Meeting children's needs within a family focussed agenda: The case of support care

Abstract

This article is concerned with the experiences and perspectives of eleven children engaged with a family support service in England and Wales, UK. Support care is a short breaks provision for children, designed to ease family tensions and prevent long-term separation. Children and young people are most affected by families' involvement with the service as they have to spend regular periods away from their parents and home. The article is based on findings from a qualitative case study of support care. Eighty-two qualitative interviews and twenty-two hours of participant observation were undertaken with children and young people, parents, support carers and social workers. Children's experiences of support care are examined within the article and this includes consideration of initial engagement with the service, the delivery of care and the relationships established with carers over the course of the intervention. Some practice tensions are highlighted in efforts to support children as well as maintain emphasis on family-focussed objectives. It is argued that the service specific issues raised have wider relevance for family support and social work policy and practice.

Keywords: children & family social work, family preservation, family support, short breaks, intervention

1. Introduction

This paper is concerned with the experiences and perspectives of children engaged with the support care service. Support care is a support service for families at risk of children being placed in out-of home care. Over the course of the intervention children spend a series of short breaks with a support carer. The service aims to be flexible and responsive to need, but typically involves children having one or two overnight stays per month, for a period of between nine and twelve months. During this time, parents may access other specialist services (such as, counselling, parenting courses, drug and alcohol support) and it is hoped that by the end of the intervention relationships will have improved and the likelihood of family breakdown rescinded.

The qualitative research upon which this paper is based aimed to uncover the 'doing' of support care and sought to understand how the service was delivered and experienced. All key

stakeholders were encouraged to participate including carers, social workers and service users. The study actively encouraged the participation of children and young people, and recognised them as active agents with voice (O'Kane 2008). 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 a stakeholder group, children and young people are most affected by engagement with the support care service. Despite being framed as a family support service, children have to spend regular periods away from their parents and home. Prior to this research, little was known about children's individual experiences within support care, how time was spent during the short break sessions or the relationship development with support carers over the course of the intervention. Consequently, this paper is concerned with the experiences and perspectives of eleven children and young people whose families participated in a qualitative case study of the support care service. The remainder of the paper will provide a summary of the support care service, together with details about the research study. Children's experiences of the service are considered through a beginning, middle and end overview of their engagement with support care. The issues highlighted through the case study are then considered within the UK social policy and practice context which includes the recent favouring of 'whole family' approaches and time-limited models of support.

1.2 The research setting

Support care is designed for families at risk of breakdown and the placement of children in out-of-home care. The service can be thought of as a development of short breaks for disabled children, but differs in its time-limited nature and its inclusion of all children rather than being exclusive to those with disabilities. The Fostering Network (2008: 5) has promoted support care across England and Wales since the 1990s and describes it as being "at the interface of fostering services and [home-based] family support services". Akin to a part-time fostering service, families are matched with a support carer who, over the course of the intervention, attempts to befriend the family and provide a series of short breaks for children. Support carers may also be tasked with encouraging children's development and / or positive behaviour.

Research related to support care is limited and only two major studies have been conducted (Aldgate and Bradley 1999, Greenfields and Statham 2004). Aldgate and Bradley's (1999) research incorporated a before and after design with sixty children and their families accessing

the service. Interviews and psychometric tests were combined to give personal insight into the service as well as a quantifiable measure of progress. Children's perspectives of support care have only previously been considered by Aldgate and Bradley (1999). They found that children were initially reluctant to engage with the service but this improved over time as they established relationships with carers. The authors also found that some children were upset and confused by the ending of the intervention.

Greenfields and Statham (2004) investigated the relatively slow development of support care across England via interviews, questionnaires and case studies of operating services. The authors observed much variety between services in terms of size, operational structure and placement length. They concluded the service was highly valued by participants but improved data collection and monitoring of families was required in order to demonstrate positive impact.

In this research, a qualitative case study was undertaken in order to build on the previous studies and provide a detailed understanding of the 'doing' of support care. The aim was to explore how the service was delivered and the ways in which it was perceived and understood by different stakeholders. With regards to children and young people, the study sought to consider the development of relationships between carers and children, and examine children's views and experiences of the short break sessions.

2. Method

2.1 Sample

Three support care schemes across England and Wales participated in the research and ten placements were followed for their duration. Eleven children and young people participated in the research, whose ages varied from a few months to fifteen years old. Children's experiences of support care were also considered by parents, support carers and social workers. The majority of participants experienced a minimum of three contact points with the researcher. Contact with children occurred in a variety of settings, including the support carer's home, in neutral venues, during short break sessions and more formal review meetings.

2.2 Ethics

Ethical approval for the project was secured from Cardiff University's School of Social Sciences Research Ethics Committee. Where appropriate, participants were provided with accessible information sheets and were required to provide written consent. Parents provided

written consent for their children to participate. For younger children, 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 adopted for all children, regardless of whether they had formally provided consent.

2.3 Data collection

Semi-structured interviews and participant observation constituted the core research methods. For adult participants, qualitative interviews enabled insight into the way they felt, viewed and made sense of their experiences (Rubin and Rubin 1995). The method has also been recognised as enabling children "to talk about issues important to them" (Roberts and Priest 2010: 258) and suitable for older as well as younger children (Winter 2010). In an attempt to "maximise children's ability to express themselves" (Hill 1997: 180) disposable cameras and art materials were available for use during or between interview sessions. Younger children were also engaged through play as a means of encouraging communication of their views.

Participant observation was conducted at support care meetings, reviews and short break sessions. For younger children and infants, observations have long proved a valuable means of facilitating their participation (Clark, McQuail and Moss 2003). 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 it is recognised that the participation of pre-verbal children was reliant upon interpretations of their behaviours and presentation, the research methods nevertheless provided a means by which the support care experiences of very young children could be considered within the research.

Over the course of data collection, eighty two individual interviews were conducted, including eleven with children, and recordings made from twenty two participant observation sessions. The data generated was anonymised, with all participants being assigned pseudonyms. The data analysed using an inductive qualitative thematic approach (Seale 2004).

3. Results

As part of an exploration into the 'doing' of support care, the research sought to consider children's experiences of the support care service. This included their understandings and feelings towards the service, how time was spent during short break sessions and the

relationships forged with support carers over the course of the intervention. Over the course of data collection and analysis, 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.

3.1 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 short breaks it is hoped that difficulties will be eased and long-term family separation avoided. Despite some scepticism in the UK about the ability to 'fix' families (Community Care 2009), including the former Secretary of State for Education, Michael Gove arguing that children should be 'rescued' from abusive or unchanging parents (Gove 2013), the holistic, 'whole family' framing of support care resonates with the general trend of recent UK social care policy and practice (Morris *et al.* 2008, WAG 2011, HM Government 2012). For example Parton (2009) observed that notions of 'child centred' approaches have been overshadowed by policy emphasis in favour of the 'family'. For support care, a more inclusive consideration of families' needs is visible as carers attempt to forge positive relationships with parents and other family members, in addition to providing short breaks for children. Yet despite such efforts, it remains the case that the vast majority of support carers' time is spent with children, away from their parents. The impact of support care's emphasis on the needs of the family is considered below and includes exploration of the ways in which children and young people were introduced to the service and how consent for their engagement was secured.

As a family support service, it could be argued that engagement with support care has the potential to benefit both adults and children. 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; children may be unsure about visiting a stranger's home and / or be may interpret their temporary removal from the home negatively, as a form of rejection or 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. For example, Aaron (aged eight) stated he was "happy to go but a bit nervous" while his cousin Ben (aged eight) stated he "was just a little bit scared". Despite some apprehension, Ben also added that he looked forward to having 'some peace' from a crowded household and looked forward to having a 'sleepover'. The following fieldnotes where taken during 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. ... 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.

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. Viewed in this way, there would appear little divergence between a family focused and child centred approach to support for children happy to engage with the support carer. However initial reluctance was more evident for some other children. For example, the oldest young person that participated in the research, Jack (aged fifteen), recalled his initial reactions when his mother first discussed the service with him:

> Jack: *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)

Despite being reluctant initially, Jack was persuaded by his mother to experience the short breaks before making his mind up. It is noteworthy that he does not respond when asked if he was 'happy' to meet with the carer in the first instance. The comments of Jack's support carer, Paul are also worthy of consideration when considering the child's experience of a family focused intervention:

> *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 ... they were talking about him as if he wasn't here. You know I'm thinking we need to be more Jack based.*

Paul's unease in the initial meeting and his assertion that the focus should be more 'Jack based' implies that despite the pretence of objectives for the family, there is a danger of placement discussions being dominated by a parent focused agenda and the young person to be viewed as the source of family difficulties.

For younger children less able to verbally express their feelings towards support care, observations and stakeholder reflections were used to consider their emotions during initial engagement with the service. Alex (aged sixteen months) 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 settled in my opinion like any sixteen month old would have settled in that situation.*

In their individual interviews, both Ian and Maria acknowledged that family difficulties had impacted on Alex's emotional wellbeing. Substance misuse had been an issue within the home

and Alex's mother had recently entered a residential rehabilitation centre. The provision of short breaks enabled Ian to maintain his part-time employment; a factor considered important in his own efforts to remain drug free. It was also apparent that engagement with support care allowed social workers additional information as to Alex's wellbeing and Ian's parenting abilities. Nevertheless, considered alongside Paul's comments above, the needs of children can be overshadowed by those of 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 him as his primary carer. In contrast, the quotations above both rationalise Alex's distressed response to the short breaks as being typical of a young child's initial reaction to a child-minder or nursery.

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

Support carers are encouraged to engage children in activities that 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 which included:

> Aaron (aged eight)*: When I went to Karen's* [carer] *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.*

Similarly, Ben (aged eight) recalled how he and his carer

> *planted things. I planted a sunflower and it grew up to my chest! ... I baked cakes. Altogether I did about thirty one day and I'd bring them home with me for everyone.*

Other inexpensive activities included having picnics, going out for walks, feeding the ducks, watching films and playing games together. In addition, the children frequently referred to routines developed over the course of the short breaks which included reading, hot chocolate and a teddy warmed in the microwave for bedtime. The activities can be thought of in terms of support carers providing 'realistic' care. 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.

In contrast to efforts to provide realistic care for children during their short breaks, other activities did have cost implications, required transport and /or particular equipment. For example, Aaron (aged eight) made the following entries to describe his short breaks sessions:

> *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 enjoyed several visits to restaurants. In an interview he stated: "The best thing I like is the restaurants." Referring to a Chinese buffet restaurant, "I could go there every single time for my dinner." Likewise, Jack offered the following description of activities he had engaged with:

> Jack (aged 15): *We go to the caravan, uh play golf at the golf range. ...Yeah it's brilliant. .... Like some weeks we'll go to caravan site, go play pool, go to the bar, have something to eat.*

Engaging in activities that incurred costs or required specific materials would render them less accessible and sustainable for families living in more disadvantaged circumstances. Despite this, some stakeholders were explicit in their wish for children to enjoy experiences different to what they were accustomed. For example, several carers disclosed a wish to 'treat' the children and create some pleasant memories of their time together. Social worker Jennifer stated: "*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*". Considerations of social class were also evident in some responses. For example Paul (Jack's support carer) stated he hoped that through visits to the caravan site Jack would "be able to meet mix with people who don't come from such rough estates ... there's a lot more, for want of a better word, normal people up there". Similarly social worker, Beth, stated that she hoped Lewis (aged eighteen months) would benefit from a range of 'social opportunities' during the support care placement. She added:

> *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.*

In the first review of the placement the carer described the types of activities they had engaged in:
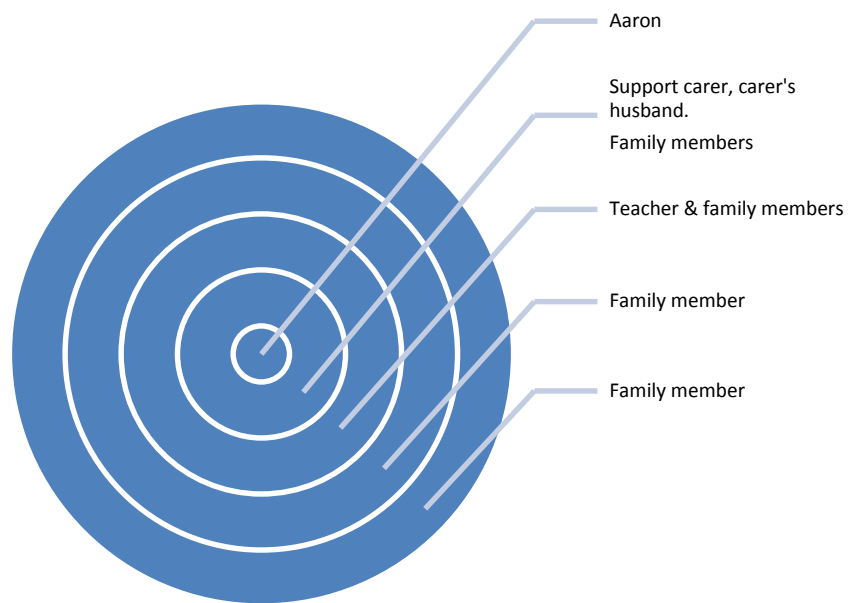
> Claire [carer] stated that the types of activities they did was to go to the park "he loves going to the park". They took him to the Jubilee celebrations in the local area. They have taken him on meals out, including going to La Tasca for Father's Day. He also "loves playing in the garden and has his 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. 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.
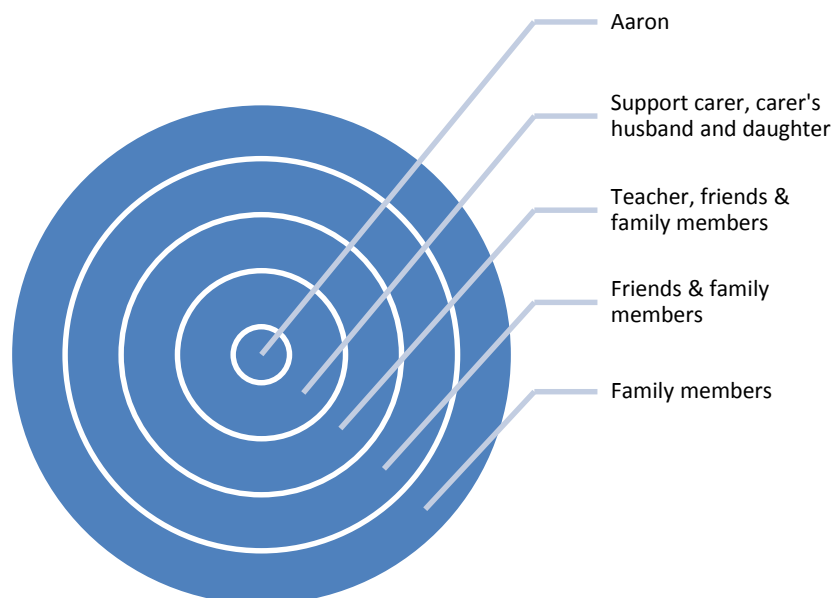
3.3 Developing significant but temporary relationships

The development of positive relationships between children and support carers is central to the support care service if children are to feel comfortable spending time in carer's homes, away from their parents. 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. The diagrams below show how young people conceptualised their relationships with the carer over the course of the intervention, within the context of their wider social network:
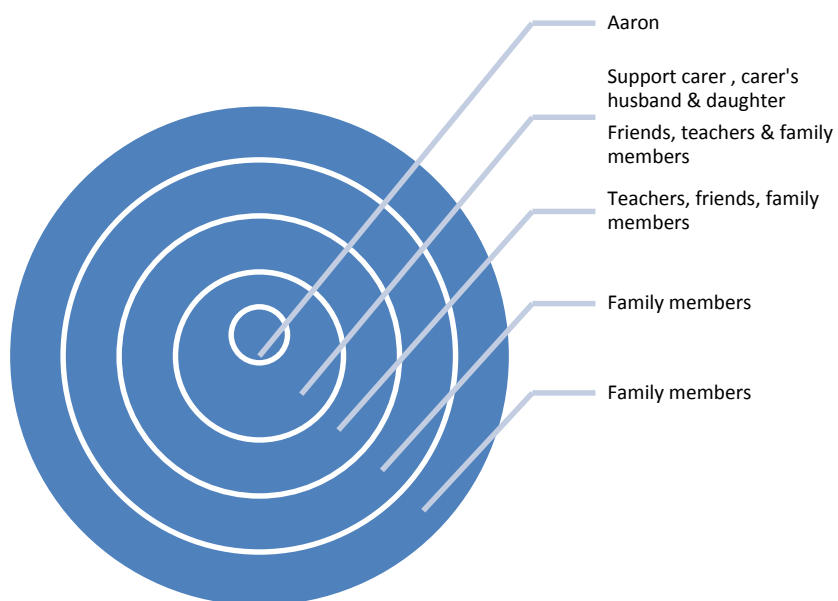
Aaron

Aaron

Support carer, carer's
husband.
Family members

Teacher & family members

Family member

Family member

Figure 3.3.1: Aaron's initial concentric circle exercise completion (conducted after two support care sessions)

Aaron

Support carer, carer's
husband and daughter

Teacher, friends &
family members

Friends & family
members

Family members

Figure 3.3.2: Aaron's mid-point concentric circle exercise completion (conducted five months after service commencement)
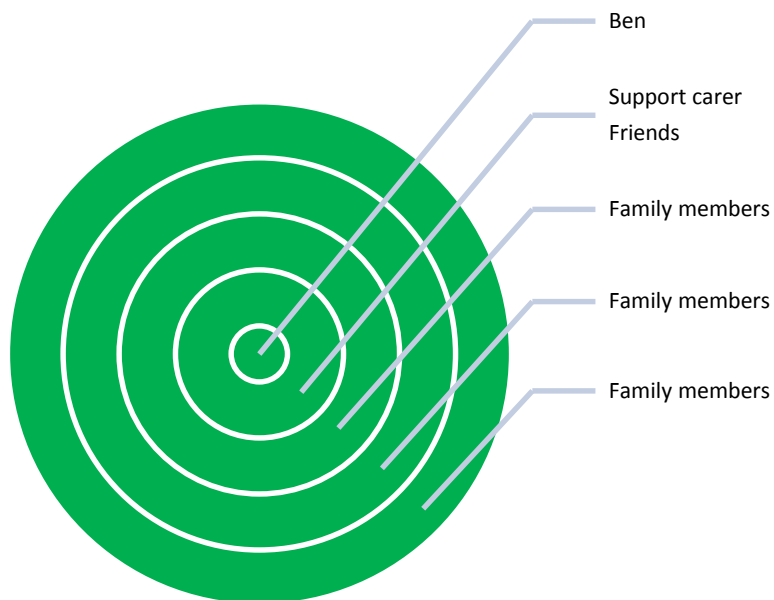
Figure 3.3.3: Aaron's final concentric circle exercise completion (conducted twelve months after service commencement)

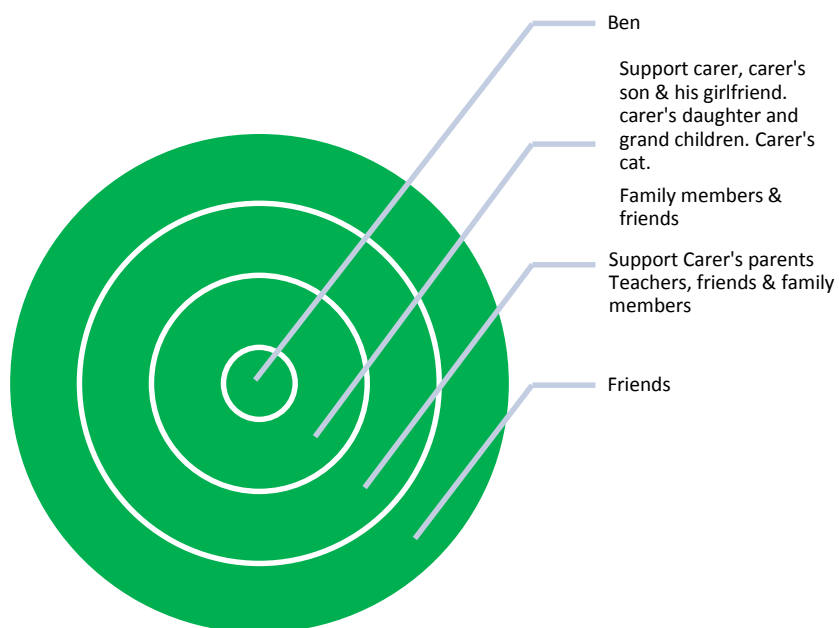**Ben**

Figure 3.3.4: Ben's initial concentric circle exercise completion (conducted after two support care sessions)

Figure 3.3.5: Ben's mid-point concentric circle exercise completion (conducted six months after service commencement)

Figure 3.3.6: Ben's final concentric circle exercise completion (conducted nine months after service commencement)

The diagrams above give some insight into how the young people perceived their relationships with the carer across the duration of the intervention. It is acknowledged that the results may have been influenced by the participants' awareness of the research focus. However 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. Interestingly, at the mid-point of the intervention, both boys positioned their support carers as closer to them than family members. Although this had changed by the final exercise, it nevertheless highlights a potential detriment rather than benefit to family relationships. In both instances, the significance of the child / carer 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. Viewed in this way, the involvement of a carer as a means to improve family relationships is more problematic

Some younger children also appeared to have forged close bonds with support carers over the course of the intervention. For example, carer Laurie reflected how she dreaded taking Chloe (aged 3) home as she would regularly resist going back to her mother and had previously run after her car in tears. Likewise, the following fieldnotes were taken during a placement visit for Daniel and Mason (aged eighteen months and four months)

> Both boys appeared very content in the placement. 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'.

The above examples highlight the potential strong attachments to be formed with 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 ... is also very attentive to her sister [seemingly] intent on interacting and caring for 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?".

Although not visible in every instance, the above examples show 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.

For the families that participated in the research, conclusions to the service included both planned and unplanned endings. 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. Yet despite "*asking and asking*" the carer had been left feeling frustrated as no ending session had been facilitated:

> [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: *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) ... *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).

The extent to which Dylan understood the reasons for the conclusion of his short break sessions remained unclear. However the sudden severance of contact with the support carer appeared to induce mixed feelings of both anger and sadness.

In contrast to Dylan's experience, other children and young people experienced planned endings to their support care placements. Carers were divided in terms of how they managed the ending process. Some sought to make the mark or celebrate a successful placement while 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. ... 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.

4. Discussion

This paper has examined the support care intervention from the perspective of children and young people. The following theoretical and practical tensions have relevance to on-going developments within support care but are also important considerations for social work practice more widely:

4.1 Child, parent or family focused support?

Despite well-intentioned attempts to address the needs of the whole family, the delivery of support care sometimes risked being dominated by a parent focused agenda which overlooked or even blamed the child for family difficulties. Parents' involvement with support care and the hopes / expectations attached to their engagement are considered elsewhere (Roberts, in press). However, the examples above suggest that the needs and views of children were not always fully considered nor acted upon by adult stakeholders. The reluctance of some children to engage with the service and the emotionally challenging nature of the ending were consistent with the findings of Aldgate and Bradley's (1999) study. More generally within social work, it has been suggested that insufficient attention is paid to children's perspectives, presentation and experiences during initial assessments (Broadhurst *et al.* 2010) and the voices of children

are often not heard or represented in child protection cases (La Valle, Payne and Jelicic 2012). Likewise Morris and Connolly (2012: 47) cautioned that "being listened to is not the same as being influential" with regards to children's participation in family group conferences.

In an attempt to strike a more equal balance between the needs of the child, parent and family, support care providers may wish to consider developments in the provision of short breaks for disabled children, where the provision is more established (Greenfields and Statham 2004). For example, there has been a concerted effort to move away from the concept of disabled children being a burden, from whom parents need 'respite'. Instead disabled children are more commonly considered to be the primary recipients of short break support and the impact for parents / wider family are considered as secondary benefits (Cramer and Carlin 2008). Such a model can be understood as prioritising the needs of children whilst maintaining family focussed aspirations. This may be helpful for the continuing development of support care as it would be possible to maintain emphasis on easing family stressors and seeking to avoid breakdown, whilst placing renewed focus on a child centred agenda. Such an approach has the potential to better hear and respond to the perspectives and experiences of children and young people engaged with support care but also aids consideration of the following issues:

4.2 Realistic or enrichment care?

The research has highlighted a divergence between official recommendations and support carer practice in relation to the activities children and young people are engaged with during their short breaks. Experiences for children are influenced by the extent to which family focussed or child centred objectives dominate. Comparisons with short break provision for disabled children and their families again become relevant. For disabled children, there is an explicit aim to facilitate short breaks which enhance the young person's social network and allow them to access opportunities and experiences which they would ordinarily be excluded from (Cramer and Carlin 2008, Robertson *et al.* 2011, Swallow, Forrester and Macfadyen 2012). This issue remains contested for non-disabled children as stakeholders have reservations about introducing children and young people to activities with a carer that cannot be replicated or sustained by the family. Such an approach is likely related to the individualized nature of the intervention which does not overtly recognise the structural issues, such as poverty, faced by families. Yet in practice, the burden of poverty and disadvantage was recognised by some stakeholders and the provision of enrichment care sought to provide some relief from difficult circumstances, inspire young people and / or promote the development of children. This is

supported by research by Wager *et al*. (2010: 409) who asserted that enabling young people from disadvantaged backgrounds access to private sector and community-based leisure activities provided "transformative opportunities" in developing confidence and skills, and broadening social networks. Such an approach can be related to Featherstone's (2004) analysis of social policies under the Labour Government (period in office 1997 - 2010) which aimed to invest in children and see them in terms of their future social and economic potential. Therefore enrichment opportunities in the short-term may not impact on wider family relationships, but nevertheless be of considered valuable for the children and young people. However, as argued by Greenfields and Statham (2004) unless support care services adequately record family progress, both in the short and longer term, the impact of short break support will remain unclear.

4.3 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. In practice this can be difficult to negotiate as on the one hand the child / carer relationship can be understood as an integral part of facilitating a positive intervention. Yet on the other hand, it is assumed the child's relationship with the carer will cease after a particular time frame. For support care, endings may be associated with success and a return to family independence and autonomy, but this may be a professional or adult-centric view.

This article 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. Viewed in this way, the connections children formed with support carers over the course of the intervention can be related to Tarleton's (2003) assertion that 'real' relationships develop though the provision of short breaks. The findings can also 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". Morgan's (2011) 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. Similarly, Morris (2012: 13) contends 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 concentric circles exercises completed by Aaron and Ben support such ideas. Viewed in this way, the regular visits and routines established with support carers are akin to relationships that children and young people (not involved in short breaks) may have with grandparents, aunts / uncles or family friends. As can been seen from the figures above (3.3.1 – 3.3.6), the support carer and their extended family were highlighted as significant people within the young person's lives, viewed alongside relationships with biological kin and friends.

Severing contact for children who develop close relationships to carers, as seen in the examples above, can be a difficult experience. Relatively little attention has been paid to ending social care relationships (Thompson 2002, Coulshed and Orme 2006) although the emotional impact of the loss, the impact on continued progress and the professional skills required, has received limited recognition (Nursten 1997, Doel and Shardlow 1998, Cournoyer 2008). Children experience the loss of their relationship with the carer, and possibly his / her extended family, as well as the opportunities and experiences that formed part of the short breaks. The end of the relationship may also occur at a point which does not feel 'natural' (Tarleton 2003) to children and induce feelings of sadness, confusion and rejection. This is particularly the case for unplanned and unexpected endings.

5. Conclusion

The small numbers of children and young people that participated in the study limit the extent to which the findings can be generalised. Nevertheless, the evidence presented in this article suggests that children's perspectives and experiences of family support services merit continued and renewed emphasis, independent of wider 'whole family' focussed objectives. Despite well-meaning efforts to recognise and respond to the holistic needs of families, the 'voices' of children risk being overshadowed and consequences for children, particularly in regard to the development of supportive relationships, insufficiently considered.

References

Aldgate, J. and Bradley, M. (1999). *Supporting Families through Short-term Fostering.* London: The Stationary Office.

Broadhurst, K., White, S., Fish, S., Munro, E., Fletcher, K. and Lincoln, H. (2010). *Ten pitfalls and how to avoid them: What research tells us.* Retrieved from http://www.nspcc.org.uk/inform/publications/downloads/tenpitfalls_wdf48122.pdf .

Clark, A., McQuail, S. and Moss, P. (2003). *Exploring the Field of Listening to and Consulting with Young Children.* Retrieved from http://www.education.gov.uk/publications/eOrderingDownload/RR445.doc

Cocks, A. (2006). The ethical maze: Finding an inclusive path towards gaining children's agreement to research participation. *Childhood* 13, 2, 247-266.

Community Care. (2009). Can all families be worked with? Retrieved from http://www.communitycare.co.uk/2009/10/02/can-all-families-be-worked-with/

Coulshed, V. and Orme, J. (2006.) *Social Work Practice* (4th ed.) Basingstoke: Palgrave Macmillan.

Cournoyer, B. R. (2008). *The Social Work Skills Workbook* (5th ed.) Belmont: Thomson Brooks / Cole.

Cramer, H. and Carlin, J. (2008). Family-Based Short Breaks (Respite) for Disabled Children: Results from the fourth national survey. *British Journal of Social Work* 38, 6, 1060-1075.

Doel, M. and Shardlow, S. (1998). *The New Social Work Practice*. Aldershot: Arena.

Featherstone, B. (2004). *Family Life and Family Support*. Basingstoke: Palgrave Macmillan.

George, V. (1970). *Foster Care*. London: Routledge.

Gove, M. (2013). *Michael Gove speech to the NSPCC: getting it right for children in need*. Retrieved from https://www.gov.uk/government/speeches/getting-it-right-for-children-in-need-speech-to-the-nspcc

Greenfields, M. and Statham, J. (2004). *Support Foster Care*. London: Institute of Education, University of London.

Hill, M. (1997). Participatory research with children. *Child and Family Social Work* 2, 3, 171-183.

HM Government. (2012). *Social Justice: Transforming Lives*. London: The Stationary Office.

Lansdown, G. (2009). The Realisation of Children Participation Rights: critical reflections'. In: Percy-Smith, B. and Thomas, N. (Eds). .*A Handbook of Children and Young People's Participation: Perspectives from theory and practice*. Oxon: Routledge, pp 11-23.

La Valle, I., Payne, L. and Jelicic, H. (2012). *The voice of the child in the child protection system.* Retrieved from http://www.ncb.org.uk/media/756988/research_summary_7.pdf

Morgan, D. (2011). *Rethinking Family Practices*. Basingstoke: Palgrave Macmillan.

Morris, K. (2012). Thinking Family? The Complexities for Family Engagement in Care and Protection. *British Journal of Social Work* 42, 5, 906–920.

Morris, K. and Connolly, M. (2012). Family Decision Making in Child Welfare: Challenges in Developing a Knowledge Base for Practice. *Child Abuse Review* 21, 1, 41–52.

Morris, K., Hughes, N., Clarke, H., Tew, J., Mason, P., Galvani, S., Lewis, A., Loveless, L., Becker, S. and Burford, G. (2008). *Think Family: A Literature Review of Whole Family Approaches*. London: Cabinet Office.

Nursten, J. P. (1997). The End as a Means to Growth within the Social Work Relationship. *Journal of Social Work Practice* 11, 2, 73-80.

O'Kane, C. (2008). The Development of participatory techniques: Facilitating children's views about decisions which affect them. In: Christensen, P. A. and James, A. (Eds.) *Research with children: perspectives and practices* (2nd ed.) Abingdon: Routledge, pp125-155.

Parton, N. (2009). From Seebohm to Think Family: Reflections on 40 years of policy change of statutory children's social work in England. *Child & Family Social Work* 14, 1, 68-78.

Roberts, L. (In press). Time to change? Exploring the impact of time-limited service provision in a family support service. *Child & Family Social Work*

Roberts, P. and Priest H. (2010). *Healthcare Research: A Textbook for Students and Practitioners*. Chichester: Wiley Blackwell.

Robertson, J., Hatton, C., Wells, E., Collins, M., Langer, S., Welch, V. and Emerson, E. (2011). The Impacts of short break provision on families with a disabled child: an international literature review. *Health and Social Care in the Community* 19, 4, 337–371.

Rubin, H. J. and Rubin, I. S. (1995). *Qualitative Interviewing: The art of hearing data*. London: Sage.

Seale, C. (2004). Coding and Analysing Data. In: Seale, C. (Ed.) *Researching Society and Culture* (2nd ed.). London: Sage, pp 305-323.

Smart, C. (2007). *Personal Life*. Cambridge: Polity Press.

Swallow, V., Forrester, T. and Macfadyen, A. (2012). Teenagers' and parents' views on a short-break service for children with life-limiting conditions: a qualitative study. *Palliative Medicine* 26, 3, 257-267.

Tarleton, B. (2003). Committed to Caring: Family-based short-break carers' views of their role. *Adoption & Fostering* 27, 1, 36-46.

The Fostering Network. (2008). *Support care: The Preventative Face of Foster Care. A report to disseminate the findings of The Fostering Network Wales Support care Project 2005-2008*.Retrieved from https://www.fostering.net/sites/www.fostering.net/files/public/resources/reports/support_care_wales_end_of_project_report.pdf .

Thompson, N. (2002). *People Skills* (2nd ed.). Basingstoke: Palgrave Macmillan.

Wager, F., Hill, M., Bailey, N., Day, R., Hamilton, D. and King, C. (2010). The Impact of Poverty on Children and Young People's Use of Services. *Children & Society* 24, 5, 400-412.

Welsh Assembly Government. (2011). *Child Poverty Strategy for Wales*. WWW. <http://wales.gov.uk/docs/dsjlg/policy/110203newchildpovstrategy2en.pdf>. Accessed 28.3.13.

Winter, K. (2010). The perspectives of young children in care and implications for social work practice. *Child and Family Social Work* 15, 2, 186–195.