficult to isolate and compare between families. In contrast, qualitative evidence provides

valuable insights into the ways in which families understand and value the provisions.

In addition to services which are available to all families or which target particular geographical areas, intensive programmes have been specifically designed for families with multiple and complex needs. For example, The Westminster Family Recovery (WFR) project supported families intensively for a period of one year to address a variety of issues including anti-social behaviour, domestic violence, education, debt and housing (Local Government Leadership and Westminster City Council 2010). Families engaged with the service had to agree to a ‘contract with consequences’, which made explicit the consequences facing family members if they disengaged from the project (Local Government Leadership and Westminster City Council 2010). Such consequences included the initiation of care proceedings, prison or eviction. Family Intervention Projects (FIPs) incorporated an “‘assertive’ and ‘persistent’ style of working to challenge and support families” (White *et al.* 2008: 2) towards change and a similarly persistent approach was adopted by the Pathfinder programme (York Consulting 2011). In Pathfinder the key worker for the family was described as the “lynch pin” in providing and coordinating efforts to address multiple and complex social, economic, health and child problems (York Consulting 2011: viii).

Research into the impact of the example services above has garnered some favourable evidence. For example, publicised findings for WFR highlighted positive impacts in arrest rates, child protection concerns, rent arrears and school attendance (Local Government Leadership and Westminster City Council 2010). Pre and post measures demonstrated significantly improved outcomes for 46% of the families engaged with Pathfinder in areas of housing, debt, parenting, family relationships, substance misuse, mental health, education and child protection concerns (York Consulting 2011). Evaluations of FIPs found reductions in anti-social behaviour, criminality and risk of homelessness, together with improvements in health, well-being, development and achievement (Parr 2007, White *et al.* 2008). However it should be noted that the isolated service evaluations above are not indicative of more general findings within the field. For example, evidence reviews related to family support interventions concluded that despite some improvements for families,

interventions were largely unsuccessful in reducing the likelihood of separation (Dagenais *et al.* 2004, MacMillan *et al.* 2009).

In developing the current study, the evidence above was important as it suggested that services which incorporated a more intrusive or direct approach could be beneficial for families' outcomes. Such an approach appeared in contrast to the non-judgemental, partnership ethos of support care, although little was known about how carers managed their relationships with families in practice. For example, the service may not incorporate penalties for families who do not sufficiently engage with support, yet the carer may nevertheless constitute part of a professional team, where the consequences of non-compliance, such as the removal of children, are equally relevant. In this way the support carer may feel compelled to be more direct or 'persistent' with families in an effort to avoid a dramatic worsening of their circumstances. Conversely, other evidence has suggested that a supportive approach towards families is important for positive outcomes. For example, an informal, non-judgemental supportive approach was identified as characteristics indicative of effective provision in a review of family support literature (GHK and Arad Research 2011). This corresponds with Gray's (2009) study of a family support service in Tower Hamlets. Service users articulated positive changes related to emotional wellbeing, improved family relations and increased community integration and attributed such improvements to their relationships with support workers (Gray 2009). Service users placed particular value upon the non-intrusive, non-threatening, and non-judgemental way in which support was offered (Gray 2009). Similarly, with regard to FIPs, in contrast to assertive and persistent descriptions of service approach, qualitative investigation revealed wide variances in the extent to which FIP staff saw themselves as enforcers of punitive sanctions (White *et al.* 2008). Rather, staff adapted their practice and incorporated a solution focused approach that they perceived to be appreciated by service users. Likewise, Parr (2011) conducted repeat in-depth interviews over a period of eighteen months, with women engaged with a FIP. Parr's (2011) data suggested the women held complex understandings and perceptions of the service. On the one hand the women were positive about the support available and the relationships they developed with project staff. However on the other hand, the restrictions imposed on service users' behaviour and the punitive aspects of the service were sometimes experienced as unnecessary and

unfair. For Parr (2011), the combined approach of support and enforcement “did not seem conducive to positive change” (2011: 732) and that “for intensive family support to have positive benefits it may prove more effective if decoupled from punitive and demonising discourses and practices” (2011: 731).

The literature related to family support services informed the development of the current study in a number of ways. In comparison with the services discussed above, the roles, remit and relationships inherent in the delivery of the service are unclear. For example, the role of the support carer may be to befriend, teach, advise and / or support parents. Their remit may be largely restricted to the provision of childcare or could be connected to a more broader range of family difficulties. Similarly, relationships formed with families may be supportive but could also resonate with approaches described as assertive and persistent. In summary, little is known about the actual ‘doing’ of support care and an exploration of such issues would further contribute to debates regarding the most appropriate ways to support families in need.

## **Fostering Research**

Whilst the support care service can be thought of as a family support intervention in its attempt to prevent children from entering the care system for the long-term, the delivery of support care nevertheless has much in common with foster care, albeit on a part-time, time-limited scale. For example, support carers are often registered foster carers, the support provided is commonly referred to as a ‘placement’ and placement agreement and review meetings are routinely undertaken. Consequently, in developing the current study, it was important to consider evidence from the field of foster care research. This included a consideration of children’s perspectives and experiences of foster care. Despite the family focused nature of support care, children and young people are arguably most affected by the intervention as they are required to spend time with carers, away from their homes and parents. As such, a consideration of children’s perspectives of foster care was helpful in informing any potential investigation of children’s engagement with the service. Moreover, research that highlighted characteristics of positive foster care placements was also considered on the basis that it may aid understandings of positive or successful support care placements.

- **Children's perspectives on foster care**

Goodyer (2011) has argued that social work practice has placed too much emphasis on developmental models of childhood when assessing the needs of children. This has been at the expense of listening directly to children; seeing them as able and reliable commentators on their lives and experiences, whose unique insights have the potential to greatly benefit the body of fostering research (Goodyer 2011). In instances where young people have been consulted the following themes were of particular relevance to considerations of support care:

**Feelings towards being in foster care:** In an online survey with fifty looked after children, the majority associated their entry into care with feelings of anxiety and sadness, although some described their emotions more positively in terms of being happy and relieved (Morgan 2010). However children's feelings and responses to their circumstances can be subject to change. For example, despite some children initially disagreeing with the decision to be accommodated, by the time of their first care review, in seven out of ten cases children appreciated that it was the right decision (Morgan 2010). Such findings can be related to large-scale longitudinal research undertaken by Sinclair, Wilson and Gibbs (2005) which highlighted that children and young people who were happy to be in a particular foster care placement were more likely to do well within it.

How children understand their involvement with the support care service could similarly influence their feelings towards the placement and influence its success. For example the top three reasons young people reported as the reasons for their entry into foster care were related to their own behaviours, protection from abusive circumstances and problem relationship between them and their families (Morgan 2010). If children believe their short breaks with support carers are a result of their negative behaviour, they may be reluctant to engage, perhaps perceiving the service as some kind of punishment. Likewise, believing that their parents are struggling to cope may also induce anxiety and make children less likely to engage.

**A Sense of Belonging and fitting in:** The extent to which a young person felt comfortable and connected to a foster family was also a key factor in placement success. For example a systematic review of the qualitative evidence related to the views, experiences and preferences of looked after children, their families and carers

highlighted that research with children and young people repeatedly highlighted the importance of feeling loved by the foster carer, feeling they had someone ‘there for them’ who was prepared and available to listen (Dickson, Sutcliffe and Gough 2009). With regard to belonging, Goodyer’s (2011) qualitative interviews with twenty two looked after children found that they had six different ways of positioning themselves between birth and foster families. For some children there was equal distribution, while others felt wholly connected to either their birth family or foster family. Some children felt predominantly connected to either their birth or foster family, but still attached in part to the other, while the remainder felt a lack of belonging to either family. The children engaged in the support care service have not been separated from their families. Nevertheless, there is potential for them to develop a sense of belonging to the support carer over the intervention period. When one considers the way in which the service replicates the type of support that many families would receive from their network of family and friends, it would seem feasible that children may develop a close relationship with their carer, one which they consider to be significant. Conversely, there is also potential for children to perceive the service more negatively, perhaps as a form of rejection from their family which may lead to them conceiving themselves as being more transient, with little belonging anywhere.

The ease with which the children and young people were able to adapt and settle into their foster home has been related to a number of factors. For example, the extent to which the interests and hobbies of the foster carer were congruent with those of the child (Goodyer 2011) has been identified as important. In support care this is likely to be a particularly important factor, as it will impact on children’s motivation to attend the short breaks. Similarly, children’s understanding and acceptance of house rules and punishments have been identified as a factor influential in the success of the placement (Sinclair *et al.* 2005). Children engaged with support care will have to learn and adapt to two sets of house rules or norms simultaneously. The extent to which the different set of rules compliment what the child is accustomed to or the extent to which they can understand the approach of their carer, will likely influence to acceptance and adherence to the new situation.

**What children like about foster carers and the foster placement:** Perhaps unsurprisingly, positive personal qualities that children have identified in foster



carers include being generous, caring and supportive (Goodyer 2011, Sinclair *et al.* 2005). This can be related to carer characteristics highlighted by Rock *et al.*'s (2013) systematic review and narrative synthesis of factors associated with placement stability for looked after children. Positive factors included carers with child-centred motivations to foster and who were consistent in providing disciplined but warm and nurturing care (Rock *et al.* 2013). Similarly Dickson *et al.* (2009) recognised the importance of looked after children feeling loved by their foster carers. However they highlighted that this was sometimes undermined by carers receiving payment and training to care. As described by one respondent in Goodyer's (2011: 112) study, the best foster carers were the ones "that care with their hearts". Although the meaning of the statement is somewhat ambiguous, it is possible that reference is being made to carers who are predominantly motivated by altruism rather than financial reward, carers who are verbally or visually able to show their affection for a child, or those perceived as kind, trustworthy and genuine.

For a study of support care, the notion of carers 'caring with their hearts' was considered important. Children's assessments of their carers would likely have a significant impact on the quality of the relationship established. As observed by Sinclair *et al.* (2005: 73), "placement success is desirable in itself and makes case success more likely". The quality of the relationship between support carer and child could be key to influencing changes in the child's behaviour as well as impacting on their self esteem and confidence. Positive changes in terms of the child may also encourage and promote changes in the wider family. Yet it is also important to consider the impact of the part-time, time-limited nature of the carer / child relationship. The qualities valued in foster carers such as kindness and generosity may not be mirrored by relations at home. Again, this raises questions as to how a child will adapt to contrasting parenting styles and home environments. For example, diary entries were collected from looked after children, care leavers and children living at home but in receipt of social care support (n=23) (Morgan 2011b). The entries included a description of how a foster placement was originally intended as respite but the young person had requested to stay on a permanent basis due to the kindness of the carer and a disabled service user who described missing his respite placement (Morgan 2011b). Such examples demonstrate the potential for more

complex outcomes associated with introducing children and young people to other supportive adults.

A similar consideration of the potential benefits and risks of time-limited support can be made when considering the provisions that are available to children in foster care. For example, questionnaire responses from looked after children in independent foster care placements highlighted positive aspects to care such as pets, outings, and doing things together as a family (Selwyn, Saunders and Farmer 2010). Some responses also noted differences between life with foster carers and life at home (Selwyn, Saunders and Farmer 2010). Such factors have relevance to debates regarding the extent to which foster care should be used as a means for social mobility (Thomas 2005). As children engaged with support care will remain with their families, the potential to extract them from one social class and immerse them into another is unattainable regardless of whether it is desirable. Yet as previously discussed, the social and economic investment potential of family support services has been of interest to policy makers (see chapter two). If children and young people are matched with carers who have different values or lifestyles, there may be some intention to influence their future aspiration. As noted by Guishard-Pine, McCall and Hamilton (2007: 64) “a young person’s sense of who they are is intimately linked with their relationships”. Conversely, McLeod’s (2010) in-depth interviews with eleven looked after children suggested that they felt better able to relate to professionals who were from equitable class backgrounds. This can be related to the importance, highlighted above, of children and young people feeling they fit in and belong within their foster family.

The above evidence related to children’s perceptions and experiences of foster care were helpful in developing a study of support care. The perspectives offered an insight into the multiple factors which influence the ways in which children think and feel about the foster carer and placement. Similar complexity is likely to be evident from a qualitative study of children’s experiences of support care. Whilst children will not have been separated from their parents, they will have to spend short breaks with relative strangers and establish a relationship with them. Their feelings towards the carer may develop and change over the course of the intervention. However the part-time and pre-defined time-limited nature of the

relationship may invoke some other feelings and reflections that would not be invoked through a traditional foster care placement.

- **The characteristics of foster carers and birth families**

The previous section considered the foster care placements from the perspective of children and young people. However, as noted by Sinclair *et al.* (2005) the placement takes place within a context of other variables which include the characteristics of the child's family and the availability of a suitable placement. For example, referring to previously conducted questionnaire and qualitative interview research related to fostering adolescents, Farmer (2010) highlighted the following factors as important:

1. The amount and accuracy of information given to foster carers prior to placement. Whilst many foster carers were able to deal with challenging behaviour, a higher incidence of breakdown was likely in instances where agencies had not been honest about the nature or extent of the difficulties. The importance of positive relationships and communication with social workers was similarly highlighted in Dickson *et al.*'s (2009) systematic review.
2. The extent to which foster carers felt supported by the fostering service provider was a significant factor in determining placement success. Foster carers' relationship and ease of access to their fostering link worker, the child's social worker, out of hours support and foster carer support groups were all influential in their sense of coping and wellbeing. This was a key area of foster carer frustration highlighted by Harber and Oakley (2012).
3. The levels of stress experienced by foster carers which were unrelated to the children in their care. For example, Farmer (2010) reported that placement disruption was more likely when carers were or had recently experienced issues such as bereavement, illness, or other fostering breakdowns.
4. The availability of a wider network of informal support to carers. Foster carers who could easily access support from family and friends were less likely to experience placement disruption. As noted by Dickson *et al.* (2009) the support of wider family and friends provided a valuable additional resource for carers, as did contact with others with similar experiences.

The above factors can be thought of as external factors in foster carers' lives which helped or hindered placement success. Berrick and Skivenes (2012) explored the personal characteristics of carers in North America and Norway, whose practice had been highlighted as 'exemplary'. Berrick and Skivenes' (2012) interviews with the foster carers found that they repeatedly highlighted the need to act as emotional buffers for children in an attempt to protect them from difficulties and disappointments associated with their birth families. However at the same time, the carers were also empathic to family circumstances, articulated their respect for birth parents and recognised the importance of the parent / child relationship.

In developing the current study, it was unclear the extent to which the factors above were transferable to support carers. With regard to external factors, it was thought possible the part-time nature of placements would provide sufficient opportunities for carers to rest and recuperate. This may have impacted positively on stress levels and required less professional and informal support. On the other hand, support carers were likely to be involved with parents to a greater extent than foster carers. This may incur other challenges not recognized within fostering research. For example, support carers may have difficulty in rationalising the safety and wellbeing of children whose family circumstances are in crisis. In this way, the characteristics identified by Berrick and Skivenes (2012) may be even more important for placement success as carers attempt to forge meaningful relationships within families and between parents and children. Similarly, the extent to which parents engage with support carers and the relationship developed between them may be influential in the success of the service. For example, with regard to short-term foster care placements Sinclair *et al.* (2005) found that the extent to which carers reflected positively on children's return home was determined predominantly by how the foster carer perceived the parent's acceptance of the need to change and their efforts to do so. This suggests that parents' presentation and attitude is of importance to carers. However, in foster care placements carers are not routinely involved in helping or supporting parents to change, even though they may be required to engage with them. With support care, the befriending nature of the relationship between support carers and parents may include the provision of support, advice or guidance. As such support carers' perceptions of parents and the extent to which they perceive parents

as committed to their children and / or to changing their situations, may be of particular importance in efforts to forge and sustain positive relationships. In this way, support care placements involve a unique relationship dynamic between carers, parents and children.

Evidence from the field of foster care literature was helpful in informing the current study of support care as it provided consideration of influential factors related to positive placements. Individual factors together with relationship dynamic between children, foster carers and the birth family, impact on placement experience and success. Similar factors and dynamics are likely to be evident within support care. For example, the ways in which children understand the provision and relate to the carer may be central to positive / negative perceptions of the service. Moreover it would appear that the relational dynamic between parents, children and carers will be of particular significance within support care and may be an essential component in efforts to improve family relationships and relieve tensions within the home. However the ways in which such relationships are forged and developed into a productive entity, considering the part-time, time-limited nature of the provision, remains unknown.

## **Conclusion**

In conclusion, this chapter has shown that relatively little is known about support care. A qualitative study of the service is most suitable due to the varied nature of the provision. No study has attempted to capture the practical ‘doing’ of support care, the relational development, or stakeholders’ developing views of success and progress. In this way, it is somewhat unclear how and where support care fits into the broader range of family support services available. A qualitative study has the potential to provide detailed insight into support care in practice, both in terms of how the service is structured, delivered and monitored as well as how it is perceived and experienced. Research which privileges stakeholder views and experiences, particularly those of children and parents, will make a valuable contribution to the evidence base. This has the potential to make a contribution to the field of family support research in determining the ways in which interventions and approaches should seek to support families. For fostering research, the study of support care

could add to the available knowledge about children's experiences of being cared for by stranger carers and provide insight into the experiences of caring on a part-time basis.

## **Chapter four: Research methodology and methods**

This chapter details the methodology and methods that were employed in this research project. This research aimed to generate in-depth information about support care, to gain insight into the ‘doing’ of the service. It sought to understand how relationships were developed, how the service was perceived and experienced over the course of the intervention. Three support care schemes within England and Wales agreed to be part of the research and ten individual support care placements (ten cases) were followed for their duration. A support care placement or research case refers to the delivery of short break provision for a family and involves cooperation and coordination between a child / children, parent / parents, a support carer, a support care social worker and a child and families social worker. Interviews and participant observation were the core methods used within the research and provision was made to enable all stakeholders to contribute their perspectives and experiences. Data collection involved the conduct of eighty two individual interviews and recordings from twenty two participant observation sessions.

The chapter is divided into two parts. Part one outlines the preparatory factors involved in the development of the study. This includes details of the methodological considerations, an explanation of the research design and methods, together with the management of practical issues such as securing access. The second part of the chapter relates to the conduct of the research and includes a summation of the data sources and collection, analysis strategy and a reflection on the overall process.

### **Part One: Developing the Study**

- **Methodological considerations**

Decisions regarding the design and conduct of research inquiry are neither neutral nor value-free but are influenced by a number of factors. The ongoing debates related to ontological and epistemological positions assist researchers in clarifying their thoughts on the nature of the social world and ways in which knowledge can be gained about it (Henn, Weinstein and Foard 2005). The wider popularity of methodologies and methods are also significant and in the process of developing this research study, it was necessary to reflect upon “different forms of evidence” and

“different ways of knowing about the world” (Becker and Bryman 2012: 24) in relation to social work research.

Evidence-based practice debates have a substantial history within social work. Beddoe (2011) asserted that the demand for social work to be increasingly rooted in research has been a key trend internationally over the last decade. Yet the question of ‘evidence of effectiveness’ related to social work approaches and interventions have long raged within the profession, with early proponents such as Fischer (1976: 40) lamenting:

How could this incredible situation have come about? The bulk of practitioners in an entire profession appear, at worst, to be practising in ways that are unhelpful or even detrimental to their clients, and, at best, operating without a shred of empirical evidence validating their efforts.

Supporters of evidence based practice such as Sheldon and MacDonald (Sheldon 1983, 1986, 1987, 2001, MacDonald and Sheldon 1992, MacDonald 2002) have made repeated appeals for social work to produce quantitative evidence, preferably via the highly respected systematic reviews and randomised controlled trials, as a means of affirming the frequently asked question of whether social work works. Failure to do so, Sheldon (1987: 585) cautioned, ran: “the risk of [social work services] being displaced for good by the less sympathetic criteria of politicians, civil servants and accountants”.

In light of the current financial situation and much publicised cuts to public spending in the UK, Sheldon’s warning may have renewed relevance. However the extent to which the social work profession developed in light of the appeals of Fischer and Sheldon some decades ago, remains contested. For example Rubin and Babbie (2010) furthered the calls for social workers to practice with a critical awareness of available evidence and argued this should be done out of respect for service users. Yet they have also conceded that this is a difficult task when there continues to be an insufficient number of quantitative studies to inform much social work practice.

Yet on the other hand, it has been asserted that the Labour Government’s thirteen years in political power (1997-2010), gave unprecedented promotion to ‘what works’. Its commitment to evidence-based policy making resulted in an abundance



of project evaluations and assessed service-user outcomes (Pawson 2006). A similar assessment of the political climate was made by Orme and Briar-Lawson (2009) who asserted that funding decisions were frequently reliant upon evidence of effectiveness. This trend has been criticised by Deacon (2011: 23) who argued that overzealous evaluations, targets and measures can be counter-productive, particularly to programmes and interventions in which outcomes and progress are difficult to isolate and quantify:

There is also a real issue about how we evaluate – and value – many community based projects and activities which support parents, children and families. All too often they struggle to articulate and demonstrate their contribution, because it is simply hard to prove the impact that they have. Yet even the most cursory discussion with the people who benefit from such support will testify to their worth. We need to place a greater value on personal testimony – and sheer common sense – in recognising what works and what matters to people.

Likewise, Moriarty (2011: 4) asserted: “The usefulness of qualitative approaches certainly seems to resonate with practitioners”. This may be related to an important counter argument to the preferentiality afforded to quantitative methodologies, as it is alleged that professional expertise and service user views are silenced (Beddoe 2011).

Deacon’s (2011) comments are pertinent to services such as support care. Preventative services by their very nature are difficult to evaluate. One can never compare with any accuracy or certainty the outcomes for a particular individual receiving or not receiving preventative support. Sometimes offered are the surmised savings on future public service dependency if preventative interventions are successful (e.g. Scottish Government 2011) but ultimately these remain informed assessments at best. The applicability of randomised controlled trials and systematic reviews for approaches and interventions involving difficult family circumstances is also open to debate. For example, Hammersley (2005) has questioned whether such simplistic causal analysis is applicable to human problems which are often multi-layered and complex.

Qualitative paradigms are suitable for the study of processes, interactions and phenomena which are difficult to measure in terms of quantity, amount or frequency

(Wagner and Okeke 2009). They enable a more in-depth and comprehensive inquiry and provide for the uncovering of “several nuances of attitude and behaviour that might escape researchers using quantitative methods” (Rubin and Babbie 2010: 218). The researcher is able to “start from the perspective and actions of the subjects studied” (Alvesson and Sklodberg 2009: 7), thus enabling participants the opportunity and freedom to discuss their opinions and experiences of the support care service. This approach can help to uncover differences in perception and experience as well as tease out the details of how and in what ways the service is perceived and understood as helpful to families in need.

Symbolic interactionism and phenomenology were useful perspectives in developing this project.

An interactionist focuses on how we use language, words and symbols to create and maintain our social reality. This perspective highlights what we take for granted: the expectations, rules and norms that we learn and practice without even noticing (Leon-Guerrero 2005: 12).

Likewise phenomenology shares a concern with the way in which human beings decipher and understand their experiences. Patton (2002: 104) asserts that despite some variations in concept and definition, phenomenologists are interested in:

methodologically, carefully, thoroughly capturing and describing how people experience some phenomenon – how they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others.

Bryman (2004: 14) refers to the phenomenological researcher’s role of attempting to access respondents’ “common-sense thinking” and to “interpret their actions and their social world from their point of view”. Such a position is ideally suited to this research endeavour which seeks to compare and contrast the perspectives of different stakeholders whose involvement with the service has different meanings and different consequences. Epistemologically this research believes that talking with stakeholders involved with the support care service will generate meaningful data (Mason 2002). While it is accepted that these accounts are reconstructions rather than accurate representations of reality, it is the ‘narrative truths’ (Polkinghorne 2007) of participants which are significant. Their perceptions and interpretations of experiences connected to the support care service are continually developing and influence feelings, attitudes and behaviours (Atkinson, Coffey and Delamont 2003).

It was hoped that such developments could be captured through engaging with participants at regular intervals throughout the service.

Feminist perspectives and approaches to research have also been influential in the development of the study, particularly in regard to the participation of children and parents. For example, standpoint feminism (Harding 1991, Hartsock 1998), privileges women's experiences and uses them as the starting point for knowledge accumulation. However, as argued by Smart (2003) while the epistemological basis of this form of feminist knowledge is experience, it is the experiences of those struggling against oppression that are deemed most valuable. This has particular relevance within the field of social work and the approach has been utilised to give voice to the experiences of disadvantaged service user groups (e.g. Baum and Burns 2007, Mendis 2009). Likewise, this research has sought to include and give voice to children and parents on the receiving end of the support care intervention. The aim has been to generate in-depth accounts of their experiences of the intervention and to consider these alongside those of the professionals working with them. In this way, I sought to respect the participants engaging in the study and be sensitive to their stressful and challenging circumstances. I did not expect to simply turn up and be offered deeply personal insights into families' difficulties. I recognised that there can be "no intimacy without reciprocity" (Oakley 1981: 49) and attempted to offer some information about myself before and during my contact with families. For example, during the recruitment process families were offered information about the research which also included a personal photograph and some details about my life (see Appendices 1-3).

- **Research aims and questions**

The overarching aims of the research were firstly to provide detailed information about the delivery and experience of support care. The service is unusual in its combination of foster care and family support characteristics and has been developing across England and Wales for over two decades. Support care continues to be actively promoted by The Fostering Network yet despite this and the positive, albeit limited, research related to the provision (see chapter three), short break support is more commonly used to assist disabled children and their families. In order to further understanding of how and what ways short break provision is used to

support non-disabled children and families, this research sought to explore the ‘doing’ of support care. The participation of all stakeholders connected with the service, namely children, parents and social workers, was intended to provide rich data regarding how the service was perceived and experienced. In this way, the study would have wider relevance to debates regarding the nature of the State / family relationship and the dilemmas and tensions associated with family support provision (see chapters one and two). The study was therefore intended to make a contribution to debates regarding how families with social care support needs can be supported, when they should be supported and for how long.

This study sought answers to the following research questions:

1. What are the expectations of stakeholders as the service begins?
2. How is the service experienced by birth parents, i.e. supportive or challenging to their parenting ability?
3. How is support care experienced by children and young people?
4. How is support care delivered to families and how does the service attempt to support or facilitate family change?
5. How do stakeholders reflect on their involvement with the service over the course of the intervention period and how do they perceive its effectiveness?
6. How is the carer / service user relationship negotiated and experienced, considering the time-limited nature of the service?

- **Research Design**

The case study approach was the most suitable means by which to structure the support care research. For example, the research aims and questions above are in keeping with Yin’s (2003) assertion that case study methods are most appropriate in instances where investigations have a broad focus, are complex in nature and require multiple sources of evidence.

Krysiak and Finn (2010: 113) have described the case study as:

the rich, detailed and in-depth description and analysis of a single unit or small number of units. The unit may be at any system level: individual, family, group, organisation, community or even the larger social system.

Case studies focus on discovering key system elements ... as well as on deriving patterns and processes that explain how the system functions.

Krysik and Finn's reference to a 'unit', in this instance, refers to the support care service. Three support care schemes across England and Wales participated in the study. Despite some differences between individual services (see below), all were delivered as part of the local authority statutory provision and all involved the provision of temporary short breaks for families in need. Within the case study, data was generated from individual support care placements. As noted by Anastas (2000) the 'data-rich' style of study has been particularly valuable for helping professions considering the factors and processes associated with change. The participation of all support care stakeholders, namely parents, children, social workers and support carers was intended to provide detailed insight regarding engagement with the service; exploring if, how and what ways it was experienced or perceived as beneficial to families in need.

The majority of the research questions outlined above, place high value on the thoughts, experiences and reflections of those involved in the support care service. Answering these questions could have been achieved via a single data generation session following service conclusion. However for this study a temporal design was adopted in order to capture the thoughts and reflections of stakeholders at significant points throughout the intervention. The time perspective was intended to produce a developing picture of a family's involvement with the support care service. Similarly, as noted by McLeod (2003: 205): "One of the specific strengths of longitudinal interviews is the accumulation of responses that could be read against each other. A picture could be built up of orientations and beliefs across different times, ages and moods." In particular a longitudinal design used over shorter time frames, such as the six to nine month intervention period of support care: "can capture elements of change and ... might also offer a more immediate and 'as-it-is-happening' sense of change and development" (McLeod 2003: 205). Similarly Thomson *et al.* (2002) assert that 'critical moments' can become apparent through longitudinal research. These are described as significant and consequential events or experiences. The notion of 'critical moments' is relevant to this study as it seeks to gain understanding of if, how and in what ways the service is helpful to families and prevents them from being separated long-term.

- **Methods of data collection**

The relationship between research questions and method is well documented within social science research. For example Green (2008: 59) argues that: “research questions guide and direct the selection of the most appropriate [method of] data collection” while Maxwell (1998: 88) asserts “There is no way to convert research questions into useful methods decisions; your methods are a *means* to answering your research questions”. Semi-structured interviews and participant observation comprised the principal methods of data generation during this research.

- **Qualitative semi-structured interviews**

Qualitative interviews enable insight into the way respondents feel, view and make sense of their experiences (Rubin and Rubin 1995) and have been described by Gabb (2010: 42) as “emblematic of qualitative research”. The multifaceted nature of family difficulty is suited to qualitative interviewing methods which are described by Denscombe (2007: 174) as most applicable to the “exploration of more complex and subtle phenomena”.

Qualitative interviews are popular methods of data generation in research involving children and young people. Adams (2009: 161) for example, describes narrative approaches as having “particular appeal” in capturing the “child’s voice”. Roberts and Priest (2010: 258) argue that semi-structured interviews enable researchers to ensure the production of relevant data, while at the same time allowing children “to talk about issues important to them, encouraging a child-led dialogue that maintains the child’s frame of reference”. Likewise qualitative interviews have also been deemed productive with young children. Winter (2010) interviewed looked after children aged between four and seven. She reflected that the children were very capable of discussing their past experiences and even welcomed the opportunity to be listened to.

Qualitative interviews consist of a broad category, within which a range of options and approaches are possible. In recognition of the fact that this study attempts to combine, compare and contrast the perspectives of parents, children, support carers and social workers, it was necessary to incorporate some structure into the interviews. Semi-structured interviews ensured that particular topics and themes

were addressed but not at the expense of participants being able to “develop ideas and speak more widely on the issues raised” (Denscombe 2007: 176). This enabled participants to speak at length and in depth about the service in ways which are most relevant and pertinent to them. As noted by Merriam (2009: 90) “Less structured [interview] formats assume that individual respondents define the world in unique ways .... and allows the researcher to respond to the situation in hand, to the emerging worldview of the respondent, and to new ideas on the topic”. With this in mind, qualitative semi-structured interviews form the staple method of this inquiry.

The Interview Guides (Appendices 4-8) were compiled separately for use with different stakeholders. For adult participants, the guides were informed by the existing literature, were designed to answer the research questions and were intended to elucidate developments and change as the intervention progressed. Interview questions were open and allowed for elaboration and development as deemed most relevant to the participant. The Interview Guide used with children was necessarily compiled under very general categories, with the aim that questions would be articulated depending on the age and communicative development of the child. It was hoped that this would support efforts towards a more informal atmosphere as the researcher would know to explore a certain number of key themes but would not feel it necessary to have to keep referring to the guide.

#### ○ **Participant observation**

In addition to semi-structured interviews, participant observation was conducted in a variety of settings. These included observations of support care meetings and short break sessions. The compatibility and complementary nature of qualitative interviews and participant observation has previously been recognised. For example Coffey and Atkinson (2002) rejected suggestions that interviews and participant observation stood in opposition to one another but rather argued that social life is both performed as well as narrated. Similarly, Denzin (2009: 186) describes participant observation as “a field strategy that simultaneously combines document analysis, respondent and informant interviewing, direct participation and observation, and introspection”.

The approach to participation observation largely adopted over the course of the research was that of observer-as-participant (Gold 1958). For example, during meetings my role as a researcher was known to all present and I attempted to limit my contribution or influence on the proceedings as much as possible. Nevertheless, over the course of the research I developed positive relationships with the wide range of stakeholders and it was therefore not possible to detach myself completely from the situation. However in other less formal situations my role was more closely allied to participant-as-observer (Gold 1958). For example, on occasions I was invited into homes and offices where I engaged in conversations which were not part of a semi-structured interview but were nevertheless helpful in gaining understanding of the support care service.

For this study the inclusion of participant observation as a data collection method was two-fold. Firstly, observations combined with interviews enabled a more detailed understanding of the service. For example, the strategy enabled comparison between how stakeholders reflected on the service during interviews, with observations of interactions in practice. This proved particularly useful to consider issues of partnership and voluntary participation (see chapter eight). Secondly, while semi-structured interviews provided a suitable means of data collection for the majority of participants, they were inadequate in facilitating the participation of pre-verbal children. As noted by Clark, McQuail and Moss (2003), observations have long proved a valuable means by which infants and young children can participate in research. In this way, observations were concerned with the emotional presentation of children, the activities they were engaged in, together with any other relevant information regarding the context. Whilst the participation of pre-verbal children was reliant upon interpretations of their behaviours and presentation, the observation sessions nevertheless provided a means by which the support care experiences of very young children could be considered within the research.

- **Supplementary methods and techniques**

During the project I also remained open to some augmentation of the core methods in order to further facilitate the participation of parents, children and young people. For example, in recognition of the sensitive nature of the support care service audio diaries were available for use by parents and children throughout the intervention.



This was intended to offer increased freedom and privacy to record their thoughts and feelings. Rees (2009) has previously used audio diaries in her research into foster families and highlighted their appeal to both younger and older participants. Similarly Monrouxe (2009) reflected positively on her use of audio diaries and argued the method generated highly personal and private accounts.

Multiple methods were made available to children and young people in an attempt to make participation accessible and engaging. Younger participants were given a methods pack which, depending upon age, included an audio recorder, a disposable camera, and basic art supplies. As articulated by Hill (1997: 180) such efforts “maximise children’s ability to express themselves at the point of data-gathering; enhancing their willingness to communicate and the richness of the findings”. Whilst I felt it was necessary to consider a range of additional factors when working with children and young people, I was also conscious of the contradiction that positions children as active, capable social beings whilst at the same time proclaiming the need for so-called ‘child-friendly’ methods (Punch 2002). However to not consider the specific needs of children, whose ages had the potential to range from 0 – 16, would have been both exclusionary and discriminatory. Adaptations to interviews would have been made for adult participants if the need arose and offering methods for younger participants that relied less on verbal, narrative ability seemed sensible. Inspiration was taken from Holland and O’Neill (2006) whose research also involved a wide age range of participants. The authors state that interviews were adapted in order to “interest and engage” younger participants and enabled participants to “delve through the researcher’s materials and choose a medium through which to express their view, if they wished” (2006: 98).

It was not the intention of this research design to incorporate multiple methods with children and young people as a means of safeguarding the quality of data generated. The potential for multiple methods to facilitate a “broader and deeper range of children’s perceptions and experiences” (Darbyshire, Macdougall and Schiller 2005: 424) was considered in terms of an added bonus, as opposed to the research design actively seeking ways to improve the data generated by children and young people. In other words I was also conscious to maintain a robust research design and was mindful of Holland’s (2009: 1670) reflections that affording the children and young people in her study much freedom in terms of both research focus and method

“meant that not all of the young people discussed the same research questions using the same means”. As previously stated, qualitative interviews formed the principal means of data collection in this study, this remained the case for children and young people. Each of the methods available were included based on their suitability to the project focus and relevance to the research questions (Fargas-Malet *et al.* 2010). The following techniques and considerations were utilised within this study to ease and enable the participation of children and young people in interview sessions.

Playing and drawing can be used to complement interview sessions (Roberts and Priest 2010) and facilitate a more relaxed environment. Drawing has been described as a universal means of communication well suited for research with children (Young and Barrett 2001) and as a method which affords children more control over what information is offered (Fargas-Malet *et al.* 2010). The method is a familiar practice to school age children and allows them opportunity to consider what to portray and make amendments if necessary. Children and young people interested in engaging with this method were equipped with paper and basic art supplies and asked to draw pictures of times at home or with carers.

Unlike adult participants, space and place have particular relevance for the children and young people engaging in the support care service. They will be required to spend regular periods of time in carers’ homes, during which their thoughts, experiences and emotions may differ. Anderson and Jones (2009) demonstrated the importance of ‘where of method’ in their research with young people, which compared interview data generated within the school classroom, the school store cupboard and in the outside hangouts with participants. The authors concluded that place does not consist of a neutral, meaningless space for human beings and “the same conventional method produces a range of knowledge responses depending on the geographical site in which it is practiced” (2009: 301). In an attempt to “harness the power of place” (Anderson 2004: 257), contact with children and young people was offered at both parental and support carers’ homes, providing this was acceptable to all stakeholders.

Children were offered the opportunity to take photographs as a means of giving insight into their experiences with the support carer. Photographs taken were discussed in interview sessions and used for elicitation purposes only. Similar tasks

have previously been shown to complement interview techniques with Croghan *et al.* (2008) claiming the combination of the visual and verbal ‘enriches’ the data generation process and Conolly (2008) asserting that the use of a camera engaged the interest of young participants and boosted the participation experience. However, as noted by Croghan *et al.* (2008), photography represents a genre, with established traditions and practices. For example the authors highlight the cultural tendency to take photographs that represent more positive representations of self and experience. It was important to bear this in mind for the support care study; images generated may represent positive times or experiences but equally may conform to established conventions which include people smiling and standing close together.

- **Access and Sampling**

Identifying potential participants for my study was a process that began early into the research. Following completion of a previous study related to the support care service (Roberts 2011) I was aware that recruiting local authorities and participants was a time-consuming and potentially difficult process. This was despite the fact that I had an active and supportive gatekeeper (Morris 2006) throughout the process. The gatekeeper was an employee of The Fostering Network, the founding organisation of support care. Both she, and the organisation as a whole, had been supportive of my research into support care and had helped facilitate access for my earlier project (Roberts 2011).

In order to encourage participation in the research, the project was initially discussed at conferences and forums. I also emailed individual schemes to introduce myself and outline my research proposal. During these contacts, I made reference to my previous research on support care (Roberts 2011) and offered copies of the work to interested parties. It was hoped that this ‘drip drip’ effect would familiarise me within the schemes and make access requests a more personable and less threatening process.

This study adopted a purposive sampling strategy (Denscombe 2007). This is referred to by Abrams (2010: 538) as “strategies in which the researcher exercises his or her judgement about who will provide the best perspective on the phenomenon of interest, and then intentionally invites those specific perspectives into the study”. Initially this involved approaching each individual support care scheme whose

contact details had been recorded at the aforementioned conferences and forums. I was uncertain about how easy it would be to secure participant interest although it was hoped that some variation in support care schemes could be incorporated in order to compare and contrast service structure and delivery, and help ensure that any findings were not unique to one particular location.

Access requests were at times time-consuming and frustrating. After securing ethical approval in December 2010 (ethical issues are discussed below), I initiated contact with the schemes again and enclosed full details of the research proposal, together with example information sheets and consent forms. This generated a request for further information from only one local authority scheme. Over the ensuing weeks several services informed me that they would be unable to participate because of budget cuts and inadequate resources. Follow-up emails and telephone calls also highlighted the complex bureaucratic process that needed to be navigated. Typically this would involve explaining the research to the manager of the scheme and convincing them to participate in the study. If this was achieved they would then seek permission to participate from a more senior manager or department. Once that had been secured, other professionals had to be engaged, including those working with support carers as well as social workers with case responsibility for children and families.

Despite these difficulties, some positive indicators towards participation were secured from five schemes by February 2011 and eventually three support care schemes participated in the study. Of the participating schemes:

- Two were based in England, one in Wales.
- Two were based in cities, the third in a large town.
- Each service was provided by the relevant local authority. However one was based within the fostering department while the other two were part of the family support services.
- One accepted referrals for short break support for disabled and non disabled children and their families. The other two schemes were exclusively for non-disabled children and their families.
- One had been operating in excess of ten years while the other two schemes had been operational between five and ten years.

As noted by Abrams (2010), research involving vulnerable or hard to reach populations often involves participants being identified by organisations or gatekeepers as opposed to the selections of researchers. This was apparent within this research study as I retained little control over the sampling and initial recruiting of individual families, once a support care scheme had agreed to participate in the research. Potential families were identified as referrals became available and were only approached about the research if the professionals involved with the family were in agreement. For example on occasions the support care social worker identified a potential family for the research, but the child and family social worker objected to the study and the process was halted or delayed.

- **Gatekeeper assistance and influence**

Despite the often invaluable help of gatekeepers in enabling the conduct of research studies, their involvement has been criticised on the basis that they may have an “unstated agenda” (Rodwell 1998: 67). As noted by Holloway (1997: 77) “there is a danger that gatekeepers can have their own expectations and sometimes try to manipulate the research – intentionally or unintentionally”. For example, it is conceivable The Fostering Network would want to ensure that any research into support care would be favourable and could be used to support their on-going promotion of the service. This could involve influencing the selection of participants who it was thought would likely show support care most positively, perhaps those who are highly motivated to engage or had comparatively fewer problems.

In this instance, I do not believe the gatekeeper’s involvement in the access process was problematic. The support care service is managed by the respective host local authority or voluntary agency and The Fostering Network retains no on-going influence or control. This meant that the gatekeeper helped facilitate preliminary access or more simply, an introduction to the various schemes across England and Wales. This was an open and transparent process, during which I was provided with the names and contact details of support care schemes throughout England and Wales. Consequently access in this instance was an on-going and hierarchical process (Leonard 2007).

- **Ethical issues**

The research design and conduct abided by the guidelines of the British Sociological Association (2002). The myriad of ethical dilemmas were considered at length, most notably with regard to the involvement of children and parents experiencing strained and difficult family relationships. Despite the current popularity of participatory methodologies and the importance of capturing service users' 'voices', it was necessary to consider any potential harm that would be caused from engaging individuals in sensitive and potentially distressing discussions of their circumstances. I viewed this as somewhat of a balancing act between consequentialist and deontological approaches to ethical conduct. For the purpose of clarity, "consequentialist approaches see the judgement of acts as ethical or not on the basis of the consequences of those acts" while "deontological approaches emphasise duties, or doing what is right – irrespective of consequences" (Israel and Hay 2006: 16). While such contrasts of approach are not unusual within the literature, I did not feel this research project could necessarily adopt one position. From a consequentialist perspective, it was important to include the views of all stakeholders involved with the support care intervention. This enabled the most detailed consideration of the service as a preventative intervention for families in need. However I also remained mindful that the research should be respectful and minimise unnecessary intrusion for participants. From a deontological perspective I did not require participants to provide in-depth accounts of their difficulties but attempted to maintain focus on the present and their experiences of support care.

I applied and secured ethical approval for the research in December 2010 from Cardiff University's School of Social Sciences Research Ethics Committee. I had anticipated a scrutinised consideration by the Committee based on the nature of the support care service and the participation of potentially vulnerable families. Consequently I submitted detailed proposals of the research methods and supplemented the application with the information sheets (Appendices 1-3) and consent forms that would be offered to potential participants.

Despite the approval, as noted by Israel and Hay (2006), there is a distinction between ethical conduct and regulatory compliance. As such I sought to maintain awareness of the "micro-ethical complexities" (Renold *et al.* 2008: 428) that become

apparent throughout the research process, many of which are not anticipated when applying for ethical approval. This is suitably reflected upon by Gabb (2010: 467) in reference to her own experiences of family research:

Ultimately the ethics committee approval process remained a stage gate to be cleared; it was ongoing consent that remained crucial – the relational contract between the researcher and the participant. This agreement remains based on trust and respect which stretches far beyond legal obligations and formalized risk assessments.

All potential participants were initially notified of the research via a third party. Although some support care schemes were happy for me to approach families to discuss the research, I believed it important that families did not feel pressured to engage and hoped that they would feel more able to refuse participation to a known professional.

In an effort to ensure the informed consent of all participants, information sheets and consent forms were compiled to provide details of the research and the requirements of participation. The information sheets were structured in a question and answer format, included a photograph of myself and details of how to seek clarification or further information. Consent forms required participants to read a series of statements reminding them of the voluntary nature of their involvement, their right to withdraw from the study at any time and potential threats to confidentiality. This included highlighting the potential for participants to be identifiable from others within their case study. As noted by Gabb (2010) concealing the identities within case studies involving participants who have close relationships is very difficult. While I was prepared to alter details in order to preserve anonymity I wanted to ensure potential participants were made aware at the outset of this possibility.

Information and consent forms were adapted for children, with styles and formats adopted to make them accessible and more appealing to a younger audience. Following consideration and discussion with my supervisors I also produced a more accessible version of the documents for parents. This was not a decision that I took easily as I did not wish to presume a lower standard of literacy or risk patronising parents. However these considerations were countered with an acceptance that literacy skills could be problematic for some parents and not revising the documents

could exclude people from the study, or worse, include them when they were unclear of the requirements.

Wherever possible, children were asked to affirm their willingness to participate in the study. However, in accordance with the British Sociological Association (2002) guidelines and Cardiff University's ethical regulations, parental consent was also sought for children to participate. I was aware of debates within the literature regarding the acceptability of seeking additional parental consent for children to participate in research. In this instance, all family members and other key stakeholders would have to be supportive of the project and I believed it important to fully inform parents of the focus and methods that would be offered to their children. Unfortunately if children were happy to participate but parents were not, it would be unlikely that I would have contact with the family and would not have been able to proceed. However I was conscious of the potential for parents to be eager to participate in the research but for children to be more reluctant or less able to voice their unhappiness. For younger children who would not be able to comprehend the consent documents (in written or verbal form) Cocks' (2006: 257) notion of assent was utilised. This involved being conscious of the "child's state of being", taking a reflexive approach to reactions and signals that they were or were not happy to engage in the research. This approach was used more broadly with all participants, regardless of the initial consent form.

Finally, the information sheets made explicit my qualified social worker status. I surmised that this inclusion would incur both positive and negative reactions from potential participants and others connected to the project. For example, the ethics committee may have been somewhat reassured by my experience working with families in need as may have been the case for social work gatekeepers. However for children and parents, the connotations may have been more derogatory. Families may have felt inhibited about what information they should divulge, may have been more suspicious of my motives and may have felt that I was another pair of prying eyes for social services. Ultimately I believed it important to be upfront and honest with all potential participants. If a respectful relationship was to be forged with participants I could not withhold a piece of information I believed might elicit a strong reaction.

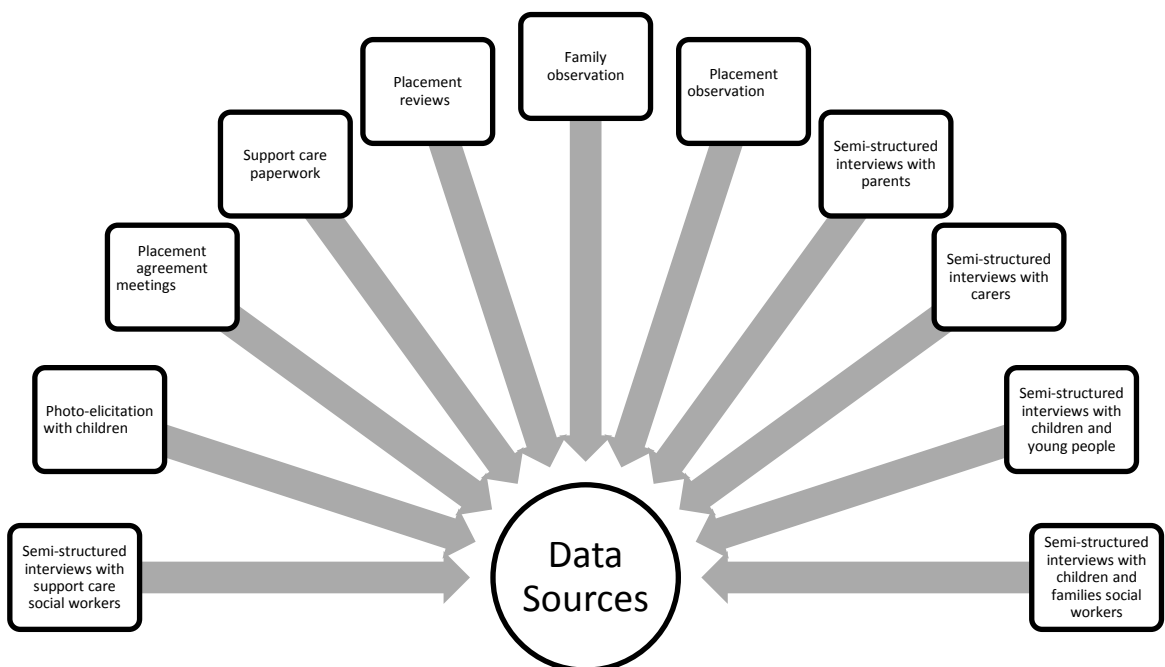


## Part two: The conduct of the research

So far the chapter has detailed the process of designing the research and the practical tasks required to secure participants and ethical approval. The remainder of the chapter is concerned with how the research was conducted. This includes reference to the specific data collected, the analysis process and methodological reflections.

- **Data sources and collection**

Data collection took place between April 2011 and May 2013. The diagram below (figure 4.1) confirms which data sources informed the study.



**Figure 4.1: Data sources**

As outlined in the above diagram, the data generated as part of this thesis came from a variety of sources. The actual sources used within placement studied depended upon a number of factors. For example, I conducted placement observations in instances where the children were younger and perhaps would find an oral interview difficult. Similarly, some support care services were more forthcoming in providing me with copies of service paperwork and / or inviting me to placement agreement meetings and reviews.

The data display table below (table 4.2) shows the data sources generated within each research case. Research cases are distinguished by a child / children's placement with an individual carer. In other words, if a family with three children engaged with support care and the children attended short breaks as a sibling group with the same carer, this was considered one research case. However if each child was matched with a different carer then this would constitute three research cases. Both scenarios occurred within the project. Three of the research cases concerned children in individual placements but who were from the same family group and two research cases each had two children in the placement. More details of the research cases are provided in chapter five.

The aim at the outset of the project was to make contact with stakeholders a minimum of three times over the course of the intervention. As can be seen from the table overleaf this was largely achieved through a combination of one-to-one interviews, my attendance at meetings and / or the conduct of placement observations.

Over the course of data collection I:

- Conducted 18 interviews with parents / guardians.
- Conducted 11 interviews with children. As part of the interviews with children, three of them completed successive concentric circle exercises to help describe their significant relationships. Two children also used disposable cameras and the photographs were used to aid interview discussion.
- Conducted 22 interviews with carers.
- Conducted 18 interviews with support care social workers.
- Conducted 13 interviews with children and families social workers.
- Attended two placement agreement meetings.
- Attended 6 reviews.
- Completed 6 placement observations.
- Observed children in their family setting on 8 occasions.
- Had access to 4 sets of paperwork.

The figures do not directly tally with the figures on the table overleaf as some interviews discussed more than one placement. For example, three research cases were concerned with the same family. While this resulted in separate interviews with each child, the three different carers and three different support care social workers, interviews with the parents or guardians and the children and family social worker included discussion of all children within the same interview. Therefore the above figures represent the actual number of interviews, meetings and observations attended, while the figures contained overleaf detail the various data sources generated within each case and how many contacts and updates of progress were sought during the placement.

**Table 4.2: Data collection methods and sources**

	Interviews with parents / guardians	Interviews with children	Interviews with support carers	Interviews with support care social workers	Interviews with family social workers	Placement agreement meeting	Placement review meeting	Placement visit	Family visit	Service paperwork	Photo elicitation
<b>Research case 1</b>	//(3)	//(3)	//(2)	//(3)	//(3)	X	/	X	/	X	X
<b>Research case 2</b>	//(3)	//(3)	//(3)	//(2)	//(3)	X	/	/	/	X	/
<b>Research case 3</b>	//(3)	//(3)	//(3)	//(2)	//(3)	X	/	X	/	/	/
<b>Research case 4</b>	//(3)	X	//(3)	//(3)	//(3)	X	X	/	/	X	X
<b>Research case 5</b>	X	X	//(1)	//(1)	X	X	X	X	X	X	X
<b>Research case 6</b>	//(2)	X	//(3)	//(2)	//(2)	X	X	/	/	X	X
<b>Research case7</b>	//(2)	X	//(2)	//(3)	X	X	/	/	/	X	X
<b>Research case 8</b>	//(4)	//(4)	//(4)	//(2)	//(1)	/	X	/	/	/	X
<b>Research case 9</b>	//(2)	//(1)	//(2)	//(2)	//(2)	/	/	X	/	/	X
<b>Research case 10</b>	X	X	//(1)	//(2)	//(2)	X	/	/	/	/	X

**Key**

/- conducted
(*) - number of times conducted
X – not conducted

- **Reliability, validity and transparency**

The applicability of the concepts reliability and validity to qualitative research are contested, although it is possible to “assimilate reliability and validity into qualitative research with little change of meaning” (Bryman 2004: 273). Accordingly, reliability would relate to how consistent the results of the research were likely to be if administered at different periods of time (Hesse-Biber and Leavy 2005). In this way, I have provided detailed description of the methodology and methods used within this study of support care. Such transparency would enable the study to be replicated if desired. However, while commonalities in successive inquiries are possible if not likely, the in-depth study of complex and individual family circumstances will always produce unique findings.

With regards to validity, three separate schemes across England and Wales were included in the study. As previously stated, support care schemes should not be considered homogeneous but are implemented and delivered in unique ways, involving unique families and contexts. Whilst The Fostering Network has developed and promoted this service over the last twenty years, individual local authorities or charities are responsible for the adoption and delivery of the service within their given areas and The Fostering Network retains no on-going influence or authority once it has supported an organisation to establish the service. As such, under the overarching umbrella of support care, discrete schemes will likely have many commonalities but may also be delivered and have evolved in distinct ways. Therefore it was desirable to include a range of support care schemes from across England and Wales in order to most accurately understand and portray the service, and ward against location specific findings. This enhanced the validity of the study and enabled some contrast and comparison across sites. However, the in-depth exploratory nature of the study makes no claim to widely generalisable findings. Rather it is hoped that the study will be of interest and relevance to the continued development of support care and to considerations of family support more widely.

Guba and Lincoln (1989) have proposed the concepts of trustworthiness and authenticity as more appropriate assessments of the quality of qualitative research. For Toma (2006: 410) this relates to the appropriateness and application of method together and asserts: “Findings must relate to some reality (authenticity) and to how

others construct their world (trustworthiness) such that a reader would be confident in acting upon the conclusions, implications and recommendations they yield”. For example, the design of the study allowed the comparison of multiple data sources over time, between cases and schemes. This strategy was intended to provide a “fuller picture of phenomena” (Richie 2003: 44) as opposed to an evaluation of the ‘truth’ of individual accounts and observations. Similarly, in accordance with Rubin and Babbie (2013), I have endeavored to provide sufficient detail so that readers gain a ‘sense of the situation’; of stakeholders’ experiences, and perspectives. In this way I have attempted to be open and transparent about the development of theory by making frequent reference to data excerpts.

- **Data analysis**

Lathlean (2010: 435) has conceptualised data analysis as a process “that occurs throughout the study from the initial conception of the idea to the production of the final report”. Such an assertion resonates with the analysis undertaken within this study and it is more appropriately described as a longitudinal process as opposed to a distinct stage of the project. The following section relates to the process undertaken during and following each data collection episode.

All interviews were transcribed verbatim at the earliest opportunity following their conduct. The process was time consuming but beneficial in terms of being fully familiar with the interview material. The transcription process enabled opportunity to think about emerging themes and initial codes (Fielding and Thomas 2008). Similarly, comprehensive fieldnotes were taken during and / or immediately after observation opportunities. This was followed by analytic reflections which further contributed to the initial analysis process.

Prior to the completion of my contact with the participating families and services, I conducted preliminary analysis of the data without the support of a computer-assisted qualitative data analysis software package. A qualitative thematic analysis (Seale 2004) approach was adopted and the interview guides provided some initial structure to the coding process. For example, responses to questions or topic areas were broken down into significant components. This is described by Dey (1993: 94) as: “a process of abstracting from the immense detail and complexity of our data those features which are most salient for our purpose”. However, in addition to the

“pre-existing concerns, questions and hypotheses” (Seale 2004: 313) a more inductive approach to data analysis was also pursued. This involved repeatedly reading through interview and field notes transcripts and being alert to patterns within individual stakeholder data as well as across other stakeholder attitudes and perspectives (Carey 2012). Such continual revising and development of ideas thus enabled unanticipated themes to emerge. For example this initial stage helped identify themes such as the ‘unsaid’ that became apparent in different settings. In addition, the process again had the benefit of ensuring my familiarity with the data but also helped in retaining an awareness of the context in which the data was given (Bryman 2004).

To further aid my analysis, I utilised the qualitative data analysis software, NVivo. As stated, I had manually coded the data in the first instance. This was transferred to the initial creation of free nodes. The software was particularly useful in helping me manage both the data and my ideas (Bazeley and Jackson 2013). I could more quickly and easily retrieve, compare and contrast pieces of data for further consideration and development. Likewise the tree structure of the software allowed me to link ideas and build toward meta-concepts that would eventually form the basis of my findings chapters (Bazeley and Jackson 2013). For example, notions of supporting families towards ‘good enough’ levels of functioning (chapter nine) and the functions and features of time within the service (chapter seven) were developed from the initial coding structure. Free nodes were grouped and / or merged and a consideration was afforded to the broader links and connections between categories.

- **Reflections on the process**

Throughout the course of the research there were many incidents and stages that prompted reflection. These are detailed below, firstly in reference to the conduct of the study and the methods used and secondly in relation to the sensitive nature of the research.

The process of recruiting families to engage in the study was sometimes cause for concern. As stated above, ethically I believed it important that participation initially be discussed with families via a third party as I did not want to put undue pressure on families to engage. However this approach was not always successful. In one

frustrating example I was informed that a family had been approached and expressed concerns about participating due to concerns about confidentiality and what they would be expected to do. It transpired that the family had not been shown any of the materials I had developed answering typical questions. If I were to complete the project again I would again be mindful to ensure consent is given freely and without pressure. However I would also recognise that a third party would not be as conscious or committed to the ethical intentions of the research. As such I would try and incorporate an additional stage of consent whereby social workers would initially discuss the research with potential participants and I would subsequently visit any that expressed interest in participation, for more detailed discussion and information.

With regard to methods, it is with regret that audio diaries were not used as planned within the research. The diaries had been designed to enable children and parents freedom and privacy in detailing their thoughts and experiences throughout their support care journey. In this way the method had the potential to produce rich data which may not have been captured via other means. However within a commitment to enabling participation, some caution should be retained when the research is of a sensitive focus. For example, at the onset of the intervention parents were commonly in difficult circumstances and experiencing significant stress. For some, the difficulties remained throughout their engagement with the service. Therefore, for ethical reasons I did not feel it was appropriate to ask them to record their feelings alone or give them a 'task' which could have added to their stress. If I were to complete the research again, I would revisit the potential of audio diaries with consideration of additional safeguards. I would also consider asking support carers to use the diaries as a means of recording their observations of children and parents over the course of their relationship.

With regards to interviews and participation observation, I feel the combination of methods worked well within the study. The individual interviews enabled participants to talk in depth about the service. Support carer social workers and carers appeared to value the opportunity to discuss their engagement with families. Interviews with children were also very positive. The older children and young people were often eager to talk to me and were explicit in where and how they wanted the interviews to take place. For example, on some occasions older children



wished to go to a neutral venue (such as a cafe) while others were eager to show me where they stayed or the things they did when they were with the carer. Photo elicitation was enjoyed by two children and provided a relaxed context for discussion.

For child and family social workers, the demands and pressures of their role sometimes impacted on the time available to talk about support care. On occasions interviews were rushed and I was conscious of professionals needing / wanting to conclude the interview at the earliest opportunity. Some difficulties were also experienced with a few parents who on occasions seemed distracted and / or reluctant to discuss aspects in any detail. For example, interviews with parents were conducted in their own homes but sometimes in chaotic circumstances with people coming and going, raised voices and disputes. Consequently interview times ranged from half an hour to two and half hours.

Participant observation was beneficial in a number of ways. For example my attendance at meetings and reviews enabled me to gain valuable insight into the relationships, roles and interactions between stakeholders. Such issues are further discussed in chapter five. In addition, as well as providing a more detailed understanding of the service, the observations also helped to supplement the participation of some stakeholders. For example child and family social workers who were perhaps unable to commit to an in-depth interview could be observed discussing their perceptions of family progress and future plans for support. Finally the participant observation provided valuable insight into the support care experience for young children. Interviews alone would have excluded their participation but through observations increased consideration and attention was paid to their experiences.

The emotional nature of the research had been anticipated prior to embarking upon data collection. Nevertheless I remained relatively unprepared for the depth of feeling that I would develop with and towards some stakeholders over the course of our contact. I shall forever be grateful for the ways in which families and carers, in particular, allowed me access to their homes and personal lives. However the issue of temporary relationships is later discussed in the empirical chapters and over the course of the research I became somewhat uneasy at the potential for my

engagement with children and parents to represent another temporary relationship within their lives.

On two occasions I felt obliged to make contact with social services to detail concerns as a result of my observations and interactions within the family home. On one occasion the parent informed me she could not cope and I was able to gain her consent in contacting social services for advice and support. However no support was offered to the family and I was informed that she would have to manage the situation until her social worker returned to work. It was difficult leaving the family in such a distressed state with one child clinging to me, asking if he could come with me.

On the second occasion a child informed me (in the presence of his mother and sibling) that his mother shouted, swore and sometimes hit him. The allegations were already known to the social worker but I was aware of my obligation to pass on the disclosure that had been made to me. However I felt somewhat uneasy about the impact of relaying the information as I was aware of a developing tension between the social worker and the mother. Although the mother did not explicitly ask me to withhold the information, I felt she viewed my resultant contact with the social worker as a betrayal of our relationship and an action which intensified her already difficult circumstances. This incident occurred at the end of one support care placement and the mother subsequently withdrew her consent for me to follow the placement of her other child.

On reflection I remain assured that I acted appropriately and in the best interests of the child in both situations. Nevertheless, the experiences highlighted the potential challenges associated with researching sensitive subject matters and the balance to be struck in attempts to forge positive relationships with participants whilst retaining professional distance. Interestingly, such issues were also apparent in the relationships developed between support care stakeholders.

## **Chapter five: Support care: The who, what and why**

The Fostering Network (2008) describes support care as a time-limited service which combines elements of family support work and foster care. The aim of the intervention is to support families in need and prevent breakdown. Emphasis is placed on voluntary engagement, partnership working, and flexible, non-judgemental support.

Support care requires the engagement and interaction of five stakeholder groups, namely parents, children, support carers, support care social workers and child and family social workers. The aim of this initial findings chapter is to provide detailed insight into the nature of the research study and answer the following questions:

What are the roles of stakeholders involved with support care?

Who are the families that access the service and why do they need support?

Who are the carers and why are they involved with support care?

Case study examples, stakeholder contributions and fieldnotes are used throughout the chapter in an attempt to contextualise the research setting and introduce the participants. Where appropriate, reference is made to wider sociological and social work debates.

### **The families**

The following section summarises the problems experienced by the families in this study at the outset of their engagement with the support care service. The participation and experiences of children are explored in detail in chapter six and as a result are not addressed in this chapter.

Families typically presented with a combination of difficulties and single categorisation was inadequate in explaining their complex situations. However, the following case study examples are intended to elucidate the types of issues and circumstances faced by the participating families at the point of referral.

- **Family conflict**

Support care is targeted at families in crisis and at risk of relationship breakdown (The Fostering Network 2008). Unsurprisingly, family conflict was a feature at the point of referral for the majority of the participating families.

*Case example 1*

*The Richards / Stevens family was a reconstituted family with a large number of adults and children living in a small three-bedroom property. The mother had children from her previous relationship, as did her partner. The couple had two children together and were also caring for some extended family members due to wider family difficulties. Conflict was discussed within the Richards / Stevens household in the following ways:*

- *Sarah [mother] stated she had most difficulty in managing her eldest son Jack's behaviour. Sarah believed Jack to be disrespectful towards her as well as violent towards the other children.*
- *For Sarah's older children, there were issues regarding the lack of time and attention they could access from their mother and her partner. The demands of the younger children limited the availability of Sarah and her partner as did the presence of extended family members within the household.*
- *Emotional issues were apparent for some of the children who had come to live within the household due to difficulties with their parents and extended family. In some instances this impacted upon their behaviour both inside and outside of the home, resulting in increased tension and arguments.*
- *Relations between the children were strained. There had been some allegations of violence and intimidation as well as competitiveness between siblings, step children and cousins.*
- *Difficulties within relationships were intensified due to the overcrowded living arrangements. Adults and children experienced a lack of privacy and space for everyday living such as eating, completing homework and relaxing.*

For families where conflict was an issue, support care was provided as a means of offering some time apart in order to relieve stress and tension.

*Farah [support care social worker]: Support care provides those families with some planned, regular time out from their families which will hopefully provide everyone with some breathing space and a chance for things to*

*improve.*

*Maria [support care social worker]: I wouldn't say that support care is trying to resolve the family issues, its giving the family the space to do that themselves or with other agencies.*

The social workers' descriptions of support care are comparable with ideas that underpin short break services for disabled children and their families (Robertson *et al.* 2011). In other words, the short break provision enabled families to cope, remain together and for tensions within relationships to be eased. The similarities between short breaks for disabled and non-disabled children and their families are further discussed in chapter six. Likewise the explicit and implicit meanings attached to the time children and parents spend apart is explored in chapter seven. However, both Farah and Maria situate time and space as key factors in enabling families to address difficulties. Their descriptions suggest that the intervention itself does not seek to change families' behaviour and no claims are made as to its ability to resolve conflict. Rather, Farah and Maria recognise the potential for families to resolve their own issues, either with or without the support of other agencies. Considered against Fox Harding's (1997) analysis of relationships between the family and the State, the service can be understood as an effort to support parents and preserve family life. The approach also stands in contrast to discourses which appear to have little confidence in parents' ability to appropriately raise their children (Furedi 2012).

- **Lack of suitable support network**

The families that participated in the research often had complex histories and experienced changeable relationships. All described troubled histories with individuals who would ordinarily be expected to provide support. This included relationships with parents, partners and siblings. As such, a lack of suitable and sustained support network was an issue for all of the families participating:

- Three of the families had moved into the locality and were relatively isolated in terms of friends and family support.
- The large numbers of children in some of the families meant that while limited support was available, this was inadequate in addressing the level of need.

The participating families can be contrasted with depictions of resourceful families (Murray and Barnes 2010) who have the relationships, means and / or resources to cope through difficult times. Inadequate social support has also been recognised as a risk factor associated with child mistreatment (Merritt 2009). Viewed in this way, support care temporarily replaces or supplements the support networks commonly relied upon by other families.

### ***Case example 2***

*Hannah had been diagnosed with a degenerative medical condition that impacted on her ability to complete general day to day tasks. This included limitations on her mobility and episodes of losing consciousness.*

*Hannah had five children living at home, including two who were of pre-school age. Hannah had previously been involved with social services due to domestic violence. However Hannah's relationship with the father of her two youngest children was more positive and he continued to be a source of support to the family, despite no longer residing at the home.*

*Hannah agreed to undergo experimental surgery to combat her condition. This entailed spending several weeks in hospital and a lengthy recuperation period. Hannah's ex-partner agreed to move into the property during this time to care for the children but was also required to continue his full-time employment as a means of supporting the family financially.*

### ***Case example 3***

*Nicola had four children, two from a previous relationship and two from her current relationship. Nicola's first relationship had involved extensive domestic violence. It was suggested that the violence and other traumatic events within the extended family had impacted on her two older children's behaviour and emotional wellbeing. For example Nicola reported that the children regularly stated their belief that she did not love them.*

*Nicola had contacted social services to request help on several occasions. She and her partner attempted to spend time with the older children but found this difficult as their attention was dominated by the needs of the younger children. Nicola stated that the older children did not have any contact with their father or his family. She stated she was close to her family but was unable to rely on her mother for support as she was dependent upon alcohol and her sister was a single parent with four of her own children.*

Complex relationships were a common feature of the participating families. One of the households was headed by a single parent, whilst the others were reconstituted families and consisted of children from previous relationships, together with children born as a result of the current relationship. In such instances, children's contact with their biological fathers and the paternal family was varied. Of the step-families, two of the relationships remained relatively stable throughout the course of the research but the other five exhibited less stable characteristics. This involved both temporary breaks and final conclusion to the relationship. Single-parent, cohabiting and reconstituted families are not uncommon in the UK as the Office for National Statistics (2013) has reported steady and significant rises in the numbers of such families. However, the impact for children of unstable relationships may be more problematic. For example, an evidence review concerned with the impact of relationship breakdown and family transition found the experience increased the likelihood of a range of negative outcomes for children (Mooney, Oliver and Smith 2009). These included educational underachievement and poorer mental and physical health. However the authors cautioned that in spite of statistically significant results, relationship cessation could be positive for children if relationships were abusive and outcomes could also be affected by factors such as parenting and poverty (Mooney, Oliver and Smith 2009).

#### ***Case example 4***

*Georgina's mother had moved to the area and Georgina had followed six months later. Georgina had two children at the time from two previous relationships. Georgina described the father of her youngest son as violent and stated she had moved to the area as a means of escape. Georgina disclosed that she and her children had very little contact with her ex-partners following the move.*

*In her new area, Georgina formed a relationship with her current partner. They had a child together and at the time of the research, she was expecting her fourth child. Georgina stated that her family life was under significant strain due to the behavioural difficulties exhibited by her eldest son. She stated that she required medical, psychological and practical help in addressing his violent, impulsive and destructive tendencies. The behaviour had resulted in injuries to her younger child and her current partner had been unable to remain in the family home due to the intolerable relationships. Georgina stated her mother was a source of support but was unable to manage the demands of the children.*

Changing circumstances within extended families meant that while parents had been able to access support previously, such provision was no longer available. This occurred for a variety of reasons including death, imprisonment and conflict. In other cases, generational family problems meant that some of the participating families had never had access to a suitable support network and the situation was unlikely to change in the near future. The need to tackle generational family difficulties has been addressed in recent policy documents (e.g. Allen 2010, Casey 2012).

### *Case example 5*

*Emma had spent the majority of her childhood in the care system, either in foster care or residential homes. As an adult she had no contact with her mother and as a result of her past experiences, Emma did not envisage ever resuming a relationship with her in the future. Emma's father was deceased.*

*Several years before, Emma had moved into the locality. She had been in a relationship with her daughter's father but concerns regarding his drug use and chaotic lifestyle had prompted her to become a single mother. Emma stated that her ex-partner and his extended family had never been a part of her daughter's life.*

*Emma experienced difficulty in caring for her daughter due to a combination of mental and physical health difficulties. This had hindered her from establishing links within the community and as a result Emma had very little support available.*

For families without a suitable network of support, support care was deemed to be a lifeline to parents which would enable them to continue in their role as primary carers. Parents engaging due to a lack of support tended to be eager for the intervention and grateful for its availability. For example, Emma discussed her reaction to being offered the service:

*Emma [mother]: We [her and her social worker] bounced up and down, ... when we walked out we were like can you believe it ... score! ... because Chloe doesn't have any [family].. my father's dead, I have no communication with my mother whatsoever and she [Chloe] has no communication with her father, his parents. So it would be nice to have someone like an aunt that she can go and stay with away from me and having some play and attention. ... But I get the support of the break.*

Emma's comments highlight the comparability of support care relationships with the contact and support children and parents would otherwise access from extended



family and friends. In contrast to Morris' (2012) claim that support services frequently ignore wider family resources, the support care service can be understood in some circumstances as providing a support network that would otherwise be absent or non-existent. However, as a time-limited intervention, the support provided is temporary and as such, stakeholders may seek to replace and develop networks for the future. Such issues are further explored in chapters six and seven.

- **Professional concerns regarding parental capacity**

Professional concerns regarding parental capacity were expressed for the majority of the participating families. Such concerns sometimes originated from the factors described above, such as the risks posed through family conflict and social isolation but on other occasions the concerns related to parents' current or historical behaviours and lifestyles:

***Case example 6***

*Ian and Mia had both been dependent on illicit substances. Mia's child from a previous relationship had been removed from her care and was being cared for by an extended family member. Social services had become involved when Mia had become pregnant as a result of her relationship with Ian. Their child was placed in foster care soon after his birth. Ian and Mia made progress in addressing their substance misuse and their son was subsequently returned to their care.*

*Despite making significant progress, Mia relapsed and agreed to undergo a period of residential rehabilitation. Ian continued to work positively with the relevant agencies during this time and professionals involved were supportive of his wish to continue as sole carer for his son. It was agreed by all parties that support would be provided to Ian as a means of minimising the risks of family breakdown through the stressful period.*

***Case example 7***

*Rosie had a long history of social care involvement. She had been a looked after child and had experienced a difficult relationship with her extended family. Rosie's difficulties had impacted on her ability to meet the needs of her two eldest children and they had been removed from her care some years ago. Having entered a new relationship, Rosie had four children in relatively quick succession. At the time of data collection, Rosie was caring for four children under the age of six. Having had previous concerns about Rosie's ability to meet the needs of her children, social care agencies were again*

*concerned about Rosie's ability to meet the children's physical and emotional needs.*

### ***Case example 8***

*Elizabeth had moved to the area to be with her partner. Together they had three children in quick succession and at the point of referral all three were of pre-school age. Social services had a number of concerns related to family functioning which included domestic violence, Elizabeth's dependency on alcohol and mental health difficulties, together with concerns of physical abuse towards the children. As a result of the concerns, the children's names had been placed on the Child Protection Register and a package of support had been commissioned which included short break provision.*

For child and family social workers who had concerns regarding parental capacity, families' engagement with support care had a dual purpose. On the one hand, the families were being offered support and as such were provided with an opportunity to improve their situations. However their engagement in the service also provided social workers with additional information as to the well-being of the children. In other words, the service enabled social workers to gain a fuller understanding of family functioning and parenting capacity than would have otherwise been possible through statutory visits alone. For example, Julie's comments below help understand the balance between support and risk faced by professionals charged with protecting children:

*Julie [social worker]: He [Ian] still has Alex in his care but he goes to support care for a few hours every day and as I understand it, it has been a really positive thing for Alex. He has engaged well with the carer. It's enabled us to see that Dad's really reliable in taking and fetching Alex, he's engaged well with the carer. So that's given us some really good information in terms of Dad's ability to provide a stable safe environment for him and to engage appropriately with different professionals who are involved in the case.*

Julie's comments acknowledge that families involved with support care are being both monitored and supported. The potential for the service to be used as a means of providing additional information regarding family progress and functioning is more fully explored in chapter seven. However, as argued by McLeod (2012) the idea that supporting families and protecting children represent distinct and unconnected activities is misguided. Nevertheless, it is also arguable that the information gathering aspects of the service are somewhat downplayed through attempts to

position support care as non-judgemental and supportive, with a recognition that family life can be difficult for everyone.

In summary, the families that participated in this research were experiencing a range of difficulties, broadly summarised as family conflict, inadequate support networks and / or professional concerns about parenting capacity. In responding to family difficulties, the service can be understood as providing families with emotional and / or practical support in order for them to address difficulties. In this way, support care can be related to Frost's (2003b) analogy of family support measures which are done with or enable families to do for themselves. However, it has also been shown that the service can be used to monitor and gain a more detailed understanding of family circumstances. Such aspects can be related to Featherstone's (2004) recognition of the complex nature of family support and the balance to be struck between supportive and controlling measures. In this way, support care is also underpinned by a protectionist role in relation to children and in some circumstances can provide a means of 'policing' parents (Morris, Barnes and Mason 2009).

### **The support carers**

Support carers are described in the publicity material of one support care service as individuals who, 'know how difficult family life can be and know the value of support and a break to help relieve the pressures at home'.

The support carers that participated in the research came from a variety of backgrounds and lived in a variety of circumstances. For example, all of the carers had children but some had young children, some older children and some were grandparents. The research included single parent carers, single carers who were in relationships and couple carers. Likewise, some were employed in both full and part-time positions outside of their caring role, while others were not. Largely this corresponds with the diversity of full-time foster carers although Swain (2007) has suggested that fostering is an occupation which prevents many carers from engaging in full-time work.

This section attempts to contextualise the carers' lives and motivations for their involvement in support care.

- **Carers as ‘childminders plus’**

One of the support care services that participated in the research routinely employed childminders to work with younger children. Chris, the support care social worker described childminders employed by the service as ‘childminders plus’. He asserted that not all childminders were competent to be support carers as the role required the additional skills of developing supportive relationships with parents and working alongside other professionals involved with the family.

*Case example 9*

*Friends, Melanie and Caroline had worked together in an office environment for many years before they established a childminding business together. The partners were recommended to the support care service via another professional. Melanie had previously been a foster carer and had experience of working with social services and complex families.*

*Case example 10*

*Natalie was a childminder who prided herself on offering a home from home environment for children. In addition Natalie was a registered foster carer who offered short break support to children with and without disabilities. Natalie was able to work with children aged 0-16 and had extensive experience in building relationships with children and supporting parents.*

The childminder support carers tended to view their involvement in support care as an extension of their childminding role. In other words, the roles were fundamentally the same, in that carers were required to provide a safe, stimulating environment for children to spend time. However, carers acknowledged that for families referred via support care, the family circumstances were more problematic. For example, Teresa distinguished her work as a support carer as the role frequently involved providing additional advice and support to parents. Teresa [carer] stated: “*Often I’ll help parents try and be more organised you know, I’ll help them with diaries and support them with routines, appointments and things*”. Teresa’s comments represent the provision of practical support which has been observed to be deficient in responses to families in need (Dolan, Pinkerton and Canavan 2006, Featherstone, Morris and White 2013).

Likewise, Jade [support carer] stated:

*It's the same things that I have to do as a childminder whether it's support care or not. ... Obviously there's the monitoring forms. Like with normal childminding there's times where you need to ring social services and say you've got a concern. Whereas with [referrals from] social services you've got your monitoring forms from the start. I'd say that's it really, that's the only difference.*

For Jade, engaging with support care families obliged her to regularly communicate with social workers about the child and / or family's progress. This can be related to the discussion above whereby families are supported but also monitored during their engagement with the intervention. While Jade emphasised the similarities between her childminding and carer roles, her comments may not fully reflect the involvement and co-operation of multiple stakeholders within each support care intervention as shown in fig 5.1 below.

- **Support care as an extension of foster care**

In contrast to childminders who extended their professional role to include referrals from support care, carers recruited by the other two support care services did not have work commitments in a comparable caring capacity. For those carers, their involvement in the service originated through an interest or connection to foster care.

- **Experience of fostering**

Two of the carers discussed personal experience of foster care in childhood. Denise stated that her parents had been foster carers and had subsequently adopted some of the children they had cared for. The experience had impacted positively on Denise and as an adult she also wished to be involved in fostering.

*Denise [carer]: I've sort of been brought up with fostering and adoption. ... I just found myself in a position where actually I could follow what I always had on the backburner to do which would have been some level of fostering but because I work full time and because I'm now self-supporting I need to be able to be able to work full-time. So I just decided to apply for support care.*

As a child Paul had spent periods in foster care. Paul reflected that his experience with one couple was particularly positive and he believed the relationship had influenced the trajectory of his life. Consequently Paul was keen to help children who needed support:

Paul [carer] ... *it's important for me to pass on where I come from, you know what I mean? You know there's nothing special about me you know what I mean? But it's just that I could've gone down the road of.. I could've gone down the road of robbery. But I didn't and the people that saved me ... because I was fostered... and the people that were good to me changed my framework.*

Paul and Denise's motivation to be support carers can be linked to common motivations to foster; perceiving oneself as having 'something to offer', empathy and understanding of need and / or a wish to 'give something back' to the community (Nutt 2006). Likewise, in some instances, support carers were explicit in their desire to be foster carers.

#### ○ **Fostering as an ambition**

Laurie [carer]: *I've always wanted to do fostering. It's something that I always knew I'd get into but I wanted to wait until my little girl was old enough so she fully knew the different scenarios with the children and she fully knew what was going on. And support care is a good way to start off, you know?*

Rachel [carer]: ... *we as a family had talked about having another child and then came to the conclusion that actually there were lots of kids out there that needed support and then started enquiring about fostering. ... I already knew that due to the fact that Matthew and I worked full time that that [fostering] wasn't an option. So .. and we were not in a position to give up our jobs, do you know what I mean? So support care then just seemed fantastic. And not only that I think we do have to be realistic, fostering is a massive undertaking and to go straight into it ... I think support care provided an insight, like a stepping stone really. Like a taster of what you could expect on a full time basis.*

Although Rachel acknowledged that full time foster care was not an option for her family in their current circumstances, both she and Laurie discussed their involvement with support care as a more tentative introduction into foster care. Similar issues were apparent for Karen [support care] who had long been interested in fostering, but for different reasons, had felt unable to pursue the vocation:

Karen [support carer] *I always wanted to foster, for a long time, from when my kids were little. But I was a little bit put off when people would say "oh you don't want trouble kids round your kids". So now my kids are grown up and I had a bit of time on my hands I thought "oh I'll do it now". But I couldn't foster because when we sort of looked into it, short-term fostering*

*can be up to two years. So somebody mentioned this support care, well I'd never heard of it before so I went to one of the meetings and I thought 'oh that'll suit'. And it's just because we've got this huge garden and they've all gone now [her own children] and I thought great somebody can get a bit of pleasure out of it.*

Whether due to financial issues, personal anxieties or concerns regarding the impact of fostering on their families, the support carers involved in the research had felt unable to pursue their interest in full-time foster care. The part-time nature of support care provided a means by which Karen and other carers could pursue their interests in caring but in a way which appeased their concerns. This may be of relevance to foster care research more widely as it has been suggested that there is a “dire shortage of foster carers in England and Wales” (Harber and Oakley 2012: 10). Little is known as to why potential foster carers do not pursue their caring interests (McDermid *et al.* 2012) or why the majority of initial enquiries into fostering do not proceed further (Sebba 2012). Viewed in this way, the promotion of support schemes such as support care has the potential both to ease the burden on foster care placements, as parents can be supported to remain caring for their children, but the service also has the potential to attract a broader range of carers some of whom may proceed to full time caring.

For the non-childminder support carers, a wish to ‘give’ was repeatedly discernible which has relevance to Titmuss’ (1971) notion of the gift relationship. Titmuss (1971) found that the quantity and quality of blood donations was better in the UK where givers were altruistically motivated, as opposed to the US where donations were supplied by the market. For support care this may suggest that carers without a professional or business interest in the service may be more successful as carers, perhaps in terms of quality of care provided, length of service or the relationships forged with parents / children. However the notion of a gift relationship has also been used more problematically by Rock *et al.* (2013). Their systematic review noted that foster carers sometimes understand fostering as a gift relationship and can expect something in return, such as gratitude, from the children / young people in their care. Rock *et al.* (2013) reported that when such sentiments are not seen to be demonstrated, foster carers can be left feeling let down. In this way, childminder support carers may be more resilient if they have fewer expectations attached to their relationships and interactions with families.

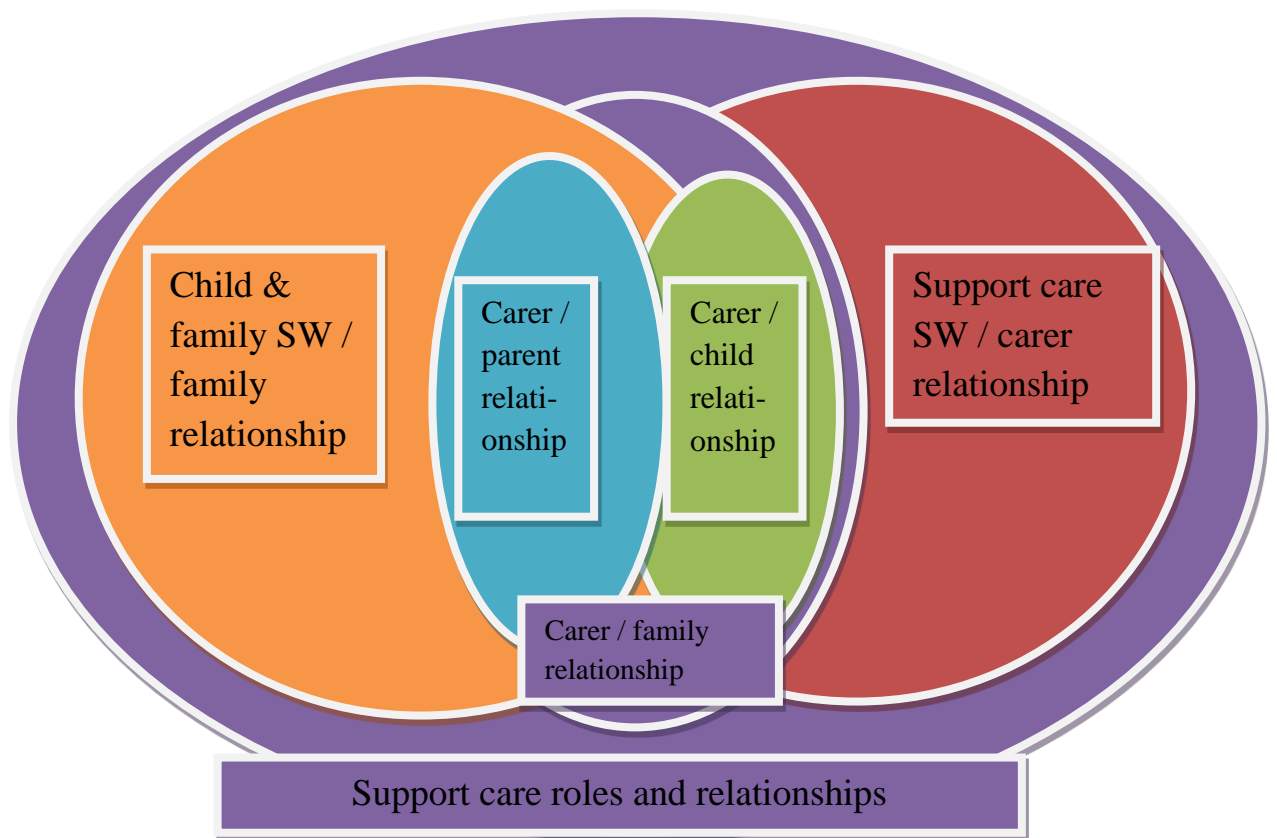
### ***Case example 11***

*Claire and Jeff were interested in fostering because they did not want their daughter raised as an only child. Full time foster care was unsuitable due to the demands of Claire's job. Consequently, the couple became involved with support care and hoped their house would be 'full of children' through the years. The couple anticipated benefits for their own child as well as any children they supported. Claire stated: "Maybe she [their biological daughter] can learn to look after them; she can learn that there are other people in life who maybe don't have what she has and she can learn from them as well. Because what I don't want to do is bring up this spoilt little girl".*

For Claire and Jeff, their involvement in support care served two purposes. Not only did it fulfill a desire to help children and families in need of support, but it was also perceived to be advantageous for their own family, in helping to develop their daughter's character and her awareness of the community. Similar sentiments were expressed by Laurie. Together with the way in which some support carers articulated a wish to contribute or give, Claire's comments may have relevance to political aspirations which seek to encourage citizen participation (e.g. <https://www.gov.uk/government/policies/promoting-social-action-encouraging-and-enabling-people-to-play-a-more-active-part-in-society>). For example, efforts to engage individuals in community participation could centre both on altruistic motivations as well as being framed as personally beneficial. For example, Nichols and Raltson's (2012) study of volunteering found that participants associated the activity with considerable personal rewards.



## Relationships and roles with the support care service



**Figure 5.1: Support care roles and relationships**

Figure 5.1 is intended to aid conceptualisation of the relationships that existed between support care stakeholders. Collaboration and engagement occurred across stakeholder groups but important relationships also existed between particular groups.

Despite the static nature of the illustration, it should be noted that:

i, relationships between particular stakeholders had the potential to impact on other relationships within the service.

ii, the significance of the relationships between different stakeholders was variable and subject to change over the course of the intervention.

The remainder of the chapter provides an overview of the types of relationships involved and the roles adopted by stakeholders over the course of the support care

intervention.

- **Support carers**

Central to the role of a support carer was the ability to forge relationships with families. The relationships developed can be thought of as distinct from each other as carers spend time alone with children through the provision of short breaks. Furthermore, contact between carers and parents was sometimes limited to picking up and dropping off the children, together with service meetings. Nevertheless, as a family focused intervention, carers were also presumed to forge a supportive relationship with parents and help facilitate positive change within the family. The comments below from support carer Natalie provide an example of an attempt to distinguish the relationship with a parent, from other relationships within the service and clarify the extent of her communication with involved social workers:

*Natalie: Some parents can be defensive because they think I'm not on their side. For some reason they see me as someone who is going to report back to social services every minute. They think I am there to make their life more difficult and that is not the case at all. I have explained to some parents that that is not the case at all. I am there to help to make their lives easier not harder. ... They can trust me. I am there to support the child and the family. I am there to make it easier and to help with any difficulties. I can offer support, I am not there to monitor and report back all of the time. That is not how it works. ... We try to get this through to the parents because sometimes they are a bit nervy and on edge, thinking we are reporting back everything. It is not the case at all and near enough all of the parents that I have worked with have all been anxious initially but have all turned out fantastic. And I always end at getting a really close relationship with the parents. Some I feel like they are part of the family.*

Arguably, Natalie's comments downplay the continual involvement of other professionals throughout the intervention (as shown in fig 5.1). However, her comments reflect her perceived need to differentiate her role from other professionals in an attempt to establish a trusting relationship with parents. This may reflect parents' suspicion or awareness that they are being dually monitored as well as supported, as discussed above. Alternatively, Natalie's comments may be related to the stigma that can be associated with social services and / or foster care involvement (Thoburn 2009, Schofield and Ward 2011).

The types of relationships that developed between support carers, parents and children, over the course of the research, are addressed in subsequent chapters; chapter six considers how children and young people experienced and viewed their relationship with the support carer. The nature of the relationship established between carers and parents are explored in chapter eight which includes attention to the relationship dynamic established between parents, children and support carers.

- **Social Workers**

As shown in Fig 5.1, collaboration with and between support care social workers and child and family social workers underpins the delivery of support care. For families to be eligible for the support care service, referrals are required from child and family social workers. A summary of the family difficulties is produced together with a summation of the ways in which it is envisaged that support care could be beneficial. Support care social workers accepting incoming referrals are then responsible for the co-ordination of the service. This involves establishing and overseeing placements as well as recruiting and supervising carers.

Once a referral has been accepted to the service, support care social workers approach potential carers they believe could offer support to the family. At that stage carers are under no obligation to engage with the family and are able to discuss any concerns they have with the support care social worker and the child and family social worker. Support carer Denise described the initial process:

*Yeah you get like, I got like a little resume of them which kind of tells you the basics of the family background and the social services interventions so far. Um it gives you the social services' idea of the needs of the child within the family setting and it gives you details of any risk issues with that child. ... Um yeah I really like that little bit that you get and if you can't make a decision from that piece of paper you can actually meet the child's social worker without the family knowing. So you can get more information to help you make your decision. Once you've made your decision really you've got to be sure enough to take on that family. If of course, they want you. So there is plenty of support, both written and verbal and from your social worker and the social worker for the child, before you have to say 'yes I'm going to work with the family'.*

Denise's comments suggest that social workers are instrumental in the early stages of establishing potential placements as carers may have reservations about engaging

with some families. This can be related to previous research on support care which highlighted the integral role of social workers in facilitating and arranging placements (Aldgate and Bradley 1999). The comments also stand in contrast to foster care research which suggests carers are frustrated by poor communication and feel insufficiently supported and valued (Nutt 2006, Harber and Oakley 2012). Denise describes the procedure which provides carers with information about the family prior to meeting and allows them opportunity to ask questions and / or talk through concerns. Families are excluded from this process to ensure that carers do not feel pressured to engage in circumstances with which they feel uncomfortable but also in an attempt to protect the families from potential rejection. On the one hand the practice fits with efforts to engage non-judgementally as carers will only be introduced to families if they feel able to offer them support. Nevertheless, the process does exclude participation in order for carers to judge family circumstances and decide whether they are prepared to engage with them.

Provided support carers were happy to engage with families, social workers enact the second stage of establishing placements which is to co-ordinate introductions and secure the continued agreement and input of the families. As described by support carer Karen:

*First off there's mum, dad, the child, me and their social worker. They have that meeting first. And then they go away and say to the child "do you want to go with that lady". And then they have a meeting with everyone and my social worker as well and that's when they say "what do you want out of the placement?" but usually they've talked about it before. So they've said to mum "what do you want?" ... So they talk about what they want and then we try and fit it in with me cos I work as well.*

At this stage children and parents are afforded the opportunity not to engage with the identified carer. In some ways this process redresses the balance of power as carers are subject to the judgement of children and parents. The opportunity to accept or reject the proposed support care placement can be contrasted with findings of The Care Inquiry (2013) which highlighted the lack of consultation and choice afforded to children and young people when moving to a new foster home.

Once established, support care placements were periodically reviewed, either in isolation or as part of the statutory review process for families deemed in need or

who were subject to the the child protection process. As part of the review process, support care social workers and child and family social workers would reassess the continuing support needs of the family and negotiate a withdrawal of the service as deemed appropriate. For families that participated in the research, engagement with support care varied between periods of several weeks to eighteen months. The ways in which families support needs were evaluated over the course of the intervention, together with stakeholder definitions of success and progress are explored in chapter ten.

- **Support care social workers**

As shown in figure 5.1 support care social workers had an important relationship with carers and were their source of support and guidance over the course of the intervention. Support care social workers frequently referred to individual carers as “my carer” in order to signify that they were responsible for supervision and ensuring he or she was supported. Although some of the carers voiced concerns about the level of communication and support they were able to access from their social workers, overall, carers within this research were enthusiastic about their relationship with support care professionals. For example, Karen [support carer] described how she had found working with one family particularly challenging as there were a number of concerns about the parent’s drug dependency. Asked how she managed the situation, Karen responded: *“I talked to my worker about it, you know and then if they think they needed to have a chat to the social worker then they would. It’s good like that because I can always speak to someone, I’m not on my own”*. Similarly, over the course of data collection several carers discussed feeling pressured to offer additional support to a family than had been originally agreed. In such cases the ability to seek support from their social worker was crucial in preventing the carer becoming overwhelmed by the situation. Referring to an incident where her support care social worker intervened on her behalf to curtail the demands for extra sessions, Rachel [support carer] stated: *“she [support care social worker] told me that she was taking the decision out of my hands. I was getting too caught up in it. It was a relief really because I just knew it was right for my family”*.

The above comments from carers suggest that the involvement of support care social workers provided an emotional safety net to help them manage the challenges of engaging with families at risk of breakdown. Moreover, the role of support care

social workers involved elements of containing placements and limiting the demands placed upon support carers. Whilst support care social workers were instrumental in enforcing time limits to the support offered to families, they were also available to restrict the demands sometimes placed upon carers throughout the course of the intervention.

- **Child and family social workers**

Families' relationships with child and family social workers had the potential to impact on the delivery of support care. For example, for social workers with positive relationships with families, their involvement could be beneficial in helping to secure meaningful support. For example, the following fieldnotes illustrate how social worker Beth helped to frame the focus of carer support:

At three and a half, Chloe is not toilet trained and carries several dummies. Chloe's speech is delayed and she has temper tantrums which include growling. Beth [social worker] supports Emma [mother] in describing the difficulties. Emma admits she finds it difficult enforcing boundaries with Chloe as she 'goes on and on and on' and she eventually gives in to her demands. Beth asks the carer to help with these issues and to share information and techniques that might help Chloe's mother (fieldnotes, placement agreement meeting).

In the above example, Beth's positive working relationship with the family and her knowledge of their difficulties enabled her to make explicit specific ways in which the carer could support Emma and Chloe. The fieldnotes also provide an example of how a task-centred approach was sometimes evident in the delivery of support care (see chapter two). Rather than simply befriending Emma and providing short breaks for Chloe, parenting and development goals are also attached to the provision.

In other instances the relationship between social workers and parents was less positive. For example, for social workers involved with families with greater needs, a more direct and forceful approach was sometimes adopted which stood in contrast to the non-judgemental, supportive approach of support care social workers and carers. The following fieldnotes were taken from a support care review meeting attended by mother Georgina and social worker Victoria. Victoria, a senior practitioner, had recently been assigned to Georgina's family in replace of another

worker. Victoria expressed a number of concerns regarding family functioning and as a result had referred the family to some additional support service interventions:

Georgina voices her reluctance to complete a parenting course again as she states she has done one previously. Her objection is rebuked by Victoria and she is informed that her family circumstances are now different (i.e. she has more children, different age children). Georgina also appears unhappy about the referral for cleaning support to improve home conditions. Victoria reiterates her concern with home conditions and states Georgina is to apply for a community care grant to buy a shed to clear some of her possessions. Georgina acknowledges she has too much 'rubbish' but protests 'but it's my rubbish'. Victoria is unperturbed and states that Georgina needs to secure alternative accommodation. There is a tense discussion as Georgina argues she is not prepared to move into private rental accommodation while Victoria argues that the current accommodation is inadequate in light of her pregnancy. (fieldnotes, review meeting)

The fieldnotes above help illuminate the sometimes contrasting nature of relationships that existed within the delivery of the support care service. On the one hand Georgina is engaged with support care, a service that seeks to work in partnership with families and provide them with opportunity to resolve their own problems (see comments from Farah and Maria above). However, on the other hand, the fieldnotes can be related to Jeffrey's (2011) assertion that the social control aspects of social work are most apparent in relationships with families as insufficient change or engagement can result in children being removed. While Victoria may wish to work 'with' Georgina and support her to make positive changes, her concerns for the wellbeing of Georgina's three children prompt her to adopt a more authoritative and forceful approach in order to initiate change.

## **Conclusion**

In conclusion, this chapter has attempted to contextualise the research setting, introduce the stakeholders that participated and explore their roles and relationships within the service.

Family conflict, inadequate support networks and concerns regarding parental capacity had initiated family referrals to the service. As with Morris' (2013) study, whilst poverty and disadvantage were experienced by all of the participating families, this was not recognised as a reason for referral by social workers. Rather,

family problems were individualised and an attempt was made to tailor an individual service response. Yet despite being a tailored and specific service, support care evokes wider considerations about the relationship between the State and the family. In some ways support care can be seen to balance the competing tensions inherent in efforts to respond to families with social care support needs. For example, support care involves the provision of emotional and practical support to families in difficulty. In this way the State fulfills a moral obligation to help those in need and potentially avoids more costly interventions becoming necessary in the future. In addition, the service can be understood as an attempt to work ‘with’ families; one which recognises families’ capacity to resolve their problems and improve their situations. Combined with its time-limited nature, support care, can be seen to maintain emphasis on individual responsibility and encouragement towards independence. However, this chapter has highlighted tensions in the delivery of support care which reflect wider tensions in the State / family relationship. For example, considered against Fox Harding’s (1997) typology, in contrast to notions of supporting parents and enabling families to remain together, it has been suggested that support care can also be used in more protection-orientated ways. In some circumstances, professionals have an understated agenda to monitor family situations and the welfare of children. This can be related to the dilemmas discussed in chapter one regarding who family support should principally be focused on, how it should be delivered and what it should aim to achieve. Such themes form the basis of the subsequent findings chapters. Chapter six considers children’s perspectives and experiences of the service and explores notions of family focused and child-centred support. The expectations and purpose of enabling children and parents time apart is the focus of chapter seven, while stakeholder roles and relationships are revisited in chapter eight and notions of working ‘with’ families are further unpicked. Finally chapter nine is concerned with the outcomes associated with the support care service and the ways in which intervention success is defined.



## **Chapter six: The support care experience for children**

This chapter is concerned with the feelings and experiences of children and young people engaged with support care, the reasons for which are two-fold: Firstly, despite being framed as a family support service, children are most affected by involvement with support care as they are required to spend regular periods of time away from their parents and home, in the care of support carers. Therefore in an effort to learn more about the support care service and the ways in which it seeks to alleviate family difficulty, it is useful to consider the placements from the perspective of the children engaged with the service. Secondly, it has been suggested that research on children and care has been dominated by the perspectives of parents and professionals (Elden 2013). This study has encouraged the participation of children and young people in efforts to understand a phenomenon of which they are a part. As argued by Lansdown (2009: 12):

Children from the youngest ages are able to form views, even where they are not able to communicate them verbally. There should be no lower age limit on the right to participate, and it should not be limited to the expression of views in ‘adult’ language.

As such, this research has attempted to treat children and young people as “people with voice” (Prout and Hallet 2003:1) and this chapter is dedicated to considerations of their feelings and experiences related to support care.

Over the course of data collection, the research sought to answer the following questions:

How do children and young people understand the support care placement and how is the time spent with the carer?

In what ways, if any, does the child’s time with the carer seek to influence or improve family difficulties?

How do children and young people understand their relationship with the carer and how do they experience the temporary nature of the intervention?

In exploring the questions above, a series of potential conflicts or challenges became apparent in relation to:

- The impact of framing services as child-centred or family-focused.
- The delivery of short break support as providing ‘realistic’ care or enrichment of children’s lives.
- The development of positive relationships between children and carers balanced with the time-limited, temporary nature of the service.

These analytic themes will be explored in relation to a beginning, middle and end overview of children’s experiences of support care, namely, their initial responses to the service, the experiences encountered during the short breaks and the ending of the relationships.

### **The children and young people**

Over the course of data collection, direct contact was made with eleven of the fourteen children and young people that are included in the study. Difficult and changeable family circumstances meant that contact with three children was unsuccessful despite several attempts. The children that participated varied in age and ranged from one year to fifteen years old. As outlined in chapter four, a combination of methods was adopted in order to enable participation in the research. The data contained in this chapter includes the experiences of the older children who participated in semi-structured interviews through the course of their involvement with support care and were able to provide detailed descriptions of their experiences. Two of the older children also made use of the cameras and art materials in between interview sessions. The data also relates to the experiences of younger children, who were invited to talk about their time with a support carer and where appropriate were engaged through play. Observations of their short break sessions are included to provide details of the activities undertaken and their relationship with the carer.

### **Child-centred or family focused support?**

Support care is framed as a family support service. Support carers are matched with families and through the provision of support and short breaks, it is hoped that families will remain together and avoid long-term separation. As stated at the beginning of this chapter, the vast majority of a carer’s time is spent with children, away from their parents. Nevertheless, the framing of support care positions carers’ role in relation to the wider family rather than to the child in isolation. Such

positioning resonates with efforts throughout social care to be more aware and responsive to needs of the family rather than the individual service user. For example, Parton (2009) observed:

that while the last decade can be seen to have been dominated by approaches that are ‘child centred’ and have tended to individualize and disaggregate the family into its constituent parts, we are currently witnessing the re-emergence of policy that aims to be framed in terms of the ‘family’.

In keeping with Parton’s comments, professionals and services have been encouraged to ‘think family’ and there has been criticism of practice which focuses too rigidly on child or adult needs (Cabinet Office 2007). Similarly the trend towards whole family approaches has been identified in both policy and practice for several service user groups (Morris *et al.* 2008) More recently, the need for family focused approaches for supporting children and families in need have been recognised in both Welsh Government and Westminster Government strategy (WAG 2011, HM Government 2012).

The framing of support care as a family as opposed to a child-centred support service compliments the more inclusive approach to supporting families discussed above. The ultimate objective for support care and other efforts to support families is the prevention of long-term separation. Yet what is the impact of a shift in emphasis away from a child-centred towards a family focused approach? This is considered below in relation to the ways in which children and young people were introduced to the support care service and how consent for their engagement was secured.

- **Framing support care for children and young people**

A family focused approach to domestic difficulties suggests potential benefits for both adults and children through engagement with support care. For adults the benefits may be clear, such as having a break from caring or having time to engage with another service. Yet for children and young people, the potential benefits may be less obvious. As discussed by carer, Karen: “*They [children and young people] never know why ... one of the questions is “do you know why you need support care” and it’s always ‘no’. They can’t understand that anything’s wrong...*”

If, as suggested by Karen, children and young people frequently have little overt understanding of any problems within their family, and little concept of the reasons

for the intervention, it follows that they may also be unaware of the potential benefits to themselves or to their family, of engaging with a support carer. For example, children and young people may be unsure about visiting the home of a carer they do not know or be unclear about how they will spend the time with them. Similarly the children and young people may interpret their temporary removal from the home negatively, as a form of rejection or implication of blame.

For the children and young people that participated in the research, there was variation in the readiness with which they were prepared to engage with the carer at the onset of the intervention. The following section explores children's initial reactions to the service and considers the wider implications regarding issues of consent and holistic approaches to family difficulty.

For some children there was an initial reluctance to spend time with a carer. For example, the oldest young person that participated in the research, Jack (aged fifteen), recalled his initial reactions to the service in the following way:

Researcher: *Who mentioned, you know 'do you want to go and stay ...'*

Jack: *I don't know ... um my mum.*

Researcher: *your mum?*

Jack: *yeah*

Researcher: *and what did you think?*

Jack: *Don't know. .... I didn't want to, no way.*

Researcher: *no?*

Jack: *no.*

Researcher: *What did she say?*

Jack: *Don't know.*

Researcher: *When you said 'no' ...*

Jack: *She said to try it out.*

Researcher: *yeah? So were you happy to give it a go?*

Jack: (silence)

This excerpt was taken from the first interview with Jack and might be seen to portray strong initial feelings against spending time with a support carer. Jack was persuaded by his mother to engage with the service and to experience the short breaks before making his mind up. Despite this encouragement, it is noteworthy that

Jack does not respond when asked whether he was ‘happy’ to meet with the carer in the first instance. Jack was not prompted to elaborate further on the issue in an attempt to respect his wish to contribute (Lewis 2010). He also did not elaborate on the reasons why he did not wish to engage with the service in the first instance. However, when considering the child’s experience of a family focused intervention, the comments of his support carer, Paul, given in his initial interview, are worthy of consideration:

Paul [carer]: *You know ultimately I know we’re here for the family, you know we’re trying to keep the family unit a family unit. ...The family’s important, whatever they want us to do. In this case they want us to stop him swearing. ... But to be honest with you when they came here and they sat there. It was mum and step-dad there, I think its step-dad, and they were talking about him as if he wasn’t here. You know I’m thinking we need to be more Jack based. Don’t tell him he never says a word when Mum and Dad are sat there saying “he never says a word – say something for yourself”.*

Paul’s unease in the initial meeting and his assertion that the focus should be more ‘Jack based’ implies that despite a pretence of family focused objectives, there is a danger that in practice, placement discussions can veer towards a parent focused agenda. Comparable criticisms have been leveled at the undertaking of initial assessments with families which routinely pay insufficient attention to children’s perspectives, presentation and experiences (Broadhurst *et al.* 2010). Paul’s comments can also be related to developments to short break research for children with disabilities. For example the rejection of the term ‘respite’ was intended to move away from the notion that children were a burden and parents needed a break from caring (Cramer and Carlin 2008). However, the above example demonstrates the continued potential for children and young people to be viewed as the source of family difficulties.

Younger children were less able to verbally express their feelings towards the service. As such, observations of their interaction with the carer and reflections from other stakeholders were used to consider their emotions during initial engagement with support care. For example, Alex (aged sixteen months at the beginning of the service) was described as being tearful and distressed during his initial short breaks with his carer:

Ian [father]: *It took him about two weeks or so [to settle]. Um ... since I separated from my ex-partner he's been really clingy to me anyway, which is understandable so... he only sees his mum for an hour a week so it's really bothered him a lot. And leaving him for a couple of hours it was a big thing at first and he was crying a lot. I did wonder whether to pull him out because it was getting two days, three days, I'd drop him off he'd be crying, I'd pick him up he'd be crying. And that was about a week and we said we'll persevere with it, you know a lot of kids are like that, sort of thing. You know it's understandable that he's like that.*

Maria [support care social worker]: *... he's [Alex] never been left before so um he was very upset I think the first two or three weeks. The first day Natalie [carer] said she couldn't feed him anything because he just cried the whole time. But she's used to that, and to me .... cos I've just dropped my daughter at nursery and she's just a little bit younger than him and she took equally as long to settle into nursery. So I wasn't worried about it. .... Dad left and he instantly started crying, but ... now it's settled down a bit. He's been there a few weeks and he's used to it a bit more and it's not so hectic trying to distract him. When Dad goes, he understands that he's coming back and it's ok. He settled in my opinion like any sixteen month old would have settled in that situation.*

Both Ian and Maria acknowledged during their interviews that Alex's recent family difficulties had impacted on his emotional wellbeing. However, both of them also rationalised his distressed response to the short breaks as being typical of a young child's initial reaction to a childminder or nursery.

The family focused objectives for Ian and Alex emphasised the importance of Ian being able to continue in his employment. It was envisaged that the employment would support Ian's efforts to remain drug-free, boost his self-esteem and self-worth and secure a more financially stable future for the family. Again comparisons can be drawn with short breaks for disabled children and their families. As previously discussed, there has been an attempt to move away from the idea that short breaks are principally a means of supporting parents to have a break from their children (Cramer and Carlin 2008). For Ian's family, it was suggested the benefits associated with continued employment would help maintain his role as primary carer to his son. Viewed in this way, the provision of short break support is principally in response to the needs of the parent. However as discussed in chapter five, the involvement of a carer also enabled social workers regular insight into Alex's wellbeing and Ian's parenting abilities. Responding to a history of family dysfunction, social services

may also have had an unspoken agenda which welcomed the involvement of a third party to monitor family progress. Nevertheless, considered against Paul's comments above, within a family focused approach there is potential for the focus to be too heavily weighted around parents. For example, a child-centred analysis of the situation may have concluded that in the short-term, Alex required consistency of care from his father as he adjusted to the absence of his mother.

The examples of Jack and Alex prompt consideration of notions of 'consent' and recognition of the child's voice within family focused interventions. For support care, a referral criterion dictates that families must voluntarily engage in the support care service. Whilst both children later enjoyed their time with their respective support carers, it is nevertheless the case that their initial reactions were to resist the intervention. Alex had little choice regarding his visits and was wholly dependent on the decision of his father. Whereas for Jack, his initial refusal was not considered justified and he was therefore encouraged to experience the service before making a decision.

For other children that participated in the research, mixed feelings were apparent at the onset of engaging with a support carer. For example, Aaron (aged eight) stated he was "happy to go but a bit nervous" while Ben (aged eight) stated he "was just a little bit scared". In part this may be related to the ways in which they perceived the purpose and structure of the short breaks. For example, parents and social workers sometimes framed the short breaks as an opportunity to have fun and pursue interests or to spend the time in a way that was not possible within their home. Jack was told that he would have outdoor opportunities with the carer and could play pool at his house. Likewise Ben had discussed the prospect of short break sessions and relayed the following reasons why he wanted to spend time with a support carer:

Researcher: *Can you remember why you wanted to go?*

Ben: *So I could have some peace for myself.*

Researcher: *Some peace? Do you need to have some peace then?*

Ben: *Yeah*

Researcher: *from what?*

Ben: *I kept waking up. I keep waking up when James and Aaron keep shouting.*

(Explains typical argument) *I wanted to go to Denise's for some peace and quiet.*

Researcher: *Yeah?*

Ben: *So I don't get woke up. ... Yep and I would have some time on my own.*

Researcher: *Any other reasons you wanted to go to Denise's?*

Ben: *No. ... Well so I could have a sleepover.*

For Ben, his time with the carer enabled him to fulfill a need that he was unable to fulfill at home. For Ben's family, issues of overcrowding were believed to be a significant source of family tension and through discussions with his guardian; he was able to conceive the potential benefit of having some time away from the home environment. His notion of having a sleepover also suggests an element of fun to his perception of short breaks. The framing of support care as an opportunity for children and young people to have their needs met stands in contrast to the examples given above which suggested that there was a risk that the needs of parents could potentially dominate the focus of the family focused objectives.

Finally, in other examples children appeared indifferent or happy to engage with the support carer and displayed no initial reluctance. For example, while Ben stated that he was "*just a little bit scared*", at another point in the interview, he stated he became involved in support care: "*because Aaron [his cousin] has a worker, Sarah [his Guardian] said that I can go too*". In this sense Ben displayed no anxiety towards his family's involvement with the service; he was aware that his cousin was going on short breaks with a carer and he had been offered the same opportunity. Likewise, the following fieldnotes related to a placement agreement meeting where Chloe, aged three, was introduced to the support carer for the first time.

Chloe responded to Laurie [carer] very quickly. Within minutes Laurie had encouraged her to take her dummy out of her mouth to speak. She also invited her upstairs to give her two presents – bubbles and a puzzle. She showed her the room she would be sleeping in and had laid out teddies she thought she might like. Chloe seemed pleased with the presents and excitedly showed them to her mother. Chloe went eagerly with Laurie to see the carer's pets. She was given a snack bar which she wanted Laurie to open for her and she happily went to buy a drink from the shop with her. Laurie's efforts to engage Chloe were immediately successful and Chloe kept returning to Laurie for further interaction. She did not want to leave when the meeting was over and started kicking out and growling. She was pacified by being



asked if she would like to visit again. (fieldnotes, placement agreement meeting)

Chloe's engagement with the carer was instant and positive from the outset. She appeared eager to stay with the carer and only objected when it was time to leave. In this instance, there is little divergence between a family focused and child-centred approach to support as Chloe was eager to spend time with the carer. For Chloe's mother, it was hoped the short breaks would allow her to rest and recuperate from on-going health issues and thus be better able to parent Chloe on her return.

This section has explored the initial reactions and feelings of children and young people engaged with the support care service. The experiences highlighted above, suggest that children's initial engagement with the service can induce a mixture of emotions, which include both anxiety and excitement. Children may be more inclined to engage with the service if it is framed in child-centred terms and they understand the short breaks to be fun, enjoyable or meeting particular needs. Yet, for children who are initially reluctant to engage there is a potential tension between the extent to which the child's voice is recognised within the wider objectives of the family. On the one hand, children (as well as adults) may be nervous or tentative about engaging in a new experience and may benefit from some encouragement or time to adjust. This is comparable with other social situations, such as starting school. Yet the encouragement and persuasion evident in the above examples, may also indicate a degree of acceptance of children's reluctance in the first instance. In other words, if it is seen to contribute to wider family objectives, namely efforts to prevent the longer-term separation of children and parents, some reluctance or distress on the part of children will more likely be tolerated and rationalised as temporary or 'normal'.

### **The purpose of short breaks: replicating or enriching children's lives?**

Research into short breaks for disabled children suggests that the breaks are intended to have positive benefits for service users; to provide opportunities to increase social networks and enable participation in activities that may ordinarily be unavailable (Robertson *et al.* 2011). Viewed in this way, the short breaks retain a strong child-centred focus in terms of delivery and can be thought of as an attempt to enrich

children's lives. Yet the extent to which this rationale is transferable for families with non-disabled children is less clear. On the one hand, it is envisioned that families' need for short break support will be temporary. As such, the introduction of extraordinary experiences and activities may be undesirable as they will only be available in the short-term. Yet on the other hand, offering a range of opportunities to children may be considered important in making the short breaks a positive experience and help to counter any insinuation that children are the cause of family difficulty.

The following section explores this issue through an examination of the types of activities experienced by children over the course of their engagement with support care.

- **Realistic care**

Support carers are afforded freedom in how they structure the time with children and young people. However, the Fostering Network encourages carers to engage in activities that children and parents would be able to replicate at home; activities that would incur little cost and require readily available materials. For example, Aaron wrote a list of activities that he had experienced during his time with his carer and discussed these within his interviews. His recordings included:

Aaron (aged eight): *When I went to Karen's I played in the park playing football with Jane (Karen's daughter) and Karen.*

*We went to the park and me and Karen tried to get conkers and Karen didn't even get one. I got one conker.*

During his interviews Aaron also disclosed that he enjoyed "helping Dave" [support carer's husband] complete jobs around the house and garden. Similarly, Ben recalled how he and his carer "*planted things. I planted a sunflower and it grew up to my chest!*" He added "*I baked cakes. Altogether I did about thirty one day. And I'd bring them home with me for everyone*". In addition, Ben's photographs showed him attending to the support carer's cat and doing a table top sale. The following fieldnotes were recorded during an observation of Chloe during a short break visit:

Chloe is sitting at a table with Ella, Laurie's daughter. The atmosphere in the room is calm. The children are playing with clay. ... I asked Chloe about

playing with Ella and she nods. She tells me that they play hide and seek, they draw and play clay. I witness Ella encouraging Chloe to count. Ella demonstrates how to count and encourages Chloe to count with her. Ella also asks Chloe to explain what the things are that she has made. She asks her to name colours. One of Ella's friends call to the house and they all go upstairs to play. She later comes down to see Laurie. At one point she crawls onto her lap for a cuddle and asks for a drink. Laurie gives Chloe sweets and drinks to take up for the girls. Chloe seems thrilled at being given these items to take for a 'picnic' (fieldnotes, placement visit).

As described above, Alex was initially reluctant to be left at his carer's while his father went to work. However, the following fieldnotes were taken mid way through the support care placement:

I was at Natalie's [carer] when Alex arrived. He was eager to get out of his buggy before his father had chance to undo his buckle. He walked eagerly into the room and sat down to play. Dad asked him for a kiss goodbye. Alex returned to his father and kissed him, then returned to the room. Alex doesn't really interact with the other children but occupies himself with the toys. He watches Peppa Pig and plays trains with Natalie. Natalie completes a cooking activity with the children and they all wait patiently around a table and stir the mixture. He grasps the spoon to stir the mixture and adds some water. He chuckles when the mixture splashed on him. He later engages with Natalie, identifying animals and she attempts to get him to recognise colours (fieldnotes, placement visit).

Other inexpensive activities observed or discussed included going out for walks, feeding the ducks, watching films and playing games together. The activities can be thought of in terms of support carers providing 'realistic' care. In essence, the activities largely relied on carers allocating specific time with the children and providing them with attention. From a child-centred perspective, the activities provided opportunities to build relationships and encouraged communication and development. Yet from a family focused perspective, the activities provided 'realistic' possibilities for parents and children to continue at home, without the involvement of the carer.

To consider the notion of realistic care further, it is helpful to consider a particular activity in more detail. Several of the carers encouraged the children and young people to bake. The potential benefits for children of this varied and sometimes depended upon the age of the child. For example, for younger children such as Alex

(eighteen months), baking was designed to be a fun activity which encouraged his motor and social skills. For young people such as Jack (aged 15), the baking formed part of the support carer's efforts to prepare him for independence. However, in addition to child-centred benefits, some carers also recognised the potential for food and baking to contribute to the wider family objectives. For example carers and children would bake during the short break session and the children would be encouraged to them to take the food home (see Ben's comment above). Viewed in this way, the activity:

1. prompted discussion between the parent and child about what they had been doing
2. offered an opportunity for the parent to praise the child on their achievement
3. provided an opportunity for the family to eat together.
4. presented an activity that parents could replicate with their child.

In addition to specific activities, realistic care was also evidenced in references to routines that children developed over the course of the intervention:

Aaron (age eight): *normally at night, Karen brings me up a drink and a caramel biscuit and we read books because there's books upstairs.*

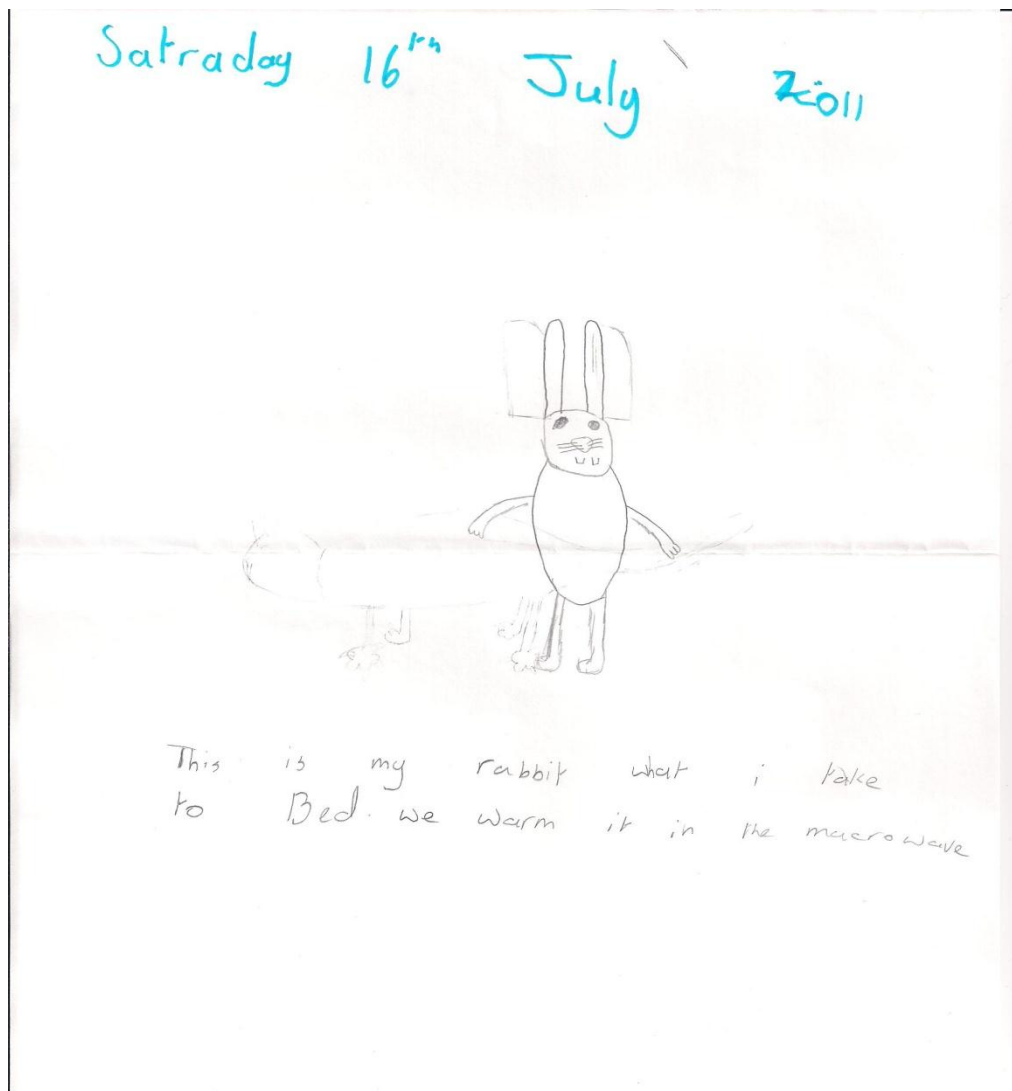
Likewise Ben described a typical short break session with the following:

Ben (aged eight): *I go straight to Bop-it.*

Researcher: straight on Bop-it?

Ben: *I play on bop-it, I play out, on the trampoline. Then I have a bath and I get my pyjamas on. We watch TV and I have a hot chocolate before bed. I was a bit nervous at first and didn't like sleeping on my own, but I got used to it. I have lots of teddies to sleep with and one that goes in the microwave so it's warm [see picture below]. ... Then on Saturday at twelve we go swimming.*

Ben drew a picture of the soft toy that he enjoyed whilst sleeping at his carer's home:



The descriptions offered by Aaron and Ben conform to the aim of being replicable for parents, in that they require little more than individual time and attention. Nevertheless, while the routines may seem relatively ordinary, they represented a significant diversion from the home experience. For example, the boys were living in very cramped conditions with large numbers of children in the house. Viewed in this way, the potential for Aaron and Ben to enjoy opportunities for one to one attention with parents may be considered somewhat unrealistic.

- **Enrichment care**

Together with efforts to provide realistic care for children during their short breaks, other activities did have cost implications and required transport or particular equipment. Engagement in extraordinary activities is comparable with short breaks

for disabled children which explicitly aim to provide children and young people with access to experiences which they would ordinarily be excluded from (Cramer and Carlin 2008, Swallow, Forrester and Macfadyen 2012). Care delivered in this way can be thought of as attempts to enrich children's lives and stands in direct contrast to the previous attempts to provide 'realistic' care.

Aaron made the following entries as part of his record of his short breaks sessions:

Aaron (aged eight): *I played on the piano with Karen. We played Mary had a little lamb in crotchets and minims.*

*When I was at Karen's we went to a Farm to see a donkey, guinea pigs, goat and it licked and licked me in the hand.*

*We are going for a meal, Italian for our tea.*

During his time with his carer, Aaron had several opportunities of eating out at restaurants. In a subsequent interview, he stated: "The best thing I like is the restaurants." Referring to a Chinese buffet restaurant he exclaimed, "I could go there every single time for my dinner."

Likewise, Jack and Chloe offered the following descriptions of activities they had engaged with during their time with the carers:

Jack (aged 15): *We go to the caravan, uh play golf at the golf range.*

Researcher: *Oh I know – I used to do that with my son.*

Jack: *Yeah it's brilliant. I got two up on roof. It's an open field isn't it and there are two buildings and I got them on there.*

Researcher: *When I used to go I remember you'd have a bucket full of golf balls.*

Jack: *Yeah you get tokens, put them in and fill the bucket there. If you don't put the bucket there.. (laughs) .... Like some weeks we'll go to caravan site, go play pool, go to the bar, have something to eat.*

Chloe (aged three)

Researcher: *do you like going to Laurie's?*

Chloe: *yeah (seems excited / animated) play*

Researcher: *do you play with Ella? (carer's daughter)*

Chloe: *Yeah (excited)*

Researcher: *What do you like doing with Laurie?*

Chloe: *playing*

Emma [mother]: *Does Laurie take you out?*

Chloe: (nods)

Emma: *Do you go shopping to town?*

Chloe: *No. Big, big big tele”*

Researcher: *There’s a big tele at Laurie’s?*

Chloe: *huge*

Emma [mother]: *oh she’s saying that Laurie took her to the cinema. (To Chloe:) and what did you see, do you remember?*

Chloe: *Birds, birds!*

Emma: *She went to see Rio and she loved it.*

Engaging in activities that incurred costs or required specific materials would render them less accessible and sustainable for families living in more disadvantaged circumstances. For example, several of the families had large numbers of children and the costs of going out for a meal would be considerable. Likewise for Chloe’s mother, replicating trips to the cinema could be challenging as a result of agoraphobic difficulties. This is supported by research by Wager *et al.* (2010) who found that young people living in disadvantaged circumstances were less likely to access private sector and community-based leisure activities. However, in contrast to notions of realistic care which encourage carers to accept the norm of young peoples’ lives, Wager *et al.* (2010: 409) assert that enabling young people to access such activities and services provides ‘transformative opportunities’ in developing confidence and skills, and broadening social networks. Similarly, the value of extraordinary activities and experiences in the short-term is accepted in short breaks for children with disabilities (Robertson *et al.* 2011). In such cases, it is recognised that parents may not be able to offer the child similar experiences at home, but the activities are facilitated with the aim of offering a pleasurable experience for the child. While similar sentiments have not been readily accepted with regard to the provision for non-disabled families, attempts to enrich children’s lives over the support care process was intimated by some support carers and professionals. For example, several carers disclosed a wish to ‘treat’ the child and create some pleasant memories of their time together. In addition, some of the activities had the potential

to identify or develop skills in the young people. As discussed by social worker Jennifer: *“I think it’s just so lovely when carers can help develop interests that are so out of the realms for a lot of our children”*. For example, Aaron was introduced to the piano while Ben and Jack had the opportunity to go on lengthy bike rides. While the activities may be less accessible to families and may not be designed to impact on wider family relationships, they were nevertheless considered valuable in that they introduced the children to experiences which may boost their confidence and which they may pursue in the future.

Similarly, Jack was able to visit his carer's caravan during his engagement with support care. For his carer Paul this was an important opportunity:

*Paul: Like we’ve gone up to caravan site most... I mean I let Jack choose, but there’s other kiddies there of his own age who don’t live on that estate [the estate Jack lives on]. Because it is a really rough estate in the area, so he’s able to, it sounds awful, but he’s able to mix with people who don’t come from such rough estates. There’s still rough people up there but there’s a lot more, for want of a better word, normal people up there.*

Paul’s comments imply that for him, social class as a significant factor in developing young people’s character and influencing outcomes. As discussed in the previous chapter, Paul stated that his role as a carer had the potential to influence the child or young person but felt his influence on the wider family was more limited. While Paul did not elaborate on why he felt it was important for Jack to interact with 'more normal' people, his comments suggest that he hoped broadening Jack’s social connections would influence his perception of himself, his wider society and / or his future potential. From a family focused perspective, there is arguably little benefit in involving Jack in the use of a holiday home, which would be beyond the possibilities for his family whilst living in social housing with unstable and limited income. However it appears that Paul is operating within a young person-centred agenda through which he perceives an opportunity to show Jack, and possibly motivate him towards, a different lifestyle.

Some stakeholders were also explicit in their wish for younger children to experience surroundings and experiences different to what they were accustomed. For example, social worker, Beth, disclosed in her initial interview that there were several



concerns regarding the parenting ability of Lewis' (age eighteen months) mother. Beth summarised her hopes for the support care placement:

Beth [social worker]: *Well for Lewis it's the opportunity to have some time and attention in a calm, positive environment you know? .... It's very different type of household from what he's used to at home and hopefully he's going to really benefit.*

As well as commenting how the carers 'doted upon Lewis', Beth also discussed her hope that they would provide him with a range of 'social opportunities'. In the first review of the placement the carer described the types of activities they had engaged in:

Claire [carer] stated that the types of activities they did was to go to the park "he loves going to the park". They took him to the Jubilee celebrations in the local area. They have taken him on meals out, including going to La Tasca for Father's Day. He also "loves playing in the garden and has his own set of toy tools". The social worker joked that while involved with the support care service, Lewis had been "eating out in Italian restaurants and gardening." (fieldnotes, review meeting)

In this example, the social worker's primary objectives for the placement appear to be centred around the child, as opposed to the wider family. This may be related to the fact that the Local Authority had initiated the first step towards legal proceedings with the family and the social worker may have been relatively pessimistic about the likelihood of them remaining together. Despite this, considerations of class remain relevant. There is a suggestion that Lewis will have the potential to 'really benefit' from exposure to a home environment different from his own and it is implied that access to 'social opportunities' are only possible through his engagement with the carers. Paul and Beth's comments suggest that environmental factors are significant in a child's life; factors which are somewhat overlooked or left unspoken when focus is concentrated on the functioning of individual families. Viewed in this way, short break provision has links to early connotations associated with foster care which sought to rescue children from poverty and societal disadvantage (George 1970). For support care, the short breaks with carers can provide some respite for children and young people from disadvantaged circumstances and possibly negate some of its perceived effects.

## Children and young people as active participants

The previous section explored a tension within the delivery of short breaks with regards to whether the content of the short break provision should seek to be realistic to the young person's home life or provide opportunity to enrich their experiences. This emphasised the control carers and professionals exert over young people's experiences of short break support. However, over the course of the research it was also apparent that some of the children were proactive in terms of shaping the nature of their experiences. For example Ben (aged eight) requested that he be taught to swim as part of his short breaks: "*I went for swimming. .. I wanted to learn how to swim because we were doing it in school*". Similarly, Aaron (aged eight) had an idea of how he wanted to use some of the time with the carer:

Aaron: ... *next time I'm going to talk to her [carer]. ... When I go see her next time I want to talk, talk* (emphasised).

Researcher: *Oh ok. What sorts of things do you think you will talk about?*

Aaron: *Jason [biological father]. You see he lets me down.*

Researcher: *He lets you down?*

Aaron: *It's because he gives them [siblings] tenners and twenties and that but he gives me nothing. And he ain't seen me in nine year.*

Researcher: .... *you feel angry with him?*

Aaron: (nods) *First I thought (inaudible). He bought me two Beyblades, they don't cost a lot. That's it really.*

Researcher: *so you're going to talk to Karen about that are you?*

Aaron: *oh yeah and he give me two pound sixty and he give them twenty pound. Two pound sixty. ....*

Researcher: *Do you talk to your mum about it?*

Aaron: (nods)

Researcher: *What does she say?*

Aaron: *He let her down as well. She said she tried to help him but he .... kept battering her for no reason.*

The examples are significant for two reasons. Firstly, they show the potential for children to be active rather than passive in their engagement with the service. Despite the family focused nature of the intervention, both Ben and Aaron were able to contribute to and have influence over the placement to ensure their needs were

met. Secondly, if children and young people view the support carer as someone they seek help and advice from, this provides additional security for professionals trying to navigating a balance between efforts to maintain family unity with a responsibility to protect children from harm. In this way, a family's engagement with the service may form part of a monitoring / information gathering exercise for statutory social workers. Spending time with a support carer who children and young people feel able to approach, provides regular opportunities, if only for a few months, for children to seek help in the event that they are being mistreated or need someone to talk to.

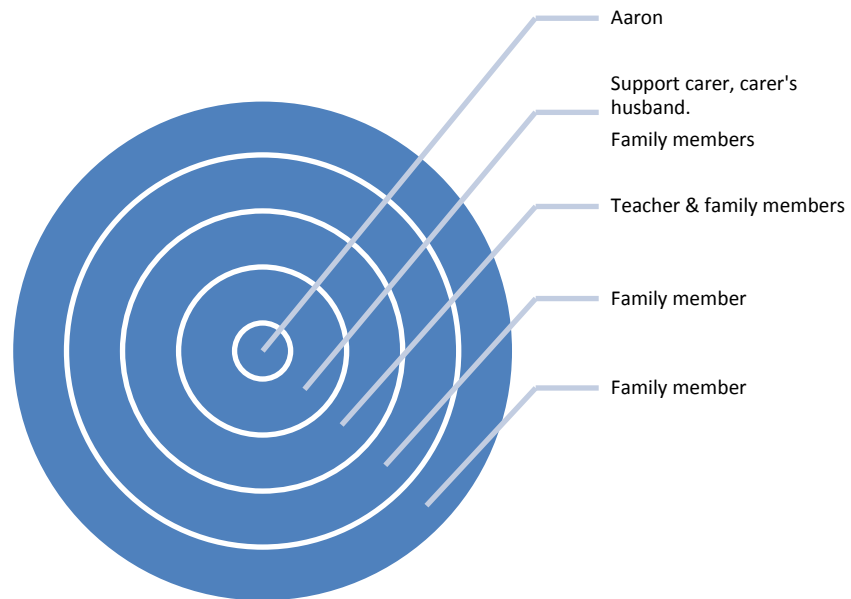
### **Developing and facilitating relationships**

Underpinning the provision of short break support to both disabled and non-disabled children and their families is the idea that parent / child relationships will be enhanced or supported through temporary separation to alleviate tensions and stress within the home. As part of this process, it is recognised that relationships between children and carers will develop which is important in both ensuring that children are happy to spend time with carers and parents are happy to relinquish their care. Viewed in this way, the development of a positive carer / child relationship runs in parallel to the facilitation of a more positive parent / child relationship. However for non-disabled children and families, support needs are considered temporary and passing. As a result both the intervention and the relationships formed within them are time-limited.

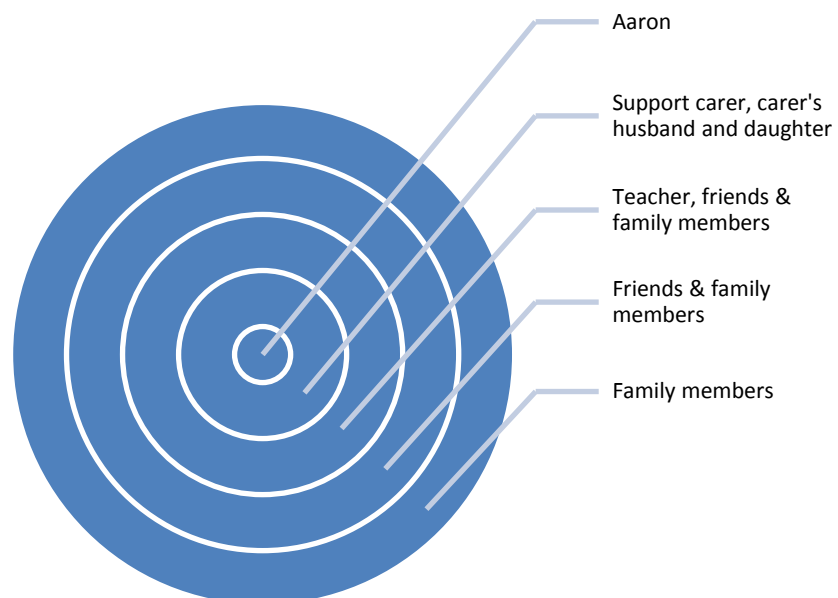
This section will consider relationships with support carers from the perspective of the child.

As part of the semi-structured interviews, young people were asked to complete a concentric circle exercise to visually present their relationships to people in their lives (see chapter five for further details). The diagrams below show how the three older young people that participated in the research conceptualised their relationships with the carer over the course of the intervention, within the context of their wider social network:

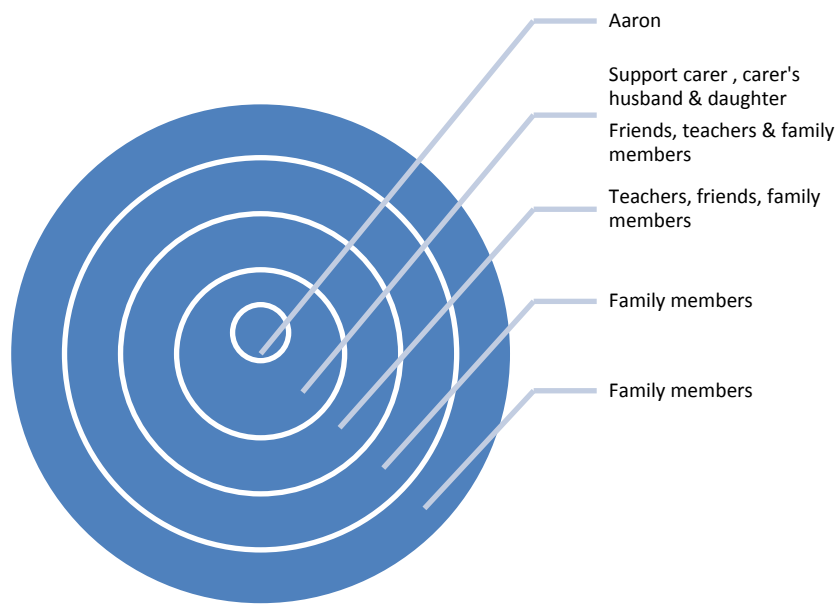
## Aaron



**Figure 6.1: Aaron's initial concentric circle exercise completion**



**Figure 6.2: Aaron's mid-point concentric circle exercise completion**

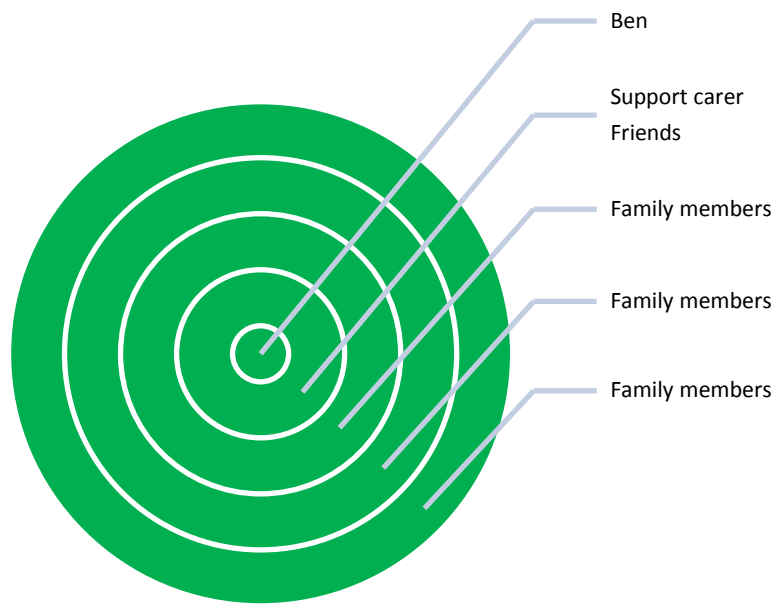


**Figure 6.3: Aaron's final concentric circle exercise completion**

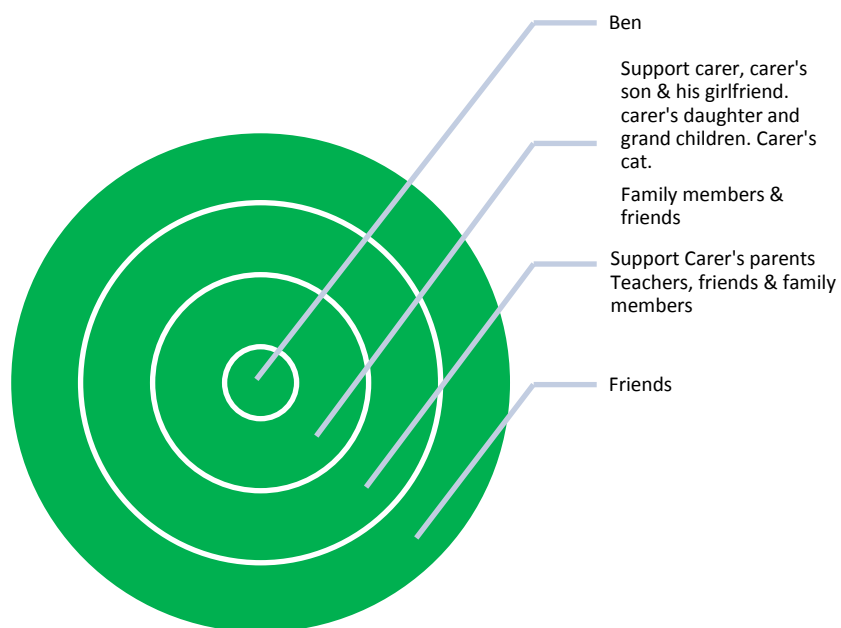
**Ben**



**Figure 6.4: Ben's initial concentric circle exercise completion**



**Figure 6.5: Ben's mid-point concentric circle exercise completion**

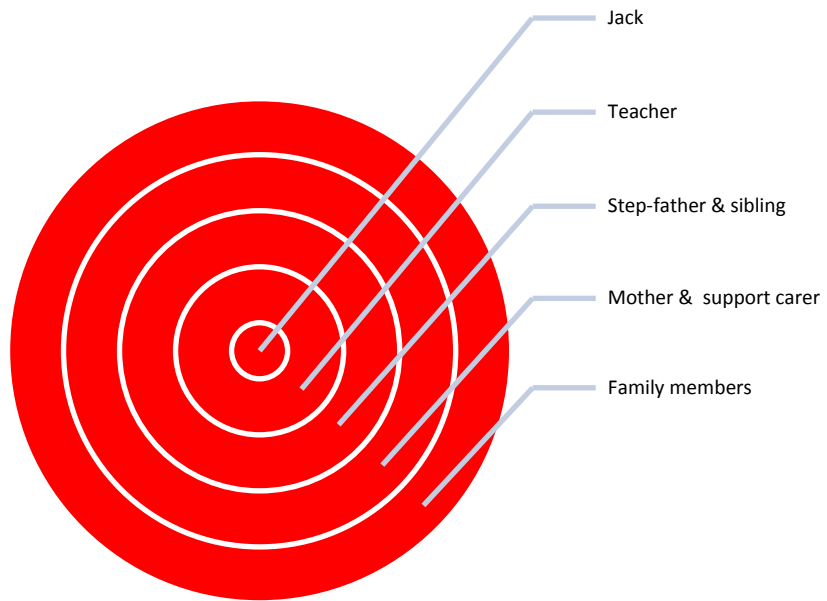


**Figure 6.6: Ben's final concentric circle exercise completion**

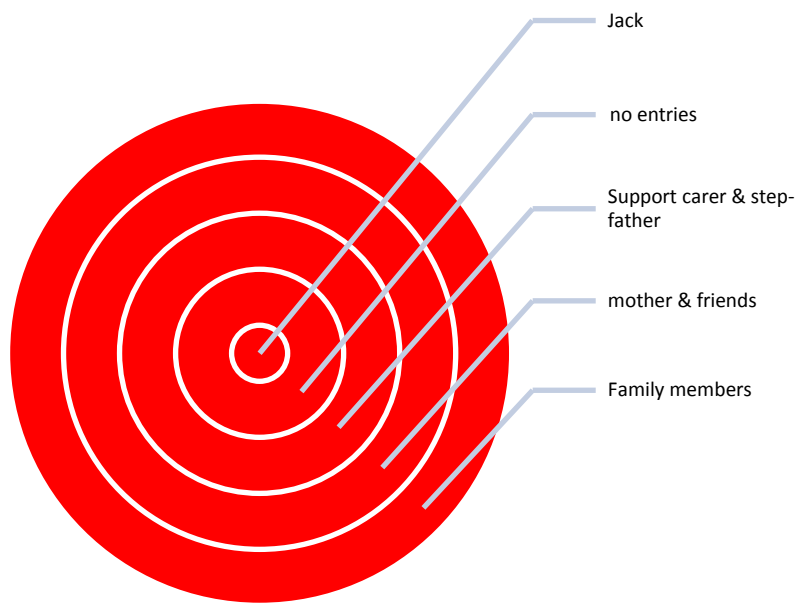
The diagrams above give some insight into how the young people perceived their relationships with the carer across the duration of the intervention. After just a few short break sessions, Aaron and Ben placed high value on their relationship and

positioned the support carer as one of the most significant people in their lives. This can be related to both Tarleton's (2003) assertion that 'real' relationships develop through the provision of short breaks and Morris' (2012: 13) contention that children's notions of family "includes a diverse range of related and unrelated members and reflects the child's history, traditions and experiences". The delivery of care is distinct from other professions and cannot be thought of as something that is neutrally provided. Moreover, the short breaks are not delivered in a work-based venue but in carers' homes. As such children and young people gain insight into carers' personal lives and relationships. In both instances, the significance of the relationship remained throughout the course of the intervention but later came to include members of the support carer's extended family. For example, Ben included his carer's children and grandchildren but also recognised her parents whom he visited at the end of each short break. Such inclusion may have been influenced by the participants' awareness of the research focus and they may have been prompted to think about their relationships with the support carer and their extended family more so than if they had been asked about their relationships by a third party. Nevertheless, the findings can be related to developments in the sociology of the family which recognise the diverse family structures and conceptualisations of family for individuals. For example, Smart's (2007: 29) proposal of 'personal life' explicitly rejects the priority afforded to biological or legal ties and "does not have hierarchical boundaries between friends and kin". Likewise Morgan's (2011a) proposal of 'family practices' portrays families as active, with everyday and regular patterns of living, fluid and flexible in composition but with a linked sense of history and biography. Morgan's notion of family practices has been summed up concisely by Smart (2007:27) as "families are what families do". In this way, Ben was visiting the carer's parents on a regular basis in a similar way to other children and young people may visit grandparents or extended family members. For Ben [and other children] the absence of a socially constructed label to define his connection to the carer or her parents may be irrelevant.

**Jack**

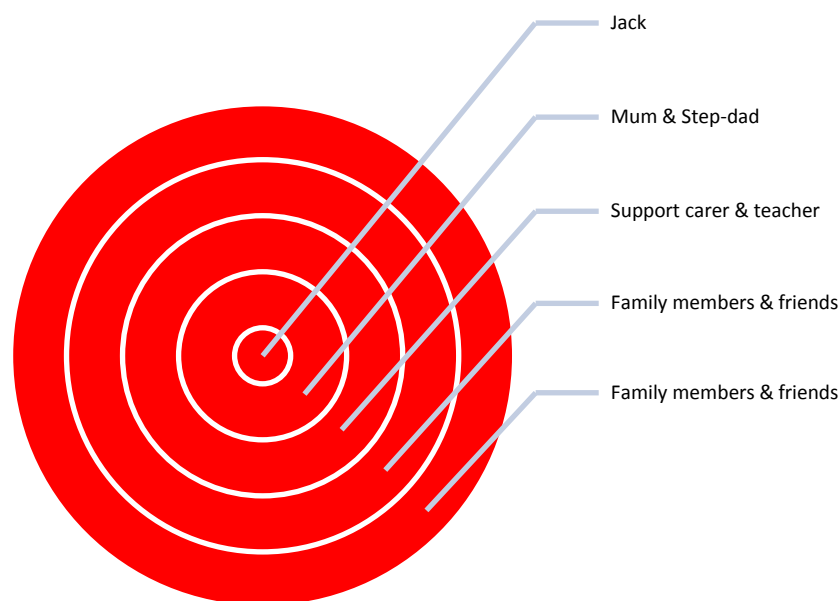


**Figure 6.7: Jack's initial concentric circle exercise**



**Figure 6.8: Jack's mid-point concentric circle exercise**





**Figure 6.9: Jack's final concentric circle exercise**

Jack's relationships are presented slightly differently. As stated previously in this chapter, Jack expressed some reluctance to engage in the service and initially placed the support carer towards the outer edge of his social network. Yet over time his relationship developed further and by the mid-point of the programme, Jack perceived his relationship with his carer to be one of the most significant. Smart (2007) has previously argued against the idea of 'networks' claiming it inadequate in its representation of the emotional significance of relationships. However the concentric circle exercises completed as part of this research portrays the development of the carer / child relationship and the value attached to the carer across the course of the intervention. For example, during his second interview Jack discussed the ways in which the carer reminded him of a film character: "*The things he does, the way he looks and the way it gets passed on, it reminds me of Paul. He's good Paul, I love him*". Also noteworthy from Jack's exercise completion was that by the end of the intervention there was a clear improvement in how he perceived his relationship with his mother and step-father. Such an outcome is conducive with the theoretical underpinning of support care which suggests that the temporary relationship with a carer can facilitate more positive relationships within the family.

For younger children, observations of the support care placements also suggested that close relationships were formed over the course of the short breaks. As described above in the fieldnotes for Chloe, children were sometimes affectionate and tactile towards their carer. This was also the case for Daniel and Mason (age eighteen months and four months)

Both boys appeared very content in the placement. They were both very smiley and I witnessed Mason having food and having a nap. Daniel was very tactile with the carer and gave her several hugs during the visit. Carers stated that the children had settled into the placement very quickly and were 'indifferent' about going home. Caroline laughed at how Daniel 'sometimes follows me back out the door when I take him home and I have to say 'no you must stay'. (fieldnotes, placement visit )

For Daniel and Mason, the time with the carer provided a warm, stable environment through some particularly challenging family circumstances. The children's mother was suffering from a serious medical condition; her relationship with their father was unstable, as was the support offered to the children and their siblings from the wider family. In such circumstances, it is likely that the involvement of the carers was crucial in preventing family separation but also vital in maintaining the emotional wellbeing of the children. However, due to the extent of the family's difficulties, a significant amount of support was provided for several months and the children were with the carers for up to ten hours a day. The extent to which such provision represents the model of support care presented by The Fostering Network is debatable. Nevertheless the example encourages consideration of the 'tipping point' between family support and professional intervention. In other words at what point and in what circumstances do families reach the maximum level of professional support? It could be argued that during this period the support carers were the primary care givers for the children and the fieldnotes suggest that the children formed attachments to them. Viewed in this way, the relationship established between the child and carer risks becoming as, if not more, important to the child than that with his or her parent.

The above examples highlight the potential for children and young people to form strong attachments to the support carers over the course of the intervention. However in other cases the relationship with the carer appeared to be more mediocre. For

example, during an observation of the placement review for Lewis (eighteen months), he interacted little with the carers, preferring to snuggle in with his mother for the duration of the meeting. Whilst it was reported that Lewis enjoyed the time with the carers, support carer Claire stated: *“he never cries to go to her [his mother] but he cries to come to us and that is the way it should be”*. Similarly, the following fieldnotes relate to a placement observation for Lucy and Lily (aged 4 and 9 months):

Lucy does not appear unhappy in the placement but she does not seek Jade’s [carer] attention for herself or make any demands to play or do things. She talks frequently about her family and appears to mimic some of the gestures and comments from home. For example, whilst laughing at Peppa Pig on the television, Lucy gestures with her hand and exclaims “that’s class”. Lucy is also very attentive to her sister and seems intent on interacting and caring for her. During the session, she regularly helped her with her drinks, offered her toys and frequently talked and smiled at her. Lucy also tried to intervene when Jade attended to her sister, stating: “I think she wants to come to me Jade”, “I can get her to sleep, “she can come on my knee” “I’ll give her this [drink] ok?”.

During the placement observation, Lucy did not appear as connected with her carer than had been evident in other observations. Lucy repeatedly referred to her family and attempted to limit the involvement of the carer with her sister. However, as stated, she did not appear unhappy and when Lily was sleeping she responded well when Jade engaged her in some role play.

### **Significant but temporary relationships**

The previous section highlighted the potential for children and young people to develop positive relationships with support carers over the course of the support care intervention and to view the relationships as significant. However, support care represents a time-limited intervention and as such the relationships developed with carers are temporary. As discussed above, on the one hand the child / carer relationship is viewed as an integral part of facilitating a positive intervention. Yet on the other hand the significance of the relationship is somewhat downplayed as it is anticipated that contact with the carer can be withdrawn after a particular time frame.

This section will explore the notion of significant but temporary relationships through the children's experiences of ending support care relationships.

Relatively little attention has been paid to ending social care relationships (Thompson 2002, Coulshed and Orme 2006). However, within the available literature, some attention has been paid to both the importance of well-managed endings and the experience of ending social care relationships, including the emotional impact and the practical skills required (e.g. Doel and Shardlow 1998, Cournoyer 2008). Similarly, it has been suggested that professionals' ability to manage endings appropriately for service users is influential in whether they continue to maintain the progress made within the helping relationship (Nursten 1997). For support care, this may mean that children and young people have the best chance of maintaining more positive relationships with family or maintaining their personal development if the ending process is well-managed. However, for the families that participated in the research, conclusions to the service included both planned and unplanned endings. Unplanned or abrupt endings were observed for five of the placements and occurred for a variety of reasons including the children being taken into full-time care, a parent's wish to withdraw from the service and concerns regarding the support carer's ability to meet the needs of the child. Professional recognition of the importance of a formal ending session varied depending on the age of the child. For example Daniel and Mason (aged eighteen months and four months at the start of the intervention) had weekday contact with their carers for seven months. Towards the end of the intervention, the children spent a few weeks in foster care but support care continued throughout this brief period. The children were returned to their parents over the Christmas period at which point continuation of the service was deemed no longer necessary. A goodbye session was then thought inappropriate as it could potentially confuse, unsettle and / or upset the children.

For older children, the importance of endings was more commonly accepted. However facilitating ending sessions when the intervention had concluded in an unplanned manner did not always occur. For example, Dylan's (aged six) short breaks with his carer were concluded because the carer expressed concerns about being able to manage his needs and behaviours whilst in placement. There were some emotional-behavioural issues apparent with Dylan and whilst at the carers' home he had been violent on several occasions to members of her family.

Consequently the support care social worker felt the short breaks could no longer continue. Whilst the carer did not disagree with the decision, she maintained that an ending session was important. Yet despite “*asking and asking*” she had been left feeling frustrated at the inaction: [Rachel carer] “*I just think it’s important you know to say ‘thanks for coming, it was good to have met you’. It’s just not good enough for it to be left and for him to never see us again with no explanation*”. Likewise, Dylan’s mother, Georgina, disclosed that her son had been left feeling confused and rejected: “*He just keeps going on about it now saying he wants to go and see them. He thinks that if he goes to see them then they might change their mind*”. During contact with the researcher Dylan engaged in discussions about the ending of the placement:

Dylan: (to researcher) *I’m not going now* [to short breaks]

Researcher: *why is that then Dylan?*

Dylan: *because of her* [unclear who he is referring to, carer, social worker, mother] (looks very annoyed, arms folded hunched up) *I do know.*

Researcher: *you don’t know?*

Dylan: *I do know.*

Researcher: *oh you do know. Can you tell me why?*

Dylan: *no. I miss going there.*

Researcher: *Do you? What sort of things did you like doing there?*

Dylan: *Go to the shops.* (Dylan had recently been praised for his excellent behaviour in the supermarket)

Researcher: *Yeah I heard about that. Anything else?*

Dylan: *I stayed in all the time* [due to difficulties with the carer managing Dylan’s behaviour in the community, sessions had been heavily concentrated on home-based activities]

Researcher: *Stay in all the time?*

Dylan: *Stay in and play on the Wii.*

Researcher: *Oh right, on the Wii. Was it fun going there?*

Dylan: (No response)

Georgina [mum]: *Did you enjoy it Dylan?*

Dylan: *You know I did* (makes face and kicks out).

Although Dylan claimed to be aware of the reasons why his support care placement was abruptly concluded, he could not, or chose not to explain his understanding during the interview. Yet regardless of Dylan's level of understanding, it appeared that the sudden severance of contact induced mixed feelings of anger and sadness.

Dylan's example can be related to the tensions discussed at the beginning of this chapter. As a result of the placement conclusion, the social worker began to explore more formal shared care options which aimed to provide Dylan with the necessary care but also sought to ensure that the rest of his family received regular breaks from his challenging behaviour. On the one hand the family focused response to the situation ensured that both Dylan and his family were offered support provision that would be appropriate and helpful to all. However, on the other hand, a child focused approach may still have deemed a more intensive approach appropriate, but may also have paid more attention to the impact of the intervention and relationship on Dylan's wellbeing. For example, Dylan had previously been asked to leave clubs and activities due to his behaviour. Dylan's engagement with the support care service may have unwittingly served to confirm his exclusion from activities and experiences that he has wanted to participate in.

In other instances, children and young people experienced planned endings to their support care placements. As identified in previous research (Roberts 2011), carers were divided in terms of how they managed the ending process. Some sought to make the final session a treat for the young person and attempted to celebrate getting to know the child. In contrast, other carers tried to keep the session relatively normal to avoid upset or confusion. Despite such efforts, the emotional nature of endings remained apparent:

Ben (aged eight): *I feel sad. I wish I was still going. ... I am going to write a letter. I don't know if I am going to see Denise though...*

Aaron (aged eight)

Aaron: *Karen and Dave gave me a cup on the last time (proudly shows me the cup). I don't like using it. I like use it for five minutes then I wash it. (Mug is wrapped in bubble wrap and kept in original box).*

Researcher: *So it's finished now?*

Aaron: *Yeah. I miss them.*

Researcher: (efforts to distract Aaron as he seems sad by talking about his new house)

Aaron: *It's not better living here because I can't see Karen.*

Researcher: *Have you had any contact with Karen since the visits finished?*

Aaron: *Um I phone sometimes. ... I'd keep going if I could. I'd be going back and keep seeing them, if I were allowed. Could you make ..., like could you make me go there again?*

Ben and Aaron had both been given means by which to contact their carers following the conclusion of the service. Despite this, both boys continued to express the ending in terms of a loss and expressed their wish for the service to continue. In this sense, the views and voice of children had little impact within wider considerations of the family's on-going need for support. Similarly, carer Laurie expressed her concerns about how Chloe (aged three) would interpret the ending end to the service: *"I'm just worried that she'll think I don't want her. ... She says to me 'I'm a good girl'. Emma [Chloe's mother] tells me she cries and says she's been a good girl so can she come here"*. As well as being an emotionally challenging process for children and young people, Laurie's comments imply that service endings may be misunderstood and interpreted negatively. In other words, Chloe's association with the short breaks to her good behaviour may result in her attributing the loss of contact as a result of poor behaviour.

Despite the emotional nature of endings described above, for the eldest young person that participated in the research, the feelings of sadness were temporary: [Jack] *"I was sad at the time but it's ok now"*. Jack's reflections suggest that conclusion of the relationship with the carer was difficult initially but eased over time. The extent to which Jack's experience was influenced by his age and level of understanding is open to interpretation. However as shown in the concentric circle exercise above, Jack also perceived himself to have improved relationships with his mother and step-father by the end of the intervention. Therefore it is possible that he felt the loss of the carer less acutely because he perceived improvements within his home environment. Again this is conducive with theoretical understandings of the service

which propose that when family relations are restored the need for a relationship with a carer is diminished.

The above examples suggest that the tensions discussed at the beginning of this chapter can be amplified through the ending process. A family rather than a child focused approach to service delivery has the potential to overlook the impact of endings for children and young people. Children may experience both the loss of a positive and significant person in their lives as well as the loss of opportunities and experiences that formed part of their short breaks. Whilst it may be naive to suggest that a child focused approach to service delivery would enable children and young people the power to influence service and relationship duration, the absence of a child focused agenda may nevertheless mean that the depth of feeling and potential impact on children of severing positive relationships is under appreciated.

## **Conclusion**

This chapter has examined the support care intervention from the perspective of children and young people. This has been aided with comparisons with short break provision for disabled children and their families. In summary the chapter has highlighted the following theoretical and practical tensions:

- Child, parent or family focused support?

Within short breaks for disabled children, there has been a conceptual shift away from facilitating short break support as a means of supporting parents and providing them with a break from caring. Instead breaks are principally aimed at providing a positive experience for the child, which in consequence also provides parents with a break from caring. For families accessing support care, service aims are primarily centred on efforts to prevent separation and improve family relations. However, in establishing support care placements there is a risk that family focused objectives become dominated by a parent focused agenda which overlooks or even blames the child for family difficulties. Similarly a family focused approach may pay insufficient attention to the impact of children's engagement with the service.



- Realistic or enrichment care?

For disabled children, there is an explicit aim to facilitate short breaks which enhance the young person's social network and range of experiences (Robertson *et al.* 2011). This issue remains contested for non-disabled children as on the one hand stakeholders have reservations about introducing children and young people to activities with a carer in the short-term, that cannot be sustained by a parent in the longer-term. Despite this, stakeholders also appear to recognise the burden of poverty and the detrimental impact of disadvantage faced by the majority of families accessing the service. As such, stakeholders accept the potential benefits of enrichment care which include opportunities to inspire and develop children through access to activities and situations which would otherwise be unavailable to them. More broadly this dilemma can be related to the individualized nature of the intervention which does not overtly recognise the structural issues, such as poverty, faced by families.

- Significant but temporary relationships

In contrast to short breaks for disabled children and their families, support needs for families accessing support care are considered short-term and passing. In consequence, the intervention is time-limited and relationships with support carers are temporary. Despite this, the chapter has highlighted the potential for children and young people to form strong bonds with their carers and perceive them as significant people in their lives. In consequence severing contact can be a difficult experience for young people and occur at a point in the relationship which does not feel 'natural'. As well as losing a positive relationship with a carer, children may also lose the enrichment opportunities and experiences that formed part of the short breaks. This can induce feelings of temporary sadness but also of confusion and rejection. This chapter's focus on the perspectives and experiences of children and young people brings such elements to the fore. For the service more broadly, endings may more commonly be associated with success and a return to independence and autonomy, but this may be an adult-centric view.

## **Chapter seven: Time in support care**

The last chapter highlighted how the time-limited nature of support care had an important impact on some of the children and young people who had developed positive relationships with the support carers. This chapter develops the discussion of time in more detail. This includes consideration of the function of time within the service, together with the hopes and expectations attached to the time children and parents are apart. Such issues are important in considering the delivery and experience of support care but are also of relevance to wider concerns regarding appropriate responses to families in need. As discussed in chapter one, tensions and dilemmas exist within the State / family relationship with regards to when, how long and for what purpose the State should provide support to address families' social care support needs.

Time has multiple meanings within our daily lives:

We can have a good time at a party, be 'on time' for work, 'lose time' due to illness, choose the 'right time' to plant potatoes and even live on 'borrowed time'. We can make time pass quickly or slowly, which is different from getting impatient because we have to wait or from feeling rushed because time is passing too fast (Adam 1990: 2).

The multiple meanings associated with time highlighted by Adam (1990) above can be related to the ways in which time features within support care. As a time-limited service, time is a significant and defining feature of the service. This feature was highlighted within the research questions in terms of how stakeholders facilitate a relationship-based service whilst adhering to limited intervention periods. For example, support care has on occasions been described as a short-term, time-limited service whilst at others the time afforded to families has been described as flexible and dependent upon service users' needs. Good times to structure the service are negotiated between stakeholders, as are good and bad times to withdraw the service. At the start of the service, nine months felt like an eternity away for some stakeholders whilst at the end some were amazed at how quickly the time had passed. There is interest in how time is used by parents whilst away from their children and talk has centred on how children have benefitted from the time with carers and how their experiences may impact on their futures.

Consequently references to time within this study of support care have been numerous and multi-faceted. With reference to developments within the sociology of time and the ways in which time features within social work practice, this chapter will explore the role of time within support care, examine how time is thought about and the implications of time for different stakeholders.

### **Explicit references to time**

This section addresses the explicit references to time within the support care service. This includes the way in which time is considered a resource and allocated to families according to need, as well as the ways in which time-limits structure and contain relationships within the service.

The Fostering Network's (2008) description of support care characterises the service as a short-term, temporary intervention. The service is explicitly referred to as time-limited and it has been suggested that families requiring support are undergoing a particular crisis period. This can be related to crisis intervention approaches discussed in chapter two, where there is normality attached to the experience of temporary crisis, and the support required is conceptualised as a passing, short-term need (Chui and Ford 2000). Similarly, time-limited services have proved popular within social care more widely. For example, Doel and Marsh (1992: 88) warned of the "harmful effects of timeless models of practice" while Smith (2000) asserted that assumptions correlating the length and effectiveness of interventions had been contradicted by studies suggesting time-limited support to be equally effective or even more influential. Yet despite social care professionals being increasingly required to adhere to particular time frames and intervention periods, Holland (2004) has argued that social work literature has paid relatively little attention to the significance of time within practice.

As a short breaks provision, children spent regular periods of time with carers in an attempt to support the wider family. As discussed in the last chapter, time with carers was intended to be beneficial to both parents and children and impact positively upon family relations. Viewed in this way, time can be thought of as a resource that was allocated to families. Each of the three support care services that participated in the research, emphasised a needs-led, flexible approach to service delivery whereby

time with carers was allocated depending upon individual circumstances. As described in chapter five, two of the families were offered five daily sessions per week while in other cases less frequent support was deemed appropriate and short breaks were offered in the form of overnight stays on a fortnightly basis. The following quotations provide examples of the ways in which time was allocated to families:

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

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

The quotations above suggest that within the over-arching time-limited framework of support care, attempts were made to structure service provision in a way that was flexible and responsive to family circumstances. As such there was variation in both the length of support care involvement and the structuring of short break provision. However the quotations also suggest varying degrees to which individual services could be responsive to families' individual needs. For example, Hassard (1990: 8) has argued that “instead of being assessed in terms of stages or events, much contemporary social life is evaluated by way of a finite allocation of quantitative temporal units”. While Chris' comments stand in contrast to Hassard in that he implies that the support provision planned for the family was drastically revised, for Anne, Hassard's argument has more relevance as the flexibility of provision was restricted to a re-working of the available hours.

Despite efforts to provide a needs-led, flexible approach to service provision, as a time-limited service, support care providers were required to regulate the amount and

length of time families engaged with the service. Within the research, the time-limited nature of the service was enacted in one of two ways: either the service enforced or encouraged a general limit to the intervention period or support was agreed to cover a particular period of time. For example, two out of the three services had a general expectation that a support care placement would last between nine and twelve months:

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

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

In other instances, the involvement of support care was confined to particular family circumstances. For example, as discussed in chapter six, support was initially offered to Rosie and her family to cover the period surrounding the birth of an additional baby, whilst for Hannah, support care was involved to provide additional assistance whilst she was awaiting and recovering from an operation. Related to this was Anne's conceptualisation of support care:

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

For Anne, support care offered families temporary support whilst more long-term packages of care were arranged by the other professionals involved. Viewed in this way, as well as being a resource to help families, the service served a dual purpose of providing some additional time or relief within a pressured and overstretched system.

Consequently within explicit references to time with the support care provision, was a tension which on the one hand attempted to respond flexibly to service user needs but also placed limits or sought to contain the amount of time afforded. The extent to which individual needs or the scarcity of time as a resource dominated decisions with regard to availability of support varied. For example mother Emma voiced her frustration at how in social care “*everything is time-limited*” which suggested she did

not perceive the support available as determined or responsive to her individual needs. Similarly, Sarah [mother] had tentatively raised the issue of more frequent short breaks for the children. The following fieldnotes were taken from a mid-point placement review:

The plans for upcoming visits are further discussed. Fortnightly visits have already been agreed and this process is to confirm future dates with everyone. It was clear from Sarah that she would, if offered the opportunity, increase the frequency of the visits. She states that Ben “*wishes he could come every week*”. She argues that a fortnight is a long time for her and a long time for Ben to wait. None of the other stakeholders respond to this. Sarah gave an example from the previous week where Ben was waiting because he thought his carer was coming but then they realised they had the date wrong. Again, no response given but the subject is moved on by the social worker who advised Sarah to make notes on her calendar with the dates that have been agreed (fieldnotes, review meeting).

The fieldnotes highlight the limited power Sarah had in tailoring the service to suit her perceived needs. Viewed in this way time with a carer is a resource which is offered but also restricted. During a later research interview, Sarah added: “*that’s the only thing about it, it should be longer*”. Had Sarah been able to modify or control the amount of time with a carer available to her family, her comments are explicit in that she would have increased both the frequency and duration of the provision. Comparable sentiments were also evident for another of Sarah's sons, Aaron (aged eight). The following fieldnotes were taken from his final support care review meeting, during which the social worker attempted to engage Aaron in a discussion about ending the service:

Aaron is engaged in discussions about the ending. He, like his mother appears to be unclear about the reasons for the placement ending. The social worker asks him if he would like support care to continue for a bit longer. Aaron responds by asking if it can continue until he is 18. Everyone except him laughs. He then attempts to negotiate and requests the service continues until he is 15. 13 is his final offer before the social worker takes over and says they can offer an additional three months. (fieldnotes, review meeting)

Aaron’s presentation during this meeting suggested that he had difficulty understanding the time-limited nature of his relationship with the carer. The fieldnotes have resonance with Morris and Connolly’s (2012) review of the literature in relation to family group conferences. With regards to children’s participation,

Morris and Connolly (2012: 47) asserted that “being listened to is not the same as being influential”. As well as highlighting the potential disparity between stakeholders' ability to exert influence over the provision of time available, the examples above demonstrate the tension between efforts to be flexible in relation to the amount of time available to families whilst also incorporating efforts to limit and contain it. Time related tensions exist more broadly within social work practice. For example, Holland (2011) has noted the tensions inherent in child protection social work in allowing parents sufficient time to engage with professionals and demonstrate their ability to parent effectively, combined with time pressures to secure permanency for the child. Similarly, Fahlgren (2009) has argued that linear time frames are dominant within the profession, whereby goals and targets for change are set against particular time frames. Within children and family social work practice, when targets for change are not achieved, more intrusive means of intervening in family life become justifiable. In contrast, it is suggested that social workers are also encouraged to work within individuals' own time frames, recognising their achievements and working at their pace (Fahlgren 2009). Viewed in this way, stakeholders involved with support care have to navigate a delicate balance between providing support which meets the individual needs of families whilst attempting to incorporate a method by which time engaged with each family can be limited and contained. Whilst it could be argued that the service is rationed so that it can be offered to the maximum number of families that require the support, more complex reasons for such rationing also became apparent within the data. Such reasons form part of a belief system of what help should be for available for whom and for what purpose.

### **Implicit references to time**

The remainder of this chapter will consider the more implicit references to time that were made during the course of data collection. For example, it became apparent that stakeholders frequently attached assumptions, expectations or meanings to the time that children and families were involved with support care. These are discussed below and relate to ideas of what function or purpose the provision of time apart and / or time with a carer served.

- **Time to influence**

Adam (1995: 15) has argued that “our temporal being expands our personal boundaries to significant others and even to strangers. Our relationship to them constitutes who we are”. Adam’s comments have direct relevance to questions surrounding the potential impact of carers spending time with families. For children and young people, there was a suggestion that the prolonged and regular periods of time with carers could influence both their behaviour and their sense of self and identity. For example, social worker Anne reflected on the changes she had observed in Ben during the course of the intervention:

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

Anne’s comments suggest that the time children spend with support carer, Denise is visibly influential in terms of them displaying more socially acceptable behaviour and developing more positive communication skills.

Likewise carer Paul reflected on the impact on children and young people having regular periods of time with him and his family. During his initial research interview, Paul stated that when families are referred to the service, the young people are often portrayed as having behaviour difficulties. Paul stated that part of his role was to address behaviour issues during the course of the intervention. Reflecting on his approach Paul stated:

*Paul (carer) I’m not going to jump right in and say ‘don’t be doing that here’. ... So three months or – cos what tends to happen, what tends to happen is they come here for nine months ish, nine to twelve months, so initially there’s two strangers or if its mid-week its four strangers.[Paul offered two types of placements; one where he acted as a sole carer and another which involved his wife and daughter.] You know but after a couple of months suddenly it ... like that it changes, and you can see the total difference in them. They are*



*more relaxed or – whatever it was.....or was supposed to be ....it stops and they tend to go down a different track.*

Paul's comments suggest that the time children and young people spend in his family environment is influential on their wellbeing, attitudes and / or behaviours. Paul does not perceive the need to be explicit with the young people about acceptable and non-acceptable behaviour as his experience suggests that over time they will adapt organically to the norms of his home. Such comments suggest that within the provision of time, the relationships developed between carers and young people are of particular importance in the achievement of change. This has particular resonance with relationship-based social work which suggests that the positive relationship forged between professional and service user can in itself facilitate change (Howe 2009). However, while Paul's reflections are interesting and thought-provoking, it should be recognised that changes in behaviours and attitudes may be influenced by other factors aside from support care. Alternatively, the child / young person may have adapted to the setting as opposed to having made changes that would be visible in other contexts.

On other occasions, the potential influence of carers was expressed in less specific terms. For example, child and family social worker Beth discussed the reasons she referred Chloe (child) and Emma (mother) to the service. Beth stated that Emma had issues with her mobility, ill-health and had experienced periods of agoraphobia. She hoped that support care would: *“give Chloe an opportunity to get out and spend time with someone who doesn't have those difficulties, for who it's a bit easier you know to get out and mix a bit with people”*. Beth's comments suggest that she hoped the periods of time Chloe spent with the support carer would be a positive experience and provide her with opportunities that she would ordinarily not have access to. However the comments can also be interpreted as Beth being hopeful that the time with the carer would have a positive impact on Chloe's social skills development.

The idea that time with carers could influence children's behaviours and development was more broadly discussed by Susan:

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

In contrast to the theory that support care helps families through a difficult period after which they resume 'normal' functioning, Susan presents support care as an opportunity for children and young people to experience '*a different way of family life*'. Such sentiments imply that by showing children and young people an alternative way of living and relating to each other, they in turn may choose a different way of living / relating for themselves in the future. This has resonance with developments in the sociology of childhood, summarised by O'Kane (2008: 125) as: "a move away from seeing children as passive recipients of adult socialization, to a recognition that children are social actors in their own right". Viewed in this way, children are being exposed to different environments, in the hope that they will use and incorporate the experiences positively in the future. This can also be related to Adam's (1995:18) suggestion that as individuals "we are able to imagine the world in a projected future – present upon which we can reflect and make our choices". In this way, Susan's comments reflect beliefs that futures can be created and can be influenced by individual wishes and actions (Adam and Groves 2007). Such theory has relevance to recent social policy debates which seek to prevent families experiencing generational cycles of disadvantage and dysfunction (see chapter two).

- **Time for change**

For some stakeholders it was important to assign a purpose to the time children were spending away from their parents. There was an attempt to stress that parents' time away from their children was not respite for the sake of having respite. The need for parents to have a break is only recognised within social work and perhaps society at large, as a need for parents caring for severely disabled children. So for support care, it was important for the professionals involved to couch the short breaks in terms of aims and anticipated outcomes. The following quotations attempt to illuminate why it was deemed important for some stakeholders to frame support care as something different from parents simply having a break:

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

Claire [carer] *We are not here as baby sitters, we are not supposed to be caring for him because it is convenient for you [parent]. We are supposed to*

*be having him so that she [parent] can do what she needs to do with her other children.*

For Claire, purpose was attached to the time afforded to parents whilst she and her husband cared for their child. Such purpose enabled Claire to differentiate support care, and her involvement in it, from a babysitting or respite service. Comparisons between short break support for disabled and non-disabled children and their families were explored in chapter six, yet Rebecca's comments also attach expectations of purpose to the time families are engaged with the service. For her families needed to change over the course of the intervention in order to benefit them in the long-term. Such thinking resonates with task-centred models of social work practice which emphasise focused working relationships, where service users are involved in the formulation of goals and achievement of change.

Examples of change expected from parents over the course of the support care intervention included engagement with addiction units, mental health services and support groups. Viewed in this way parents progressed towards change over and during the provision of short breaks for their children. However in other cases, the change envisaged over time was reliant on external factors aside from parental efforts. For example, support care was offered to Sarah and James' family to ease difficulties resultant from overcrowded living conditions. Through the provision of short breaks it was hoped family tensions would be eased while the family awaited a more suitable social housing allocation. Therefore the provision of time for Sarah and James served to bridge the gap and offer support to the family as the local housing office addressed their needs. This can be related to the comments of support care social worker Anne above, who also discussed the service as bridging gaps between provision and easing tensions within overstretched agencies and services.

Other stakeholders also sought to attach objectives to the time children were spending with carers.

*Karen [support carer]: They tend to go for around a nine month contract and they have reviews. So when it gets to nine months time, if anyone thinks that the child might benefit from going a little bit further then they may say "well lets go for an extra three months or.." um so ... we do or if we think that no we've come to an end here, there's nothing more I can do. Cos by that time if*

*he's calmed down and things are better then there's no point in him coming to see me but if he can still benefit he can come a bit longer.*

Karen's comments suggest that children's time with carers should also be purposeful. In a similar way to attempts to avoid the perception that parents are being afforded the service for the sole purpose of having a break or rest, Karen's comments imply that the time children spend with carers should not be for enjoyment and relational purposes alone. For example during the same interview, Karen discussed how her husband had some misgivings about the service and the ways in which it impacted on children and their families:

*Karen [carer] He thinks it's cruel. He can't get his head around it. ... Um and he can't understand when they come from the environments they do and they come here then they go home and then after nine months it's finished. He thinks it's a waste of time but I say "it's not a waste of time though because so many changes happen in that nine months either with the child or with the family's circumstances". And it does make a difference, you think 'oh well they're just going back to normal' but it does in most cases, it does make a real difference.*

The extent to which Karen's husband believed the service to be a 'waste of time' or his reasons for so thinking are unclear as he did not act as a support carer and did not participate in the research. However, based on Karen's comments it would appear he had difficulty understanding how and in what ways children and parents benefitted in the long-term from having a limited number of short breaks apart. Such sentiments may be related to Rebecca's comments above which emphasised the need for purpose or change to the time children were spending with carers; ensuring the service did not provide respite for respite's sake. However, Karen stated that in her experience, change was evident within 'most' families over the course of the intervention. This suggests that change over time was perceived to be the norm for the majority of families engaged with support care. Stakeholder understandings of the service together with perceptions of outcomes and success are further explored in chapter ten. However for the purpose of this chapter it is important to note that expectations of change and purpose were evident in the ways some stakeholders understood the provision of time for families in need.

- **Time as an enabler**

The previous section argued that the time afforded to families through the provision of short breaks was frequently framed as serving a purpose within families and stakeholders attached expectations of change over the course of the provision. Viewed in this way, for some families, the time offered from the service acted as an enabler. In other words, short breaks with carers allowed parents to do a particular activity. The ability to do this activity was portrayed as rectifying problems or facilitating the change process described above, or preventing further deterioration in circumstances.

An example of a support care placement in which time acted as an enabler was in the case of Ian. Ian and his partner had a history of substance misuse. Ian's partner relapsed and he became sole carer for his son. The involvement of support care enabled Ian to continue his employment at reduced hours. It was felt that his work provided Ian with a sense of purpose and recent achievements at his workplace had bolstered his self esteem and confidence. As such, Ian's ability to maintain his employment was seen as an integral part of him being able to cope with his changed caring role and maintain his abstinence. Reflecting on the way that support care had helped him:

Ian [father]: *Um it was perfect for me cos it meant that I could keep in work. Keeping in work is a big thing for me. It keeps me off drugs and things. ... yeah, you know it's given me a bit of stability. It's kept me in work and if I hadn't have had it then who knows what would have happened. .... Uh, well I would definitely been in a worse off position than I am now, let's just say that.*

Ian's comments portray the service as gifting him time in order to maintain his employment, and by association, maintain his well-being, abstinence from substances and ability to manage the care of his son. In a similar way to the conceptualisation of time as a scarce resource for services, discussed at the beginning of the chapter, it appears that time is similarly recognised as a scarce resource for some families. Therefore time is afforded to families as a means of supporting or facilitating efforts towards change. This can be related to notions of the service temporarily replacing or supplementing the support networks often relied upon by families as discussed in chapter five. For Ian it was envisaged the service

would continue until his son was old enough to access free nursery provision and / or his son's mother was in a position to resume caring for him.

Other examples in which time acted as an enabler for families were in instances where there were multiple siblings within the household and it was deemed important for parents to spend time with some of their children without the presence of others. For example, social workers involved with parents Nicola and Wayne believed that a support care placement for their younger girls could enable them to spend 'quality time' with their older boys. The boys' behaviour was of concern and it was felt that they were at risk of offending and becoming socially excluded. However the parents struggled to give the boys the time and attention stakeholders felt was needed because they were distracted by the needs of the younger children. The fieldnotes below were taken following a visit to Nicola's home:

I was informed that the reason the family were offered to support care was because Nicola had referred herself to social services. She stated that her sons' behaviour was particularly challenging and they had told Nicola and her partner that they didn't feel cared about because their attention was always focused on the younger girls. Nicola stated that her sons have difficulty coping with their emotions due to previous family difficulties and trauma. Specialist services are involved to address these issues. Support care has been offered to the family as a way of enabling Nicola and Wayne to have some dedicated time with them. *'We can spend some quality time with them and show them that we do love them'*. (fieldnotes, home visit).

As with Ian's example above, support care in this instance can be thought of as gifting time to the parents which enabled them to spend 'quality time' with other children in the family. The gift of time for families was intended to repair or prevent deterioration in their circumstances and relationships. This has clear links with notions of prevention being attached to the time afforded to families which are subsequently addressed in this chapter.

In a similar example, the enabling nature of time was also evident for Georgina's (mother) family. Georgina found her son Dylan's behaviour difficult to cope with and there were concerns at the dangers he posed to himself and those around him. In this instance, there was a dual purpose to the time afforded by the support care service, as explained by child and family social worker John:

*I think it will give Dylan the opportunity to stay somewhere different, with people that have experience dealing with youngsters with more challenging, excitable behaviour. .... The second thing is that mum needs to be able to have quality time to relate to the elder daughter especially. All mum's time so far has been taken up with the baby and Dylan and I think Emily the eldest girl has been ... her nose has been put out of joint a little bit. It will give mum a bit of quality time with Emily. She's a bit young to appreciate that Dylan has got a medical condition and therefore his behaviour is not just due to naughtiness, which she probably thinks at the moment. Um so they are the two reasons really. I think it will be good for the family in as much as they will be able to have more quality time with mum and I think Dylan will benefit from being around people who have experience of working with these types of behaviours.*

The aims of the service in relation to children and young people were explored in chapter six, as were the family focused approach of the service. As well as providing time with a carer equipped and experienced to meet Dylan's needs, the social worker is also explicit about the ways in which Dylan's time away from the family will be of benefit to other family members. As with Nicola and Wayne (parents), the time is designed to enable Georgina to spend 'quality' time with her other daughter who has also been affected by the tensions and difficulties within the home.

When time was considered an enabler which provided opportunity for families to do particular activities, some stakeholders were cognisant that the provision should not be abused and parents should make use of the time as intended or agreed. In other words parents were conditionally afforded the provision. For example, in reference to the time afforded to Nicola and Wayne, child and family social worker Faith stated:

*We'll probably look at how she's [mother] using the time with the boys when the girls are at short breaks. That's part of the agreement as well, if she's making progress with the boys, then it'll probably continue.*

Aside from the gender stereotypes apparent within Faith's comments, she attributes Nicola with responsibility for ensuring that the time she has without two of her children is used for the purpose intended. In this sense time continued to be associated with change and the availability of time to the family was dependent upon their actions and progress.

It is important to note that when time acted as an enabler for families, the needs identified did not necessarily correspond with the short-term, time-limited nature of the service. For example, in instances where parents were enabled to spend time with particular children in the family as a means of preventing further deterioration in their behaviour, there was no explicit reasoning as to how the family difficulties would be rectified within particular timescales. For Nicola and Wayne (parents), it could be argued the problems would ease when the younger siblings were no longer as dependent upon them. Less certain timescales may be predicted for Dylan as his difficulties were health related and could be considered long-term. Nevertheless the timescales for both families would arguably be more realistically calculated in years as opposed to months.

- **Time for prevention**

The Fostering Network's (2008) description of support care has described the service as affording families time apart as a means of preventing breakdown and separation. As argued by Cree (2003:165) the provision of practical help to service users, in this instance the provision of time, "has preventive value and can mean that the consequences of more serious intervention are avoided". In this sense, children and parents having time apart has a healing, relieving or repairing aspect to it, where the short breaks has the ability to diffuse some of the tension within the household. This conceptualisation of the impact of time was evident in some of the accounts from parents who were struggling to manage their situations. The following quotations were offered mid-way through the support care placements:

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

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

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

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



The mothers' comments suggested that the time their children had spent with a carer had been beneficial to them in the preventative sense intended; it had eased tensions within the home and resulted in the mothers feeling better able to cope. This suggests that the provision of time apart from children provided a practical means of support to parents that was highly valued. This resonates with Brown, Fry and Howard's (2005) suggestion that the development of support care was in response to parents who wanted to retain control over their lives but recognised their need for a break from caring. The extent to which the mothers' comments above were sustained by the end of the intervention is addressed in chapter nine during which outcomes and definitions of success are explored.

Carers and social workers also acknowledged the preventative aspects to the time children and parents were apart:

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

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

Both Claire and Fahra's comments recognised the preventative and relieving potential of children and parents having time apart. The comments recognised the need for a break and suggested the provision of time served a similar purpose as for parents of disabled children. However it is noteworthy that in addition to expectations of change and purpose being attached to the time afforded to families, conceptualising time as an opportunity for a break or a rest was also apparent.

- **Time as dependency**

Together with association of time with change, enablement and prevention discussed above, some stakeholders were also aware of potentially problematic consequences inherent in affording families time apart. For example, the potential for families to become dependent on the time provision and / or upon support more generally over time was highlighted as a concern by some stakeholders.

The following quotations highlight the ways in which stakeholders were concerned that families would become reliant upon the time provided with the support care service.

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

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

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

Rebecca and Sandra's comments imply that time was being afforded to parents who were over-exaggerating their support needs. In contrast to ideas that parents or families would progress over time towards decreased support needs, the comments imply that in order to retain the time apart from their children, perhaps as a means of having a break from caring, parents would over state their needs. Such suspicion with regard to need and dependency has been evident in other areas of social welfare provision such as unemployment benefit entitlement (e.g. Philp 2013, Centre for Social Justice 2013). However in contrast, Susan's comments suggest that service users may become dependent upon time with carers as a result of the relational development over the course of the intervention.

For child and family social workers a more general concern for dependency was evident:

Jennifer [child and family social worker]: *Sarah [mother] for example is very dependent upon social care services. She has had social care involvement all of her life and she is very dependent on it. She wants that reassurance.*

Faith [child and family social worker]: *She's [mother] very co-operative and she does like the involvement of services, which is good and bad really*

*because she's very willing to engage and she likes the support. But she is at risk of becoming a bit reliant as well on the support that we provide.*

Jennifer and Faith's comments do not imply that the parents were specifically reliant upon the time provided by the support care service. Rather they suggest that there was a danger in parents becoming dependent upon support more generally as a result of prolonged periods of help. This can be related to task-centred approaches to practice which have suggested that timeless models of intervention encourage dependency as opposed to independence and change. For example, Cournoyer (2013) has argued that extending agreed periods of intervention has the potential to suggest to service users that the support could continue indefinitely and / or that the objectives of the support are unachievable. However Trevithick (2012: 49) has argued for a "fundamental review of the way that dependency is portrayed in health and welfare contexts" and makes a distinction between "growth inhibiting dependency" and a more positive form of dependence which enables service users to progress positively. For support care, it may be argued that concerns regarding 'growth inhibiting' dependency are dominant and the time-limited, temporary nature of the support is important in warding against such perceived tendencies.

The potential associations of time and dependency illuminate a tension faced by social workers which on the one hand seeks to support and help service users in need, but is dually concerned not to relieve recipients of personal responsibility or unwittingly prevent them from leading an independent, autonomous life. This fits with Howe's (2009) categorisation of the social work task as encompassing care, change, cure and control elements. In this way, families are initially responded to with care as their needs and difficulties are recognised. They are then provided with services such as support care to facilitate change. However, over time imperatives to cure or control come to the fore, whereby service users are encouraged towards independence and supportive resources can be re-directed to others in need, or more intrusive action becomes required in an effort to ensure the well-being or protection of children.

- **Time as monitoring and assessment**

Thus far the implicit expectations attached to the time children and parents are engaged with the support care service, have focussed on impacts for and within the

family. In addition, affording time to families with a support carer also had potential benefit to the social work task. For example, Holland (2011) has observed the ways in which social workers have increasingly been required to work within specific time frames for assessment completion. The impact of time pressures and performance indicators, it has been suggested, has resulted in less contact time and weakened relationships between social workers and family members (Munro 2011). Dominelli (2009) has similarly argued that current social work provides less time to build and develop relationships between social workers and service users. Describing the move away from relationship-based approaches Dominelli (2009: 20) has asserted:

Relational social work initiates change in individual behaviour by establishing a trusted and trusting relationship between workers and service users. Time is given to listen actively to those being helped and engaging them in defining a plan of action to best meet their specific needs. Overworked statutory workers in the UK have little time for relationship building, with the result that relational social work has been replaced by techno-bureaucratic social work.

It could be argued that support care provides a means by which social workers are able to gain a more comprehensive understanding of family functioning, without having to spend time with families themselves. In this sense the scarcity of contact time for social workers is supplemented by the time families spend with the support carer. In other words the time for listening and helping, referred to by Dominelli (2009) above is provided by carers rather than social workers. Information gleaned from support carers and support care social workers can be understood as informing and contributing to on-going family assessments.

During the course of data collection it was evident that for some social workers the ability to monitor the progress and stability of families, through their time with support carers was an important asset of the service. For example, I was informed at the outset of following Elizabeth and her family's engagement with the service that their likely trajectory was uncertain. The children's names had been placed on the Child Protection Register and there had been allegations of neglect and physical abuse.

Chris [social worker]: *At the moment it's very up and down with mum. She needs support and we are hoping that she will use the time the children are*

*with the carer to visit the local women's centre and get some help for her alcohol issues. But as I said it is very up and down.*

Chris' comments can be related to previous discussions of how expectations of change and purpose were attached to periods of time parents were without their children. However his comments also highlight the difficulty faced by child and family social workers when families' circumstances present as unstable and concerning. In such cases social workers navigate a delicate balance between seeking to support and enable families to remain together with assessments of risk and responsibility to safeguard children. Unfortunately the trepidation with which the family circumstances were initially presented during Chris's interview were realised and the children were later placed in foster care. However from a social work perspective, the time afforded served to demonstrate efforts to support the family, minimised the risks to the children in the interim period of family assessment and monitoring, and provided workers with sufficient information to justify the intervention.

In a similar example, child and family social worker Beth stated:

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

Beth's comments can be related to previously discussed notions of influence and change over time. However her comments also suggested she was not optimistic about the parent's ability to change or learn from the carer over the course of the intervention. Again there was a discernible sense that the family's time engaged with the service provided an opportunity for change but also an opportunity to gather evidence information and evidence about family functioning.

Whilst both instances above resulted in family separation, in other cases the increased information available to social workers as a result of time spent between families and carers, had more positive consequences. For example child and family social worker Julie reflected:

*It's enabled us to see that Dad's really reliable in taking and fetching Alex, he's engaged well with the carer. So that's given us some really good information in terms of Dad's ability to provide a stable safe environment for*

*him and to engage appropriately with different professionals who are involved in the case.*

Julie's comments portray the period that the family were engaged with the support care intervention as time for her to monitor and assess Ian's ability to appropriately care for his son. As previously discussed Ian had a history of substance misuse and had suddenly become the sole carer for his son when his partner relapsed. Therefore while social workers may have been encouraged by Ian's attempts to address his drug use, they would nevertheless have been concerned at his own risk of relapse and his ability to manage the pressures and practicalities of sole care. However, the support care service provided a period of time through which Julie could both support but also monitor Ian and Alex. This helps explain why support care was thought an appropriate intervention for the family as opposed to Alex simply being provided with childminding or nursery provision. This may be of particular importance to practice as the numbers of looked after children have increased in recent years (Department for Education 2013, Welsh Government 2013). It has been suggested that social workers can become more risk-averse in response to much publicised social work failures to protect children (van Heugten 2011). Viewed in this way, the availability of time with a carer may be the difference in social workers' assessing families of being candidates for supportive rather than protective interventions.

The nature of the relationships between stakeholders will be further explored in chapter eight. However for this chapter, it is important to note that in addition to providing support for families and enabling change, the time families were engaged with the service also provided a method by which social workers could monitor and assess families.

## **Conclusion**

This chapter has explored the ways in which time is explicitly and implicitly referenced within the support care service. The allocation of time and the structuring of short break support are an integral part of the service. Yet it has also been shown that references to time are numerous and imbued with multiple meanings. The analysis of time in this chapter has provided a lens through which the nature of support care can be understood and the discussion has relevance to the provision of family support services more generally.

In conclusion, an examination of time has highlighted the following features and tensions:

- Providing the 'right' amount of time

The challenge faced by social work practitioners determining the 'right' amount of time and support for families. Competing demands influence such a decision which includes the availability of time as a limited service resource, assessments regarding the frequency and intensity of time required to meet service users' needs, together with an on-going concern to avoid service user dependency.

- Recognising the scarcity of time

Time is recognised as a scarce resource within the service, within families and within social work practice. Families lack the time needed to rest, have a break from caring or make efforts towards change. Social workers lack time to build relationships and work directly with parents and children. Viewed in this way, the time provided through the support care service supplements the scarcity of time experienced by families and professionals.

- Acknowledging the purpose and payoff of time

The provision of time to families is attached to expectations and understanding of how the time will be used and what purpose it serves. Within social work practice, practical and moral judgements are made about who is deserving of support for purposes of a break and who should be demonstrative of a productive use of time in order to be temporarily relieved of their responsibilities. In addition, beneath the supportive guise of affording families time, social workers also gain access to additional information about children and parents which contributes to on-going monitoring or assessment of family functioning.

## **Chapter eight: Facilitating family change through support care relationships**

The previous chapter explored how time features in the delivery and experience of the support care service. The chapter highlighted how time can be associated with dependency and the potential dual purpose of providing families with time as a means to support as well as monitor. This chapter continues with these themes through an examination of the relationships developed between stakeholders involved with the service.

Relationships are fundamental to both the conceptualisation and delivery of support care. At the onset of the intervention relationships within families are deemed to be in crisis and at risk of breakdown. As such a primary service objective is to improve relationships between parents and children to avoid family separation. This is pursued through the introduction of a support carer; who it is hoped will form supportive relationships with both parents and children, and help facilitate change. Viewed in this way, relationships within support care are both the focus of concern as well as the tool utilised to resolve family difficulties.

Relationships also have wider policy relevance; as discussed in chapter two, relations between the State and the family have been subject to change, and approaches to families in need of support have varied over time. In efforts to promote change, helping relationships may be focused on children and / or parents, incorporate an ‘assertive and persistent’ (White *et al.* 2008) style or seek to ‘build confidence and enable families to self-advocate’ (Welsh Government 2012). As such state relationships with families in need of support, as well as relationships within individual support services are neither static nor homogenous.

This chapter will focus on the relationships inherent within the delivery of support care. Firstly the chapter will examine how support care services frame their intervention and understand their relationship with families accessing the service. In particular, the chapter unpicks notions of working in partnership with parents and children. Secondly, the chapter considers the ways in which individual relationships between support carers and families are forged and developed over the course of the intervention. This includes consideration of the relationship dynamic between



support carers, parents and children and the ways in which supportive relationships can facilitate family change.

### **Service / family relationships: working in partnership**

Notions of working in partnership with parents and families have previously been identified as integral to the approach of support care. The service was originally aimed to be responsive to parents and families experiencing difficulties but who “didn’t want to be told what to do, and wanted to remain in control of their lives” (Brown, Fry and Howard 2005: 2). Likewise, Greenfields and Statham (2004: 13) highlighted how the eight support care schemes within their study “adhered to a common philosophy of working in partnership with parents to avoid long-term accommodation of children”. Comparable sentiments were evident over the course of the current research and each of the three participating services directly and indirectly discussed their aim to work in partnership with families. For example, information published by one Support care service declared: *We aim to work in partnership with families and carers and other agencies. We will only become involved with the families permission and where the child agrees to the placement* [their emphasis]. Such service philosophy suggests that families, professionals and carers engage together and negotiate how and in what ways Support care can be beneficial.

Partnership working has been a key characteristic of social work approaches in recent years, both in efforts to work collaboratively with other agencies and in attempts to counteract power imbalances inherent in professional / service user relationships (Petrie 2007). For example, guidance accompanying The Children Act 1989 stated the legislation placed “a strong emphasis on local authorities working in partnership with parents” (HM Government 2010a: 3). Likewise English *Working Together* guidance asserted that attempts to safeguard and promote the welfare of children should be done “in partnership with parents, in a way that is sensitive to the child’s race, religion, culture and language and that takes account of the child’s wishes and feelings” (HM Government 2010b: 47). However, notions of partnership working within child and family social work have also been criticised. For example Bell (1999) argued the conceptualisation was problematic for parents undergoing child protection procedures because they could not withdraw from the process nor

negotiate the terms of the plan. Bain (2009: 96) similarly argued that practice understandings of partnership differ from more common understandings of equality and togetherness:

The power relationship between social workers and parents prevents the possibility of a partnership based on an agreement among equals. Not only do social workers have an advantage with regard to knowledge, including legal knowledge, but also the potential to remove a child represents the ultimate power of children and families social services.

Welsh Government *Working Together* literature (Welsh Government 2007: 150) clarified the working definition of partnership with regards to safeguarding children: “Partnership does not mean always agreeing with parents or other adult family members, or always seeking a way forward which is acceptable to them”. As argued by Bain (2009), such sentiments confirm rather than challenge the imbalance of power. Similarly, the recently revised *Working Together* guidance in England has been criticised for its overall diminished emphasis on partnership working with families (Family Rights Group 2013).

The extent to which the critiques of partnership working are applicable to relationships within support care is unclear. On the one hand, it could be argued that support care represents a family support service and approaches to the families engaged with the service remain supportive as opposed to intrusive. In other words, whilst disparities in partnership working may become more apparent in the child protection arena, children and families deemed to be ‘in need’ under s.17 of the Children Act allow for the greater equality and participation. Yet on the other hand, support care is aimed at families ‘in crisis’ and for whom longer-term separation is considered to be a possibility. Viewed in this way, family relationships, both internally and with social services are accepted as being subject to change. As such, static categorisations of families working with statutory agencies under family support or child protection measures may be a too simplistic representation of the on-going, developing nature of practice. This can be related to McLeod’s (2012) rejection of the notion that family support and child protection are distinct and unconnected endeavours. Moreover, referrals to support care do not exclude families who are subject to child protection plans and two such families were included in this study. Therefore it is possible that notions of voluntary participation and partnership

with support care are more complex than previously discussed. Consequently, the following section is intended to explore how such stakeholders understood the relational approach between families and the service. The following extracts help elucidate the ways in which partnership was evident, understood and applied within the delivery of the support care service:

Susan [support care social worker]: *The key thing is our approach which is working in partnership. It's definitely working in partnership with families.*

Anne [support care social worker]: *I think it's about working in partnership with them [families], it's not about making them feel they are on the outside. ... So yes its partnership, there's no arm behind their back with the service, it's a more warm, relaxed kind of relationship.*

For Susan and Anne, partnership is a crucial component of the support care approach to engaging with families. Anne's comments suggest that families are encouraged to participate fully in the process; as opposed to being 'on the outside'. This can be related to Frost's (2003b) distinction of social care support measures that are done to, done with or those that enable families to do for themselves. Viewed in this way Anne's comments suggest that support care is something done 'with' rather than done 'to' families. However, Susan also disclosed that families' responses to such relational approaches were not always well-received:

Susan [support care social worker]: *Some will be more friendly and accepting and build that relationship. But even if it is not, it is still communication led, they still have that communication in the handovers, in the meetings and in the consultation documents as well. So we are still working with them, in partnership with them throughout the service.*

Susan's comments imply that partnership working doesn't necessarily require families to be responsive to efforts to build supportive relationships with other stakeholders, so long as they remain engaged and informed through the process. This would imply that attempts to forge 'warm, relaxed' relationships with families represent an approach to working (as described by Bain 2009) but are not necessarily integral to the facilitation or success of the service. However, the suggestion that some parents are somewhat resistant to attempts to forge positive relationships with other stakeholders implies that in some instances the service is more representative of something parents engage with 'reluctantly' rather than 'willingly'. Likewise for

some parents, establishing positive relationships with other stakeholders was a process that took time:

Sarah [Mother]: *In the beginning I hated it. I didn't want them [social services] involved; I could've smashed their faces in. But now I think they've done a lot for us and I can't knock them. Now it's great, you know when things are hard, it just gives you a chance, you know?*

In contrast to perceiving herself as engaging or working in partnership, Sarah's comments suggest that she was initially reluctant to work with social workers and support care, and viewed their involvement as an intrusion. However over time, her perception changed and it is implied she understood their involvement with her family to be helpful as opposed to threatening. This can be related to Anne's comments above which suggest that support care workers attempt to reassure families about their involvement.

For other support care social workers, engagement with families was framed in a different way:

Chris [social worker]: *We fill out what we call the placement agreement form which is, it has everyone's details on it, emergency contact numbers, GP details, social worker and it lays out exactly what's expected of everyone; so who's going to do the transport, what the times are, frequency, when it's going to be reviewed, anything in the risk assessment, medication, dietary. So it's almost like a contract, with really detailed info so parents know what's expected.*

Chris's comments emphasise open communication and transparency in service delivery. The comments can be contrasted with Anne's description of a less formal relational approach above and imply a more functional approach to the initial engagement with families. For example, Chris stated that the agreement ensures parents understand 'what is expected' in relation to the roles of involved parties. However it is unclear whether this relates to the practical ways in which the service will be delivered 'to' families or what is expected of parents and other stakeholders, over the course of the intervention. Notions of partnership working would be less evident in the former, despite efforts to keep parents informed, but more evident in the latter with shared roles and responsibilities (Bain 2009). Although professionally led, Chris' comments and reference to a 'contract' could be interpreted as families being involved in establishing the placement and working with other stakeholders

towards placement goals. In turn this would suggest a task-centred approach to engaging with families which seeks to make explicit an agreed plan for change.

Somewhat in contrast to Chris' comments, support care social worker, Rebecca also made reference to the responsibilities and expectations on stakeholders during their engagement with support care:

*Short-term support care are for the families who need guidance, you know boundaries, home conditions, neglect, you know for cases where Mum and Dad... for want of a better expression need a kick up the ... Mum and Dad need to be told you know, 'you need to do this, this and this, it is not a babysitting service'. You know we can provide two weekends a month, three or even four weekends a month – we can go up to that but if we go up to that they will be told 'you will not be provided with this service for more than 6 months'. At the end of 6 months we say 'social worker, have you done your job?' So if they have asked my carer to potty train or use a knife and fork, you know 'they've done this, why isn't it being done in the home?' Or if Mum and Dad are doing it, great, we discuss it coming to an end or a decrease in support.*

Rebecca's comments suggest families are in somewhat of a contradictory position when engaged with support care. On the one hand they need to be demonstrating progress in order to comply with expectations but on the other hand, demonstrating progress risks the service being withdrawn. Therefore for parents anxious to maintain the support, there is a need to prove continuing need, as well as show compliance and a commitment towards progress. This can be related to professional concerns regarding dependency and over-exaggerated support needs discussed in chapter seven.

In addition, Rebecca's comments have resonance with current discourses surrounding troubled families which both recognise families' support needs but also demand efforts to change (e.g. Casey 2012). In contrast to the 'warm, relaxed' relationship described by Anne, Rebecca's comments present the approach as more challenging and confrontational about the risks faced by parents if they do not change. This can be related to Bain's (2009) assertion that relationships with parents based upon commonly held notions of partnership are unattainable when children are deemed to be at risk and their best interests need to be prioritised. Similarly, support carer Claire described one parent's attitude towards engagement: "*She tells us that*

*she has to do what she is told and that she has learned over the years it is easier to do that than fight them [social services]*". Claire's comments suggest that for some parents, engagement with the support care service is done simply to comply with social services as opposed to willing participation or an acknowledgement of the need to change. Combined with Rebecca's comments, this would suggest that contractual agreements with families; involving open communication, explicit roles and responsibilities, is sometimes all that is possible in terms of the practice realities of a working relationship with families in circumstances where there are concerns about parenting and children's well-being.

The attempts to work in partnership with parents and families discussed above were not necessarily static but variable as families progressed through the service. In other words, attention was sometimes paid to developing relationships and offering support, whilst at other times encouraging parental responsibility and independence was prioritised. Such changes were evident over time in professional approaches towards Hannah [mother] and her family who were referred to the support care service due to serious health concerns. During the initial assessment of the family, support care social workers increased the amount of provision available due to the severity of Hannah's difficulties. Similarly support care social worker, Chris stated that in recognition of the high support needs of the family: "it may be that we stay involved for the longer-term". Initially Hannah was described as being "*reluctant to have the support*" and efforts were made to ensure she was comfortable with the carers and the provision. This included Hannah visiting the carer's home and staying for the first part of the initial session. Over the course of the intervention Hannah received treatment for her condition and the family were supported extensively during a period of hospitalisation and recovery. Hannah and the carers both reported a very positive working relationship. Following this the expectations on the family to become more independent increased. For example, when the service was later withdrawn, support care social worker, Sandra stated:

*Mum can actually do more than she is saying. ... You know the family had a lot of support when she was ill and in hospital but the children were spending a lot of time with the carers you know? ... Dad has been off work recently so he has been there. I suppose it's for them now to decide what they need to do; you know whether Dad needs to stay at home full time.*

Such a conceptualisation of the situation did not correspond with Hannah's perception of her family's needs:

*I still need support. I'm really worried about what will happen, you know it could be really dangerous. ... They said it would be reduced and I understand that but after Christmas they said that they [the children] just wouldn't be going back. I was like [shows confused face]?*

Initial efforts to engage with Hannah and her family focused on forging positive relationships and ensuring Hannah recognised the supportive intentions of the service. However over time the service perception of the family difficulties changed and the emphasis transferred from forging supportive relationships to encouraging greater independence. However for mother Hannah, the pressure to be independent did not correspond with her own sense of progress. Her comments suggest that the relationship between her family and the support care service veered away from notions of partnership and she experienced a decreasing sense of control and participation as the service was withdrawn.

This section has attempted to unpack notions of working in partnership with parents within support care. It has been suggested that understandings of partnership working invoke a spectrum of meaning for support care social workers and may be understood and responded to differently by families. Partnership within the service includes emphasis on participation and inclusive relationships as well as an understanding that partnership is constructed through shared commitment and participation in the change process. However despite such efforts, power differentials remain evident within service delivery as professionals monitor the welfare of children and the appropriateness of continued support. In this way, the emphasis and priorities attached to notions of partnership working are subject to change.

The following section is concerned with the relationships developed between carers and families; relationships which may be less affected by power differentials and professional status.

## **Relationships within support care: The dynamic between carers, parents and children**

Berrick and Skivenes (2012) refer to the relationship ‘triangle’ that exists between foster parents, birth parents and looked after children. The notion of a triangle reflects the significance and presence of stakeholders on and within each other’s lives. The concept of a relationship triangle is also helpful for consideration of the dynamic established between carers, parents and children over the course of a support care placement. The provision of support care, like foster care, involves children and carers spending the majority of their time together without the presence of parents. Despite this, both interventions theoretically position carers as supportive to the family as opposed to the child in isolation. The notion of a relationship triangle is particularly relevant to considerations of support care in the way it is envisaged that carers will develop supportive relationships with both parents and children. Likewise, in the same way that Berrick and Skivenes (2012: 1960) construct a vision of a relationship triangle as having fluid and “porous” connections, relationships within and between stakeholders in support care can be understood as varied and changeable through time.

The following section explores the relationships developed between parents, children and carers over the course of the support care intervention. As chapter six explored in detail the ways in which children spent time with carers, this section focuses particularly on the relationships developed between carers and parents. Attention is paid to how perceptions and participation of parents impacted on the supportive dynamic established between carers, parents and children.

In keeping with the supportive, non-judgemental philosophy of the service, family difficulties were frequently initially described by support carers in ways which did not afford blame to either parents or children:

Denise [support carer]: *Um with Ben it was just a case of reading his resume and seeing that this was just a little boy who was living in quite a chaotic set-up but one that wasn’t anyone’s fault necessarily. And everyone involved was trying their hardest but just because of the logistics of it, it wasn’t, possibly, you know, giving him what he needed in other areas. And I just thought to myself this is a little lad who just needs some one-to-one attention and that’s what I can give him.*



Laurie [support carer]: *As far as I know she hasn't been hurt. It's not... as far as I know it's just a case of her mother needs a bit of help.*

Melanie [support carer]: *Mum is ill and she is waiting to go into hospital. ... It got to the stage where everything was really difficult for her as you can imagine. With the types of medication she is on, sometimes the strengths of them she would just pass out. So it became quite dangerous really and that is why she needed the extra support.*

Karen [support carer]: *In Aaron's case, he was coming from a very big family so it was crazy in the house. You know, his mum's struggling a little bit with them all. ... Yeah so that was it really, quite a chaotic house with no real space or room for everyone and they were all getting under each other's feet really.*

In the above examples the support carers portrayed the families in relatively positive and blameless terms. In other words, parents are not described as being potentially abusive to their children and similarly children are not described as being victimised or in danger. Rather parents and families are described as 'struggling' to manage in challenging circumstances; carers appreciated families were 'trying their hardest' but circumstances outside of their control were impacting on their relationships and ability to cope. In this way, the perceptions of family difficulties can be related to short break provision for disabled children and their families and suggest both children and parents will benefit from additional support.

The means by which support carers constructed such perceptions of family difficulty was unclear. It could be argued that social workers responsible for the matching process and briefing carers on family circumstances were influential in forming their initial perceptions. For example the following support carer comments relate to the ways in which family circumstances were initially raised with them:

Rachel [support carer]: *Our social worker came out with the matching, [she talked about] what was going on with Dylan, some of the difficulties and some of the risks, you know ... she explained then that he was on medication and that things had calmed down a bit. Basically went through everything, you know? But there's no child protection issues, they just need support.*

Karen [support carer]: *Sometimes when you're reading it [the referral information], it's a right scary version of things and, and um families and what parents, or families are into or not into. So sometimes when you first read it ... it all reads a bit ... so then you think "right I'll meet the social worker". So I meet the social worker and she would tell me all that because*

*she's spent time with them and it's a different picture again and if I'm happy then I think "oh right I'll give it a go".*

Rachel and Karen's comments suggest that social workers were influential in the ways in which carers initially thought about family circumstances. For example, Karen previously felt anxious about engaging with some families based on the information on paper. In order to alleviate such concerns she had sought further information and reassurance from a social worker who had worked with them. Alternatively, it could be argued that social workers ability to positively frame family circumstances was relatively limited. For example, several support carers referred to the risk assessments that social workers undertook with them prior to the commencement of the placement. Such assessments both informed carers of potential risks and provided a forum for planning and prevention. Therefore, while social workers were possibly able to reassure carers about their knowledge or working relationships with families, they were also responsible for appropriately informing and preparing them. Viewed in this way, the support carer comments above may reflect a personal attempt, in the early stages of engaging with families, to understand or empathise with family difficulties. For example, Laurie's comments above implied that she could engage with a mother that needed support but she would have had more difficulty engaging with a parent whose difficulties had resulted in physical abuse. The following fieldnotes were also recorded during the initial meeting when Laurie was introduced to the family:

Laurie made several references to needing a break herself [from parenting], admitted her own anxieties of being out in the community (spoke about going outside of the area to go swimming where no one knows her) and stressed how much her daughter would benefit from Chloe's [child] visits (fieldnotes, placement agreement meeting).

Throughout the meeting, Laurie normalised the mother's need for short break support with repeated references to how her family provided comparable support for her child. This can be related to previous research by Keddell (2011) which highlighted the ways in which social workers constructed narratives of blamelessness for parents whose children were being returned to their care following a period in foster care. In the same way that it was important for the social workers in Keddell's (2011) research to have a sympathetic view of parents' previous difficulties and potential to change, it may also have been important for carers to relate to parents'

situations and perceive them as essentially ‘good’, deserving and / or being likely to benefit from support. Such perceptions provided the foundation for their engagement with the family and in terms of the relationship triangle, enabled carers to provide support to both parents and children.

Despite establishing foundations for building supportive relationships with families, support carers’ perceptions of family difficulties and functioning became more informed over the course of the intervention. For some carers the positive rationalisation of parents’ need for support at the onset of the intervention remained unchanged through the course of the placement. In such cases, support carers were able to develop productive relationships with parents and through a variety of ways were able to offer practical and emotional support. For example, some carers felt able to make explicit their observations and communicated these to parents. Paul [support carer] reflected: *“Initially it’s hard. I mean the children come and I go to their house, it’s hard because I don’t want to step on peoples toes. I’m not there to tell mum and dad how to do x, y and z. So you have to tread carefully”*. However, over the course of the intervention Paul was able to establish a relationship with parent Sarah and he was able to challenge her occasional negative portrayal of her son. For example, the following fieldnotes were taken from a review meeting:

Paul was very positive about Jack throughout the meeting. He immediately corrected Sarah when she said ‘he can be a good boy’ with ‘he is a good boy’. Sarah then repeated ‘yes, he is a good boy’. Paul stated he had encouraged Jack to communicate his feelings less aggressively at home but also reminded Sarah that ‘he is a man now, not a boy’. He later informed her that her son ‘never has said a bad word about you’. (fieldnotes, review meeting)

Paul’s comments and the fieldnotes above help illuminate the balance to be struck by carers in respecting parents’ autonomy and authority over their children, whilst actively helping to facilitate improvements within the family. Paul’s positive relationship with Sarah enabled him to confront some of her behaviours in a way that was accepted as supportive rather than damning. Referring to the incident, the support care social worker Susan stated:

*I suppose that shows how good their communication is. Paul’s communication with the family – he’s got to a point where he knows what and how he can say things to the family. And I think he’s also got to know Jack really well. So he can say ‘yeah he can be a bit like that but there is this*

*other side to him as well'. I think all carers advocate for the children to some degree but I don't think it's a direct challenge. It's more about talking 'you know what, he did this' and they encourage them like.*

In this sense, a support carer can have a pivotal role in reconciling the relationships between parents and children. Susan emphasises positive communication skills but also suggests that Paul is aware and respectful of the extent to which he can involve himself within family issues. As observed by Walsh (2009) issues such as parenting practices tend to be accepted as private from those outside of the family. Therefore whilst Paul seeks to encourage change within families, he also demonstrates respect for family relationships and is aware of the boundaries of his role. Similar sentiments were also expressed by support carer Rachel. Describing her intervention with one family, she stated:

*Rachel [support carer]: What we found was their way of communicating was different to ours. This is not a judgement on Mum but she [young person] had learned to communicate in exactly the same way as Mum, you know so that is use of language, screaming. That was the only way she knew how to communicate. But coming into this environment and having people actually speak to her in a much more calm manner and have things explained. We didn't have any of the hostility. And Mum said ... because I used to spend time talking to Mum she said "I can see I need to calm down in the way that I speak to her. I get so angry that it just becomes a screaming match". ... I think if someone came to me and said I think you need to look at your communication style, I'd be a bit miffed off. You know, I didn't feel it was my place to tell her what she should or shouldn't be doing, however I was aware of my role and I think it [change] was incidental. She could see the way I was speaking to her daughter and the way she was speaking to me.*

Paul and Rachel's comments suggest that the support carer role involves a balance between not wanting to 'step on parents' toes' whilst also seeking to provide a helpful, supportive role and enable change. Like Paul, Rachel is conscious of her 'place' as a family outsider and is tentative in her approach to the parent. Rather than directly challenging or making explicit perceived parenting deficiencies, change is facilitated through a process of supportive engagement, demonstration of positive alternatives and personal reflection. Rachel's comments lend support to the notion that families are able to resolve their own problems with less intrusive, less directive means of support. Over time, Rachel's non-threatening involvement in the family created an environment where the parent was able to acknowledge ways in which

she could help her situation. In a similar example, social worker Jennifer stated:

*I think with Mum, I think she has actually realised, I think it has impacted on her as well you know in a positive way. I think she has realised that the children need that adult time. I mean she has seen how the children have responded to the carers and she wants that for herself. And she is making more of an effort, so in that way it has been very positive.*

Jennifer's comments suggest the involvement of a support carer within families to be consistent with social learning theory which suggests that people will learn from and model behaviours of people they wish to emulate (Bandura 1977). For example, Rachel stated that the parent she engaged with reflected on the more positive communication strategies Rachel used with her daughter. Similarly, the parent in Jennifer's example wanted to create the positive relationships she had seen develop between her children and the carers. Viewed in this way, the positive relationship forged between parents and support carers is integral to the success of the provision. The supportive, non-threatening relationships with parents facilitate an environment, in which parents observe, reflect and incorporate some of the positive behaviours and parenting strategies demonstrated by carers. Such an approach has resonance with the conceptualisations of partnership working, discussed at the beginning of the chapter, which emphasise inclusive relationships. However such examples stand in contrast to the development of more "muscular" (Frost and Parton 2009: 165) and "assertive" (Morris and Featherstone 2010: 560) forms of family support, discussed in chapter two. Likewise the comments above clash with conceptualisations of support care being aimed at parents who "*need a kick up the ...*" [Rebecca: support care social worker] as carers do not explicitly attempt to confront or correct perceived parenting deficiencies.

The examples offered from Paul and Rachel above demonstrate how in some instances support carers were able to establish positive and productive relationships with parents over the course of the intervention. However in other cases this was less apparent and carers appeared to have a more superficially positive relationship with parents. For example, the following observations were recorded during a short break session involving Jade [support carer] and Lucy (aged 4):

I notice Jade attempting to correct some manners with Lucy. Lucy talks with her mouth full, climbs over the settee, stamps on toys, interrupts and refuses

to remain quiet when Jade is attempting to nurse her baby sister to sleep. Jade attempts to correct Lucy and uses child friendly language to encourage her in a non-threatening manner. Over the course of the observation, I observe Lucy being encouraged and praised for saying ‘thank you’ ‘please’ and ‘excuse me’. I ask Jade if she communicates any of this back to her parents. She states she doesn’t as she doesn’t have them regularly enough and states. *‘It’s hard as well because you don’t want to offend’*. (fieldnotes, placement visit)

Jade’s comments are similar to those offered by Paul and Rachel in the way they purport to a respect for parents’ autonomy. Jade acknowledges her reluctance to make explicit her observations of Lucy’s behaviour for fear of overstepping her role within the family. In terms of a relationship triangle, Jade minimises her involvement in the parent / child relationship and feels uncomfortable imposing her own values or opinions on how Lucy’s mother could better address her daughter’s behaviours. Attempts to afford respect rather than judgement to birth parents have also been identified within foster care research (Berrick and Skivenes 2012). Nevertheless, Jade deemed it appropriate to correct Lucy and encourage more positive behaviour (as she perceives it) during the short break sessions. This can be related to notions previously discussed in chapter six where it is hoped that children will learn and take something away from their relationship with the support carer. Again this can be related to social learning theory; Lucy may recognise the positive reinforcement associated with certain behaviours and seek to incorporate them in other settings (Walsh 2009). However, in terms of the parent / carer relationship, Jade’s observations remain unsaid and Lucy’s mother remains unaware of the judgements privately made about her parenting and / or her daughter’s behaviour. Such issues will further be discussed in the subsequent chapter regarding notions of good enough parenting and good enough families. However for the purposes of this chapter, the carer / parent relationship can be understood as being superficially positive, but lacking in impetus to facilitate change.

The circumstances which enabled the development of supportive, honest and productive relationships between support carers and parents varied and relationships were encouraged or impeded by a number of factors. This included the carers’ understanding of their role within the family and their perception of the nature and scope of the families’ difficulties. For example, it could be argued that making explicit concerns about lifestyle choices and parenting preferences is outside of the

remit of carers who offer part-time care and are not afforded professional recognition. As commented by support carers Rachel and Paul: *“That’s not for me [to challenge parents’ behaviour or decisions], that’s the social worker’s job”* [Rachel], *“We’ve got no influence on mum and dad. We can’t influence mum or dad, brothers, sisters, whoever, we can only influence the little kiddie”* [Paul]. Yet despite their comments, in comparison with Jade above, Rachel and Paul were able to address sensitive issues with families. Viewed in this way, carers’ intervention with families requires a skill set that strikes a balance between forging positive relationships with an emphasis on improving family situations, without overtly teaching, correcting or critiquing sensitive issues. Likewise, in other examples, two families disclosed they were expecting another child during the intervention. In both situations the carers, as well as other stakeholders, were concerned at the impact that another child would have on the already difficult family circumstances. In one instance, the unspoken judgements were almost palpable during a review when the support care social worker hesitantly began the meeting with: *“Well, I suppose we should start with congratulations...”* The parent jokingly acknowledged the pregnancy and laughed: *“I know I’m mad. It was an accident.”* (fieldnotes, review meeting). Away from parents, the judgements formed about such decisions were more forthcoming. For example, Claire [support carer] stated in an individual interview: *“I just can’t understand the logic. I just can’t understand the logic of having another baby, getting pregnant again when you are already struggling. It just doesn’t make sense to me”*. Unlike the examples of Rachel and Paul above, where carers’ relationships with parents could encourage reflection and changes in behaviour, there would arguably be little benefit in carers encouraging reflection or communicating concerns regarding pregnancy. Nevertheless, in such circumstances, the relationship between carers and parents is impeded as carers attempt to adhere to notions of partnership working and / or the provision of non-judgemental support, while privately feeling frustrated and concerned.

In contrast, Maria [support care social worker] framed the parent / carer relationship somewhat differently:

*That’s why our carers are so special really, because they do great work with the children but are not judgemental to some of the parents. You know, but*

*there's got to be a balance between um ... keeping up a relationship with the family while keeping an eye out for child protection issues.*

Maria's comments suggest that superficially positive relationships with parents could also be intentional. This can be related to the monitoring role of the service discussed in chapter seven. There is a contradiction in Maria's statement which positions carers as non-judgemental to parents whilst at the same time requiring them to monitor parents' behaviours and remain alert to potential harm to children. In this sense carers forge relationships with parents which may outwardly appear positive and supportive however the relationships can also be understood as having an unspoken agenda which parents may or may not be aware of. Through their relationships with families, support carers have access to intimate knowledge of family life and in instances where children are deemed to be at risk, such knowledge may be used against parents. In this way the power differential usually held by social workers is transferred to support carers. For example, support carers are required to keep written records, similar, to the practice in foster care, regarding their contact / observations of children and families. Support care social work stated that the observations of one support carer had provided vital information regarding the substance misuse of one parent. Similarly, Teresa [support carer] was assigned to work with the Shaw family and had been informed of concerns for the children's safety at the onset of the intervention. She reflected:

*Mum and Dad are in a relationship again at the moment. You know there's lots going on and there are lots of ups and downs but... I've been getting them more involved and they have started picking the children up in the afternoon. It's good because they get to see how the children are when they are with me and I get to see how they are as well. You know things like, ... I've been getting them to share. Because with Dad in particular there've been concerns that he favours the oldest child and doesn't intervene appropriately which can mean the other two can get bruised or scratched.*

On the one hand Teresa's comments can be related to the supportive approach adopted by Rachel above which involved modeling positive behaviours that parents could emulate. However on the other hand, Teresa orchestrated her contact with the parents in order to monitor the appropriateness of their interactions. Whilst this may be considered acceptable and understandable given the concerns for physical abuse of the children, it nevertheless confirms a more complex dynamic between carers,



children and parents which does not merely involve efforts to forge positive relationships.

Relationship development between parents and carers was also affected by the extent to which carers perceived parents as motivated to change. For example, Paul [support carer] stated:

*I get attached to these kids quite a bit and it's not in all the cases but in some of the cases it's heartbreaking because you know you're sending them back to where they've come from .... you know they are going back to where mum is sat in front of the telly with a can of beer or cigarettes and x amount of fellas. Or Dad. You know?*

Paul's comments reveal a frustration towards some parents who are perceived to be disengaged with the change process. In terms of notions of partnership working discussed at the beginning of the chapter, Paul's comments suggest that parents are not always motivated and participative in the process towards improving the family situation. Similarly, with regards to the relationship triangle, Paul suggests that his relationship with a child or young person intensified in accordance with his dismay at the parents' behaviour or lifestyle. Similar comments were expressed by Laurie [support carer] who became increasingly concerned for Chloe's wellbeing over the course of the intervention:

*...she [mother] doesn't want her. You know she [child] spends more time at the neighbour's house. I always find her there. ... Even her teacher said that when she cries, she cries for me, not for her Mum but for me. ... I would have her tomorrow. I can see the potential in her. I can see it but I can also see her [parent] chipping away at it.*

Like Paul, Laurie's comments suggest that she developed a more protective and nurturing relationship with the child, due to a perceived lack of commitment from the parent. In both cases the carers' comments express a sense of powerlessness at their inability, in such circumstances, to influence the family trajectory.

## **Boundaries**

The examples of Paul and Laurie above are relevant to considerations of professional boundaries. In social work literature, professional boundaries have been described as the "clear lines of difference" (Hepworth *et al.* 2010: 66) maintained between

practitioners and service users which provide “a way of marking the professional responsibilities within a particular role or task” (Trevithick 2012: 289). However the application of professional boundaries to support carers is unclear. As with foster care, the role is somewhat ambiguous as carers are not afforded professional status but at the same time are required to undergo extensive training and conform to organisational procedures (Thomson and McArthur 2009). Research has previously found that carers can find their engagement with service users emotionally challenging. For example, foster carers have reported considering looked after children as being part of their family (Thomson and McArthur 2009) but have experienced disenfranchised grief when placements have ended (Riggs and Willmore 2012). Similar tensions were sometimes visible with support care. For example, Fahra [support care social worker] stated:

*What we often see is that carers make really good relationships with families as well. It feels like an extension of the family rather than like being in care if you know what I mean?*

Fahra’s comments recognise the family like relationships that can develop over the course of the intervention as carers, children and parents spend time in each other’s homes. Such provision would arguably make difficult the ability to maintain ‘clear lines of difference’ as discussed above. Rather, her comments can be related to recent proposals for reconceptualising boundaries within social work which recognise the importance of connection as opposed to separation (O’Leary, Tsui and Ruch 2012). Nevertheless, Rebecca [support care social worker] summarised Laurie and Chloe’s relationships as being “*too attached. Laurie was too attached to Chloe and Chloe was too attached to her.*” Such comments have resonance with notions of time discussed in chapter seven and suggest support carers have a contradictory role to develop warm and positive relationships but ones that can be severed after the intervention period. In a subsequent interview Laurie [carer] countered:

*They tell me I am too attached. ‘But I’m like, you told me to bring her into my family. I did that, I brought her into my family and now you’re telling me I’ve done wrong. ... What am I supposed to do?’ There’s like this invisible line you know, let them in to your family but don’t.*

Rather than clear lines of difference, Laurie’s proposal of an ‘invisible line’ can be related to the previous section where relationships could support and enable family

change, but could also be only superficially positive. Laurie's comments suggest that carers may need to incorporate a degree of superficiality to the relationships with families as they can be criticised for being too connected. Similarly, whilst Fahra previously recognised the family like connections forged over the course of the intervention, she also argued that time-limited nature of the relationships with carers was important in ensuring that families then access "*other things in the community that are more long-term and don't have the attachment issues that can be part of social care services*". Relationships once described positively and integral to notions of partnership, over time have changed to being framed negatively, implying over-reliance and dependency.

For parents accessing support care, there was also variation in how relationships with carers were understood over time. For some, awareness of professional boundaries remained throughout the course of the intervention as highlighted in the following comments:

Ian [Father]: *yeah I do get on well with her ... but like a professional. I mean she's there for Alex and she's great with him. I mean, if there's anything I'm unsure of I can ask her but generally we are fine.*

Georgina [Mother]: *No it [contact between her and the carer] was only ever when she came to pick him up or drop him off. There was nothing in between. There was no relationship there. But at the end of the day it's not her child. They are being paid to care. There's no real commitment there. You know my mum said they'll move onto the next one now and still get paid for having a child that won't have anywhere near the problems and challenges that Dylan has got. So it's easier money. And that's the fact; a lot of it comes down to money. You know that's it, it's their job, nothing else.*

Despite having very different relationships with their support carers, both Ian and Georgina remained aware of the professional nature of the carer's involvement with their family. Georgina's comments suggest that despite any pretence of supportive relationship, carers remain motivated by financial reward as opposed to altruism. Such comments, however, stand in sharp contrast to the motivations articulated by support carers in chapter five.

In other instances, the boundary distinction was less obvious:

Nicola [mother]: *She's like a friend really. In the beginning I was really nervous because I've never left my kids with anyone. But as soon as I met her, I just knew... She was so lovely and the girls love her so yeah. And with me she always tells me I look nice and she said I looked like I lost weight, things like that that give you a boost you know?*

During the review Denise emphasised the positives of Ben's behaviour and repeated her pleasure of spending time with him. Yet this was underscored with reminders that this was a job. For example, there was some negotiation of time off. Denise stated it was her birthday coming up and didn't want to be working on her birthday. In contrast Ben had recently spent his birthday with Denise and hadn't wanted to cancel the visit. Denise recognised that Sarah and Ben were 'entitled' to a set number of hours and was eager to respect that time. Sarah was very accommodating to the changes and stated "*I'm always stuck in anyway so if you ever want to do anything, you don't have to ask*". I understood this as Sarah attempting to move past the boundaries enforced by the service. She is comfortable with Denise's presence within the family and is happy to increase the frequency or length of visits. However Denise did not respond to Sarah's statement and the changes were confirmed and recorded (fieldnotes, review meeting).

Over the course of the intervention both Nicola and Sarah felt comfortable with their carers and came to perceive the relationship as something different from the professional, purposeful nature of their involvement with the service. However for Sarah, there was somewhat of a mismatch in how the relationship was understood. For example, despite Denise's efforts to forge a positive relationship with Sarah, she retained a carer / service user distinction through reference to support entitlement and work.

## **Conclusion**

This chapter has focused on support care relationships. It has included discussion of the overarching relationships between support care services and families in need of support, together with the more intimate relationships developed between support carers, parents and children. The chapter has explored the foundations on which support care relationships are forged, the ways in which relationships are experienced, together with how they can be used to alleviate family difficulties. In doing so, the chapter has highlighted contrastable ways in which support care relationships featured and were considered within the research.

On the one hand relationships can be thought of with optimism. Support care relationships strive to be positive and inclusive, and have the potential to develop 'warm', 'relaxed', 'family like' connections between stakeholders. Social workers and support carers are respectful towards parents and family life, and seek to support and encourage attempts to alleviate difficulties. Change is facilitated via such relationships which create a non-threatening environment and enable discussion, reflection and the modeling of positive behaviours. Such characteristics concur with conceptualisations of family support that work with and / or enable families to do for themselves (Frost 2003b).

Yet more problematically, relationships within support care remain imbued with power imbalances. The overt philosophy of partnership and non-judgemental support mask expectations on parents to conform to idealised notions of how families should respond to the supportive relationships and how long support should be necessary. Such issues reflect the wider difficulties within social work relationships which combine aspects of support and control (Howe 2009). Issues of time were again relevant in the ways that relationships could be deemed overly involved and dependent. In addition to stakeholders being encouraged to develop 'warm', 'family like' relationships, support carers are similarly required to limit and contain the extent of their involvement. Attempts to be respectful towards families and offer non-judgemental support could also have an impeding impact on relationships. Relationships between support carers, parents and children were sometimes hindered by unspoken judgements and frustrations. Rather than facilitating change, such relationships simply monitored or were complicit in family difficulties and issues.

## **Chapter nine: Support care: In pursuit of 'good enough' parenting and family functioning**

This chapter considers the ways in which stakeholders conceptualised family problems and progress over the course of the intervention. It builds on preceding chapters which explored the nature of the relationships established between support care stakeholders and noted the expectations attached to families' engagement with the service. The chapter explores perceptions of change, progress and outcomes, with analysis of who and how service success was defined.

'Good enough' parenting (Winnicott 1965) has long been a central concept within social work with children and families. Through their assessments and interactions with parents and children, social workers determine and monitor the extent to which parenting is of an acceptable standard or 'good enough'. The concept of 'good enough' parenting and 'good enough' families is useful for considerations of support care. As a service, support care is aimed at families deemed to be in crisis and at risk of becoming separated. Therefore, at the onset of the intervention, it is recognised that conditions within the family are not good enough. Over the course of their involvement with support care, families may overcome or resolve their difficulties and alleviate such concerns. Conversely, as discussed in chapter seven, the families' engagement with the service may provide child and family social workers with evidence which contributes to a conclusion that parenting capacity and family functioning is unlikely to reach or be sustained at a 'good enough' level. This chapter will examine if and how families' support care journeys supported or enabled them towards a good enough level of family functioning over the course of the intervention.

### **'Good enough' family functioning**

In interviews with parents affected by substance misuse, Holland *et al.* (2013a) found that parents' narratives commonly included descriptions of how their family life was 'normal' and their parenting 'good enough', together with an acknowledgement of occasions that were particularly difficult and where their parenting was inadequate or 'not good enough'. For the parents accessing support care in this research, comparable descriptions of good enough or not good enough

family functioning were also discernible. However, unlike Holland *et al.*'s study in which all parents had substance misuse issues and had been subject to child protection procedures, for families accessing support care, the reasons for difficulties and the extent of professional concern varied. As such, parents did not necessarily associate the family's difficulties as being a result of their behaviours or parenting capabilities.

During the interviews with parents receiving support care, some were forthcoming about the ways in which their family life was not good enough.

Emma [mother]: *Originally what happened was my daughter and I got the novo virus and we were throwing up and puking and she woke up at 6 o'clock, she'd got over it and came into my room and I remember putting the tele on and I must have fallen straight back to sleep. It was more like a pass out because I just heard nothing. Next thing I know the doors banging, its 8.30am, .. she's destroyed the house, the cat's pink because she got shoe polish and she painted the cat. She'd got into the kitchen and got onto the cupboards. She can climb and she got up, she pulls the oven down to get up on that so that she can get to the cupboards. ... I'm just looking at it, welling up, getting ready to cry because I just can't cope... I was like "I need to go back to bed, I can't cope the house is a tip, I'm not looking after her, she could do anything and I really couldn't cope". And I was scared I was going to fall back to sleep and she could you know set the house on fire, eat my tablets, there's a million things she could do.*

Describing another occasion where she was ill, Emma stated:

*I had the flu again. I have been ill so many times with chest infections and throat infections. I fed her on ham and dunkers for two days because I couldn't get up. I went to the kitchen and couldn't stand. I phoned them and said 'I can't do it, I can't stand up. I can't stay focused, I can't stay conscious'.*

As a single mother, Emma admitted that she struggled to meet the basic needs of her daughter during times when she was unwell. Her comments convey a sense of anxiety or desperation at recognising the importance of appropriately feeding and ensuring the safety of her daughter but at the same time needing to attend to her own needs. In a similar way, Hannah (mother) described how she managed to care for her two young sons whilst enduring significant health problems:

Hannah: *I just couldn't do anything. I used to take a packed lunch and stay in the bedroom. Mason would be in his cot and Daniel would be in bed with me.*

*I couldn't do anything because I was so poorly but at least they were with me and were safe.*

In contrast to Emma, Hannah emphasised what she was able to do for the children, in spite of her difficulties, as opposed to what could not; she was able to provide a safe environment for the children and ensure that they were fed. Although Hannah did not explicitly state that the conditions were not good enough in providing the children with mental stimulation or encouraging their social and emotional development, she did acknowledge that the conditions were "*not ideal*" but the best she could make of her situation at the time.

Although Emma and Hannah's comments differ in the extent to which they acknowledge their inability to provide a 'good enough' environment for their children, both mothers associated their difficulties with their poor health as opposed to inadequate parenting capacity. In other words, both mothers were aware of ways in which they wanted to care for their children but were impeded by personal ill health. Viewed in this way both discussions recognise their inability to care appropriately for their children but do so in a way that does not attribute blame but emphasises their social care support needs. In contrast, other parents did not relate family problems to their ability to provide adequate or 'good enough' parenting. For example Georgina attributed her family's difficulties to her son's behaviour and what she believed to be the lack of meaningful support from social services. Describing difficulties with her son, Georgina stated:

*He breaks everything. This is why he's got no bed. He's got no curtains because he pulls them down. There's a hole in the door. The wardrobes are broke – everything, he breaks everything. He's sleeping on a mattress on the floor. The social worker comes around 'oh why haven't you got him a bed yet?' and I'm like 'if you want to buy him a bed then you buy him one. And then in two months time he won't have one and then you can buy him another one and you can do what I've done for the past 6 years and see how long it takes you to say no.'... We can't control him at all. He needs behaviour therapy.*

In the above example, Georgina was reluctant to accept that her parenting was responsible for the family's difficulties and was resistant to criticism from social workers. In this example, Georgina's son had been diagnosed with ADHD and this may again have contributed to a sense of blamelessness and lack of association with



parenting. As with Emma's example above, there is desperation inherent in Georgina's comments which implied social services neither understood her position nor were prepared to offer her what she perceived to be meaningful support. This can be related to observations offered by Featherstone, Morris and White (2013) which argue that parents are criticised for perceived inadequacies but are similarly inadequately supported to address the issues.

Sarah's [mother] family had also been affected by ill-health. Describing why her family needed social care support, Sarah stated:

*Well it was because my mum died in 2005 and obviously I had five kids of my own and then my mum had three of my sister's kids so I had quite a lot of kids to care for while my partner were out working. So it [support care] just came about like that really. .... It was 2005, well 2004 because I looked after my mother when she was dying of cancer here. She died here and then I took them on [three children previously cared for by her mother] then when she died.*

In describing the reasons for her family's difficulties Sarah explains how she took on considerable caring responsibilities during and following her mother's illness. Although implied, Sarah does not explicitly acknowledge that the extra caring responsibilities inhibited her ability to attend to all the children's needs. Describing her difficulties with her eldest son, Sarah stated:

*Yeah he's a real twat him, I could kill him sometimes. His attitude and he ... he thinks he can tell me what to do. And he calls me all the names under the sun. Do you know what I mean? He is bad but it's because I spoilt him when he were younger. Always spoilt him. It was that [pause] and I think that having other people's kids in the house, even though we're related, having extra kids in the house I think it's just got too much. The house is too small, you know they [children] don't get two minutes to themselves. And nobody's helping us move.*

Sarah firstly implies that her son's challenging behaviours are the result of her over indulgent as opposed to inadequate parenting. However, Sarah again recognises the impact of living in overcrowded conditions but does not explicitly associate this with her ability to appropriately meet all of their needs. It would appear that Sarah perceived herself to be demonstrating 'good' family values in the way she cared for her mother and helped avoid the other children going into foster care. However she is reluctant to acknowledge the ways in which this has impacted on her parenting

abilities.

In the examples above, parents were able to recognise ways in which their family functioning or parenting was not 'good enough'. Although parents' narratives did not necessarily attribute the difficulties to their own parenting practices, they sought to highlight their difficulties as a means of justifying the provision of social care support. However, other parents did not acknowledge any ways in which their parenting or family functioning was not 'good enough'. For example, mum Rosie did not want any involvement with support care or social services but acknowledged '*it is easier to work with them [social services] than against them*'. Similarly while Ian welcomed the support care provision as it enabled him to maintain his employment, he framed his need for social care support in terms of his wife's relapse as opposed to his own substance misuse history or parenting ability. This may be related to Rhodes, Bernays and Houmoller's (2010) research with drug using parents which highlighted the varying degrees to which parents were able to accept and articulate the impact of their drug use on children.

The parents' assessments of their difficulties are important because they give insight into both how parents' understood their abilities as parents and the longevity of their support needs. The examples above highlight that despite variation in the extent to which parents perceived their ability to meet their children's needs, no parents included in this study explicitly recognised a need to change or develop aspects of their parenting. This may reflect a reluctance to disclose such sensitive and personal information to a researcher. Yet if true, the comments may be significant in terms of anticipated service outcomes and family progress. In other words, parents who engaged with the service within the research study understood their problems and situations as beyond their control and did not perceive themselves as having agency to change things for the better. Yet this contrasts somewhat with the support care philosophy discussed in chapters one and five which is based on the principle that through the provision of short breaks, and possibly the support of other agencies, parents will be able to resolve their own problems. The comments above suggest that parents do not necessarily see themselves as lacking in 'good enough' parenting skills but see themselves as inhibited by disadvantages in their social and material circumstances; circumstances which may not be resolvable in the short-term or without continued professional involvement. Such perceptions are important for

considerations of state attempts to support families with social care needs. For parents reluctant to engage with support care, such as Rosie, engagement may be superficial compliance as opposed to a recognition or commitment towards change. Therefore the ways in which parents understand their involvement with support provisions may not correspond with professional / service objectives. As shall be explored in the following section, social workers and carers sometimes had contrasting perceptions of family difficulties which included concerns about parenting and family functioning. Importantly, if parents understood their disadvantaged circumstances to be outside of their control they may not believe themselves capable of resolving their problems or managing independently in the short or long-term. As discussed in chapter seven, there are implicit assumptions attached to the provision of support which include the expectation that improvements in family circumstances will be evident over a relatively short period of time, regardless of the duration or extent of previous family difficulties.

In contrast to parents, social workers and carers' discussions of family problems were more likely to highlight aspects of parenting practices or family functioning which were not considered 'good enough' or could be improved, although in some instances parents' perceptions corresponded with social workers' analysis of the family situation. For example child and family social worker Diane stated that there were "*no major concerns*" about Sarah's parenting but stated the family needed support:

*purely because there's lots of children in the house and two adults, living in a three bedroomed house. Um they [children] don't get the one to one time, they don't get space and we just thought they'd benefit from getting a bit of time out.*

Diane's comments attune with Sarah's [mother] comments discussed above in that they suggest she understood the family's engagement with the service not as an opportunity to improve functioning and / or parenting but to provide the children with some temporary relief from the challenging circumstances. However in other instances there was disparity between the ways in which social workers and parents attributed responsibility for the family problems. As discussed in chapter six, social worker Beth was explicit about her concerns regarding Rosie's history of neglectful parenting and her ability to attain a 'good enough' standard with her younger

children. Such concerns were neither shared nor acknowledged by Rosie. Similarly child and family social worker John reflected on his initial encounters with Georgina (mother) and her family:

*It [the household] was chaotic in the extreme, you could see that mum had little or no control over them [the children]. Georgina in fairness realised that she couldn't cope and referred herself to social services for some assistance with Dylan. And it was quite clear that she needed some assistance with him and with her parenting skills and things as well.*

John's comments correspond with Georgina's in the way they recognise the challenge of managing her son's behaviour. However John's comments also suggest that Georgina required support with parenting more generally, not simply in relation to Dylan's behaviour.

For carers, notions of 'good enough' parenting and family functioning were frequently discussed with how parents' behaviours corresponded with carers' own concept of acceptable parenting. Social work understandings of 'good enough' parenting were not necessarily known to carers and as such carers tended to make reference to their own ideas and approaches towards parenting in order to highlight areas of contrast and comparison. For example Denise made the following comments during one of her interviews:

*I know that that language is acceptable in the home but it's not here, so I have to be really careful how I deal with it. So what I say is that it's not language that I want him to use when he's with me and can he really try to think about it.*

*So I say "take your hood off". I just don't want him wandering about, using swear words, hood up. To me that's not what he should be doing out in public.*

*He's not used to having those kinds of restraints on him that the average nine year old boy would have on him. ... But like the minute I drop him off he's straight out and they probably don't see him for hours on end and he's totally self sufficient ...*

*He's very [pause] he comes across as being very secure with Sarah and James [guardians] and very attached to Sarah and James.*

Whilst recognising the emotional bond within the family, Denise's comments distinguish between parenting approaches that are 'good enough' for Sarah and

James but not 'good enough' for her. This includes her expectations about Ben's presentation, language and appropriate levels of supervision. Whilst Denise does not explicitly criticise Ben's care or declare it inadequate, she uses the word 'average' to position her ideas of acceptable parenting as the norm. This has resonance with Morris, Barnes and Mason's (2009) suggestion that a collective consensus developed under the Labour Government with regards to appropriate and inappropriate parenting which resulted in an 'othering' of parents who were seen as failing or rejecting of mainstream ideas. This can also be related to the discussions in the previous chapter regarding the respect generally afforded to parents' autonomy and family life. Whilst Denise accepts differences between her and the parents' approaches, her comments imply that she perceives some aspects to be not 'good enough'.

In a similar way, support carer Claire's reflections on her engagement with Lewis' family also gave insight into the ways in which she perceived Rosie's parenting:

*I mean I don't really have any concerns about Lewis when he goes back. I mean he is all for his mum and she plays with him, she is affectionate with him. He always goes to his mum. Even when he was at our house he was all for his mum but as I say he was very, very quiet. I had seen him playing on his own, very quiet, just not what you'd expect at that age. ... Our house is full of children on a Saturday and it is all about him [Lewis] which is how it should be do you know what I mean? At his age, his world should all be about him and when the kids come over he just loves it. I don't know that I think it is normal [being very quiet and playing on his own], you know? That he is at the centre is how it should be. .... I don't know how much attention he gets.*

*She [mother] has clothes for him, nappies, various creams. I am not sure that he had ever had his teeth cleaned. I mean she had never put a toothbrush in his bag ....*

*The only concern that we have had for him was last week when he was ill. We had him overnight and he had a cough, a cold and diarrhoea. There just didn't seem to be any urgency from social services or mum to get him to see a doctor.... It was just that he was ill enough for us to think that he needed to see a doctor... we both felt that he should have had some advice from the doctor.*

As with Denise's comments, Claire's descriptions suggest 'good enough' emotional

attachments as well as the provisions made to meet basic needs. However Claire's comments also suggest that she is suspicious of some aspects of Lewis' care and distinguishes between her own approach and that of Lewis' mum and social services. As with Denise, Claire's comments imply that while some approaches may be 'good enough' for the family or social services, they would not be considered 'good enough' for her.

In contrast, carer Natalie was consistently positive about, Ian's [father] parenting capabilities throughout her interviews. For example, she stated:

*He was a fantastic dad. He was really good. Alex was always well looked after, dressed well, smart and he was really coming on. With everything, physically and mentally, he was doing everything that he should have been really. There were no issues, you could tell he was well looked after, he was healthy, he was thriving. ... He was always a really positive dad, always happy when he dropped him off, always positive. He never came across as negative, ever and Alex was always happy. And his development was right on track. He could do everything he was supposed to do at that age. There were no concerns at all and he is still coming on really well. His dad was really good, he would always encourage him and buy him things from the Early Learning Centre to help bring him on as well. He used to come with this little learning computer toy, his flash cards and things. I think Dad really put one hundred per cent into him.*

Describing how she had met the family unexpectedly at a community event, Natalie added:

*They always make an effort with the activities that are going on, they are always there making the most of them.*

Natalie's descriptions of Ian's parenting are representative of good or active parenting as opposed to merely 'good enough'. The extent to which Natalie's perceptions were influenced by gender and Ian's status as a single father is unclear. Likewise, her reference to purchases from the Early Learning Centre suggests that poverty may not be experienced as acutely within this family as with others. Again such impact on her perceptions of the family remains unclear. Nevertheless, Natalie's comments, unlike those from carers above, do not suggest that she perceived her own approach to parenting as in any way superior to Ian's. As such her comments do not imply any concern for the child's circumstances as she is confident in the parent's attentiveness and ability to meet the child's needs.

This section has examined stakeholder perceptions of family difficulties and the extent to which family functioning and parenting approaches have been considered 'good enough'. It has been argued that the parents that participated in the research did not identify their parenting skills as deficient and did not engage with the service as a means to develop or learn new skills. This can be contrasted with some carer and social worker perceptions of family functioning which suggested parenting was not 'good enough' and could be improved. The extent to which stakeholders' perceptions of family difficulties correspond with or differ from each other is significant. As a preventative service designed to avoid families becoming separated, it is logical that over the course of the intervention, carers, social workers and other involved parties, support families towards improved levels of functioning and / or help parents develop more appropriate parenting practices. In other words, families engage with the service at a point where family functioning or parenting is bordering on being assessed by social workers as not 'good enough' for children and by the end of the intervention such concerns have been alleviated and families are functioning at 'good enough' levels. However if parents, at the onset of the intervention do not perceive themselves as needing or able to change and improve their situations but instead perceive themselves as victims of social and material disadvantage, the prospects for progression in terms of attaining and sustaining 'good enough' family functioning is less clear. Consequently, the remainder of the chapter is concerned with support care outcomes. The section explores how different stakeholders define service success and again highlights instances where stakeholder perceptions contrast and complement each other.

### **Support care outcomes**

At the end of a family's engagement with the support care service, stakeholders made reference to a range of outcomes which demonstrated change or progress resultant from the intervention. These included positive improvements to family life, neutral outcomes which were considered neither positive or negative, and some potentially detrimental impacts following the intervention. These are discussed in turn below:

- **Tangible improvements**

For some stakeholders, tangible improvements were evident in the family situation by the end of the intervention. For younger children, outcomes related to

developmental improvements such as toilet training, speech and mobility. For example, over the course of her engagement with the service, Chloe stopped wearing nappies. This had been an issue identified at the onset of the service as Chloe's mother had mobility difficulties which hindered her ability to consistently encourage her daughter to use the toilet. Similarly, referring to the progress made by another child, social worker Beth stated:

*Since he's [child] been going his development has really started to come on. Like I said, he's started walking recently but obviously you can't say for definite whether that's down to the placement or whether that's organic you know?*

During her interview, Beth stated that she had initially referred Lewis to the service in the hope that the carers would encourage his development. Therefore, despite acknowledging the difficulty in ascertaining conclusively that the involvement of the support carer was responsible for improvements in the child development, there was a perception that the involvement of a carer would be beneficial to the child. However the comments suggest that the carer had supplemented the parenting received by the child as opposed to having improved or developed parents' parenting capacity directly. In a similar way, social worker Jennifer discussed the progress made by Jack (aged 15) over the course of the intervention:

*With Jack there has been changes in his behaviour in every way. He is at college and he is doing well at college... and he has stopped smoking. He is better in the house and he is just so much more positive about his life now. It is really nice to see him now and I think that is down to Paul. I do. ... We are a couple of months on now and that improvement is still there.*

Jennifer's comments suggest that there were observable improvements to Jack's behaviour over the course of the intervention and for her, the changes were the result of Jack's relationship with the support carer. Her comments also suggest some longevity to the changes despite the time-limited nature of the relationship. This fits with notions discussed in chapter seven that children and young people can hold on to elements of their relationship and experiences to positively influence their lives.

The examples above suggest positive outcomes for children and young people, and highlight demonstrable change over the course of the intervention. However, as recognised by social worker Beth, it remains difficult to prove conclusively that the



changes were attributable to the involvement of the service and the support carer. However if the perception of positive influence is accepted, it is important to note that the improvements have been framed as resulting from the input and impact of the carer on the child and do not suggest parenting change or wider improvements in family functioning. As discussed in chapter six, despite being framed as a family support service, in some instances, the practice of support care was more heavily focused on intervening with children.

Service outcomes were sometimes discussed in terms of specific changes to families' situations. For example, for Sarah and James' family, the overcrowded housing conditions were considered to be a significant source of family tension. Support care was offered to three children within the family in an attempt to ease tensions while awaiting more suitable accommodation. Support care social worker, Susan reflected:

*The family has now moved into another larger property. This has improved the whole situation. ... All of the feedback [about support care] was positive. ... It is a very positive placement nothing untoward has come out at all. ... She [mother] has said in her feedback that there are no problems and just 'thank you for doing this'.*

As with the examples above, Susan's comments do not suggest that the parents made personal changes over the course of the intervention. As discussed in the first section of the chapter, Sarah and James' social and material circumstances were perceived by stakeholders to be a significant cause of the family's difficulties. As such the provision of support care, in this instance, can be understood not as an attempt to improve parenting capacity or support parents to be 'good enough'. Rather the intervention supported the family through a temporary and passing period of difficulty. This can be related to crisis intervention approaches which normalise the experience of temporary crisis and offer and withdraw support accordingly.

- **Intangible improvements**

The examples above suggest that for some families, stakeholders were able to identify specific areas of positive change over the course of their engagement with the support care service. Yet, in other instances, tangible changes were more difficult for stakeholders to articulate. For example, reflecting on the impact of the service for mother Sarah, social worker Jennifer stated:

*I think it has improved because as I say Sarah has been made aware of how things can be. She has seen how other people can be with children, or with her children and she has tried to emulate that. That can be nothing but positive.*

Jennifer defines improvements in the family in terms of what she perceives to be Sarah's increased awareness of how positive, active parenting could impact on her relationships with her children, their children's behaviours and attitudes. This can be related to social learning theory discussed in chapter eight and Furedi's (2013) claim that parenting is about relationships and is not a skill to be taught. In other words, Jennifer perceives that Sarah has learnt things about her parenting and / or about her children through their interactions with the carers which can be incorporated into her own relationships with them. However Jennifer does not provide details about the ways in which Sarah has tried to emulate the carer's approaches with the children. Such insight was also not identified by Sarah [mother] herself. Similarly other child and family social workers offered relatively positive, if non-specific reflections on how the service had impacted on the families with which they were engaged. In the minutes of a review meeting for other families it was recorded that: "*Beth feels overall it [support care] has been a positive impact on their [the family] lives*", while social worker Faith stated:

*I think at the next meeting, I'll probably be looking at drawing our service to an end. Um I'll probably be suggesting that and I've indicated that to mum, that she's made a lot of progress. They've gone on holiday and things like that and while there's been issues about the way they function as a family I think they will be ongoing.*

The comments of the social workers suggest that while it may not be possible to highlight specific changes or a linear description of progress, their knowledge of family situations and functioning led them to conclude that on balance the service had had a positive impact. Such changes, although intangible may have been enough to allay professional concerns about the family's ability to function at a 'good enough' level. However, as indicated by Faith's comments, the perceived positive impact of the service may be enough to ease but not eradicate concerns about the family. In other words, the service may have supported the family towards 'good enough' functioning as understood by social workers but not to a level considered good or optimal for children.

For children and young people, outcomes were also sometimes difficult to highlight. Summing up the progress made by Ben and Aaron [both aged eight] over the course of the intervention, social worker Jennifer stated:

*I don't think that things have changed like they did with Jack. Whether that is their age I don't know. I mean they still bicker. They still vie for attention. They are both trying to be top dog. Their ages are so close I'm not sure whether that will change. I don't think that will change. So it hasn't changed in that way but it was nice that they could have a break from each other and for that time they could be the centre of attention. ... I still think that it was important to have that time, that one to one time with an adult because that is something that they can't really have in that environment. That is something that isn't really going to change you know? So it is still a chaotic household and will always be a chaotic household. Even when their children are grown up it will always be a chaotic household, you just get that impression.*

On the one hand Jennifer's comments suggest that little has changed over the course of the intervention in terms of family functioning. However, despite continued tensions in the home, Jennifer continues to believe the support care service was a positive experience for Ben and Aaron as it enabled them to have some time apart and to be positively engaged with a carer. This raises questions as to whether the relationship and experiences available to children over the course of the intervention can be considered positive outcomes in themselves; even if there were no other personal or wider family changes apparent at the conclusion of the service. For example, mum Sarah stated that she was pleased with:

*the things that they [children] got to do. You know they just got spoilt for a bit and had some time for them. They all got on great with the carers as well. You know they had someone else to talk to.*

Sarah's comments suggest that she perceived the opportunities and experiences available to the children and young people over the course of the intervention to be a positive aspect of the service. However in contrast to the progress suggested by Jennifer, above, Sarah stated that the service had not facilitated wider changes within the family: "Nothing's changed here. When they [children] were going [to the short breaks] they were better [behaved]". Rather than supporting families towards change over the course of the intervention, Sarah's comments suggest that improvements were evident for the children for the duration of their relationship with the carer. In other words she neither perceived the service as facilitating whole family change nor

was aware of lasting impacts resultant from the child / carer relationships. Nevertheless she reflected positively on the opportunities and impact of the service for her children during the course of their engagement.

Jennifer and Faith's comments above contradict conceptualisations of family difficulty as temporary and passing. For example there is a clear contradiction in Jennifer's chaotic summation of family functioning, with Susan's [support care social worker] emphasis on overcrowded home conditions. For Jennifer, the 'chaos' and stresses within the family will be long lasting and constant. As with the comments from Faith (child and family social worker) above, the family situation may be assessed as 'good enough' but not 'good' or without dysfunction. Despite being positive about the service impact within the family, as the family's social worker Jennifer offers a more complex reflection on the outcomes and future support needs. In a similar example, support care social worker Maria reflected on the conclusion of the service for Ian (father) and Alex (child). Ian had reunited with his partner after she had successfully completed a residential rehabilitation programme. He unexpectedly ended his engagement with support care after he resigned from his employment due to difficulties with his employer.

*Maria: Alex doesn't go to Natalie's [carer] any more. It was their decision you know, he wasn't working and didn't want to travel there you know every day as it is quite a journey. He'll probably look for another job during the daytime. It was their decision to leave the job and they felt it was important for them to be happy. So it's all positive, mum and dad are both stable, they are doing really well. They could have carried on using Natalie, you know we would have supported that, but they felt that they didn't need it.*

Despite the unplanned and unexpected nature of the conclusion of Ian's engagement with support care, Maria's comments suggest she was supportive of the family's decision and optimistic about their future. She emphasises the progress the couple have made in terms of their substance misuse, their control over the decision and belief in their capacity to cope without support. Viewed in this way, support care has provided assistance to the family through their difficulties and during their process of stabilisation, and supported them to achieve a 'good enough' level of family functioning. Accordingly the family ended their relationship with the carer and the service when they felt able to cope without additional support. However, in contrast

to Maria's optimism, child and family social worker, Julie, was more tentative about the family situation:

*Yes, Dad left his job as there were some issues. It was his decision and he felt that they didn't need to have the support of Natalie any further. You know they have done really well but Dad has had a lapse since ending his job and the pressures are only going to increase in the future with the arrival of a new baby. So we will see...*

As support care social workers, Susan and Maria both offered a more simplistic analysis of families' situations and outcomes resultant from service engagement. Their accounts are somewhat contrasted with the more complex analysis of on-going difficulties provided by the family social workers. This may reflect differences in knowledge and relationships with families. For example, Collins, Jordan, and Coleman (2010) have argued that social workers engaged with families accept the complexity of their situations and understand there are no right or wrong solutions. However the contrast may also indicate the pressure for support services to demonstrate their positive impact and financial value (McDermid *et al.* 2011). As argued by Taylor and White (2001) social work descriptions and assessments of situations do not provide direct and unbiased insight into service user worlds but are constructions of their situations which serve a particular purpose. As such, support care social workers may be more inclined to frame outcomes positively and simply in an attempt to isolate how and in what ways the service has been effectual. However, it could be argued that this distorts the more nuanced reality of families' lives with on-going risks and / or mutating difficulties. In other words, if family difficulties are generational and entrenched as has been suggested in some policy documents (e.g. Allen 2010, Casey 2012), it is unlikely (and should be recognised as such) that short-term interventions such as support care will be the panacea. Yet conversely, a concern for outcomes and evidence of positive progression, as well as serving the interests of service providers, contributes to efforts to maintain purpose to the support provision and avoid the provision being thought of as respite for respite sake (see chapter eight). For example, support care social worker Rebecca argued that support care schemes needed to be "*outcome focused*" in order to concentrate and target specific areas of family difficulty. Viewed in this way, service user dependency is discouraged as there remain clear boundaries to the support provision and the progression of families following their engagement with the

service is more easily identifiable. In either case, it is significant to note that again there is disparity between how stakeholders define service success and the holistic impact on family functioning.

- **Neutral outcomes**

Together with tangible and intangible improvements within families following engagement with the support care service, more neutral outcomes were also discussed by some stakeholders. In such instances, engagement with the support care service was not portrayed as having either a positive or detrimental impact on the family. For example, some families were referred on to other support services at the conclusion of their engagement with support care. For example, Dylan's (aged 6) placement was ended prematurely because other stakeholders believed his needs were too high to be met within the support care provision. Consequently, at the conclusion of the service, social worker Victoria was in the process of exploring shared care options for Dylan:

Victoria [child and family social worker]: *I suggested we look at shared care because there is a pool of people who are specialised and are used to dealing with children who can be challenging and have a high level of need. ... These carers are specialised, they receive a wage and have had a lot of training. I think this is what he needs. I was looking for two weekends a month with someone like this.*

Whilst Dylan's engagement with support care may not have produced positive family changes, his involvement with the service nevertheless helped identify the extent of his support needs and prompt exploration of more suitable options. Viewed in this way the family's engagement with the service contributed to understandings of the family's support needs but did not produce any positive changes in terms of family functioning. However, in another example, the transfer of a family to another support service appeared to be a less planned or considered process. For example the following fieldnotes were written following a telephone call to support care social worker Chris regarding Nicola [mother], Lily and Lucy's [children] engagement with the service:

Chris informed me that the case was closed in December but the family had been referred to another family support service. He stated that social services had decided to close the case as they acknowledged that things were "*not perfect but*

*going ok*". Support care agreed a short continuation period as a planned withdrawal but the service was unable to continue without involvement of a social worker. Chris acknowledged the on-going concerns and stated that Nicola continues to present as "up and down" and stated "it depends on what day you catch her". He added that school reports continue to be concerning and stated that he felt it likely that some sort of intervention would always be necessary with this family. Chris did not know the details of the other support service so didn't know if it was likely to help the family. However he stated that he was aware that the service "currently had money" and weren't bound by the same referral criteria as support care.

The fieldnotes suggest that a less coordinated approach to service provision was adopted for Nicola's family and one not necessarily fuelled by a response to the family's needs. Whilst the withdrawal of social services support could be interpreted as progress towards independence, the acknowledgment of continued family difficulties and the referral to another support service, comparable with support care but not requiring on-going social work involvement, undermines such a conclusion. Rather than changed or diminished support needs, it would appear that the transfer to another service was based upon service funding and referral criteria as opposed to suitability and needs. While mother Nicola stated she was "not bothered" by the transfer of support, support carer Jade was more cautious:

*I'm not sure about it [the new service] really. I mean Nicola is very up and down and finds it difficult to manage. The whole point [of support care] was to give her some time for herself, get organised, get the house sorted, things like that. Now this service are encouraging her to apply for a college course! I'm just worried it's too much for her when she already finds it difficult to cope.*

A similar example can be seen from the review minutes for Emma [mother] and Chloe [child]. At the time of review, Emma had been engaged with support care for approximately eighteen months, far longer than the service norm. In the week prior to the review, Emma had requested additional support from the service as she was unwell. The request was denied and the family's social worker Sandra had discussed the possibility of her daughter being voluntarily accommodated if Emma felt that she could not cope. The following comments were recorded:

Sandra and Emma met yesterday and Emma felt that she could not cope as she was feeling low in herself. Emma agreed and stated that she was feeling low and has had cold / flu / chest infection. ... Sandra stated that she has spoken to her manager and it was agreed that additional support cannot just

be requested when mum is feeling low. Sandra stated that she understands that Emma feels stressed and that her duty team cannot just accommodate it when Emma feels she needs a break. Sandra stated that maybe there needs to be a period in foster care where Chloe has continuity and Emma is able to concentrate on her needs and to get “better”. Emma stated there needs to be an emergency support service where children can go into foster care at short notice if you need it. Mum stated that she does not want Chloe to go into foster care at this time. ... Rebecca [support care social worker] referred to an intensive family support service and asked Sandra whether this could be a case where a referral could be made. A brief description of the service was discussed and Emma stated she was interested. Mum was informed that it is an intensive working program and she has to be committed to it. (Review minutes)

In terms of outcomes, the review minutes suggest that over the course of Emma’s engagement with the service, little progress has been made towards the family feeling and being able to function independently. The recordings are noteworthy because Emma describes the type of service that she feels should be available to support her needs. This would involve a more responsive service that could provide care for her daughter as and when her physical and mental health deteriorated. Again this can be related to the disparity between stakeholders’ understandings of family problems. For Emma, the problems are periodic but long-term. However the way that she envisages using support care services is unacceptable to the professionals whose approaches to families are underpinned by a concern to avoid dependency and the pursuit goals of long-term change through short-term intervention. The extent to which the social worker recognised Emma's longer-term support needs is unclear from the minutes. Possibly Sandra [child and family social worker] is aware of the inadequacy of the current approach to the family's situation but as discussed by Parton (2012) is dually obligated to the needs of the service user as well as answerable to the State. In other words Sandra may wish to provide the type of support Emma describes but is professionally obliged to maintain the response of supporting and monitoring Emma's progress towards independence. However it is also possible that the social worker feels no such conflict of interest. As argued by Taylor and White (2006) social worker judgements tend to be influenced by pervasive beliefs within society. In this way, it is possible that Emma's preoccupation with her own needs has contradicted notions of the selfless and loving mother. Consequently, an ultimatum is presented to Emma, albeit under a support



guise, which required her to either accept her responsibilities to her daughter regardless of her health status or relinquish her daughter's care.

The recordings can also be related to Morris' (2012) suggestion that parents can be illogically offered insufficient support for too long a period. On the one hand if it had been deemed that Emma could not cope caring for her daughter, then it was arguably in her daughter's best interests for her to have been placed with foster carers who could have met her needs and offered her the stability and continuity described. Yet on the other hand, if Emma was offered the type of support that could respond more flexibly to her health needs then maybe the family would not periodically be in crisis and Emma would not feel that she was forever battling to receive support:

Emma [mother]: *I am constantly fighting. I don't see why they can't, you know ... I don't need constant support and I can't see why they can't give it to me. I don't see why they can't provide the sort of help that I need.*

Despite competing understandings about the family's support needs and prospects for meaningful change, Emma [mother] is referred to another time-limited provision. Similarly the social worker emphasises that Emma must be 'committed' to the intervention. This can be related to the tension between rights and responsibilities. Whilst Emma's support needs are partially recognised through a referral to another service, this is undermined by the insinuation that Emma needs to be more demonstrative in her efforts to change. Morris' (2013) research found that families were frustrated by the lack of continuity in service provision. Emma's comments above suggest she too is frustrated, but the review minutes similarly suggest that families have little power over support provision and as such some type of support is preferable to no support.

- **Potentially detrimental outcomes**

In addition to positive and neutral outcomes of service impact discussed above, some stakeholder reflections also suggested the potential for more negative impact. For example Jennifer [child and family social worker], reflected on how the service had not been a positive experience for one young person:

*I think in some ways it has added to his unhappiness if that makes sense. Because I ... I don't know ....do you know what I mean? I think sometimes if you are living in a certain environment and you don't know any different you*

*can sometimes get on with it. But if you see something different and know how things can be different it can make it harder to carry on. I think having seen how it could be different .... So now I think he is even more aware of what he hasn't got.*

Jennifer's comments suggest that for some children and young people, increased awareness of less disadvantaged family lives and functioning could have a detrimental impact on children's well-being. Such an outcome contradicts suggestions that short breaks with carers should seek to enrich children's lives (see chapter six). Similarly, in describing the time-limited nature of the service and the process of ending relationships with carers, Jennifer stated: "*It can be very sad for the children. It can be devastating for the children. They do feel it. There is a sense of loss*". As discussed in chapter six, for some children, the relationship developed with the carer over the course of the intervention was considered significant and as such the conclusion of the relationship could be emotionally challenging. Viewed in this way, children, young people and their families may be supported over the course of the intervention towards more effective functioning, but a by-product of the provision may also be 'a sense of loss' in terms of the temporary nature of the service relationships. The degree to which feelings of loss or unhappiness could be considered negative service outcomes would depend on the extent of the feelings and / or the resultant impact on the young person's life. For example Jennifer later added: "*it's about how you use that experience*". Jennifer's comments reaffirm the importance of individual responsibility as opposed state reliance or dependency (see chapter seven). Whereas such debates more commonly centre on adults, Jennifer's comments seem to extend the focus to include children and young people. Although she does not expand on which children or in which circumstances, she nevertheless suggests there to be an element of choice in how young people respond and incorporate the experience with the carers into their own lives. As such, despite some negative emotions, there is potential for children, young people and adults to use the experiences / emotions to positively impact on their lives and futures.

## **Conclusion**

This chapter has been based on an understanding of support care as a service which attempts to support families away from the brink of breakdown and separation, towards 'good enough' levels of parenting and functioning. It has explored

stakeholders' perceptions of problems and progress over the course of the intervention and in doing so, has highlighted discrepancies between understandings of family difficulties, potential for personal change and outcomes following service engagement. Within this research study:

- Parents were more likely to consider themselves blameless for their family's problems and no parents within the study acknowledged the need for improved parenting skills. In some instances this could be contrasted with social workers and carers' discussions which identified areas considered not 'good enough'. Consequently parents tended not to perceive their engagement with the service as a journey towards 'good enough' parenting and family functioning. Rather the benefits of the provision were enjoyed for the duration of the service but were not understood as facilitating lasting change.
- In contrast, both child and family and support care social workers were more likely to reference change or progress within families over the course of the service. However specific changes were more likely to be referenced in relation to children and young people or external circumstances as opposed to parental change.
- Finally, in this study child and family social workers and carers were more likely than support care social workers to acknowledge on-going concerns regarding family functioning following the conclusion of the service. Whilst families may have achieved or reassured professionals of a 'good enough' level of functioning over the course of the intervention, this did not necessarily mean that stakeholders perceived their problems to be eradicated or a 'good' level of family functioning achieved.

## **Chapter ten: Conclusion**

This research was designed to be of interest and relevance to academics, practitioners and policy makers involved with family support. It has provided detailed consideration of a specific means of supporting families – support care; a service which continues to be actively promoted by The Fostering Network and one which is related to the more well-known provision of foster care and short breaks for disabled children and their families. The research has included the perspectives and experiences of all stakeholders involved with the service and in doing so has unpacked the complex nature of interventions designed to support families. The issues explored, such as the aims of support, the expectations of service users, the balance of supporting parents and protecting children, together with the hopes and understandings of outcomes and change, are of relevance across the field of family support. More widely, the study aimed to make a contribution to social policy debates regarding the State / family relationship. In chapter one, the tensions and dilemmas inherent in state attempts to intervene and support families with social care needs were highlighted. This included questions as to the type of support that should be provided, its focus and purpose, together with its form of delivery.

This concluding chapter summarises the key points and findings of the research. It includes findings relevant to the original research questions, the debates and policy developments which informed the research, as well as recurring and significant themes. The chapter offers suggestions for further research and makes recommendations regarding the future delivery and development of support care. In addition, consideration is afforded to the limitations of the study as well as the implications for social work practice raised by the findings.

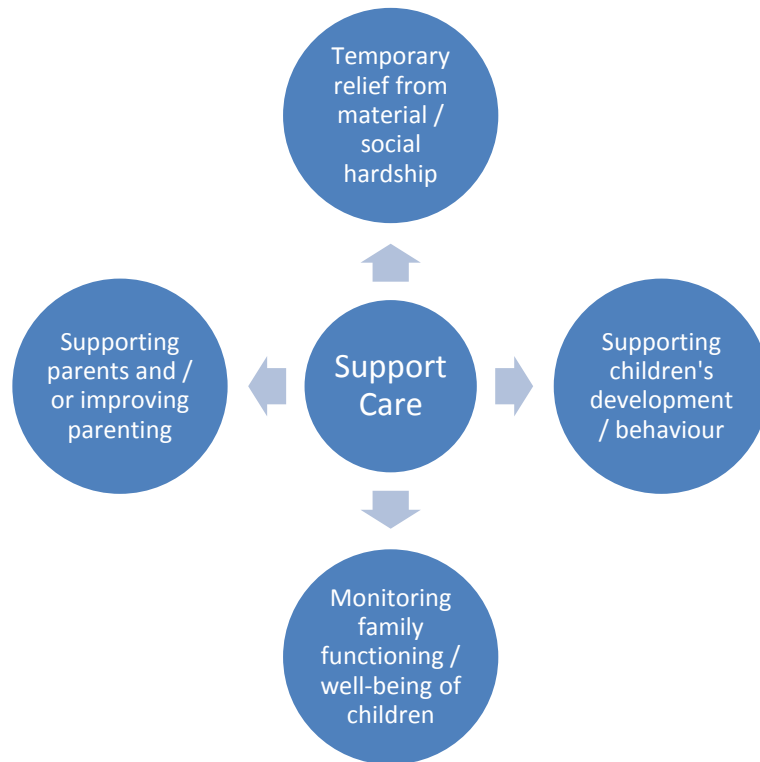
### **Research highlights**

This study has provided detailed insight into a means of supporting families in need. The research highlights presented below address key themes of the research; namely the purpose, delivery, experience and outcomes associated with the support care intervention.

As a family preservation service, the ultimate goal of support care is to prevent children becoming ‘looked after’. Ten support care placements were followed and at

the end of the intervention, children remained in the care of their parents in eight of the cases. Therefore, for the duration of the intervention the majority of families remained together. This finding supports previous research which indicated the service was effective in avoiding breakdown (Aldgate and Bradley 1999). However, evaluating the effectiveness of family support services and establishing causal impact between interventions and outcomes is challenging (McLeod 2012) and it is acknowledged that the impact of the service has not been isolated. Nevertheless, it is hoped that the case study and longitudinal design of this research has enabled readers to gain a sense of the participant families' support care journeys, as well as an understanding of the types of families the service can be offered to and the outcomes that may be expected from such provision.

The families that participated in this study can be related to depictions of 'troubled' or 'problem' families that have been the focus of policy makers and featured within the media (e.g. Casey 2012, Express 2013). The families' difficulties were characterised by social and economic disadvantage and included inadequate support networks, lengthy histories of problems, unstable and volatile relationships, as well as mental and physical health problems. In responding to such difficulties, it was apparent over the course of the research, that the provision of support care could be used, or was understood as, serving several purposes. As stated above, the ultimate goal of the service was to prevent families becoming separated and children entering the 'looked after' system. However within the delivery of the service other goals and objectives were also apparent. These are summarised in the typology below:



**Figure 10.1: The functions of support care**

The use of support care as a temporary relief from social and / or material hardship was apparent in several of the empirical chapters. For example, chapter six explored the ways in which some support care stakeholders understood the intervention as an opportunity to enrich children’s lives and provide them with temporary relief from their ordinarily disadvantaged circumstances. Some parents also understood the intervention in this way; for example the service eased the pressure of caring for a large number of children in overcrowded conditions. In terms of parent / child relationships, the temporary provision of short breaks was sometimes understood as an opportunity to ease tensions and pressures within families.

The use of support care to support parents and improve parenting was observed in several of the cases. For example, some parents were supported to manage health conditions alongside caring responsibilities. In this way, support care was sometimes described as a 'lifeline' in what would otherwise be an inadequate or non-existent support network. In other instances the service provided parents with opportunity to maintain employment, access supportive interventions for themselves or attend to the needs of other children in the household. Although attempts to improve parenting were less commonly made explicit between stakeholders, such objectives were

nevertheless apparent in some of the cases. Several carers discussed attempts to model positive behaviours and engage parents in discussions about parenting.

Supporting children's development and behaviour was also apparent in several cases. For younger children, the service could be used to encourage specific developmental targets such as toilet training or speech development. For older children, the support carer could be tasked with encouraging anger management skills or developing social skills more generally. As discussed in chapter nine, parents were more likely to associate the service as being predominantly focused on children and supporting them address negative behaviours or encourage development, as opposed to being a learning or development process for them as parents. However in addition to such short-term goals, longer-term aspirations were sometimes attached to professional and carers' understandings of children's engagement with the service. Some stakeholders expressed hopes of inspiring children, broadening their horizons and motivating them towards a brighter future. In such examples, the provision of support care can be related to notions of investing in children; the rewards of which would become apparent in the longer-term (Featherstone 2004).

Finally, the monitoring and information gathering aspects of support care were evident in the service provision for some families. As with objectives to improve parenting, such functions were rarely made explicit but in some cases were highly valued by child and family social workers.

Figure 10.1 is helpful in considering support care against Fox Harding's (1997) analysis of state / family relationships. The ways in which the service seeks to support parents, relieve difficulties and show respect for parents' autonomy (discussed in chapter eight) clearly relates to Fox Harding's category of recognising parents' rights and preserving family life. Yet somewhat in contrast to such efforts, children are of central concern in other areas of service provision. For example, the monitoring aspects of the service reflect the State's role to protect children as opposed to supporting parents. Likewise the efforts to encourage children's development and provide them with temporary relief from disadvantaged circumstances can better be understood as recognition of children's rights and / or an attempt to influence the future trajectory. Considered in this way, the study of support care has illuminated social work commentary which suggests family support

can be used to support, educate or police parents (Morris, Barnes and Mason 2009), can reflect services done to, done with or which enable families to do for themselves (Frost 2003b) and the extent to which services reflect efforts to influence the social and economic potential of children (Featherstone 2004).

The contrastable functions and purpose of affording families the support care provision may have influenced the mixed emotions experienced by families at the onset of the intervention. For some, the support care service represented almost the ideal provision and there was a sense of happiness or relief at being referred. In this way support care can be related to the development objectives of the service; of providing support to parents who needed help but which also enabled them to retain a sense of control over their family lives (Brown, Fry and Howard 2005). Yet for others, the negative connotations attached to foster care and / or mistrust of social services and social workers induced more apprehensive feelings. It is possible that some parents were more alert to the potential that engagement with the service would provide professionals with increased information and opportunity to monitor. In such circumstances, parents engaged more reluctantly. Despite any initial reservations, over the course of the intervention, the participating parents generally reflected positively on the service and experienced it as supportive and helpful.<sup>2</sup> In part this may be related to the efforts during the establishment phase of the service where stakeholders were keen to stress respect for parents' authority and control, despite them relinquishing the care of children for short break periods. Alternatively it may reflect the changeable nature of how the service is perceived and understood. For example, monitoring aspects of the intervention may be particularly important to professionals initially and parents may be suspicious of professionals' motives. However over the course of the intervention, as relationships between stakeholders develop, professional concerns and / or parental anxieties may ease.

Varied initial responses to engagement with support care were also apparent from children and young people. Despite the family focused framing of support care, children and young people were most affected by engagement with the service. Children and young people were required to spend regular periods away from their home in the care of a support carer. Consequently, this research attempted to include

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<sup>2</sup> It is important to note that the perspectives of parents whose children were subsequently removed from their care were not part of the data collected.



the views and perspectives of the children that participated. Verbally able children participated in semi-structured interviews which were adapted to their needs and preference. This included talking while playing or being mobile to avoid a more formal or intense discussion. Children were also given materials which they could use in between contact with the researcher which would form a focus for the subsequent session. Generally the children were willing and happy to discuss their time spent with a support carer. As with parents, the data suggested that over the course of the intervention, children and young people valued their short breaks and the relationship with the support carer. The research also concurs with developments in the sociology of childhood and family which recognise children as active agents with voice (O’Kane 2008). For example, some of the children that participated in this study had clear ideas about what they wanted from the short break provision and some were keen to develop / maintain their relationships with carers (and sometimes the carers’ extended family). However, over the course of the intervention, children’s wishes and participation were sometimes marginalised or unheard, particularly in regard to service conclusion.

For pre-verbal children, observations of short break sessions were recorded in order to note how children presented with their parents and support carers, including at hand over contacts. Whilst the emotional responses of young children could be attributed to a number of different factors, the observations over time gave insight into how comfortable and happy children were to spend time with support carers. The observation recordings provided children with a means of participating, albeit through the interpretation of a researcher, and attempted to afford greater credence to the wishes and feelings of young children who are not verbally able to communicate their thoughts.

Relationships have been shown to be central to the support care provision (see figure 5.1, chapter five). Support care social workers were particularly enthusiastic about the intervention approach and advocated the supportive and partnership approach to engaging with families. In the early stages of the intervention, the emphasis placed upon forging positive relationships between support carers and parents enabled parents to agree to the provision and feel comfortable with their children being away from them. Positive relationships with children were also important in helping children feel at ease during the short breaks, and for older children, securing their

continued consent to engage. Consequently much attention was paid at the onset of the intervention to engage with parents and children and establish trusting and supportive relationships with them. This included efforts to reassure parents, encourage their contribution and accommodate their needs.

Support carer efforts to maintain positive, respectful relationships with parents were evidenced throughout the intervention. As such, close bonds were sometimes formed between families and support carers. Some parents considered support carers to be friends and some children and young people considered them to be significant figures within their lives. On occasions, the positive relationship enabled opportunities for change as support carers modelled positive behaviours, reflected on their own practices, and discussed behaviour or parenting strategies for the future. The gentle and supportive approach of support carers was perceived as an important feature of the service by some carers who believed that the non-confrontational approach enabled parents to reflect honestly about their behaviours. A similar, non-blame approach was also sometimes articulated as helpful for young people. Such sentiments stand in contrast to the development of services such as Family Intervention Projects (FIPs) which incorporate 'assertive' and 'persistent' features (White *et al.* 2008) and include consequences or penalties for non-compliance. However the value of positive, supportive helping relationships has similarly been recognised within FIPs, as has the possibly unhelpful combination of supportive and punitive measures (Parr 2011). Yet despite this, in other instances, support carers' efforts to maintain positive relationships inhibited their ability to confront aspects of parenting or children's behaviours. For example some carers felt unable to discuss aspects of parenting with parents, believing it could offend and / or be beyond the boundaries of the role. In this way changes and progress within families were arguably impeded as a result of the emphasis on relationships and respect for family life. This may explain professional anxieties regarding the unhelpfulness of overly dependent or involved relationships between support carers and families, as well as efforts to make the intervention more task-orientated and specific in its expectations of parents.

Despite the largely positive reflections captured during service delivery, more varied responses were apparent in relation to service effectiveness. Support care social workers were more likely to highlight the ways in which specific areas of family

difficulty had been addressed by the service. Such accounts emphasised the temporary nature of family problems. However other stakeholders recognised the on-going or mutating nature of the families' difficulties. For example, children and family social workers were sometimes less optimistic that the temporary provision had invoked long-lasting change. Similarly some parents were reluctant for the service to be concluded and did not feel they had reached a stage where support was unnecessary. In other words, the service was valued and had helped the family whilst it had been available, but was not necessarily perceived as facilitating change and a return to independence. Such a finding may indicate contrasting theoretical and practical understandings of the service. In theory, families can be supported through a period of temporary crisis and at the end of the intervention no longer require support. Such theory corresponds with narratives regarding the avoidance of dependency and the encouragement of personal responsibility and self-determination. Yet in practice, the messy, complex, evolving and / or on-going nature of families' needs and difficulties may be more apparent. In addition, the competing perspectives may be related to the somewhat contradictory influences and aspects of family support. On the one hand, family difficulties are recognised as entrenched, multifaceted and sometimes generational. Yet on the other hand, supportive interventions such as support care are short-term and temporary. Whilst service providers may be eager and / or under pressure to highlight the ways in which the service has been effective, it may also be unreasonable to expect a part-time, time-limited intervention to act as a cure all for long-term family difficulties.

The importance of outcomes and service effectiveness can also be related to assumptions and expectations about how short breaks should be used. Such assumptions were recurring throughout the study. Except in instances of health issues, attempts were made to attach specific and purposeful objectives to the provision of short breaks. In other words, stakeholders were keen to avoid the suggestion that the service was simply affording parents relief from their responsibilities. However, developers of the support care service recognised that for many parents a break from caring was important in enabling them to cope (Brown, Fry and Howard 2005) and some support care social workers recognised that the provision of time apart had the potential to ease tensions and improve family relationships (see chapter five). Despite this, social workers were reluctant to frame

the short break provision as an opportunity for parents to have a break or rest from caring for their children. Rather there were expectations placed upon the time afforded to parents through the provision. For the families that participated in this research, the 'appropriate' use of the time by parents included spending time with other children in the family, attending employment, appointments or other supportive services.

Concerns for how short breaks should be used were also relevant to the time children spent with support carers. The experiences of children and young people engaged with support care sometimes resembled realistic care and involved inexpensive activities that could be replicated at home with relative ease. Yet on other occasions children were engaged in opportunities that were beyond those normally available to them. Such activities were intended to provide children with new experiences and enrich their lives. On the one hand it could be argued that as a family preservation service, short breaks should facilitate activities that are sustainable for families following the completion of the intervention. It could be considered inappropriate for children and young people to be introduced to activities that they have no way of continuing after the six to twelve month intervention period. Furthermore, as an aid to the family, the support carer role should arguably be to facilitate improved relationships between the parent and child. This may be unlikely achieved through the introduction of extraordinary activities and experiences by a third party and at the exclusion of the parent. Viewed in this way, activities which seek to enrich children's lives may add a new source of tension within families, particularly if the activities are unsustainable post-service. Alternatively, the practice realities of service delivery and placement progression may be somewhat different. For example, as highlighted in chapter nine, not all of the parents understood their engagement with the service as an opportunity to learn or change their behaviour. It was also apparent in chapter eight that some relationships between support carers and parents were hindered by carers' perception that parents were unmotivated and uncommitted towards change. While improvements may be recognised in the relationship between parents and children or that the family situation had receded from the point of crisis, it was apparent that some stakeholders continued to believe that children and young people would continue to experience disadvantage and hardship. Viewed in this way, assumptions that families would replicate activities

following the withdrawal of the support carer may be idealised. As stated above, children and young people could be engaged in activities in an attempt to motivate and inspire them towards different lifestyles and futures. It should be noted that comparable debates have not developed within short break provision for disabled children and their families, where emphasis is placed on enabling parents to have a break from caring and providing children and young people with enrichment experiences.

Finally, questions of time and timing were recurring throughout the analysis. In addition to expectations of how the time would help families or should be used, decisions regarding the length and frequency of short break support remained inextricably linked to concerns regarding dependency, responsibility and resources. In other words, the delivery of support care needed to provide enough support to families that would be effective in easing their difficulties. However this was balanced by concerns regarding costs and the possibility that too much support would be counter-productive; both in relieving parents of their responsibilities and potentially damaging the parent / child relationship. Similarly, support care aimed to be flexible and responsive towards families' needs and provide support for sufficient periods for difficulties to be resolved. However this was countered by concerns of families becoming accustomed to the provision of breaks as opposed to being in need of them. This was combined with fears that supportive relationships were overly involved or attached. Pressures regarding incoming referrals and waiting lists further contributed to assessments of continued support needs. Again comparable debates have not been applied to short break provision for disabled children and their families as families' support needs are accepted as on-going and as such the development and maintenance of 'real' relationships (Tarleton 2003) is not considered problematic.

### **Suggestions for further research**

This research focused on the 'doing' of support care and followed families through their engagement with the service. As has been highlighted in previous research (Greenfields and Statham 2004) it would also be helpful to follow families' trajectories in the longer-term following service conclusion. This would serve two

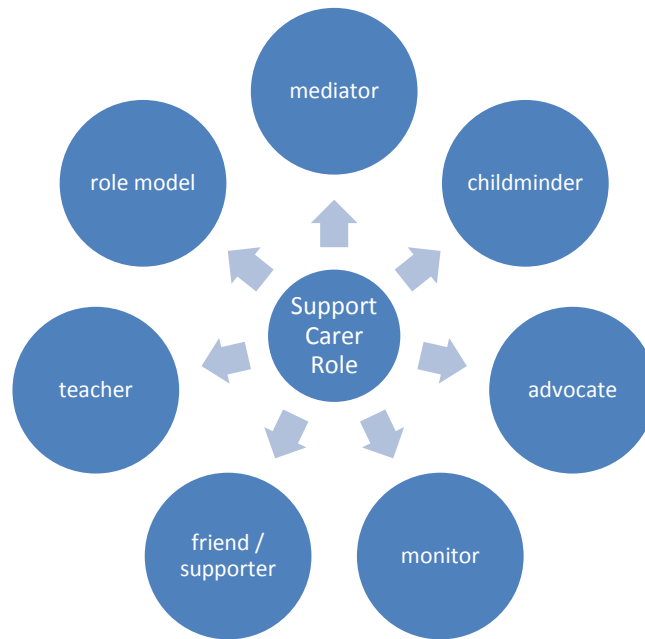
purposes. Firstly the research would enable continued insight into the progression of families and the extent to which they are able to maintain progress and avoid separation. Although such research would not isolate the impact of support care, the information would nevertheless indicate if support care had contributed, alongside other supportive measures, to attempts to keep families together. Furthermore, continued data collection could also make a contribution towards debates regarding the appropriateness and effectiveness of temporary support. For example, this research has highlighted how some families were resistant to the withdrawal of support and concerns have been raised regarding the difficult ending process experienced by some children. Longer-term research would enable more considered reflection of such issues.

Finally, some experimental research would be helpful in strengthening the support care evidence base. Whilst it is acknowledged that isolating impact is challenging when support care is often used in combination with other supportive measures, some comparison would be possible between families afforded support care and those only offered the other range of supportive services. In addition, some experimental research could also be used to develop approaches to service conclusion. Within the current study it was noted that parents sometimes felt a diminished sense of control and partnership as endings were enforced rather than mutually agreed. Similarly children and young people were sometimes reluctant for the service to end and were confused by its withdrawal. Experimental research could enable comparisons to be drawn regarding service conclusion when determined by professionals as well as by families. The control parents and children have over endings may induce different reflections of progress and offer further insight into concerns regarding the extent to which support can lead to dependency.

### **Service recommendations**

Over the course of data collection it was apparent that there was some disparity in the ways support carers understood their relationships and obligations towards parents. Some support carers attempted to develop productive relationships with parents while others felt their role was concerned primarily with the child. Ironically it was also apparent that the non-judgemental, supportive approach of the service sometimes inhibited carers from encouraging change with parents as they felt they

were overstepping the boundaries of their role. As has been shown above, support care placements varied in the underlying assumptions about how the service would be effective and how support carers would be helpful in reducing family difficulties. Figure 10.2 below highlights the differing roles support carers may be expected to fulfill over the course of their engagement with a family:



**Figure 10.2: Support carer roles**

The roles highlighted above may be applicable to children and / or to parents. In other words, support carers may be expected to perform a teacher role to children through encouraging their development and / or be expected to educate parents about aspects of parenting. In this way, the carer role should not be thought of as homogeneous but encompassing multiple possibilities which will vary depending on the needs of the particular family. Consequently, it would be beneficial at the onset of placements to explore and be explicit about such factors as they relate to the placement. This may help consolidate and clarify the approach for the support carer.

Over the course of the research it was apparent that support carers had differing strengths. Some excelled at engaging younger children, some with teenagers. Some were able to engage with parents and supportively challenge their behaviours while

others were enthusiastic advocates for families. Some were confident at dealing with concerns while others were adept at managing the emotional aspects of the role. Throughout the research, there were numerous accounts of good practice. A means by which support carers could share such experience would add another layer of support to carers. While individual services may have differing means of supporting and / or linking support carers, this may be enhanced by the development of an online forum to encourage information sharing and good practice.

Previous research has suggested that the ending process of the support care service would benefit from further development (Aldgate and Bradley 1999, Roberts 2011). The placement examples contained within this research also support the notion that more attention should be paid to the ending process and greater recognition afforded to the relationships that can be forged over the course of the intervention. For example, it should not be overlooked that several of the children and young people developed close relationships with the support carers and it was acknowledged that the conclusion of the service was experienced, at least in the initial instance, as a personal loss. Priority should be afforded to helping young people understand why the service is coming to an end and the policies for future contact. For example, one of the participating services had a policy that any on-going contact should be initiated by the child rather than the carer, although this did not include face-to-face contact. Likewise, of the participating families, only one family instigated the conclusion of support and families were far more likely to experience the ending process as something beyond their control. In this way notions of partnership emphasised at the onset of the intervention were less apparent at its conclusion. Whilst it is acknowledged that resources are limited and support carers only have limited capacity to continue relationships with families, additional measures could be incorporated in order that the ending process is not felt so acutely. This could involve carer initiated telephone or social media contact in the first instance and / or meeting with families for a coffee and catch-up. Such gestures could help ensure that children did not feel rejected or forgotten and parents did not feel abandoned by the support carer they had spent months developing a relationship with.



## Implications for practice

The empirical chapters raised a number of issues and tensions inherent in providing support to children and families. Such issues have relevance for efforts to further develop support care services, as highlighted above, but also have wider relevance for social work practice. Chapter nine used the notion of 'good enough' to explore perceptions of parenting and outcomes resultant from support intervention. This section will also use the notion of 'good enough' but in reference to ways in which support is provided to families in need. The following questions are posed with the aim of stimulating debate within the profession:

- **Is it 'good enough' that supportive interventions seek only to ensure families function at a 'good enough' as opposed to 'good' level?** Over the course of the research there were repeated incidents where social workers and support carers insinuated that situations and lifestyles were 'good enough' for the families in receipt of support but would not be 'good enough' for them. There was a sense of resignation that regardless of whether families were supported to remain together, children and young people's lives would continue to be challenging and disadvantaged. In this way, are service users being somewhat failed if those supporting them are complicit in such knowledge?
- **Is it 'good enough' for support services to be time-limited when it is accepted that support needs continue and / or the complexity of family situations means that progress is 'up and down'?** Despite theoretical notions of families experiencing and being supported through temporary periods of crisis, the families that participated in the research all had on-going issues and needs by the end of the intervention. This included on-going health issues and inadequate family support. Whilst it is possible to isolate and specify the ways in which time-limited services have aimed to be beneficial, the reality for families who have on-going needs can be temporary, unstable, and changeable support. For example, two of the participating families were immediately referred on to other support services which provided a comparable level of support and were again time-limited.

On the one hand it could be argued that time-limited, targeted support prevents dependency and over-reliance upon social care support. However on the other hand it could be argued that such provision fosters apprehension and uncertainty amongst service users; factors which hinder rather than facilitate positive change. In other words, rather than being motivated towards independence, families seek to emphasise their support needs as a means of justifying continued support.

- **Is it 'good enough' for support services to be both relationship-based as well as time-limited, particularly when this involves children?** Over the course of the research it was apparent that close relationships could be established between service users and carers. Yet whilst it was recognised and accepted that positive relationships were conducive to change and there were explicit attempts to influence and mentor service users, relationships could also be deemed to be overly involved and attached. Fears regarding overly involved relationships can be related to notions of dependency discussed above and may also relate to efforts to improve relationships within rather than beyond the family. However it could also be argued that the temporary and time-limited nature of the service replicates the changeable and unstable nature of family relationships that have been criticised as part of modern society (Centre for Social Justice 2011). In this way, support services replicate rather than rectify social problems and fail to promote relationships as being long-term, committed and interdependent.

### **Limitations of the study**

This small sample case study was designed to provide insight into the delivery and 'doing' of support care. As such, the study was not designed to be representative of families with social care support needs. Variants of the support care service operate across England and Wales. Three were included in this study and it is likely that wider aspects of practice and progress were not represented within this thesis. Similarly, the research enquiry sought at all times to be respectful to participants and remain sensitive to the difficulties and challenges faced by the families. In this way, contact was not sought from parents whose engagement with the service had ended

following the removal of their children. Likewise participants, particularly children and young people, were not pressed as fully as was possible to discuss aspects of their lives and experiences that they found upsetting. In doing so, it is arguable that a more limited understanding of the provision has been generated.

Despite such limitations it is hoped that the study findings are informative, and of interest and relevance to a range of readers with connections to social work and social policy.

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## **Appendix 1: Information sheet for children and young people**

### **Support Care Research: *Information Sheet*** *for Children and Young People*

#### *Would you like to take part in some research?*

**I am doing some research on the support care service and would like you and your family to tell me what you think about it.**

#### *Why is the research being done?*

**I am doing the research for a few reasons:**

- **I am in university and am doing this research as part of my course.**
- **I am interested in how services that try to help families.**
- **I want to know what children and young people think about support care.**

#### *What will I have to do?*

**There are different things that you can do! I can ask you some questions, you can draw me a picture, tell me a story, take some photos or show me what you do at your support**

**carer's house. I can also give you a tape or video recorder that you can speak into when I am not there to tell me about what you have been doing or thinking.**

**I may also come to some support care meetings. If I do, you won't have to do anything, I'll just be there to write down what is happening.**

### ***Who will see what I have said?***

**Some of what you have said or made will be included in my project for university. I will also talk to other people about the research and write about it in the future.**

**I will not tell anyone your name or where you and your family live. You can help me think of a pretend name for you and your town. However, your family, social worker and support carer may be able to work out who you are even though we will change your name.**

### ***What if I don't want to?***

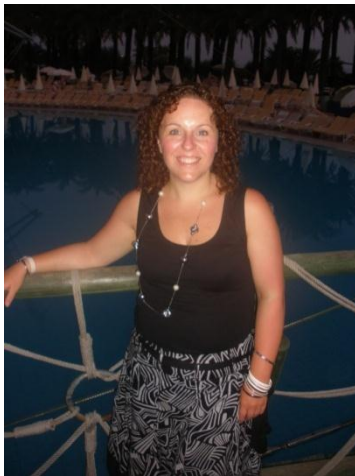
**You do not have to take part in the research if you don't want to and this will have no effect on whether your family receives the support care service.**

If you do agree to take part you will be able to stop at anytime and can decide not to answer any question or participate in a particular activity. I will also check with you before I write about anything you have said or made.

### *Who else will be taking part?*

I am looking for ten families to take part in the research. It is likely that this will be made up from families from different parts of England and Wales.

### *Who will I be with?*



*My name is Louise and I am 33 years old. This is a picture of me. I live in South Wales with my husband Jeff, my son Liam and my daughter Ffion.*

*I will come to your home or I will visit you when you are with the Support carer. You can speak to me on your own or you can have someone with you.*

### *Any Questions?*

If you have any other questions or would just like me to have a chat with you about the research, you can phone or text me on XXXXXX (I will ring you back so you don't use up talk time). You can also email me on [RobertsL18@cf.ac.uk](mailto:RobertsL18@cf.ac.uk).



## **Appendix 2: Information sheet for parents**

### *Supporting Families in Need: Researching the Support Care Service*

#### *Information Sheet for Parents*

##### *What is the research about?*

The research is about support services that try to help families. Support care is a service aimed at helping families through difficult times and this study wants to see if and in what ways it is helpful. This will involve talking to everyone involved with the service including support carers and other professionals but most importantly, to children and parents receiving the service.

##### *Why is it important?*

The views of parents and children who use services are often missing in research. It is hoped that this project will provide valuable information and help develop support care and other services in the future.

##### *What is involved?*

**Parents:** Parents will be asked to talk with the researcher on three occasions during their involvement with support care. Interviews will last no longer than an hour and will take place at a convenient time and place for parents. Interviews can take place face to face, over the telephone, by text or email. No preparation for interviews is required and call costs will be paid by the researcher.

It is hoped that parents will also keep an audio diary of their time involved with the service. Participants will be given a tape recorder for this purpose, which can be used in between interviews to record thoughts and experiences.

**Children:** Children are likely to meet with the researcher three times. Meetings will be conducted at the parents or support carer's home. Children can answer questions, draw, tell stories or show the researcher what he/she does with the support carer. If they are old enough, children will also be offered the use of a tape recorder. For babies or young children, I will observe them with the support carer and make some notes.

I also hope to attend some support care meetings where I will write notes about what is happening.

### *What about confidentiality?*

Cardiff University has agreed for me to do this study. As part of this agreement I will change the names of all people and places. However participants should be aware that other people involved within their case study may recognise their comments.

Anything that is said during the research will remain anonymous except in the following circumstances:

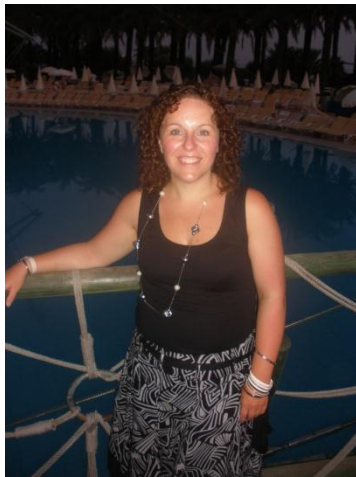
- Due to serious concerns for the well-being of any participant, the researcher reserves the right to seek further advice from the study supervisors. In this instance participants will be kept informed regarding this.
- Due to serious concerns for the safety and well-being of a child, the researcher would follow the standard child protection procedures.

All data will be held securely in accordance with the Data Protection Act 1998.

Following completion of the study, a PhD thesis will be written and handed in for examination. It is likely that the research will be further discussed in academic presentations and journal articles.

A summary report of the findings will also be written. All participants will also be offered a copy of this document.

### *Who is the researcher?*



I am a qualified social worker, currently undertaking a PhD at Cardiff University. I have lots of experience working with children and their families.

### *Further Information or Questions?*

I hope you will agree to be part of the study. Should you require further information, please feel free to contact me or one of my supervisors at Cardiff University.

Louise Roberts (PhD Student)

[RobertsL18@cf.ac.uk](mailto:RobertsL18@cf.ac.uk)

## *My Supervisors:*

Dr Sally Holland      Prof Amanda Coffey (Study Supervisors)

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If you have any concerns about the way this research is being carried out,  
please contact: Deborah Watkins, Research and Graduate Studies  
Administrator, Cardiff University, 02920879051, [WatkinsD2@cardiff.ac.uk](mailto:WatkinsD2@cardiff.ac.uk).

## **Appendix 3: Information sheet for professionals**

### ***Supporting Families in Need: Researching the Support Care Service***

#### ***Information Sheet for Professionals***

##### ***What is the research about?***

The research is concerned with support services available to families in need and the trend over recent years to offer short-term, preventative help. Support care is an example of such a service and this study aims to explore in what ways the service is beneficial for families. This will involve talking to social workers and carers about their perceptions of the service. In addition, the feelings and experiences of parents and children who are receiving the support will be particularly valued as these accounts are frequently missing from research.

##### ***Why is it important?***

As stated above the views of those using services are under-represented within the field of social work research. As support care continues to be a developing service, it is hoped that this research will provide valuable insights for the future.

The future of preventative services is less certain due to the recent change in UK Government and the recently announced cuts to public spending. This research has to potential to provide detailed accounts of the benefits of such support from multiple perspectives, i.e. combining the experiences and opinions of professionals, parents and children.

##### ***What will participation involve?***

**Parents:** Participation for parents will involve an interview with the researcher every couple of months during their involvement with support care. This is likely to mean between three and six interviews.

Interviews will last no longer than an hour and participants can choose for these to take place face to face, via telephone, text or email. Interviews will take place at a convenient time and place for the interviewee. No preparation for interviews is required.

It is hoped that parents will also keep an audio diary of their time involved with the service. Participants will be given an audio recorder for this purpose, which can be used in between interviews to record relevant thoughts and experiences.

**Professionals:** Participation for professionals will involve an interview with the researcher at the onset, mid-point and conclusion of the intervention. Interviews will last no longer than an hour and participants can choose for these to take place face to face, via telephone, text or email. Interviews will take place at a convenient time and place for the interviewee. No preparation for interviews is required.

**Children:** As with parents, children participating in the research are likely to meet with the researcher between three and six occasions. Meetings will be conducted at the parents or support carer's home. Children will have the opportunity to answer questions, draw, tell stories or show the researcher what he/she does with the support carer. If appropriate, children will also be offered the use of a video or audio recorder for use in between meetings.

If it acceptable to all parties I would also like to observe some meetings and reviews throughout the process.

### ***What about confidentiality?***

I have secured ethical approval and permission to complete my project from Cardiff University. As part of this agreement I will anonymise the identities of anyone who participates, together with the local area. However participants should be aware that their comments may be identifiable, despite the use of pseudonyms, by others involved within their case study.

Any material offered by participants during the study will remain anonymous except in the following circumstances:

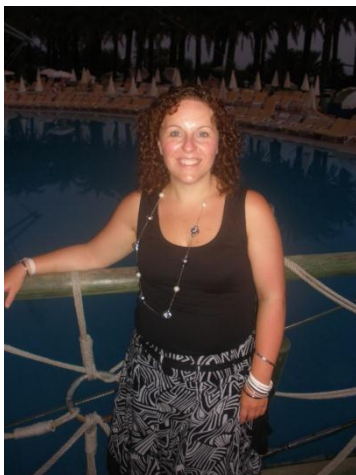
- Due to serious concerns for the well-being of any participant, the researcher reserves the right to seek further advice from the study supervisors. In this instance participants will be kept informed regarding this.
- Due to serious concerns for the safety and well-being of a child, the researcher would follow the standard child protection procedures.

All data will be held securely in accordance with the Data Protection Act 1998.

Following completion of the study, a PhD thesis will be submitted for examination. It is likely that the research will be further discussed in academic presentations and journal articles.

A summary report of the findings will also be compiled for key stakeholders. All interviewees will also be offered a copy of this document.

### *Who is the researcher?*



I am a qualified social worker, currently undertaking a PhD within the School of Social Sciences at Cardiff University. My research has been funded by the Economic and Social Research Council (ESRC). I have ten years experience in social care and have worked extensively with children and their families.

### *Further Information or Questions?*

I hope you will agree to be part of the study. Should you require further information, please feel free to contact me or one of my supervisors at Cardiff University.

Louise Roberts (PhD Student)

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## *Study Supervisors*

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If you have any concerns about the way this research is being carried out, please contact:

Deborah Watkins, Research and Graduate Studies Administrator, Cardiff University

02920879051, [WatkinsD2@cardiff.ac.uk](mailto:WatkinsD2@cardiff.ac.uk)



## **Appendix 4: Interview Guide – Parents**

### **Preliminary discussion / questions**

- Remind about nature and purpose of study, withdraw at any time, limits to confidentiality
- Initial questions / queries of participant
- Introduction to family / household composition
- Wider family and friends that in regular contact with?

### **Support care - Introduction**

How did you become involved with support care?

- Who mentioned it? How was it described?
- When was it offered? – significant circumstances, incidents at the time
- Initial thoughts and feelings – how did this develop or change over time? How did family decide to engage with the service?
- In what ways do you envisage it helping your family?
- Any services previously offered before support care – helpful, not helpful?

### **Support care – Service Plan**

Structure of the service – frequency of breaks etc. How was this determined?

How was subject raised with child? – initial reactions

Process of introduction to carer – how, where, initial thoughts and feelings?

### **Support care – Future**

What do you think would have been in the future for your family without support care?

What do you hope / imagine will be different by the time you have finished with support care?

## **Appendix 5: Interview Guide - Professionals**

### **Preliminary discussion / questions**

- Remind about nature and purpose of study, withdraw at any time, limits to confidentiality
- Initial questions / queries of participant
- Brief details of career as social worker, involvement with support care and family
- Synopsis of family's difficulties. Wider family friends support? Previous support services offered?

### **Support care – Introduction**

Suitability of support care for this family? – significant historical events / circumstances

Who and how was it introduced? What was the family's initial reaction to the service and did this change over time? Children's involvement and reaction?

What if family had refused to engage?

### **Support care – Service Plan**

Structure of the service – frequency of breaks etc. How was this determined?

How will introductions be managed?

Aims of Intervention and the Review Process

### **Support care – Future**

What do you hope will be achieved by the end of the intervention? How will you know it has been a success? Expectations of parents, children and carers.

What do you believe would have happened if support care had not been available to this family?

## **Appendix 6: Interview Guide – Support carers**

### **Preliminary discussion / questions**

- Remind about nature and purpose of study, withdraw at any time, limits to confidentiality
- Initial questions / queries of participant
- Brief details of career as carer, involvement with support care, carer's family composition

### **Introduction to the Family**

What info have they had about the family?

Process of introduction – how do carers build rapport?

Initial observations, perceptions

### **Service Plan**

Structure of the service – frequency of breaks etc. How was this determined?

Carer's expectations of parents, children and professionals

Aims of the intervention as agreed with social services and family

Carer's plan for supporting family – common practice, structure of breaks, contact with parents etc.

### **Support care – Future**

What do you hope will be achieved by the end of the intervention? How will you know it has been a success?

## **Appendix 7: Successive Interview Guide - Parents**

Recap on key areas from previous interviews – household composition, wider family / friends.

Audio Diary – tape change / progress / problems

Any significant incidents / events / emotions / thoughts since previous interview?

Support care

- Details of short breaks since last meeting.
- Carer / child relationship
- Child's communication and behaviour before and after short break.
- Parent / carer relationship. Frequency of contact, description of relationship, how does parent see carer (professional, friend, family)
- Parents during short break – how was time used? – practical activities, emotional reflections
- Does parent feel any change has occurred in the family? Have they tried to do anything different? Have they seen any changes in their children? Any closer to original hopes for future?
- Contact with external agencies

## **Successive Interview Guide – Professionals and Carers**

Recap on key areas from previous interviews

Any significant incidents / events / since previous interview?

- Contact with family since last meeting
- Details of short breaks since last meeting. Feedback given by carer, parents and children.
- Indications of change?
- Carer / child relationship
- Parent / Carer relationship
- Parent / professional relationship
- Parents during short break – how was time used?

## **Appendix 8: Interview Guide – Children**

(Content and focus to vary depending on age and understanding)

### **Preliminary discussion / questions**

- Remind about nature of study and what we will be doing in sessions, withdraw at any time, limits to confidentiality. Give STOP sign if appropriate or discuss ways for yp to signal to move on / stop.
- Discussion / demonstration of methods

### **Introduce me to your family**

Relationships with different members. Significant others outside of household?

### **Knowledge / understanding of support care**

What do they know and think about it? Initial reactions, questions, feelings? First time they met carer.

Concept of purpose of service / aims? Hopes for future?

### **Time with Carer**

Time spent – Activities / talking

What are the best bits?

Would they change anything if they could?

When they return home ... (sentence completion?)

Methods plan for time in-between next visit.